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COUNTY BOROUGH OF ST. HELENS.



Annual Report
of the
Medical Officer of Health
for
the Year 1949.

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

Medical Officer of Health
and School Medical Officer.

St. Helens:

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

Mr. Mayor, Ladies and Gentlemen,

I beg to submit my Report on the health of St. Helens for the year 1949.

The following statement shows some of the principal statistical rates during the past five years.

	1945	1946	1947	1948	1949
Birth rate per 1,000 of civilian population	20.3	22.2	25.2	21.3	17.9
Death rate per 1,000 of civilian population	11.3	11.0	12.7	10.2	10.7
Infant Mortality per 1,000 live births	60.1	59.9	69.8	60.9	41.5
Maternal Mortality per 1,000 total births	3.36	0.83	1.81	1.65	1.45
Tuberculosis death rate per 10,000 of civilian population	7.1	5.0	7.3	6.3	5.8

The birth rate for 1949 at 17.9 per 1,000 of the estimated population shows a considerable decrease from previous years. Only on two occasions—in 1939 when it was 17.3 and in 1942 when it was 17.7—has it been less.

The crude death rate for the year was 10.7 per 1,000 of the population, and although 0.5 greater than the record low rate for the Borough of 10.2 per 1,000 of the population in 1948, it can in comparison with previous rates for the Borough be regarded as relatively satisfactory.

The infant mortality rate shows a remarkable drop when compared with previous years. The rate for the year was 41.5 per 1,000 births, the next lowest rate being 56 per 1,000 births in 1936. The rate, nevertheless, still remained above the average for England and Wales for 1949 of 32 per 1,000 births.

The improvement in the maternal mortality rates for the Borough observed since 1946 was maintained at 1.45 per 1,000 live and still-births.

The general incidence of infectious diseases was the lowest for many years. Both measles and whooping cough, although persistent throughout the year, showed no tendency towards epidemic occurrence, and the gradual fall over the last five years in cases of scarlet fever was maintained. The lowest number of cases of diphtheria ever recorded for the Borough, i.e. 8 cases, was an outstanding event and an emphatic tribute to the success of the scheme for preventive immunisation against that disease. Acute Poliomyelitis occurred in only one case. The rapid decline in the incidence of Puerperal Pyrexia as instanced by the occurrence of only one case during the year is very satisfactory.

The incidence and mortality rates of tuberculosis remained practically unchanged and call for no special comment. A Care and After-Care Sub-Committee of the Health Committee is now constituted to act in relation to all care and after-care activities of the Local Health Authority, with the welfare of tuberculous patients as the immediate primary function.

It is disappointing to record that the response of the general public to the voluntary scheme for vaccination has resulted in a fall of 50% in the vaccination rate. Efforts will be made to emphasise that vaccination against smallpox is still of paramount importance in the control of this serious infectious disease. The demands for mass vaccination and the high death rates in recent sporadic outbreaks throughout the country clearly illustrate the importance of vaccination.

During the year a Home Help Service was inaugurated. An Atmospheric Joint Consultative Committee was also constituted to deal with the problem of atmospheric pollution.

For the successful carrying on of the work of the Department I am indebted to the ever willing and cheerful assistance of every member of the staff. I would also take this opportunity of thanking members of the Council for their help and kindly consideration.

I have the honour to be,

Your obedient Servant,

FRANK HAUXWELL.

I.—GENERAL AND VITAL STATISTICS

Area (Acres)	7,950
Estimated Civilian Population mid-year	112,100
Rateable Value	£516,230
Product of a penny rate	£2,014

STATISTICAL SUMMARY FOR 1949 :

	M.	F.	Total
Live Births :—Legitimate	967	943	1910
Illegitimate	55	36	91
Totals	1,022	979	2,001

Birth Rate per 1,000 of the estimated civilian population 17.9

Still Births :—M. 35, F. 35 ; Total : 70.

Rate per 1,000 total (live and still) births 33.8

Deaths :—M. 644, F. 556 ; Total : 1,200.

Crude Death Rate per 1,000 of the estimated civilian population 10.7

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

	Deaths	Rate per 1,000 total (live and still) births
From sepsis	—	—
From other maternal causes	3	1.45
Totals	3	1.45

Deaths of infants under one year of age :—

	M.	F.	Total
Legitimate	41	37	78
Illegitimate	2	3	5
Totals	43	40	83

Death Rate of Infants under one year of age :—

All infants per 1,000 live births	41.5
Legitimate infants per 1,000 legitimate live births	40.8
Illegitimate infants per 1,000 illegitimate live births	54.9

Deaths from Measles (all ages)	—
„ Whooping Cough (all ages)	2
„ Diarrhoea (under 2 years of age)	10
„ Tuberculosis	65

Table 1 gives a summary of the vital statistics for the past 50 years.

Table 1.
Statistics for St. Helens.

YEAR	Population	Birth Rate	Crude Death Rate	Infant Mortality Rate	DEATHS FROM							
					Smallpox	Measles	Scarlet Fever	Typhoid Fever	Typhus Fever	Diarrhoea	Whooping Cough	Diphtheria
1900	83,445	37.1	22.8	188	0	59	25	19	0	91	56	19
1901	84,734	36.9	19.7	175	0	7	29	34	0	95	17	3
1902	86,043	37.4	19.7	167	0	59	52	25	0	50	18	20
1903	87,372	39.1	17.5	138	0	1	26	18	0	53	30	23
1904	88,722	37.4	20.9	174	3	131	17	13	0	120	49	22
1905	89,843	36.1	17.2	132	0	41	16	2	0	66	26	18
1906	91,153	33.9	17.3	159	0	10	4	18	0	105	5	22
1907	92,476	34.1	18.3	155	0	145	10	12	0	36	52	11
1908	93,812	35.2	16.0	122	0	0	29	12	0	59	7	17
1909	95,161	32.0	18.5	149	0	188	33	13	0	27	62	12
1910	96,523	32.7	14.5	121	1	15	22	10	0	51	16	7
1911	96,870	33.5	18.3	158	0	69	13	22	0	143	39	8
1912	98,159	32.0	15.5	124	0	62	19	8	0	49	46	19
1913	99,460	32.2	18.9	155	0	189	26	4	0	120	18	15
1914	100,775	33.3	17.1	138	0	25	5	4	0	98	24	8
1915†	92,240	32.1	19.3	129	0	126	12	6	0	78	40	32
1916†	90,000	26.5	16.8	108	0	2	30	2	0	64	34	85
1917†	90,600	22.0	16.5	123	0	65	20	2	0	37	19	79
1918†	90,600	24.1	21.2	126	0	26	24	0	0	48	24	100
1919†	100,805	25.5	15.0	117	0	5	9	2	0	35	7	25
1920	104,822	31.8	13.5	113	0	56	7	0	0	44	7	13
1921	104,900	29.1	12.6	103	0	7	5	0	0	62	24	5
1922	106,400	26.4	13.4	115	0	60	4	2	0	28	3	5
1923	107,100	24.4	11.9	91	0	0	4	1	0	24	10	8
1924	108,700	24.1	12.0	103	0	29	1	2	4	36	11	4
1925	109,600	23.9	12.0	100	0	17	7	3	0	35	33	6
1926	110,000	23.2	12.0	102	0	27	1	0	0	43	4	6
1927	113,100	20.8	11.4	88	0	60	2	0	0	26	5	7
1928	110,500	21.8	12.0	98	0	15	5	1	0	29	21	10
1929	109,200	20.7	14.6	114	0	49	6	1	0	23	13	11
1930	109,200	21.5	11.4	80	0	7	2	0	0	4	8	4
1931	108,300	20.1	12.5	88	0	30	0	0	0	21	0	7
1932	107,600	20.1	11.4	89	0	1	1	0	0	26	4	0
1933	107,600	18.0	14.0	116	0	12	2	3	0	18	52	8
1934	*108,240	19.1	10.6	65	0	10	2	1	0	19	1	18
1935	108,100	18.7	12.2	94	0	14	2	1	0	21	15	17
1936	108,000	18.3	12.1	56	0	7	4	0	0	13	3	26
1937	107,400	18.6	12.1	88	0	3	2	0	0	12	7	15
1938	107,200	18.2	11.4	70	0	9	3	0	0	16	6	14
1939	106,600	17.3	11.6	79	0	1	3	0	0	18	4	23
1940†	103,300	18.0	13.4	78	0	10	0	0	0	8	5	19
1941†	102,750	18.6	11.4	71	0	2	1	1	0	13	15	13
1942†	101,500	17.7	10.6	65	0	6	0	1	0	13	1	11
1943†	99,410	19.8	13.0	72	0	0	1	0	0	16	4	6
1944†	98,410	20.5	11.3	57	0	4	0	0	0	21	2	1
1945†	99,150	20.3	11.3	60	0	0	0	0	0	17	0	0
1946†	104,740	22.2	11.0	60	0	2	0	0	0	26	3	2
1947†	105,790	25.2	12.7	70	0	10	0	0	0	44	1	0
1948†	110,100	21.3	10.2	61	0	0	0	0	0	14	1	1
1949	112,100	17.9	10.7	41	0	0	0	0	0	10	2	1

† Estimated civil population.

* Borough extended.

POPULATION.—The Registrar General's estimate of population for mid-year 1949 was 112,100. The excess of births over deaths in 1949 was 801.

BIRTHS.—The birth rate for 1949 at 17.9 per 1,000 of the estimated population shows a considerable decrease from previous years. It is one of the lowest birth rates recorded for the Borough, and only on two occasions—in 1939, when it was 17.3 and in 1942, when it was 17.7—has it been less. The rate for England and Wales during 1949 was 16.7.

DEATHS.—There were during 1949, 1,200 deaths from all causes, giving a crude death rate of 10.7 per 1,000 of the population. This was an increase of 0.5 over the rate for 1948, but nevertheless in comparison with previous rates for the Borough it could be regarded as relatively satisfactory.

For the first time since pre-war years an Area Comparability Factor has been made available by the Registrar General. This factor (1.22) enables adjustments to be made for different age and sex distributions of the local population, so that the local crude death rate can be adjusted to a figure which represents the rate of mortality that would have occurred in St. Helens if the age and sex distribution had been the same as that of England and Wales as a whole. Thus when comparing the 1949 death rate for St. Helens (which has a relatively young population) with the adjusted rates for other areas it is necessary to multiply the crude death rate for St. Helens by 1.22. This gives an "adjusted" death rate for St. Helens of 13.1 per 1,000 of the population.

The death rate of England and Wales as a whole for 1949 was 11.7 per 1,000 of the population.

Causes of Death.—Figures relating to the causes of, and ages at, death are given in Table 2.

Deaths from Tuberculosis.—Tuberculosis was the cause of 5.4% of all deaths that occurred during 1949. The corresponding percentage in 1948 was 6.2. The ages at which these deaths occurred are shown in Table 2.

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

AGE	1945	1946	1947	1948	1949
Under 1 year	—	—	—	—	—
1—5 years	—	—	2	—	1
5—15	1	—	1	—	—
15—45	19	16	23	15	18
45—65	66	69	89	82	64
65 and over	55	68	79	85	85
Totals	141	153	194	182	168
Percentage of the total deaths	12.64	13.3	14.3	16.2	14.0
Death rate per 1,000 of population	1.43	1.46	1.83	1.65	1.5

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

Infant Mortality.—During 1949 there were 83 deaths of infants under one year of age, corresponding to an infant mortality rate of 41.5 per 1,000 births.

This infant mortality rate shows a remarkable drop when compared with previous years. The next lowest rate was in 1936 when it was 56 per 1,000 births. The gradual but persistent improvement in this rate can be seen by examination of the statistics for St. Helens as shown in Table 1. It is both interesting and satisfactory to note that in the first half of this century the infant mortality rate has fallen from 188 per 1,000 births in 1900 to 41 per 1,000 births in 1950. The rate for England and Wales for 1949 was 32.

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

Table 2
Causes of, and ages at, death during 1949.

Causes of Death	Sex	All Ages	At Ages					
			0—1	1—	5—	15—	45—	65—
All Causes	M	644	43	10	9	56	183	343
	F	556	40	8	1	65	110	332
Typhoid and parat. fevers	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
Cerebro-spinal fever	M	—	—	—	—	—	—	—
	F	2	1	—	—	1	—	—
Scarlet Fever	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
Whooping Cough	M	1	1	—	—	—	—	—
	F	1	—	1	—	—	—	—
Diphtheria	M	1	—	1	—	—	—	—
	F	—	—	—	—	—	—	—
Tub. of resp. sys.	M	36	—	1	—	14	17	4
	F	22	—	—	—	17	2	3
Other forms of tuberculosis	M	6	1	1	1	2	1	—
	F	1	—	1	—	—	—	—
Syphilitic diseases	M	1	—	—	1	—	—	—
	F	1	—	—	—	—	1	—
Influenza	M	4	—	—	—	1	—	3
	F	17	—	—	—	4	2	11
Measles	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
Ac. polio-myel. and polio-enceph.	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
Ac. inf. enceph.	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
Cancer of buc. cav. and Oesoph. (M.), uterus (F.)	M	9	—	—	—	—	3	6
	F	4	—	—	—	—	2	2
Cancer of stomach and duodenum	M	20	—	—	—	4	4	12
	F	9	—	—	—	—	2	7
Cancer of breast	M	1	—	—	—	—	—	1
	F	15	—	—	—	1	7	7
Cancer of all other sites	M	72	—	—	—	5	36	31
	F	38	—	1	—	8	10	19
Diabetes	M	2	—	—	—	1	1	—
	F	8	—	—	—	—	3	5
Intracranial vascular lesions	M	68	—	—	—	—	13	55
	F	56	—	—	—	—	13	43
Heart Disease	M	177	—	—	1	10	47	119
	F	163	—	—	—	11	35	117
Other diseases of circ. system	M	19	—	—	—	—	4	15
	F	13	—	—	—	—	5	8
Bronchitis	M	60	—	—	—	2	19	39
	F	27	—	—	—	—	8	19
Pneumonia	M	29	5	—	—	2	10	12
	F	24	4	1	—	1	3	15
Other respiratory diseases	M	9	1	—	—	1	2	5
	F	12	—	—	—	1	2	9
Ulcer of stomach or duodenum	M	6	—	—	—	1	5	—
	F	1	—	—	—	—	—	1
Diarrhoea under 2 years	M	4	3	1	—	—	—	—
	F	6	6	—	—	—	—	—
Appendicitis	M	2	—	1	1	—	—	—
	F	1	—	—	—	1	—	—
Other digestive disorders	M	8	1	—	1	3	2	1
	F	13	—	—	—	2	2	9
Nephritis	M	6	—	—	—	2	1	3
	F	16	—	—	—	3	4	9

Table 2—*continued.*

Causes of Death	Sex	All Ages	At Ages					
			0—1	1—	5—	15—	45—	65—
Puer. and post-abort. sepsis	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
Other maternal causes	M	—	—	—	—	—	—	—
	F	3	—	—	—	3	—	—
Prem. birth	M	12	12	—	—	—	—	—
	F	10	10	—	—	—	—	—
Con. mal. birth inj. infant dis.	M	16	14	1	1	—	—	—
	F	16	15	—	—	1	—	—
Suicide	M	5	—	—	—	—	3	2
	F	3	—	—	—	—	2	1
Road traffic acc.	M	5	—	3	—	2	—	—
	F	—	—	—	—	—	—	—
Other violent causes	M	15	3	—	2	1	4	5
	F	13	2	1	1	1	3	5
All other causes	M	50	2	1	1	5	11	30
	F	61	2	3	—	10	4	42
Totals		1200	83	18	10	121	293	675

II.—METEOROLOGY.

The total rainfall for 1949 as measured at the Victoria Park Observatory was 31.63 inches, and as recorded at the Eccleston Hill Waterworks 34.19.

The sunshine recorder at Victoria Park recorded 1,358 hours of sunshine in 1949. The greatest duration of sunshine on any day was 14 hours on the 11th and 25th July. There were 99 sunless days in 1949.

During 1949 the highest temperature in the shade was on 13th July, when it reached 83°F., and the lowest was 25°F., on the 4th February.

III.—INFECTIOUS DISEASES.

General Observations.—The number of cases of infectious diseases notified each year since 1940 is shown in Table 3.

It will be noted that the general incidence of infectious diseases during the year was the lowest on record over a period of many years. In the case of measles and whooping cough, the most prevalent of the infections during the year, there was no tendency towards epidemic occurrence. Cases of scarlet fever tended to be fewer in number in contrast to the widespread prevalence of the disease which had persisted since 1944.

Table 3.

Notification of Infectious Diseases received during the under-mentioned years.

	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
Smallpox	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	221	186	146	322	661	530	426	324	345	243
Diphtheria	287	252	255	120	29	21	36	32	13	8
Measles	3057	601	3066	269	1716	530	368	1695	1475	857
Whooping Cough	403	1005	423	616	401	144	521	221	492	422
Enteric Fever	—	49	1	—	1	—	—	—	—	—
Dysentery	9	88	69	11	59	35	5	53	25	10
Erysipelas	34	28	28	45	34	35	26	12	24	17
Pneumonia	123	134	60	111	98	99	74	102	62	59
Typhus Fever	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	} 15	13	7	11	11	13	4	9	6	1
Puerperal Pyrexia										
Ophthalmia Neonatorum	9	9	4	7	5	5	9	3	2	2
Poliomyelitis	1	4	—	1	1	2	—	12	5	1
Encephalitis Lethargica	1	4	1	—	—	—	1	—	—	—
Cerebro-Spinal Fever	45	25	11	10	1	1	6	6	3	3
Malaria	—	—	1	—	5	4	3	—	2	—

Table 4.

Infectious Diseases.—Total number of cases notified, number of cases admitted to isolation hospital, and the total deaths from each disease as shown in Registrar General's classification of deaths.

Year 1949

DISEASE	Notifications received	Cases admitted to hospital	Total Deaths
Smallpox	—	—	—
Scarlet Fever	243	215	—
Diphtheria	8	8	1
Measles	857	27	—
Whooping Cough	422	14	2
Enteric Fever	—	—	—
Dysentery	10	7	—
Erysipelas	17	2	—
Pneumonia	59	12	53
Typhus Fever	—	—	—
Puerperal Pyrexia	1	—	—
Ophthalmia Neonatorum	2	1	—
Poliomyelitis	1	1	—
Encephalitis Lethargica	—	—	—
Cerebro-Spinal Fever	3	2	2
Malaria	—	—	—

Table 5.

Age distribution of cases of Infectious Diseases notified.
Year 1949.

DISEASE	Notifications received	Under 1	1—	2—	3—	4—	5—	10—	15—	20—	35—	45—	65—
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	243	4	11	19	29	42	104	18	6	6	2	2	—
Diphtheria	8	—	—	—	—	1	2	3	2	—	—	—	—
Measles	857	70	160	194	143	120	162	4	2	2	—	—	—
Whooping Cough	422	45	67	72	72	73	85	7	—	1	—	—	—
Enteric Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	10	1	1	1	—	3	2	—	—	1	—	—	1
Erysipelas	17	—	—	—	—	—	—	—	—	3	4	6	4
Pneumonia	59	5	9	6	5	2	—	2	1	7	4	9	9
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	1	—	—	—	—	—	—	—	—	1	—	—	—
Ophthalmia Neonatorum	2	2	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	1	—	1	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever	3	2	—	—	—	—	—	1	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—

Scarlet Fever.—Since the last small epidemic in 1944 (when 661 cases were notified) there has been a gradual but slow fall in the incidence of this disease. The number of cases notified during 1949 was 243 as against 345 in 1948, and is the lowest since 1942.

Diphtheria.—A new low record in the incidence of diphtheria was recorded during 1949. A total of 8 cases occurred as against 13 in the previous year. A comparison of the figures showing the incidence of the disease over the previous 10 years illustrates in a very graphic manner the success of the local immunisation campaign against diphtheria, to which the decline in incidence and mortality of the disease is undoubtedly due.

Year	No. of Cases	No. of Deaths
1939	479	23
1940	287	19
1941	252	13
1942	255	11
1943	120	6
1944	29	1
1945	21	—
1946	36	2
1947	32	—
1948	13	1
1949	8	1

Out of the 8 cases notified during 1949 (all of whom were admitted to the Isolation Hospital) death occurred in 1 case. This was a non-immunised child. No deaths occurred amongst immunised children.

Enteric Fevers.—No cases of typhoid or paratyphoid fever occurred during 1949.

Measles.—The incidence of measles, although high, was not of epidemic severity. 857 cases were recorded as against 1,475 in 1948 and 1,695 in 1947. Cases were mild in type, secondary complications were rare, and no deaths were attributable to the disease or to complications of the disease.

Whooping Cough.—There was a slightly decreased incidence of whooping cough during 1949 as compared with the previous year. Such cases, however, continued to be severe in type and subject to secondary complications.

Two deaths occurred in cases of the latter type. Both had been admitted to hospital.

Puerperal Pyrexia.—Only one case was notified during the year. This is the lowest incidence ever recorded in the Borough.

Ophthalmia Neonatorum.—Only two cases of this disease were notified during 1949.

Cerebro-Spinal Meningitis.—During the year, three cases of this disease were notified and two deaths occurred. Two of the cases were admitted to the Isolation Hospital, where one of them, an infant, died, but the third case was a posthumous notification.

Acute Poliomyelitis.—Only one case of this disease was notified during 1949.

Other Infectious Diseases.—Returns for other infectious diseases showed little variation from previous years. There were fewer cases of dysentery of the Sonne or Flexner type, and also fewer notified cases of erysipelas and pneumonia.

Hospital Accommodation.—During the year cases of infectious disease from the St. Helens area continued to be admitted to the Peasley Cross Isolation Hospital, which had on the appointed day, under the National Health Service Act, 1946, been transferred to the Ministry of Health. This hospital is now the sole isolation hospital for the whole of the area covered by the St. Helens and District Hospital Management Committee, and thus serves a much wider area than previously. During 1949, however, no difficulty was experienced in obtaining admission for cases from the Borough.

In agreement with the Liverpool Regional Hospital Board the Health Department continued to act, from the appointed day, as agent for the Board in the administration and medical staffing of the hospital. That agreement terminated at the end of 1948, and in January 1949, the administration of the Isolation Hospital was, in fact, transferred to the St. Helens and District Hospital Management Committee. No change, however, was made in the medical staffing of the hospital, and the Deputy Medical Officer of Health for St. Helens continued to act as Visiting Medical Officer in charge of the hospital.

By arrangement with the Liverpool Regional Hospital Board the Local Authority also retained the use of out-patient facilities in the cleansing block at the hospital for the treatment of scabies and the cleansing of verminous persons. During 1949, 41 cases of scabies were treated and 162 infested persons were cleansed under these arrangements. The corresponding figures for 1948 were 100 cases of scabies and 87 infested persons.

During the year, the disinfection service for the St. Helens Local Authority also continued to be carried out at the Isolation Hospital.

Laboratory Work.—During 1949, the Health Department continued to act as a general receiving centre for pathological specimens and material relating to acute epidemic infectious diseases.

The majority of these specimens are examined at the Pathological Laboratory of the St. Helens Hospital, but others, mainly venereal disease specimens, are forwarded to the City Laboratories, Liverpool.

The following table shows the number of specimens dealt with during the year.

Specimens	Number Received	Results	
		Positive	Negative
Swabs for Diphtheria	302	22	280
Sputa for Tuberculosis	273	70	203
Hairs for Ringworm	27	20	7
Blood for Wasserman Reaction	588	112	476
Films for Gonococci	265	40	225
Other Specimens	12	2	10
Total	1467	266	1201

IV.—IMMUNISATION AND VACCINATION.

Immunisation.—During 1949, the Local Authority's scheme for the immunisation of the child population against diphtheria continued to operate as in former years. Facilities for immunisation continued to be offered at child Welfare Clinics and in schools. Where necessary special immunisation sessions were also held in central and district clinics.

This scheme was reinforced during 1949 by the facilities offered by General Medical Practitioners to their own patients under Part III of the National Health Service Act, 1946.

The following is a record of the number of children immunised during 1949.

Number of children immunised during 1949.

	Age at date of Final Injection		Total
	Under 5	5-14	
Primary Immunisations			
Local Authority Medical Officers	997	59	1056
Private Practitioners	224	24	248
	1221	83	1304
Reinforcing Injections			
Local Authority Medical Officers	4	83	87
Private Practitioners	—	8	8
	4	91	95

It will be seen that the response was generally disappointing when compared, as follows, with the record of primary immunisation carried out in the preceding five years.

1944	1945	1946	1947	1948	1949
1348	1226	1419	2162	1946	1304

It is estimated that at the end of 1949, 44.5% of children under 5 years of age and 79.2% of those aged 5-15 years had been immunised. The immunisation rate of the under-fives cannot be considered as satisfactory, and efforts are still required, and will be undertaken, to raise this rate to a minimum satisfactory level of 75%.

In addition to the above primary immunisations, a total of 95 reinforcing injections were given to children who had previously been immunised.

VACCINATION.—The year 1949 saw the first full year's operation of the scheme for vaccination on a voluntary basis following the repeal of the Vaccination Acts by the new National Health Service Act. The following table is a record of the vaccinations carried out during 1949.

Number of Vaccinations during 1949.

Age at 31/12/49 i.e., born in years	Under 1 (1949)	1-4 (1945-1948)	5-14 (1935-1944)	15 or over before 1935	Total
Vaccinations					
Local Authority Medical Officers	180	64	—	1	245
Private Practitioners	235	104	10	27	376
Total	415	168	10	28	621
Re-Vaccinations					
Local Authority Medical Officers	—	—	—	5	5
Private Practitioners	—	—	2	26	28
Total	—	—	2	31	33

The total number of cases vaccinated during the year was, therefore, 621, and calculated as a percentage of the number of births during 1949, which was 2001, this gave a vaccination rate of 31%. In the last two full years of the administration of the Vaccination Acts (i.e. in 1946 and 1947) the corresponding percentages were 61.7 and 62.0 respectively. There was, therefore, a very marked reduction in the vaccination rate, and it would appear that, at least in its first year of working, the voluntary acceptance by parents of the vaccination facilities offered has not been satisfactory.

It is an undoubted fact that, in former years, the majority of the children were vaccinated through the medium of Public Vaccinators under the compulsory powers of the old Vaccination Acts. There has been a poor response by the general public to the new vaccination facilities offered by the Local Authority and by General Medical Practitioners. The results, therefore, are unsatisfactory when compared with results obtained in former years through the work of Public Vaccinators under the Vaccination Acts.

A great amount of work still remains to be done in the education of the public to ensure that the removal of compulsory vaccination powers under the new National Health Service Act does not mean that vaccination is now unnecessary. The need for protection of the child is still as great as it ever was.

V.—AMBULANCE SERVICE.

In spite of the ever-increasing number of calls being made upon the Ambulance Service, this section continues to function satisfactorily.

Since the ambulances were transferred to the Fire Service in 1948, the monthly average of calls received has increased from approximately 600 to 1,500. Owing to the greater number of calls made upon the Service, it was found necessary to increase the number of ambulance drivers and attendants to a total of 28.

Although the vehicles have been maintained in good condition, by the workshop staff, it is evident that the time is fast approaching when certain of the older vehicles will have to be replaced.

Summaries of calls attended and of mileage figures during the year are shown below.

St. Helens County Borough Ambulance Service

CALLS ATTENDED DURING 1949.

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Accidents	35	31	30	34	44	33	61	35	38	32	42	53	468
Street Accidents ...	14	11	5	12	16	26	36	26	26	16	15	18	221
Maternity	87	68	71	72	55	80	88	67	72	76	72	80	888
General Removals ...	363	330	387	390	364	287	314	305	349	335	361	359	4,144
Out-Patients	499	586	735	770	697	901	625	598	672	704	862	809	8,458
Miscellaneous	—	4	2	2	—	3	—	—	—	—	—	—	11
Totals	998	1,030	1,230	1,280	1,176	1,330	1,124	1,031	1,157	1,163	1,352	1,319	14,190

MILEAGES DURING 1949.

Ambulance	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
No. 1 (DJ 7227) ...	201	311	1,031	1,027	722	992	1,008	981	1,079	529	606	579	9,066
No. 2 (DJ 7924) ...	1,230	1,070	945	970	1,408	919	1,318	1,146	1,033	1,183	1,131	1,306	13,659
No. 3 (DJ 9102) ...	1,559	1,544	1,301	986	93	1,080	911	1,231	1,557	1,491	1,747	1,798	15,298
No. 4 (DJ 6946) ...	—	—	—	538	1,350	917	811	622	53	—	830	1,261	6,382
No. 5 (DJ 3755) ...	458	418	476	76	—	—	—	—	—	—	—	—	1,428
No. 6 (ADJ 437) ...	1,489	1,485	1,542	1,593	1,647	1,488	1,517	1,314	1,124	1,991	975	307	16,472
No. 7 (ADJ 532) ...	—	331	1,573	1,056	1,232	912	840	503	1,743	982	984	1,060	11,216
Totals	4,937	5,159	6,868	6,246	6,452	6,308	6,405	5,797	6,589	6,176	6,273	6,311	73,521

VI.—MENTAL HEALTH SERVICE

The powers and functions of the Local Health Authority under the Lunacy and Mental Treatment Act, 1890-1930 and the Mental Deficiency Acts, 1913-1938 are carried out by the Local Health Committee, who have appointed a Mental Health Sub-Committee. To this Sub-Committee are referred all powers and duties of the Local Health Authority under the National Health Service Act, 1946, so far as these powers and duties relate to Mental Health and Mental Deficiency.

Mental Health Staff.—The Medical Officer of Health is responsible for the organisation and control of the local services under the Lunacy and Mental Treatment Acts, 1890-1930, and the Mental Deficiency Acts, 1913-1938. To assist him, the day-to-day administration of the Mental Health Department is supervised by an Assistant Medical Officer of Health. Use is also made of the Consultant Psychiatrist at present on the staff of the Local Education Authority and, where necessary, of Specialist Medical Officers of the Regional Hospital Board.

The Non-Medical staff consists of two Mental Health Workers (one male and one female). Both of these officers and the clerk to the Mental Health Section are designated as Duly Authorised Officers. The two Mental Health Workers have each attended a two months' special Mental Health Course arranged by the National Association for Mental Health.

The staff of the Occupation Centre for mental defectives, consists of a Supervisor and Assistant Supervisor. Both received one week's post-graduate instruction during 1949 at a course held at Calderstones Hospital, Whalley, near Blackburn. During the year a new appointment of Guide and General Helper was made to the staff. Her duties involve the care of parties of children travelling on public transport vehicles and delivery of them at various points to the care of parents. Her other duties include helping with meals and assisting in the general care and hygiene of the children.

For the purposes of Section 5 of the Mental Deficiency Act, 1913, the following have been appointed approved Medical Officers :—

- Dr. Frank Hauxwell, Medical Officer of Health, St. Helens.
- Dr. Gerald O'Brien, Deputy Medical Officer of Health, St. Helens.
- Dr. M. Joyce Caldwell, Psychiatrist, Child Guidance Clinic, St. Helens Education Authority.
- Dr. N. J. W. Thompson, a local general practitioner with experience in mental deficiency ascertainment.

Co-ordination with Regional Hospital Boards.—Close co-operation with the Regional Hospital Board is maintained by frequent consultations with the Board's Consultant Psychiatrist. One or other of the Local Health Authority's Mental Health Workers also attends regularly the Psychiatric Out-Patient sessions at a local general hospital.

The Local Health Authority is also undertaking, on request, the supervision of patients on trial or on licence from Mental Hospitals and Institutions for Mental Defectives.

In addition the following reports have been supplied on request :—

- (a) the home conditions of patients under consideration for trial on licence or discharge from Hospitals and Institutions ; and
- (b) the home conditions of patients in Institutions whose cases are due for consideration under Section 11 of the Mental Deficiency Act, 1913.

The number of visits paid, the number of cases involved, and the number of reports submitted during 1949 were as follows :—

Mental Illness.	<i>No. of Visits Paid</i>	<i>No. of Cases Involved</i>	<i>No. of Reports Submitted</i>
Reports on home conditions for licence on trial or discharge	3	2	2
Mental Deficiency.			
Progress Reports	7	3	6
Reports on home conditions for licence on trial or discharge	30	18	24
Reports on home conditions for the purpose of Section 11 of the Mental Deficiency Act, 1913	29	25	25

Duties Delegated to Voluntary Associations.—No duties of the Local Health Authority have been delegated to voluntary organisations. The St. Helens Mental Welfare Society, however, assist in welfare activities among mental defectives in connection with the provision of clothing and footwear, day outings, holidays, Christmas parties, etc. The Local Health Authority make a grant to the funds of that society for this work.

LUNACY AND MENTAL TREATMENT ACTS, 1890-1930.

The following is a summary of the work undertaken by Duly Authorised Officers under the above Acts, from 1st January, 1949, to 31st December, 1949 :—

- (1) **Admitted to an Establishment designated for the purpose by the Minister of Health.**
 - (a) On a Three Days Order under Section 20 of the Lunacy Act, 1890
 - (b) On a Justices' Fourteen Days Order under Section 21 of the Lunacy Act, 1890
- (2) **Summary Reception Orders made under Section 16 of the Lunacy Act, 1890.**
 - (a) Following detention on an order under Section 20 or 21 of the Lunacy Act, 1890
 - (b) Admitted direct to a mental hospital on a Summary Reception Order
- (3) **Notified as an alleged person of unsound mind or suffering from mental illness and dealt with as follows :—**
 - (a) Voluntary Patients
 - (b) Temporary Patients
 - (c) No order made
- (4) **Patients transferred from one Mental Hospital to another under Sections 64-67 of the Lunacy Act, 1890**
- (5) **Patients conveyed to a Mental Hospital by a Duly Authorised Officer under Section 24 of the Criminal Justice Act, 1948**

During the same period, 96 patients, normally resident within the County Borough, were admitted to Mental Hospitals as Voluntary Patients.

Requests were made by 31 patients discharged from Mental Hospitals for after-care from the Mental Health Services, and 29 home visits were made for this purpose.

Liaison with the Regional Hospital Board's Psychiatric Clinic at St. Helens Hospital has been maintained by the weekly attendance of a Local Authority Mental Health Worker. 48 attendances were made during the year and 107 home visits were made in connection therewith.

MENTAL DEFICIENCY ACTS, 1913-1938.

Ascertainment from 1st January, 1949, to 31st December, 1949.—The total number of cases reported and referred as Mental Defectives was 19, and of this number 13 (8 males and 5 females) were reported under Section 57 (3) of the Education Act, 1944, and one (male) was reported under Section 57 (5) of the Education Act, 1944. Action in connection with five cases was pending at the end of the year.

The cases were disposed of as follows :—

	<i>Males</i>	<i>Females</i>	<i>Totals</i>
Placed under Statutory Supervision	6	5	11
Placed under Voluntary Supervision	—	—	—
Admitted to Institutions (by Order)	1	2	3
Found not to be defective	—	—	—
Action Pending	5	—	5
Totals	12	7	19

Admissions to Institutions.—During the year under review the total number of defectives admitted by order to Institutions from the area of the Local Health Authority was 8 (5 males and 3 females).

At the 31st December, 1949, there were 5 cases (2 males and 3 females) awaiting vacancies in Institutions ; four of these cases (1 male and 3 females) were in a Place of Safety. Difficulty has been experienced in obtaining vacancies for cases requiring institutional care.

Total Number of Reported and Referred Cases at 31st December, 1949.—The total number of reported and referred cases for whom the Local Health Authority of the County Borough were responsible at the 31st December, 1949, was as follows :—

	<i>Males</i>	<i>Females</i>	<i>Totals</i>
Under Guardianship (by Order)	2	5	7
Under Statutory Supervision	31	37	68
Under Voluntary Supervision	18	13	31
Reported to be mentally deficient and in respect of which action is pending	5	—	5
Totals	56	55	111

Supervision—Statutory and Voluntary.—This work is carried out by Mental Health Workers and Duly Authorised Officers.

Statutory Supervision cases are visited at intervals not exceeding three months.

Full reports of each visit are made and submitted to the Medical Officer of Health, and any special recommendations which have been made are noted and placed before the Health Committee or the Mental Health Services Sub-Committee.

The number of visits made to these cases from 1st January, to 31st December, 1949, was 332.

Cases under Voluntary Supervision are also visited at regular intervals. These are cases which have been referred to the Local Health Authority otherwise than under Section 57 (3) and (5) of the Education Act, 1944. The number of visits made in these cases from 1st January to 31st December, 1949, was 125.

Guardianship.—On the 1st January, 1949, there were 7 cases under Guardianship for whom the Local Health Authority were responsible. During the year, one Order placing a defective under Guardianship was varied and the defective was admitted to an Institution. One case under Statutory Supervision was certified under section 6 of the Mental Deficiency Act, 1913, and placed under Guardianship, leaving on the 31st December, 1949, 7 cases still under Guardianship.

Maintenance grants, at the rate of 26/- per week, are being made by the Local Health Authority in all of these cases.

Arrangements have been made for the Guardianship cases to be seen by a Medical Officer on the Health Department Staff each year, and by the Duly Authorised Officers and Mental Health Workers at intervals not exceeding three months.

The number of visits made from 1st January to 31st December, 1949, was 41.

Each Guardianship case has been placed on the list of a general medical practitioner.

After-Care.—Cases discharged from an Order under the Mental Deficiency Acts are followed up at home with a view to assisting in their rehabilitation into the community.

During the year 7 visits were made to 4 such cases.

Occupation Centre for Mental Defectives.—The Occupation Centre is situated at "Stanley House," Sinclair Street, St. Helens.

At the 31st December, 1949, there were 31 St. Helens County Borough pupils (15 males and 16 females) and 6 Lancashire County pupils (3 males and 3 females) attending the centre.

At the Centre, there is a Supervisor, Assistant Supervisor and a Guide and General Helper. The Centre was open on 185 sessions between 1st January, 1949, and 31st December, 1949, the average attendance being 33. Dinners supplied through the Local Education Authority's School Meals Service were provided at each session for all pupils.

This centre prior to the appointed day was administered by the Lancashire Mental Deficiency Acts Committee.

Following the first year's control of the Occupation Centre by the Local Authority, a general survey of its administration was made. As a consequence of this survey it was considered desirable that the Local Health Committee should acquire the premises, in preference to the existing joint tenancy with the Local Education Authority. This proposal met with the approval of the Ministry of Health. Negotiations for purchase were completed at the end of the year, and arrangements were made for the premises to be taken over by this Authority in January, 1950.

One of the objects of the acquisition of the property was to undertake a considerable scheme of upgrading, including the provision of more classroom accommodation, schemes of re-decoration, increased sanitary facilities, and further equipment and furnishings. Following these improvements and expansions the Centre would be able to accommodate 50 pupils. A comprehensive scheme for carrying out these improvements has been prepared, and it is hoped that the work will commence at an early date.

The inadequacy of the staff revealed by the survey was remedied by the appointment during the year of the Guide and General Helper.

VII.—TUBERCULOSIS.

INCIDENCE.—During the year 1949, 96 cases of pulmonary tuberculosis and 16 cases of non-pulmonary tuberculosis were formally notified to the department. A further 4 cases of pulmonary tuberculosis and 3 cases of non-pulmonary tuberculosis were added to the register from other sources. The total number of new cases for the year was, therefore, 119, which is a reduction of 17 in comparison with the year 1948. Particulars of age grouping of new cases and of the deaths occurring during 1949 are shown in Table 6.

MORTALITY.—55 patients died of tuberculosis during 1949, giving a tuberculosis death rate of 5.8 per 10,000 of the population. Of these deaths 58 were due to pulmonary tuberculosis, this being 5 fewer than the number for the previous year. Particulars of cases notified and the number of deaths each year for the past 20 years are shown in Table 7.

Table 6.
Particulars of new cases and of deaths during 1949.

Ages	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Males	Females	Males	Females	Males	Females	Males	Females
Under 1 year	—	—	1	—	—	—	1	1
1 to 5 years	2	1	1	3	1	—	1	—
5 to 15 years	—	2	2	2	—	—	1	—
15 to 25 years	7	17	3	1	4	6	—	—
25 to 35 years	16	8	1	3	8	6	2	—
35 to 45 years	6	6	1	—	2	5	—	—
45 to 55 years	15	2	—	1	12	2	—	—
55 to 65 years	10	3	—	—	6	—	1	—
65 —	3	2	—	—	3	3	—	—
Totals	59	41	9	10	36	22	6	1

Table 7.
Number of cases notified and number of deaths each year,
1930 to 1949.

Year	No. of Primary notifications received.		Deaths		Death Rate per 10,000 of population	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
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
1938	74	35	57	13	5.3	1.2
1939	57	39	49	21	4.6	1.9
1940	96	44	67	12	6.5	1.2
1941	81	33	46	23	4.5	2.2
1942	80	25	59	15	5.8	1.5
1943	107	24	64	12	6.4	1.2
1944	94	27	48	12	4.9	1.2
1945	81	25	58	13	5.8	1.3
1946	101	24	48	4	4.6	0.4
1947	111	10	68	9	6.4	0.9
1948	98	15	63	7	5.7	0.6
1949	96	16	58	7	5.2	0.6

TUBERCULOSIS DISPENSARY.—The dispensary provides facilities for clinical and radiological examinations of patients and contacts and contains a fully equipped treatment room and U.V.L. apparatus. Particulars of St. Helens cases on the Tuberculosis Register are shown in Table 8.

On July 5th, 1948, under the National Health Service Act, the Tuberculosis Dispensary at Bank House, Cloughton Street, was transferred to the Liverpool Regional Hospital Board. Administration and clinical work remained under the supervision of the Tuberculosis Officer, and during the year it continued to be the clinical centre for tuberculosis patients living within the County Borough boundary. In 1949 St. Helens patients (notified, contact and observation cases) made 1,646 attendances at the Dispensary. In addition 289 attendances were made for artificial pneumothorax treatment.

INSTITUTIONAL TREATMENT.—Under the Regional Hospital Board administration, admission to Sanatoria was placed under central control. This enabled St. Helens patients to gain admission to any of the institutions in the Region, though the admissions to Eccleston Hall Sanatorium were largely left to the discretion of the local Tuberculosis Officer in co-operation with the Central Office.

ECCLESTON HALL SANATORIUM.

There is accommodation for 75 patients at this institution. The majority of the beds are for male and female adults, but an average of 15 are allocated to children suffering from pulmonary and non-pulmonary tuberculosis. The Sanatorium school provides education for such of these children as are fit to attend, bedside tuition being available for the others.

In addition to the usual recreation rooms for adults there is a well equipped workshop for handicrafts and occupational therapy.

Full facilities exist for all routine treatment, but cases requiring major surgical measures are temporarily transferred to the thoracic unit at Aintree or Broad Green Hospitals.

During 1949, 73 St. Helens patients were admitted to the Sanatorium, 76 were discharged and 17 died. During the year a total of 25 pulmonary and 6 non-pulmonary St. Helens patients were treated in other institutions of the Liverpool Region.

Treatment.—Chemotherapy and major thoracic surgery have come to the forefront in the modern treatment of tuberculosis, though mental and bodily rest still remain an essential pre-requisite to the success of these measures.

Patients from this area, suitable for surgical treatment, are admitted to Aintree Hospital. There are now full facilities at Eccleston Hall Sanatorium for all forms of chemotherapy.

Table 8.

Register of St. Helens cases of Tuberculosis during 1949.

	Pulmonary	Non-Pulmonary
1. No. of cases on Tuberculosis Register on 1/1/1949.....	490	189
2. No. of cases added to the Register during 1949—		
(i) Formal Notifications	96	16
(ii) New cases coming to knowledge of Medical Officer of Health from other sources—		
(a) From Local Death Returns	2	1
(b) From Registrar General's Death Returns (transferable deaths)	—	1
(c) Posthumous Notifications	1	1
(d) Transfers from other areas.....	1	—
(e) Other sources	—	—
3. No. of cases removed from Register during year—		
(a) Recovered	16	19
(b) Deaths—		
(i) Certified as due to Tuberculosis	58	7
(ii) Other Causes	2	1
(c) Transferred to other areas or lost sight of.....	11	5
4. No. of cases on Tuberculosis Register on 31/12/1949	503	176

PREVENTION OF ILLNESS.

CARE AND AFTER-CARE.

It was intended in the early stages of this service that a Voluntary Care and After-Care Committee should be formed to act under the direction of the Local Health Authority in relation to all care and after-care activities. It was visualised that such a Committee would consist mainly of voluntary members interested in the work and that some of these members should be members of the Local Authority acting in a voluntary capacity. This constitution, however, presented several difficulties in its set-up and with the approval of the Ministry of Health it was ultimately decided to form a Care and After-Care Sub-Committee

of the Health Committee. This Sub-Committee consists of the following :—

Five members of the Health Committee,

One representative from each of the following bodies :

The National Assistance Board,

The Ministry of Labour and National Service,

The British Legion,

The Soldiers,' Sailors,' and Airmen's Families Association.

The Tuberculosis Welfare Officer previously appointed by the Health Committee has now become the Executive Officer for that Sub-Committee, and is responsible, under the Medical Officer of Health, for all welfare duties in connection with its work.

A special report on the function and duties of the Care and After-Care Sub-Committee is printed in the Appendix.

The arrangements for the prevention of tuberculosis and the care and after-care of tuberculosis patients continued to be a major activity of the Council's scheme for the Prevention of Illness, Care and After-Care.

The Tuberculosis Officer when necessary and the Tuberculosis Health Visitor, as a routine part of her duty, visits tuberculous families in their homes to advise them on the principles of hygiene and prevention and to invite contacts to attend the clinic for examination. Other Health Visitors employed by the Local Authority report to the Tuberculosis Officer any adverse features regarding the tuberculosis cases which they have visited.

Apart from home visitation and interviews at the Clinic for advice and assistance, the Welfare Officer also assists patients by co-operation and liaison with such national bodies as the National Assistance Board; Ministries of National Insurance and Labour; the British Legion; Soldiers,' Sailors,' and Airmen's Families Association; Order of St. John and British Red Cross Society, etc., as well as the Corporation Housing Department, St. Helens Council for Social Service, etc. Such organisations have proved most willing to provide any financial aid and amenities as have been within their power. Some examples of this work are given below :

National Assistance Board.—Patients suffering loss of income to undergo treatment and consequently eligible for a higher rate of allowance are provided with the necessary application forms and certificates regarding individual circumstances by the Welfare Officer, who also makes personal contact with the Board's Officers. Grants in cases of exceptional need and for extra nourishment have in appropriate cases also been made by the Board. In one instance financial assistance towards the cost of essential furniture was provided. Pocket money allowances to in-patients with no other income were also made by the Board during the year.

Ministry of Labour.—As in previous years the Disablement Rehabilitation section of the Employment Exchange proved very co-operative.

During 1949, 12 men and 1 woman were placed on the Register of Disabled Persons. Of these, 5 men and 1 woman were found employment by the Employment Exchange.

Co-operation with the Ministry of National Insurance.—Several queries with regard to benefits were passed on to the Manager of the local office, and were promptly dealt with.

Housing.—Much attention was given to this aspect of Care and After-Care during 1949. In October a consultation was held between the Housing Manager, the Tuberculosis Officer and the Welfare Officer, and the list of tuberculosis patients in need of re-housing was reviewed. Visits were made by the Welfare Officer to all these patients. Details of the position in 1949 are given below :—

Tuberculous applicants on the Housing List of Local Authority on 1/1/49	78
Allocations of Council houses	10
Number of patients finding their own accommodation	2
Total on the T.B. Housing List on 31/12/49	66

Home Shelters.—Three Strawson shelters, owned by the Local Authority, were available for suitable tuberculous patients during the year. Although use was made of two of these shelters during the major part of the year, no shelters were in use after October, 1949.

Extra Nourishment.—Provision is made by the National Assistance Board for grants to tuberculous patients in need of extra nourishment.

It is considered, however, that in special cases some provision for the supply of extra milk should be made by the Local Health Authority. It is hoped to introduce a scheme for such assistance by the Local Health Authority in the near future.

The Order of St. John and Red Cross Emergency Help Service have, on medical recommendation, supplied invalid food parcels to ex-service personnel for varying periods. In addition the Civilian Welfare Department of the Local Branch of the British Red Cross Society made preliminary arrangements for the future supply of Dominion food parcels to non-ex-service patients.

Other Forms of Welfare.—Several ex-servicemen pensioners received rug-making materials from the Order of St. John and British Red Cross Emergency Help Service after discharge from Sanatoria.

Preventive and follow-up work in connection with venereal diseases is dealt with in the section of this Report dealing with venereal diseases.

The Welfare Officer, who is responsible for the administration of the various after-care activities, is available to advise and assist patients on all matters affecting their welfare.

MASS MINIATURE RADIOGRAPHY.

During the year the Liverpool Regional Hospital Board arranged for an X-ray survey in St. Helens to be conducted by No. 2 Mobile Mass Radiography Unit.

The Unit was in St. Helens from 15th June, 1949, to 9th October, 1949, during which time the Public Buildings Committee granted them the use of the former Relief Offices, Hardshaw Street, as accommodation for the X-ray plant and as a centre for the administrative and clerical staff of the Unit. Following some internal re-arrangement and adaptation these premises proved very satisfactory for the purpose.

During the period of the survey 5,139 St. Helens cases were examined by Mass Miniature Radiography, of whom 4,643 were found to be normal and 496 to have some abnormalities of varying natures. 323 individuals were recalled for examination by large film, 35 were referred to the Chest Physician and 46 were referred to their own doctors.

The survey was not confined to the Borough itself but was open to anyone who wished to be examined by X-ray. The number of such non-County Borough cases examined during the survey was 5,203, of whom 4,628 were found to be normal and 575 to have abnormalities.

Details of the findings in the examination of St. Helens cases is given in the following table.

It will be noted from the table that in the total of 5,139 cases examined 496 persons (i.e., 9.65%) were found to be suffering from abnormalities of chest structure or of the heart or lungs. Dealing with the lung cases, which of course form the main purpose of the survey, 12 cases of active tuberculosis (i.e., .233%) were found in people presenting themselves for examination, and similarly 117 cases (i.e., 2.277%) were found to have tuberculous lesions in the lungs which were, however, inactive at the time of examination.

This will serve to demonstrate the usefulness of the work carried out. If nothing else had been accomplished it resulted in the discovery, as I have stated, of 12 active cases of tuberculosis who were possibly unaware that they were suffering from an early stage of the disease. It should be noted, however, that for a Borough of the size of St. Helens the fact that only 5,139 people presented themselves for examination is rather disappointing. This may be due to the fact that one of the largest industrial concerns in the town operates a Mass Miniature Radiography Service of its own.

Arrangements will probably be made for the Miniature Radiography Unit to re-visit St. Helens in another year or so, and it is to be hoped that the general public will on this second visit utilise the service to its fullest extent.

No. 2 Mass Miniature Radiography Unit—St. Helens Survey.
 15th June to 9th October, 1949.
 MINIATURES TAKEN

	AGE GROUPS—YEARS														Grand Total
	14		15-24		25-34		35-44		45-59		60+		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Total numbers of St. Helens cases examined by Mass Miniature Radiography during the survey	412	474	699	1167	635	350	478	187	472	165	87	13	2783	2356	5139
Classification of Persons Examined:															
Abnormal cases:															
Abnormalities of bony thorax and lungs	6	9	17	38	11	10	4	5	7	3	2	—	47	65	112
Chronic bronchitis and emphysema	1	1	1	—	2	1	4	3	32	9	11	—	51	14	65
Pneumonia, lobar	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Broncho-pneumonia (non-tuberculous)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Consolidation of unknown cause	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—
Bronchiectasis	—	—	3	2	—	—	—	—	—	—	—	—	—	—	—
Pulmonary fibrosis (non-tuberculous)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumoconiosis (silicosis, asbestosis, etc.)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Basal fibrosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pleural thickening	2	—	2	10	6	4	8	3	10	4	2	—	15	3	11
Cardio-vascular lesions—congenital	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cardio-vascular lesions—acquired	2	—	1	—	1	—	—	2	18	4	2	—	38	21	59
Foreign Body	1	—	—	—	—	—	—	—	1	—	—	—	3	3	6
Dextrocardia	—	—	1	5	2	4	2	6	20	5	19	2	45	22	67
Eventration of Diaphragm	—	—	1	—	1	—	1	—	—	—	—	—	3	2	5
Retro sternal Goitre	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diaphragmatic Hernia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Missing repeat 35 m.m. film	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Missing large film	—	—	2	—	2	—	—	—	—	—	—	—	—	—	—
Respiratory tuberculosis—Inactive Primary Lesions	7	3	9	12	14	2	8	3	6	3	1	—	45	24	69
Active post-primary T.B. (Sputum positive)	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Active post-primary T.B. (Sputum negative or absent)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Inactive post-primary T.B. (without symptoms)	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—
Abscess of lung	—	—	5	5	6	5	7	2	11	1	4	—	33	15	48
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL ABNORMALS	21	20	45	77	53	28	38	27	111	27	44	5	312	184	496
TOTAL NORMALS	391	454	654	1090	582	322	440	160	361	138	43	8	2471	2172	4643

VIII.—VENEREAL DISEASES.

The arrangement whereby the Medical Staff at the Special Treatment Centre was supplied by the Corporation, as Agents for the Liverpool Regional Hospital Board, ceased on 15th October, 1949. The provision of male and female attendants at the Centre, however, continued under the agency arrangements.

The following statement shows the number of cases dealt with at the Centre during the year 1949, in comparison with the previous year.

	1948		1949	
	M	F	M	F
1. No. of cases under treatment or observation on 1st January	66	31	65	40
2. No. of new cases (including cases previously removed from the register who returned for further observation or treatment)	207	101	132	72
3. No. of cases discharged after completion of treatment or transferred to other centres or ceased to attend	208	92	142	54
4. No. of cases remaining under treatment or observation on 31st December	65	40	55	58
5. No. of attendances :—				
(a) For consultation or treatment by Medical Officers	1327	962	1105	896
(b) For intermediate treatments	581	206	402	236

Table 9 shows the number of cases of definite venereal disease treated for the first time at the Centre during each of the past ten years. This table excludes cases which had received treatment previously at other Centres, and also cases removed from the register in previous years who returned for treatment or observation for the same infection.

Table 9.

Number of new cases of Venereal Diseases dealt with during 10 years, 1940 to 1949 :

Year	Syphilis		Soft Chancre		Gonorrhoea		Total
	M	F	M	F	M	F	
1940	2	10	1	—	14	7	34
1941	3	6	—	—	22	12	43
1942	11	7	—	—	28	13	59
1943	11	13	—	—	39	41	104
1944	21	28	—	—	27	29	105
1945	18	40	2	—	33	19	112
1946	23	20	—	—	76	12	131
1947	22	13	—	—	62	16	113
1948	25	25	—	—	53	9	112
1949	14	15	—	—	21	9	59

Notification was also received from various Centres outside St. Helens that the following numbers of St. Helens residents attended their Venereal Diseases Treatment Centres during 1949.

	Syphilis	Gonorrhoea	Other Causes	Total
Seamen's Dispensary, Liverpool	1	3	17	21
Treatment Centre, Salford	—	—	2	2
Liverpool Royal Infirmary	2	2	15	19

During 1949 an investigation was carried out in an effort to survey the extent of the venereal disease problem in St. Helens, and also to ascertain, if possible, sources of infection with a view to instituting any special remedial measures which might be required. Some of the findings are as follows :—

1. During the year 124 male cases and 70 female cases attended the clinic for the first time. The following statement shows how these cases were introduced to treatment at the Centre :

<i>Introduced by</i>	<i>Male</i>	<i>Female</i>
General Practitioners	46	30
Female V.D. Clinic	3	—
Male V.D. Clinic	—	7
Hospitals	2	1
M. and C. W. Clinics	2	12
Parent	1	—
Divisional Medical Officers of Health	—	1
Moral Welfare Societies, Probation Officers, etc.	—	11
Self	70	8
Totals	124	70

An interesting contrast is observed in the number of male and female cases who presented themselves at the Centre on their own initiative. 56.1% of the new male cases and only 11.4% of the female cases needed no outside introduction to treatment. The good work amongst females that can be accomplished by workers in Maternity and Child Welfare Clinics and by Welfare Workers of Voluntary and Legal Agencies is very striking.

2. Contact Tracing.

Cases of Venereal Disease of less than one year's infection, which received treatment at the St. Helens Special Treatment Centre during 1949.

Disease	Total No. of cases	Source of Infection				
		Marital	Friend	Pick-up		
				Street	Public House	Other sources (or not divulged)
Male Clinic :						
Syphilis	11	2	1	2	6	—
Gonorrhoea	21	4	4	6	5	2
Female Clinic :						
Syphilis	5	1	—	—	—	4
Gonorrhoea	9	3	1	—	—	5
Totals	46	10	6	8	11	11

(Included in the above figures are one male syphilis case, and six male and one female gonorrhoea cases, who reside outside St. Helens).

There are many difficulties in connection with contact tracing. As can be seen from the above figures, the greatest number of sources of infection in male cases of venereal disease is from "pick-ups." So far as can be ascertained only two of the "pick-ups" (both gonorrhoea) were prostitutes. The female cases are more reluctant to divulge the sources of infection, and in 4 cases of syphilis and 5 cases of gonorrhoea in females no information could be obtained.

It must also be realised that in general, the patients' statements are not always reliable.

3. The following list of geographical sources of infection shows that of those identified a substantial proportion originated outside St. Helens.

Town, etc.	Syphilis		Gonorrhoea	
	M.	F.	M.	F.
St. Helens	4	—	4	2
Marital	2	1	4	3
Liverpool	2	—	5	—
Oldham	1	—	—	—
Lincoln	1	—	—	—
Casual on Road	1	—	—	—
Not stated	—	4	—	3
Elackpool	—	—	2	—
Whiston	—	—	2	1
Garswood	—	—	1	—
Bolton	—	—	1	—
Southport	—	—	1	—
Manchester	—	—	1	—

4. Follow-up Work.

The problem of following-up cases who have defaulted in treatment or observation is dealt with by correspondence and personal visits by the Female and Male V.D. Welfare Officers.

Particulars of defaulters and action taken during the year are shown below :

	Syphilis	Gonorrhoea	Non-Venereal Cases	Total
Male Clinic.				
No. of defaulters	3	1	—	4
No. persuaded to re-attend	3	—	—	3
Female Clinic.				
No. of defaulters	16	1	3	20
No. persuaded to re-attend	9	1	3	13

The final picture resulting from these enquiries is not conclusive, but the following assumptions may fairly be made.

- (1) The local problem in the Borough regarding the potential reservoir of venereal infection is not relatively a serious one.
- (2) Continued local propaganda directed towards the need for early treatment is essential.
- (3) Much help in preventive work can be obtained through further enlisting the aid of Voluntary Societies and Maternity and Child Welfare Services.

IX.—MATERNITY AND CHILD WELFARE.

Care of Mothers and Young Children.

NOTIFICATION OF BIRTHS.—Under Section 203 of the Public Health Act, 1936, 2,017 live births and 71 still-births were notified during 1949. In respect of these, 1,985 notifications were received from midwives and 103 from doctors. The corresponding figures for 1948 were 2,338 live births and 69 still-births, 2,283 notified by midwives and 124 by doctors.

The total number of live births registered as belonging to St. Helens was 2,001, giving a birth rate of 17.9 per 1,000 of the population for the year 1949. The corresponding rates over the past 5 years were respectively 20.5 in 1944, 20.3 in 1945, 22.2 in 1946, 25.2 in 1947 and 21.3 in 1948.

INFANT MORTALITY.—During 1949 the death occurred of 83 infants under the age of one year, giving an Infant Mortality Rate for that year of 41.5 per 1,000 live births. As previously mentioned the Infant Mortality rate for 1949 is the lowest yet recorded in the Borough. The corresponding rates during the preceding five years were 57.5 in 1944, 60.1 in 1945, 59.9 in 1946, 69.8 in 1947, and 60.9 in 1948. The average for the five years, 1945-1949 was 58.4. The Infant Mortality Rate for England and Wales for 1949 was 32 per 1,000 births.

The principal causes of these deaths during 1949 were :—

Congenital debility and premature birth	22
Congenital malformations	29
Pneumonia	9
Other Respiratory Diseases	1
Diarrhoea	9
Other digestive disorders	1
Whooping Cough	1
Cerebro-Spinal Fever	1
Tuberculosis	1
Other causes	9
	83
Total	83

There was a satisfactory decrease in the number of deaths due to premature birth, thus proving that the special care and attention now being given to premature infants is well worth the extra nursing skill and medical attention such children now receive. Fuller details of this scheme is given in the special paragraph dealing with the care of Premature Infants. The number of deaths due to respiratory diseases and digestive disorders also show a marked decrease and point to the value of Penicillin and the Sulphonamides in the treatment of these diseases in infants.

STILL-BIRTHS.—The number of still-births registered as belonging to the Borough was 70. All still-births are investigated with regard to cause.

MATERNAL DEATHS.—During 1949, three deaths were registered as resulting from childbirth or accidents of pregnancy, giving a maternal mortality rate of 1.45 per 1,000 live and still-births. None of these deaths was attributable to sepsis, the cause of death in the three patients being— Acute Cardiac Failure following premature Twin Delivery due to Pre-Eclampsia, Paralytic Ileus following Caesarean Section, and Ruptured Uterus due to complicated Breech Delivery.

The Maternal Mortality Rate for 1948 was 1.65 per 1,000 live and still-births.

INFECTIOUS DISEASES IN MOTHERS AND CHILDREN.

Puerperal Pyrexia.—1 case of puerperal pyrexia was notified during 1949, the final diagnosis of this case being Localised Pelvic Infection.

This patient was treated at home and recovered. The early treatment of such cases with Penicillin and Sulphonamide drugs has again proved its effectiveness.

Ophthalmia Neonatorum.—During 1949, 2 cases were notified. One was treated at home and one in hospital, both cases recovering with vision unimpaired.

Pemphigus.—No cases were reported during the year.

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

	Under 1 year		1—5 years	
	Cases	Deaths	Cases	Deaths
Scarlet Fever	4	—	101	—
Diphtheria	—	—	1	1
Measles	70	—	617	—
Whooping Cough	45	1	284	1
Ophthalmia Neonatorum	2	—	—	—
Cerebro-Spinal Fever	2	1	—	—

CHILD WELFARE CLINICS.—In May, 1949, additional premises for a combined Maternity and Child Welfare Clinic were obtained by renting a Church Hall at Blackbrook for one session per week. This additional centre was needed for mothers and children living in the Blackbrook district, owing to the increased housing accommodation provided in that area. This extra session is a combined Ante-natal and Child Welfare session. Prior to the opening of this centre, mothers and children from this area attended the clinic held at the Town Hall. After the Blackbrook centre was opened, however, it was found that two sessions a week for children were not necessary at the Town Hall, and one session was accordingly discontinued. It was also decided during the year to discontinue the Toddlers' Session at the Town Hall Clinic, as the mothers found it increasingly difficult to bring toddlers to a special session. The toddlers are now being examined at the Child Welfare Sessions at all the centres in the Borough.

At the end of the year, therefore, clinics for children under 5 years of age were being held on 9 sessions weekly at 8 centres.

Proposals were also formulated during the year for the provision of new clinic premises for the Sutton Manor area. It is hoped at an early date to make proposals for new clinic premises on the East Lancashire Road Housing Estate.

63.1% of the notified births in 1949 attended Child Welfare Clinics, and the number of children under 1 year of age who attended was satisfactory.

Table 10 shows the attendances at the various Maternity and Child Welfare Clinics during the year 1949, in comparison with the year 1948.

Table 10.
Attendances at Maternity and Child Welfare Clinics.

	1948	1949
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	1431	1273
(ii) between the ages of 1 and 5 years	259	338
Percentage of notified births represented by the number of children who on the date of their first attendance were under 1 year of age	61.2	63.1
Number who attended and at the end of the year were :—		
(i) under 1 year of age	1257	1084
(ii) between the ages of 1 and 5 years	1731	1738
No. of attendances by children :—		
(i) under 1 year of age	11641	10778
(ii) between the ages of 1 and 5 years	3890	3025
Ante-natal Clinics.		
No. of expectant mothers who attended	1839	1629
No. of attendances by expectant mothers	8988	7693
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	76.4	78.0
Gynaecological and Post-natal Clinic.		
No. of Mothers who attended	297	247
No. of attendances	340	304
Sunlight Clinic.		
No. of Children who attended	190	175
No. of attendances	2833	2831
Toddlers' Clinics. (From 1/1/49 to 8/9/49)		
No. of Toddlers who attended	121	64
No. of attendances	178	73

Immunisation against Diphtheria is carried out at the Child Welfare Clinics as well as at the special sessions held at the School Clinic in Cloughton Street, and at the outlying district clinics.

ANTE-NATAL CLINICS.—At the end of the year, special ante-natal clinics were being held 9 times weekly at 8 centres, an extra session at Blackbrook being started in May for the convenience of expectant mothers living in the Blackbrook district.

In 78.0% of the total notified births during 1949 the mothers had attended one or other of these clinics.

GYNAECOLOGICAL AND POST-NATAL CLINIC.—This clinic is held once a week at the Town Hall Centre and serves the double purpose of investigation of gynaecological conditions associated with pregnancy and as a clinic for post-natal supervision.

During 1949, 143 patients visited this clinic for post-natal examinations. Post-natal supervision is, however, also carried out at the Infant Welfare Clinics and at the Ante-natal Clinics held in the outlying districts, and the total number of women who received special post-natal supervision was 247.

The number of gynaecological patients attending this clinic was 71 (141 attendances).

Patients who needed operative treatment were referred to the out-patient departments of the local hospitals.

At this clinic patients may also receive advice on Birth Control methods when such is desirable for medical reasons. The following statement indicates the number of patients to whom such advice was given, and the reasons :

Renal Disease	4
Cardiac Disease	7
Tuberculosis	2
Severe Anaemia	7
Cerebral Haemorrhage	1
	Total
	21

8 patients sought advice during 1949 because of infertility.

SUNLIGHT CLINIC.—To this clinic, which is held twice weekly, are referred weakly and debilitated children likely to benefit from ultra violet therapy. During 1949, 175 children made 2,831 attendances for irradiation. All the children attending this clinic benefited by the treatment they received.

MILK FOR MOTHERS AND INFANTS.—With the continuance of the National Milk Scheme, the issue of dried milk through the Council's scheme for milk for mothers and infants was limited to special cases for whom the National Scheme was not altogether satisfactory.

During 1949, approximately 2,205 lbs of dried milk were distributed through the Council's scheme.

DENTAL TREATMENT.—Report by Senior Dental Surgeon on the dental treatment provided for expectant and nursing mothers and young children during 1949.

(a) Numbers provided with Dental Treatment :

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and Nursing Mothers	157	155	137	90*
Children under Five	146	138	125	125

* Not included in the number above and made dentally fit are 47 mothers awaiting dentures which will not be provided before 1950.

(b) **Forms of Dental Treatment Provided :**

	Extractions	Anaesthetics		Fillings	Scalings or Sealing & Gum Treatment	Silver Nitrate Treatment	Dressings	Radio-graphy	Dentures provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers ...	653	33	129	26	38	1	7	—	48	14
Children under Five ...	303	—	123	10	—	—	—	1	—	—

Owing to shortage of Staff two sessions only per week are devoted to the dental treatment of expectant and nursing mothers and pre-school children. One session is devoted to extractions under nitrous-oxide anaesthesia when a doctor is present to administer the anaesthetic, and the second session is spent in examination and such other treatment found to be necessary.

The facilities for X-ray examination are provided by the Liverpool Regional Hospital Board, and the supply of dentures obtained from a private dental mechanic according to an agreed scale of fees. Full dental treatment is thus provided.

MINOR AILMENTS.—During 1949 19 children were referred to and received treatment at one or other of the Council's Minor Ailment Clinics.

CRIPPLED CHILDREN.—Crippling defects in children under 5 years of age are dealt with under the Council's Orthopaedic Scheme, which provides periodic supervision by the Consultant Orthopaedic Surgeon and the special Orthopaedic Nurse.

During 1949, 249 maternity and child welfare cases were dealt with at the Orthopaedic Clinic, 2 cases being admitted to hospital for operation.

DAY NURSERY.—This Nursery is open from 6-30 a.m. to 7 p.m., Monday to Friday ; and 6-30 a.m. to 1 p.m. on Saturday. Accommodation is limited to children whose mothers are working. During the year, this accommodation was fully utilised.

There were no outbreaks of infectious disease in the Nursery, and on the whole the health of the children was good.

Particulars of attendances, &c. at the Hall Street Day Nursery during 1949 are shown below :—

No. of approved places at Day Nursery		No. of children on the register at the end of the year		Average daily attendance during the year	
0-2 years	2-5 years	0-2 years	2-5 years	0-2 years	2-5 years
14	16	6	27	7.85	17.18

During the year consideration was given to the provision of further Day Nursery accommodation. The question was examined of providing such accommodation at Lacey Street, Thatto Heath, and at Bedford Street, Parr (adjoining the Trading Estate). Although it appeared that there was a demand for such additional Day Nurseries in these two outlying districts, it was not possible before the end of the year to make any firm proposals. The matter remained under review, and it is hoped that during the coming year some further progress may be made.

THE CARE OF PREMATURE INFANTS.—Since 1944 special efforts have been directed towards preserving life in premature and/or immature infants. The birth weight is stated on every notification of birth form, and in those cases born at home where the birth weight was less than 5 lbs. 8 ozs. a special visit was immediately made by the Supervisor of Midwives, and if necessary arrangements made for admission to hospital. For infants remaining at home, special basket cots fitted with special lining, mattress and bedding, a Belcroy feeding bottle and hot water bottles are available, and have proved of value.

During 1949, a total of 131 premature and/or immature babies were born in the Borough. Of these babies, 26 died before 28 days. The following table gives details concerning these 131 premature infants.

Premature and/or Immature Babies, 1949.

		BORN AT HOME								
		Remaining at Home								
Birth Weight	Transferred to Hospital*	Died in first 24 hours	Died between 2nd and 8th day	Died between 8th and 28th day	Survived 28 days	Total	Grand Total			
Under 3 lbs.	1	—	—	—	—	—	1			
3-4 lbs.	2	1	2	—	—	3	5			
4-5½ lbs.	2	1	1	—	27	29	31			
Totals	5	2	3	—	27	32	37			
* DETAILS OF CASES TRANSFERRED TO HOSPITAL										
Birth Weight	Died in first 24 hours	Died between 2nd and 8th day	Died between 8th and 28th day	Survived 28 days	Total					
Under 3 lbs.	1	—	—	—	1					
3-4 lbs.	—	—	—	2	2					
4-5½ lbs.	1	1	—	—	2					
Totals	2	1	—	2	5					
BORN IN NURSING HOMES										
Under 3 lbs.	—	—	—	—	—					
3-4 lbs.	—	—	—	—	—					
4-5½ lbs.	—	—	—	4	4					
Totals	—	—	—	4	4					
BORN IN HOSPITAL										
Under 3 lbs.	7	2	—	1	10					
3-4 lbs.	3	1	2	8	14					
4-5½ lbs.	3	—	—	63	66					
Totals	13	3	2	72	90					

When these infants are discharged from hospital, or when the midwife has ceased to attend to those born at home, the Health Visitor concerned is immediately notified, and pays special follow-up visits.

THE CARE OF ILLEGITIMATE CHILDREN.—As in previous years, special consideration was given to the care of the unmarried mother and her child, and arrangements were continued whereby two places are reserved in the St. Monica's Home, Liverpool, for cases from St. Helens and places are taken in other Homes as required. All cases of unmarried expectant mothers coming to the knowledge of the Department through Health Visitors, Municipal Midwives, Moral Welfare Workers and other agencies, are notified to the Medical Officer in charge of Maternity and Child Welfare Services, who, after investigation, decides which cases can be dealt with at home or through local hospitals, and which cases can most suitably be dealt with by periods of residence in suitable homes. The mother is admitted to the Home about two months before the expected confinement and remains there after confinement until suitable arrangements can be made for the after-care of herself and the child. During 1949 40 unmarried mothers were assisted under these arrangements.

In the majority of cases it was found that the parents were willing to keep the girl at home during the pregnancy if some arrangements could be made for the confinement.

The following list gives the places of confinement :—

In the St. Helens Maternity and Child Welfare Hospital	13
In the County Hospital, Whiston	11
At Parents' Homes	5
In the St. Helens Hospital	2
In the Diocesan or other Voluntary Homes	5
No. of patients undelivered on 31st December	4
Total	40

Mothers entering Homes are assisted by the Corporation in the payment of their fees. All the unmarried mothers were helped to take out Affiliation Orders.

Every effort was made in all cases to enable the mother to keep the child with her in her parents' home, and in many cases these efforts were successful.

The following is a summary of the disposal of the children born during the year :—

Cared for by grandparents while mother goes to work	8
Cared for by mother	14
Adopted	4
Seeking adoption	1
In Institutions	2
Boarded out with foster-parents	1
Died	2
Parents married later	3
Moved out of St. Helens	1
Total	36

HOSPITAL ACCOMMODATION.—The Maternity and Child Welfare Hospital and the St. Helens Hospital are now administered by the St. Helens and District Hospital Management Committee. There are 30 maternity beds in the Maternity and Child Welfare Hospital, and 17 maternity beds in the maternity block of the St. Helens Hospital, and when accommodation in either of these two hospitals is not available, St. Helens patients are referred to the County Hospital, Whiston.

Patients book for the Maternity and Child Welfare Hospital at the Council's Ante-natal Clinics, and for the St. Helens Hospital, at the hospital itself. Emergency cases are admitted to both hospitals when beds are available.

During 1949, 593 births belonging to St. Helens took place in the Maternity and Child Welfare Hospital, 281 occurred in the St. Helens Hospital and 189 in the County Hospital, Whiston.

MATERNITY AND NURSING HOMES.—During 1949 there were 4 private Nursing Homes registered in St. Helens with accommodation for 11 maternity cases and 4 medical cases. The number of maternity patients delivered in these Homes was 139.

X.—MIDWIFERY SERVICE.

MUNICIPAL MIDWIFERY SERVICE.—The staff of the Municipal Midwifery Service was increased in August, 1949, by the appointment of two additional midwives, making the establishment for that Service fifteen Municipal Domiciliary Midwives and one Non-Medical Supervisor of Midwives. These midwives work from their own homes and are grouped in districts to allow for relief duties and choice of midwives by patients. The following table gives a summary of the work done by the staff of the Municipal Midwifery Service during 1949.

Number of cases attended :—	
as midwife	641
as maternity nurse	162
	Total 803
Number of live births	769
Number of still-births	20
Number of abortions	26
Number of cases in which midwife sent for medical assistance	170
	(22.1%)
Supervisor's visits and inspections	30

During the year arrangements were completed whereby all the domiciliary midwives employed by the Council were trained and qualified in the use of Gas and Air Analgesia, and this analgesia is now available for all mothers having their confinement in their own homes.

For their use six portable sets of Minnitt's Gas and Air Analgesia Apparatus are kept at the Central Ambulance Depot, one of which is despatched from that Depot to the patient's home by car immediately on request by the Midwife.

INSPECTION OF MIDWIVES.—In 1949, 38 midwives notified their intention to practise within the Borough. Of these 5 were in private practice, 16 were employed by the Local Health Authority, 8 were engaged at the Maternity and Child Welfare Hospital, Cowley Hill, and 9 in the Maternity Block of the St. Helens Hospital.

The supervision and inspection of midwives is carried out by Medical Officers and by the Non-Medical Supervisor of Midwives. During 1949 37 visits for inspection and supervision were paid to private midwives and 30 visits to the Council's midwives were carried out.

MATERNITY CASES ATTENDED BY MIDWIVES.—The following table shows the extent of the work carried out by the various classes of midwives in St. Helens during 1949.

Number of Maternity Cases in the Area of the Local Supervising Authority attended by Midwives during 1949.

	As Midwives	As Maternity Nurses
(a) Domiciliary Midwives.		
Midwives employed by the Authority	641	162
Midwives in Private Practice	7	50
(b) Midwives in Institutions.		
Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act.		
St. Helens Hospital	2	389
St. Helens Maternity and Child Welfare Hospital	560	41
Midwives in Private Practice	9	130

XI.—HEALTH VISITING.

The duties of the Health Visitors now include the general health welfare of the family as a whole, as well as the specialised duties connected with the School Medical Services and the Care of Mothers and Young Children. These extra duties mean that more time has to be given to home visiting in connection with the welfare of old people, the follow-up of patients discharged home from hospital, enquiries regarding home conditions of mothers requesting confinement in hospital in addition to the routine and special visits required to be paid to mothers and young children under school age, and home visits directly connected with School Medical Inspections. The Health Visitors also staff the various Ante-Natal Clinics and Child Welfare Clinics in the Borough, and are in attendance at the School Medical Inspections.

During the year the staff of Health Visitors was increased by three, making a total establishment of eighteen Health Visitors and one Superintendent Health Visitor. In addition 4 Student Health Visitors were given their practical training in St. Helens, and attended the Liverpool University for their theoretical training.

The following statement shows the home visits paid by Health Visitors during the year :

To expectant mothers	
(a) first visits	307
(b) subsequent visits	558
To infants under one year	
(a) first visits	1940
(b) subsequent visits	8054
To children aged one to five years	18220
To other cases	5586
	Total
	34665

XII.—HOME NURSING SERVICE.

During 1949, the Home Nursing Service was carried out by the St. Helens and District Nursing Association acting as Agents of the Local Health Authority. This service is now under the direct supervision of the re-organised Committee of the Nursing Association on which is full representation from the Local Health Authority.

The Association has a staff establishment of one Superintendent, 2 Assistant Superintendents and 20 nurses. The nurses paid 85,113 home nursing visits during the year, and there were 2, 436 new cases attended to during this period.

XIII.—HOME HELP SERVICE.

The Home Help Service only came into operation in St. Helens on the 9th February, 1949, the staff at that time consisting of one whole-time Organiser and three part-time Home Helps.

At the 31st December, 1949, there were eight part-time Home Helps working an average 30 hour week.

During the period 9th February, 1949, to 31st December, 1949, the Home Helps attended 56 cases, comprising :—

Confinement cases	18
Post-natal cases	10
Old age and infirmity	26
(Of these 14 were living alone)	
Acute illness	2
	Total
	56

Home Help in these cases was recommended by :—

Council of Social Service	5
Maternity and Child Welfare Service	14
Private Practitioners	8
Hospitals	6
Society for the Blind	1
District Nursing Association	4
Mental Health Department	1
Welfare Officer	1
National Assistance Board	1
Housing Department	7
Personal Application	8
	—
Total	56
	—

XIV.— WELFARE OF THE BLIND.

Welfare of the blind in St. Helens is now undertaken by the Welfare Committee of the Corporation who carry out most of their activities through the St. Helens and District Society for the Welfare of the Blind.

The Medical Officer of Health remains responsible for certification for registration.

There were 229 Blind Persons on the Blind Register for St. Helens on 1st January, 1949. The following is an analysis of the cases on the register at the 31st December, 1949.

Age distribution :—

Age 0—4 years	—
5—15 „	4
16—20 „	5
21—49 „	45
50—69 „	83
70— „	85
	—
Total	222
	—

Educational and occupational distribution :—

Education—At school	4
Not at school	—
Employment—Employed (Workshops or Home Workers Scheme)	18
Employed (Working on own account)	9
Under training	3
Not training but trainable	1
Unemployable	187
Trained, but unemployed	—
	—
Total	222
	—

XV.—INSPECTION AND SUPERVISION OF FOOD.

MEAT AND OTHER FOODS.—The municipal abattoir remains in sole use by the Ministry of Food, but the inspection and supervision of all meat at the abattoir continues to be carried out by the Corporation's Abattoir Superintendent, who is a qualified meat inspector. Table 11 gives the result of such inspection. There is no veterinary inspection of animals prior to slaughter.

The agreements with the St. Helens Retail Butchers' Buying Committee and the North Western Wholesale Meat Supply Association Limited, for the use of the Cold Stores at the Abattoir, were continued throughout the year.

In addition to the Public Abattoir there is one private slaughterhouse licensed in the Borough for the slaughter of pigs only, but owing to the present operation of the scheme for the control of meat and livestock its use has been temporarily discontinued.

Under the Slaughter of Animals Act, 1933, 32 licences were renewed to slaughtermen employed at the Public Abattoir.

At the end of the year, 198 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.

During 1949, 8,832 visits were made by Inspectors to shops, stalls and other places where food is prepared or stored, as compared with 8,913 during 1948, and in 25 instances minor offences against various Acts and Orders were discovered and 218 nuisances or defects found.

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 :—

	lbs.
Meat	231,025
Canned Goods.....	8,321½
Fruit	309
Fish	630
Miscellaneous Foodstuffs	1,708¾
	<hr/>
Total	241,994¼
	<hr/>

Public Health (Meat) Regulations, 1924.—During the year, 4 infringements of these Regulations were found. These mainly referred to premises requiring whitewashing or with unsuitable receptacles for trimmings and refuse. In all instances the unsatisfactory conditions were remedied after service of notice.

Merchandise Marks Act, 1926.—During the year, 1,130 inspections were made under the Merchandise Marks Act, 1926, and 8 warnings for minor infringements were given.

Food Hawkers.—Section 47 of the St. Helens Corporation (Electricity and General Powers) Act, 1948, came into force on 1st April, 1949. This section requires the registration of any person (other than a person keeping open shop) who sells, offers or exposes for sale food from any vehicle or receptacle. The section also requires the registration of storage accommodation for any food intended for any of these purposes.

During the year 26 persons and 40 separate sets of premises were registered under this section.

No premises were registered unless they conformed to a minimum hygienic standard.

123 inspections of these premises were made during the year.

Table 11.
CARCASSES INSPECTED AT PUBLIC ABATTOIR—YEAR 1949.

	Cattle excluding cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	1884	2992	4295	18465	1072
Number inspected	1884	2992	4295	18465	1072
Condemned :—					
(a) All diseases except Tuberculosis :—					
(i) Whole carcasses condemned	1	32	74	38	9
(ii) Carcasses of which some part or organ was condemned	889	1054	—	1678	151
(iii) Percentage of number inspected affected with diseases other than tuberculosis	47.2	36.3	1.7	9.3	14.9
(b) Tuberculosis only :—					
(i) Whole carcasses condemned	5	82	17	—	4
(ii) Carcasses of which some part or organ was condemned	273	1445	4	—	47
(iii) Percentage of the number inspected affected with tuberculosis	14.7	51.0	0.5	—	4.7

Clean Food Campaign.—There are approximately 900 food premises of all kinds in the Borough.

The arrangements for the inspection of these premises and of all foodstuffs therein remained as in previous years. These arrangements include the employment of a Specialist Food Inspector who has been engaged solely on this work since his appointment more than ten years ago.

There is little doubt that the constant supervision thus maintained has been instrumental in ensuring a high hygienic standard for all food premises.

Much, however, still remains to be done in the education of those engaged in the handling of foodstuffs in the principles of food hygiene.

In order to meet this need, display cards setting out simple rules for the prevention of food infections have been distributed to all food traders and arrangements are being made for the holding of suitable film exhibitions.

A course of lectures in the hygienic production and handling of ice cream was arranged for ice cream manufacturers and vendors during the year, and in continuance of this educational work it is hoped to arrange a course of lectures in food hygiene for all food employees.

MILK AND MILK PRODUCTS.

Milk and Dairies Regulations, 1949.—These Regulations came into operation on the first day of October, 1949, and re-enact with amendments the Milk and Dairies Regulations, 1926 to 1943.

The principal changes arise owing to the coming into operation during the year of the Food and Drugs (Milk and Dairies) Act, 1944, and the Agriculture (Miscellaneous Provisions) Act, 1949.

As from the 1st October, 1949, the Minister of Agriculture becomes responsible for the registration of dairy farms and of persons carrying on or proposing to carry on the trade of dairy farmer. Also the Minister is now responsible for the administration of the Regulations relating to those classes of persons and premises.

Local authorities retain responsibility for the registration of and for the enforcement of the Regulations relating to dairies which are not dairy farms, and of dairymen who are not dairy farmers.

At the close of the year there were registered :—

- 22 persons as distributors of milk from dairy premises ;
- 176 persons as distributors of milk in sealed bottles ; and
- 21 premises as dairies.

A total of 860 visits were paid by the Sanitary Inspectors to these premises during the year. No infringements of the Milk and Dairies Order, 1926, or of the above-mentioned Regulations, were found.

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.—These Regulations came into force on the 1st October, 1949. They re-enact with amendments the Milk (Special Designations) Regulations, 1936 to 1948, so far as they relate to pasteurised milk and provide for a new special designation, viz. "sterilised milk." The principal changes are consequent upon the coming into operation of the Food and Drugs (Milk and Dairies) Act, 1944, and the Milk (Special Designations) Act, 1949.

These Regulations require, inter alia, that from the 1st October, 1950, pasteurised milk may only be sold in bottles or other containers which must be filled on the premises of a person holding a licence under these Regulations. From the 1st October, 1954, the bottles or other containers must be filled at the pasteurising premises.

The following licences were granted during the year under these Regulations :—

Dealers' Licences authorising the use of the special designation " STERILISED "	177
Dealers' Licences authorising the use of the special designation " PASTEURISED "	52
Dealers' Licences authorising the use of the special designation " TUBERCULIN TESTED MILK (PASTEURISED) "	18
Dealer's (Pasteuriser's) Licence authorising the use of the special designation " PASTEURISED "	1
Supplementary Licence authorising the use of the special designation " STERILISED "	1
Supplementary Licences authorising the use of the special designation " PASTEURISED "	2
Supplementary Licences authorising the use of the special designation " TUBERCULIN TESTED MILK (PASTEURISED) "	2

No fees are charged by the Council in respect of licences granted under these Regulations.

Milk (Special Designation) (Raw Milk) Regulations, 1949.—These Regulations also came into force on the 1st October, 1949, and re-enact with amendments the Milk (Special Designations) Regulations, 1936 to 1948, so far as they relate to raw milk.

The Regulations provide that licences to producers of raw milk to use any special designation shall be granted by the Minister of Agriculture and Fisheries while the local authorities will continue to grant licences to dealers to use special designations in respect of such milk.

After the 1st October, 1957, the special designation " Tuberculin Tested " may only be used in respect of milk from a herd which is on the Register of Attested Herds and no application to use that designation will be granted after 30th September, 1954, unless the herd is registered as an attested herd.

After 1st October, 1954, the special designation " Accredited " will no longer be permitted to be used and no new application to use that designation will be granted after 30th September, 1952.

The following licence as granted during the year under these Regulations :—

Supplementary Licence authorising the use of the special designation " Tuberculin Tested "	1
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No fees are charged by the Council in respect of licences granted under these Regulations.

Biological Examination of Milk.—In the routine examination of milk supplies 53 samples were examined by guinea-pig inoculation for the presence of tubercle bacilli. No sample contained positive evidence of tubercle bacilli, as compared with one (1.47%) in the previous year.

Bacteriological Examination of Milk.—In addition to the samples of milk taken for examination for tubercle bacilli, 56 samples were also taken for the methylene blue reduction test and for examination for the presence of bacillus coli.

The results of these examinations show that of 28 samples of tuberculin tested milk, 7 samples (25.0%) failed to satisfy the methylene blue test required by the Milk (Special Designations) Order, 1936, and 10 samples (34.3%) contained bacillus coli in 1/100th millilitre.

Of 28 samples of accredited milk 4 (14.3%) failed to satisfy the methylene blue test, and in 6 samples (21.4%) bacillus coli was found in 1/100th millilitre.

290 samples of milk were also examined for the methylene blue (30 minutes) test. Of these 12 (4.1%) failed to pass the test.

Examination of Milk for the Presence of Phosphatase.—280 samples of milk were examined for the presence of phosphatase. In 3 samples the Analyst reported that the milk had not been sufficiently heat-treated.

Turbidity Test for Sterilised Milk.—During the year 10 samples were submitted for this test. All were reported to be satisfactory.

Milk-in-Schools Scheme.—All milk now supplied to schools under the Milk-in-Schools Scheme is milk for which a pasteuriser's licence has been granted. Careful supervision is exercised by the Sanitary Staff and frequent samples are taken for chemical examination and for examination for bacterial contamination.

The number of samples taken during 1949 and the results are as follows:—

1. Samples taken for chemical analysis	377
Number reported below standard	nil
2. Samples examined for bacteriological cleanliness	12
Number reported to be unsatisfactory	nil
3. Samples examined for the presence of tubercle bacilli	12
Number in which tubercle bacilli was found	nil

The chemical analysis of the above samples is mainly carried out by means of the Gerber Test at the Department's own laboratory, and only in doubtful cases are samples examined by the Public Analyst.

Ice Cream Premises.—The following are the particulars at the end of the year of registrations under the St. Helens Corporation Act, 1933, of manufacturers and vendors of Ice Cream and the premises used by them:—

Manufacturers and Vendors	13
Vendors only	93
Premises for manufacture and sale	13
Premises for sale only	89

213 samples of ice cream were taken during the year for bacteriological examination by the Methylene Blue Test.

These samples were taken from manufacturers and vendors whose premises are situate both inside and outside the Borough.

Of the 213 samples taken, 69 were classed as Grade 1 ; 76 as Grade 2 ; 46 as Grade 3 ; 22 as Grade 4.

These results emphasise the need for still more educational work in hygienic methods of ice cream production.

All ice-cream manufacturers' premises and plants have now been brought up to a satisfactory hygienic standard. Further, all vehicles used for the sale of unwrapped ice-cream have now been provided with satisfactory supplies of hot and cold water and suitable washing facilities.

Very few contraventions of the Ice Cream (Heat Treatment, etc.) Regulations, 1947 and 1948, were found during the year.

Manufacturers and Vendors are generally making a serious effort to comply with the requirements of these Regulations.

During the year, 510 visits of inspection were made to ice-cream premises in St. Helens.

FOOD AND DRUGS.

Food and Drugs Act, 1938.—During 1949, 154 formal samples and 305 informal samples of various foods and drugs were submitted to the Public Analyst, and 13 (2.8%) were reported as adulterated.

The percentage of milk samples reported as adulterated during the year was 1.5%.

Legal proceedings were instituted in respect of the following formal samples :—

<i>Article.</i>	<i>Particulars of Offence.</i>	<i>Result of legal proceedings.</i>
Jam Tarts	Selling jam tarts containing unsaponifiable oil in contravention of S.3 of the Food and Drugs Act, 1938.	Vendor fined £1, with £2 costs. Manufacturer fined £5, with £2 costs.
Potato Crisps	Contravention of Ss. 13 and 78 of Food and Drugs Act, 1938.	Case dismissed.

In addition to the above, warnings were given by the Public Health Committee in the case of the following formal samples :—

<i>Sample No.</i>	<i>Article.</i>	<i>Nature of Adulteration or Irregularity.</i>
79	Milk	Deficient in fat to the extent of 6.6 per cent. and in solids-not-fat to the extent of 2.35 per cent.
118	Effervescing Drink Powder	Contravention of Articles 2 and 3 of the Labelling of Food Order, 1946.
224	Milk	Deficient in fat to the extent of 3.3 per cent.
429	Baking Powder	Deficient in available carbon dioxide to the extent of 15 per cent.
446	Pork Sausage	Contravention of the Public Health (Preservatives, etc. in Food) Regulations, 1925.

In addition to the above, legal proceedings under Section 9 of the Food and Drugs Act, 1938, were taken against two defendants for having in their possession for the purpose of sale, foodstuffs intended for, but which were unfit for human consumption.

Each defendant was fined £5 on each of two charges.

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

Public Health (Preservatives, etc., in Food) Regulations, 1925-1940.—All samples submitted to the Public Analyst under the Foods and Drugs Act are also examined for the presence of preservatives.

One infringement of these Regulations was found during the year in respect of a sample of pork sausage Nod. 446. The offender was warned by the Public Health Committee.

Fertilisers and Feeding Stuffs Act, 1926.—15 samples of fertilisers or feeding stuffs were taken under the above Act during the year.

All these samples were reported by the Public Analyst to be satisfactory.

Pharmacy and Poisons Act, 1933.—At the end of the year there were 56 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 75.

80 visits were paid to these premises and no infringements of the Act were found.

Pharmacy and Medicines Act, 1941.—No infringements of the Act were found during the year.

Bakehouses.—There are 93 bakehouses in St. Helens and mechanical power is employed in 68 instances.

450 visits of inspection to the various bakehouses were made during the year and 36 defects were found, most of which were remedied before the end of the year.

DISEASES OF ANIMALS ACTS.

Tuberculosis Order, 1938.—No animals from dairy herds in the Borough were slaughtered under this Order during the year.

Anthrax.—Two cases of suspected Anthrax were reported during the year. In neither case was the disease confirmed.

Swine Fever.—Twelve cases of suspected Swine Fever were reported. In no instance was the disease confirmed.

Foot and Mouth Disease.—No cases of suspected Foot and Mouth disease were reported during the year.

Markets, Sales and Lairs Order, 1925.—There is one market, situate between 5 and 21 Parr Street, licensed for the sale of animals in St. Helens.

OUTBREAK OF FOOD POISONING.

On 23rd July an outbreak of food poisoning followed a wedding party held in the Parr district. The party was attended by about 60 persons, who sat down to tea between 5 p.m. and 6 p.m. The meal consisted mainly of tongue, pressed meat and meat pies with salad followed by tinned fruits, trifles, jellies, etc., with custard and cream and also various types of small cakes. The foodstuffs were not purchased from any one particular catering establishment but were obtained from a number of different sources and were served by three helpers who were either friends or relatives of the bride or bridegroom.

Two-and-a-half to three hours after partaking of the meal several members of the party commenced to be ill, and further cases occurred very rapidly, though in one or two mild cases the onset was delayed as late as 11 a.m. the following day.

The main symptoms were vomiting and diarrhoea accompanied by fainting, shivering and varied degrees of shock. In some the shock bordered on collapse. In all about 30 persons were affected, of whom 25 were taken to local hospitals. 15 of these were retained in hospital for periods varying from 24 hours to 4 days.

The Department was fortunate in learning of the outbreak on the night of the occurrence and Sanitary Inspectors were therefore able to obtain a considerable number of samples of the various foodstuffs partaken. On bacteriological examination of these it was found that several samples of foodstuffs which had been cut up for serving or prepared on the premises were contaminated with *Staphylococci* (Aureus type), whereas articles which had received little handling on the premises were not so contaminated. This organism was also recovered from either or both the vomit or faeces of all patients from whom it had been possible to obtain specimens.

Owing to the particular infection of food which had been handled on the premises where the party was held, special attention was paid to the possibility of infection by servers and helpers. These were three in number. Two of the helpers who were mainly responsible for the cutting up and setting out of the various articles of food used were found to be heavily contaminated with *Staphylococci Aureus* as follows :—

Helper No. 1—Faeces, nose, sore on lip and finger nails.

Helper No. 2—Faeces, throat, nose and finger nails.

The third helper showed no evidence of infection.

Enquiries into the past medical history of Helper No. 1 revealed that this helper had had attacks of diarrhoea on the 13th and 19th July (ten days and four days respectively before the date of the wedding party). A point of interest in regard to this helper's household which emerged was that each of the other three members of that household had *Staphylococci Aureus* infection of the nose—these members attended the wedding feast but were not affected. It would appear therefore that there is the strongest presumptive evidence that this helper was the

cause of this outbreak of food poisoning with the second helper (who was a married sister of No. 1) as a secondary cause. An endeavour was made to have these persons treated with a view to cleaning up the carrier condition but without success. They were warned, therefore, that they should not handle foodstuffs outside their own families, and as they were not in any way connected with public handling or distribution of food, no further action was taken.

XIII.—SANITARY CIRCUMSTANCES OF THE AREA.

WATER. — The water supply is from deep wells and boreholes in new red sandstone at Eccleston Hill, Whiston, Knowsley, 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, in addition to chlorination, high pressure filtration before distribution.

The water 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 Rivington Main is soft and is blended with hard water before distribution, so that in its ultimate distribution it also approximates to 10.5°.

There were no new sources of public water supply during the year, but the supply from the Whiston Pumping Station has been improved by the installation of new pumping plant in the auxiliary well at a deeper level than the existing plant in the main well. Mains extensions involving a total of 3,103 lineal yards were carried out for the supply of water to the East Lancashire Road, Gaskell Street, Brunswick Street, Provident Street and Broad Lane Housing Sites and in Duke Street.

The quality of the water has remained satisfactory and the supply to all parts of the Borough is reasonably adequate. The quantity of water available showed a slight decrease in the first half of 1949 but during the last two months of the year there was approximately 5 per cent. more water available than at the beginning of the year.

Bacteriological examinations of the water were made at regular intervals at the sources of supply, and at the reservoirs prior to distribution into supply, in all cases after chlorination.

Of the 438 samples taken for bacteriological examination during the year, 379 were classified as Class 1 ; 22 Class 2 ; 18 Class 3 and 19 Class 4.

76 samples were taken for chemical analysis and of these 66 were classified as satisfactory without further comment. Comments on other samples were as follows :—

Brown Edge Old Reservoir.

In the report on a sample taken on the 9th February attention was drawn to the relatively high concentration of ammoniacal nitrogen, presumably the result of ammonia-chlorination. (Bact. Class 1).

Another sample taken on the 5th September showed mineral contents higher than the foregoing sample, but there was no evidence of contamination. (Bact. Class 1).

A further sample taken on the 28th November differed somewhat from the two previous samples but was otherwise satisfactory. (Bact. Class 1).

Rivington Supply.

In the report on a sample taken on the 9th February attention was drawn to the marked corrosive properties of the water. (Bact. Class 1).

Another sample taken on the 28th November showed a high concentration of free and saline ammonia, presumably the result of ammonia-chlorine treatment. (Bact. Class 1).

Eccleston Hill Waterworks.

A sample taken on the 9th February showed high ammoniacal nitrogen content, presumably due to ammonia-chlorination. (Bact. Class 1).

A further sample on the 27th July had an unusually high iron content, but there was no indication of organic pollution. (Bact. Class 1).

A third sample taken on the 5th September showed mineral components higher than usual, and evidence of slight organic contamination (Bact. Class 1).

Sutton Road Pumping Station.

Temporary hardness much higher than usual owing to the water not being softened was reported in respect of a sample taken on the 5th September. (Bact. Class 1).

21in. Pumping Main.

In the report on a sample taken on the 28th November attention was drawn to the relatively high content of phenolic bodies. (Bact. Class 4).

The water supplied has no plumbo-solvent action.

The supply is on the constant system. With only one or two exceptions, which receive their supply from stand-pipes, water is supplied directly to all the houses in the Borough from the Corporation's water mains.

All supplies are chlorinated before distribution.

RIVERS AND STREAMS.—The supervision of the pollution of rivers and streams in St. Helens is now carried out by the Lancashire Rivers Board.

DRAINAGE AND SEWERAGE.—The small and inefficient sewage works at Eccleston Hill has been demolished and the sewage formerly treated at this works is now being carried forward through a new trunk sewer along Eccleston Valley which connects up with the sewerage system draining to the Parr Sewage Works.

A surface water sewer designed to alleviate flooding conditions in Watery Lane was completed during the year. The scheme for the reconstruction of the Sutton Intercepting Sewer is in an advanced stage of preparation.

Work is in progress on the extension of the Haresfinch intercepting sewer along Carr Mill Road which will serve the Broad Lane Section of the East Lancashire Road Housing Site and a considerable area of land beyond.

Consultant Engineers have prepared a tentative layout for the reconstruction of the Parr Sewage Works and hope to submit a preliminary scheme in 1950.

CLOSET ACCOMMODATION.—There are still 72 pail closets and 234 privy middens serving 74 and 272 houses respectively. There are also 43 pail closets and 4 privy middens at various schools and works.

PUBLIC CLEANSING.—The removal and disposal of house refuse is carried out by the Borough Engineer's Department. Apart from extending the area of collection to cover new property in the Borough, no extensions or alterations to the cleansing system have been put into operation during the year.

The whole of the house refuse, apart from salvageable material, is disposed of by controlled tipping. There are three refuse tips now in use, namely: the Watery Lane Tip, which receives approximately 60 per cent. of the Borough's refuse; the Kurtz Tip in Jackson Street, which receives 35 per cent.; and a new tip on Sutton Moss, which receives the remainder. The Jackson Street Tip is used solely for horse-drawn vehicles.

HOUSE REFUSE ACCOMMODATION.—As stated in the Annual Report for 1948, consideration was given during that year by the Public Health Committee to a scheme for the maintenance of dustbins throughout the Borough by the Corporation.

After further consideration by the Committee and upon the recommendation of the Ministry of Health it has been decided that the scheme should, in the first instance, be applied to a part of the Borough only.

For the purpose of the modified scheme, three wards, viz. the North Windle, North Eccleston and South Eccleston Wards, were selected for survey.

The following are the conditions in these wards as revealed by this survey:—

Total number of dwellinghouses	9,853
Number of serviceable dustbins	6,391
Number of Fixed Ashpits	
Number of ashpits serving one house	239
Number of ashpits serving two houses	567
Number of ashpits serving three houses	2
Total number of ashpits	808
Total number of dwellinghouses served by ashpits	1,379
Number of dustbins required.	
Number of dustbins required to replace ashpits	1,379
Number of dustbins required to replace tipper bins	453
Number of dustbins required for dwellinghouses without refuse accommodation	236
Number of dustbins required to replace unserviceable dustbins	1,526
Total number of dustbins required	3,594
Estimated cost to the Corporation of conversion of fixed ashpits	£3,030 0 0
Estimated cost to the Corporation of provision of dustbins	£3,683 17 0
Total cost of modified scheme for the three wards	£6,713 17 0

It is hoped that this modified scheme will be brought into operation at an early date.

ATMOSPHERIC POLLUTION.—Two meetings of the St. Helens and District (Atmospheric Pollution) Joint Consultative Committee were held during the year.

At the first meeting held on the 30th June, 1949, it was agreed that the functions of the Committee should be as follows :—

- (1) To consider progress reports submitted from time to time by the Department.
- (2) To consider reports made by the Department on instances of preventable smoke emission.
- (3) To consider special difficulties experienced by manufacturers in regard to prevention of smoke emission ; fuel problems ; problems in regard to plant and equipment, etc.
- (4) To consider general problems in relation to fuel consumption and economy.
- (5) To consider new developments in technique in relation to fuel consumption and smoke prevention.
- (6) To consider arrangements for education of boiler-house personnel in stoking and boiler-house practice.
- (7) To act as liaison between the Sanitary Authorities concerned and manufacturers.

Also at this meeting and at the subsequent meeting held on the 24th November, 1949, many atmospheric pollution problems so far as they relate to St. Helens and district were discussed.

It is apparent from the discussions which have taken place at these meetings that this Committee will be of considerable assistance to the Public Health Committee in their efforts to secure a reduction of atmospheric pollution in this area.

654 observations were taken of industrial chimneys during the year. In 193 instances black smoke was emitted for more than two minutes during the half-hour period of observation. Representations were made with the firms concerned with a view to the diminution of the nuisance.

FACTORIES.—Three defects were reported by H.M. Inspector of Factories during the year. In addition 29 instances of want of cleanliness and 92 instances of unsuitable or defective sanitary conveniences were also dealt with as a result of sanitary inspections.

A total of 838 visits of inspection were made to factories during 1949.

Table 12 gives particulars of the administrative action taken.

TABLE . 12
PART I OF THE ACT.

1.—**INSPECTIONS** for purposes of provisions as to health (including inspections made by Sanitary Inspectors).

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	82	118	4	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	279	715	39	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	5	5	—	—
TOTAL	366	838	43	—

2.—CASES IN WHICH DEFECTS WERE FOUND

(If defects are discovered at the premises on two, three or more separate occasions they are reckoned as two, three, or more "cases").

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	29	25	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3) ..	—	—	—	—	—
Inadequate ventilation (S.4) .. .	—	—	—	—	—
Ineffective drainage of floors (S.6) ..	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient	6	4	—	3	—
(b) Unsuitable or defective	86	79	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	1	—	1	—	—
TOTAL	122	108	1	3	—

PART VIII OF THE ACT

OUTWORK

(Sections 110 and 111)

Nature of Work	SECTION 110			SECTION 111		
	No. of out-workers in August list required by Sec. 110(1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices Served	Prosecutions
Wearing apparel { Making, etc.	2	—	—	—	—	—
{ Cleaning & Washing	—	—	—	—	—	—
Paper Bags	—	—	—	—	—	—
TOTAL	2	—	—	—	—	—

SANITARY INSPECTION OF THE AREA.—The total number of visits made by the Sanitary Inspectors was 40,399. The nature of these inspections is shown in Table 13, and Table 14 contains a list of notices served and the results of such notices.

TABLE 13.

Number and nature of inspections during 1949.

(a) Number of complaints investigated :—	
1. Housing defects	1510
2. Choked and defective drains	749
3. Emission of smoke	15
4. Accumulations of Offensive matter	32
5. Miscellaneous	166
(b) Inspections re Sanitation and Food Supply :—	
Dwellinghouses inspected	2150
Common Lodging-Houses	139
Houses-let-in-Lodgings	22
Common Yards, Back Roads, and Passages	264
Horse-manure Middensteads	69
Fried Fish Shops	579
Fishmongers' and Greengrocers' Shops	3041
Butchers' Shops	1130
Grocers' Shops	1656
Ice-Cream Premises	510
Shops Act, 1934	2078
Public Houses, Beer Houses, etc.	214
Pharmacy and Poisons Act, 1933	80
Factories (with mechanical power)	715
Factories (without mechanical power)	127
Workplaces	5
Outworkers' Premises	3
Bakehouses	450
Offensive Trades	58
Food Preparing Places and Storing Places	1102
Canteens, etc.	92
Places of Public Entertainment	50
Tents, Vans and Sheds	466
Dairies, Cowsheds and Milkshops	860
Testing Drains	177
Ashes Receptacles	381
Samples of milk and other foodstuffs for chemical analysis	836
Samples of milk for bacteriological and biological examination	474
Samples of water procured for bacteriological examination	14
Brokers' Premises	42
Visits to work in progress	16475
Dwellinghouses and other premises for vermin infestation	601
Pigstyes	169
Smoke Observations	654
Public Conveniences	126
Housing Survey	653
Miscellaneous visits, Interviews, etc.	3132
Transport Hostels	2
Rats and Mice Destruction Act, 1919	165
Conversions	5
Schools	10
Food Poisoning Enquiries	69
Refuse Tips and Spoilbanks	168
Samples of Ice-Cream	213
Samples under Merchandise Marks Act, 1926	2
Insufficient Water Supply	1
Samples of other Foodstuffs for Bacteriological Examination	44
Samples of Rag Flock	1
Samples of Fertilisers and Feeding Stuffs	15
Diseases of Animals Acts and Orders	7
Bakers' Vans	17
Hairdressers' and Barbers' Premises	78
Merchandise Marks Act	2
Atmospheric Pollution Gauges	6

40,399

TABLE 14.

Number of defects for which notices were served during 1949 and results.

Subject of Notice	Pre-liminary notices	Statutory notices	Number complied with	Number outstanding at end of year
Dampness arising from defective roofs, eavesgutters, rainwater pipes and pointing	3129	1978	2157	972
Defective and choked drains, closets, cesspools, etc.	585	137	585	—
Absence of proper sink	25	13	25	—
Unsatisfactory house refuse accommodation	182	1	112	70
Unsatisfactory yard paving	27	13	20	7
Ditches require cleansing	4	4	2	2
Flooded condition of cellar	2	—	1	1
Insufficient water supply	2	1	2	—
Dwellinghouses to be whitewashed	7	—	6	1
Other premises to be whitewashed	132	—	132	—
Filthy or verminous condition of premises	33	3	25	8
Accumulation of manure and offensive matter	24	1	24	—
Keeping of Animals, etc.	13	—	8	5
Other housing defects	2775	1645	2266	509
Excessive emission of smoke	193	29	183	10
Miscellaneous	4	—	4	—
Contravention of :—				
Factories Act, 1937	90	—	90	—
Shops Act, 1934	6	—	6	—
Food and Drugs Act, 1938	190	—	190	—
Public Health (Meat) Regulations, 1924	4	—	4	—
	7427	3825	5842	1585

Referred to other departments :—**To Borough Engineer.**

Choked or defective sewers	48
Choked or defective street gullies.....	24
Waste of water	123
Dangerous structures	109
Unauthorised erections	11

To Housing Manager.

Choked drains and housing defects	71
Cases of overcrowding	4
Verminous premises	12

To Director of Education.

Defects in schools	2
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To North Western Gas Board.

Escapes of coal gas	12
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CHOKED DRAINS.—During the year 749 complaints of choked drains were made to the Department. Of this number 501 drains were freed from obstruction by members of the staff of the Sanitary Department, thus obviating the necessity for serving notices upon the owners.

PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYELAWS OR REGULATIONS.

Offensive Trades.—There are 4 offensive trades in the Borough, comprising 3 tripe boilers and 1 rag and bone dealer. During the year 58 visits were paid to premises of this nature.

An offence against section 107 of the Public Health Act, 1936, was reported to the Public Health Committee during the year. The offence consisted of the establishment of the trade of a tripe boiler without the consent of the Council.

This trade was discontinued after service of notice by the Council.

Camping Sites.—There are no sites in St. Helens which are used as camping sites, nor have any licences been granted by the Council authorising the use of any land or moveable dwellings for camping purposes.

Two offences against section 269 of the Public Health Act, 1936, were reported to the Public Health Committee during the year.

In each case the offence consisted of keeping a moveable dwelling on land without first obtaining a licence from the Local Authority.

Legal proceedings were taken and the offenders were fined £1 in each case.

Houses-let-in-Lodgings.—There were 5 premises known to the Department to be used as Houses-let-in-Lodgings. 22 visits were paid to these premises during the year.

Common Lodging Houses.—There are at present three common lodging-houses in St. Helens.

Normally these premises are registered for a period of twelve months extending from January 1st to December 31st in each year.

In order that the Council might give consideration to the question of improvement in the provision of adequate means of escape in case of fire for these premises, registrations for the year 1950 were limited to a period of six months ending June 30th, 1950.

139 visits were paid to these premises during the year.

Hairdressers and Barbers.—Section 45 of the St. Helens Corporation (Electricity and General Powers) Act, 1948, came into force on April 1st, 1949.

This section requires the registration of all persons carrying on the trade or business of hairdresser or barber in the Borough and of all premises in which such trade or business is carried on.

Byelaws for the regulation of these trades are in course of preparation.

There are at present 125 persons registered as hairdressers or barbers, and the number of premises registered is 120.

78 visits of inspection were made to these premises during the year.

Bye-laws with respect to Nuisances.—These byelaws prove very effective for the control of pig-keeping. There were 55 persons known to be engaged in the keeping of pigs, at the end of the year.

OTHER SANITARY CONDITIONS.

Rats and Mice (Destruction) Act, 1919.—126 complaints of infestation by rats or mice were received during the year. As in previous years it was found that the chief cause of infestation by rats was either defective drains or sewers. When these defects were made good, no further complaints were received.

Since the completion of the survey of surface infestations referred to in previous annual reports, additional visits of inspection have been made by the Rodent Operators each year for the purpose of ensuring that new infestations are dealt with as they arise. The number of inspections made for this purpose in 1949 was 1754.

The total number of infestations found as a result of complaints or routine inspections was as follows :—

Rat infestations	64
Mouse infestations	92

Most of these infestations were cleared by the end of the year.

Shops Act, 1934.—In addition to statutory duties in regard to the ventilation and temperature of shops and the provision of sanitary conveniences, the Sanitary Department in St. Helens also takes responsibility for those provisions of the Act relating to lighting, washing facilities and facilities for the taking of meals.

The number of visits paid to shop premises during 1949 was 2078.

Places of Public Entertainment.—50 visits were paid for inspection purposes. The condition of these premises was found to be generally satisfactory.

Public Houses, Beer Houses, etc.—The condition of these premises was found to be generally satisfactory throughout the year.

214 visits of inspection were made.

Canal Boats.—There is only one canal within the Borough (the St. Helens Canal) and this has not been used for traffic for a number of years.

Mortuaries.—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, 73 bodies were received into the mortuary and 47 post-mortem examinations were conducted.

Arrangements for the Disposal of the Dead.—At the end of the year there were 19.851 acres of land available for burials at the Borough Cemetery. There is an additional area of land adjoining the Cemetery which can be utilised for extension purposes, consisting of 23.8 acres ; 8.47 acres of this area will shortly be utilised for the purpose of a Garden of Remembrance, leaving 15.33 acres for future earth burials.

Swimming Baths.—Indoor swimming baths, situate in Boundary Road, are maintained by the Corporation. There are two plunge baths and the method of purification of the water is by means of continuous filtration and chlorination. The return pipe from the filtration plant to the small plunge bath has been relaid with a larger diameter pipe with satisfactory results.

Ten samples of water from these baths were taken by the Department for bacteriological examination during the year. The results of these examinations showed that the water was generally satisfactory for bathing purposes.

Rag Flocks Acts, 1911 and 1918.—One sample was taken during the year, and was found to be satisfactory.

XIV.—HOUSING.

A statement as to the number of houses erected with and without assistance together with a summary of the work of the department in regard to Housing is given in Table 15.

Table 15
Housing.

Number of new houses erected during the year:—

(a) Total (including numbers given separately under (b) and (c) (This number includes 1 War damaged house and 70 houses erected outside the Borough)	225
(b) With State Assistance under the Housing Acts :	
(1) By the Local Authority (This number includes 70 houses erected out- side the Borough).	178
(2) By private or commercial enterprise	—
(c) Without State Assistance under the Housing Acts :	
(1) By the Local Authority	—
(2) By private or commercial enterprise	47
Number of conversions during the year :	
(1) By the Local Authority	—
(2) By private or commercial enterprise	2

1. Inspection of dwellinghouses during the year :—

(1) (a) Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts)	2708
(b) Number of inspections made for the purpose	19183
(2) (a) Number of dwellinghouses (included under sub-head (1) above) which were inspected and recorded under the Housing (Consolidated) Regulations, 1925	—
(b) Number of inspections made for the purpose	—
(3) Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	1
(4) Number of dwellinghouses (exclusive of those referred to under the preceding sub-head) found not to be in all res- pects reasonably fit for human habitation	2683

**2. Remedy of defects during the year without service of
formal notices :—**

Number of defective dwellinghouses rendered fit in conse- quence of informal action by the Local Authority or their officers	1011
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3. Action under Statutory powers during the year :—

(a) Proceedings under Sections 9, 10, and 16 of the Housing Act, 1936	—
(b) Proceedings under Public Health Acts :	
(1) Number of dwellinghouses in respect of which notices served requiring defects to be remedied	1672
(2) Number of dwellinghouses in which defects were remedied after service of formal notices :	
(a) by owners	1351
(b) by Local Authority in default of owners	2

Table 15—*continued*

(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936:	
(1) Number of dwellinghouses in respect of which Demolition Orders were made	1
(2) Number of dwellinghouses demolished in pursuance of Demolition Orders	Nil

Legal proceedings were taken during the year under section 95 of the Public Health Act, 1936, against the owner of two dwelling-houses in the Borough for non-compliance with Nuisance Orders. Fines were imposed.

RENT AND MORGAGE INTEREST RESTRICTIONS ACTS 1920-1939.—During the year, 2 applications were received from tenants for sanitary certificates under these Acts. Certificates were granted in each case.

DISINFESTATION OF PREMISES AND HOUSEHOLD EFFECTS :—

During the year, 601 inspections of dwellinghouses and food premises for vermin infestation were made by Sanitary Inspectors, and the following disinfection work was carried out :—

(1) No. of privately owned dwellinghouses treated for the destruction of vermin	250
(2) No. of occupied Council houses treated for the destruction of vermin	197
(3) No. of food premises treated for the destruction of vermin	45
(4) No. of Corporation buildings, other than dwellinghouses, treated for the destruction of vermin	12
Total No. of premises treated	504

In each case the insecticide used was D.D.T.

In 29 instances of re-housing by the Corporation Housing Department, furniture and household effects were disinfested by Hydrogen Cyanide to prevent vermin infestation in the new accommodation. The bedding in these instances was disinfested by steam.

APPENDIX

Care and After-care Sub-Committee

Notes by the Medical Officer of Health on the function and duties of the Care and After-Care Sub-Committee.

Under Section 28 of the National Health Service Act, 1946, "a Local Health Authority **may**, with the approval of the Minister, and to such extent as the Minister may direct, shall make arrangements for the purpose of the prevention of illness, the care of persons suffering from illness or mental defectiveness, or the after-care of such persons, but no such arrangements shall provide for the payment of money to such persons, except in so far as they may provide for the remuneration of such persons engaged in suitable work in accordance with the arrangements."

Further, under the same Section, a Local Authority may, with the approval of the Minister, recover reasonable charges for any of the services rendered or articles provided, and can also contribute to any voluntary organisation doing similar work.

When the St. Helens Local Health Authority made their original proposals to the Ministry of Health it was suggested that the work of care and after-care might be carried out in St. Helens by means of a Voluntary Committee specially appointed for the purpose, but on later consideration the Local Health Authority came to the final decision that these services would be better administered by a Sub-Committee of the local Health Committee to which might be co-opted representatives of various other organisations intimately associated with this type of work. The present Care and After-Care Committee has, therefore, been constituted on that basis and consists of five members of the Local Health Authority together with one representative from each of the following :—

- The National Assistance Board ;
- The Ministry of Labour and National Service ;
- The British Legion ; and
- The Sailors,' Soldiers' and Airmen's Families Association.

In regard to the functions of the Sub-Committee I would point out that under the Act the making of arrangements for care and after-care is only a compulsory duty on the Local Health Authority in such cases as the Minister may direct, and up to the present the only type of case in regard to which the Minister has given a direction that care and after-care arrangements shall be made is in regard to Tuberculosis. In connection with these arrangements the Ministry, in Circular 118/47, para. 42, makes the following observations :—

"In tuberculosis the action and supervision of the hospital or clinic can seldom suffice to secure the social and physical welfare of patients and their families which is vital to the effective treatment and control of the

disease, and it is with this welfare work that a care and after-care organisation is concerned. Obviously, this organisation should co-operate with, but not overlap, the medical, health visiting, and social services. Its basic function is to help solve the special problems of the tuberculous household, and so to facilitate treatment by relieving anxiety, to safeguard the restored patient against relapse, and to preserve the health of the family which is exposed to special risk. To this end the care organisation may assist in such ways, for example, as supplying or lending beds and bedding to enable the patient to sleep alone, in providing nursing requisites or sputum flasks, in helping the family to find better housing accommodation, in making arrangements for boarding-out, with relatives or otherwise, children of infected parents, in helping to provide extra nourishment or clothing, and so on. The care organisation is concerned also with the domestic and economic welfare of the patient's family. It should be ready, for instance, to help the patient and his dependants to obtain any financial support available, whether under social security legislation or through voluntary organisations."

In the proposals which were sent to the Minister of Health and approved by him in regard to this work, however, the St. Helens Local Health Authority indicated that though, at its inception, the Care and After-Care Committee would be mainly concerned with cases of tuberculosis it was proposed, in course of time, that its functions should cover care and after-care work in other forms of illness. In practice in St. Helens, however, there will be two exceptions to that, namely

- (a) care and after-care of cases of mental illness and of mental defectiveness will be carried out by the Local Health Authority's Mental Health Workers working directly under the Local Health Authority, and
- (b) venereal disease cases will be dealt with through the Venereal Disease Clinic.

Furthermore, though Section 28 also deals with "arrangements for the purpose of the prevention of illness," that work also will be carried out directly under the Local Health Authority.

To come to the immediate functions of this Committee, I would suggest that in the first instance they look at the case of the tuberculous patient and consider in what way they best can give assistance to such patient and his family. For some years, prior to the coming into force of the National Health Service Act, the local Health Committee employed a whole-time Welfare Worker whose main duty was social welfare work amongst tuberculous patients and their families. The welfare services supplied were grouped under the following headings :—

1. Administration of Memo. 266/T.
2. Provision of milk as extra nourishment.
3. Provision and erection of shelters for patients undergoing domiciliary treatment.
4. Recommendations for re-housing in co-operation with the Local Authority's Housing Department.
5. Provision of clothing, footwear, bed apparel, bedding, etc., either through various voluntary societies, or through the Social Welfare Committee.

6. Advice to ex-service men in relation to pensions, clothing, furniture, etc., and liaison work with the British Legion and the British Red Cross Re-habilitation Fund, etc.
7. Liaison with the Ministry of Labour and various industrial welfare officers of the town in respect of training for and/or placing in suitable employment.
8. Assistance and advice as required in general family problems.

That classification of the services previously supplied might be used as the basis of the work of this Committee except of course that the administration of Memo 266/T, under which monetary grants were given to tuberculous patients, is now cancelled by the transfer of this power to the National Assistance Board. In this connection I would remind this Committee that they have no power to make monetary grants from Local Authority funds, and if at any time they wish to develop a fund for that purpose the monies for such fund must be obtained from voluntary sources.

I will now touch on one or two of the more urgent services to be considered.

- (1) The provision of milk as extra nourishment ;
- (2) The provision of nursing requisites and bedding ;
- (3) The provision of Strawson shelters ;
- (4) The payment of fares of relatives and others visiting patients in distant hospitals or sanatoria.
- (5) Occupational therapy.

(1) **Provision of Milk.**

Under the scheme for food rationing patients suffering from tuberculosis are permitted two pints of milk a day in addition to the normal ration of two-three pints per week. Prior to the 4th July, 1948, the Health Committee had a scheme whereby the cost of such additional milk was, in necessitous cases, paid for by the Health Committee. As from the 5th July, 1948, however, patients suffering from tuberculosis who are in receipt of National Assistance benefit (and most of them receive such benefit), receive a higher rate of assistance from the National Assistance Board than the ordinary case receiving assistance from that Board, and such increased assistance is supposed to cover, amongst other additional expenses the tuberculous patient has to incur, the provision of the additional milk. This has led to a cessation of the supply and payment by the Health Committee for the additional milk. There are, however, cases where no relief is received from the National Assistance Board, e.g., the husband at work and the wife or child suffering from tuberculosis, and in some of these cases the family find considerable difficulty in paying for the additional two pints of milk per day. It is suggested, therefore, that a scheme should be formed whereby this Committee could provide the additional milk in necessitous cases. The Association of Municipal Corporations in its "Basis of Charges to Householders and others for facilities provided under Sections 23, 28 and 29 of the National Health Service Act" suggested a scale of income under which Local Health Authorities might recover from householders charges for certain services or articles supplied under the National Health Service Act, and in regard to the provision of extra nourishment for tuberculous persons suggested that such basic scale should be increased by 50%. In adopting the basic scale for recovery of other charges the Local Health Authority increased

the A.M.C. Scale by 5/-. It is suggested, therefore, that this Committee might for the provision of extra milk, adopt one or other of the following scales :—

*Maximum weekly income
(no item to be disregarded)
qualifying for completely free
issue.*

St. Helens Scale plus 50%

	s.	d.
1 adult (single or widow)	48	9
1 parent and 1 child	60	0
2 parents	70	6
2 parents and 1 child	81	9
2 parents and 2 children	93	0

(add 7/6 for each additional child)

A.M.C. Scale plus 50%

1 adult (single or widow)	41	3
1 parent and 1 child	52	6
2 parents	63	0
2 parents and 1 child	74	3
2 parents and 2 children	85	6

(add 7/6 for each additional child)

(2) **Provision of nursing requisites and bedding.**

At present articles of sick room equipment, for example : feeding cup, bed-pans, urinals, bed cradles, etc., are supplied on loan, free of charge, by the St. Helens District Nursing Association to patients on whom their nurses are attending, and the St. Helens Branch of the British Red Cross Association also maintain a store from which they provide on loan similar and larger items, e.g., bed rests, bed blocks, mackintosh sheeting, crutches, wheel chairs, etc. It is proposed that as part of the development of the Local Health Authority's services the Local Health Authority will ultimately undertake the provision of this Service either from their Health Centres or from other central and/or district centres or stores. It would appear, however, that it may be some little time before the Local Health Authority themselves develop this Service for all types of cases. It is suggested, therefore, that for tuberculous patients a store of such articles might be kept at the Tuberculosis Dispensary and loaned out from there for the use of tuberculous patients as required. In regard to charges for such articles the Local Health Authority have already adopted the undermentioned scheme of charges which can be remitted in accordance with the scale of income previously referred to :—

“ Articles costing :

- not more than 10/-, charge 1d. per week, minimum charge 6d.
- over 10/-, but not more than 40/-, charge 2d. per week, minimum charge 1/-.
- over 40/-, but not more than £5, charged 3d. per week, minimum charge 2/-.
- over £5, charge 6d. per week, minimum charge 5/-

The actual cost of replacement or repair of articles occasioned by neglect or carelessness on the part of the patient or recipient to be paid for."

If the Committee agree to such a proposal I would suggest that the following articles be purchased for use as suggested :—

- 3 Air Rings (Dunlopillo type)
- 3 Bed Pans (Enamel)
- 6 Urinals (Earthenware type)
- 3 Bed Rests (Slatted type)
- 6 yds. Rubber Sheeting.

Approximate cost of the above £12.

Under this heading might also be considered the question of the provision of blankets and sheets for loan in emergency. No great need is felt for this at the moment, but the Committee might consider whether, when an emergency does arise, they might themselves provide these articles on loan or arrange for the supply through some other source.

(3) **The provision of shelters.**

At present the Corporation own two Strawson shelters which are loaned out to suitable cases free of charge. It will be appreciated that these shelters are only suitable for special types of cases and for cases where sufficient space is available for their erection at the patient's home. The shelters are loaned free of charge and are erected and dismantled at the cost of the Corporation. Electric light is also installed at the cost of the Corporation, but the patient pays his own electricity bills. The shelters are not heated. The question as to whether or not they should be heated is a matter for further discussion.

(4) **Travelling expenses of relatives, etc. visiting patients in distant hospitals or sanatoria.**

According to the present ruling of the Regional Hospital Board and the Ministry of Health the cost of relatives visiting patients in hospitals and sanatoria will not be paid for by the Regional Hospital Board or the Ministry. The Ministry state that where the relatives are unable to pay these costs themselves the Local Health Authority may make grants towards such costs. I understand the matter is at present under discussion as between the Association of Municipal Corporations and the Ministry of Health, but cases at present occur from time to time when application is made to the Local Authority for assistance towards these travelling expenses. The Committee might consider as to whether they might not accept temporarily at least responsibility for these costs in necessitous cases.

(5) **Occupational Therapy.**

It is urged that some scheme of domiciliary occupational therapy is very desirable to help the morale of patients who have left sanatoria but are not yet fit for employment. Occupational therapy has now been accepted as an important part of Sanatorium treatment, but the need is often greater during the interim period between the patient leaving the Sanatorium and commencing work. After-Care Committees in many parts of the country have organised such schemes and two main lines of procedure have usually been taken :—

- (a) Holding of organised classes on clinic premises or elsewhere ; and
- (b) Help in the actual home with various forms of handicraft.

If it is decided to hold an organised class at, e.g., some central premises, application might be made to the Education Department for the services of a trained handicraft instructor (in which case a minimum attendance of 12 must be maintained). Alternatively an instructor might be obtained from voluntary sources. Arrangements would also have to be made for the supply of tools, the purchase of raw material or materials and later perhaps the sale of the finished article.

(6) Other possible items of welfare.

(a) Monetary Grants.

There is the occasional case where an urgent monetary grant is very desirable to cover a period of emergency before help can be obtained from other official or voluntary sources, and the Committee might care to consider having a fund available from which to make such grants. I would remind the Committee, however, that the monies for such fund cannot be taken from Corporation finances, and any funds so held by this Committee must be obtained from other sources.

(b) Outings for children of tubercular families.

It is frequently very desirable that non-infected children living in contact with cases of tuberculosis should have their resistance to infection improved by being sent to suitable convalescent homes or be given from time to time outings in the country or by the seaside. The Committee might either themselves make arrangements to that end or make arrangements through other voluntary agencies.

(c) Provision of home industries.

Apart from occupational therapy, which is meant, as previously stated, to cover an interim period after Sanatorium treatment, and prior to resumption of work, there are some cases whose best hope for future employment is the development of some form of home occupation, e.g., leather work, glove making, rug making, etc. Supervision of such cases would normally be a matter for the Ministry of Labour under the Disabled Persons Act, but this Committee might well act in conjunction with the Ministry of Labour in an advisory capacity. Under this heading might also be placed the Committee's activities and especially the activity of their Welfare Officer in arranging, through the Ministry of Labour and with various firms in the town, changes in occupation for the patient when such is considered desirable and also the arrangements in respect to training for new occupations.

31st May, 1950.

