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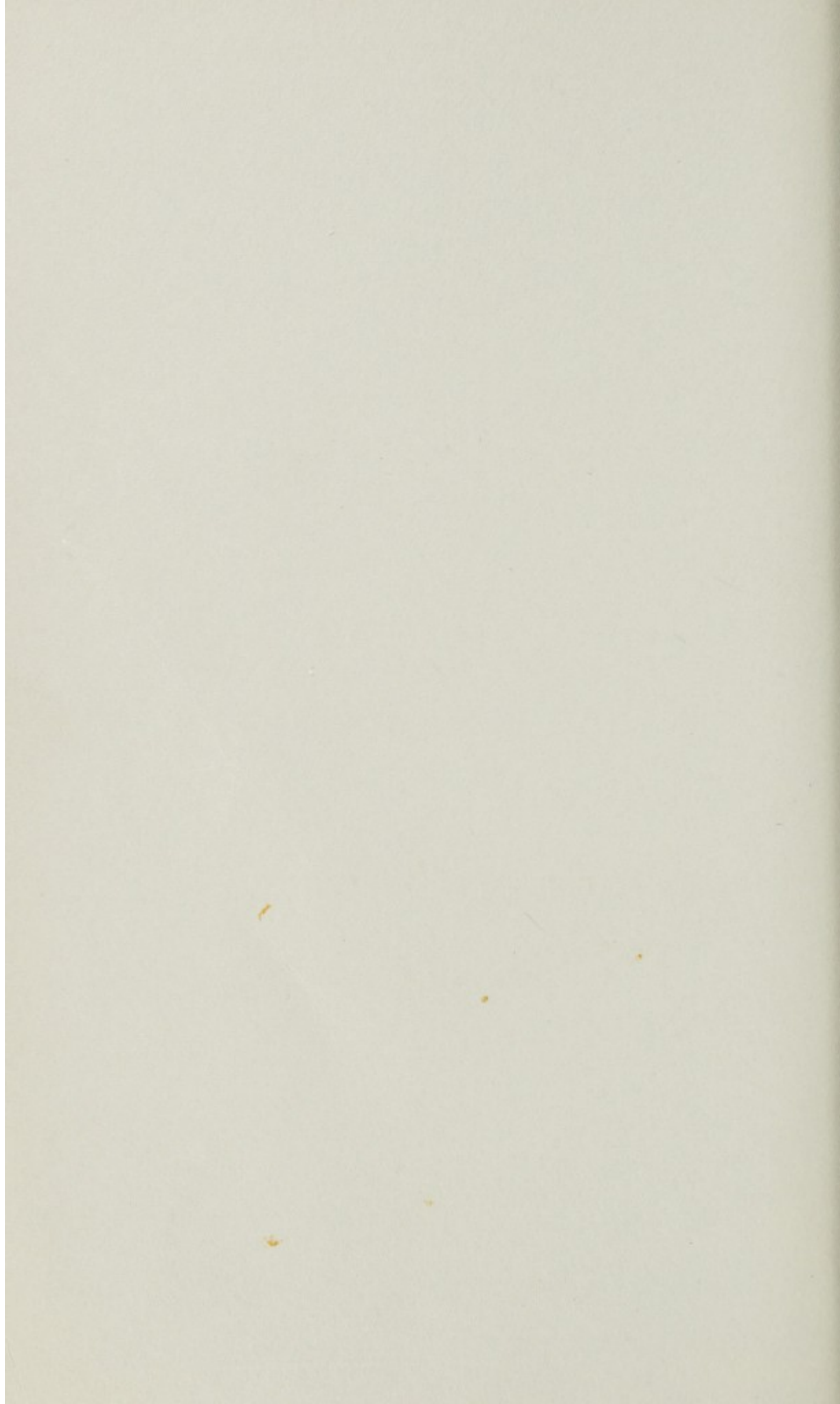
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COUNTY BOROUGH OF ST. HELENS



Annual Report

of the

Medical Officer of Health

for the Year 1967

G. O'BRIEN, M.B., Ch.B., D.P.H.,

Medical Officer of Health

and Principal School Medical Officer

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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 the Report on the health of St. Helens for the year 1967.

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

	1963	1964	1965	1966	1967
Birth rate per 1,000 of population	17.7	17.0	17.6	17.1	16.9
Death rate per 1,000 of population	12.4	10.3	12.2	12.9	12.8
Infant Mortality per 1,000 live births	26.9	21.2	19.0	25.9	23.5
Maternal Mortality per 1,000 total births	2.5	1.08	0.0	0.0	1.1
Tuberculosis death rate per 1,000 of population	0.07	0.11	0.07	0.08	0.08

There were 1,744 live births during 1967 as against 1,774 in 1966, giving a birth rate of 16.9 per 1,000 population. This reduction in the birth rate was therefore slight, but is still indicative of the downward trend which has been apparent over the past 10 years. The general picture in the town undoubtedly reflects the departure of younger married couples to overspill areas outside the Borough boundary. With the increased housing development inside the Borough which has occurred in a remarkable manner in the last two years this tendency may correct itself in the future. Of all births during the year 79.4% took place in institutions, the balance of 20.6% being domiciliary.

The infant mortality rate at 23.5 per 1,000 live births is a reduction on the previous year when the figure of 25.9 was recorded. It may be considered that the figure of 1967 is still high as compared with the National average for England and Wales of 18.3. Out of the total number of infant deaths, however, more than $\frac{1}{3}$ were deaths from broncho-pneumonia, and investigation proved these cases to be of a fulminating type, some of the children being practically moribund on admission to hospital. This problem of respiratory tract infections in infants, with its acute on-set, sudden fatal termination, is attracting immediate attention in the field of national research and at the moment early diagnosis and immediate hospital admission seems to offer the only chance against this dangerous type of disease.

It will be noted that a maternal death rate of 1.1 was recorded in the Borough and this might be considered an unusually high rate in these days of comprehensive ante-natal care. These deaths, however, were recorded by the Registrar General and comment is made on them in the special section of the Report dealing with maternal deaths.

Suffice it to say that the attribution of these deaths to St. Helens was purely a statistical one. They were not related directly in any clinical sense to the Maternity Service operating in the Borough.

There were 1,324 deaths during 1967 compared with 1,334 in 1966, giving a death rate of 12.8 per 1,000 population. This compares with the national average of 11.2 for England and Wales. There was no significant trend in the categories of cases of deaths. In particular, the incidence of lung cancer in St. Helens, which in 1966 stood at 25.4% of all deaths from cancer, was returned at 24.8% for 1967—a negligible change.

As regards infectious diseases, there were no cases of diphtheria or poliomyelitis, nor indeed any major incidence of epidemic disease. There was a sharp outbreak of influenza in the last two months of the year, but this was mild in nature and mainly confined to the school and adolescent age-groups.

During the year, several of our major schemes of capital development reached maturity. In March, 1968, a 20-place residential Hostel for the rehabilitation of the mentally ill was opened at Abbey Road, and at the same time, a 12-place Hostel for the care of mentally subnormal children under the age of 16 years was opened at Ashtons Green.

Both these schemes formed a significant extension of the Mental Health Service, and in particular the provision of Hostel accommodation for mentally subnormal children was long awaited and very welcome. It can be said that the Adult Hostel for the rehabilitation of the mentally ill is a new development in the sphere of domiciliary mental care about which not a great deal has been done up to now on a nation-wide basis. It is satisfactory then that St. Helens, which has always held a foremost place in the formation and development of domiciliary services for the mentally ill and mentally handicapped, should be early in the field in this aspect of mental welfare. Great care will have to be taken that close liaison with the mental hospitals is maintained, and during the year following the opening, it was obvious that much work remained to be done in grading and selecting cases whose period of stay in the Hostel would enable them to return to community and family life.

The early part of the year also saw the opening of our new Public Abattoir. This was a scheme in which we appreciated our need under the Slaughterhouses Act, 1958, to modernise public facilities for the handling and preparation of raw meat passing to the markets for public consumption. Negotiations leading to the venture were long and protracted since it was felt that close co-operation with all concerned in the trade should be sought to make the scheme a successful one. Not one of the least of the other problems was the question of the site which proved awkward to develop. In the end, however, the town has been provided with one of the most modern and best equipped abattoirs, certainly in the North West of England, and the development of the site, despite initial fears, has provided an unusual and striking feature which has enhanced the appearance of an otherwise extremely drab area.

In the field of capital development, much still remains to be done. During the year, revised loan sanction schemes were placed before the Ministers for the future provision of a new Adult Training Centre, a new residential hostel for men to replace the existing Common Lodging House, and, above all, a new Day Nursery. Such schemes, however, not only depend on Ministerial sanction, but on the provision of adequate local finances, a matter which is at the moment causing considerable concern.

The schemes which have matured and the schemes which are planned for the future are, however, entirely dependent on staff, both medical and administrative, to plan and to complete. In this respect the situation in the

Department does not improve. There is an increasing scarcity of medical personnel and it is becoming increasingly difficult to fill medical posts when these are vacated. On the administrative side, schemes of in-service training are being wisely encouraged by the local Council, but many years may still elapse before adequately trained senior personnel are available to take up the vacancies occasioned by the retiral of the more senior and experienced members of the staff. The situation is, therefore, a matter for quite grave concern, and I should like to say here that even this Report has been prepared with great difficulty against a background of depleted administrative staff.

The future of the Local Government Health Services may shortly be influenced by major reports from Government Commissions, but whether we can expect from this any new form or mutation of community health services, it is difficult at the moment to say. Certainly, conversion to a complex and withdrawn structure of administration such as that which operates in control of our hospital services will never benefit the domiciliary Health and Welfare Services. Up to now the latter have grown spontaneously from the needs and desires expressed by the community through its locally elected representatives, and just as surely their future development must still be attuned to, and in the closest relationship with, the future development of our social pattern.

I am greatly indebted to the members of the staff, especially during this year where the maturation of many ventures brought so much extra work. Without their co-operation, much of our planning would never have achieved fulfilment. I would express my gratitude to members of the Health and Public Health Committees who have always been generous in their support, and to members of the Council for their help and encouragement during the year.

I have the honour to be,

Your obedient servant,

G. O'BRIEN.

PUBLIC HEALTH COMMITTEE, 1967/68

Chairman:

ALDERMAN J. F. McDONNELL

Deputy-Chairman:

ALDERMAN M. A. SHARD, J.P.

The Right Worshipful the Mayor

COUNCILLOR W. JOHNSON, M.M., J.P.

Alderman W. Burrows, O.B.E. J.P.

„ J. J. Henebery, J.P.

„ T. Hignett

„ J. A. Waring, J.P.

Councillor W. Andrews

„ T. Harvey

„ W. Johnson

„ E. Kerr

„ M. McNamara

„ R. T. Pardoe

„ J. Tickle

„ T. Wilcock

HEALTH COMMITTEE

The Public Health Committee and the following:

Dr. D. R. Holden (nominated by the Local Medical Committee)

Mr. W. Davies (nominated by the St. Helens Executive Council)

Mrs. E. M. L. Else, J.P. (nominated by St. Helens and District Hospital Management Committee).

STAFF

Medical Officer of Health and Principal School Medical Officer:

GERALD O'BRIEN, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health:

JOHN E. O'MALLEY, M.R.C.S., L.R.C.P., D.P.H.

Senior Clinical Medical Officer for Maternal and Child Welfare:

Joseph Briffa Boothman, M.D., D.P.H.

Assistant Medical Officers of Health:

Sylvia J. A. Raymond, M.B., Ch.B., D.C.H.

Ruth Singer, M.R.C.S., L.R.C.P. (ceased 8/12/67).

Dental Officers:

James P. H. Donovan, L.D.S., R.C.S. (Principal School Dental Officer).

Annie Patricia Farrell, B.D.S., School Dental Officer

Public Health Inspectors:

Chief Public Health Inspector: Nathaniel Birch

James R. R. Norris, *Deputy Chief Public Health Inspector*

Griffith R. Hull, *Atmospheric Pollution Inspector*

Fred Platt, *Specialist Inspector*

Thomas Dean, *Specialist Inspector*

Norman Smith, *Specialist Inspector*

John B. Douglas, *Specialist Inspector*

John McConnell, *Specialist Inspector*.

Leslie N. Biddulph, *Specialist Inspector*

Henry P. Bird, *Public Health Inspector*.

Robert C. Woods, *Public Health Inspector*.

William H. Jackson, *Public Health Inspector*

Eric Sawyer, *Public Health Inspector*

Stephen Davies, *Public Health Inspector*

Kenneth D. Birchall, *Public Health Inspector* (from 17/7/67 to 31/12/67)

Roger Robson, *Public Health Inspector* (from 16/1/67)

Health Visitors and School Health Visitors:

Superintendent: Rita Lamb (ceased 22/10/67)

Jennie Twist (from 23/10/67)

Deputy Superintendent: Annie Pimblett

Lilian S. Boardman
Emily E. Cameron
Margaret Cunliffe

Edith Lilian Farmer (ceased 6/9/67)
Teresa J. Howard

STAFF—continued

Health Visitors and School Health Visitors—continued.

Catherine Knowles (ceased 4/6/67)	Veronica M. O'Ryan
Constance M. Pennington	Eva V. McDonald (ceased 31/7/67)
Joan Highcock (ceased 31/1/67)	Frances M. Clare (ceased 19/11/67)
Leah Fazackerley	Freda G. Rigby
Margaret P. Heffernan	Bridget Madu (ceased 31/1/67)

Student Health Visitors;

Jean Fairclough (to 1/10/67)

Midwives:

Non-Medical Supervisor of Midwives: Audrey I. Robinson

Margaret Boulton	Caroline Leonard (Part-time)
Ethel M. Burrows	Elsie A. Parr
Eileen Evans	Olwen Chisholm
Kathleen Gaskell	Barbara Gilchrist (from 1/3/67)
Sheila P. Caine	Sandra Thomas (from 3/4/67)
Bridget M. Hartley	Sheila F. Bayley (from 1/11/67)
Olive M. Hardman	Jessie Turner (from 13/12/67)

Chief Administrative Assistant: J. J. Spencer, D.P.A.

Welfare Officer (Prevention of Illness, Care and After-Care):

Miss Dorothy Barlow (from 7/8/67)

Tuberculosis Health Visitor (Part-time): Mrs. Bridget Jackman

Home Help Organiser: Mrs. Elizabeth Henton

Mental Welfare Officers:

James C. Ratcliffe, *Senior Mental Welfare Officer*
 John R. Bratt
 Michael Daybell (Sectional Clerk, Mental Health Service)

Junior Training Centre Supervisor: Mrs. A. M. De Paolo

Adult Training Centre Supervisor: Ronald Pardoe

STAFF—continued

Clerk/Dispenser:

Charles Watt (also part-time Welfare Officer, Special Treatment Centre).

Ambulance Service:

G. M. Norman (Ambulance Superintendent)

Day Nursery:

Margaret R. Ephgrave (Matron)

The following are Part-time Officers:

Consultant Obstetricians:

Henry V. Corbett, M.Sc., M.D., Ch.B., F.R.C.S., L.R.C.P., M.M.S.A.,
M.R.C.O.G.

Cecil I. Moss, M.B., Ch.B., M.R.C.O.G., D.Obst.

Area Chest Physician:

J. B. H. MacArthur, M.B., B.S., M.R.C.P.E.

Consultant Psychiatric Adviser:

John M. A. C. Stewart, M.B., Ch.B.

Assistant Medical Officers of Health (Part-time)

C. A. Casserley, M.B., B.Ch.

M. M. Walker, M.B., Ch.B.

Public Analyst and Agricultural Analyst:

J. G. Sherratt, B.Sc., F.R.I.C.

Anaesthetist:

M. J. McCann, L.R.C.P. (Ireland)

Dental Nurse: Margaret M. Litherland

I.—GENERAL AND VITAL STATISTICS—1967

Area (acres)	8,865
Population (estimated, mid-year 1967)	103,320
Rateable Value	£3,696,431
Product of a penny rate	£14,781

STATISTICAL SUMMARY FOR 1967

	M.	F.	Total
Live Births:— Legitimate	848	770	1,618
Illegitimate	65	61	126
Totals	913	831	1,744
Birth Rate per 1,000 of the estimated population			16.9
Still-Births:—M. 14, F. 22; Total: 36.			
Rate per 1,000 total (live and still) births			20.6
Total live and still births:—Live			1,744
Still births			36
			1,780
Illegitimate live births: 126			
Percentage of total live births: 7.2%			
Deaths:—M. 731, F. 593; Total: 1,324			
Crude Death Rate per 1,000 of the estimated population			12.8
Deaths of infants under one year of age:—	M.	F.	Total
Legitimate	23	16	39
Illegitimate	—	2	2
	23	18	41
Death Rate of infants under one year of age:—			
All infants per 1,000 live births			23.5
Legitimate infants per 1,000 legitimate live births			24.7
Illegitimate infants per 1,000 illegitimate live births			15.9
Neo-Natal Deaths: (i.e. Deaths of infants under 4 weeks)			
Deaths: M. 12 F. 12 Total: 24			
Neo-Natal Death Rate: (per 1,000 live births)			13.8
Early Neo-Natal Deaths: (i.e. Deaths of Infants under one week)			
Deaths: M. 11 F. 12 Total: 23			
Early Neo-Natal Death Rate: (per 1,000 live births)			13.2
Peri-Natal Mortality Rate			33.1
Number of women dying from diseases and accidents of pregnancy and child-birth:			2
Maternal Mortality Rate per 1,000 total (live and still) births			1.1
Deaths from Measles			—
„ Whooping Cough			—
„ Gastritis, Enteritis and Diarrhoea			1
„ Tuberculosis (all forms)			10

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

Table V.S.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
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	0	36	11	4
1925	109,600	23.9	12.0	100	0	17	7	3	4	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
1950	112,500	17.9	10.1	39	0	0	0	0	0	21	2	0
1951	109,400	16.9	13.3	38	0	1	0	0	0	14	0	0
1952	109,100	17.8	10.4	38	0	0	0	0	0	11	0	0
1953	108,200	17.5	10.6	44	0	1	0	0	0	9	1	0
1954	*111,700	17.0	10.9	41	0	0	0	0	0	5	0	0
1955	111,900	16.0	11.0	33	0	0	0	0	0	3	0	0
1956	110,900	16.8	10.7	27	0	0	0	0	0	9	0	0
1957	110,900	17.2	10.7	31	0	0	0	0	0	8	0	0
1958	110,600	16.9	11.4	36	0	2	0	0	0	8	0	0
1959	110,700	17.1	10.8	24	0	1	0	0	0	4	0	0
1960	109,610	17.5	11.5	39	0	0	0	0	0	6	0	0
1961	108,480	17.6	12.7	28	0	0	0	0	0	6	0	0
1962	108,260	18.3	11.8	22	0	0	0	0	0	5	0	0
1963	107,480	17.7	12.4	27	0	0	0	0	0	6	0	0
1964	105,310	17.0	10.3	21	0	0	0	0	0	5	0	0
1965	104,440	17.6	12.2	19	0	0	0	0	0	6	0	0
1966	103,780	17.1	12.9	26	0	0	0	0	0	3	0	0
1967	103,320	16.9	12.8	24	0	0	0	0	0	1	0	0

† Estimated civil population.

* Borough extended.

‡ Gastritis, Enteritis and Diarrhoea from 1950 inclusive.

POPULATION.—The Registrar General's estimate of population for mid-year 1967 was 103,320 compared with 103,780 for mid-year 1966. During the year the natural increase in population (i.e. excess of births over deaths) was 420.

BIRTHS.—The number of live births registered during 1967 as belonging to St. Helens was 1,744, giving a birth rate of 16.9 per 1,000 of the estimated population. The area comparability factor was 1.00, thus, for national comparison, the birth rate remains at 16.9. The birth rate for England and Wales during 1967 was 17.2.

Of the 1,744 births, 913 were males and 831 females, giving a sex ratio of 1,099 males to every 1,000 females.

DEATHS.—During 1967 there were 1,324 deaths from all causes (731 males and 593 females), giving a crude death rate of 12.8 per 1,000 of the population, as compared with 12.9 in 1966. The adjusted death rate for the year (for national comparison) after applying the area comparability factor of 1.20 was 15.4 per 1,000 of the population. The death rate for England and Wales as a whole for 1967 was 11.2 per 1,000 of the population.

Table V.S.4 shows that of these deaths, 242 were due to cancer (excluding leukaemia) and 594 to diseases of the heart and circulatory system. These two causes, therefore, accounted for 836 out of a total of 1,324 deaths, i.e. approximately 63.1%. There were 10 deaths from tuberculosis (all forms) during the year compared with 8 in the previous year.

The infant mortality rate was 23.5 per 1,000 live births, compared with 25.9 in the previous year. The rate for England and Wales was 18.3 per 1,000 live births.

The maternal mortality rate for the year 1967 was 1.1 per 1,000 live and still births. Further reference to the infantile and maternal mortality death rates is made in the appropriate sections of this Report.

Causes of Death.—Figures relating to the causes of, and ages at, death are given in Table V.S.4.

Deaths from Tuberculosis.—Tuberculosis was the cause of 0.76% of all deaths that occurred during 1967. The corresponding percentage in 1966 was 0.6%. The ages at which these deaths occurred are shown in Table V.S.4. Further reference is made in the special section (VII) on Tuberculosis.

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

Table V.S.2.

AGE GROUPS	1963	1964	1965	1966	1967
0-1	—	—	—	—	—
1—	2	1	—	—	1
5—	—	1	—	1	—
15—	1	1	1	1	2
25—	3	2	4	2	1
35—	15	3	9	11	10
45—	25	20	26	31	35
55—	68	49	68	60	66
65—	75	61	85	81	75
75—	56	43	55	47	52
Total	245	181	248	234	242
Percentage of total deaths	18.4	16.7	19.4	17.5	18.3
Death rate per 1,000 of population	2.3	1.7	2.4	2.3	2.3

The following table V.S.3, gives particulars of deaths due to malignant causes during the last five years:

Table V.S.3.

Cause	1963		1964		1965		1966		1967	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Cancer—										
Stomach	23	25	15	19	29	18	27	17	27	17
Lung	63	5	49	6	54	7	54	6	55	5
Other	60	69	42	50	60	80	58	72	69	69
Totals	146	99	106	75	143	105	139	95	151	91
	245		181		248		234		242	

INFANTILE MORTALITY.—During 1967 there were 41 deaths of infants under one year of age (23 males, 18 females) corresponding to an infant mortality rate of 23.5 per 1,000 live births. As in former years investigations were carried out in every instance where death occurred in a child under one year of age. A summary of the findings following these investigations is given in the section of the Report dealing with Maternity and Child Welfare.

Table V.S.4.
Causes of, and ages at, death during 1967

No.	Causes of Death	Sex	Total All ages	Under 4 wks.	4 wks. & under 1 year	Age in Years									
						1—	5—	15—	25—	35—	45—	55—	65—	75+	
1	Tuberculosis Resp.	M	7	—	—	—	—	—	—	—	1	3	3	—	
		F	1	—	—	—	—	—	—	—	1	—	—	—	
2	Tuberculosis Other	M	—	—	—	—	—	—	—	—	—	—	—	—	
		F	—	—	—	—	—	—	—	—	—	—	—	—	
3	Syphilitic Disease	M	—	—	—	—	—	—	—	—	—	—	—	—	
		F	—	—	—	—	—	—	—	—	—	—	—	—	
4	Diphtheria	M	—	—	—	—	—	—	—	—	—	—	—	—	
		F	—	—	—	—	—	—	—	—	—	—	—	—	
5	Whooping Cough	M	—	—	—	—	—	—	—	—	—	—	—	—	
		F	—	—	—	—	—	—	—	—	—	—	—	—	
6	Meningococcal Infections	M	—	—	—	—	—	—	—	—	—	—	—	—	
		F	—	—	—	—	—	—	—	—	—	—	—	—	
7	Acute Poliomyelitis	M	—	—	—	—	—	—	—	—	—	—	—	—	
		F	—	—	—	—	—	—	—	—	—	—	—	—	
8	Measles	M	—	—	—	—	—	—	—	—	—	—	—	—	
		F	—	—	—	—	—	—	—	—	—	—	—	—	
9	Other Infective and Parasitic Diseases	M	—	—	—	—	—	—	—	—	—	—	—	—	
		F	2	—	—	—	—	—	—	—	2	—	—	—	
10	Malignant Neoplasm, Stomach	M	27	—	—	—	—	—	—	1	4	6	11	5	
		F	17	—	—	—	—	—	—	—	—	2	6	9	
11	Malignant Neoplasm, Lung, Bronchus	M	55	—	—	—	—	—	—	1	6	25	20	3	
		F	5	—	—	—	—	—	—	—	1	1	3	—	
12	Malignant Neoplasm, Breast	F	21	—	—	—	—	—	—	1	5	7	3	5	
13	Malignant, Neoplasm, Uterus	F	9	—	—	—	—	—	—	1	4	1	1	2	
14	Other Malignant and Lymphatic Neoplasms	M	69	—	—	1	—	1	1	5	7	12	25	17	
		F	39	—	—	—	—	1	—	1	8	12	6	11	
15	Leukaemia, Aleukaemia	M	1	—	—	—	—	—	—	—	1	—	—	—	
		F	3	—	—	—	—	—	—	—	—	1	1	1	
16	Diabetes	M	8	—	—	—	—	1	—	1	—	—	3	3	
		F	4	—	—	—	—	—	—	—	—	—	3	1	
17	Vascular Lesions of Nervous System	M	52	—	—	—	—	—	—	2	1	13	17	19	
		F	80	—	—	—	—	—	—	—	3	7	28	42	
18	Coronary Disease, Angina	M	162	—	—	—	—	—	1	4	16	41	54	46	
		F	101	—	—	—	—	—	—	1	3	19	29	49	
19	Hypertension with Heart Disease	M	13	—	—	—	—	—	—	—	—	4	3	6	
		F	6	—	—	—	—	—	—	—	1	2	1	2	
20	Other Heart Disease	M	42	—	—	—	—	1	—	2	4	3	12	20	
		F	80	—	—	—	—	—	—	—	3	6	18	53	
21	Other Circulatory Disease	M	30	—	—	—	—	—	—	—	1	5	11	13	
		F	28	—	—	—	—	—	—	—	1	3	6	18	
22	Influenza	M	8	—	—	—	—	—	—	1	1	—	4	2	
		F	6	—	—	—	—	—	—	—	—	—	3	3	
23	Pneumonia	M	55	—	8	—	—	—	—	—	4	8	9	26	
		F	60	—	5	—	—	—	1	2	2	2	13	35	
24	Bronchitis	M	94	—	—	—	—	—	—	—	3	26	40	25	
		F	30	—	—	—	—	—	—	—	4	5	6	15	
25	Other Diseases of Respiratory System	M	12	—	—	—	—	—	—	—	2	4	5	1	
		F	4	—	—	—	—	—	—	—	1	—	1	2	
26	Ulcer of Stomach and Duodenum	M	6	—	—	—	—	—	—	—	—	3	1	2	
		F	2	—	—	—	1	—	—	—	—	—	—	1	
27	Gastritis, Enteritis and Diarrhoea	M	—	—	—	—	—	—	—	—	—	—	—	—	
		F	1	—	—	—	—	—	—	—	—	—	1	—	
28	Nephritis and Nephrosis	M	4	—	—	—	1	—	—	—	—	2	—	1	
		F	5	—	—	—	—	—	—	1	—	—	2	2	

Table V.S.4.—*continued.*

No.	Causes of Death	Sex	Total All ages	Under 4 wks.	4 wks. & under 1 year	Age in Years									
						1—	5—	15—	25—	35—	45—	55—	65—	75+	
29	Hyperplasia of Prostate	M	4	—	—	—	—	—	—	—	—	—	3	1	
30	Pregnancy, Childbirth, Abortion	F	2	—	—	—	—	1	—	1	—	—	—	—	
31	Congenital Malformations	M	8	2	1	—	1	2	—	—	1	1	—	—	
		F	3	2	1	—	—	—	—	—	—	—	—	—	
32	Other Defined and Ill-defined Diseases	M	44	10	2	1	1	—	1	—	2	8	9	10	
		F	53	10	—	—	—	1	—	5	1	2	8	26	
33	Motor Vehicle Accidents	M	10	—	—	1	—	2	—	—	3	1	2	1	
		F	8	—	—	—	—	—	—	—	1	—	2	5	
34	All Other Accidents	M	9	—	—	—	1	2	1	—	—	1	2	2	
		F	15	—	—	—	—	—	1	—	—	2	—	12	
35	Suicide	M	11	—	—	—	—	1	1	3	2	1	2	1	
		F	7	—	—	—	—	2	—	—	—	3	1	1	
36	Homicide and Operations of War	M	—	—	—	—	—	—	—	—	—	—	—	—	
		F	1	—	—	—	—	—	—	—	—	1	—	—	
	TOTALS: All Causes	M	731	12	11	3	4	10	5	20	59	167	236	204	
		F	593	12	6	—	1	5	2	13	38	79	142	295	
	GRAND TOTALS		1324	24	17	3	5	15	7	33	97	246	378	499	

METEOROLOGY

Rainfall—The total rainfall for 1967 as measured at the Victoria Park Observatory was 35.19 inches compared with 36.66 inches in 1966. At Ecclestone Hill Waterworks 38.77 inches were recorded compared with 40.36 inches in the previous year. The highest day's rainfall of the year (1.67 inches) occurred during the 24 hour period ending at 9.00 a.m. on 24th June. The average daily rainfall for May, June, July and August was 0.11 inches, compared with 0.12 inches for the corresponding period in 1966. The wettest month was October with 5.34 inches, and the driest month was January with 1.48 inches. Snow fell on one day during the year.

Sunshine—During the year 1,342.75 hours of sunshine were recorded, and the highest reading was 13.8 on the 14th June. The average daily sunshine during May, June, July and August was just over 5½ hours.

Temperature—Temperatures of 70°F. and over were recorded on 28 days during the summer. The highest temperature recorded was 80.3°F. on the 18th July and the lowest was 24.7°F. on the 8th December.

Wind Pressure—On 13 days during the year a wind force of 20 m.p.h. and over was recorded. The strongest wind recorded was 42 m.p.h. on the 19th March.

The following Table M1 shows the maximum and minimum temperature recorded in each month and the distribution of sunshine and rainfall throughout the year.

Table M.1.

Month	Maximum temperature recorded in shade	Minimum temperature recorded in shade	Sunshine	No. of sunless days	Rainfall	No. of days on which rain fell
1967	°F	°F	Hours		Inches	
January	53.1	24.9	45.7	14	1.48	18
February.....	58.0	30.1	65.7	3	2.12	18
March	56.9	31.0	149.8	0	1.71	15
April	59.9	28.8	116.2	2	1.67	13
May.....	68.6	31.5	151.2	4	4.45	25
June.....	79.0	44.7	235.1	1	2.71	11
July	80.3	46.7	192.4	0	2.97	18
August	75.4	47.9	134.5	2	3.54	20
September	69.0	43.0	102.5	3	4.55	20
October	65.6	38.0	87.5	3	5.34	29
November	62.2	28.0	40.9	11	2.81	24
December	54.7	24.7	21.0	19	1.84	15
					35.19	226

INFECTIOUS DISEASES

There were 74 notifications of Scarlet Fever during the year and the notifications of this disease and of Whooping Cough remained low.

There were 484 cases of Measles notified compared with 699 in the previous year. Although this is the lowest incidence since 1960 it is essential that parents should realize that this disease can occasionally give rise to serious and even fatal complications. A pilot scheme of vaccination against measles was commenced during the summer and the regime of one injection of killed vaccine followed a month later by one of live vaccine was instituted. The response from parents has been encouraging and this clinic will continue to run for some time yet. To date vaccination has been well tolerated and no reactions of any kind have been recorded. Eventually it is anticipated that measles vaccination will take place in all Infant Welfare Centres.

There were 29 notifications of Dysentery during the year. It is noteworthy that in 8 of the families involved the infection tended to spread to most members of each household and this in each case was due to faulty hygiene habits. The respective infections were eventually brought under control by a combination of treatment and supervision by the district Health Visitors, who were painstaking in their efforts to instil satisfactory standards of hygiene into each of the families concerned.

INFLUENZA EPIDEMIC

Towards the end of November there appeared a high incidence of sickness in several of the St. Helens schools leading to a considerable absentee rate.

The symptoms consisted of sore throats, aches and pains in body and limbs, headache, nausea and occasional vomiting.

In general younger children appeared to be more affected than older ones but some senior schools had a high absentee rate during this part of the month. Estimated absentee rates from several Infant and Junior schools were from 15% to 20% and one Grammar School reported an 18% absentee rate at this time. The schools began to be affected about 16th/17th November and increasing numbers of children were involved up to the end of November.

As far as the adult population was concerned many individuals suffered from Influenza, but although several large employers in the town reported a rise in the absentee rate at this time, it was felt that epidemic proportions had not been reached in the general adult population.

The occurrence of Influenza in St. Helens coincided with considerably increased numbers of cases in the Merseyside conurbation. The symptoms of patients in Liverpool were very similar to ones occurring in St. Helens with a pyrexia often up to 102°F. and the illness lasting 2 to 4 days. Recovery in certain cases was followed by chest complications but most cases became ambulant by the fourth day. Specimens submitted to the Public Health Laboratory Service from St. Helens' patients showed that the Influenza A strain was the one predominantly responsible in St. Helens. The outbreak continued during the early part of December, but before Christmas the peak had passed and only occasional cases were occurring.

FOOD POISONING

1. Family Outbreaks

There were three family outbreaks and in connection with these 14 notifications were received. The first of these family outbreaks occurred in March and April and was due to *Salmonella Typhi-murium* phage type 29. This outbreak occurred in a family of six individuals. Only one person was clinically ill, but on routine examination of stools four other members of the family were found to be symptomless excretors. The other member of the family was persistently negative. The only suspected foodstuff was tomato soup which was consumed by the child who showed clinical illness. As no remaining soup was available for examination it was impossible to incriminate this as the food causing the outbreak.

The other two family outbreaks of Food Poisoning occurred in July and both were caused by *Salmonella Typhi-murium* phage type 15a. The first family outbreak commenced on 17th July and the other on 24th July. There were five members affected in one family and four in the other.

Although both family outbreaks were caused by *Salmonella Typhi-murium* phage type 15a no link could be traced between the two families at any level and a common source of infection and the connection with suspected foods remained unestablished.

2. Outbreak of *Cl. Welchii* Food Poisoning

This outbreak involved school children and staff at 7 schools served with meals prepared at the same canteen. 849 lunches were consumed on the 6th September between 12 noon and 1.30 p.m. and of the persons eating the meal 290 were affected.

The sole symptoms were abdominal pains and diarrhoea and were generally of short duration. The time of onset varied from 4.00 p.m. the same day to different times throughout the same evening and night. The symptoms were so slight and of short duration that large numbers of the children had recovered sufficiently to attend school the following morning.

The meal consisted of:

1. Minced shoulder pork.
2. Salad comprising: Tomato, lettuce, cucumber, mustard and cress, grated cheese.
3. Boiled potatoes.
4. Lemon meringue and custard.

On being notified of the illness at 9.45 a.m. on the 7th September the specimen meal kept by previous arrangement with all Local Education Authority school canteens was obtained and forwarded to the Public Health Laboratory. Swabs were taken from various surfaces and equipment in the canteen kitchen and nasal swabs were taken from all the canteen staff. Faecal samples were obtained from a number of affected persons.

All the food handlers engaged in the canteen were individually interviewed as to any previous history of illness or contact with food poisoning cases but all such enquiries proved negative.

From the nature of the symptoms it was suspected from the outset that this might be caused by *Cl. Welchii* and indeed this organism was isolated from the pork, from the potatoes and from a sample of pork from the swill bin. In addition, heat resistant *Cl. Welchii* organisms were isolated from the stools of a number of persons involved.

A full investigation was made of the means of preparation of the meal and the food hygiene techniques.

One hundred and twenty pounds of shoulder pork was received on Tuesday, 5th September, between 8.30 a.m. and 9.00 a.m. and immediately wiped and placed in the boiler. The pork was then in the boiler until 2.00 p.m. in the process of cooking.

At 2.00 p.m. it was taken out of the boiler and placed on trays in the kitchen and allowed to cool there until 3.15 p.m.

At 3.15 p.m. the pork was placed in the refrigerator. At 7.00 a.m. on the following day, Wednesday, 6th September, the pork was removed from the refrigerator, boned, minced and placed on trays in the kitchen to await service at 12.00 noon.

The ingredients of the salad portion of the meal, i.e. lettuce, tomatoes, cucumber, mustard and cress were also received on Tuesday, 5th September, and placed in the appropriate store room. These items were washed on the 6th September and served as received.

The cheese was grated on Wednesday morning prior to the service of the meal.

The lemon meringue and custard were both prepared on Wednesday morning before service.

The potatoes were boiled in the same boilers as those used for the preparation of the pork on the previous day. They were then buttered previous to service.

This outbreak was obviously a result of the contamination of the pork and potatoes—the preparation of the pork being the classical one of providing the means to cause such an outbreak.

The fact that the pork and potatoes were boiled in the same boilers but on consecutive days and both showed profuse growths of *Cl. Welchii* gives a clear indication of the need for adequate detergent/sterilizing techniques to be carried out on this type of large equipment.

The staff concerned have been instructed to purchase a suitable detergent/sterilizing agent for every canteen and dining centre and to ensure that a complete treatment of all surfaces and equipment in school canteens is carried out regularly and thoroughly.

Table I.D.1.

Notification of Infectious Diseases received during the undermentioned years.

	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Smallpox	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	170	141	118	215	103	45	179	249	123	74
Diphtheria	—	—	—	—	—	—	—	—	—	—
Measles	289	2206	389	1371	500	1692	1140	888	699	484
Whooping Cough	27	77	213	34	16	149	33	42	81	39
Enteric Fever	—	—	—	—	—	—	—	—	—	—
Dysentery	377	17	12	21	39	58	2	17	19	29
Erysipelas	7	8	2	4	4	2	—	—	2	—
Pneumonia*	15	20	10	19	10	6	—	1	4	3
Typhus Fever	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	3	2	3	4	4	4	3	—	1	1
Ophthalmia	—	—	—	—	—	—	—	—	—	—
Neonatorum	—	—	1	—	—	—	—	—	—	—
Acute Poliomyelitis	1	2	—	7	—	1	—	—	—	—
Acute Encephalitis	—	—	—	1	2	2	—	3	—	—
Meningococcal	—	—	—	—	—	—	—	—	—	—
Infections	3	2	3	2	11	3	1	1	1	—
Malaria	—	—	—	1	—	—	—	—	—	—

* Acute Primary and Influenzal

Table I.D.2.

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 1967

DISEASE	Notifications received	Cases admitted to hospital	Total Deaths
Smallpox	—	—	—
Scarlet Fever	74	—	—
Diphtheria	—	—	—
Measles	484	3	—
Whooping Cough	39	—	—
Enteric Fever	—	—	—
Dysentery	29	—	—
Erysipelas	—	—	—
Pneumonia, Acute Primary and Influenza	3	1	—
Typhus Fever	—	—	—
Puerperal Pyrexia	1	—	—
Ophthalmia Neonatorum	—	—	—
Acute Poliomyelitis	—	—	—
Acute Encephalitis	—	—	—
Meningococcal Infections	—	—	—
Malaria	—	—	—
Food Poisoning	14	—	—
Paratyphoid Fever	—	—	—

Table I.D.3.

Age distribution of cases of Infectious Diseases notified.

Year 1967

DISEASE	Notifications received	Under 1	1—	2—	3—	4—	5—	10—	15—	20—	35—	45—	65—
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	74	—	4	2	2	14	43	5	3	1	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	484	19	70	79	63	79	171	2	—	1	—	—	—
Whooping Cough	39	5	5	9	5	4	11	—	—	—	—	—	—
Enteric Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	29	3	1	3	2	—	9	3	1	6	1	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia*	3	—	—	—	—	—	—	—	—	—	—	2	1
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	1	—	—	—	—	—	—	—	—	1	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	14	1	—	—	1	—	3	—	—	4	2	3	—
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—

*Acute Primary and Influenzal

Disinfection and Disinfestation.—By arrangement with the Liverpool Hospital Board the use of facilities for disinfection of personal articles of patients is retained at the St. Helens Peasley Cross Hospital. Facilities are also retained at this Hospital in the Cleansing Block for the treatment of scabies and the cleansing of verminous persons. During 1967, 16 cases of scabies were treated, and 13 infested persons were cleansed under these arrangements. In 1966 there were 28 cases of scabies and 11 infested persons.

Laboratory Work.—The following Table, I.D.4., shows the number of specimens received by the Health Department for distribution to various laboratories during the year.

Table I.D.4.

Specimens	Number Received	Results	
		Positive	Negative
Swabs for Diphtheria	—	—	—
Blood for Rh Factor	127	96	31
Gastro-Enteritis, Dysentery, and Food Poisoning	379	129	250
Typhoid and Paratyphoid	12	—	12
Total	518	225	293

IV.—IMMUNISATION AND VACCINATION

Diphtheria Immunisation.—In 1967 the Local Authority's Scheme for Diphtheria Immunisation of the child population was continued as previously. Table I.V.1, below, indicates the number of children in different age groups who received primary immunisation and reinforcing injections in 1967.

Table I.V.1.
Number of children immunised against Diphtheria during 1967.

Born:	1967	1966	1965	1964	1960-1963	Under age 16	Total
Primary Immunisations							
Local Authority Medical Officers	433	438	53	30	257	93	1304
Private Practitioners	171	161	14	9	4	29	388
Total	604	599	67	39	261	122	1692
Reinforcing Injections							
Local Authority Medical Officers	—	22	426	118	1040	1055	2661
Private Practitioners	—	10	51	14	71	18	164
Total	—	32	477	132	1111	1073	2825

The following shows the record of primary immunisations carried out since 1962.

1962	1963	1964	1965	1966	1967
1653	1504	1527	1766	1642	1692

There was a slight increase in the number of children receiving primary immunisations during 1967 compared with the previous year. The figure of 1,692 represents all children up to 15 years of age. Of the children born in 1966/67 a total of only 1,203 children born in these two years were immunised during the year. As a threshold of immunity this is still much too low, when it is considered that there are over 1,800 births per year in the County Borough. The same remarks apply equally to immunisation against whooping cough, which is so important in the first five years of life.

There was a better response to reinforcing injections against diphtheria during the year, 2,825 being given compared with 2,719 the previous year.

VACCINATION AGAINST WHOOPING COUGH

The following Table, I.V.2., shows the number of children immunised against Whooping Cough under this scheme during the year.

Table I.V.2.
Number of children immunised against Whooping Cough during 1967.

Born:	1967	1966	1965	1964	1960 to 1963	Under age 16	Total
Primary Immunisations combined with other antigens							
Local Authority Medical Officers	429	427	46	20	18	—	940
Private Practitioners	171	161	14	9	4	29	388
Totals	600	588	60	29	22	29	1328
Reinforcing Injections combined with other antigens							
Local Authority Medical Officers	—	22	426	118	30	5	601
Private Practitioners	—	10	51	14	68	18	161
Total	—	32	477	132	98	23	762

Vaccination against Smallpox.—The following Table, I.V.3., is a record of the vaccinations carried out during 1967.

Table I.V.3.
Number of Vaccinations against Smallpox during 1967.

At Ages:	0—3 m'ths	3—6 m'ths	6—9 m'ths	9—12 m'ths	1 year	2—4 years	5—14 years	15 & over	Total
Vaccinations									
Local Authority Medical Officers	—	1	24	93	204	36	12	15	385
General Practitioners	1	10	18	20	99	28	14	55	245
	1	11	42	113	303	64	26	70	630
Re-Vaccinations									
Local Authority Medical Officers	—	—	—	—	—	—	3	69	72
General Practitioners	—	—	—	—	—	2	13	125	140
	—	—	—	—	—	2	16	194	212

It will be remembered that there was a considerable increase in the total number of primary vaccinations and re-vaccinations performed during 1966. Both these increases were due to an outbreak of variola minor in the Midlands during the summer months, and that year all persons travelling abroad for holidays had to be in possession of an International Certificate of Vaccination against smallpox prior to departure. The decrease during 1967 in both primary vaccinations and re-vaccinations shows public apathy in availing themselves of routine preventive inoculation, and only the threat of an outbreak seems to provide the impetus to seek protection.

In accordance with the Ministry of Health recommendation, a considerable proportion of the primary vaccinations were carried out during the first two years of life, but this alteration in policy as against the previous custom of vaccination under the age of one year has not had the effect of altering appreciably the total number of infant vaccinations.

Measles Vaccination

During the year, in agreement with the General Practitioners of the Town, a pilot scheme of vaccination against measles was commenced. A regime of one injection of killed vaccine followed by one injection of live vaccine at an interval of one month was introduced. The idea was to test the opinion of the general public towards measles vaccination and to inform general practitioners of any difficulties arising in the handling of the new vaccines.

The response was most encouraging and to date there have been no reactions of any kind reported. It is intended to continue this scheme during 1968 and eventually it is expected that all Infant Welfare Centres will undertake this as part of the routine immunisation programme.

POLIOMYELITIS

During the year 2,301 persons completed a full primary course of three oral doses of poliomyelitis vaccine. In addition, 2,813 persons were given reinforcing doses. Sabin oral vaccine was used throughout.

With regard to the 1-2 year age groups, 1,269 children in this group received three oral doses of vaccine during the year.

As with diphtheria immunisation, this figure is still too low, and it is again emphasised that the only way of preventing serious outbreaks of these diseases is for parents to have all children immunised and vaccinated.

A further analysis was carried out on children born in 1966 who had not received a primary course of immunisation by mid-1967. Based on the findings of this survey, action was taken to encourage parents of children in this group to have their children immunised, and many additional children have now gained protection against what are still serious but preventable infectious diseases.

Present day methods of immunisation are virtually painless and the number of visits to clinics to obtain this protection is now reduced to three in the child's first year of life. A mere three visits to an Infant Clinic gives primary protection against diphtheria, whooping cough, tetanus and poliomyelitis.

TABLE I.V.4.
POLIOMYELITIS VACCINATION 1967

3 Oral Doses

Year of Birth	1967	1966	1965	1964	1960-63	Under 16 years	Others	Total
Local Authority	469	535	157	102	404	289	13	1969
General Practitioners	111	154	18	9	8	19	13	332
	580	689	175	111	412	308	26	2301

Reinforcing Doses

Year of Birth	1967	1966	1965	1964	1960-63	Under 16 years	Others	Total
Local Authority	—	22	424	125	1143	965	—	2679
General Practitioners	—	6	32	13	70	11	2	134
	—	28	456	138	1213	976	2	2813

V.—AMBULANCE SERVICE

Table A.S.1 gives the details of the work carried out by the Ambulance Service in St. Helens during 1967.

Table A.S.1.
CALLS ATTENDED BY AMBULANCE SERVICE DURING 1967.

1967 Month	Accidents			Emergency		General Service Removals				
	Street	Works	Home	Sudden Illness	Maternity	Hospital Admissions	Hospital Discharges	Hospital Transfers	Out-patients	Total
January	72	18	40	93	73	223	114	33	2558	3224
February	74	18	27	90	69	184	123	41	2456	3082
March	88	9	41	102	63	193	104	27	2697	3324
April	92	19	47	71	64	180	103	41	2746	3363
May	84	8	36	95	94	182	99	25	2909	3532
June	89	12	41	87	65	191	81	55	2658	3279
July	107	12	58	80	47	168	113	40	2561	3186
August	95	10	43	89	80	172	89	47	2427	3052
September	95	10	34	95	63	184	110	34	2583	3208
October	84	12	41	111	76	214	119	42	3105	3804
November	80	9	44	115	52	237	120	39	2960	3656
December	96	12	37	122	74	245	122	26	2304	3038
TOTAL	1056	149	489	1150	820	2373	1297	450	31964	39748

Table A.S.2.
AMBULANCE SERVICE MILEAGES DURING 1967.

1967 Month	2/4 STRETCHER AMBULANCES					DUAL PURPOSE AMBULANCES				Monthly Total			
	BDJ 828	CDJ 233	CDJ 234	DDJ 274	FDJ 411	GDJ 111	NDJ 999	RDJ 766	UDJ 28		WDJ 704	GDJ 290C	LDJ 443E
January	579	388	48	1207	716	356	—	1434	1629	1861	1402	902	10522
February	879	554	—	546	337	408	—	1191	1529	1655	1711	1630	10440
March	636	305	—	1213	312	625	—	1484	1384	1326	1334	1378	9997
April	569	514	—	689	762	434	—	1201	1650	1607	1321	1639	10386
May	484	398	—	548	818	721	—	817	2015	1787	1809	1725	11122
June	396	538	—	450	742	454	495	1289	1396	1711	1723	1556	10750
July	199	185	—	973	696	768	962	1123	1104	1384	1805	1207	10406
August	356	616	—	121	671	547	871	1032	1707	1339	1643	1369	10272
September	322	581	—	242	1036	586	1460	10	1425	1643	1567	1670	10542
October	254	141	—	920	1022	475	880	1485	1765	1479	2039	1211	11671
November	185	237	—	695	962	668	1110	1419	1294	1611	1217	1579	10977
December	135	109	—	742	907	1002	736	969	705	1731	1249	1289	9574
TOTAL	4994	4566	48	8346	8981	7044	6514	13454	17603	19134	18820	17155	126659

Vehicles in Commission at 31st December, 1967.

<i>Make</i>	<i>Reg. No.</i>	<i>Year</i>	
Austin Sheerline	BDJ 828	1951	} 2/4 Stretcher Ambulances
Austin Sheerline	CDJ 233	1952	
Austin Sheerline	CDJ 234	1952	
Austin Sheerline	DDJ 274	1953	
Austin Sheerline	EDJ 411	1955	
Austin Princess	GDJ 111	1956	
Austin 152	NDJ 999	1960	} Dual Purpose Ambulances
	RDJ 766	1961	
	UDJ 28	1962	
	WDJ 704	1964	
	GDJ 290C	1965	
	LDJ 443E	1967	

1 vehicle on loan from the Ministry is maintained and operated by the Ambulance Service on behalf of the Ambulance and First Aid Section of the Civil Defence Corps.

Patients and Mileage.

The total number of calls (39,748) and the total mileage involved as noted in table A.S.1 shows an increase over the previous year when the number of calls dealt with totalled 37,581.

There was an addition of one van to the vehicle establishment and an appointment of a driver/handyman to the personnel establishment to cover work in the transport of raw materials and manufactured products to and from the Adult Training Centre.

In the National Safe Driving Competition the following awards were made to ambulance personnel by the Royal Society for the Prevention of Accidents.

3 Driver Attendants	.....	.....	Diploma 1/3 years
4 „ „	.....	.....	Diploma 4 years
1 „ „	.....	.....	Medal 5 years
1 „ „	.....	.....	Bar 6/8 years
1 „ „	.....	.....	Bar 9 years

The following are the details of calls and mileage covered in 1966 and 1967:

	1966	1967
General Service Calls	34,101	36,120
Emergency Service Calls	3,480	3,664
Total Mileage	122,895	126,659

MENTAL HEALTH SERVICE

It is now seven years since the implementation of the Mental Health Act, 1959, and this might be an appropriate time to review the situation in the light of local administration and resources. The Act lays great emphasis on community care and this has meant an increase in the amount of work carried out by the department. The Act defines four categories of Mental Illness:

1. Mental Disorder.
2. Severe subnormality.
3. Subnormality.
4. Psycopathic disorder.

STAFFING

The Medical Officer of Health is responsible for the organisation and control of the Local Services with the day-to-day administration of the Mental Health Department being supervised by an Assistant Medical Officer of Health.

During the year, with the opening of the new Hostels, it was felt that the services of a Consultant Psychiatrist were necessary to act as a link between the local Mental Hospitals and the community services, and in order to provide advice, where necessary, on the care and rehabilitation of patients transferred from hospitals to Hostel care in the community. Following an approach by the Health Committee to the Liverpool Regional Hospital Board, agreement was reached whereby the services of a Senior Consultant for the area, Dr. J. M. A. C. Stewart, were made available in an advisory capacity to the Department to the extent of one consultant session per week.

As regards the general staff situation, this was again extremely difficult during the year, a situation which is probably not particular to St. Helens, but which may be reflected elsewhere in the country. The staff establishment is one Senior Mental Welfare Officer and five Mental Welfare Officers. The actual complement during the year, however, consisted of one Senior Mental Welfare Officer, one Mental Welfare Officer and three Trainee Mental Welfare Officers. There were also two Mental Welfare Assistants on the staff, and the Sectional Clerk assisted in rota duties in relation to hospital admissions. Two members of the department, however, were in the second year of their course for the National Certificate in Social Work and should prove a valuable addition to the staff on their return.

Our scheme of in-service training in St. Helens was one of the earliest in the country, and the attitude of the Committee in support of students has been encouraging. The results, however, are slow in making themselves effective because of the wastage incurred by the transfer of trained staff. The present complement of graduates who have trained under local schemes only reflects, in a small measure, the great amount of work which has been done by the Department in the training of Officers who have gone to other Authorities.

CO-ORDINATION WITH REGIONAL HOSPITAL BOARDS

There are frequent consultations with the Board's Consultant Psychiatrists, and growing use is made of the Domiciliary Visiting Service whereby the Psychiatrists are called in and are able to visit patients in their own homes.

In addition one, or other of the Mental Welfare Officers make frequent visits to the local Hospital Psychiatric Out-Patient sessions. The provision of a residential Hostel for the rehabilitation of the adult mentally ill and also a Hostel for the care of mentally subnormal children is reported on in a later section. The Local Health Authority is also undertaking, on request, the supervision of patients on trial or on licence from Psychiatric Hospitals.

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 mentally subnormal persons and members of a psychiatric social club in connection with the provision of clothing and footwear, day outings, holidays, Christmas parties, etc. The Local Health Authority continued its grant to the funds of the Society for this work. The Women's Royal Voluntary Services also assist in the provision of clothing and footwear.

SOCIAL CLUBS

The club for mentally subnormal persons continues to meet at Peter Street and many outings have been arranged by the members themselves under the direction of Mr. A. Phythian. The Psychiatric Social Club meets on Thursday afternoon and the membership remains fairly static (30). Efforts have been made to interest male ex-patients, but up to date have proved abortive. Activities have expanded owing to the provision of various recreational facilities by the St. Helens Mental Welfare Society, i.e. painting materials and needlework sets, etc.

ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY UNDER SECTION 28, NATIONAL HEALTH SERVICE ACT, 1946.

Prevention.

In dealing with the problem of prevention of mental illness the activities of the Mental Welfare Officers were focussed mainly on domiciliary visiting and arranging contacts with suitable organisations for those in need of advice or early treatment.

Close co-operation has been maintained by the Mental Health Services with practitioners and Consultant Psychiatrists of the local psychiatric hospital. During the year 139 attendances were made by the Mental Welfare Officers of the Local Authority at the local Hospital Psychiatric Out-Patient Clinic.

In addition, a valuable link is provided by frequent case consultations between the Health Visitors of the various districts in the town, the officers of the many statutory bodies and the Mental Welfare Officers.

The growing importance of community care in the work of preventive mental health is shown by the following breakdown list of cases dealt with during the year. Inevitably some of these cases finished up by undergoing hospital treatment, but increasing emphasis on this type of work leads to much desired early diagnosis and early treatment. In many other cases assistance was given in the adjustment of social problems and the bulk of these cases were referred from Consultant Psychiatrists, General Practitioners, and even on requests from patients themselves. In dealing with the following cases, the Mental Welfare Officers paid a total of 527 visits.

Care.

In this sphere of activity it was found that the majority of the problems dealt with arise in family life as a result of the admission of a member of the family to hospital. Advice and assistance were sought from the Mental Health Department on many occasions by relatives and not infrequently by request of the patients themselves. In other instances, at the request of Consultant Hospital Psychiatrists in the area, home visits were paid to relatives of in-patients and social histories completed or clinic appointments arranged.

During the year 399 visits were made in connection with these cases.

After-care.

The following summary gives the Local Health Authority's after-care record during 1967:—

Number on list at 1/1/1967	116
Discharged persons requesting after-care	237
	<hr/> 353
Deleted from list during 1967	71
	<hr/> 282
Number on list at 31/12/1967	

After-care continues to provide a constant sphere of activity and great use is made of psychiatric surveillance at the local hospital out-patient clinics. The Mental Health Service continues to be an integral part of the whole process for rehabilitation of discharged patients and close liaison is maintained with the disablement resettlement service of the Ministry of Labour, Welfare Officers of local firms, voluntary organisations, etc.

During the year, 1,476 home visits were made by the Mental Welfare Officers.

In closing, it should be pointed out that the number of people seeking the aid of the prevention, care and after-care services is increasing yearly. This burden is eased by the fact that a happy relationship exists between the local medical practitioners, the local psychiatric hospitals, the consultant psychiatrists and the mental welfare officers. During the year under review, a total of 474 interviews were conducted in this connection.

Table B

	Male	Female	Total
1. Admitted to Psychiatric Hospitals—			
<i>St. Helens Patients</i>			
(a) On Emergency Applications under Section 29	10	9	19
(b) On Applications for admission for Observation under Section 25	39	34	73
(c) On Applications for admission for Treatment under Section 26	10	4	14
(d) Under Section 60 Hospital Order	1	—	1
<i>For Other Authorities</i>			
(a) On Applications for admission for Observation under Section 25	4	—	4
(b) On Applications for admission for Treatment under Section 26	1	1	2
2. Notified as an alleged person suffering from Mental Disorder and dealt with as follows:—			
<i>St. Helens Patients</i>			
(a) Informal Admission (Section 5)	109	100	209
(b) No Application made	20	12	32
<i>For Other Authorities</i>			
(a) Informal Admissions (Section 5)	5	3	8

HOSPITAL RETURN FOR 1967

The following summary gives the disposal of known St. Helens patients in Psychiatric Hospitals during the year:—

	Male	Female	Total
No. of Health Service Patients in Psychiatric Hospitals on 1/1/1967	204	274	478
Admissions during the year	169	147	316
	373	421	794
Deaths during the year	15	5	20
Discharges during the year	113	118	231
	128	123	251
No. of Health Service Patients in Psychiatric Hospitals on 31/12/1967	245	298	543

The known number of patients in hospitals at the end of the year is at the rate of 5.2 per 1,000 of the population.

MENTAL SUBNORMALITY

Ascertainment. The total number of cases reported and referred as Mentally Sub-normal from the 1st January, 1967 to 31st December, 1967 was 11. Particulars of these cases are shown in the following Tables.

Table M.H.1.

Cases Reported and Referred and their Disposal

	Under 16 years		16 years and over		Total
	M.	F.	M.	F.	
Cases ascertained during 1967 as suffering from subnormality or severe subnormality. Action taken on reports from:—					
(1) Local Education Authorities on children whilst at school or liable to attend school	2	—	—	—	2
(2) Other sources	—	—	6	3	9
TOTAL	2	—	6	3	11
DISPOSAL OF ABOVE					
(1) Placed under Supervision—					
(a) Day Training Centre	2	—	—	—	2
(b) Domiciliary	—	—	6	2	8
(2) Admitted to Hospitals	—	—	—	1	1
TOTAL	2	—	6	3	11

Hospital Waiting List. As at 31st December it will be noted from the following Table M.H.2 that 8 cases (6 males and 2 females) still awaited vacancies in hospitals.

Table M.H.2.

	Under 16 years		16 years and over		Total
	M.	F.	M.	F.	
1. In urgent need of hospital care					
(i) Cot and chair cases	—	—	—	—	—
(ii) Ambulant low grade cases	3	—	1	—	4
(iii) Medium grade cases	—	—	—	—	—
(iv) High grade cases	—	—	—	—	—
2. Not in urgent need of hospital care					
(i) Ambulant low grade cases	1	1	—	—	2
(ii) High grade cases	1	1	—	—	2
	5	2	1	—	8

None of the above cases is considered to be in need of hospital care solely because of poor environment.

Total number of Reported and Referred Cases at 31st December, 1967.

The total number of reported and referred cases for whom the Local Health Authority of the County Borough was responsible at the 31st December was as follows:—

Table M.H.3.

	Under 16 years		16 years and over		Total
	M.	F.	M.	F.	
Under Supervision	29	17	59	70	175
Under Guardianship	—	—	2	1	3
	29	17	61	71	178

SUPERVISION

This work is carried out by the Mental Welfare Officers.

These cases are visited regularly and reports of the visits submitted to the Medical Officer of Health. In this way, besides maintaining contact with the patient, it is possible for the Mental Welfare Officers to become aware of the changes in family and other circumstances. The visits occasionally bring to light domestic problems, and in some cases convalescent holidays have been arranged, hospital or general practitioner treatment obtained, and the help of various organisations sought for the patients and relatives. In this connection, much work has been done in co-operation with probation services, the N.S.P.C.C. and other bodies. Any special recommendations which have been made are noted and placed before the Health Committee.

The number of visits made to these cases during the year was 381.

Guardianship.

Three cases were under guardianship throughout the year and visited periodically.

Classification of Cases under Guardianship and Supervision.

In Section A of the following Table, cases under supervision and guardianship have been classified as to their suitability for various types of training, whilst those actually receiving such training at the 31st December, 1967, are shown in Section B.

Table M.H.5.

	Under 16 years		16 years and over		Total
	M.	F.	M.	F.	
Section A					
Considered suitable for:					
(i) Training Centre	29	17	—	—	46
(ii) Industrial Centre	—	—	26	24	50
(iii) Home Training	—	—	2	2	4
	29	17	28	26	100
Section B					
Number of cases receiving training on 31/12/1967:					
(i) Training Centre	29	17	—	—	46
(ii) In Industrial Centre	—	—	23	24	47
(iii) At home	—	—	—	—	—
	29	17	23	24	90

Short-Term Care.—Short-term care was arranged for a number of persons suffering from subnormality or severe subnormality while their families took their annual holiday or some member of the family was in hospital, etc

	Under 16 years		16 years and over		Total
	M	F.	M.	F.	
Admitted to National Health Service Hospitals	4	—	4	3	11
Admitted to Private Nursing Homes	5	6	—	2	13
	9	6	4	5	24

During the year 181 interviews took place in the Mental Health Department in dealing with parents and relatives of mentally subnormal persons seeking advice and assistance.

Ashtons Green Junior Training Centre.

This Centre is staffed by one Supervisor, one Deputy Supervisor, four Assistant Supervisors and two Guide Helps.

Pupils are taken to and from the centre by arrangement with the St. Helens Corporation Transport Department, and meals are supplied by the School Meals Service.

"Stanley House" Adult Training Centre, Sinclair Street.

During the year much work was carried out in the development of the Adult Centre as an Industrial Training Centre. I am indebted to the Supervisor for the following report:—

Consolidation is the keynote of this year's work, and this report. The period of transition from "All Age" to Adult Centre, which was the main feature of last year's work, is now behind us, and the year under review was marked by steady, healthy growth and solid achievement.

Unfortunately, any further growth will be inhibited by the restriction on accommodation in this building. "Stanley House" is a fifty place centre. We began last year with 52 trainees; we begin the new one with 51 and a growing waiting-list. We have the work to expand, we have the workers, but not the accommodation, and this situation grows more acute every year.

Earnings from industrial work amounted to £2,035. 6s. 7d. against £991 in the previous year. £1,580. 9s. 0d. has been paid out in wages to the trainees and the remainder is in balance because payments are always 8 weeks behind earnings. The amount paid weekly in wages is £46 against £25 last year, and is made up as follows: 3 at 5/-, 3 at 7/6, 6 at 15/-, 8 at 17/6, 20 at 20/-, 8 at 22/6, 1 at 25/- and 1 at 45/-.

The average attendance throughout the year has been 85%, and taking into account that many trainees are prone to sickness, and that often family holidays have to be taken in term-time, this is a very satisfactory figure, and is quite clearly related to the incentive of wage payments.

A new development during the year was the purchase of two heat sealing machines for sealing polythene bags, and though full earning potential has not been realised, the training value of this process to the trainees is invaluable.

A variety of work has been undertaken for firms in Salford, Huyton, Garston, Ormskirk and Warrington, and in the past this has posed a transport problem. During the year, however, a van was purchased from the Civil Defence Service, and more recently a driver-handyman has been appointed with a special responsibility for transport at "Stanley House". At the moment the van is in daily use here and is proving a very valuable asset to our work and particularly in releasing staff members from driving. A charge of £300 per annum has now been agreed for this service and this will be set against our earnings in the proportion of 8/52 of 300 in every 8 weeks period.

Our one big disappointment in regard to industrial work is that it all has to be imported from outside the borough. One can only hope that our Stand at the Centenary Exhibition might attract local industrialists.

During the year social training has been given to some 40 trainees, whom we consider can benefit from it. Mrs. Roberts undertakes this work in small groups or individual sessions every afternoon. The overall aim of this training is social competence. Again, we would like to expand this activity by offering our youngsters new learning experiences both inside and outside "Stanley House", and we are anxious to make a start in this direction by arranging sessions at the local swimming baths.

The special-care group has now been assimilated into the workshops, largely due to the goodwill of Mrs. Yare who, in spite of her grade (Assistant

Supervisor), is prepared to work alongside craft instructors. I am quite sure this move will not only benefit the trainees concerned in this group, but will provide Mrs. Yare with a more interesting and positive task.

The staff situation has remained stable throughout the year and a start has been made on staff training. The Supervisor has completed a course of introductory studies on a day-release basis, and has now been accepted for a full-time course of studies due to commence in September, 1968. One would hope that this pattern can be followed until staff training is complete. Certainly there can be no doubt that training is essential in this developing service.

No report would be complete without again acknowledging the generosity of St. Helens Mental Welfare Society, who, during the year, made provision for our summer outing to Trentham Gardens, and as a Christmas treat, a visit to Belle Vue Circus. The Society also provided a new record player for social and recreational activity at "Stanley House" for which we are most grateful.

At the end of 1967 the following pupils were in attendance at the Training Centres:—

ASHTONS GREEN JUNIOR TRAINING CENTRE

	Male	Female	Total
Number of pupils on Register, 1st January, 1967	26	17	43
New Admissions	6	2	8
Number ceased to attend	2	2	4
Number on Register at 31st December, 1967	30	17	47
Average Daily Attendance	20	16	36

ADULT TRAINING CENTRE, SINCLAIR STREET

	Male	Female	Total
Number of pupils on Register at 1st January, 1967	23	24	47
New Admissions	3	2	5
Number ceased to attend	3	2	5
Number on Register at 31st December, 1967	23	24	47
Average Daily Attendance	18	16	34

MENTAL HEALTH HOSTELS

Abbey Road Rehabilitation Hostel—20 Places.

During the year the Adult Rehabilitation Hostel was opened, and after the completion of furnishing and equipment and recruitment of appropriate staff, began to receive patients from the local Mental Hospitals. In the beginning the work was extremely slow, and the number of admissions during 1967 totalled only 11 persons. The main difficulty seemed to be the lack of patients suitable for discharge from hospital to hostel care. It was found that although many patients were working in the community, they continued to reside at night in the Hospital, the charge for board and lodgings being a moderate one

and assessed by the Hospital Board. Such persons on discharge to Hostels, it is claimed, would have to incur a higher rate of personal expenditure. I think in connection with this it is forgotten that the process of rehabilitation and the type of accommodation offered in Hostel care is extremely different from the standard operating in hospitals. Again there seems to be some difficulty in assessing the type of patient who would benefit by Hostel care. No doubt in time at least this latter clinical difficulty may be overcome when a stronger link is established between the Consultant Psychiatrists and the Local Authority Hostel services.

The following is a statement showing the development of the plans for the provision of the Hostel, and an outline of the completed project:—

The passing of the Mental Health Act, 1959, gave rise to the reorganisation of existing plans for the development of the community Mental Health Services. In St. Helens, new proposals were submitted to the Ministry of Health for the expansion of the Domiciliary Care Service, and special attention was devoted to the problem of persons being discharged from Mental Hospitals.

It was appreciated that in some of these cases a period of rehabilitation would be required before full integration into community life, and that this could best be carried out in the atmosphere of a Hostel where gradual adjustment to normal social environment could be made in progressive stages. With this in view, the Medical Officer of Health made early representations to the Local Authority for the appropriation of a particularly suitable site in the town. This had the existing advantage of a commodious house which could be adapted to form a nucleus of a Residential Unit.

The consequent progress of the scheme was rather slow due to the fact that in the following years there were intervening periods of restraint on capital expenditure. It was not, therefore, until March, 1965, that final loan sanction was given to the scheme by the Ministry, and the clearance of the site and building commenced.

The Hostel was scheduled to accommodate twenty residents, 10 males and 10 females. The residential accommodation was planned in the form of a two-storey wing to accommodate females on the ground floor and males on the second floor. This was attached to the existing house by a central unit which incorporated a kitchen and staff day room on the ground floor with the residents' lounge on the first floor. The existing house on the site was adapted to offer spacious and modern residential facilities for the Warden and Matron, Assistant Matron and other staff.

The resultant design forms a very compact and easily run unit since the central kitchen serves both the resident and staff wings, and also has the effect of separating staff accommodation from the residents' wing. Supervision over the residents' wing is ensured from a central administration office providing visual control of the entrance hall, main staircase and communicating corridors between the upper and lower storeys. An indicator panel in the office is linked with control signals situated in the Matron's living room, Assistant Matron's living room and other points in the building, so that any help and assistance required may be summoned at any time.

Individual bedroom accommodation in the residents' wing consists of single rooms with a divan bed and a fitted wardrobe and dressing-table with built-in washbasin. Arm-chairs are provided in each bedroom and the floors carpeted with woven fibre fitted carpets. Although the bedrooms are of a uniform pattern and furnishings, effective planning ensures that there is no drab uniformity and the resultant effect is one of pleasant, light and airy bed sitting-room accommodation.

The main dining-room is situated next to the central kitchen units at ground floor level, and above, at first floor level, a spacious lounge is provided, both dining-room and living-rooms being equipped with Baxi open hearth fires giving a homely atmosphere in both rooms.

At the end of the main lounge, a small portion may be shut off by means of a collapsible screen to provide a small room for television viewing.

The main heating for the Hostel is carried out by two gas fired boilers, supplying radiators and hot water for domestic use. The colour scheme, tiling, carpeting, furnishings and curtains were all selected by the architects to blend with the construction and design, and to give a restful interior to the building.

The tender figure for the construction of the Hostel was £33,320, and loan sanction for furnishing was £5,000, a total of £38,320 exclusive of cost of site.

Ashtons Green Children's Hostel—12 Places.

This year also saw the opening of the above Hostel, which has proved to be of immense benefit to families of subnormal children who find it necessary to place the child in care. The main concentration was on periods of short-term care so as to give parents an opportunity of rest or to go on holiday. During the year, 24 children were admitted for short or long periods, and the accommodation was also used by the City of Liverpool, who contributed the necessary economic maintenance charge.

The following is a statement showing the development of the plans for the provision of the Hostel, and an outline of the completed project:—

In the revision of the Local Authority plans for community care, the provision of residential accommodation for mentally subnormal children was not overlooked.

As a result of a report submitted by the Medical Officer of Health, vacant land within the curtilage of the newly planned Junior Training Centre was earmarked for Hostel purposes. Priority was naturally given to the erection of the Junior Training Centre, but thereafter, in consultation with Officers of the Ministry of Health, plans were finally agreed for the erection of a 12-place Hostel for mentally subnormal children under the age of 16 years. The allocation was nominally made for 6 male and 6 female children.

The drafting and submission of plans to the Ministry entailed a great deal of discussion, as the project was entirely purpose built and the question of residential accommodation for staff was held by the Ministry to be of the utmost importance. This had a resultant effect on the final cost, but agreement on design was ultimately reached and preparation of the site and building commenced in 1965.

The Hostel consists of two dormitory wings with six beds in each dormitory, linked to a central administration unit with play-room and dining-room facilities.

Accommodation for the Houseparents is a two-bedroomed flat which can be isolated from the rest of the Hostel. There is also bed and sitting-room accommodation for an Assistant Housemother, and another staff assistant. The central office has observation windows overlooking the two dormitories, and there is a similar observation window in the Matron's living-room.

The building is constructed with loadbearing brick walls and has a timber framed insulated flat roof covered with bituminous felt and chippings. The floors are screeded concrete on a waterproof membrane and are covered generally with vinyl tiles or sisal carpet.

Heating is by a gas fired low pressure hot water boiler which serves radiators, four convectors and skirting radiators.

The tender figure for construction was £28,114, together with a sum of £3,500 for furnishings, a total of £31,614 exclusive of cost of site.

VII.—TUBERCULOSIS

Incidence. In 1967, 20 persons were notified as suffering from pulmonary tuberculosis, 4 less than in the previous year. No cases of non-pulmonary tuberculosis were notified during the year, compared with 3 in the previous year.

The total number of new cases was 21. This figure includes 1 case added to the Register from other sources (a posthumous notification). The total number of new cases for the previous year was 37.

Mortality. 8 deaths in 1967 were due to tuberculosis, all being caused by the pulmonary form of the disease.

The death rate from tuberculosis was therefore 0.8 per 10,000 of the population.

Table T.B.2. shows the incidence and death rate figures from 1948.

Table T.B.1.

Particulars of new cases and of deaths during 1967.

Ages	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Males	Females	Males	Females	Males	Females	Males	Females
0—	—	—	—	—	—	—	—	—
1—	—	—	—	—	—	—	—	—
2—	1	—	—	—	—	—	—	—
5—	—	1	—	—	—	—	—	—
10—	—	—	—	—	—	—	—	—
15—	—	—	—	—	—	—	—	—
20—	—	2	—	—	—	—	—	—
25—	1	2	—	—	—	—	—	—
35—	—	2	—	—	—	—	—	—
45—	4	2	—	—	1	—	—	—
55—	3	1	—	—	3	1	—	—
65—	—	1	—	—	3	—	—	—
75—	1	—	—	—	—	—	—	—
Totals	10	11	—	—	7	1	—	—

Table T.B.2.

Number of cases notified and number of deaths each year, 1948 to 1967

Year	No. of Primary notifications received.		Deaths		Death Rate per 10,000 of population	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1948	98	15	63	7	5.7	0.6
1949	96	16	58	7	5.2	0.6
1950	104	16	46	4	4.1	0.3
1951	87	17	33	8	3.0	0.7
1952	99	17	37	3	3.4	0.3
1953	104	20	27	4	2.5	0.4
1954	109	3	28	1	2.5	0.1
1955	71	7	24	4	2.1	0.4
1956	116	6	12	3	1.1	0.3
1957	85	20	15	2	1.4	0.2
1958	79	5	17	2	1.5	0.2
1959	68	9	10	3	0.9	0.3
1960	62	6	10	—	0.9	0.0
1961	51	7	10	—	0.9	0.0
1962	49	10	12	—	1.1	0.0
1963	39	2	6	1	0.6	0.1
1964	40	3	11	1	1.0	0.1
1965	32	5	6	1	0.6	0.1
1966	23	3	8	—	0.8	0.0
1967	20	—	8	—	0.8	0.0

Tuberculosis Dispensary and Chest Clinic. The administration and clinical work of the tuberculosis service is carried out at Bank House, Claughton Street, under the supervision of the Area Chest Physician appointed by the Liverpool Regional Hospital Board. This officer is responsible to the Local Authority for work under that part of Section 28 of the National Health Service Act, 1946, which deals with the care and after-care of patients suffering from tuberculosis. The Welfare Officer, who is wholly employed by the Local Authority, occupies an office at the dispensary. Close liaison is therefore possible between the work of the Regional Board and that of the Local Authority.

During 1967, the following attendances were made at the Dispensary:

Tuberculous cases and contacts	.....	3,017
Other chest conditions	.....	2,092

Particulars of St. Helens cases on the Dispensary Register are set out in Table T.B.3.

Table T.B.3.

Register of St. Helens cases of Tuberculosis during 1967.

	Pulmonary	Non-Pulmonary
1. No. of cases on Tuberculosis Register on 1/1/1967	760	119
2. No. of cases added to the Register during 1967—		
(i) Formal Notifications	20	—
(ii) New cases coming to knowledge of Medical Officer of Health from other sources—		
(a) From Local Death Returns	—	—
(b) From Registrar General's Death Returns (transferable deaths)	—	—
(c) Posthumous Notifications	1	—
(d) Transfers from other areas	—	—
(e) Other sources	—	—
3. No. of cases removed from Register during year—		
(a) Recovered	11	—
(b) Deaths—		
(i) Certified as due to Tuberculosis	8	—
(ii) Other Causes	9	—
(c) Transferred to other areas, lost sight of, or otherwise deleted from Register	25	1
4. No. of cases on Tuberculosis Register on 31/12/1967	728	118

Institutional Treatment. 48 tuberculous patients from St. Helens were admitted to Eccleston Hall for treatment during the year 1967. There were 2 in-patient deaths of St. Helens cases during the twelve months.

VIII.—PREVENTION OF ILLNESS, CARE AND AFTER-CARE

No meetings of the Care and After-Care Sub-Committee were held during the year. The Sub-Committee consists of the following:—

5 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.

During the year this service was badly hampered by the lack of a Social Worker. There was an inevitable restriction in the work done, but the basic work of after-care was continued, particularly in relation to Chest Clinic cases and schemes of extra nourishment and the issue of materials for occupational therapy, and for home nursing requisites.

Towards the end of the year an appointment was made to the vacant post, and the following report deals with the work completed by the Social Worker in the last quarter of the year.

Provision of Nursing Requisites.

As approved by the Health Committee, various articles of nursing equipment are available, e.g. air rings, bed pans, back rests, bed cradles, commodes, plastic sheeting, wheelchairs and walking aids. The number of patients using the nursing equipment loan service during the year was 230. The total fees collected during the year was £10. 15s. 11d.

Many gifts have been received for use in the After-Care Service, including commode, bed pan and urinals. At the request of one of the hospitals, a set of cot sides was purchased for the use of an old lady returning to her own home.

Welfare.

During the year the Welfare Officer advised and assisted patients and their relatives. Home visits were made during the year, also visits to Ecclestone Hall Chest Hospital.

Chronic Sick and Geriatric Cases.

Close liaison between the hospitals and the Welfare Officer has continued, and many old people coming out of hospital have been loaned necessary equipment.

Cancer Relief Fund.

Application for assistance was made on behalf of ten patients, extra nourishment was granted and clothing for an old gentleman was bought from the fund.

Voluntary Agencies.

Special mention should be made of the kindness and willingness to help of all the local Branch Secretaries of the following:—

British Legion, Forces Help, Royal Air Force Association,
Royal Naval Benevolent Trust, S.S.A.F.A.

August, 1967.

<i>Articles Loaned</i>	<i>Returned</i>	<i>Home Visits</i>	<i>Office Interviews</i>
138	81	56	164

Home Dialysis.

In co-operation with the blood dialysis unit of the Sefton General Hospital, adaptation of a room in a patient's home was undertaken so as to permit home dialysis and eliminate the need for the patient to attend, as a routine or in emergency, at the hospital.

This was undertaken in anticipation of the Ministry's general approval for Local Authorities to carry out this work. The result has been of inestimable benefit to the patient concerned.

Family Planning—National Health Service (Family Planning) Act, 1967.

The local arrangements outlined in my report for 1966 continued during 1967. These arrangements were based on the criterion that in many cases the question of family planning is closely associated with domestic problems. On this assumption, therefore, the field of reference was extended to include all local voluntary organisations dealing with family problems. In St. Helens these were

The St. Helens Family Planning Association.
St. Helens Catholic Marriage Advisory Council.
St. Helens and District Marriage Guidance Council.

The arrangement was that mothers from many of our clinics could be referred on medical grounds to the appropriate one of these organisations for consultation and advice and that grants would be paid by the Local Authority for this service.

During 1967 the National Health Service (Family Planning) Acts, 1967, was enacted, and this legislation, together with the accompanying Ministry of Health circular 15/67 called for a review of the existing arrangements. In short, the effect of the Act was to extend the scope of cases referred to the various Associations to include social as well as medical cases. Consideration of the Act by the Health Committee finally led to the decision that family planning services should include all medical and social cases covered by the Ministry of Health circular 15/67 who might be referred by the social, nursing and medical officers of the Local Authority. In addition, the Local Health Authority would provide (at 76 Bickerstaffe Street) premises suitably adapted as a Family Planning Clinic, for the St. Helens Family Planning Association, for which a rental would be chargeable on terms to be arranged by the Town Clerk. The two other voluntary organisations would continue as hitherto, to operate from their own Headquarters.

Discussions and negotiations with the voluntary organisations regarding financial assistance also took place during the year, and it was the general opinion that this would best be achieved by the payment of block grants, rather than by per capita payments. It was agreed towards the end of the year that the Health Committee should be recommended to consider a block payment of £75 per annum each to the Catholic Marriage Guidance Council and to the St. Helens and District Marriage Guidance Council. As the main work of the service would be borne by the St. Helens Family Planning Association, it was suggested that the following special annual payments should be made to that Association:

- | | | |
|--|-------|------|
| (a) For heating, lighting and cleaning | ..... | £450 |
| (b) In respect of patients referred | ..... | £200 |
| (c) Reimbursement of cost of free supplies of appliances to persons in receipt of Supplementary Benefits and to medical cases. | | |

The work of adapting the premises for the St. Helens Family Planning Association was under way at the end of the year, with the intention that it would be available as a Clinic early in 1968.

B.C.G. VACCINATION

The scheme for the vaccination of school children against tuberculosis was continued during 1967. During the year, 1,021 were Heaf tested. Of these, 20 failed to keep their second appointment and will be followed up when the vaccination team again visits the school during the coming year. 147 pupils were found to be positive to the test and therefore did not require vaccination. 4 of the remaining pupils found to be negative to the test were unsuitable for vaccination on medical grounds. The remaining 850 were successfully vaccinated with B.C.G. vaccine.

Pupils who were found to be strongly positive to the Heaf tuberculin test were referred to the Chest Clinic for further investigation. In the majority of these cases it was found that there was a history of contact with a known case of tuberculosis, usually a member of the family. No active cases were found in this group during 1967.

The 147 pupils found positive to the Heaf tuberculin test give a tuberculin positive rate of 14.7% for the groups tested during 1967.

There would appear to have been an increase in the tuberculin positive rate of 1967 compared with the previous year (9.05%) and a full investigation of this was undertaken. The conclusion reached was that the apparent increase was due to individual variations in the readings of doubtfully positive reactions.

The reading of such Heaf reactions has in the past presented difficulties from time to time and individual Medical Officers have had genuine doubts concerning the interpretation of certain reactions. Discussions have been held with all Medical Officers concerned and an attempt has been made to try and standardise the readings of doubtful reactors.

In November 1967 we received notification from the Chest Clinic that a child aged six years attending an Infant School in the town had been admitted to hospital as a case of pulmonary tuberculosis. All school contacts were Heaf tested and out of 33 contacts only 1 was weakly positive. This child had a follow up chest x-ray examination which was entirely satisfactory but will remain under surveillance by the Chest Physician.

B.C.G. vaccination, together with tuberculin testing of school children, has a vital part to play in the future struggle against a disease that has been largely controlled, but by no means eradicated.

CHIROPODY SERVICE

The scheme for the provision of chiropody treatment to elderly persons continued unchanged throughout the year. The service is free to persons aged 65 years and over, and treatments are given in the surgeries of practising Chiropodists who are registered with the Health Authority.

Prior authority for each treatment must first be obtained from the Health Department, but invariably the recommendation of the Chiropodist as to the date of the next treatment is accepted.

The significant increase in the number of chiropody treatments noted in previous years was again apparent in 1967.

The total number of treatments provided, as shown in the following table, was 21,515. This compares with 20,036 in 1966, 18,425 in 1965 and 14,409 in 1964.

At the end of the year, a report on the progress and financial situation of the Chiropody Service was prepared for submission to the Health Committee early in 1968, and extracts from this Report are given at the end of the section.

CHIROPODY TREATMENTS, 1967

	Surgery		Domiciliary		Total		Grand Total
	Male	Female	Male	Female	Male	Female	
January	340	1287	21	154	361	1441	1802
February	315	1167	23	123	338	1290	1628
March	320	1288	20	157	340	1445	1785
April	322	1304	28	164	350	1468	1818
May	308	1278	30	162	338	1440	1778
June	373	1383	15	145	388	1528	1916
July	336	1338	31	185	367	1523	1890
August	305	1183	24	161	329	1344	1673
September	340	1360	33	160	373	1520	1893
October	353	1368	24	164	377	1532	1909
November	366	1318	28	175	394	1493	1887
December	270	1087	25	154	295	1241	1536
	3948	15361	302	1904	4250	17265	21515

The age and sex distribution of patients included on the Chiropody Register, receiving treatment during the year, was as follows:

Sex	AGES		TREATMENTS			
	65-69	70+	Surgery		Domiciliary	
			65-69	70+	65-69	70+
Males	181	436	1269	2679	44	258
Females	576	1637	4974	10387	150	1754
Totals	757	2073	6243	13066	194	2012
	2830		19309		2206	

The total number of patients dealt with was 2,830 compared with 2,739 in 1966. Patients increased by 3.3% over 1966 and treatments provided increased by 7.4% in the same period. The average number of treatments provided to individuals over the past four years is shown in the following table:—

**AVERAGE NUMBER OF TREATMENTS PROVIDED TO EACH
INDIVIDUAL PATIENT**

Sex	Treatments per annum			
	1967	1966	1965	1964
Males	6.9	6.5	6.0	4.8
Females	7.8	7.5	7.5	6.6

It must be remembered that the above averages include new patients commencing treatment and other patients discontinuing treatment during the year. The actual number of treatments given each year to the majority of cases is, therefore, in excess of the figures quoted above, and in some instances runs at an average of 12 treatments per year.

At a special Chiropody Clinic sited at the Welfare Foods Centre in Bickerstaffe Street, 79 treatments were provided to a total of 39 patients, 25 being expectant mothers and 14 handicapped persons.

17 treatments were given to handicapped persons in their own homes.

Progress Report and Financial Situation

As the Committee are aware, the scheme for the provision of chiropody treatment to elderly persons has now been operating for several years. Before the Health Authority became responsible for such treatment a chiropody service was already well established in the town and was run by the St. Helens Council of Social Service. In fact for a period of time that Council carried on the work on behalf of the Health Authority on an agency basis.

It was in April, 1961, that the administration of the scheme was handed over from the voluntary body to the Local Health Authority. Up to 1st January, 1964, a contribution of 3/- per treatment was made by all patients, but from that date treatments were given free of charge. An indication of the expansion of the service since 1st April, 1961, is given in the figures below.

DEVELOPMENT OF SERVICE FROM 1st APRIL, 1961

Year	No. of Treatments	Payments to Chiropodists	Scale of fees payable to Chiropodists	
			Surgery	Domiciliary
		£ s. d.		
(a) 1961	6457	590 4 9	7/6	12/6
1962	7543	2753 15 9	7/6	12/6
1963	8214	3437 6 0	(b) 9/-	15/-
(c) 1964	15132	6677 11 0	9/-	15/-
1965	19713	8817 19 0	9/-	15/-
1966	21675	9677 7 6	9/-	15/-
1967	21515	12164 4 9	(d) 10/6	17/-

(a) Part year only—from 1st April, 1961.

(b) From 1st July, 1963.

(c) Free service from 1st January, 1964.

(d) From 1st January, 1967.

The service is free to persons aged 65 years and over, and treatments are given in the surgeries of practising Chiropodists who are registered with the Health Authority. Prior authority for each treatment must first be obtained from the Health Department, but invariably the recommendation of the Chiropodist as to the date of the next treatment is accepted. Previous Annual Reports have pointed out, however, how the necessity for and the length of time between treatments is variously interpreted by individual Chiropodists.

It was suggested that the Committee should consider the possibility of determining a standard regularity of treatments by all chiropodists of stabilised or straight forward cases, so that a more uniform service may be established throughout the town.

It was decided by the Committee that an average of 6 treatments per year should be accepted as the general rule for the treatment of our patients, with the proviso that additional treatments will always be given on a valid recommendation of the Chiropodist in individual cases or on grounds of medical need.

IX—VENEREAL DISEASES

The St. Helens Special Treatment Centre is under the administration of the Liverpool Regional Hospital Board, but the centre continues to be staffed by male and female nurses provided by the Corporation under agency agreements.

The following statement shows the number of cases dealt with at the Centre during the year 1967, in comparison with the previous year. This includes cases from outside the Borough who may receive treatment at the St. Helens Centre.

Table V.D.1

	1966		1967	
	M.	F.	M.	F.
1. No. of cases under treatment or observation on 1st January	17	14	42	17
2. No. of new cases (including cases previously removed from the register who returned for further observation or treatment) and Transfers	109	55	118	41
3. No. of cases discharged after completion of treatment or transferred to other centres or ceased to attend	84	52	102	39
4. No. of cases remaining under treatment or observation on 31st December	42	17	58	19
5. No. of attendances	437	247	472	173

Table V.D.2 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 V.D.2

Number of new cases of Venereal Diseases dealt with during 10 years, 1958 to 1967:

Year	Syphilis		Soft Chancre		Gonorrhoea		Total
	M	F.	M.	F.	M.	F.	
1958	2	6	—	—	14	7	29
1959	2	—	—	—	20	5	27
1960	—	—	—	—	20	7	27
1961	1	1	—	—	31	20	53
1962	1	—	—	—	24	15	40
1963	—	2	—	—	22	12	36
1964	1	1	—	—	38	15	55
1965	1	—	—	—	21	12	34
1966	—	—	—	—	24	11	35
1967	3	—	—	—	41	8	52

The following table V.D.3 gives a summary of the services rendered at the treatment centre during the year, showing the areas in which the patients resided.

Table V.D.3.

<i>Name of County, County Borough, etc.</i>	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>	<i>Total</i>
St. Helens.....	3	20	40	63
Lancashire C. C.	—	27	53	80
Others	—	2	14	16
Total	3	49	107	159

Contact Tracing.

During the year the welfare arrangements in connection with the Special Treatment Clinic were carried on as in previous years. The attendant of the Male Clinic and the Department's Welfare Officer of the Care and After-Care Service were responsible for the tracing of contacts and the follow-up of defaulters.

Gonorrhoea in Young People.

Of the 41 males and 8 females who had contracted Gonorrhoea, 1 female and 2 males were between 16 and 17, 7 males were between 18 and 19, 5 males and 6 females were between 20 and 24, and 27 males and 2 females were 25 and over.

X—MATERNITY AND CHILD WELFARE

Care of Mothers and Young Children

NOTIFICATION OF BIRTHS.—Under Section 203 of the Public Health Act, 1936, 1,700 live births and 36 still-births were notified during 1967. The corresponding figures for 1966 were 1,721 live births and 45 still-births.

The total number of live births registered as belonging to St. Helens was 1,744, giving a birth rate of 16.9 per 1,000 of the population for the year 1967. The corresponding rates over the past 5 years were, respectively, 18.3 in 1962, 17.7 in 1963, 17.0 in 1964, 17.6 in 1965, and 17.1 in 1966.

INFANT MORTALITY.—During 1967 the deaths occurred of 41 infants under the age of one year, giving an Infantile Mortality Rate for that year of 23.5 per 1,000 live births. The corresponding rates during the preceding five years were 22.2 in 1962, 26.9 in 1963, 21.2 in 1964, 19.0 in 1965 and 25.9 in 1966. The average for the five years 1963-1967 was 23.0. The Infantile Mortality Rate for England and Wales for 1967 was 18.3 per 1,000 births.

Table M.C.W. 1 below shows the ages at death and causes of death in these infants. It will be noted that 24 of the infants died before the age of one month (the neo-natal period), 6 died between 1 and 3 months, 7 died between 3 and 6 months, 2 died between 6 and 9 months and 2 died between 9 and 12 months.

Again by far the greater number of deaths, therefore, occurred within the first three months. The following tables present a statistical review of the deaths with remarks on the apparent causal factors.

Table M.C.W.1

Ages at which death occurred	Causes of Death						Total
	Congenital	Prematurity	Pneumonia	Other Infection	Accidents	Other Causes	
Birth to 24 hours	4	10	—	—	1	—	15
1 day to 7 days	2	5	—	—	—	2	9
8 days to 1 month	—	—	—	—	—	—	—
1 month to 3 months	1	—	5	—	—	—	6
3 months to 6 months	1	—	6	—	—	—	7
6 months to 9 months	1	—	1	—	—	—	2
9 months to 12 months	—	—	2	—	—	—	2
ALL AGES	9	15	14	—	1	2	41

Infant Mortality.

The infantile mortality rate at 23.5 per 1,000 live births was still a comparatively high figure although reduced from the previous year when the figure was 25.9. Comment was made last year on the boosting of this figure of the abnormal series of infant deaths in December 1966, due to fulminating broncho-pneumonia. The occurrence of these cases was carried over into the early months of 1967, and during the entire year, intermittent cases occurred so that by the end of the year $\frac{1}{3}$ of all infant deaths were due to acute respiratory diseases. Enquiries at the local hospitals elicited the fact that this type of pneumonia was swift in onset, intense in the severity of its infection, and unless hospital treatment was commenced early, invariably fatal.

The following Table M.C.W.2 shows the time of the year at which the various deaths occurred.

Table M.C.W.2.

Month when death occurred of children under one year.

Month during 1967 when death occurred	Causes of Death						Total
	Congenital	Prematurity	Pneumonia	Infection	Accidents	Other Causes	
January	—	—	3	—	—	—	3
February.....	—	—	2	—	—	—	2
March	1	—	2	—	—	—	3
April	—	1	—	—	—	—	1
May.....	2	3	—	—	1	—	6
June.....	—	1	1	—	—	—	2
July	1	1	—	—	—	1	3
August	—	4	—	—	—	—	4
September	—	1	1	—	—	—	2
October	—	3	2	—	—	—	5
November	3	—	1	—	—	1	5
December	2	1	2	—	—	—	5
TOTAL	9	15	14	—	1	2	41

The 21 deaths of premature infants were specially investigated. 15 of these deaths were directly attributable to prematurity. Table M.C.W.3 shows the birth weights of these infants, the periods of pregnancy at which these premature births occurred and the causes of the prematurity. (An infant of 5½lb. or less at birth is classed as a premature birth for the purpose of the following table.)

Table M.C.W. 3
Analysis of Deaths of Premature Infants

(a) Weights at Birth of Premature Infants

Less than 2 lb. 3 oz.	11
2 lb. 3 oz. to 3 lb. 4 oz.	3
3 lb. 4 oz. to 4 lb. 6 oz.	3
4 lb. 6 oz. to 4 lb. 15 oz.	1
4 lb. 15 oz. to 5 lb. 8 oz.	3
Total	21

(b) Periods of pregnancy at which premature births occurred (i.e. 5½ lb. or less at birth)

Period of pregnancy:

24 weeks	1
26 weeks	1
28 weeks	6
29 weeks	3
30 weeks	1
31 weeks	1
32 weeks	2
33 weeks	2
38 weeks	2
39 weeks	1
40 weeks	1
Total	21

(c) Causes of Prematurity

Twin Pregnancy	4
Anti-partum Haemorrhage	5
Toxaemia in Mother	4
Multiple Derformities	1
Placental Insufficiency	3
Maternal Pyelitis	1
No apparent cause	3
	21

STILL-BIRTHS.—The number of still-births registered as belonging to the Borough was 36. All still-births were investigated, and the causes of intra-uterine deaths were attributable to the following conditions:

Multiple Congenital Deformities	2
Anencephalic	3
Spina Bifida	1
Ante-partum Haemorrhage	4
Premature separation of Placenta	3
Prematurity	3
Maternal Anaemia	1
Hydrocephalus	3
Cord around Neck	2
Toxaemia of Pregnancy	6
Placenta Praevia	1
Haemolytic Disease	2
No apparent cause	6
	<hr/>
	37
	<hr/>

Congenital Abnormalities.—Congenital abnormalities noted in children born within the Borough are notified to the Registrar General and to Alder Hey Hospital where a congenital abnormality inquiry is being conducted by the Department of Child Health. During 1967 a total of 58 abnormalities were noted in a total of 45 live and still-births.

Eight infants with congenital malformations were born at home and these were notified to Alder Hey Hospital.

The remaining 50 St. Helens infants (of whom 10 were still-births) with congenital malformations were either born at Cowley Hill Maternity Hospital or Whiston Hospital and were notified to Alder Hey Hospital by the respective hospitals.

58 congenital malformations (48 in live births and 10 in still-births) occurred in St. Helens infants, and these were notified to the Ministry monthly by the Medical Officer of Health. The following tables give particulars of the site of the malformations and the months of birth throughout the year.

CAUSES OF CONGENITAL MALFORMATIONS

	Home	Cowley Hill Hospital	Whiston Hospital	Total	No. of these which were stillborn
C.N.S.	1	11	7	19	10
Alimentary System	1	2	—	3	—
Heart and Great Vessels	—	3	—	3	—
Urogenital System	1	2	—	3	—
Limbs	5	11	5	21	—
Other Malformations	—	4	—	4	—
Other Systems	—	5	—	5	—
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	8	38	12	58	10

MONTHS OF BIRTH OF BABIES WITH CONGENITAL MALFORMATIONS

	Home	Cowley Hill Hospital	Whiston Hospital	Total	Died as a result of Malformation	Stillborn
January	—	1	2	3	1	2
February	1	4	1	6	1	3
March	2	1	—	3	1	—
April	—	1	1	2	—	1
May	—	2	1	3	1	1
June	1	3	—	4	—	1
July	—	4	—	4	1	1
August	2	1	—	3	—	—
September	—	1	—	1	—	—
October	—	2	1	3	1	1
November	1	6	—	7	3	—
December	1	3	2	6	2	—
	8	29	8	45	11	10

	Births	Malformations
Babies born with one malformation	37	37
Babies born with two malformations	5	10
Babies born with three malformations	2	6
Babies born with five malformations	1	5
	45	58

MATERNAL DEATHS.

During 1967 two maternal deaths were attributed to St. Helens by the Registrar General. The maternal mortality rate for the year was, therefore, 1.1 per 1,000 live and still births, which contrasts very unfavourably with the figure of 0.20 for England and Wales. In fact, however, one of these deaths, which was due to criminal abortion, had occurred in a town other than St. Helens during the year 1966. A detailed investigation was carried out into the other case and it would appear that although this death was classified technically by the Registrar General as a maternal death, the findings of the investigation seem to indicate that the death itself was due to other causes and was only incidentally associated with the pregnancy.

INFECTIOUS DISEASES IN MOTHERS AND CHILDREN

Puerperal Pyrexia.—One case of Puerperal Pyrexia was notified during 1967. This case occurred on the district and the patient was found to be suffering from a Urinary Infection and was treated at home.

Pemphigus.—No case was reported during the year.

Ophthalmia Neonatorum.—No case was reported during the year.

Other Infectious Diseases.—The following Table, M.C.W.4., shows the number of cases of notifiable infectious diseases which occurred in children under 5 years of age, and the deaths resulting therefrom.

Table M.C.W.4.

	Under 1 year		1—5 years	
	Cases	Deaths	Cases	Deaths
Scarlet Fever	—	—	22	—
Diphtheria	—	—	—	—
Measles	19	—	291	—
Whooping Cough	5	—	23	—
Ophthalmia Neonatorum	—	—	—	—
Meningococcal Infections	—	—	—	—

CLINIC SERVICES

Child Welfare Clinics.—Clinics for children under 5 years of age are held on 10 sessions weekly at 9 centres.

Under a revision of the 10 year plan a continued allocation was made for a future maternal and infant welfare centre at Blackbrook, but the future of this is now dependent on the modification of this centre required by Ministry of Health circular 7/67 on the provision of Health Centres.

During 1967, construction work proceeded steadily on the new clinic at Irwin Road, Sutton, and by the end of the year, building work had been completed. Orders were placed for equipment, and the clinic was scheduled to open some time in the first quarter of 1968.

An order was placed for an incinerator to be installed at this new clinic so that the Domiciliary Midwives could have better facilities for disposal of placentae and soiled dressings. When the clinic is opened, each Midwife will be issued with a key so that she can enter the premises at any time to use the incinerator.

When it comes into operation, the clinic will replace the old premises at Elizabeth Street, and should provide better and more modern facilities for both patients and staff.

The scheme for the provision of enlarged dental services for expectant and nursing mothers did not operate during the year owing to lack of dental staff. Despite this the provision of dental suites is planned for all new clinics in the town.

Table M.C.W.5. shows attendances at the various Maternity and Child Welfare Clinics.

During the year, routine tests for the detection of phenylketonuria were conducted at Infant Welfare Clinics.

A total of 1,561 tests were conducted in clinics, and in addition a further 1,145 tests were carried out on the district in the homes of the patients. No case was detected as a result of the survey.

Immunisation against diphtheria, whooping cough, tetanus, and poliomyelitis, as well as smallpox vaccination, is carried out at the Child Welfare Clinics and at the special sessions held at the School Clinic in Cloughton Street, and at the outlying district clinics.

During the year, health education activities in the various clinics were augmented by a series of film shows on appropriate subjects, which were shown regularly at the Central and District Clinics.

ANTE-NATAL CLINICS.—At the end of the year, there were 9 ante-natal sessions being held weekly, 3 of which were combined with infant welfare sessions.

Table M.C.W.5.

Attendances at Maternity and Child Welfare Clinics during 1967

Child Welfare Clinics:	
Number who attended and who were born in:	
(i) 1967	1,205
(ii) 1966	1,106
(iii) 1962-1965	1,014
Number of attendances by children	17,047
Ante-natal Clinics:	
Medical Officer's Sessions, including Specialist Ante-natal Clinics:	
Number of expectant mothers who attended	362
Number of attendances by expectant mothers	1,381
Midwives' Sessions (no medical officer being present):	
Number of expectant mothers who attended	508
Number of attendances by expectant mothers	2,182
Post-natal Examinations at Ante-natal Clinics:	
Number of mothers who attended	35
Number of attendances	62
Gynaecological and Post-natal Clinic	
Number of mothers who attended	43
Number of attendances	59

The number of attendances at Child Welfare Clinics has not altered to any appreciable degree from the preceding years.

The attendance figures for the ante-natal clinics have altered substantially and reveal a downward trend. This follows on the opening of the ante-natal department at the local Maternity Hospital. Under the new arrangements, the ante-natal service for the hospital, formerly provided at Local Authority Clinics, should now be provided directly through the medium of the Local Management Committee under the direction of local consultant medical staff.

The number of expectant mothers attending the Medical Officers sessions, including Specialist Clinics, has fallen by half the figure for 1966, while the number of attendances by expectant mothers has dropped to less than half the previous year's total.

There has also been a 50% drop in attendances at post-natal and gynaecological clinics.

An interesting feature which emerges from the above table is the upward trend in the number of expectant mothers who attended the Midwives' sessions where no Medical Officer was present during the course of 1967. This contrast brings into relief a pattern which has been emerging over the past two years, namely that an ever increasing amount of ante-natal work, both for cases going into hospitals and cases being confined at home, is being conducted by General Practitioners at ante-natal sessions in their own surgeries, with visits to the midwife at a Local Authority ante-natal clinic in between times.

As a result of this trend, at the latter part of the year the Department took into consideration one of the recommendations frequently enjoined in Health Departments by the Ministry of Health, namely the attachment of Domiciliary Midwives to ante-natal clinics conducted by the General Practitioners. Plans were drawn up to circularise the medical practitioners in the County Borough early in 1968 to acquaint them with this proposal and invite them to take part in a scheme for Midwife Practice attachment which the Department is looking forward to establishing next year.

In the meantime, the usual practice of vaccinating expectant mothers against poliomyelitis was continued during the year at the Central Immunisation Clinic and also at the district ante-natal clinics.

Expectant mothers have routine blood tests carried out at these clinics. The tests are for blood grouping, Rhesus Factor and Kahan Reaction. During the year, 127 specimens were sent for examination. Of these 96 were Rhesus positive, 26 were Rhesus negative and 5 had Phenotype reactions.

Of the 26 patients who were Rhesus Negative in type, none had Rhesus Antibodies present. The importance of this test lies in the fact that the doctor in charge of the confinement is forewarned that the baby may need an exchange transfusion immediately after birth. Rhesus Negative blood may be obtained from the Regional Blood Transfusion Centre before the confinement, in readiness for either the mother or the baby. 9 of the patients who were Rhesus positive in type had Rhesus antibodies present.

Routine Blood Counts and Haemoglobin estimations are carried out at all ante-natal clinics, the laboratory work in connection with this being conducted by the Pathologist at the St. Helens Hospital.

In addition to the ante-natal clinics, a Specialist Clinic staffed by two specialist obstetricians attached to the Cowley Hill Maternity Hospital, is held fortnightly. Patients are referred for Consultant advice by Medical Officers of the Local Authority staffing the ordinary ante-natal clinics, and the work done has proved to be of great value. During 1967, 75 patients were referred to the Centre for Consultant opinion.

During the year arrangements were made with the visiting consultants to refer cases from our ante-natal clinics for routine 36-week examinations, and so relieve some of the pressure of work at the hospital ante-natal clinics. The expectant mothers benefited in that the time spent waiting to see the consultant was cut down to a minimum, and the specialist had more time at his disposal to devote to each patient.

Midwives' ante-natal sessions at District Clinics were conducted during the year as follows:

<i>Clinic</i>	<i>Patients Attending</i>	<i>No. of Attendances</i>
Albion Street	152	582
Ashtons Green Drive	186	614
Carr Mill	23	152
Elizabeth Street	44	224
Jersey Street	19	114
Lacey Street	84	496

The attendance at these clinics, as has already been noted elsewhere, has, with the exception of the three outlying clinics, shown a tendency to rise during 1967. This upward trend is expected to continue as a result of the changing patterns in the ante-natal services, with the general practitioners playing a more active role.

Arrangements have been operative for many years whereby maternity and child welfare cases from the County districts adjoining St. Helens may attend any of the St. Helens clinics for advice and treatment.

GYNAECOLOGICAL AND POST-NATAL CLINIC.—This clinic is held once a week at the Hardshaw Street Centre and serves the double purpose of investigation of gynaecological conditions associated with pregnancy and as a clinic for post-natal supervision. During 1967, 25 patients visited this clinic for post-natal examinations. Post-natal supervision is, however, also carried out at the Infant Welfare and Ante-Natal Clinics held in the outlying districts. The total number of women who received special post-natal supervision was 78.

The number of gynaecological patients attending this clinic was 18.

As in the case of the ante-natal clinics, the tendency has been for the number of attendances for post-natal supervision to drop by over 50% during the year. The number of gynaecological patients attending the clinic was 18, which also reflects a drop on the previous year's figure of 22. This drop does not, however, follow the same sharp pattern as for the ante-natal and post-natal 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. These patients have been instructed in the use of the occlusive diaphragm. The Contraceptive Pill is not issued from this clinic. Patients who wish to use this method of contraception are referred to the St. Helens Branch of the Family Planning Association.

Relaxation and Mothercraft Classes

A class is held once a week at the Town Hall Clinic. The expectant mothers attend for the last two months of their pregnancy.

The first hour is spent doing breathing and relaxation exercises after which the mothers have a cup of tea. The next hour is spent in either an open discussion with the health visitor in the chair, or in mothercraft instruction by the health visitor. The classes have proved very popular as evidenced by the attendance figures. In 1965, 78 women attended and this number went up to 122 in 1967.

No. of cases advised on contraception and the medical reasons which prompted such advice

Repeated pregnancies causing severe debility	.....	4
Mental ill-health or instability	.....	5
Organic disease (renal)	.....	1
		—
		£10
		—

CERVICAL SMEAR CLINIC.

This clinic is held once a week at Hardshaw Street for the collection of cervical smears for cyto-diagnostic investigation and/or early detection of Cancer of the Cervix.

The campaign to acquaint women with the medical services now available for early detection of cancer of the womb was stepped up. Posters drawing attention to the facilities available, and to the simplicity of the procedure, were put up in all local authority clinics, and explanatory leaflets drawn up by the Merseyside Cancer Education Committee were issued free of charge at the clinics to women in the 25-35 year age group.

The equipment at the cytology clinic was improved by the purchase of a "Lithotomy chair" which goes a long way to assist in the comfort of the patient. The lighting was enhanced by the installation of a moveable, trolley-mounted anglepoise lamp with a special light diffuser to provide uniform illumination of the operative field. This helps the operator to cut down the time of the procedure, and so reduces any discomfort to the patient to an absolute minimum.

The attendance figures for 1967 at first appear disappointing, as they show a drop in the numbers from the previous year. It should be borne in mind, however, that during the course of this year some general practitioners provided their own cytology services with the result that the patients had a choice of venue.

In 1967, a policy was adopted of reporting to the general practitioner each case where any abnormality was detected on macroscopical examination of the cervix, as well as cases that were reported as suspicious by the laboratory.

A total of 285 women availed themselves of the opportunities at the weekly sessions.

Total No. attended	.....	285
Total No. of smears taken	.....	297
No. of cases from County	.....	93
No. of cases reported to G.P.		
(any macroscopical abnormality)	.....	75
No. of Repeat Smears (Routine)	.....	—
No. of Repeat Smears (Suspicious)	.....	12 (Negative result)

DISTRIBUTION OF WELFARE FOODS

(a) National Welfare Foods Scheme.

The scheme for the distribution of national welfare foods was continued without alteration during 1967.

Table M.C.W.6.

Receipts and issues of welfare foods for the period 1st January, 1967, to 31st December, 1967.

	National Dried Milk	Orange Juice	Cod Liver Oil	Vitamin Tablets
1. Stocks received from Ministry of Food				
(a) In Hand on 1/1/67	764	1568	448	256
(b) Received during the period	7080	20700	1566	1600
Total	7844	22268	2014	1856
2. Disposal of Stocks:				
(a) Issued against coupons—				
(i) paid for by postage stamps	—	—	—	—
(ii) paid for by cash	3779	18969	1598	1462
(iii) free	802	197	56	19
(b) Issued at full fee	2429	—	—	—
Issues to public	7010	19166	1654	1481
(c) Other Issues	2	252	—	—
Total Issues	7012	19418	1654	1481
3. Returned to Ministry of Food, Damaged, etc.	6	22	2	—
4. Stocks in Hand 31/12/67	826	2828	358	375

The issues of welfare foods from the various distribution centres during the period 1st January, 1967, to 31st December, 1967, are shown in Table M.C.W.7. Receipts during this period amounted to £2,465. 16s. 2d.

TABLE M.C.W.7.

Issues of Welfare Foods to the public from the various Distribution Centres 1967.

<i>Distribution Centre</i>	<i>National Dried Milk</i>	<i>Orange Juice</i>	<i>Cod Liver Oil</i>	<i>Vitamin Tablets</i>
Welfare Foods Centre	4582	9729	749	1056
Albion Street Clinic	787	2521	227	76
Blackbrook Clinic	176	531	40	15
Elizabeth Street Clinic	412	1269	103	37
Hardshaw Street Clinic	38	885	64	109
Carr Mill Clinic	52	827	89	25
Jersey Street Clinic	198	827	96	36
Lacey Street Clinic	453	1467	141	36
Nunn Street Clinic	83	268	25	2
Ashtons Green Drive Clinic	229	842	120	89
Grand Total	7010	19166	1654	1481

(b) **Other Welfare Foods.** The issue of proprietary brands of dried milk through the Council's scheme for mothers and infants was limited to special cases for whom the National Dried Milk was not altogether satisfactory. During 1967, approximately 16,364 lb. of dried milk were distributed through the Council's Scheme.

DENTAL TREATMENT

Table M.C.W.8.

(a) Numbers provided with Dental Care.

	Examined	Commenced treatment	Completed treatment
Expectant and Nursing Mothers	25	21	18
Children under five	213	193	193

(b) Forms of Dental Treatment Provided:

	Scalings & Gum Treatment	Fillings	Crowns or Inlays	Extractions	General Anaesthetics	Upper or Lower Dentures Provided		Radio-graphs
						Full	Partial	
Expectant and Nursing Mothers	2	38	—	43	11	7	3	2
Children under 5	—	4	—	340	193	—	—	2

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 Physio-therapist.

During 1967, 161 infant welfare cases were dealt with at the Orthopaedic Clinic.

DAY NURSERY

The demand for Day Nursery places in the Town is still an increasing one. Undoubtedly the recruitment of married women to the professions and to industry, even on a part-time basis, has resulted in a rise in the number of enquiries made for the placement of young children for daily care. At the moment the Department simply cannot meet the demand for these places and there is always the fear that recourse may be made by mothers who are anxious to go out to work to employ unauthorised and unregistered child minders to help solve their difficulties. The present site of the Day Nursery is unsuitable for expansion and development and consequently in the 10 year revision plan an allocation was made for the future provision of a day nursery at the earliest possible moment. The main difficulty is the question of siting. It is obvious that for the special purpose of a Day Nursery this site should be central and near to public transport.

During the course of 1967, the premises were completely decorated internally, and an automatic washing machine was purchased to improve the laundry facilities at the nursery.

During 1967, absences from the Day Nursery were reported as follows:

Influenza	25 cases
Chicken Pox	43 „
Enteritis	15 „
Tonsillitis	8 „
Gastritis	2 „
German Measles	2 „
Bronchitis	2 „
Conjunctivitis	1 „
Thrush	1 „
Glandular Fever	1 „
Scabies	1 „
Otitis Media	1 „

Particulars of attendances &c. at the Hall Street Day Nursery during 1967 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
30	27	23.4

PLAY CENTRES.

The comments made above on the necessity for Day Nursery provision have underlined the outstanding need in the town for the daily care of young children. Fortunately for the town, a solution has been partly made by the voluntary action of groups of mothers who have formed Play Centres in various districts of the town. During 1967, seven such Centres were registered with the Local Authority, who provide help, advice and supervision through the medium of the District Health Visitor.

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 5 lbs. 8 ozs. or less 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 carry cots fitted with special lining, mattress and bedding, a Belcroy feeding bottle, room thermometers and hot water bottles are available, and have proved of value.

During 1967, 12 premature and/or immature babies were born at home and a further 132 were born in hospital. Particulars of these cases are given in Table M.C.W.9.

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 Ambulance Service is equipped with a portable incubator which is used for the transport of premature infants to hospitals and has also proved very useful in the work of inter-hospital transfers. Many of these infants are now admitted to Alder Hey Hospital in Liverpool as transfers from Cowley Hill Hospital. The incubator is, by agreement with the Hospital Authorities, kept at Cowley Hill Hospital and when a request for its use should arise, the incubator is plugged in and electrically heated to the required temperature before being plugged into the electrical system in the Ambulance where the temperature is maintained during transport.

THE CARE OF UNMARRIED MOTHERS.—As in previous years, special consideration was given to the care of the unmarried mother and her child, and arrangements were made for admission of cases to St. Monica's Home, Liverpool, and the Mater Dei Home, Blundellsands, and to other appropriate homes. 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 1967, 67 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:—

Cowley Hill Maternity Hospital	.....	27
Whiston Hospital, Prescot	.....	21
Parents' homes	.....	3
Diocesan or other Voluntary Homes	.....	13
Other Hospitals	.....	3
	Total	67

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 the parental home, and in many cases these efforts were successful,

Table M.C.W.9.

PREMATURE LIVE BIRTHS												
WEIGHT AT BIRTH	Born in Hospital				Born at home or in a nursing home				Transferred to hospital on or before 28th day			
	Total births	Died			Total births	Died			Total births	Died		
		Within 24 hours of birth	In 1 and 7 days	In 7 and 28 days		Within 24 hours of birth	In 1 and 7 days	In 7 and 28 days		Within 24 hours of birth	In 1 and 7 days	In 7 and 28 days
2 lb. 3 oz. or less	12	11	1	—	—	—	—	—	—	—	—	—
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	7	2	1	—	—	—	—	—	1	—	—	—
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	33	2	1	—	—	—	—	—	1	—	—	—
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	25	1	—	—	4	—	—	—	3	—	—	—
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	55	1	1	—	8	—	—	—	2	—	—	—
Totals	132	17	4	—	12	—	—	—	7	—	—	—

HOSPITAL ACCOMMODATION.—The Cowley Hill Maternity Hospital, administered by the St. Helens and District Hospital Management Committee, is the only Maternity Hospital in St. Helens and has a complement of 50 beds.

Comment should be made here on the marked increase in early discharges from Maternity Hospitals. The following figures give some indication of the sudden change in the tempo and pattern of this work since 1965:

<i>Year</i>	<i>No. of women discharged early</i>
1959	50
1960	47
1961	38
1962	46
1963	152
1964	228
1965	244
1966	933
1967	1,139

There is no doubt that amongst the general public the demand seems to be for hospital confinement as opposed to confinement in the home. It is only too well known that the number of maternity beds in the area, and indeed in most areas in the country, cannot cope with this demand, and the only solution is to discharge the mother as early as possible in order to make way for new admissions.

I must place myself on record as being wholly opposed to this procedure. The result has been to place the hospital staffs under an increasing strain which has resulted in depleted hospital nursing resources. Here we have a state of circumstances where more and more work is being done by less and less staff, a situation which, of course, is entirely wrong.

The Local Authority, of course, has no option but to face this added work in the domiciliary sphere, but fortunately during the year the staff situation permitted this to be undertaken without undue strain. At times it was found possible to use the services of retired midwives in a part-time capacity and do this type of maternity nursing during the lying-in period.

During 1967, 1,401 births (962 being St. Helens cases), took place in the Cowley Hill Maternity Hospital, 391 St. Helens births in the Whiston Hospital, Prescot, and 33 St. Helens births occurred in other hospitals.

XI.—MIDWIFERY SERVICE.

MUNICIPAL MIDWIFERY SERVICE.—The staff establishment of the Municipal Midwifery Service is fifteen District Midwives and one Non-Medical Supervisor of Midwives. At the end of the year there was a staff deficiency of 2 District Midwives.

During 1967, 1 full-time midwife attended a Refresher Course.

The midwives work from their own homes, and as far as their nursing duties are concerned, they are grouped in districts. During 1967, a new rota system was brought into being, enabling midwives to have a more regular duty time table. This has proved very satisfactory to the staff and has worked out very well in practice.

As a result of the new system midwives are called out to attend deliveries by rotation and they do not stay in their own districts, but are called out to any part of the town. The new rota has brought about an improvement in the service because on any one night two midwives are available on call for deliveries.

All calls for the services of a domiciliary midwife in St. Helens are taken by the Ambulance Depot, who contact the midwife on call immediately a request is made to them by any member of the public.

The Domiciliary Midwifery Service made increasing use of disposable equipment during the year, and co-operation cards for the interchange of ante-natal information between the midwives and general practitioners continued during 1967.

Meetings of midwives for films and discussions were held regularly during the year.

The following table gives a summary of the work done by the staff of the Municipal Midwifery Service during 1967.

Number of cases attended	347
Number of live births	345
Number of still-births	3
Number of abortions	—
Number of cases delivered in Hospitals but discharged and attended by Domiciliary Midwives before the 10th day	1,139
Number of cases in which midwife sent for medical assistance	91
Supervisor's visits	453

The domiciliary midwives are all trained in the use of Gas and Air Analgesia, Trilene Anaesthesia and the use of Pethidine and other drugs. There are twelve Trilene apparatus in the Midwifery Service, and each midwife has one apparatus.

During the year Trilene was administered to 291 patients, Gas and Air Analgesia to 7 patients, and Pethidine to 202 patients.

During 1967, by arrangement with the Local Management Committee, 5 pupil midwives were trained by domiciliary midwives.

During 1967 all midwives were issued with Blease-Sampson resuscitation equipment for the new born. During the course of the year also, two M.R.C. Haemoglobinometers were purchased for the estimation of patients' haemoglobin at the clinics. One of the haemoglobinometers is available at the Supervisor's office for use at any time by the midwives, and the other is kept at Hardshaw Street Centre, where it is available for use by medical officers and midwives.

As will be seen from the following Table, the number of early discharges from hospitals rose markedly during the year. This, of course, led to a greatly increased demand for domiciliary maternity nursing, and as far as possible an attempt was made to carry out this work by the use of part-time staff recruited from the ranks of married midwives who had retired from whole-time practice. The demand for the service, however, soon outstripped the capacity of available part-time staff, and quite a considerable amount of the domiciliary maternity nursing was carried out by whole-time staff. In fact, the number of cases dealt with was quadrupled during 1967.

Early Discharges from Hospital, 1967

1967	Whiston Hospital	Cowley Hill Hospital	Others	Total No. of Patients Discharged Early	No. of Visits
January	24	60	2	86	338
February	19	69	3	91	387
March	23	78	2	103	411
April	22	70	1	93	312
May	27	76	1	104	338
June	26	70	1	97	314
July	25	65	2	92	297
August	31	59	1	91	309
September	22	55	—	77	249
October	26	90	1	117	401
November	19	64	2	85	302
December	29	70	4	103	393
	293	826	20	1139	4051

INSPECTION OF MIDWIVES.—During 1967, 36 midwives notified their intention to practise within the Borough. At the end of the year, 31 of these midwives were still practising within the Borough, and of these 15 were employed by the Local Health Authority, and 16 were engaged at the Cowley Hill Maternity Hospital.

The supervision and inspection of midwives is carried out by Medical Officers and by the Non-Medical Supervisor of Midwives. During 1967, 91 visits were made to the Council's midwives by the Supervisor.

XII.—HEALTH VISITING

The duties of the Health Visitors include the general health welfare of the family as a whole, as well as the specialised duties connected with the School Health Services and the Care of Mothers and Young Children. This means that time is 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 under review 1 student qualified as a Health Visitor and was taken on the establishment. This, however, barely balanced the loss due to transfers and resignations from the staff, and at the end of the year we were still below establishment.

There were six resignations of Health Visitors from the staff during the year with no balancing recruitment except from pupil training. At the end of the year the staff of whole-time Health Visitors had been reduced from an establishment of 1 Supervisor and 21 Health Visitors to the existing complement of 1 Supervisor and 10 whole-time Health Visitors.

There is no doubt that the picture presented by the above figures represents a serious state of affairs. The competition as between Local Health Authorities for the recruitment of Health Visiting staff has led, in some instances, to the offering of what might be called concealed benefits in the nature of special housing provision and certain other benefits in order to attract candidates. With this in mind, a staff report was presented during the year to the Health Authority urging that car allowances payable to Health Visitors should be placed on an essential user basis, and that the housing clause should be inserted in advertisements in order that the St. Helens Authority should not fall behind the standard of advertisements adopted by other Health Authorities. The Committee agreed to this. At the same time, a follow-up campaign was conducted and ex-members of the staff, now married, but still residing in the district, were approached with a view to their giving part-time service to the Authority. This proved quite successful, and by the end of the year three or four ex-members of the staff had agreed to come back on a sessional basis in so far as their domestic duties would permit. At the same time, a scheme for the strengthening of the School Health Service by the appointment of S.R.N.'s as School Nurses was approved. This will have the effect of freeing trained Health Visitors for the very important work of Health Education on the district and in the homes.

The gradual mobilisation of the staff through the medium of payment of car allowances has proved extremely helpful, but it is considered that the establishment of an assisted car purchase scheme for the staff is long overdue.

Special attention was given during the year to health education of the mothers and relaxation sessions were being well attended at the clinics.

No system of attachment of Health Visitors to General Practices in St. Helens has been introduced, but there is excellent co-operation between the General Practitioners and the Health Visiting Service, and Health Visitors' records are always available to General Practitioners.

The following statement shows the cases visited by Health Visitors during the year:

To children born in 1967	1,634
To children born in 1966	1,655
To children born in 1962-1965	5,565
To persons aged 65 or over	347
To mentally disordered persons	12
To other persons excluding Maternity cases discharged from Hospital	45
No. of tuberculous households visited	126
No. of households visited on account of other infectious diseases	650
Other cases	202
Total	10,236

XIII.—HOME NURSING SERVICE

ST. HELENS DISTRICT NURSING ASSOCIATION

During 1967, as in former years, the duties, under Section 25 of the National Health Service Act, for the provision of Home Nursing Services by the Local Health Authority were carried out by the St. Helens District Nursing Association acting as their agent. The Health Authority is fully represented on the Executive Committee of the Association, and there is close administrative contact between the Medical Officer of Health, who is a member of the Committee, and the Superintendent of the Nurses.

The Association, however, still retains its vigorous and independent existence and much time is given by the voluntary members of the Committee to the work of the Association.

Meetings of the Executive Committee are held regularly once a month, and there is interim supervisory work through the medium of a House Subcommittee which deals with the day-to-day administration of the District Nurses Home and the nursing service.

During the year under review there was a diminution in the number of cases attended, namely 1,937 as against 2,119 in 1966. The total number of visits paid to cases during the year was also decreased, 61,662 visits being paid in 1967 as against 72,387 in the previous year. This drop in the number of cases on the register is a continuation of a trend which commenced in 1963, but the total volume of work accomplished during the year still remained high and within the competence of available staff. The main decrease seemed to be in the category of medical cases visited.

It should be noted that in one category, namely persons aged 65 years and over, there was little change in the number of visits paid as compared with the previous years. This, of course, is a pattern which is operating throughout the auxiliary, medical and welfare services of the town where the demand for domiciliary care on the part of aged persons tends to increase year by year. Much excellent and necessary work is done by the Association in this sphere, and the services rendered in this manner to aged and frail persons suffering from minor but crippling medical maladies is invaluable.

At the Annual General Meeting during the year, the Association were extremely fortunate to have as their guest speaker, Dr. C. A. Boucher, O.B.E., Senior Medical Officer in the Ministry of Health. In his talk, Dr. Boucher laid much stress on the need for work in the care of the aged, and members of the Committee and their guests were much stimulated and encouraged by the tributes he paid to the work of the Association and the value which he laid on their contribution to the domiciliary care of aged handicapped persons.

The staff situation still remained below establishment and we seem to have reached a local limit to the sources of trained Queen's Nurses personnel. St. Helens has, however, adopted for some years past, a policy of recruitment of State Enrolled Nurses who are seconded for a period of approved District Nurse Training and who work under the guidance and supervision of State Registered Nurses.

As from next year, of course, the former training scheme conducted by the Queen's District Nursing Association will cease, and our local students will, in future, be seconded to the Training School of the Liverpool Health Authority for their training in home nursing and district work. It is possible that the new schedule of training might attract more local candidates and improve the staff situation in years to come. In the meantime, we must express our thanks to the present staff for their tireless devotion to duty which sometimes must be a considerable strain.

Once again we take the opportunity of paying tribute to the voluntary members of the Committee who give so much of their time to the day-to-day supervision of the Association and its work. The relationship between these voluntary members and the nominated members of the Health Authority are close and friendly, and their resultant efforts, together with the excellent work of the nursing staff, provide a service for the town which is an invaluable link in the network of domiciliary services, and particularly for the care of the sick and aged in the community.

The staff establishment at the end of the year was as follows:—

1 Superintendent

1 Assistant Superintendent

2 Senior District Nurses

22 District Nurses

**Number of cases attended and visits made
by Home Nurses during 1967.**

<i>Nature of Illness</i>	<i>Cases</i>	<i>Visits</i>
Medical	1,095	53,646
Surgical	210	6,400
Infectious Diseases	8	67
Tuberculosis	6	209
Maternal Complications	104	1,340
Others	—	—
Totals	1,423	61,662

Patients (included in above totals) who were 65 years

or over 636 40,655

XIV.—HOME HELP SERVICE.

The Home Help Service operating in St. Helens provides help in cases of maternity, sickness, convalescence, old age and infirmity, or any emergency in the household due to illness.

At the 31st December, 1967, there were 111 part-time Home Helps working an average 27½ hour week, representing an equivalent of approximately 69 whole-time Helps.

During the year the Home Helps attended 898 cases, 242 of whom were new cases and 656 old cases from previous years. An analysis of the cases dealt with is given below.

Table H.H.1.

Cases attended	No.	Approx. % of Total Cases	Full Time	Part Time	Recovery of Fees		Free
					Full Fee	Part Fee	
Maternity Cases							
Domiciliary Confinements	8	.9	6	2	2	6	—
Ante-natal Cases	3	.32	—	3	3	—	—
Sickness and other Cases							
Chronic Illness	67	7.46	—	67	13	18	36
Acute Illness	4	.44	—	4	1	1	2
Tuberculosis.....	2	.22	—	2	—	1	1
Mental Illness	2	.22	—	2	—	1	1
Old Age and Infirmity	773	86.0	—	773	105	113	555
Blind	35	4.0	—	35	—	3	32
Care of Young Children	4	.44	—	4	1	1	2
Total	898	100.0	6	892	125	144	629

Home help service for the 242 new cases during the year was recommended by the following:

Welfare Services (including Pilkington Bros. and W.V.S.)	63
National Assistance Board	24
Health Visitors and Midwives	4
District Nursing Association	3
Hospitals	9
Personal application, neighbours and relatives	123
General Practitioners	11
Society for the Blind	5
Housing Department	—

242

The following statement shows the domiciliary visits paid during the year:—

Number of primary visits to cases	.....	377
Number of return visits to cases	.....	918
Number of visits to Home Helps	.....	146
		<hr/> 1441

The standard fee during the year for Home Help Services, as laid down by the Health Committee, was increased from 5/3d. to 5/6d. per hour on 3rd April, 1967, and from 5/6d. to 5/8d. per hour on 30th October, 1967.

Once again during the year under review, there was a gradual expansion of the work of the service which showed an increase in the number of cases attended from 870 in 1966 to 898 in 1967. This brought in its train an increase in the establishment, and at the 31st December the establishment had been expanded from the equivalent of 63 whole-time Helps to 69.

The outstanding increase in work done was in the category of old aged and infirmity, and the bulk of these cases, and certainly those persons receiving state pensions, were attended free of charge.

HOME HELP SERVICE

With the passage of the years and in accordance with the 10-year plan submitted to the Ministry by the Local Health Authority, the establishment of Home Helps as noted above has been gradually increased to meet the increasing demands, particularly in the category of aged persons. The work done by the Service in maintaining these persons in the community cannot be evaluated on any economic basis, but there is no doubt that the burden on the residential care services of the Regional Hospital Board would be immensely increased were it not for the work carried out in the community care of the aged.

It has long been a source of concern to ensure that adequate care in time and services is given to each individual case, and subject to available staff and the fluctuating demands arising from special occasions such as the winter season or periods of epidemic respiratory disease, it is desirable that at least six hours per week should be allocated to a household with aged persons either living alone or as a married couple. While this is the ideal minimum, it has been found in practice that the average minimum allocation is from four to four and a half hours per week. The logical conclusion is that the strengthening of the staff establishment must continue.

XV.—INCIDENCE OF BLIND AND PARTIALLY SIGHTED PERSONS

Welfare of blind persons in St. Helens is the responsibility of the Welfare Services Committee of the Local Authority. Some of the activities in this sphere are undertaken on their behalf by the St. Helens and District Society for the Welfare of the Blind.

The Medical Officer of Health is responsible for arrangements for certification for registration.

During 1967, 48 completed forms B.D.8 were received by the Medical Officer of Health. Of these 15 related to blind persons and 33 to partially sighted persons.

(a) Registered Blind Persons.

On the 1st January, 1967, there were 264 persons registered as blind in St. Helens. During the year 20 new cases were added to the register (including 3 cases formerly classed as partially sighted persons) and 26 names were removed from the register due to death or transfer out of the Borough. Thus at the end of 1967 there were 258 registered blind persons in St. Helens. The following analysis gives the information as at 31st December, 1967, concerning the number of blind persons of both sexes according to age groups.

<i>Age Distribution</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Age under 1 year	—	—	—
1-10	—	1	1
11-15	2	—	2
16-20	1	1	2
21-29	3	1	4
30-39	7	8	15
40-49	9	8	17
50-59	18	12	30
60-64	8	11	19
65-69	9	11	20
70-79	37	40	77
80-84	15	28	43
85-89	9	10	19
90 and over	1	8	9
	<hr/> 119 <hr/>	<hr/> 139 <hr/>	<hr/> 258 <hr/>

Educational and Occupational Distribution.

The following analysis shows the occupational states of the employed registered blind persons.

<i>Education</i>	<i>Males</i>	<i>Females</i>	<i>Education Total</i>
At School	2	—	2
Not at School	—	1	1
	<hr/> 2 <hr/>	<hr/> 1 <hr/>	<hr/> 3 <hr/>

<i>Employment—Workshops</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Aged 16-20	—	—	—
21-39	3	—	3
40-49	1	1	2
50-59	5	1	6
60-64	—	—	—
65 and over	—	—	—
	<hr/> 9 <hr/>	<hr/> 2 <hr/>	<hr/> 11 <hr/>

<i>Employment—elsewhere</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Age 16-20	—	—	—
21-39	3	1	4
40-49	2	—	2
50-59	2	—	2
60-64	—	—	—
	<hr/> 7 <hr/>	<hr/> 1 <hr/>	<hr/> 8 <hr/>

Thus 19 were employed during the year (16 males and 3 females).

The following table indicates the different types of occupation of the 19 registered blind employed persons noted above.

<i>Occupation</i>	<i>Place of Employment</i>			<i>Total</i>
	<i>Workshops</i>	<i>House</i>	<i>Elsewhere</i>	
Basket Workers	3	—	—	3
Mat Makers	1	—	—	1
Brush Makers	3	—	—	3
Viewers, Inspectors, Testers	1	—	—	1
Labourers	1	—	1	2
Machine Knitters	2	—	—	2
Telephone Operators	—	—	1	1
Typists	—	—	2	2
Machine Tool Operators	—	—	4	4
Miscellaneous Workers	—	—	—	—
	<hr/> 11 <hr/>	<hr/> — <hr/>	<hr/> 8 <hr/>	<hr/> 19 <hr/>

The following table indicates the position of the remaining 236 unemployed Registered Blind persons with respect to training and capability for employment.

<i>Classification</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Under Training	—	1	1
Unemployed but capable of and available for work—			
Already trained	5	—	5
Subject to being trained	2	—	2
Without training	—	—	—
Not available for work	10	25	35
Not capable of work	13	12	25
Not working (all over 65 years of age)	71	97	168
	<hr/> 101	<hr/> 135	<hr/> 236

48 of the persons registered as blind also suffered additional disabilities as indicated in the table below:

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Mentally ill	1	1	2
Mentally sub-normal	3	—	3
Physically defective	7	12	19
Deaf without speech	—	—	—
Deaf with speech	1	2	3
Hard of hearing	8	13	21
Physically defective and Deaf or Partially Deaf	—	—	—
	<hr/> 20	<hr/> 28	<hr/> 48

Of the 20 persons maintained in homes, 8 are in homes for the blind, 6 in other homes provided under Part III of the National Assistance Act, 1948, 2 in hospitals for mentally ill, 1 in hospital for mentally sub-normal, 3 in other hospitals.

(b) Registered Partially Sighted Persons.

During the year 33 completed B.D.8 forms were received by the Medical Officer of Health in respect of partially sighted persons.

On the 1st January, 1967, there were 85 persons registered as Partially Sighted. 21 new cases were admitted to the register during the year. 6 names were removed from the register (3 deaths, 3 transferred to register of blindness). Thus at the 31st December, 1967, there were 100 persons registered as partially sighted within the Borough.

The following analysis gives the information concerning these persons by age groups:

<i>Age distribution</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Age 2-4	—	1	1
5-15	3	1	4
16-20	1	—	1
21-49	15	9	24
50-64	4	3	7
65 and over	18	45	63
	<hr/> 41	<hr/> 59	<hr/> 100

Educational and Occupational Distribution.

The following analysis shows the different states of occupation of the 100 partially sighted persons:

(a) Persons over 16 years of age	<i>Males</i>	<i>Females</i>	<i>Total</i>
(i) Available for work	5	2	7
(ii) Not available for or not capable of work	5	16	21
(iii) Employed	5	2	7
(iv) Undergoing training	—	—	—
(v) Requiring observation only	23	37	60
	<hr/> 38	<hr/> 57	<hr/> 95

(b) Persons under 16 years of age	<i>Males</i>	<i>Females</i>	<i>Total</i>
(i) Attending Special School	3	1	4
(ii) Attending other School	—	—	—
(iii) Not at School	—	—	—
(iv) Ineducable	—	—	—
(v) Age 2-4	—	1	1
	<hr/> 3	<hr/> 2	<hr/> 5

Particulars of Cases Examined

SOURCE OF NOTIFICATION

Of the 32 persons for whom new Certificates B.D.8 were issued, ascertainment of these cases was as follows:

	Blind	Partially Sighted	Sighted	Un-classified
Welfare Staffs (including Home Teachers for the Blind)	1	1	—	—
Own General Practitioner	—	1	—	—
Personal Request	1	—	—	—
Ministry of Social Security	2	3	—	—
Other Lay Source	6	13	—	—
Hospitals	—	—	—	—
Other Medical Source	2	2	—	—
Mental Health Department	—	—	—	—
Total	12	20	—	—

The following table shows the analysis of completed forms B.D.8 received by the Medical Officer of Health during 1967, in respect of Blind and Partially Sighted persons:

(i) Number of cases registered or re-examined during the year in respect of which para 7(c) of Forms B.D.8 recommends:	Cause of Disability							
	Cataract		Glaucoma		Retrolental Fibroplasia		Others	
	M	F	M	F	M	F	M	F
BLIND								
(a) No treatment	—	2	—	—	—	—	2	3
(b) Treatment (medical, surgical or optical)	3	1	2	—	—	—	2	—
PARTIALLY SIGHTED								
(a) No treatment	1	—	—	—	—	—	2	3
(b) Treatment (medical, surgical or optical)	3	12	1	2	—	—	1	8
(ii) Number of cases under (i) above which on follow-up action have received treatment:								
(a) Blind cases	2	—	2	—	—	—	1	—
(b) Partially sighted cases	3	7	1	1	—	—	1	7

Acknowledgment is made to Mr. A. S. Underhill, Chief Welfare Officer for the information contained in the above Section.

XVI.—GENERAL PROVISION BY THE HEALTH AND WELFARE SERVICES FOR THE CARE OF HANDICAPPED PERSONS INCLUDING EPILEPTIC AND SPASTIC PERSONS

The welfare provision for the care of handicapped persons, including epileptics and spastics, is undertaken by the Welfare Services Committee of the Council in accordance with the Scheme approved by the Ministry of Health on 24th May, 1954.

At the end of 1966 there were 447 persons substantially and permanently handicapped on the register. Twenty-nine new registrations were effected during the year, 13 deaths occurred and 2 removals outside the Borough, making the resultant total of 461 at the end of December, 1967.

HANDICAPPED PERSONS

(a) Classification in relation to defect.

Details of the numbers and classification of known handicapped persons in St. Helens are given below. These are classified under the appropriate Medical Research Council code and the figures shown in parenthesis denote the numbers who suffer from dual disabilities.

Table H.P.1

Details of registered handicapped persons in St. Helens
classified in accordance with disability

DISABILITY	Code	Male	Female	Total
Amputation	A/E	23(2)	6	29
Arthritis and Rheumatism	F	10(2)	20(5)	30
Congenital Malformations and Deformities	G	19	9(2)	28
Diseases of the Digestive and Genito-Urinary Systems; of the Heart or Circulatory System; of the Respiratory System (other than T.B.); and of the skin	H/L	83(7)	16(1)	99
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Also injuries or diseases (other than T.B.) of the upper and lower limbs and of the spine	Q/T	62(10)	19	81
Organic Nervous Diseases— Epilepsy, Disseminated Sclerosis, Polio-myelitis, Hemiplegia, Sciatica, etc.	V	66(5)	41	107
Neuroses, Psychoses and other Nervous and Mental Disorders not included in V	U/W	25	11(2)	36
Tuberculosis (Respiratory)	X	10(1)	3(1)	13
Tuberculosis (Non-Respiratory)	Y	2	1	3
Diseases and Injuries not specified above	Z	28	7(1)	35
Totals		328(27)	133(12)	461

The Welfare Services Department act as a liaison between statutory and voluntary services so that the registered handicapped persons derive maximum benefit. A Social Centre for handicapped persons was opened at the Congregational Hall, Brook Street, on the 18th March, 1957. At the end of 1967 there were 39 handicapped persons on the attendance register and the average weekly attendance was 22

During the year under review the handicapped persons attending the Centre showed a marked preference for social activities.

During the summer the handicapped persons attending the Social Centre were invited to an outing to Blackpool where they had lunch and later had tea at Rivington Barn followed by a social evening. The Christmas party was held this year at Helena House, St. Helens, and as with the outing to Blackpool was organised in conjunction with the aged persons from the Homes in St. Helens. The Welfare Services Committee provided each registered handicapped person who attended the Centre with a Christmas gift. The handicapped persons also attended a Carol Service at Liverpool Cathedral. An average of eighteen of the more severely disabled persons were provided with transport to enable them to attend the Social Centre.

(b) Grouping in relation to employability.

The following table H.P.2 shows the grouping of the handicapped persons in relation to their employability. These are classified by sex in the five recognised employability groups.

Table H.P.2

Age Group	Employability	Code	Male	Female	Total
Persons aged 16 & upwards	Capable of work under ordinary industrial conditions	A	184	30	214
	Incapable of work under ordinary industrial conditions but mobile and capable of work in sheltered workshops	B	67	28	95
	Incapable of work under ordinary industrial conditions and insufficiently mobile for work in sheltered workshops but capable of work at home	C	7	9	16
	Incapable of or not available for work	D	68	66	134
Children under the age of 16 years	Whose needs are likely to be met under other enactments but for whom the L.A. have a general responsibility under S.29 of the National Assistance Act, 1948	E	2	—	2
Totals			328	133	461

Transport.

Motorised tricycles and hand-propelled wheelchairs, together with garages, are provided free of charge by the Ministry of Health. The St. Helens Welfare Services Committee provide the concrete base for the garage and the

Ministry of Health pay £15 towards the cost. Should further adaptations to the site be necessary these can be carried out by the Welfare Department, and it is a matter of regret that the Welfare Committee are under an obligation to make an assessment towards the recovery of the costs incurred. On the occasions when the adaptations are carried out privately by the disabled person he has to meet the entire cost.

Adaptations.

During the year adaptations were carried out at the homes of six handicapped persons to enable them to live more normal lives in their own surroundings. Gadgets can be purchased to assist the handicapped in overcoming their disability. Approval is in all cases required from the handicapped persons General Practitioner.

Wheelchairs.

Wheelchairs are available on loan from the Welfare Services Department for a limited period. No charge is made for this service.

Car Badges for Severely Disabled Drivers.

Application for car badges are received at the Welfare Services Department from disabled persons who suffer from a permanent and substantial disability that causes severe difficulty in walking.

Epileptics.

During the year eleven epileptics were in accommodation provided by the Welfare Authority. Of these, six males and two females were in colonies administered by Voluntary Organisations and two males and one female in accommodation administered by the Local Authority. There were thirty-six known cases of epilepsy registered with the Department. Of these, twenty-six were males and ten females.

Table H.P. 3
Number of Registered Epileptics under
Classification V of Table H.P.1

	Employed	Unemployed	Total
Males	5(1)	21(4)	26
Females	1	9	10
Total	6	30	36

CO-ORDINATION OF THE WELFARE OF AGED PERSONS

Since 1954 the Welfare Services Committee of the Council has operated a Scheme for the Care of the Aged living within the Borough. During the year under review a further 167 elderly persons were registered, 89 deaths were recorded of the registered aged, and 10 aged persons left the district to live with relatives.

On the 31st December, 1967, the department was responsible for the welfare of 1,635 elderly persons. Of these, 221 were in residential care, 188 deaf or hard of hearing, 245 registered blind or partially sighted, 2 were visited by visitors from voluntary organisations and the remaining 979 were visited in their homes by officers of the Welfare Department.

During 1967 the staff of the Welfare Department made 4,667 visits to the elderly, together with 20 visits by voluntary organisations. The elderly blind were visited in hospital by the Home Teachers and the elderly deaf in hospital were visited by the Chaplain for the Deaf.

Residential Accommodation.

During the year 1967, 70 of the elderly persons known to the department became in need of care and attention and were admitted into residential accommodation, 9 having to be placed outside the Borough whilst the remaining 61 were provided with accommodation in local homes. During the year under review 5 aged persons were admitted to the Council's homes for a temporary period to enable their relatives who would normally care for them at home to partake of annual holidays or to enter hospital. There are now 221 persons in Part III Accommodation, all of whom are visited at least once per year by the Welfare Services Visiting Sub-Committee.

The following table indicates the placement of persons in residential accommodation provided in compliance with Section 21 (1) (a) of the National Assistance Act, 1948.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
St. Helens County Borough Council	68	93	161
Other Local Authorities	4	—	4
Voluntary Organisations	30	26	56
	<hr/> 102	<hr/> 119	<hr/> 221

Other Services.

As a result of regular visiting of the aged, many instances came to light, where the needs could only be met by the Ministry of Social Security, nationalised undertakings, various Corporation Departments or Voluntary Organisations. The co-operation of the Welfare Department with all these services is a regular feature of the Scheme and in this manner the varying needs of the aged can be satisfied.

I should like to express appreciation to the General Practitioners who have willingly advised and sought the assistance of the department concerning their patients' welfare, also to the Clergy who have at all times attended to the spiritual needs of the elderly whenever cases have been brought to their attention.

Meals on Wheels.

The Meals on Wheels Service commenced in 1956, and the meals are prepared at the Council's homes and the Town Hall canteen and are delivered over four days per week. During the year under review, Moss Bank Home prepared 3,985 hot meals, Nutgrove Hall Home 3,973 hot meals, Ashtons Green Home 3,898 hot meals and the Town Hall canteen 2,537 hot meals, making a resultant total of 14,393 meals.

Transport is provided from three sources—the Rotary Club of St. Helens distributing from Nutgrove Hall Home, the W.R.V.S. van distributing from Moss Bank Home, and the Town Hall canteen. On those days when the W.R.V.S. van is engaged at the Town Hall canteen, delivery from Moss Bank Home is effected by paid taxi service. Distribution from Ashtons Green Home is also by paid taxi service. The Welfare Services Committee make an annual grant to the W.R.V.S., who organize the service, for reimbursement of transport facilities. The charge per meal to the elderly was increased to 1s. 3d. per meal from the 1st April, 1967, and the traditional Christmas fare was again available without cost to the recipient.

Launderette Service.

The concessionary service available through the Bendix Launderette was continued during the year under review. This entitles pensioners to use the service at off-peak periods at a special reduced rate of 2s. 3d. per 9 lbs. washing load. The service is available once per fortnight on Thursdays and Fridays at each of the Town's launderettes. In the case of housebound elderly persons who cannot attend at the launderettes personally, ladies of the W.R.V.S. collect and deliver laundry and during the year over 1,000 collections were made.

Protection of Property.

Where an elderly person is admitted to hospital and no suitable arrangements can be made by the patients for the protection of the moveable property contained in the house, protection can be undertaken by this department. On the death of an elderly person, where no satisfactory arrangements had otherwise been made, the burial was undertaken by the Committee.

Wheelchairs.

The department has nineteen wheelchairs which are available for use by aged and infirm persons or for loan to relatives who wish to take their parents out during holiday periods. The service is free and all that is asked is that the chairs are maintained in good condition when in use. During the year the chairs have been continually in use.

Pre-paid Postcards.

As each pensioner is registered they are issued with a pre-paid postcard in order to summon assistance before the next visit is due by the visitor. During the year many of the registered persons returned their card to the department for various needs and degrees of urgency.

Acknowledgement is made to Mr. A. S. Underhill, Chief Welfare Officer, for the information contained in the above Section.

XVII.—INSPECTION AND SUPERVISION OF FOOD

Meat and Other Foods. The inspection and supervision of all meat at the Public Abattoir is carried out by qualified meat inspectors.

Table S.I.1.
CARCASSES INSPECTED DURING 1967.

	PUBLIC ABATTOIR					
	Cattle excluding cows	Cows	Calves	Sheep and Lambs	Goats	Pigs
Number killed	3264	1945	6	9150	—	15696
Number inspected	3264	1945	6	9150	—	15696
Condemned:—						
(a) All diseases except Tuberculosis and Cysticerci—						
(i) Whole carcasses condemned	2	3	2	5	—	67
(ii) Carcasses of which some part or organ was condemned	725	889	—	2593	—	7474
(iii) Percentage of number inspected affected with disease other than tuberculosis	22.3%	45.8%	33.3%	28.3%	—	47.6%
(b) Tuberculosis only:—						
(i) Whole carcasses condemned	—	—	—	—	—	—
(ii) Carcasses of which some part or organ was condemned	—	—	—	—	—	19
(iii) Percentage of the number inspected affected with tuberculosis	—	—	—	—	—	0.1%
Cysticercosis:—						
Carcasses of which some part or organ was condemned	—	—	—	—	—	—
Carcasses submitted to treatment by refrigeration	—	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Table S.I.1 gives details of the results of such inspection.

Under the Slaughter of Animals Act, 1958, 13 slaughtermen's licences were renewed for the year ended 31st December, 1967.

In the early part of the year the new Public Abattoir, which had been under construction for some time, was formally opened by the Mayor of the Borough. The following report gives details concerning construction. This scheme has resulted in the provision of one of the most modern Abattoirs, certainly in the North West of England, and offers the very best facilities for the slaughter of animals and their preparation for sale.

PUBLIC ABATTOIR, ST. HELENS

There has been a Public Abattoir in St. Helens controlled by the Public Health Department since 1895 when the premises at present situated at Foundry Street was opened at a cost to the Committee at that time of £7,785. Extensions were carried out in 1901 and there was reconstruction of the Cold Stores in 1924. As a result of this there was early supervision and control of slaughtering in the town, and the facilities of the Abattoir were fully used by the local traders.

With the passage of the years, and especially with experience gained during the 1939-1945 War when slaughtering was concentrated on selected abattoirs, it became apparent that the facilities in our existing premises were becoming outdated. This was further emphasised by the passing of the Slaughterhouses Act, 1958, which introduced legislation governing improved methods of killing and emphasised the importance of the highest standards of hygienic methods in slaughterhouses. This gave impetus to a scheme which had already been considered by the Local Authority for the upgrading of the Abattoir, but it became apparent that without the expenditure of a considerable sum of money which would include the acquiring of land adjoining the Abattoir, the Local Authority could not meet the requirements under the Slaughterhouses Act. Accordingly, the Public Health Committee, after giving consideration to the matter, made application to the Estates Sub-Committee for an alternative site on which an entirely new Abattoir might be erected. The site granted to them was the portion of the canal and adjoining land adjacent to the railway yard on the northern side of Church Street.

The architects appointed for the scheme were Messrs. W. & J. B. Ellis, of St. Helens and Liverpool, who were instructed early in 1961 to proceed with preliminary plans for the purpose of estimating loan sanction for the information of the Ministry. The brief given to the architects was to design an abattoir capable of dealing with the slaughter of 50 cattle and 150 sheep and pigs per day, with provision for possible future expansion if required. The design was to incorporate the most modern equipment and the most advanced methods of slaughtering so that this could be carried out in a humane and yet efficient manner.

The site posed three main problems:

- (1) It was irregular in shape.
- (2) It lay below the general level of the approach from Church Street; and
- (3) It was divided down the middle by the disused St. Helens Canal.

The irregularity of the site was solved by dividing the lairage into two wings—one for cattle, one for pigs and sheep—either of which is capable of being extended at some future date. The low level of the site was overcome by introducing approach ramps at the higher level of Church Street for ingress and allowing egress from the site at the bottom end where Church Street and the site merge at the same level. The canal problem was overcome by draining and filling with fly ash and bridging the filled area by concrete beams supported on piles driven down on to safe bearing strata some 20 ft. below ground level.

The main features of the new abattoir are:—

Whole of floor slab is of reinforced concrete supported on 225 piles, each approximately 20 ft. deep.

The main walls are in blue engineering bricks.

The roof over slaughter hall is spanned by an inverted steel truss with a channel at the apex to carry away any condensation within the main slaughter hall.

High level "Proflit" glazing in the slaughter hall allows adequate daylighting while excluding direct sunlight.

Permanent ventilation is provided by means of louvred aluminium sections.

The hot water and steam used in dressing the carcasses is produced by gas fired boilers.

There is a lairage accommodation for 75 cattle and 225 sheep and pigs.

The slaughter hall has been designed to incorporate the "line method" of slaughtering.

Full facilities are provided for meat inspection and grading. The Public Health Inspector's office is situated off the main cooling hall and has an adjacent laboratory.

A suite of small offices for the use of private traders is situated adjacent to the meat loading exit.

Three chill rooms are located off the cooling hall.

A separate entrance is provided for the slaughtermen who have a mess room with associated toilets and showers.

The General Contractor started work on the site on the 15th March, 1965, and the first kill took place on the 16th February, 1967.

Details of Loan Sanction for the scheme, as approved by the Ministry of Housing and Local Government, are as follows:—

	£
(a) Acquisition of land and site works	37,850
(b) Erection of Buildings	144,359
(c) Equipment	20,920
Total Loan Sanction	£203,129

I am indebted to Mr. W. G. Burrows, M.C.D., B.A.R.C.H., A.R.I.B.A., of Messrs. W. & J. B. Ellis, the Architects to the project, for the technical details in this report.

At the end of the year, 190 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 1967, 6,299 visits were made by Inspectors to shops, stalls and other places where food is prepared or stored.

Merchandise Marks Act, 1926 and Orders.—Infringements of the Merchandise Marks Orders were dealt with by verbal warnings.

Food Hawkers.—Section 47 of the St. Helens Corporation (Electricity and General Powers) Act, 1948, 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.

At the end of the year 94 persons and 90 separate sets of premises were registered under this section.

Food and Drugs Act, 1955.

During 1967, thirty-eight plans of new food premises were examined and recommendations made to the persons submitting them.

The routine inspection of food shops registered under the Offices, Shops and Railway Premises Act, 1963, was continued by the Food Hygiene Inspectors. Emphasis was placed on dangerous machinery and its use by food handlers.

Investigation of a case of food poisoning emanating from a school meals distribution centre was carried out during the year by the Food Hygiene Inspectors. Recommendations on food processing and cleansing of equipment and surfaces were sent to the Director of Education for his urgent attention.

Participation in the National Pesticide Residues in Foodstuffs Sampling Scheme was continued in 1967.

Due to the hospitalisation of the Specialist Housing Inspector in September it was found necessary to second one of the Food Hygiene Inspectors to this work to maintain continuity in slum clearance.

Poultry Inspection

There are no poultry processing plants in the Borough.

Attention is paid to all poultry being retailed at the time of routine visits to food shops.

The following table indicates the position in regard to the provision of washing facilities (Regulation 16) and sinks (Regulation 19) in food premises in the Borough.

Washing Facilities

Type of Premises	Number	No. complying with Reg. 16	No. to which Reg. 19 applies	No. complying with Reg. 19
Grocer/General Shops	377	332	369	329
Sweet Shops	73	68	—	26
Butchers	75	74	75	74
Confectioners	53	49	53	50
Greengrocers and Wet Fish Shops	67	59	67	63
Registered Clubs	67	67	67	67
Licensed Premises	175	170	168	168
Fried Fish Shops	73	73	77	77
Snack Bars and Cafes	43	43	43	43
Industrial Canteens	46	46	46	46
School Canteens	46	46	46	46
Food Preparing Premises	19	19	19	19
Food Warehouses	16	15	16	16
Market Stalls	42	37	36	33
Bakehouses	44	44	44	44

Premises registered under Local Acts.

The following are the particulars of food premises in the Borough registered under local Acts together with the numbers of inspections made in respect of each of these classes of premises:—

	No. of Premises	No. of Inspections
(a) St. Helens Corporation Act, 1933—Section 127—Premises used for the preparation or manufacture of potted, pressed, pickled or preserved meat, fish or other foods	190	954
(b) St. Helens Corporation Act, 1933—Section 133—		
(1) Premises used for the manufacture and sale of ice cream	3	344
(2) Premises used for the sale of ice cream	225	
(c) St. Helens Corporation (Electricity and General Powers) Act, 1948—Section 47. Premises used by hawkers of food as storage accommodation	86	64

Premises registered under Milk and Dairies (General) Regulations, 1959.

Premises used as dairies	9	347
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Disposal of Condemned Food.

Condemned meat and offals from the Public Abattoir are disposed of to a firm of animal foodstuffs and fertilisers manufacturers. This firm has given a guarantee that no raw meat will be sold to pet shops and that adequate steps will be taken for preventing the meat from getting into unauthorised hands. All condemned meat and offals are treated with a suitable colouring agent before release from the Public Abattoir.

Other classes of condemned foodstuffs are dealt with by treatment with disinfectant for the purpose of rendering them unmarketable, and along with canned goods are conveyed to the municipal refuse tip and buried. Strict supervision is maintained.

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

Meat	87,826 lbs.
Canned Goods	6,924 lbs.
Fish	94 lbs.
Vegetables	29 lbs.
Miscellaneous Foodstuffs	630 lbs.
	<hr/>
	95,503 lbs.

MILK AND MILK PRODUCTS

Milk and Dairies (General) Regulations, 1959.

At the end of the year there were registered under these Regulations:

- 9 persons as distributors of milk from dairy premises;
- 264 persons as distributors of milk in sealed bottles only from shops; and
- 9 premises as dairies.

Most of the milk received into dairy premises in St. Helens is delivered to those premises in sealed bottles. The administration of these Regulations does not now, therefore, constitute a serious problem.

347 visits were paid by the Public Health Inspectors to these premises during the year.

Milk (Special Designation) Regulations, 1963.

The Milk (Special Designation) (Amendment) Regulations, 1965.

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

Dealers' Licences authorising the use of the special designation	
“STERILISED”	269
Dealers' Licences authorising the use of the special designation	
“PASTEURISED”	152

Dealers' Licences authorising the use of the special designation
"ULTRA HEAT TREATED"

28

Dealer's (Pasteuriser's) Licence authorising the use of the special
designation "PASTEURISED"

The sole milk pasteurisation plant in the Borough closed down during the year.

Biological Examination of Milk.—In the routine examination of milk supplies 27 samples were examined by guinea-pig inoculation for the presence of tubercle bacilli. All were reported negative. 27 samples were also examined for brucella abortus. All were reported negative.

Bacteriological Examination of Milk.—In addition to the samples of milk taken for examination for tubercle bacilli, 27 samples of untreated milk were also taken for the methylene blue reduction test. The results of these examinations showed that 2 samples failed to satisfy the Methylene Blue Test required by the Regulations.

81 samples of pasteurised milk were also examined for the methylene blue (30 minutes) test. 1 sample failed to satisfy the test.

Examination of Milk for the presence of Phosphatase.—81 samples of milk were also examined during the year for the presence of phosphatase. All the samples passed this test.

Turbidity Test for Sterilised Milk.—During the year 53 samples were submitted for this test. All were reported to be satisfactory.

Colony Count for Ultra Heat Treated Milk.—1 sample was taken for this test. This was reported 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.

A change was made during the year in the type of container used for the supply of milk to schools. The one-third pint bottles were discontinued and waxed paper cartons substituted.

On a number of occasions complaints were received regarding leaking cartons and surface contamination of the packs. Representations were made to the firm concerned with satisfactory results. The cartons in each crate were enclosed in a plastic bag and more attention paid to sealing.

Bacteriological Examination of Cream

In conjunction with the Public Health Laboratory the Methylene Blue Test was applied to 23 samples of cream.

5 samples were reported as unsatisfactory.

Once again the results in regard to samples of cream, indicate that not enough attention is being paid to the bacteriological quality of this food. As the cream in many cases is double pasteurised an unsatisfactory result should be a rarity providing that transportation and distribution are satisfactory. At a time when extensive advertising of cream as a food is being undertaken, the sampling results do not justify this food being priced in the luxury class.

It is obvious that more clarification of the bacteriological condition of cream is required and more sampling of this commodity is necessary.

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	3
Vendors only	204
Premises for manufacture and sale	3
Premises for sale only	225

The 204 vendors mentioned above sell ice cream in wrapped packages only.

38 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.

Results of Ice Cream Sampling

	Grade 1	Grade 2	Grade 3	Grade 4
Producers outside the Borough	10	4	1	
Producers inside the Borough	11	1	2	1
	21	5	3	1

A number of vehicles equipped to sell soft ice cream have commenced trading in the Borough. This type of retailing necessitated the quality of the ice cream being allied to each vehicle due to the freezing of the product in transit and the need for individual sterilisation of the plant before and after use in the vehicle. 4 samples were taken for bacteriological examination and were reported satisfactory.

14 samples of Lolly Ices were taken during the year for bacteriological examination and were reported to be satisfactory.

The comparator test with litmus paper was applied during the year to 14 samples of ice lollies as a check on their pH. value.

All vehicles used for the sale of ice-cream are provided with satisfactory supplies of hot and cold water and suitable washing facilities.

During the year, 264 visits of inspection were made to ice cream premises in St. Helens.

FOOD AND DRUGS.

Food and Drugs Act, 1955.

During 1967, 39 formal samples and 265 informal samples of various foods were submitted to the Public Analyst together with 44 informal samples of proprietary medicines. Of these, 9 (3.4%) samples of foods were reported to be adulterated and 2 (4.5%) proprietary medicines failed to comply with the British Pharmaceutical Standards.

During the year six offenders were officially warned by the Local Authority in respect of various foreign matter being reported in different foodstuffs.

The Public Analyst examined eleven samples of untreated milk for the presence of antibiotics. All were reported negative.

Complaints were received on twenty-three occasions in respect of food. In each case the complaints were fully investigated and appropriate action taken with the persons responsible.

Whilst the routine sampling of certain foodstuffs for pesticidal residues had been carried out for a number of years, in 1966 a national sampling scheme was formulated under which the Local Authority agreed to take seventeen samples. This scheme was carried out in conjunction with Lancashire County Council. 17 samples were required to be taken in 1967 under this scheme and all were found to be satisfactory.

The Condensed Milk Regulations, 1959.

The Dried Milk Regulations, 1965.

No infringements of these Regulations were found during the year.

Preservatives in Food Regulations, 1962.—All samples submitted to the Public Analyst under the Food and Drugs Act, were also examined for the presence of preservatives.

The Liquid Egg (Pasteurisation) Regulations, 1963.

There are no egg pasteurisation plants in the Borough. 1 sample was taken during the year. These regulations would appear to present no great problem locally due to the high number of premises using shell eggs and the rest using British Lion Brand. Imported liquid egg was in use in only one bakehouse during the year.

Fertilizers and Feeding Stuffs Act, 1926.—4 samples of fertilizer were taken under the above Act during the year. All were reported satisfactory.

Pharmacy and Poisons Act, 1933.—At the end of the year there were 35 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 59.

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

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

Bakehouses.—There are 44 bakehouses in St. Helens and mechanical power is employed in 44 instances.

255 visits of inspection to these premises were made during the year

DISEASES OF ANIMALS ACTS.

Tuberculosis Order, 1964.—No cases under this Order were reported during the year.

Anthrax.—No cases of Anthrax were reported.

Swine Fever.—No cases of suspected Swine Fever were reported.

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

Fowl Pest.—No cases of Fowl Pest were reported during the year.

XVIII.—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 Clock Face and Collins Green. The water from the last-mentioned source is subjected to chlorination and high pressure filtration before distribution.

Water

- (1) The construction of a permanent borehole at Randle's Bridge (adjacent to the East Lancashire Road), reported in 1966, has now been completed and the laying of approximately 4,000 yards of 15" diameter water main from the site to the Knowsley Pumping Station, Hewitts Lane, to enable the water to be treated is now in progress. Also extensions are being carried out to the Knowsley Treatment Works to cater for the additional water supply to be received.
- (2) A new Booster Station has been constructed at the Brown Edge Waterworks to replace the old Booster Station and is necessary to provide an adequate water supply to the Prescott Road, Thatto Heath, Sutton Heath and Dorothy Street high areas of St. Helens. This work has been carried out in conjunction with a trunk ring main which was laid and reported in 1966.
- (3) The following new watermains have been laid in the St. Helens area during 1967:

<i>Site Location</i>	<i>Size</i>	<i>Length in Yards</i>
Broadway, Thatto Heath (Council development)	3"	114
	6"	114
Carnegie Crescent (Council development)	2"	20
Ashurst Drive (Council development)	4"	458
Pine Avenue (Council development)	2"	458
Sutton Heath (Council development)	3"	867
	4"	2,020
Bates Crescent (Council development)	4"	16
Chester Lane (Private development)	3"	6
	4"	841
	6"	72
Clock Face Road (Private development)	3"	20
	4"	927
	6"	162
	8"	138
Leopold Grove (Private development)	3"	12
New Street (Private development)	4"	330
Walkers Lane (Private development)	4"	72
Marshall's Cross Road (Private development)	3"	20
	4"	659
	6"	256
	8"	159

	<i>Location</i>	<i>Size</i>	<i>Length in yards</i>
1	Lock Street (Private development)	6"	18
1	Radley Street (Private development)	2"	80
7	Woodlands Road (Private development)	3"	176
		4"	654
1	Chain Lane (Private development)	4"	715
		6"	216
		12"	264
7	Nutgrove Nursery Site (Private development)	3"	284
		4"	268
2	Seddon Road (Private development)	3"	252
		4"	69
		6"	18
8	Brynn Street (Renewal)	3"	153
1	Gaskell Street	4"	24
		6"	12
8	Pocket Nook Street	6"	49
7	Fleet Lane (Diversion of Trunk water main)	12"	94
N	Mona Street	2"	44
N	Merton Bank Road	6"	60
1	Gamble Walk	3"	18
5	Tennyson Street	3"	285
1	Liverpool Road/Water Street (Road Improvement)	2"	51
		6"	45
		8"	94
1	Heath Street	2"	10
1	Walkers Lane	3"	13
1	Windleshaw Road	6"	700
1	Ramford Street (Renewal)	3"	300
		8"	580
3	Warrington Old Road (Renewal)	10"	350

The decision of the Council not to conduct fluoridation of the water supplies remained unaltered during the year.

Some 32,175 dwelling houses in the Borough (population 103,320) were supplied direct from public water mains throughout the year. There are no stand pipes in the area.

The supply has been satisfactory in both quality and quantity throughout 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. The number of samples examined during the year was 456, and all proved to be satisfactory.

In addition, 4 samples of tap water were submitted by the Public Health Inspector's Department for bacteriological examination.

164 samples of water taken for chemical analysis were reported satisfactory.

The water supplied has no plumbo-solvent action.

Owing to the small amount of fluoride present and the cost per sample involved, no samples were taken during the year.

All supplies are chlorinated before distribution.

RIVERS AND STREAMS.—The supervision of rivers and streams in St. Helens is carried out by the Mersey and Weaver River Board.

DRAINAGE AND SEWERAGE

During the year work has proceeded on the following schemes:

Drainage.

Following the reconstruction of the whole of the foul and surface water drainage systems in the Peasley Cross/Warrington Old Road area, which was completed during 1966, work commenced on the construction of the associated pumping station at Peasley Cross during April, 1967, and has continued throughout the year. This is part of the scheme for providing a more adequate foul and surface water drainage system in the Peasley Cross area and for the new Peasley Cross works of United Glass Ltd., as well as eliminating the habitual flooding of the road under the railway bridge.

The reconstruction of the Thatto Heath Intercepting Sewer from Liverpool Road to Thatto Heath was completed during the year. This sewer provides a new sewerage system for the Thatto Heath area and will relieve the serious flooding which previously occurred in the Alexandra Drive, Whittle Street and Silkstone Street areas.

CLOSET ACCOMMODATION.—At the end of 1967 there were still in use 26 privy middens serving 37 premises, and 80 pail closets serving 66 premises.

PUBLIC CLEANSING

An additional compression type collection vehicle was put into use during 1967. Nine such vehicles are now in use and the number of bulk-storage refuse containers now installed is 152.

The site at Southport Street has continued to be used for tipping of refuse and the whole of the refuse collected in the Borough is disposed of at this site.

HOUSE REFUSE ACCOMMODATION.—The scheme for the provision and maintenance of dustbins and the abolition of ashpits is now in operation throughout the Borough.

Staff shortage again seriously curtailed that part of the programme dealing with the abolition of fixed ashpits. By the end of the year 218 ashpits serving 401 houses had been demolished or converted under the scheme.

TAYLOR PARK PADDLING POOL.—7 samples were taken of the water in this pool for bacteriological examination. Treatment of the water was carried out at intervals throughout the summer months under the supervision of the Public Health Inspector's Department. 7 samples were also taken of the water in the boating pool.

SWIMMING BATHS — BOUNDARY ROAD.— During the year samples have been submitted for bacteriological examination at weekly intervals and for chemical analysis at three monthly intervals. The condition of the water has continued to be satisfactory.

In addition, 12 samples were taken by Public Health Inspectors and proved to be satisfactory.

ATMOSPHERIC POLLUTION.—For the measurement of atmospheric pollution in St. Helens, the following observation stations are now maintained:

Albion Street Clinic	.....	8-port Valve Smoke and SO ₂ Sampler
Public Health Inspector's Office, Hardshaw Street	.....	do.
Carr Mill Clinic	.....	do.
Sutton Library	.....	do.
Thatto Heath Library	.....	do.
Jersey Street Clinic	.....	do.

The first three stations are maintained in conjunction with the National Survey of Atmospheric Pollution being investigated by the Department of Scientific and Industrial Research. 1,251 observations were taken of industrial chimneys during the year.

SMOKE CONTROL

Further progress was made during 1967 on the three year programme agreed by the Council.

During the year under review No. 5 Smoke Control Order was confirmed by the Minister of Housing and Local Government and came into operation on the 1st December, 1967.

In anticipation of the proposed residential development of a large area to the south of the Borough, the Council decided to make a smoke control order (St. Helens No. 5A Smoke Control Order) for this neighbourhood. The order was approved by the Council during May, 1967. A formal objection was made to this order and a Public Enquiry was scheduled to be held at St. Helens on the 18th January, 1968.

It is interesting to note that the majority of occupiers of dwellings now welcome the opportunity to improve both economically and efficiently the form of space and water heating in their homes. Some of these occupiers take advantage of the opportunity to install central heating with the aid of a nominal grant.

The Council decided some time ago to install solid fuel room heaters in a large proportion of their new dwellings. Despite the fact that the Council endeavours to create a smoke control order prior to residential development taking place, this is not always possible. In all cases the Council provide in the conditions of tenancy of their new dwellings, a condition that where a solid fuel room heater is installed, the occupiers shall use the appropriate solid smokeless fuel.

The preliminary survey of the St. Helens No. 6 Smoke Control Area was almost completed by the end of the year and it is anticipated that the Order will be approved by the Council and submitted to the Minister of Housing and Local Government early in 1968.

Factories. — 4 defects were reported by H.M. Inspector of Factories during the year. A total of 259 visits of inspection were made to factories during 1967.

Table S.I.2. gives particulars of the administrative action taken under the Factories Act, 1961.

Table S.I.2.

PART I OF THE ACT

1.—INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health 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	37	31	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	357	228	20	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	15	—	—	—
TOTAL	409	259	20	—

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	No. 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)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	21	74	—	4	—
(c) Not separate for sexes	1	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	1	—	1	—	—
TOTAL	23	74	1	4	—

PART VIII OF THE ACT

OUTWORK

(Sections 133 and 134)

Nature of Work	SECTION 133			SECTION 134		
	No. of out-workers in August list required by Sec. 113(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.	—	—	—	—	—	—
Paper bags	—	—	—	—	—	—
TOTAL	—	—	—	—	—	—

SANITARY INSPECTION OF THE AREA.—The total number of visits made by the Public Health Inspectors was 48,519. The nature of these inspections is shown in Table S.I.3, and Table S.I.4 contains a list of notices served and the results of such notices.

TABLE S.I.3.

Number and Nature of Inspections made during 1967.

Complaints investigated	1,524
Dwellinghouses inspected	4,333
Visits to work in progress	5,415
Overcrowding	199
Common Lodging Houses	10
Houses in multi-occupation	29
Pigstyes	11
Waste Foods Order	3
Middensteads	1
Ashes Receptacles	35
Conversions	25
Insufficient Water Supply	12
Public Sanitary Conveniences	16
Places of Public Entertainment	36
Tents, Vans and Sheds	123
Hairdressers and Barbers' Premises	351
Brokers	6
Smoke Observations	1,251
Atmosphere Pollution Gauges	320
Tips and Spoilbanks	63
Vermin Infestation	5,104
Rodent Infestation	5,438
Testing Drains:	
By Smoke	73
By Coloured Water	44
By Breaking Down	31
Factories Act, 1937:	
With Mechanical Power	228
Without Mechanical Power	31
Outworkers	1
Food Hygiene:	
Bakehouses	255
Carried forward	24,968

TABLE S.I.3—continued
Number and Nature of Inspections made during 1967.

	Brought forward	24,968
Confectioners		307
Sweet Shops		344
Fried Fish Shops		271
Fishmongers Shops		144
Greengrocers Shops		586
Butchers Shops		844
Grocers and General Shops		1,483
Canteens		328
Restaurants		72
Cafés		212
Public Houses, Licensed Clubs		731
Food Preparing and Storage Places		954
Food Hawkers Premises		16
Food Hawkers Vans		58
Food Poisoning Enquiries		43
Visits re Unfit Food		152
Dairies and Milk Shops		347
Ice Cream Premises		264
Market Stalls		1,147
Samples:		
Milk		112
Ice Cream		77
Ice Lollies		6
Other Foods		31
Water		57
Food and Drugs		240
Milk		106
Fertiliser and Feeding Stuffs Samples		9
Merchandise Marks Act		92
Pharmacy and Poisons Act		81
Schools		242
Offices, Shops and Railway Premises Act, 1963		4,706
Slum Clearance Premises		682
Certificates of Disrepair:		
Inspections		40
Re-inspections		8
Improvement Grants:		
Discretionary Grant		432
Standard Grant		131
Re-inspections		311
Smoke Control Areas:		
Inspections		3,021
Re-inspections		472
Improvement Areas:		
Inspections		4
Re-inspections		1
Noise Observations		64
Dust Observations		23
Pet Animals Act		18
Animal Boarding Establishments Act		12
Permitted Number		26
Miscellaneous (Interviews, etc.)		4,214
Bacteriological sample of Liquid Egg		1
Chemists		29
Midden Conversions		—
Total		48,519

Table S.I.4.

Number of defects for which notices were served during 1967, and notices complied with during the year (including outstanding notices from previous year)

Subject of Notices	DEFECTS		
	Preliminary Notices	Statutory Notices	Number complied with
Dampness arising from defective roofs, eaves-gutters, rainwater pipes and pointing	675	339	913
Defective and choked drains, closets, cesspools, etc.	293	60	317
Absence of proper sink	14	4	30
Unsatisfactory yard paving	19	7	16
Filthy or verminous condition of premises	4	—	1
Accumulation of manure and offensive matter	70	9	49
Other housing defects	769	312	686
Excessive emissions of smoke	3	1	9
Miscellaneous	26	—	1
Contravention of:			
Factories Act, 1961	27	—	—
Food Hygiene Regulations, 1960	400	—	720
Unauthorised use of land for camping purposes	26	—	24
Clean Air Act, 1956	1	—	—
Offices, Shops and Railway Premises Act	1526	—	2360
	3853	732	5126

Referred to other departments:—

To Borough Engineer.

Choked or defective sewers	4
Choked or defective street gullies	6
Unauthorised burning of waste	—
Tents, Vans and Sheds	—
Accumulation of refuse	20
Dangerous structures	89
Defective street paving	9
Unauthorised Erection	—
Camping—Illegal use of land	—

To Housing Manager

Choked drains and housing defects	104
Overcrowding	—

To Water Engineer

Waste of Water	22
Insufficient supply	4
Defective Supply Pipe	1

CHOKED DRAINS.—During the year 679 complaints of choked drains were made to the Department. Of this number 395 drains were freed from obstruction by members of the staff of the Public Health Inspector's 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 no offensive trades carried on in the Borough.

Houses in Multi-Occupation.—There are 15 premises known to the Department to be used as Houses-let-in-lodgings.

Common Lodging Houses.—There is now only one common lodging house in the Borough.

This is owned by the Council and administered on their behalf by the Salvation Army. This accommodation was purchased and improved by the Authority to set a high standard for such accommodation.

During the year 10 visits of inspection were made to the common lodging house.

Hairdressers and Barbers.—There were at the end of the year 211 persons registered as hairdressers or barbers, and the number of premises registered was 206.

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

Byelaws with respect to Nuisances.—These byelaws prove very effective for the control of pig-keeping. There were 11 persons in the Borough known to be engaged in the keeping of pigs, at the end of the year. 11 visits of inspection were made to pig styes during the year.

St. Helens Corporation (Electricity and General Powers) Act, 1948. Noise Abatement Act, 1960.

64 observations and interviews were made during the investigation of complaints of nuisance from noise during 1967.

Noise complaints during the year resulted from:

- (a) Noise from the banging of heavy sliding doors in a factory adjacent to residential property.
- (b) Alleged noise from barking dogs in a residential area.
- (c) Alleged noise from fans in a factory close to residential property.
- (d) Noise from high speed fans in a large factory adjacent to an educational establishment.
- (e) Alleged noise from car engines in a residential area.
- (f) Noise from a leaking high pressure air container in a factory adjacent to a residential area.
- (g) Noise from unmuffled pneumatic drills in the roadway adjacent to business premises.
- (h) Noise from tipping of waste glass from containers into lorries close to residential property.

- (i) Noise from heavy haulage lorries manoeuvring at night on land close to residential property.
- (j) Alleged noise from unloading of building materials in a railway goods yard early in the mornings adjacent to a residential area.
- (k) Alleged noise from loading poultry on to lorries in the early hours of the morning.
- (l) Noise from juke box in a cafe next to residential property.

As in previous years, some of the complaints were not justified on investigation. Occupiers of industrial and commercial business concerned were generally willing to carry out the necessary modifications and to take care to ensure a reduction in noise levels.

In addition, the possibility of noise nuisances occurring from new factories was raised with the occupants when plans were submitted to the Local Authority, before the premises were built. Sound level checks were later carried out after these new factories were in operation. It is also felt that the use of mufflers on pneumatic drills used adjacent to residential and commercial premises should be insisted upon on all civil engineering and road operations.

OTHER SANITARY CONDITIONS

Prevention of Damage by Pests Act, 1949.—Table S.I.5 gives particulars of the work carried out under the above-mentioned Act during the year.

Table S.I.5.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

Report for year ended 31st December, 1967

	TYPE OF PROPERTY	
	Non-Agricultural	Agricultural
Properties other than Sewers		
1. Number of properties in district	37,382	57
2. (a) Total number of properties (including nearby premises) inspected following notification.....	946	1
(b) Number infested by:		
(i) Rats	310	—
(ii) Mice	187	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	172	1
(b) Number infested by:		
(i) Rats	8	—
(ii) Mice	2	—
Sewers		
4. Were any sewers infested by rats during the year?	YES	

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963.

The operation of the above-mentioned Act took up a large proportion of the time of the Public Health Inspectorate in 1967. 4,706 visits of all kinds were paid by Inspectors to registered premises. Included in this total are 1,460 general inspections.

The Narrative Report for 1967 of the Chief Public Health Inspector was as follows:—

Registration and Inspection

1. All premises registered under the Act were given at least one general inspection during the year. Fourteen hundred and sixty general inspections were carried out on nine hundred and seventeen premises.

Operation of the General Provisions of the Act

2. During the year it was necessary to notify occupiers of many infringements, but these were generally of a minor nature and the large amount of major works carried out previously was evident. Many premises now fully comply with the provisions of the Act.
3. The dangerous aspect of many situations found in all types of premises was highlighted by advice to the occupiers. This advice received prompt attention. It was noted that not enough attention was being paid to the siting of electrical appliances in offices and shops, resulting in cables being strewn around the rooms creating possible hazards to employees.

Accidents

4. Forty-five accidents were reported during the year. The injuries were mainly of a minor nature such as cuts, bruises and sprains. A number of accidents concerned with broken extremities, such as toes and fingers, were also reported.

Registration of these premises was the first requirement, and the following table sets out the details:

Table S.I.4a

Class of Premises	No. of premises registered during year	Total number of registered premises at end of year	No. of registered premises receiving a general inspection during year
Offices	22	216	216
Retail shops	24	534	534
Wholesale shops, warehouses	1	32	32
Catering establishments open to the public, canteens	2	135	135
Fuel storage depots	—	—	—
TOTALS	49	917	917

Places of Public Entertainment.—36 visits were paid to places of public entertainment during 1967. The condition of these premises throughout the year was found to be generally satisfactory.

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, 258 bodies were received into the mortuary and 203 post-mortem examinations were conducted.

Arrangements for the Disposal of the Dead.—At the end of the year there were 17.385 acres of land available for burials at the Borough Cemetery. Of the land adjoining the cemetery available for extension purposes, consisting of 23.8 acres, 8.47 acres has been used for the Crematorium and a Garden of Remembrance, leaving 15.33 acres for future earth burials. During the year there were 677 cremations, making a total of 2,660 since the Crematorium was opened.

Rag Flock and Other Filling Materials Act, 1951.—Owing to the continued shortage of Public Health Inspectors, no samples of rag flock or other filling materials were taken during the year.

Housing Act, 1957—Slum Clearance.—Slum clearance work continued under the current five year programme during the year.

The St. Helens (Fingerpost Nos. 1-5 Compulsory Purchase Order was confirmed by the Minister of Housing and Local Government in April, 1967, the St. Helens (Gaskell Street) Compulsory Purchase Order was confirmed in June, 1967, the St. Helens (Fingerpost Nos. 6-8) Compulsory Purchase Order was confirmed in September, 1967, and the St. Helens (Pocket Nook Nos. 1-6) Compulsory Purchase Order was confirmed in November, 1967.

Under these orders 602 properties will be demolished and 603 dwellings will be required to rehouse the persons displaced.

During the year twelve clearance areas were represented to the Public Health Committee—Gaskell Street Clearance Area, comprising 9 houses, Park Road Nos. 1, 2 and 3 Clearance Areas comprising 232 houses, Woodlands Road Clearance Area comprising 12 houses, Park Road Nos. 4, 5 and 6 Clearance Areas comprising 121 houses, South Eccleston Ward Clearance Area comprising 52 houses, Old Glade Hill Clearance Area comprising 4 houses, Conway Street Clearance Area comprising 26 houses, Blackbrook No. 1 Clearance Area comprising 5 houses, Cecil Street Clearance Area comprising 5 houses, Moss Bank Clearance Area comprising 6 houses, Robins Lane No. 2 Clearance Area comprising 5 houses and Aspinall Place Clearance Area comprising 7 houses.

Consequent thereon the Council made Compulsory Purchase Orders for the St. Helens Park Road Nos. 1-3, the St. Helens Park Road Nos. 4-6 and the St. Helens Gaskell Street areas.

The Council also made Clearance Orders for the St. Helens Woodlands Road, the St. Helens Conway Street, the St. Helens Blackbrook No. 1, the St. Helens Cecil Street, the St. Helens Moss Bank, the St. Helens Robins Lane No. 2, and the St. Helens Aspinall Place.

No Closing Orders were made during the year.

Undertakings to demolish by the owners were accepted in respect of 45 houses and certificates of unfitness were given in respect of 2 houses owned by the Authority.

Work was commenced on surveying the properties in the extensive Gerards Bridge and Central Street Clearance Schemes with a view to representing these to the Public Health Committee in 1968.

Demolition and re-housing continued during the year as follows:

	<i>Houses Demolished</i>	<i>Persons Rehoused</i>	<i>Families Rehoused</i>
(1) Clearance Areas	102	571	184
(2) Undertakings to demolish for owners	29	119	40
(3) Certificates of unfitness by M.O.H.	17	8	2
	<hr/> 148 <hr/>	<hr/> 698 <hr/>	<hr/> 226 <hr/>

XIX.—HOUSING.

Housing

- (1) Number of dwellinghouses erected during 1967 in the various wards of the Borough.

	<i>N.E.</i>	<i>S.E.</i>	<i>C.</i>	<i>N.W.</i>	<i>S.W.</i>	<i>H.</i>	<i>E.S.</i>	<i>W.S.</i>	<i>P.</i>	<i>M.B.</i>	<i>Total</i>
Local Authority	—	39	—	24	—	—	91	249	—	10	413
Private Enterprise	1	2	2	—	1	1	278	101	19	1	406

- (2) Total number of houses completed during the year within the Borough:—

- (a) with State assistance under Housing Acts

(i) Local Authority in Borough 413

(ii) Private Enterprise —

- (b) without State assistance

(i) Local Authority —

(ii) Private Enterprise 406

Housing Acts, 1949 and 1964—Improvement Grants and Areas.

Inspections for Discretionary Improvement Grants and Standard Grants continued to be carried out by the Public Health Inspectors. 160 applications for Discretionary Grants and 60 for Standard Grants were dealt with in the year. 11 applications for loans were also dealt with.

A large number of informal enquiries were also answered by the staff

Information in regard to Improvement Grants continued to be given where necessary on the inspections made for Smoke Control Areas. If a house was not up to standard the owners were also advised to consider the two questions of possible improvements and smoke control as one operation in order to save money and prevent duplication of work.

Unfortunately, shortage of staff prevented the necessary follow up of possible applicants in areas already surveyed for smoke control purposes.

Visits continued to be paid to persons submitting plans for alterations to their homes drawing their attention to the Improvement Grant scheme.

Applications for improvement grants continued to increase due to publicity. A visit was made by the Exhibition Van of the Ministry of Housing and Local Government in June.

Rent Act, 1957

The following are particulars of applications received under this Act during the year:—

(1) Number of applications for Certificates of Disrepair.....	13
(2) Number of decisions not to issue Certificates	—
(3) Number of decisions to issue Certificates	
(a) in respect of some but not all defects	10
(b) in respect of all defects	3
(4) Number of Undertakings given by landlords	6
(5) Number of Certificates of Disrepair issued	11
(6) Applications by landlords for cancellation of Certificates	2
(7) Objection by tenants to cancellation of Certificates	1
(8) Certificates cancelled by Local Authority	2
(9) Decisions by Local Authority to cancel certificates in spite of objection	1

DISINFESTATION OF PREMISES AND HOUSEHOLD EFFECTS

A total of 5104 inspections of dwellinghouses and food premises for vermin infestation were made during the year, and the following disinfestation work was carried out:—

(1) Privately owned dwellinghouses	506
(2) Occupied Council houses	448
(3) Food premises	21
(4) Corporation buildings, other than dwellinghouses	33
(5) Other buildings.....	74
Total No. of premises treated	1,082

The insecticides used were either D.D.T., Gammexane or Chlordane.

All dwellinghouses infested with vermin are now sprayed free of charge. The service has also been extended in regard to the presence of cockroaches in that a routine follow up treatment is carried out after an interval of four months. Also, if a complaint is received in respect of one house in a block, either the whole block or a number of adjacent houses are sprayed at the same time.

Nominal charges are still made in respect of business premises.

Applications for improvement grants continued to increase due to the fact that a visit was made by the Brighton Van of the Ministry of Housing and Local Government in June.

The following are particulars of applications received under the Act during the year:—

(1) Number of applications for Certificates of Disrepair	12
(2) Number of decisions not to issue Certificates	—
(3) Number of decisions to issue Certificates	10
(a) in respect of some but not all defects	3
(b) in respect of all defects	7
(4) Number of Undertakings given by landlords	8
(5) Number of Certificates of Disrepair issued	11
(6) Applications by landlords for cancellation of Certificates	2
(7) Objections by tenants to cancellation of Certificates	1
(8) Certificates cancelled by Local Authority	2
(9) Decisions by Local Authority to cancel Certificates in spite of objections	1

DISINFESTATION OF PREMISES AND HOUSEHOLD EFFECTS

A total of 2104 inspections of dwellinghouses and food premises for disinfection were made during the year and the following disinfection work was carried out:—

(1) Privately owned dwellinghouses	208
(2) Occupied Council houses	518
(3) Food premises	10
(4) Other premises	10
(5) Other buildings	10
Total No. of premises treated	746