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COUNTY BOROUGH OF WALLASEY



# **ANNUAL REPORT**

OF THE

**Medical Officer of Health**

AND

**School Medical Officer**

FOR THE YEAR

**1950**

---

**RONALD B. BERRY, M.D., Ch.B., D.P.H.,**

*Medical Officer of Health, Administrative Tuberculosis Officer,  
School Medical Officer, etc.*

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**WILLMER BROTHERS & CO. LTD., PRINTERS, 62-68 CHESTER STREET  
BIRKENHEAD**

1951

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Public Health Department,  
September, 1951.

The Mayor, Aldermen and Councillors of the  
County Borough of Wallasey.

Mr. Mayor and Gentlemen,

I have pleasure in presenting to you the Report of the work carried out by the Health, Welfare and School Health Departments for the year 1950.

Again I have to report a record figure for Infant Mortality—for the second year in succession—28.72 compared with 35.87 in 1949 (the figure in 1900 was 132.6). Of the 49 deaths, 28 occurred in the first four weeks of life, eight of these being due to Congenital Deformities, many of which make life impossible for more than a day or two, and thirteen to Prematurity.

For the second year in succession I am able to report that there were no deaths from Diphtheria.

In spite of the continued prevalence of Measles and Whooping Cough, there were no deaths reported. Both of these diseases used to cause a considerable number of deaths, particularly amongst young children due, mainly, to pulmonary complications, and it would appear that the administration of Penicillin preparations early in the disease can prevent a fatal termination.

Only eleven cases of non-pulmonary tuberculosis were notified and one death reported. I think it is reasonable to assume that the increased supervision of the milk supply and the practically universal pasteurisation of all milk consumed has had a definite effect in this connection. In no case were Tubercle Bacilli found in the milk supply of the town.

Reference to the report will show the immense amount of work carried out in the supervision of the food supplied to the town.

Considerable time is spent by the staff on investigations and work for the Housing and Children's Departments—there is no financial adjustment on this account—the cost being borne by the Health Department.

I should like to express my appreciation to the members of the Health and Welfare Committees for the way they have received any recommendations I made to them, and my sincere thanks to all the members of the staff, both of my own and other Departments, for their loyalty and whole-hearted support.

I am,

Mr. Mayor and Gentlemen,

Your obedient Servant,

RONALD B. BERRY,

Medical Officer of Health.



## PUBLIC HEALTH OFFICERS OF THE AUTHORITY

*Medical Officer of Health and School Medical Officer.*

RONALD B. BERRY, M.D., Ch.B., D.P.H.

*Deputy Medical Officer of Health, Assistant Child Welfare Medical Officer  
and Assistant School Medical Officer.*

HOWARD WILLIAM HALL, M.B., Ch.B., D.P.H.

*Tuberculosis Officer (Part time).*

R. GRENVILLE MATHERS, M.A., M.D., M.R.C.P., F.R.F.P.S. to 30/4/50.

F. C. MORGAN, M.R.C.S., L.R.C.P., D.P.H. from 1/5/50 to 31/7/50.

JAMES BAXTER, M.B., Ch.B., D.P.H., from 1/8/50.

*Assistant Medical Officer of Health and Assistant School Medical Officer.*

E. J. A. O'REILLY, M.B., Ch.B., B.A.O. (Obstetrics).

*Assistant Medical Officer of Health and Assistant School Medical Officer*

*and Medical Supervisor of Midwives.*

ESME I. GRANT, M.R.C.S., L.R.C.P.

*Dental Surgeons :*

C. JOINSON LUYA, L.D.S.

W. HENDERSON, L.D.S.

G. MASON, L.D.S.

F. G. SUTCLIFFE, L.D.S.

*Chief Sanitary Inspector :*

1, 2 & 3 WILLIAM BATE, D.P.A.

*Senior Sanitary Inspector :*

1, 2 & 3 ARTHUR HEDLY BASFORD, from 1/10/50.

*District Sanitary Inspectors :*

1, 2 & 3 RALPH HENRY FRENCH.

1, 2 & 3 HENRY PARKER.

1, 2 & 3 THOMAS KENNETH WARD.

1, 2 & 3 ARTHUR RIDGWAY.

1 RONALD HUGHES.

1, 2 & 3 ALAN ROBINSON.

1, & 2 JACK QUAYLE CALLISTER.

*Milk, Dairies and Meat Inspector and Inspector under Diseases of Animals  
Acts and Orders :*

1 & 2 GEORGE A. OWEN.

*Shops Inspector :*

1 RALPH LANGFORD BASCOMBE.

1. Holds a Sanitary Inspector's Certificate.

2. Holds a Meat Inspector's Certificate.

3. Holds a Smoke Abatement Certificate.

*Superintendent Health Visitor and School Nurse and Inspector of Midwives*

Mrs. A. PARKINSON, S.R.N., S.C.M., H.V.'s. Certificate.

*Health Visitors :*

Miss JOSEPHINE SHANNON, S.C.M., H.V. Cert.

Miss LOUISE VANCE, S.R.N., S.C.M., H.V. Cert. to 30/6/50.

Miss E. A. TEGGINS, S.R.N., S.C.M., H.V. Cert.

Miss ANNIE J. EDGE, S.R.N., S.R.F.N., S.C.M., H.V. Cert.

Miss CONSTANCE E. MURRELL, S.R.N., S.C.M., H.V. Cert.

Miss DOREEN MAYBURY, S.R.N., S.C.M., H.V. Cert. to 31/8/50.

Mrs. EVA E. P. NOLAN, S.R.N., S.C.M., H.V. Cert.

Mrs. NORA B. IDLE, S.R.N., S.C.M., H.V. Cert. to 30/9/50.

Miss DORIS MAY STRICKLAND, S.R.N., S.C.M., H.V. Cert. to 11/10/50.

Mrs. ALICE JANE SMITH, S.R.N., S.R.F.N., S.C.M.

Miss IVY DOREEN BELLIS, S.R.N., H.V. Cert.

Mrs. W. DOVEY, S.R.N., S.R.F.N., S.C.M., H.V. Cert.

Miss M. E. ASPINALL, S.R.N., S.C.M., H.V. Cert.

Miss K. E. HIGGINS, S.R.N., Pt. 1 S.C.M., H.V. Cert., from 1/7/50.

Miss E. M. MORGAN, S.R.N., S.C.M. H. V. Cert., from 2/10/50.

Miss E. WHITBURN, S.R.N., S.C.M., H. V. Cert., from 2/10/50.

*Municipal Midwives :*

NURSE E. DAVENPORT, S.R.N., S.C.M.  
 NURSE E. KEELEY, S.C.M.  
 NURSE E. E. HINTON, S.C.M.  
 NURSE F. E. BOYD, S.C.M.  
 NURSE E. HOMER, S.C.M.  
 NURSE M. E. CUNNINGHAM, S.R.N., S.C.M.  
 NURSE E. WOODS, S.C.M.

*School Nurses :*

(See School Inspection Report in Appendix).

*Public Analyst (Part-time Officer) :*

T. R. HODGSON, M.A.

*Weights and Measures and Food and Drugs Inspectors :*

J. A. W. PRICE, Cert. Board of Trade.  
 R. BARNES, Cert. Board of Trade.

*Chief Administrative Assistant*

1 FRANK ALDRED.

*Clerical Staff :*

NORMAN SQUIRE, Senior Clerk.  
 GORDON A. LOXHAM.  
 HARRY LESTER.  
 DAVID G. GREENHALGH.  
 Miss G. CAMPBELL.  
 Miss M. BLENCOE, from 1/7/50.  
 Miss E. MASTERS.  
 Miss K. M. A. BUNGEROTH.  
 Miss R. J. GRAHAM, from 6/2/50.  
 Miss B. D. PARRY, to 8/6/50.  
 Miss B. FISHWICK.  
 Miss P. WITTER.  
 Miss J. S. HIND, from 1/4/50.

PART-TIME SPECIALISTS DISCHARGING DUTIES IN  
 CONNECTION WITH SPECIAL CLINICS.

Dr. W. D. HAMILTON, M.B., Ch.B., B.A.O., D.O.M.S. (Ophthalmic).  
 Mr. H. DAVIES, M.B., Ch.M., F.R.C.S. (Orthopaedic).  
 Dr. MARY C. LYDON, D.P.M., L.R.C.P., L.R.C.S. (I) (Psychiatrist).

## MATRONS OF DAY NURSERIES.

Mrs. S. BATTING, Central Park Day Nursery.  
 Miss R. SMART, Oakdale Day Nursery.  
 Miss A. F. RUSSELL, Eastway Day Nursery.

## DOMESTIC HELP ORGANISER.

Miss G. MALCOLM.

## SUPERVISOR, OCCUPATION CENTRE FOR MENTAL DEFECTIVES.

Mrs. M. LEACH.

## MENTAL HEALTH SERVICE.

*Duly Authorised Officers :*

Mrs. M. PARNHAM, Part-time.  
 Mr. D. HUGHES, Part-time.  
 Mr. T. BENTLEY, Part-time.

## WELFARE SERVICE.

*Senior Welfare Officer :*

Mr. R. P. OLLIVE.



*Welfare Officers :*

Mrs. M. PARNHAM, Part-time.  
 Mr. D. HUGHES, Part-time.  
 Mr. T. BENTLEY, Part-time.

*Home Teachers for the Blind :*

Miss M. MACARA, Cert. College of Teachers of the Blind.  
 Miss M. BUNTING, Cert. College of Teachers of the Blind.

*Clerical Staff :*

Mr. F. WALL.  
 Mrs. H. PERRY.  
 Miss E. F. RICHARDS.

*Matrons of Hostels for the Aged :*

" Lamorna " Miss J. FOSTER to 7/4/50.  
 Miss O. D. GOLDINGAY from 8/4/50.  
 " Redcliffe " Miss H. E. NEWTON, from 8/2/51.

## PART I.

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### *Vital Statistics*

# VITAL STATISTICS

Area in Acres, as ascertained by Ordnance Survey,						
January, 1935	...	...	...	...	...	5,961
River and Sea frontage	...	...	...	...	...	Slightly less than eight miles.
Census Population, April, 1931	...	...	...	...	...	97,626
Registrar-General's estimated population at middle of 1950:	...	...	...	...	...	102,510
Ministry of Food estimated population at 24th May, 1950	...	...	...	...	...	102,564
" " " " 26th May, 1951	...	...	...	...	...	100,975
Inhabited houses at 31st December, 1949	...	...	...	...	...	28,446
Empty " " " "	...	...	...	...	...	323
Rateable Value, 1939-1940	...	...	...	...	...	£877,164
" " 31st March, 1951	...	...	...	...	...	£903,755
Yield of a Penny Rate for 1949-50	...	...	...	...	(approx.)	£3,555
Product of a 1d. rate for the year 1950-51	...	...	...	...	...	£3,575
1951-52	...	...	...	...	...	£3,591

	M.	F.	Total
Live Births—Legitimate	827	777	1,604
Illegitimate	55	47	102
	882	824	1,706

Birth Rate per 1,000 population.	...	...	...	...	16.64
" " " 1,000 of estimated population adjusted by	...	...	...	...	
Area comparability factor of 1.01	...	...	...	...	16.81
Birth Rate per 1,000 population for England and Wales.	...	...	...	...	15.8
Still Births, 40. Rate per 1,000 total (live and still) births—	...	...	...	...	22.9

	M.	F.	Totals
Deaths to Dec. 31st	...	...	...
Death-rate per 1,000 of estimated population	668	637	1,305
Death-rate per 1,000 of estimated population as adjusted by	...	...	...
Area comparability Factor of 0.95.	...	...	12.09
Death-rate per 1,000 of estimated population, England and	...	...	...
Wales	...	...	11.6
Uncertified Deaths : 3 ; Percentage of Deaths :	...	...	0.23
Deaths from diseases and accidents of pregnancy and child-	...	...	...
birth (Heading 30 of Registrar-General's Short List) :—	...	...	...
Puerperal Sepsis—Rate per 1,000 (live and still) births —	...	...	Total
Other Puerperal causes 2	do.	1.14	1.14
Deaths of Infants under ONE year of age	...	...	49
Death-rate of Infants under ONE year of age :—	...	...	...
All infants per 1,000 live births	...	...	28.72
Legitimate infants per 1,000 legitimate live births	...	...	26.18
Illegitimate infants per 1,000 illegitimate live births	...	...	68.62
Neo-Natal Rate per 1,000 births	...	...	16.41
Deaths from Measles (all ages)	...	...	Nil.
Deaths from Whooping Cough (all ages)	...	...	Nil.

Deaths from Diarrhoea (including Enteritis), under 1 year	1	}	1
1 to 2 years ... ..	—		
Diarrhoea and Enteritis Mortality Rate under 1 year, per 1,000 live births ... ..	0.53		
Zymotic Death-rate per 1,000 of population (excluding Diarrhoea) ... ..	0.00		
Phthisis Death-rate per 1,000 of population ... ..	0.41		
Respiratory Death-rate per 1,000 of population (excluding Phthisis) ... ..	1.15		

### PRINCIPAL CAUSES OF DEATH.

Heart Disease .....	461	Intracranial Vascular Lesions .....	160
Other Circulatory Diseases	31	Congenital Malformations .....	11
Cancer .....	216	Violent Deaths (including suicides) ..	55
Respiratory Diseases—		Acute and Chronic Nephritis .....	14
Pneumonia .....	42		
Bronchitis .....	62		
Other .....	14		
Phthisis .....	42		



## STATISTICAL SUMMARY OF DEATHS DURING THE YEAR 1950

CAUSES OF DEATH.	SEXES.		All Ages	DEATHS IN WHOLE DISTRICT								Total Deaths in Institutions in the Borough whether residents or non-residents
	M.	F.		0-	1-	5-	15-	25-	45-	65-	75-	
All causes—Certified	668	634	1302	49	11	10	17	59	291	370	495	163
—Uncertified	—	3	3	—	—	—	—	—	—	1	2	—
Tuberculosis—respiratory .....	32	10	42	1	—	—	5	12	17	5	2	11
Tuberculosis—other ..	—	1	1	—	—	—	—	1	—	—	—	3
Syphilitic disease ....	6	—	6	—	—	—	—	—	3	2	1	—
Diphtheria .....	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough ....	—	—	—	—	—	—	—	—	—	—	—	1
Meningococcal infections .....	1	—	1	1	—	—	—	—	—	—	—	2
Acute polio-myelitis	3	1	4	—	2	—	1	1	—	—	—	4
Measles .....	—	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	—	3	3	—	—	1	—	1	—	1	—	2
Malignant neoplasm—stomach .....	17	15	32	—	—	—	—	—	9	13	10	2
Malignant neoplasm—lung, bronchus ..	38	6	44	—	—	—	—	2	18	19	5	7
Malignant neoplasm—breast .....	1	13	14	—	—	—	—	—	8	3	3	1
Malignant neoplasm—uterus .....	—	9	9	—	—	—	—	1	3	3	2	1
Other malignant and lymphatic neoplasms .....	63	54	117	—	1	—	—	5	34	44	33	16
Leukæmia, Aleukæmia	3	4	7	—	—	1	1	—	3	—	2	3
Diabetes .....	1	4	5	—	—	—	—	—	—	2	3	3
Vascular lesions of nervous system ....	58	102	160	—	—	—	—	1	40	48	71	19
Coronary disease—angina .....	85	58	143	—	—	—	—	2	44	51	46	3
Hypertension with heart disease ....	12	14	26	—	—	—	—	—	8	8	10	2
Other heart disease	130	162	292	—	—	—	3	7	34	74	174	14
Other circulatory disease .....	15	16	31	1	—	—	1	—	4	7	18	2
Influenza .....	6	1	7	1	1	—	—	—	—	4	1	—
Pneumonia .....	26	16	42	3	3	—	—	2	9	12	13	10
Bronchitis .....	36	26	62	—	—	—	—	2	13	21	26	4
Other diseases of respiratory system	10	4	14	—	—	—	—	—	5	3	6	5
Ulcer of stomach and duodenum .....	11	6	17	—	—	—	—	1	6	6	4	4
Gastro-enteritis and diarrhoea .....	2	5	7	1	—	—	—	1	—	1	4	2
Nephritis and nephrosis .....	6	8	14	—	—	—	—	4	1	3	6	3
Hyperplasia of prostate .....	11	—	11	—	—	—	—	—	1	4	6	—
Pregnancy, childbirth, abortion .....	—	2	2	—	—	—	—	2	—	—	—	1
Congenital malformations .....	7	4	11	6	2	1	2	—	—	—	—	16
Other defined and ill defined diseases ..	55	71	126	26	2	1	1	9	18	32	37	10
Motor vehicle accidents.....	4	2	6	—	—	1	1	1	1	—	2	1
All other accidents	20	15	35	9	—	5	2	3	5	2	9	11
Suicide .....	9	5	14	—	—	—	—	1	7	3	3	—
Homicide and operations of war .....	—	—	—	—	—	—	—	—	—	—	—	—
ALL CAUSES ..	668	637	1305	49	11	10	17	59	291	371	497	163

# STATISTICAL SUMMARY OF DEATHS DURING THE YEAR 1950.

DEATHS IN PUBLIC INSTITUTIONS. IN WALLASEY.		ELSEWHERE.	
MILL LANE HOSPITAL—		LIVERPOOL AND OTHER HOSPITALS—	
Residents .....	10	(Excluding Sanatoria) .....	135
Non-Residents .....	5	ST. CATHERINE'S HOSPITAL, B'HEAD ..	182
HIGHFIELD MATERNITY HOSPITAL—		COUNTY MENTAL HOSPITAL .....	10
Residents .....	16	OTHER MENTAL HOSPITALS .....	—
Non-Residents .....	—	SANATORIA outside Wallasey .....	4
VICTORIA CENTRAL HOSPITAL—		<b>TOTAL.....</b>	<b>331</b>
Residents .....	105	DEATHS OUTSIDE WALLASEY—	
Non-Residents .....	2	Not in Public Institutions .....	
WALLASEY COTTAGE HOSPITAL—		INWARD TRANSFERS .....	34
Residents .....	17	TRANSFERABLE DEATHS—	
Non-Residents .....	2	In Wallasey of Non-residents	
LEASOWE CHILDREN'S HOSPITAL—		OUTWARD TRANSFERS .....	55
Residents .....	2		
Non-Residents .....	4	INQUESTS.	
	163	Residents (all ages) .....	27
		Non-Residents (all ages) .....	8
		Legitimate Children—Under 1 year ..	7
		1 and under 2 years .....	—
		2 years and over .....	—
		Illegitimate Children—under 1 year....	2
		1 and under 2 years .....	—
		2 years and under 5 years .....	—

## DEATHS OF CHILDREN UNDER 1 YEAR BELONGING TO WALLASEY.

wards ..	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
totals ..	1	1	3	1	1	4	5	3	6	2	2	3	2	1	9	5	49

## DEATHS OF ILLEGITIMATE INFANTS BELONGING TO WALLASEY.

Is	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
er 1																	
2 ..	—	—	1	—	—	1	2	—	—	—	—	1	1	—	1	—	7
2 ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2 ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Is ..	—	—	1	—	—	1	2	—	—	—	—	1	1	—	1	—	7

## CAUSES OF ILLEGITIMATE DEATHS UNDER 2 YEARS OF AGE.

g. No.	Cause of Death	Age
9	1a. Atelectasis, lung. b. Cord round neck at birth.	13 hours.
4	Inattention at birth.	New born.
ansfer	1a. Infantile convulsions.	1 month.
Ho.	1a. Prematurity	1 day.
Ho.	1a. 6 weeks premature—one of twins	21 hours.
Ho.	1a. do. do.	1 day.
Ho.	1a. Prematurity.	21 hours.



**MATERNAL MORTALITY.**

Two Maternal Deaths were registered during the year, the cause of one being shock due to Caesarean Section and of the other internal haemorrhage due to a ruptured tubal gestation.

**INFANT MORTALITY, 1950.****INFANT MORTALITY IN THE WARDS.**

Ward		Births	Infant Deaths	Infant Mortality Rates per 1,000 Births
New Brighton	1	88	1	11.4
Upper Brighton	2	98	1	10.2
North Liscard	3	80	3	37.5
South Liscard	4	112	1	9.0
North Egremont	5	68	1	14.7
South Egremont	6	113	4	35.4
North Seacombe	7	117	5	42.7
South Seacombe	8	116	3	26.0
Somerville	9	144	6	41.6
Poulton	10	107	2	18.7
Marlowe	11	78	2	25.6
St. Hilary	12	91	3	32.3
Warren	13	71	2	28.2
Wallasey	14	67	1	15.0
Leasowe	15	232	9	38.8
Moreton	16	124	5	40.3
		1,706	49	28.72

The Infant Mortality rate of 28.72 per 1,000 live births is the lowest that has ever been recorded in Wallasey. The following table shows the Infantile Mortality rates of the Borough as compared with the figures for the whole of England and Wales and the County Boroughs and Great Towns for the census years from 1901 to 1931 and consecutive years up to 1950.

**Deaths under 1 year per 1,000 Live Births, England and Wales and Great Towns.**

Year	Wallasey	England and Wales	County Boroughs and Great Towns (including London). Number of towns shown in brackets	
1901	142.0	151	168	(33)
1911	109.0	130	140	(77)
1921	59.0	83	87	(96)
1931	44.8	66	72	(107)
1932	48.0	64	70	(118)
1933	54.0	63	68	(118)
1934	50.0	59	63	(121)
1935	47.6	57	62	(121)
1936	65.9	59	63	(122)
1937	58.7	58	62	(125)
1938	60.3	53	57	(126)
1939	48.9	51	53	(126)
1940	62.9	57	59	(126)
1941	78.9	60	63	(126)
1942	47.7	51	56	(126)
1943	48.6	49	54	(126)
1944	43.0	45	48	(126)
1945	56.8	46	49	(126)
1946	42.2	43	46	(126)
1947	51.1	41	44	(126)
1948	43.5	34	39	(126)
1949	35.8	32	37	(126)
1950	28.7	30	34	(126)



# INFANT MORTALITY 1950

## NETT DEATHS FROM STATED CAUSES IN AGE GROUPS UNDER ONE YEAR

CAUSES OF DEATH	Under 1 day	1 day	2 days	3 days	4 days	5 days	6 days	7-13 days	14-20 days	21-27 days	Total under 28 days	28 days to 2 mths.	3 mths.	4 mths.	5 mths.	6 mths.	7 mths.	8 mths.	9 mths.	10 mths.	11 mths.	12 mths.	Total deaths under 1 year	Deaths in previous year
All Causes— Certified .. Uncertified ..	13	6	5	2	—	—	—	2	—	—	28	6	6	1	2	—	1	1	—	1	1	2	49	64
Measles ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Influenza ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1
Pneumonia ..	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	1	4	8
Cerebro-spinal meningitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Tuberculosis—lungs	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Tubercular meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Gastro-enteritis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhoea ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital Syphilis	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	1
Congenital malformations	5	—	—	—	—	—	—	2	—	—	7	—	2	—	—	—	—	—	—	—	—	—	9	11
Atelectasis ..	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—
Overlying ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Premature Birth ..	4	5	3	1	—	—	—	—	—	—	13	—	—	—	—	—	—	—	—	—	—	—	13	20
Atrophy, Debility, Marasmus	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Injury at Birth ..	3	1	1	—	—	—	—	—	—	—	5	—	—	—	—	—	—	—	—	—	—	—	5	2
Violent Deaths	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	—	—	1	—	—	—	—	6	4
Other Causes ..	1	—	1	—	—	—	—	—	—	—	2	2	1	—	1	—	—	—	—	—	—	—	6	4
	13	6	5	2	—	—	—	2	—	—	28	6	6	1	2	—	1	1	—	1	1	2	40	64

**ECONOMIC CONDITIONS.**

The number of unemployed persons in the Borough in January, 1950, was 1,834, and in December, 1,436, as compared with 1,747 and 1,730 respectively in January and December, 1949.

The following amounts were expended on Unemployment, etc., Benefit by the Wallasey Employment Exchange :—

Unemployment Benefit	...	...	...	...	£82,141	6	9
Assistance Allowances	...	...	...	...	22,473	2	6



## PART II.

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### *Occurrence and Control of Infectious Diseases*



**CASES OF INFECTIOUS DISEASES (Including Tuberculosis) NOTIFIED IN WALLASEY  
DURING 1950.**

NOTIFIABLE DISEASE	Notifi- cations	Cases notified at ages												Over 65	A k
		0-1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65			
Small-pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Dysentery	57	—	3	4	4	5	12	5	1	9	9	4	1	—	
Diphtheria (including Membranous Croup)	11	—	—	1	1	1	1	3	2	1	—	1	—	—	
Erysipelas	9	—	—	—	—	—	—	—	—	3	1	5	—	—	
Scarlet Fever	129	—	5	18	13	16	51	22	1	2	1	—	—	—	
Paratyphoid B	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Enteric Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Puerperal Pyrexia	13	—	—	—	—	—	—	—	—	13	—	—	—	—	
Meningococcal Infection	3	1	—	1	—	—	—	—	—	1	—	—	—	—	
Poliomyelitis (Paralytic)	13	1	3	3	1	1	—	—	2	—	2	—	—	—	
Poliomyelitis (Non-P'lytic)	4	—	—	—	—	—	1	3	—	—	—	—	—	—	
Pneumonia	21	1	2	1	—	—	3	1	—	2	4	3	4	—	
Ophthalmia Neonatorum	1	1	—	—	—	—	—	—	—	—	—	—	—	—	
Pulmonary Tuberculosis	112	1	1	2	—	1	3	3	5	48	15	24	9	—	
Other forms of Tuber- culosis	11	—	—	—	1	—	3	1	2	1	3	—	—	—	
Measles	741	30	71	113	122	102	285	9	2	6	1	—	—	—	
Whooping Cough	310	37	34	39	54	48	92	2	—	1	1	1	1	—	
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Post Infectious Encephalitis	1	—	—	—	—	—	1	—	—	—	—	—	—	—	
Polio-Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
TOTALS	1,436	72	119	182	196	174	452	49	15	87	37	38	15	—	

## INFECTIOUS DISEASES INVESTIGATIONS AND VISITS OF SURVEILLANCE

During 1950 Health Visitors paid 1,243 enquiry visits to Infectious Cases and Contacts and Sanitary Inspectors made 459 enquiries. Of this latter figure, 214 enquiries were made in connection with an outbreak of Sonne Dysentery which started in the middle of November and proceeded unabated into the spring of 1951

550 Pathological specimens were submitted for examination by the Public Health Laboratory at Birkenhead, again arising almost entirely from the investigation of cases of Sonne Dysentery.

### DIPHTHERIA

Eleven cases of Diphtheria were notified during the year, all being admitted to Hospital. The diagnosis was confirmed in six cases, but *no* case was fatal, this being the second year in succession when there were no deaths from Diphtheria.

Of the six confirmed cases four had been immunised; in one case the parents stated that the child had been immunised, but no record of the immunisation could be traced in the Department.

Further comments with regard to Diphtheria will be found under Immunisation in Part III of the Report.

### SCARLET FEVER

129 cases were notified during the year, but one case out of 89 admitted to hospital was re-diagnosed after admission. None was fatal.

### PUERPERAL PYREXIA

There were 13 notifications of Puerperal Pyrexia during the year, none of which proved fatal.

### OPHTHALMIA NEONATORUM

Twelve of the Health Visitors are qualified to treat the eyes of children suffering from Ophthalmia Neonatorum. One case was notified during the year.

### WHOOPING COUGH

265 cases were notified, and 45 cases otherwise reported. None was fatal.

Whooping Cough is a very serious disease, particularly in very young children, and it is to be hoped that a satisfactory method of immunisation will soon be forthcoming.

### TUBERCULOSIS

During the year there were 123 primary notifications of Tuberculosis as compared with 150 in 1949. 112 were in respect of Pulmonary Tuberculosis, and 11 of the non-pulmonary type. The sex incidence was as follows:—

				<i>Males</i>	<i>Females</i>
Pulmonary	...	...	...	54	58
Non-Pulmonary	...	...	...	4	7



The classification of the non-Pulmonary cases was as follows:—

Abdomen	...	...	...	3
Neck	...	...	...	6
Other organs	...	...	...	2

The following table shows the number of primary notifications, the number of deaths and the death-rate from Phthisis during the last six years:—

Year	Formal notifications		Number of deaths		Pulmonary death-rate per 1,000 of population
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	
1945	87	13	47	11	0.53
1946	77	10	55	9	0.57
1947	125	18	47	7	0.48
1948	125	27	53	9	0.53
1949	130	20	47	12	0.46
1950	112	11	42	1	0.41

### CLINIC WORK

Number of notified cases of Tuberculosis on Clinic register,

1st January, 1950	...	...	...	...	573
31st December, 1950	...	...	...	...	612
Transfers from other areas during 1950	...	...	...	...	20
Lost sight of cases returned during 1950	...	...	...	...	7
New cases diagnosed during the year	...	...	...	...	112

During the year 1,215 home visits were paid by the Tuberculosis Health Visitor.

Other information with regard to Tuberculosis is given on page 41.

### MEASLES

Measles has again been very prevalent, 741 cases coming to the knowledge of the Department—692 notified and 49 otherwise reported. None was fatal.

### GASTRO-ENTERITIS OF INFANTS

There was one death of a child under one year registered as due to this disease.

### ACUTE ENCEPHALITIS

#### (Post Infectious)

One case occurred during the year in a five-years-old boy, the primary infectious disease associated with the encephalitis being measles.



### ACUTE POLIOMYELITIS

17 cases were notified and investigated, together with 6 other cases in respect of which revised diagnoses were subsequently made.

13 of the cases were classed as paralytic and 4 ended fatally. 3 non-paralytic cases were confirmed, and the remaining non-paralytic patient, who was a visitor to the Borough, was transferred to Ashton-under-Lyne before confirmation of the diagnosis. Interesting features of the cases are as follows :—

- (1) Only one patient was found to be living in overcrowded circumstances and this child was one of the fatal cases.
- (2) 6 patients of 6 years of age or less were found to be sleeping in the parents' bedrooms or sharing bedrooms with other persons.
- (3) In only one instance did more than one case occur within the same household. In this case, three children were affected with minor muscular stiffness and pain, and all recovered without incident.
- (4) The geographical distribution of the cases showed noticeably higher incidence in the southern end of the town, i.e., the area of higher density and aged property.

### MENINGOCOCCAL MENINGITIS

3 unrelated cases occurred in an infant, toddler and young man respectively. Whilst the two latter cases recovered eventually the infant died.

### SONNE DYSENTERY

In mid-November cases of sonne dysentery commenced to be notified by some general practitioners. Early on during the outbreak a request was made to doctors that any suspicious cases of diarrhoea should be reported to the Public Health Department. Sporadic cases occurred throughout the remainder of the year and extended until May, 1951. For the sake of completeness the course of the outbreak is described in full, though it was not confined to 1950.

#### *Scope of the Investigation*

The outbreak involved the investigation of 366 individuals, of whom 159 proved to be cases of sonne dysentery. Of these, 151 gave positive stools, and 8 gave negative stools, though the last-named gave clinical symptoms of dysentery. The 366 persons investigated were drawn from 86 families scattered throughout the town and it was found necessary to submit 1,698 stool specimens for laboratory examination. The main features of the outbreak are set out below.

*Symptoms of Notified Cases*

1. Diarrhoea and vomiting	...	...	53
2. Diarrhoea only	...	...	47
3. Vomiting only	...	...	4
4. Headache only	...	...	2
5. Stomach pain only	...	...	1
6. Feverishness only	...	...	2
7. No symptoms	...	...	50
			<hr/> 159 <hr/>

*Additional Symptoms, included in 1 and 2 above*

Green, slimy stools	...	...	25
Blood-stained faeces	...	...	23

*Additional Symptoms included in 1, 2 and 3 above*

Headache	...	...	9
Stomach pain	...	...	20

*Duration of Illness*

This ranged from 6 hours to 11 days. It is believed that in those cases where patients were said to have been ill for longer than a week, the symptoms at the latter end of the period were negligible.

*Age Distribution of Notified Cases*

Age	Male			Female		
0—	...	...	2	...	...	2
1—	...	...	21	...	...	8
5—	...	...	36	...	...	20
15—	...	...	2	...	...	8
25—	...	...	6	...	...	15
35—	...	...	11	...	...	12
45—	...	...	3	...	...	4
55—	...	...	3	...	...	4
65—	...	...	—	...	...	2
			<hr/> 84 <hr/>			<hr/> 75 <hr/>

*Age distribution of first confirmed case where more than one in family affected*

Age	Persons					
0—	...	...	...	...	...	1
1—	...	...	...	...	...	11
5—	...	...	...	...	...	24
15—	...	...	...	...	...	1
25—	...	...	...	...	...	—
35—	...	...	...	...	...	—
45—	...	...	...	...	...	1
55—	...	...	...	...	...	2
65—	...	...	...	...	...	—



*Time taken to clear cases and carriers from date of onset (cases) and first positive bacteriological specimen (carriers)*

<i>Time in Weeks</i>	<i>Sampled Daily</i>	<i>Sampled Weekly</i>
1- 2	41	—
3- 4	50	—
5- 6	20	—
7- 8	21	—
9-10	10	—
11-12	—	—
13-14	1	—
15-16	—	1

#### *Food Handlers*

During the outbreak 7 food handlers were reported to have symptoms of dysentery, 3 of whom were confirmed by bacteriological examination. 3 food handlers were found to be healthy carriers (but were notified as cases). 1 was not confirmed.

Details are given below of the 6 food handlers who gave positive bacteriological specimens.

<i>Age</i>	<i>Male</i>	<i>Female</i>	<i>Type of Work</i>
37	—	1	Greengrocer's Assistant
40	1	—	Sugar Sampler
41	—	1	Confectioner
48	1	—	Provision Warehouseman
56	—	1	School Meals Server
63	—	1	" " "

All except the Sugar Sampler were excluded from food handling until cleared bacteriologically.

### ANTHRAX

A case of anthrax occurring in a dock worker was notified in May, 1950. A patient aged 25 years was employed as a Checker and Receiver and immediately prior to his onset of illness was checking the unloading of timber from a ship which on two previous voyages had been carrying hides to this country. The patient had cut a pimple on his cheek whilst shaving and his first symptom was a swelling in the throat, which extended within twenty-four hours to an extensive swelling condition of the throat, face and shoulders.

A further interesting feature in the case was the presence within the same house of two veterinary students, one of whom, some weeks previously, had attended a bovine case of anthrax whilst on vacation in Yorkshire.

### DISINFECTION

Visits to houses <i>re</i> Disinfections	...	...	...	...	191
Rooms disinfected	...	...	...	...	239
Books from Public, Private or School Libraries disinfected	...	...	...	...	168
Articles disinfected	...	...	...	...	3,585
Beds and bedding disinfected	...	...	...	...	211



## FOOD POISONING

Five outbreaks of food poisoning affecting a total of 45 persons were notified during the year. Two outbreaks involving 5 persons were attributable to infection by *Salmonella Typhi-murium*, while one major outbreak discussed later was caused by *Staphylococcus Aureus*. A single case arose in a member of the Services returning to Wallasey whose infection was due to *Salmonella Typhi-murium*, while the second major outbreak involving 8 persons disclosed no certain cause. Except in the outbreak occurring amongst a party of visitors to the town from Sheffield, it was not possible to ascertain the nature of the food causing the illnesses. No deaths occurred as the result of food poisoning.

The major outbreaks were :—

### *School Kitchen*

Early in March it was reported that a member of the staff of the kitchen was absent from work suffering from gastro-intestinal illness. From enquiries made it was found that 8 members of the total staff of 15 had experienced illness compatible with food poisoning during the previous forty-eight hours. No similar illness occurred amongst the scholars or staff of any of the schools consuming meals produced from the kitchen.

Bacteriological examination was inconclusive and further investigations centred on the possibility of inorganic poisoning of cabbage by storing it in a galvanised bath. Instructions were given to all supervisors of school kitchens to discontinue the use of galvanised containers for the storage and soaking of green vegetables.

### *Visitors to New Brighton from Sheffield*

An outbreak of food poisoning occurred amongst 31 persons of a group of 128 employees of a Sheffield firm who made a day trip to Wallasey and New Brighton in August. Shortly after arriving in the Borough some of the party became ill and collapsed. The onset of illness occurred in the space of just over two hours and the patients were treated at the Victoria Central Hospital.

Sandwiches containing canned pork luncheon meat which had been eaten at 10-30 a.m. the same day were suspected as being the cause of the illness. They had been prepared in the factory canteen in Sheffield on the previous day by a woman suffering from an axillary boil. Collaboration between the Health Departments and the Laboratory Services of Sheffield and Wallasey resulted in the conclusion that the illness was directly attributable to the contamination of the luncheon meat with organisms (*Staphylococcus Aureus*) by the woman who prepared the sandwiches.

## PART III.

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### *Services provided under Part III of The National Health Service Act, 1946.*

- Section 21—Health Centres.
- „ 22—Care of Mothers and Young Children.
- „ 23—Midwifery Services.
- „ 24—Health Visiting.
- „ 25—Home Nursing.
- „ 26—Vaccination and Immunisation.
- „ 27—Ambulance Service.
- „ 28—Prevention of Illness—Care and After-Care.
- „ 29—Domestic Help Service.
- „ 28 and 51—Mental Health Services.



*Services provided under Part III of  
The National Health Service Act, 1946.*

**HEALTH CENTRES.**

No Health Centres have been constructed or are in course of construction in Wallasey.

Consideration was, however, given by the Council to the erection of a Health Centre on the new Housing Estates at the western end of the Borough, but in view of the fact that the Executive Council did not consider there was any demand for a Health Centre in this area, the Corporation decided not to proceed with the matter.

**CARE OF MOTHERS AND YOUNG CHILDREN.  
ANTE-NATAL AND POST-NATAL.**

ANTE-NATAL.

The Clinics, at which a woman doctor is in attendance, are held on the following days :

NEW STREET—Monday, 1-45 to 3-30 p.m.  
                  —Thursday, 9-30 to 11-0 a.m.

OAKENHOLT ROAD, MORETON—Every alternate  
Friday, 1-45 to 3-30 p.m.

**ANTE-NATAL CLINICS.**

This year I have again been extremely disappointed at the reduction of the number of expectant mothers attending the Ante-natal Clinics, but I am afraid this is the case in all parts of the country.

There is no doubt that the National Health Service with its alterations in the Maternity Service is largely responsible for this state of affairs, because, once the patient goes to her own doctor and asks him to attend her confinement, she is expected to visit *his* ante-natal clinic and definitely discouraged by him from going anywhere else, although the service provided at the Local Authority's Clinic is different from that which the general practitioner can offer. For example, in addition to the routine examination the blood of every patient is tested and the result recorded for future use, so that the Rhesus factor and blood group are known to all concerned. In addition to this, the urine and blood pressure are examined at every visit, and the patient is given expert advice by the Health Visitor in the matter of the baby's layette, the correct diet for the expectant mother, ante-natal and post-natal exercises, and treatment of the breasts to ensure that breast-feeding is made



possible. All minor ailments are dealt with during the pregnancy and the midwife attends the clinic and is given the opportunity of talking to and examining her own patients; the patient's own doctor is also kept informed of her progress. Any malpresentations or abnormalities are referred to the consultative clinic at Highfield or St. Catherine's Hospital or for X-ray at the Victoria Central Hospital.

Most of the patients return to the clinic 6 weeks after the confinement for a post-natal examination, but, so far, the numbers do not justify the holding of a Post-natal clinic, as such.

I should very much like to extend the ante-natal facilities to the centre of Wallasey, as I feel that a clinic held somewhere in Liscard would be much better attended than the one in Seacombe. Many mothers who attend the Welfare Clinics in New Brighton and Wallasey Village say they would have liked to attend our ante-natal clinic but that Seacombe and Moreton were not convenient for them. Perhaps when the new clinic is opened it will be possible to hold an ante-natal session there, once a week.

Arrangements have now been made for an Ante-natal session to be held at Merton Road Clinic each Monday afternoon. These sessions commenced in July, 1951.

The number of patients attending Moreton Ante-natal Clinic has improved considerably of late, and is I think due to the efforts of the Health Visitors who are able to cover this area better and persuade their mothers that there are advantages in attending an ante-natal clinic, even though they may be seeing their own doctors as well.

The following figures summarise the work done at the Ante-natal and at the Post-natal Clinics during the year :—

#### ANTE-NATAL.

Expectant mothers on books at January 1st	...	...	84
New cases during the year	...	...	287
Names on books at December 31st	...	...	76
Attendances of Expectant Mothers	...	...	1,230
First-visits to homes of Expectant Mothers	...	...	949
Revisits	do.	do.	299

#### POST-NATAL.

Forty-four mothers attended for post-natal examination during the year.

### MATERNITY EMERGENCY UNIT.

The Corporation has an arrangement with the Liverpool Maternity Hospital for the use in Wallasey of the Maternity Unit for dealing with difficult domiciliary obstetric emergencies.

It has not been necessary to call upon the services of the Maternity Unit.

### MATERNITY OUTFITS.

Maternity outfits may be supplied free of charge on request to the Public Health Department in respect of all domiciliary confinements, whether attended by a Municipal Midwife or a Private Midwife.

The number of domiciliary confinements attended during the year by Municipal Midwives was 405, and by Private Midwives 19. The number of Maternity Outfits issued during the year by those Midwives was 359 and 17 respectively.

### CARE OF PREMATURE BABIES.

The Midwives, Health Visitors, Maternity Hospitals and Nursing Homes work in close liaison with each other to ensure that premature infants receive the correct care and attention in the home.

When a premature infant is born, the midwife in attendance informs the Public Health Department, stating if she requires additional equipment. Arrangements are then made for a Health Visitor to visit, and, if necessary, to take over the supervision of the case. If the midwife is not in need of any help she informs the Superintendent Health Visitor on her last day of visiting, and the Health Visitor then takes over. Very little time is lost between the handing over of the case from the midwife to the Health Visitor, which ensures that constant care and advice is maintained in the home with regard to the mother and baby.

The Maternity Hospital and Nursing Homes in the Borough also notify the Department of premature births, so that the delay between the date of discharge and the date of the Health Visitor's first call is as little as possible.

Home Helps are provided when necessary in cases where premature infants are born at home.

Number of premature infants born at home during the year	...	...	...	...	...	...	15
Number of premature infants born in hospitals or Nursing Homes	...	...	...	...	...	...	98

There were seven deaths during the year, where the cause was given as prematurity. This figure could be reduced by better Ante-natal care, and improved methods for dealing with premature babies. It is hoped that the extra facilities which are being provided at "Highfield" Maternity Hospital will bring about an improvement in this figure.



## CHILD WELFARE CLINICS.

The Clinics at which a doctor attends on each occasion, are held in the afternoon of the following days :—

New Street Centre—Tuesdays.      Field Road—Thursdays.  
Wallasey Village—Wednesdays.      Oakenholt Rd., Moreton—Tues.  
Trinity Hall, Liscard—Thursdays.

Owing to the bad weather at the latter end of 1950, the attendance at the various Child Welfare Centres has suffered, but there is no abatement in the enthusiasm of those mothers who do attend regularly. On the whole, a slight reduction in the number of babies attending the busier Clinics is welcome, as it enables the Doctors and Health Visitors to give more individual attention to each case.

The mothers are extremely grateful for the advice and help they receive at the Welfare Centres and, in this branch of Public Health, at least, the National Health Service has made no difference at all—on the contrary, some mothers report that their own family doctors are too busy now to attend to the ordinary feeding difficulties and minor problems which face every mother with the arrival of a new baby.

The general standard of health and nutrition in the babies who attend the Clinics is above the average, and with the exception of naso-respiratory infections, very little serious illness is encountered.

It is rare to find, these days, that a baby is not having his vitamins, Cod Liver Oil and Orange Juice, regularly throughout the first 12 months of life, and there is no doubt that the addition of these protective foods has contributed largely to the better health and lower mortality of infants in this country.

Babies are immunised against Diphtheria from the age of 8 months, and mothers are encouraged to attend the Clinics for this purpose as soon as baby is old enough—very few babies escape this net.

We welcome the toddlers to the Clinics, but after the first year the attendances fall, and the children are usually only brought at rather irregular intervals when there is something wrong, or some problem in feeding or management has arisen. This is a pity because it is in the pre-school stage that such defects as knock-knees, flat feet, squints and psychological disturbances can be most adequately dealt with.

Artificial sunlight for babies and toddlers who are not thriving as well as they should, is proving very popular, and the results are very gratifying. It is of great value in cases of mild rickets, malnutrition and respiratory infections, and the Physiotherapists co-operate enthusiastically with us in providing this treatment.

We offer our thanks once again to those Voluntary Helpers who give up so much of their time, and attend so regularly at the various Clinics; without them the Health Visitors could not devote so much attention to their mothers individually, as they would have to occupy themselves with the routine work which can be, and is, done so well by these Voluntary Helpers.



I would like to say again that the establishment of more suitable premises for this important branch of preventive medicine, would be welcomed by all concerned in the welfare of these babies. The difficulties encountered at these Church Halls include inadequate storage accommodation, poor heating and lighting, no pram shelters, dirty paintwork, and that lack of brightness and colour of the surroundings which normally makes a Baby Clinic such a delightful place in which to work.

The number of attendances during the year was:—

Children under one year of age	New Street 2,234	Moreton 3,180	New Brighton 2,655	Wallasey Village 3,301	Trinity Hall Liscard 3,771	Totals 15,141
Children between one and five yrs.	271	443	532	1,048	1,072	3,366

### SUPPLY OF WELFARE FOODS.

#### NATIONAL DRIED MILK, FRUIT JUICES, etc.

Particulars of National Dried Milk, Cod Liver Oil, and Fruit Juices distributed to expectant and nursing mothers and to children under five years of age during the five years, 1946 to 1950, are as follows:—

NATIONAL DRIED MILK.	1946.	1947.	1948.	1949.	1950.
Number of packets given free	1,599	1,340	779	708	917
“ “ sold at reduced rates	30,785	53,283	55,735	59,604	69,543
COD LIVER OIL, FRUIT JUICES, ETC.					
Number of bottles of:					
Cod Liver Oil .. ..	16,978	24,989	27,408	25,672	22,946
Fruit Juices .. ..	107,383	107,587	107,734	99,229	94,056
Vitamin Capsules ..	2,833	5,791	7,085	7,437	6,611
Orange Juice (Free) ..	—	—	2,084	1,834	1,313

#### DRIED MILK (OTHER THAN NATIONAL DRIED MILK).

Sold lb. Packets, 12,173 realising ... £1,348 5s. 4d.

#### PRIORITY DENTAL SERVICES

(For Expectant and Nursing Mothers and Pre-School Children.)

The main centre for this work is at the New Street Dental Clinic, where there is a dental Surgery complete with an X-ray unit. Sessions are held also at the Moreton Health Centre. One of the Authority's Dental Officers makes a speciality of this work, and during the year a number of expectant and nursing mothers have had their mouths put in order, dentures being fitted when necessary.

Children attending Nursery Schools and Day Nurseries have been inspected during the year, and children under school age have received dental treatment. The fact that a young child is in a day nursery indicates that the mother is at work and not available to accompany it on a visit to a dental clinic. As it is very often impossible to attend to very small children if the mother is not present, the problem of treatment can be very difficult. It would seem

that it is the duty of employers of mothers of very young children to allow them to attend with their children when necessary at a dental centre, or indeed on any occasion when their presence is necessary.

This is a new Service, and will take time to become established but there is every prospect that in a few years time it will become a much appreciated part of the Authority's Health Services. In the meantime the Service is there for those who wish to use it, and there can be no complaint that Wallasey has failed to provide a priority service for mothers and young children.

The following table shows the treatment completed in 1950 :—

NUMBERS PROVIDED WITH DENTAL CARE.

					Expectant Mothers	Nursing Mothers	Children Under 5
Examined	..	..	..	..	41	11	231
Needing Treatment	..	..	..	..	29	7	227
Treated	..	..	..	..	23	8	225
Made Dentally Fit	..	..	..	..	10	8	225
Sessions	Inspection	..	..	..	—	—	5
	Treatment	..	..	..	45	—	—
	Total	..	..	..	45	—	5
No. of Fillings	Permanent Teeth Filled	..	..	..	15	5	Nil.
	Temporary Teeth	..	..	..	—	—	22
	Total	..	..	..	15	5	22
Extractions	Permanent Teeth	..	..	..	63	56	Nil.
	Temporary Teeth	..	..	..	—	—	262
	Total	..	..	..	63	56	262
Administrations of General Anaesthetics					25	6	201
Other Operations	Permanent Teeth	..	..	..	25	17	Nil.
	Temporary Teeth	..	..	..	—	—	—
	Total	..	..	..	25	17	11
No. of Permanent Fillings					15	5	—
No. of Temporary Fillings					—	—	22
Total					15	5	22



## DAY NURSERIES.

In spite of the recent adverse publicity to which Day Nurseries have been subjected, because of their high maintenance costs, they are continuing to fill a very much needed want in Wallasey, and are likely to be still more in demand if the re-armament programme is to be implemented.

They are always full to capacity—except, during the recent influenza epidemic when the numbers dropped to an unusually low level—and the mothers are all extremely grateful for the care and attention which are bestowed on their children, whilst they are at work.

The majority of the children catered for are those from very poor homes where the mother is either the sole breadwinner, or needs to augment the family income because the husband is earning so little. Priority is sometimes given to the children of nurses and teachers as the demand for this class of employment is still very great.

The children are happy, well-fed, and healthy, and any physical or mental defect is dealt with at the regular routine medical inspections which take place every three weeks. All the children are immunised against diphtheria at the Nursery if this has not already been done before admission.

The Nurseries are training schools for the N.N.E.B. examination and 10 of our nursing students have now been successful in obtaining their diplomas. These nursery trained nurses have all subsequently secured good posts, either in our own Nurseries, or elsewhere.

The matrons are untiring in their efforts to make the atmosphere of the nurseries as near that of a normal happy home life as possible, and the children settle down very rapidly after admission.

There are very few feeding problems, and the children who "won't eat at home" soon follow the example of the other "good eaters," and raise no objection to the well-filled plates that are set before them. Cod Liver Oil and Orange Juice are also taken regularly and without argument, and there is no doubt that the daily administration of these vitamins, a well-balanced diet, and the rest and fresh air which are all part of the nursery's daily routine are largely responsible for the satisfactory progress which these children make as soon as they become inmates of Wallasey's Day Nurseries.

The following table shows the number of places and average number of children attending in December, 1950 :—

Nursery	Number on Register 31/12/50	Number of Places	Average Daily Attendances			
			<i>Exc. Saturdays</i> 0—2's    2—5's		<i>For month as a whole</i> 0—2's    2—5's	
Eastway .. ..	30	30	4	23	3	18
Central Park ..	60	50	10	34	9	28
Oakdale .. ..	60	50	6*	31*	6*	25*

\* Low attendances due to outbreak of Chickenpox.



## MOTHER AND BABY HOMES.

There is not a sufficient number of mothers seeking admission to such Homes to justify the Council maintaining a Home for this purpose.

The Corporation has an arrangement with the Wallasey Moral Welfare Association whereby any women dealt with under Section 22 of the National Health Service Act, 1946, are admitted before and after the confinement.

The Corporation also contributes, where necessary, to the maintenance of unmarried mothers and illegitimate children admitted to Homes maintained by the Salvation Army and other voluntary bodies.

## MIDWIFERY SERVICES.

### DOMICILIARY MIDWIFERY.

Under the terms of the Midwives Act, 1936, and the Scheme prepared by the Council and approved by the Ministry of Health, under Section 23 of the National Health Service Act, 1946, the Council employed directly seven Municipal Midwives during 1950. Each Midwife is allotted a particular district, and resides in that district, though, of course, her activities are not strictly confined to that area.

All except one of the Municipal Midwives have had training in the administration of Gas and Air, and an adequate number of Minnitt Apparatus are housed at the Ambulance Depot. On receipt of a telephone message from the Midwife concerned, a Minnitt Apparatus is delivered at the home of the patient without delay.

Bicycles and bus passes are provided for the use of the midwives, and one has a Corgi Auto-cycle. The Ambulance Service supplies a Sitting Case Car and driver on the request of a midwife.

Dr. E. I. Grant, Woman Assistant Medical Officer of Health, acts as Medical Supervisor of Midwives, and Mrs. A. Parkinson, Superintendent Health Visitor, as non medical Supervisor.

Five midwives in private practice notified their intention to practise in the Borough during the year.

In 1950 the seven Municipal Midwives attended 405 cases; of these, 197 were attended as Maternity Nurses. Midwives in private practice attended 19 cases, of which 11 were attended as Maternity Nurses.

The following is a list of the causes for which medical help was sought :—

### CONDITION OF MOTHER.

				Private Midwives.	Municipal Midwives.
P.O.P.	...	...	...	—	1
Post partum haemorrhage	...	...	...	—	2
Laceration of perineum	...	...	...	—	4
Uterine inertia	...	...	...	—	2
Foetal distress	...	...	...	—	1
Face presentation	...	...	...	—	1
Retained placenta	...	...	...	—	1
Rise of temperature	...	...	...	—	1
Twins	...	...	...	—	1
Inflamed breast	...	...	...	—	1

## CONDITION OF CHILD.

Jaundice	...	...	...	...	—	1
Discharging eyes	...	...	...	...	—	3
Asphyxia Pallida	...	...	...	...	—	1
Soft swelling over parietal bone					—	1

## HEALTH VISITING.

The Health Visitors are responsible for visiting homes and attending clinics in connection with Maternity and Child Welfare, combining their duties with those of School Health Nurses.

This visiting of homes is a most important aspect of their work, and is especially concerned with the expectant mother, and the giving of advice on all matters with regard to the arrangements for the confinement and the maintenance of the mother's good health.

After the confinement, whether it has taken place in hospital or at home, the Health Visitor visits the mother and baby, usually on the 14th day. In this way, the link between the ante-natal and post-natal care is maintained throughout. The mother is informed of the nearest Child Welfare Centre, where a doctor is in attendance, and this helps in maintaining contact with the Health Visitor, who is able to advise in matters concerning the health of the baby. Appreciation of the Health Visitor's home visits is shown by the consistently high attendances at the Child Welfare Centres by mothers and children up to 5 years of age.

Re-visits are paid periodically to the homes of children between 1 and 5 years, the aim being, wherever possible, to encourage the development of healthy children. Emphasis is laid on the importance of vaccination and diphtheria immunisation, and other precautionary measures, where necessary, concerning infection.

Because of her combined duties, the Health Visitor is able to provide a continuous contact between her visits in the homes for children between 1 and 5 years, and her visits to the schools and homes throughout the children's school life.

Many enquiries, etc., visits and reports were made during the year by the Health Visitors, at the request of the Children's Officer.

The following is a summary of work done by the Health Visitors during the year :—

Visits to children under 1 year	...	...	...	...	8,841
Visits to children between 1 and 5 years	...	...	...	...	12,242
Visits to stillbirths	...	...	...	...	31
Visits to Neo-Natal Deaths	...	...	...	...	20
Visits to Deaths, 1—5 years	...	...	...	...	19
Visits to Post-Natal cases	...	...	...	...	124
Total visits to Premature Births	...	...	...	...	229
Total visits to Infectious Diseases and contacts	...	...	...	...	1,243
Visits to Adoptions	...	...	...	...	51
Visits to Ophthalmia cases	...	...	...	...	9
Total visits to Expectant Mothers	...	...	...	...	1,248
Visits for Children's Officer	...	...	...	...	26
Visits re Immunisation	...	...	...	...	331
Miscellaneous visits	...	...	...	...	466

Total visits 24,880



## PROMOTION OF CLEANLINESS AND GOOD HEALTH

(Min. of Health Circular 2831)

Health Visitors impress on mothers and expectant mothers the importance of cleanliness and freedom from vermin, and concentrate largely on the homes which they know to be the least satisfactory in this respect.

Fine tooth combs are supplied on loan, and Lethane hair oil is available for cases needing treatment.

Posters dealing with vermin, issued by the Central Council for Health Education, are exhibited in various parts of the Borough.

### HOME NURSING.

Home Nursing in the Borough was for many years carried out by the Wallasey District Nursing Association, from a District Nurses' Home in the centre of the town. This Organisation has carried on the work, on behalf of the Corporation from the 5th July, 1948, to 30th June, 1950.

The Wallasey District Nursing Association at their Annual General Meeting in September, 1949, passed a resolution to determine the Agreement made between the Local Authority and the Association, in which they had agreed to provide Home Nursing Services on behalf of the Local Authority. The Local Authority took over, by Agreement, the Organisation, including the Nurses' Home, and the existing staff on 1st July, 1950.

The staff in 1950 consisted of a Superintendent and eight District Nurses. Difficulty has been experienced from time to time in obtaining the services of nurses. Practitioners wishing the services of a nurse for a patient make their requests to the Superintendent of the Home Nursing Service (Tel. Wallasey 5709).

The following is a summary of the work undertaken in 1950 :

No. of cases attended	...	...	...	1,092
No. of visits paid	...	...	...	29,275

### VACCINATION AND IMMUNISATION.

#### VACCINATION.

With the coming into operation of the National Health Service Act, 1946, on 5th July, 1948, the office of Public Vaccinator ceased to exist and vaccinations from that date have been carried out by patients' own doctors.

From the 5th July, 1948, medical officers and general practitioners taking part in the new arrangements are required to furnish to the local Health Authority particulars for record purposes. On the basis of receiving such particulars the Council will pay a fee of 5/- per case to general practitioners.

During 1950 practitioners in the town notified that they had carried out 890 vaccinations and 296 re-vaccinations.

#### PUBLIC HEALTH (SMALL-POX PREVENTION) REGULATIONS, 1917.

No primary vaccinations or re-vaccinations were performed by the Medical Officer of Health during the year.



## DIPHTHERIA IMMUNISATION.

Immunisation against Diphtheria has continued throughout the year at the Clinics.

With the coming into operation of the National Health Service Act, 1946, on the 5th July, 1948, General Practitioners performing immunisations against Diphtheria under the Local Authority's approved arrangement, are able to obtain free supplies of prophylactic on application to the Public Health Department, Town Hall, Wallasey, or the Health Clinic, Oakenholt Road, Moreton. They also receive fees from the Local Authority in respect of the return to the Authority of information in a specified form for record purposes.

During the year 1,301 children received the full course of Immunisation treatment against Diphtheria—672 being immunised by General Practitioners and 629 at the Clinics.

In addition, 480 children who had received the full course five years ago were given a reinforcing dose—109 by General Practitioners and 371 at the Clinics.

The following table shows the number of children immunised each year from 1936 :—

**DIPHTHERIA IMMUNISATION**  
**TABLE SHOWING NUMBER OF CHILDREN IMMUNISED—BY AGE GROUPS.**

Age	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	Total
Under 1 year ..	—	—	—	—	—	8	21	56	30	27	37	140	67	86	47	under
1 year + ..	6	3	21	5	18	101	357	290	478	835	730	635	865	740	772	5 yrs. of
2 years + ..	22	12	17	13	23	111	309	251	78	168	160	78	279	181	229	age at
3 years + ..	38	11	24	10	27	115	295	169	58	60	91	47	75	77	85	31/12/50
4 years + ..	125	65	31	12	30	101	306	144	51	39	50	25	33	38	55	4,295
5 years + ..	313	160	206	29	45	136	308	152	82	63	59	32	54	31	42	Total
6 years + ..	221	114	230	10	44	85	243	223	68	45	45	26	43	25	33	over
7 years + ..	110	65	120	15	20	76	220	118	37	22	23	9	7	10	12	5 years
8 years + ..	25	13	6	3	2	47	247	120	51	22	21	8	4	3	5	and under
9 years + ..	13	6	—	—	4	41	238	96	74	43	15	7	7	6	9	15 years
10 years + ..	4	—	1	2	3	45	228	115	44	24	16	7	11	4	3	of age at
11 years + ..	3	1	1	1	4	27	188	107	60	19	13	5	5	3	3	31/12/50
12 years + ..	3	1	—	—	4	22	203	110	39	12	13	3	4	1	3	8,167
13 years + ..	4	—	—	4	1	22	237	135	64	12	11	5	3	—	—	
14 years + ..	2	—	—	2	—	9	57	101	20	1	5	1	1	1	1	
15 years + ..	—	—	—	3	—	4	21	45	17	7	1	—	—	—	1	
Over 16 years ..	—	—	—	1	5	1	12	31	6	12	1	—	1	2	1	
Total ..	889	451	657	110	230	951	3,490	2,263	1,257	1,411	1,291	1,028	1,459	1,208	1,301	



The following table emphasises the steady decline in the number of notifications of Diphtheria and the number of deaths from this disease in **Wallasey** particularly during the last eight years :—

<i>Year</i>	<i>Notifications</i>	<i>Confirmed Cases</i>	<i>Number Immunised</i>	<i>Total Immunised</i>	<i>Deaths</i>
1934	258	—	—	—	25
1935	275	239	181	181	18
1936	259	227	889	1,070	12
1937	241	209	451	1,521	12
1938	255	235	657	2,178	13
1939	187	185	110	2,288	11
1940	143	128	230	2,518	5
1941	220	182	951	3,469	10
1942	312	223	3,490	6,959	12
1943	157	79	2,263	9,222	3
1944	109	59	1,257	10,479	3
1945	120	66	1,411	11,890	1
1946	96	52	1,291	13,181	*1
1947	29	8	1,028	14,209	*1
1948	27	13	1,459	15,668	†3
1949	14	14	1 208	16 876	—
1950	11	6	1 301	18,177	—

\* Not immunised † 2 not immunised 1 transfer

#### DIPHTHERIA.

The provisional figure for deaths from diphtheria in England and Wales during 1949 (the latest full year for which a total is available) was 85, compared with an average of about 2,800 deaths annually in the 10-year period 1931/40. For the eighth year in succession, therefore, the number of deaths was the lowest ever recorded. The provisional number of deaths for the first half of 1950 was 32 compared with 53 for the same period of 1949.

Total of deaths and notifications during the past 10 years in England and Wales are as follows :—

<i>Year</i>	<i>Deaths</i>	<i>Cases</i>	
		(Original Uncorrected)	(corrected)
1940	2,480	46,281	—
1941	2,641	50,797	—
1942	1,827	41,404	—
1943	1,371	34,662	—
1944	934	(29,949)	23,152
1945	722	(25,246)	18,571
1946	472	(18,283)	11,967
1947	244	(10,465)	5,592
1948	156	(8,035)	3,560
1949	85*	(4,971*)	1,897*

The provisional figures of corrected notifications for the first half of 1950 are 565, compared with 1,149 for the same period of 1949.

\* provisional.



The number of cases in 1949 was also the lowest ever recorded being about 50,000 below the average of 55,000 obtaining in the 10-year period 1931-40. Apart from the avoidance of unnecessary suffering, this has resulted in substantial savings in hospital costs, and has freed medical and nursing personnel for other work.

### AMBULANCE SERVICE.

The records of this Department during the past year show an increase over the previous year both in patients carried and mileage.

Every possible course has been followed to "weed" out those cases in which transport by ambulance is not a necessity, and the help of the Doctors and Hospital Staff in this direction is much appreciated.

The increases are, of course, due to the Service being provided free and the fact that this knowledge is now more appreciated by the public.

### RECORD OF AMBULANCES :

Two new ambulances were purchased during the year and one was withdrawn from the Service.

The following vehicles were in commission at 31st December, 1950.

#### *Ambulances.*

AHF 909.	Daimler	27 h.p.	First registered 12/10/50. In perfect condition.
AHF 777.	Daimler	27 h.p.	First registered 6/4/50. In perfect condition.
AHF 347.	Bedford.	28 h.p.	First registered 5/1/48. In good condition.
AHF 277.	Commer.	21 h.p.	First registered 28/10/47. In good condition.
HF 9500.	Austin.	26 h.p.	First registered 6/12/45. In good condition.
HF 6770.	Austin.	23 h.p.	First registered 28/1/37. In fair condition.

#### *Sitting Case Cars.*

EOH 840.	Austin.	18 h.p.	First registered 7/9/38. In fair condition.
HF 5914.	Humber.	18 h.p.	First registered 1/4/36. In poor condition.
*VJ 8244.	Morris.	18 h.p.	First registered 7/1/36. Very poor condition.

\* This vehicle is showing heavy signs of fatigue and has reached the stage for withdrawal from the Service. A new sitting case vehicle was delivered in April, 1951.

#### **Moreton Depot :**

The above out-Station was opened on the 1st May, 1950, and operates between the hours of 09.15 and 17.45 dealing mainly with cases from the Moreton district.

During the eight months this Station has been in operation, 2,771 cases have been conveyed from or to the Moreton district.

### Ambulance Staff:

The authorised strength of the Wallasey Ambulance Service is eighteen Driver/Orderlies who work a rota of five days followed by two nights on duty, following which they have two clear days off duty. This rota, over a period of eighteen weeks, works out at approximately a sixty hour week and allows for about two-thirds of the available personnel for duty between the hours of 09.00 and 18.00.

### Maintenance.

The ambulance Staff carries out its own vehicle maintenance routines such as greasing, cleaning, petrol and oil, water, etc., but repairs are carried out by the Fire Brigade mechanics.

Due to the numerous calls on this Service, constant supervision of the roadworthiness and mechanical efficiency of the machines is necessary to keep them in commission, and the mileage chart will give some indication of the attention required.

Looking at the figures of only three years ago; it is quickly realised that the very large increase in the number of cases now being carried with the increased mileage, is shortening the life of the vehicles, for at that time the greatest number of cases carried in any one month was 479 compared with 1,993 conveyed during a similar period in 1950.

### Out of District Journeys :

During the year the Ambulance Service was called upon to perform long distance journeys involving a total mileage of 9,247.

The number of cases dealt with during 1950 was as follows :—

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Accidents	42	41	44	55	100	145	142	162	78	68	62	56	995
Sudden Illness	25	20	21	23	22	35	43	65	23	39	37	31	384
Maternity	66	56	49	70	74	46	61	63	89	69	73	79	795
Infectious Diseases	19	7	9	16	15	13	3	8	18	13	12	11	144
Mental	14	19	26	27	34	33	27	50	11	21	38	11	311
Public Health	99	77	42	93	86	59	142	162	137	150	178	209	1434
Mortuary	16	9	3	9	13	8	12	12	7	9	16	16	130
Other Cases	1527	1479	1513	1249	1511	1389	1550	1471	1274	1327	1462	1440	17192
Total	1808	1708	1707	1542	1855	1728	1980	1993	1637	1696	1878	1853	21385



The mileage of Ambulance vehicles during 1950 was as follows:

Vehicle	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
AHF.909	—	—	—	—	—	—	—	—	—	693	870	1236	2799
AHF.777	—	—	—	318	1026	1490	1365	1814	1189	1317	1121	854	10494
AHF.347	980	1337	1196	974	953	671	934	1136	726	814	701	517	10939
AHF.277	1465	1454	1845	1265	1464	1164	1250	1214	1174	1017	1054	1184	15550
HF.9500	496	368	368	397	362	508	439	737	915	1196	419	504	6709
HF.6770	547	—	204	949	1090	996	537	962	1153	839	777	930	8984
HF.89	391	1044	230	307	273	303	321	810	201	618	—	—	4498
EOH.840	1592	2205	1998	989	1816	1394	1353	—	—	252	1454	2017	15070
HF.5914	1595	851	1849	1983	1737	1593	1430	2166	1787	1470	1144	540	18145
VJ.8244	1481	1461	1304	1081	1629	1276	1701	2166	1764	1305	1362	1317	17847
Total	8457	8720	8994	8263	10350	9395	9330	11005	8909	9521	8902	9099	111035

## PREVENTION OF ILLNESS—CARE AND AFTER-CARE.

### TUBERCULOSIS.

Details of notification of cases and statistics, etc., relating to Tuberculosis are given on pages 19, 20.

*Prevention*—The prevention of tuberculosis has assumed even more importance with the increasing difficulty in getting patients into hospital and the serious situation with regard to housing. Wallasey is more forward in both these matters than many other towns as we have 39 local beds in Mill Lane Hospital and an enlightened Housing Committee, but difficulties still exist.

During the year 20 cases of infectious tuberculosis were re-housed.

To try and avoid spread of tuberculosis we do frequent contact examinations at the clinic and a very close watch is kept on all tuberculosis cases by the Tuberculosis Health Visitor who did 1,215 visits in the year.

When B.C.G. became available the vaccination of Tuberculin negative cases was started—these are mostly children who are contacts of sputum positive cases in hospital or of cases—now sputum negative—who have been positive. Babies born to tuberculosis cases are vaccinated a day or two after birth and protection given from the very start of life.

Twenty B.C.G. vaccinations were done in 1950. The follow up Mantoux Tests after six weeks showed that there was conversion to positive in all cases—thus indicating a satisfactory degree of protection.



### After Care.

The Voluntary Care Committee is still active as Agents of the Local Authority. It runs classes at the clinic on Tuesday afternoons for sewing, needlework and dressmaking and on Friday afternoons for basket work, rug making, weaving and leather work. The attendances average 12 and 25 respectively.

A teacher paid by the Education Authority gives instruction and also supervises work done by patients in the hospital.

A Sale of Work was held in December with gratifying results. This was graciously opened by the Mayoress.

The erection of a workshop, in which chronic sputum positive cases will be employed, has not yet started, due to the unwillingness of the Regional Hospital Board to allow its siting in the grounds of Mill Lane Hospital. This difficulty is now overcome, and it is hoped that the building will start in 1951.

The supply of extra nourishment and clothing to patients' families, has continued. As the Tuberculosis allowances and National Health Grants do not keep pace with the increasing cost of living, this is a very useful service.

A close liaison with the Disablement Resettlement Officer of the Ministry of Labour has been kept up and many patients have been placed in occupations.

During the year 1,215 home visits were paid by the Tuberculosis Health Visitor.

### MENTAL ILLNESS AND DEFECTIVENESS.

Details of work under this Section are given on pages 43-51.

### OTHER TYPES OF ILLNESS.

The staff of the Public Health Department has co-operated with Hospital Staffs in dealing with people who require their services.

Many requests were received during the year from Almoners for information with regard to patients.

No requests were received during the year from General Practitioners with regard to after-care of patients.

### PROVISION OF NURSING EQUIPMENT AND APPARATUS.

Nursing equipment and apparatus is issued by the Home Nursing Service to patients attended by the staff of that Service.

A certain amount of equipment has also been purchased for special cases, and this is stored, and issued from the Public Health Department. A small loan charge, varying with the value of the article, is made.

Should the demand for the provision of nursing equipment and apparatus increase to any material extent, it will be necessary for the Authority to consider the establishment of a Depot or Depots for the storing, distribution, sterilising, etc., of suitable articles of equipment. The Authority would, of course, consult with any Voluntary Organisations concerned to avoid overlapping in this Service, and to enable them to make use of any voluntary effort that might be available.

The following Voluntary Organisations operating in the Borough have schemes under which articles of medical equipment are loaned to the public, and arrangements have been made with these Organisations for the continuation of the Service:—

The British Red Cross Society,  
St. John Ambulance Brigade.

### DOMESTIC HELP SERVICE.

The demands on the Domestic Help Service continue and during the year 1950 429 applications for help were received of which 407 were accepted. The corresponding figures for 1949 were 444 applications received and 419 accepted. The total number of hours worked by Helpers during 1950 was 55,361½.

The service plays an important part in relieving pressure on hospital accommodation. Many of the cases looked after in their own homes by Domestic Helpers would, if no such service were available have to occupy a hospital bed. Similarly with aged people or couples living alone. The fact that a Helper has been available has obviated the necessity of them entering hostels.

A considerable number of the cases dealt with are women returning from maternity hospitals or nursing homes after confinement. The services of Helpers are of great value in assisting the mother to regain her normal health.

The services of Helpers are also being requested in an increasing number of tuberculosis cases.

That the medical practitioners in the town appreciate the service is evident from the number of cases who are advised by their own doctors to take advantage of the service.

It was unfortunate that for reasons of economy the number of Helpers employed had to be cut down during the year, although the calls for help continue to increase.

When an Influenza epidemic affected practically every household, the value of the service was realised more than ever.

The number of Helpers available is increasing slowly. Many applications from would-be Helpers are received, but only after very careful scrutiny of references, home conditions and temperament, are Helpers employed.

The following table shows the work carried out during 1950.

	<i>Maternity</i>	<i>T.B.</i>	<i>Others</i>	<i>Total</i>
Applications for help received ...	112	15	302	429
"          "      investigated	112	15	302	429
"          "      accepted ...	109	13	285	407
No. of cases to which help sent...	80	12	322	414
No. of hours worked by Helpers	6,350	3,330½	45,681	55,361½
No. of Helpers on Staff, 31/12/50	Full time 34, Part-time 7.			

### MENTAL HEALTH SERVICES.

The Mental Health Service, which opens up a new era in the field of Mental Health, came into being on the 5th July, 1948, as part of the comprehensive Health Service provided under the National Health Service Act, 1946.



Under Part III of this Act, the Local Health Authority is invested with the community care relating to Mental Health and the Duly Authorised Officers with the statutory duties for securing the detention and reception of mentally sick persons and mental defectives requiring hospital care.

The responsibilities placed upon the Local Health Authority in relation to Mental Health are :—

- (a) The ascertainment of mental ill-health and mental deficiency.
- (b) The administrative arrangements for obtaining Detention and Reception Orders, and the escorting of mentally sick persons to Hospitals under the Regional Hospitals Board.
- (c) The community care of the mentally defective.
- (d) The Administrative arrangements for the admission to hospital for treatment for the mentally ill and of mental defectives.
- (e) Prevention, care and after-care work in the community in the field of Mental Health.

#### **Administration.**

A Mental Health Sub-Committee is appointed annually, consisting of a Chairman, Vice-Chairman and five members of the Health Committee of the Council. The Mental Health Sub-Committee meets monthly. The Medical Officer of Health, under the direction of this Committee, is responsible for the control of this Service.

The Local Health Authority carries out all duties in connection with the Mental Health Service, none being delegated to Voluntary Associations. In the removal of patients to hospital, the Local Authority's Ambulance Service is employed.

#### **Staff.**

Administrative Officer—Medical Officer of Health. In addition, three medical officers of the Local Health Authority are approved under Sections 3 and 5 of the Mental Deficiency Act, 1913, for the purpose of giving medical certificates.

Three Duly Authorised Officers—one woman and two men—are employed by the Local Health Authority. These officers also act as Mental Health Social Workers in the prevention, care and after-care section of the work. Two-thirds of the time of the three Duly Authorised Officers is allocated to Mental Health, and one-third to the Welfare Services under the National Assistance Act, 1948. The Duly Authorised Officers are available at all times of the day and night to deal with cases of urgency (they work on a rota system between themselves for after-hours duty). They each have a telephone at home. During the day, unless owing to exceptional circumstances all have been called out, one of the officers is available to give advice and assistance. A member of the Welfare Staff has been " Authorised " to act in the case of emergency.

#### **Offices.**

The Mental Health Service Offices are situated in Church Street, about half a mile from the Town Hall. There are all the inconveniences and delays attendant upon a split department which add considerably to the work of the Authorised Officers.



There is a "branch" office at Moreton, in the old Public Assistance Committee Building, Oakenholt Road. The Authorised Officer for the district attends there on Tuesdays and Thursdays, when the office is open to the public between 11 a.m. and 12 noon. This has already proved a great boon to the residents of Wallasey West, and the office will be kept open for longer periods as time goes on and the need increases.

### **The New Mental Health Services.**

Already the possibilities of the new approach to positive Mental Health are unfolding. Whereas previously the essential preliminary to treatment for mental illness was certification and incarceration, now the aim is preventive, the emphasis being on mental health, not mental illness, and it is hoped that, in the not too far distant future, certification will be the rare exception instead of the general rule as it has been in the past.

The success of the new method of treatment lies in early diagnosis of the symptoms, and although public opinion is being educated to appreciate that mental symptoms are only symptoms of an illness, there is still a reticence and shrinking on the part of relatives of a patient to seek advice in the early onset of the illness.

A review of the year's work however, is encouraging. In spite of the fact that the Regional Hospitals Board has not yet established a Psychiatric Out-Patients Clinic in Wallasey, and our patients have to go to Liverpool, Birkenhead, Clatterbridge and even to Ormskirk, many patients have attended the Clinics. In some cases the arrangements are made by the General Practitioner, but frequently the Authorised Officer acts on the doctor's behalf, and, if necessary, accompanies the patient to the Clinic. If a period in hospital is advised by the Consultant Psychiatrist, the Authorised Officer then makes the arrangements necessary for the patient's admission to hospital as a Voluntary Patient and accompanies him thereto.

The establishment of a Psychiatric Out-patients Clinic in Wallasey is an urgent necessity.

The Hospital accommodation shortage is still acute, but—in spite of this, the number of patients admitted to Hospital for Voluntary treatment again exceeds the previous year's figure by almost 100%.

The opening of the new Neuro-psychiatric Unit attached to Rainhill Hospital has been the high-light of the year's progress, and the new "open-door" wards at Upton have proved most valuable for treatment of short-stay cases. It is hoped, however, that it will not be long before separate small hospitals on Country House lines, will be established for the treatment of this type of case.

The only solution to the shortage of beds in Mental Hospitals would appear to be the provision of more chronic sick wards (of the old "aged and infirm" type) in general hospitals, where senile cases could be nursed and cared for without certification, thus leaving the Mental Hospital beds available for curable and "short-stay" cases.



### **Prevention, Care and After-Care.**

This branch of the Service is still in its infancy. Lack of Staff and other facilities prevent its development, only a brief reference, therefore, can be made here to what will, in the future, be the Local Authority's biggest task in the field of Mental Health, which is essentially a Social Service.

Some After-Care work has been done in the past by Voluntary Agencies, but under Section 28 of the National Health Service Act, 1948, the duty is placed on the Local Health Authority. The Authorised Officers are now carrying out the work previously done in this Area by the Psychiatric Social Workers of the National Association for Mental Health.

Owing to pressure of other more urgent work, however, only a limited amount of time can be given to this important part of the work. An increase in staff and the provision of cars for the Authorised Officers are essentials before this work can develop.

Preventive work is done in conjunction with the Psychiatric Out-patients' Clinics, by ensuring attendance of the patient, and by domiciliary visiting in a friendly capacity to give such help and advice as may be needed. For example, the finding of suitable employment by getting the patient in touch with the Disablement Resettlement Officer of the Ministry of Labour, and advising him of all resources which are available to help his particular need.

After-care work is carried out in the case of patients discharged from Mental Hospitals. The Medical Officer of Health receives notice, from the Mental Hospital, of a patient's discharge, and stating whether or not he (or she) is desirous of taking advantage of the after-care service. In some cases, before a patient is discharged the resident psychiatrist gets in touch with the Authorised Officer and tells him of the patient's particular need. Several patients have been assisted to find employment. Two are engaged in the service of the Local Health Authority.

Experience proves that the patient needs, and is grateful for, the friendly help of someone who knows and understands what he has been through, and who can spare him some of the shocks and jolts of rehabilitation, and can act as a prop until he feels able to stand on his own feet again.

### **Hospital Care.**

Where a patient requires removal to hospital for observation for a period, a Justices Order is made, on which order the patient can be detained for a period not exceeding 14 days (Section 21), but under the new provisions (Section 21a) this can be extended by a medical certificate for a further 14 days. This is very helpful as a patient is thus able to have a month's stay in hospital without certification, by which time he has often recovered sufficiently to elect himself to stay as a Voluntary Patient and certification is avoided.

In urgent cases patients are occasionally placed in hospital for observation by the Authorised Officer (Section 20) for a period not exceeding three days. In these cases also, Section 21a can be invoked and the patient detained on medical evidence, for a further 14 days. Section 20 is only used in extremely urgent cases, the Authorised Officers preferring to act on the Justices Order wherever possible.

If certification is inevitable, the Authorised Officer makes the necessary arrangements and escorts the patient to the hospital.

An appreciation of the work of the local Magistrates must be recorded here. The Authorised Officers find them only too willing to see a patient at any time, despite the fact that some of them are very busy people. Their patience and understanding in dealing with the patient does much to reassure the anxious relatives in their distress. Wallasey is very fortunate in its magisterial body.

The thanks of the Authorised Officers are also due to the civilian Ambulance personnel for their assistance in the handling of cases for removal. Their tact and understanding, and particularly their kindness in assisting with elderly and senile cases, does much to ease what might otherwise be a difficult situation.

### STATISTICS.

#### LUNACY AND MENTAL TREATMENT ACTS.

Number of Wallasey patients in Mental Hospitals on 31st December, 1950 was as follows :—

Certified patients (Section 16 Lunacy Act, 1890)	...	...	342
Voluntary patients (Section I Mental Treatment Act, 1930)	...	...	31
Temporary Patients (Section V Mental Treatment Act, 1930)	—	—	—
Total	...	...	373

There were 182 Admissions to Mental Hospitals during the year as follows :—

#### Mental Treatment Act, 1930.

Under Section I Voluntary Patients :	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Upton Mental Hospital	14	29	43
Rainhill Mental Hospital	3	2	5
Winwick Mental Hospital	1	2	3
Birkenhead Mental Hospital	1	2	3
Total	19	35	54

No cases were admitted under Section V (Temporary patients).

#### Lunacy Act, 1890.

Under Section 20 (3 day Order) by Duly Authorised Officer to :—

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Birkenhead Mental Hospital	16	3	19
Upton Mental Hospital	1	4	5
Sefton General Hospital	—	2	2
Winwick Mental Hospital	—	1	1
Whiston Mental Hospital	—	1	1
Total	17	11	28



**Under Section 21 (14 day Order) by Justice of the Peace to :—**

		<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Birkenhead Mental Hospital	...	18	16	34
Upton Mental Hospital	...	2	5	7
		—	—	—
Total	...	20	21	41
		—	—	—

**Under Section 16 (Certified Patients) to :—**

		<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Upton Mental Hospital	...	10	15	25
Birkenhead Mental Hospital	...	9	9	18
Winwick Mental Hospital	...	5	7	12
Sefton General Hospital	...	—	1	1
Rainhill Mental Hospital	...	1	1	2
Whiston Mental Hospital	...	—	1	1
		—	—	—
Total	...	25	34	59
		—	—	—

**Domiciliary Visits by Duly Authorised Officers :—**

To cases under Lunacy and Mental Treatment Acts	...	...	661
Preventive, Care and After-Care visits	...	...	222
			—
Total	...	...	883
			—

**MENTAL DEFICIENCY ACTS, 1913-38.**

Total number of Mentally Defective Persons on the Local Health Authority's Register (excluding children being dealt with by the Education Authority) on 31st December, 1950 :

<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
138	125	263

**The above total is made up as follows :—**

Defectives in Institutions	...	...	...	100
Defectives in " Places of Safety "	...	...	...	4
Defectives under Guardianship	...	...	...	5
Defectives under supervision in the Community	...	...	...	154
				—
Total	...	...	...	263
				—

**Defectives in the Community.**

The Duly Authorised Officers make supervisory visits to the homes of Defectives in the Community under Guardianship and supervision, advising and assisting the parents in the care of the Defectives, by encouraging them to send their children to the Occupation Centre where suitable, and informing them of all resources available for assistance under the National Health Service Act and the National Assistance Act, e.g., the provision of invalid chairs in suitable cases, and the financial assistance available for defectives over 16 years of age. Employment has been found for three high grade defectives.

The parents have come to regard the Duly Authorised Officer as a friend who understands their problems and difficulties, and they do not hesitate to visit the Offices in between the domiciliary visits if they are in need of help or advice.

### Defectives in Institutions.

Co-ordination is maintained between the Hospital Management Committees of the various Institutions and the Local Health Authority. The Duly Authorised Officers visit the homes and supply the following reports, as required:—

- (i) Reports for the information of the Visitors when carrying out their Statutory duties under Section II of the Mental Deficiency Act.
- (ii) Home circumstances report in respect of applications for holiday leave or licence.
- (iii) Progress and Supervision reports with regard to patients on licence from Institutions.

During the year 517 visits were paid by the Authorised Officers to the homes of Defectives.

### Particulars of Mental Defectives Ascertained during the year.

#### (1) Ascertainment.

- (a) Cases reported by Local Education Authorities (Section 57, Education Act, 1944) :—

	M.	F.	Total
(i) Under Section 57 (3) ... ..	3	3	6
(ii) Under Section 57 (5) ... ..	2	2	4
(b) Other cases reported during 1950 and ascertained to be "subject to be dealt with" ... ..	2	—	2

Total cases ascertained to be "subject to be dealt with" during the year ... .. 7 5 12

(c) Other cases reported during 1950 who are not at present "subject to be dealt with," but for whom the Local Health Authority may subsequently become liable ... ..	—	—	—
Total number of cases reported during the year ... ..	7	5	12

#### (2) Disposal of Cases reported during the year.

- (a) Cases ascertained to be "subject to be dealt with"

	M.	F.	Total
(i) Admitted to Institutions (under order) ... ..	—	—	—
(ii) Placed under Guardianship (under order) ... ..	—	—	—
(iii) Taken to "places of safety" ... ..	—	—	—
(iv) Placed under Statutory Supervision ... ..	6	5	11
(v) Died or removed from area ... ..	—	—	—
(vi) Action not yet taken ... ..	1	—	1

- (b) Cases not at present "subject to be dealt with"

(i) Placed under Voluntary Supervision ... ..	—	—	—
(ii) Found not to be defective ... ..	—	—	—
(iii) Died or removed from area ... ..	—	—	—
(iv) Action not yet taken ... ..	—	—	—

Total ... .. 7 5 12



(3) **Number of Mental Defectives under Community Care including Voluntary Supervision or in "Places of Safety" on 1st January, 1950, who have ceased to be under Community Care or in "Places of Safety" during 1950.**

			M.	F.	Total
(a)	Ceased to be under care	... ..	2	3	5
(b)	Died or removed from area	... ..	3	—	3
Total			5	3	8

Number of Mental Defectives awaiting vacancies in Institutions at the 31st December, 1950	... ..	19
Number of patients on Licence from Institutions at the 31st December, 1950	... ..	13
Number of patients under Guardianship (including cases on Licence) at 31st December, 1950	... ..	4
Number of patients under Statutory Supervision at 31st December, 1950	... ..	79
Number of patients under Voluntary Supervision at 31st December, 1950	... ..	67
Number of patients receiving training at Occupation Centre at end of year	... ..	20

**CASES IN INSTITUTIONS.**

The following is a list of Institutions in which Wallasey mentally defective persons were accommodated at the end of the year, and the number of such persons in each, admitted "under order."

	Males.	Females.
St. Catherine's Hospital Annexe, Birkenhead	6	—
Llys Maldwyn Hospital, Caersws, Mont.	1	—
Cranage Hall Hospital, Holmes Chapel	18	27
Etloe House, Leyton	—	1
Gillibrand Hall, Chorley	—	1
Mary Dendy Home, Sandlebridge	2	1
Monkton Hall, Newcastle-on-Tyne	1	—
Royal Albert Institution, Lancaster	14	2
Stoke Park Colony, nr. Bristol	2	—
Royal Earlswood Institution, Redhill	2	1
Hortham Colony, Bristol	—	1
Calderstones Institution, Blackburn	1	—
Brynhyfrydd Hospital, Mont.	3	1
Ashton House, Birkenhead	—	5
Great Barr Colony, Birmingham	1	—
Moss Side State Institution, Maghull	—	1
Rampton State Institution, Notts.	2	1
Newchurch Hospital, Culcheth	—	1
The Manor, Great Sutton	—	1
Brockhall Hospital, Whalley	1	—
Total	54	44

As in every other branch of the Hospital Service, there is an acute shortage of beds in Mental Deficiency Institutions. It will be

noted that there are still 19 Wallasey cases awaiting admission to Institutions, fifteen in the Community and four in Whitecross Homes as a "Place of Safety." With the promised extensions to Cranage Hall Hospital and Greaves Hall, Southport, it is hoped that the situation may be eased within the next few months. Meanwhile the Authorised Officers keep these waiting cases under close supervision in their homes.

### OCCUPATION CENTRE.

The Occupation Centre was opened on 3rd June, 1946, in the premises in Hale Road previously used as the Liscard High School for Boys. The Buildings were approved by the Board of Control and adapted to their present purpose. There is accommodation for approximately 70 children.

Arrangements have been made with the Birkenhead Corporation for Defectives from that area to attend the Centre.

At the end of December, 1950, twenty Wallasey and twenty-seven Birkenhead children were on the register. The ages of the children vary from 5 to 18 years. There is no upper age limit, and two or three young people of 18 years attend.

The Centre is open five days per week, Monday to Friday, from 9 a.m. to 4 p.m., and closed for one month in the summer and approximately four weeks during the remainder of the year.

A mid-day meal is provided, cooked on the premises and, in addition, each child has one-third of a pint of milk morning and afternoon. There is a rest period after dinner.

Training is given in personal habits, cleanliness, and general behaviour. Marching, walking, hand and finger drill and singing to music form part of the curriculum. Action songs and mime are instructive and are thoroughly enjoyed by the children.

The crafts taught include plain sewing, embroidery, knitting, woodwork, rush seating, rug-making, papier mâché work, painting, drawing, stool making, raffia work, miniature basket work, etc. During the past year the recreation ground has been levelled and laid out for gardening, and this hobby proves of great interest.

The high-grade children also receive instruction in reading, writing, simple spelling and arithmetic.

The Centre has proved a great boon to the parents of defectives attending, relieving them of the care of the child for seven hours a day.





## PART IV.



### *General Provision of Health Services, etc.*



### FOOD AND DRUGS ACT, 1938.

During the year 170 samples of milk and 246 samples of other food and drink were analysed. Of twenty-six milk samples reported as being below standard, twenty-three were taken from one supply, seven taken at the morning milking at the farm were as follows:—

- Milk, 5% deficient of fat.
- „ 10% deficient of fat and 1% deficient of solids-not-fat.
- „ 11% deficient of fat.
- „ 13% deficient of fat and 6% deficient of solids-not-fat.
- „ 4% deficient of fat and 2% deficient of solids-not-fat.
- „ 7% deficient of fat and 4% deficient of solids-not-fat.
- „ 9% deficient of fat and 1% deficient of solids-not-fat.

The Public Analyst commented:—

“ I don't think that I have ever had such bad samples taken from the cow and it seems to me that there must be something very wrong either with the feeding or with the method of milking or both for a herd of cows as large as this to produce such shocking milk.”

Some improvement in the quality was obtained by mixing the morning's and evening's milk. No action could be taken other than sending a copy of the analyst's report to the Milk Marketing Board to ensure that this milk would be bulked with milk of good quality before being sold to the public.

Three samples of milk reported as below standard were Channel Island milk and were above the normal standard but below the standard required by the Ministry of Food for this class of milk. The facts were reported to the Ministry.

Other samples reported as not genuine were:—

Preserved Pineapple 375 parts per million Sulphur Dioxide.

Dismissed on payment of £5 19s. 6d. costs.

Suet, 8% deficient in fat. Vendor cautioned.

Suet, 6% deficient in fat. Vendor cautioned.

Lemon Cheese, 3% deficient in fat. Further samples reported genuine.

Tea, 5% Sago. Inspection of premises showed adulteration to be due to carelessness. The vendor was cautioned.

Margarine, unlabelled. Seller cautioned.

### FERTILISER AND FEEDING STUFFS ACT.

Fourteen samples of fertiliser and sixteen samples of feeding stuffs were submitted for analysis. Four samples of feeding stuffs did not comply with the requirements of the act. The deficiencies were slight.

## PHARMACY AND POISONS ACT.

During the year the following applications were received.

For registration ... ..	11
For re-registration ... ..	174
Premises not re-registered ... ..	10

All applications were granted.

- (1) **CONTROL AND SUPERVISION OF MILK SUPPLIES.**
- (2) **MEAT AND FOOD INSPECTION.**
- (3) **DISEASES OF ANIMALS ACTS AND ORDERS.**

### (1) **Control and Supervision of Milk Supplies.**

The strictest control and supervision is exercised over all milk supplies in order to ensure cleanliness and freedom from disease-producing organisms.

Apart from the work undertaken by the Public Health Department, many other bodies are working continuously with a view to bringing supplies to the highest degree of perfection.

The persistent and protracted endeavours made by both national and local administrative undertakings, and the introduction of new and revised milk legislation, have made, and are continuing to make effective improvement in this direction.

In addition, the increased impetus now manifest in the field of Tuberculin Tested Milk production, the growing awareness on the part of the public of the necessity for safe and clean milk, and the great modern developments being staged in commercial pasteurisation, are factors which are playing extremely important parts.

A considerable quantity of Raw Milk is now pasteurised or sterilised before delivery is made to the consumer thus providing an immediate means of protection against the danger of milk-borne infections which, from a Public Health point of view, is highly important, particularly when the difficult and prolonged processes associated with the eradication of bovine disease through the application of Clinical, Bacteriological and Biological technique are taken into consideration.

Day by day the quantity of clean, safe milk being made available to the consuming public is increasing, and its volume will continue to increase as rapidly as circumstances will permit, until ultimately it will be possible to guarantee the purity and safety of the entire nation's supply.

It will, of necessity, be some considerable time before complete realisation is achieved in so comprehensive a scheme. The fact that progressive forces are in being which are co-ordinating and gaining momentum with this objective in view, provide an encouraging outlook when the question of milk consumption, and its relationship with the future health of our communities are being considered.

The main bulk of all milk supplied in the Borough is "Tuberculin Tested Pasteurised" and "Pasteurised", whilst almost the whole of the volume of Raw Milk supplied is of "Certified" and "Tuberculin Tested" standard. "Sterilised" milk is also available.



The following is a brief description of the various designations used in connection with milk retailed in the Borough, together with a short reference to the appropriate tests to which samples must conform in compliance with the provisions contained in the relevant Milk Regulations :—

<i>Designation</i>	<i>Description</i>	<i>Test</i>
*Certified.	Milk produced from T.T. herds and bottled at the place of production.	Methylene Blue Reduction test (5½-hours winter 4½-hours summer)
*Tuberculin Tested.	Milk produced from T.T. herds, received at the town's dairies in bulk, and bottled thereat.	Methylene Blue Reduction Test (5½-hours winter 4½-hours summer)
Tuberculin Tested Pasteurised.	Milk produced from T.T. herds, received at the town's dairies in bulk, and pasteurised and bottled thereat.	Methylene Blue Reduction Test 30 minutes and Phosphatase Test.
Pasteurised.	Milk produced from Accredited and Undesignated herds, received at the town's dairies in bulk, and pasteurised and bottled thereat.	Methylene Blue Reduction Test 30 minutes and Phosphatase Test.
Sterilised.	Milk produced from Accredited and Undesignated herds, received at the town's dairies in bulk, and sterilised thereat.	Turbidity Test.

\* Raw Milks. Samples of raw milk are from time to time also submitted for Guinea Pig Inoculation Testing, in order to ascertain the possible presence of tuberculous organisms.

The Methylene Blue Reduction Test is used to assess the keeping quality of milk, whilst the Phosphatase Test is used to ascertain that Pasteurised milk has been adequately treated by heat thereby ensuring the destruction of any harmful organisms which may have been present in the supply prior to processing. The Turbidity Test is applied to ascertain the wholesomeness of supplies of Sterilised milk.

During the year the following milk samples were submitted by the Department for Laboratory testing :—

#### **Pasteurised Milk.**

No. of samples obtained	125
of which	... .. 109 satisfied both the Methylene Blue and Phosphatase Tests.
	1 failed both the Methylene Blue and Phosphatase Test.
	9 failed the Methylene Blue Test.
	6 failed the Phosphatase Test.

**Tuberculin Tested Milk—Pasteurised.**

No. of samples obtained 43, of	
which ... ..	36 satisfied both the Methylene Blue and Phosphatase Tests.
	1 failed both the Methylene Blue and Phosphatase Tests.
	4 failed the Methylene Blue Test.
	2 failed the Phosphatase Test.
	<hr/> 43 <hr/>

Two of these samples were also submitted for Biological Testing, and in both instances the reports received were negative.

**Sterilised Milk.**

Two samples of Sterilised Milk were submitted to the Turbidity Test and reports received indicated that both samples were satisfactory.

**RAW MILK.****Tuberculin Tested Milk—"Certified."**

No. of samples obtained 12, all of which satisfied the prescribed Methylene Blue Test.

Each sample was in addition submitted to Biological Testing, and eight negative reports were received. In the remaining four cases premature deaths of the inoculated guinea pigs were reported.

**Tuberculin Tested Milk.**

No. of samples obtained 5 all of which satisfied the prescribed Methylene Blue Test.

Each sample was in addition submitted to Biological Testing, and a negative report was received in each case.

**Accredited Milk.**

Two samples of Accredited milk were submitted to the prescribed Methylene Blue Test and in addition were also subjected to Biological Testing. Both samples satisfied the Methylene Blue Test and negative reports were received on the Biological examination.

The samples of milk taken by the Department during the year were obtained from the following sources :—

Dairies	...	...	142	(Including 14 samples taken from school supplies awaiting distribution to schools).
Schools	...	...	44	
Street delivery vehicles			3	
<hr/>				
Total number of samples submitted for Laborating testing	...	...	189	
<hr/>				



**Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949.**

**Milk (Special Designations) (Raw Milk) Regulations, 1949.  
Milk and Dairies Regulations, 1949.**

Bottled supplies of Pasteurised milk are now being received from the larger Dairy undertakings by many of the Dairymen who were hitherto engaged in the handling and bottling of bulk supplies of milk received direct from the farms.

This revised system of retail milk distribution has been made voluntarily and without intervention on the part of the Local Authority and has resulted primarily through changing legislative and economic circumstances.

The number of smaller Dairy concerns are consequently decreasing whilst the number of premises retailing supplies of bottled Pasteurised milk are relatively increasing.

In these changed conditions the Health Department is enabled to use a more simplified system of control and supervision over all milk supplies.

The registration of milk "Distributors" and of Dairy premises as required under these new regulations together with the granting of the various requisite licences authorising the use of Special Designations are matters which are receiving attention.

During the year 314 visits were made to Dairies and other premises engaged in the handling storage and distribution of milk.

17 persons were registered as Distributors.

4 premises were re-registered as Dairies.

23 licences were granted authorising the use of Special Designations in connection with the sale of milk.

**MILK IN SCHOOLS SCHEME.**

During the year 2,213,560 one-third pint bottles of milk (92,232 gallons) were supplied under the Milk in Schools Scheme. The Schools in the Borough are catered for by six milk purveyors, Pasteurised Milk being supplied in each case.

**(2) MEAT AND FOOD INSPECTION.**

Visits made to food shops, including Butchers, Fishmongers and other food premises, resulted in the disposal of the following quantities of food as unfit for human consumption :—

**Meat.**

	lb.		lb.
Home Killed Beef	... 475	Brought forward	... 2243
Imported Beef	... 132	Bacon	... 56
Imported Lamb	... 30	Cooked Pork	... 293
Pork Bellies	... 775	Cooked Ham	... 40
Pickled Pork	... 765	Pressed Beef	... 13
Ham	... 66	Sausages (Pork)	... 25
		Sausages (Beef)	... 42
Carried forward	... 2243	Total	... 2712

In addition one side of unwholesome Bull Beef and one carcase of mutton were diverted back to the Ministry of Food Slaughter House and Food Allocating Depot respectively from Butchers' shops in the Borough, and arrangements were made by the Wholesale Meat Supply Association for replacement meat to be made available to the Butchers.

**Fish.**

	lb.		lb.
Megrims ... ..	42	Brought forward ...	411
Headless Cod ... ..	84	Lemon Soles ... ..	70
Witches ... ..	77	Mackerel ... ..	28
Soles ... ..	26	Headless Hake ... ..	43½
Plaice (Norwegian) ...	154	River Soles ... ..	3½
Plaice ... ..	28	Boiled Crabs ... ..	148
Carried forward ... ..	411	Total ... ..	704
Rabbits ... 155 carcasses (Australian).			

**Fruit and Vegetables, etc. (including Dried Fruit and Dried Vegetables)**

English Pears	trays	60	Figs ... ..	lb.	30
Apples ... ..	lb.	42	Dates ... ..	pkts.	73
Cherries ... ..	boxes	7	Potatoes ... ..	sacks	7
Prunes ... ..	lb.	61			

**Flour, Confectionery, etc.**

Cake Flour ... ..	pkts.	9	Barley Flakes ... ..	lb.	8
Barley Flour ... ..	pkts.	6	Spaghetti ... ..	lb.	32
Barley ... ..	pkt.	1	Macaroni ... ..	lb.	41
Self Raising Flour	lb.	3	Miscellaneous Cereal		
Whole Meal Flour	lb.	45	Foods ... ..	pkts.	7
Oats ... ..	pkts.	10	Ovaltine Rusks ... ..	pkts.	9
Soyaghetti ... ..	lb.	6	Oatcakes ... ..	pkts.	6
			Biscuits ... ..	lb.	16

**Canned Goods.**

	cans		cans
Canned Meat, including		Canned Vegetables,	
Bacon ... ..	181	Meat and Vegetable	
Canned Fish ... ..	146	Soups ... ..	731
Canned Shellfish ... ..	50	Canned Fruit, including	
Canned Milk ... ..	1215	Fruit Juices ... ..	304
		Preserved Vegetables,	
		Fruit Sauces,	
		Chutneys, etc. ... ..	308

**Jams and Sweet Preserves.**

Jars ... ..	52	Cans ... ..	
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**Miscellaneous Foods.**

Suet	...	...	lb.	5½	Powdered Gelatine	jar	1
Cheese	...	...	lb.	40	Pickling Spice	drums	2
Cordials	...	...	bot.	3	Noodles	...	lbs. 28
Soluble Coffee and Cocoa					Meat and Fish Paste	jars	22
Products			containers	68	Soup Powder	...	pkts 47
Nut Preparation in edible					Dehydrated Potatoes		
oil	...	...	cans	14		cans	3
Frozen Egg	...	...	lb.	30	Sauce Powder	...	pkts. 16
Puddings	...	...	tins	4	Meat Extracts	...	jar 1
Butter	...	...	lb.	11	Salad Cream	...	bots. 3
Margarine	...	...	lb.	½	Rennet	...	bots. 2
Cooking Fat	...	...	lb.	½	Sweet Corn	...	can 1
Chicken	...	...	can	1	Syrup	...	can 1
					Table Jelly	...	pkt. 1

Total number of containers ... 3,422.

All foods found to be unfit for human consumption were, according to their suitability, diverted for animal feeding purposes, or for conversion into non-edible by-products. Destruction was resorted to only when owing to its condition it was unsuitable for either of these purposes.

Special enquiries and investigations were made in respect of complaints received concerning alleged unwholesomeness and doubts as to the genuineness and safety of the following foods :—

Cheese.	Corned Beef.
Bunloaf.	Meat Pies.
Butter.	Bacon.
Stored Carrots.	Cafe Meal.
Milk Powder.	Crawfish.
Milk.	Cooked Beef (Consumer joint).
Oat Food.	Chicken.
Potatoes.	Cooking Lard.
Cockles.	Crabs.
Cod-Fish	Duck Eggs.
Bread.	Goose.
Meat (Restaurant Meal).	

Visits made to Food Premises	...	...	...	...	322
Visits made to Food Premises on reference from other					
Departments	...	...	...	...	16
Special visits and inspections made in respect of foodstuffs...					30
Special visits made in connection with persons engaged in the					
handling of foodstuffs, and having been in contact with					
cases of Infectious Disease...	...	...	...	...	10
Total	...	...	...	...	378

Certificates issued certifying foodstuff to be unfit for human							
consumption...	...	...	...	...	...	...	444

# WALLASEY AND ALFRED LAIRAGES.

## Landing place for Irish and Isle of Man animals and foreign animals landing wharf.

The Lairage at this landing place was, during the latter months of the year, in regular use, and at the peak period of the cattle traffic landings into Birkenhead housed large numbers of cattle, mainly from Northern Ireland.

Dispersal of the animals was made by rail and direct by Road Live Stock Hauliers to various Slaughtering Centres throughout the country.

A total of 30,500 cattle passed through the Lairages and of this number 544 animals were, owing to their unfitness to travel, detained by the Veterinary Inspectors and ultimately slaughtered. Post-mortem examination of the carcasses and viscera was carried out by this Department and the following is a tabulation of the diseased conditions met with, and the condemnations made:—

## Meat and offal condemned owing to the presence of disease—Tuberculosis.

				Number	lbs.
Carcases of cows and viscera	...	...	...	2	1,160
Sets of Lungs, including Hearts	...	...	...	34	748
Heads, including Tongues	...	...	...	15	645
Livers	...	...	...	3	60
Thick Skirt	...	...	...	6	24
Thin Skirt	...	...	...	1	2
Stomachs	...	...	...	1	32
Mesentery, including intestines	...	...	...	4	60
Mesentery and Stomachs	...	...	...	1	47
					2,778

## Meat and offal condemned owing to the presence of disease other than Tuberculosis.

	Condition found	Number	lbs.
Carcases of cows and viscera	Putrefaction—moribund specimens	4	2,200
Whole Livers	Distoma, Cirrhosis, Abscess Formation and Cav. Angioma	238	4,760
Part Livers	Distoma, Cirrhosis, Abscess Formation and Cav. Angioma	98	392
Sets of Lungs	Cystic, Abscess Formation, Fibrous Tumour, Melanosis and Pneumonic conditions	62	992
Tongues	Actinomycosis	1	8
Hearts	Pericarditis	1	6
Spleen	Tumour	2	4
Stomach	Suppuration	1	32
Head	Abscess Formation	1	35
Udder	Suppuration	1	12
			8,441



Owing to the lack of dissecting facilities at the Slaughtering Unit at this landing place, a number of carcasses found on post-mortem examination to be affected with localised diseased conditions, were forwarded, under detention, to be dealt with by the Meat Inspection Officers at Woodside Lairages, Birkenhead.

258 visits were made during the year to the Slaughter House at this landing wharf.

#### **EMERGENCY SLAUGHTER—PIGS.**

Four carcasses together with viscera were found, on post-mortem examination at pig-keepers' premises, to be unfit for human consumption and disposal was made in each case to a local Refinery.

Total weight of Pork condemned as unfit for human consumption	...	...	...	...	...	...	400 lb.
Total weight of Pork Offal condemned as unfit for human consumption	...	...	...	...	...	...	105 lb.

#### **PUBLIC HEALTH (SHELLFISH) REGULATIONS.**

##### **Mussel and Cockle Beds—Wallasey Foreshore.**

The Order made by the Liverpool Port Health Authority under the Public Health (Shellfish) Regulations, 1934, prohibits the taking of mussels and cockles for the purpose of sale for human consumption from these layings.

Observation visits were made during the year to various points on the Wallasey foreshore between Fort Perch Rock, New Brighton, and the western extremity at the Meols Boundary.

In a number of instances shellfish collecting was witnessed, but no large scale gathering of shellfish was involved.

The public notices, relating to the taking of shellfish, erected at various points where access is available to the foreshore were found to have been defaced and in some cases completely destroyed.

#### **(3) DISEASES OF ANIMALS ACTS AND ORDERS. NOTIFIABLE CONTAGIOUS DISEASES OF ANIMALS.**

No notifications of suspected Swine Fever were received during the year.

##### **FOWL PEST.**

Notices relating to control and restrictions imposed on the sale and handling of Live Poultry by the Ministry of Agriculture and Fisheries were, from time to time, circulated in the local press and Poultry Keepers were communicated with.

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

#### **MOVEMENT OF SWINE ORDER, 1922.**

Owing to the decline in the number of cases of Swine Fever since the end of 1946, the Ministry of Agriculture and Fisheries in February terminated the operation of this Order.

In August, however, it became necessary, owing to the spread of Swine Fever to reimpose restrictions in special parts of England and Wales. In December it was decided that the new restrictions must apply to the whole of Great Britain (as and from January 8th, 1951).

During the period of the year whilst Movement Licences remained in operation 29 store pigs were moved into the Borough from the Chester market.

Store pigs were also brought into the Borough from markets and other premises during the period when unrestricted movement was permitted.

During the year 43 visits were made to pig keepers' premises.

#### **WARBLE FLY (DRESSING OF CATTLE) ORDER, 1938-48.**

This Order requires that all persons owning, or having cattle under their charge or control, which are visibly infested with the Warble Fly Maggot, shall, during the "dressing season", i.e., between 15th March and 30th June, dress such animals with an approved derris preparation.

All persons responsible were communicated with and visits were made in connection with the provisions contained in this Order.

Out of a total of 322 cattle, including out grazing stores, 55 animals were visibly infested with the Warble Fly Maggot and were dressed in accordance with the terms of the Order.

#### **RABIES (IMPORTATION OF DOGS AND CATS) ORDER, 1938-48.**

Observations were made from time to time on inward bound vessels entering the Wallasey Dock system with a view to ascertaining the possibility of any infringement of this Order being committed in connection with the unlawful landing of Dogs and Cats.

#### **FOOT AND MOUTH DISEASE.**

The Borough was not geographically situated within any of the "Infected Areas," which were, from time to time, defined by Order of the Ministry of Agriculture and Fisheries.

#### **SHEEP SCAB ORDER, 1938.**

##### **Dipping Regulations.**

475 ewes and lambs being grazed on pasture situated within the Borough were dipped in accordance with the provisions contained in the Dipping Regulations made under the Sheep Scab Order of 1938.

The grazings were visited from time to time during the year and observations were made on the animals grazing thereon, which included cattle, horses, sheep and lambs.

One owner was interviewed in connection with lameness and maggoting in sheep.

#### **PROTECTION OF ANIMALS ACTS.**

No complaints were received during the year necessitating action under this Act.

#### **IMPORTATION OF ANIMALS ACTS, 1922.**

A number of cattle which were landed from Ireland at the Port of Holyhead were moved under licence granted by the Minister of Agriculture and Fisheries to farm premises in this Borough.

The animals, on arrival at the farm, were detained for the requisite period in accordance with the terms of the Order.



### NURSERIES AND CHILD MINDERS REGULATIONS ACT, 1948.

No applications for registration of premises were received but one registration was withdrawn during the year. There were two premises on the Register at the end of 1950.

Routine inspections were made and advice given.

### THE CHILDREN ACT, 1948.

For many years the medical staff of the Public Health Department have supervised the Children's Homes and given advice on medical matters whenever necessary.

With the coming into operation of the Children Act, 1948, the work was continued and extended on the lines laid down in Home Office Circular No. 193/49, which provides for consultations between Medical Officers of Health and Children's Officers in connection with medical questions concerning the provision and conduct of Local Authority Children's Homes.

Routine and special examinations, e.g., examination prior to boarding out: within the first month of boarding out and annual examinations of boarded out children are undertaken by one of the Medical Officer of Health's staff. Routine visits to the Children's Home are made every three months.

Medical advice is given on administrative matters to the Officers in charge of the Institution. The Matron is advised at the three-monthly visit by the Assistant Medical Officer of Health with regard to diet, health and hygiene, hours of rest, prevention and precautions against spread of infectious disease.

General policy and the medical aspects, and the planning of accommodation of new Homes are referred to the Medical Officer of Health.

All facilities of the Maternity and Child Welfare and School Health Services in Wallasey are available to the Home children when required. This includes dental care and treatment.

Very close liaison is maintained between the Public Health Department and the Children's Officer. Health Visitors visit homes and supply reports on the conditions found to the Children's Officer, when she requires this information. The reports are concerned with visits to Foster Mothers, adoptions, and, where necessary, to homes where conditions are thought to be unsatisfactory for the reception of boarded out children. Seventy-seven visits were paid during the year.

### MEDICAL EXAMINATION OF EMPLOYEES.

The number of employees examined during the year, at the request of the various Departments, was 172. The Departments concerned were:—

Town Clerk ... ..	14
Education ... ..	4
Borough Treasurer ... ..	3
Borough Engineer and Surveyor	93
Public Health ... ..	12
Libraries ... ..	3
Water ... ..	12
Borough Architect ... ..	7
Housing ... ..	3
Motor Bus ... ..	16
Ferries ... ..	5

## REMOVAL AND DISPOSAL OF HOUSE REFUSE.

This work is carried out under the direction of the Borough Surveyor. There are no ashpits in the Borough. Particulars as to the quantities of refuse and salvage disposed of in the past year are as under:—

House, &c., Refuse—			T.	C.	Q.
Quantity tipped away	...	...	32,261	4	0
Salvage, &c., material	...	...	3,042	11	2
			35,303	15	2

Wet refuse collected in added areas and delivered to farms, 52 loads.



## METEOROLOGICAL.

The Corporation's Observation Station at Harrison Park is recognised by the Air Ministry as a Climatological Station. Observations are taken morning and evening throughout the year, telegraphic reports thereon being forwarded to the Air Ministry daily throughout the year. These reports are intended, not only for the information of the Ministry, but also for distribution by the Ministry to various daily papers, with the result that Wallacey figures in the lists of those Health and Holiday Resorts whose daily weather reports are published in many of the well-known newspapers. The following table gives a summary of the readings for 1950 :—

Months.	Mean 09.00 hrs. Tempera- ture	Rainfall in Inches.			Sunshine.			Number of days of Frost	Number of days of snowfall	Mean Barometer (inches)
		Total	Mean Daily	No. of days with .01 or more	Total (Hours)	Mean Daily	No. of days with sunshine			
January ..	40.9	0.94	.030	12	13.0	0.4	8	14	—	30.14
February ..	41.6	4.17	.149	14	58.9	2.1	19	7	1	29.65
March ..	45.2	1.23	.040	11	117.4	3.8	27	2	—	30.07
April ..	45.8	2.85	.095	20	150.1	5.0	27	3	1	29.74
May ..	52.9	0.73	.024	9	194.3	6.3	30	—	—	30.06
June ..	59.7	1.27	.042	15	236.0	7.9	30	—	—	29.98
July ..	60.9	2.06	.066	13	196.0	6.3	28	—	—	29.89
August ..	59.3	6.17	.199	22	161.0	5.2	30	—	—	29.79
September ..	55.5	4.82	.161	25	112.2	3.7	26	—	—	29.75
October ..	49.4	2.19	.071	14	121.3	3.9	26	2	—	29.99
November ..	43.0	4.95	.165	21	53.9	1.8	22	6	—	29.66
December ..	36.4	3.54	.114	20	40.0	1.3	15	23	6	29.79
Means Totals	49.2	34.92	.096	196	1454.1	4.0	288	57	8	29.88

PART V.

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*Sanitary Circumstances of the District*

*and*

*Report of the Chief Sanitary Inspector*



## *Sanitary Circumstances of the District and Report of the Chief Sanitary Inspector*

### **Introductory**

Nothing revolutionary has been inaugurated during 1950. No colourful campaigns have been introduced and no new techniques have been employed. The period has been one of consolidating the previous gains of the post-war years. Day-to-day requests and complaints, though slightly reduced, still remain at such a high level as to render almost impossible the introduction of large scale schemes of improvement in the very wide field of environmental hygiene. Nevertheless, during 1950 we have been able to examine and assess the value of the results obtained from effort which has been applied since the cessation of hostilities.

Major achievements have been gained in the field of food hygiene. Since the inception of the 1947 regulations, there has been a complete transformation in the standards of manufacture, storage and distribution of ice cream; the details given in a later section of this report illustrate the remarkable improvement which has taken place in this important section of the food trade. It is true to say that in 1947 and 1948 the material factors involved in the trade were almost completely reorganised. In 1949, the efforts of the sanitary inspector were directed to raising the personal factor to the already high standard of premises and equipment. Now we can see the results of the combined effort. If the provisional Methylene Blue test can be taken as an indication of the hygienic quality of ice cream offered for sale, then the members of the ice cream trade have every reason to be proud. They must also feel that the sanitary inspector, by and large, has at times tendered to them valuable advice and assistance.

Improvements in the other food trades have been less spectacular. One could say that they have now reached the stage in their development analogous to that in which the ice cream industry found itself in 1946. A vast amount of unromantic preparatory work in this sphere has been undertaken by the sanitary inspectors of the Borough during the past three years. A survey of all food premises reached completion during 1950 and material improvements in specific factors were effected as the survey progressed. But the figures given in a separate section of this report—which take account of the improvements made during the past three years—still justify the view that there is a long way to go before the trade as a whole can have reasonable cause for universal satisfaction. There is every reason for believing that this field of activity is first on the scale of priorities of most sanitary officers throughout the country. It will make great demands on resources and staff if the highest standards are to be reached within a short space of time. Within existing staff resources, it would be extremely difficult—in some districts, perhaps, almost impossible. And it will certainly thrust into the background any major schemes for the improvement of environmental conditions and practices in other fields, unless appreciable adjustments are made in existing staffs of sanitary inspectors. Slum clearance is still deferred by higher authority



acting under the force of economic circumstance. This is one more aspect of the sanitary inspector's work which could easily divert him from all other activity when the time is opportune; meanwhile, our present gains may well be lost, unless additional staff is available to maintain them.

### Abatement of Nuisances and Repairs to House Property

The fall in the number of complaints received continued during 1950, a total of 5,885 complaints being registered against 6,413 in 1949. Although the 1950 figure is the lowest recorded in the post-war years, it is considerably more than twice the number received in 1939. Arising from the complaints, 5,885 initial visits and 10,908 reinspections were necessitated to dwellinghouses alone.

There was a marked drop in the number of notices served, and this occurred principally in the items enumerated below:—

	1947	1950
Roof repairs ... ..	1,202	644
Gutter and spout repairs ... ..	831	507
Dampness ... ..	708	279
Internal wall and ceiling repairs ... ..	800	514
Windows: repairs and renewal ... ..	838	325
Floors: repairs and renewal ... ..	469	320
Sinks: Lavatories: repairs and renewal ... ..	115	54
Waste pipes: repairs and renewal ... ..	318	161
Improvement and reinstatement of water supply ... ..	215	69
W.C. pans: repairs and renewal ... ..	409	176
W.C. cisterns: repairs and renewal ... ..	478	191
Soil pipes: repairs and renewal ... ..	73	34
Clearing of drains ... ..	584	334
Drain repairs ... ..	114	54

Some of this reduction may be due to war damage repairs having been substantially carried out in the previous post-war years, but it may also be caused by an increased public consciousness of the work of the department, leading tenants to complain earlier and about single items of disrepair. Relaxation of controls on building repairs has also had its effect on the number of complaints received, though many owners still have a strong disinclination to execute repairs for reasons associated with rent control.

### Legal Proceedings

Five Nuisance Orders were applied for, and granted by the Magistrates' Court, against owners who had failed to comply with abatement notices served by the Corporation. The total of fines and costs was £9 11s. 6d.

### Municipal Bin Supply Scheme

The invidious position in which local authorities found themselves since the war in deciding the relative responsibilities of owner and tenant to renew defective dustbins was solved in Wallasey in 1950 by the institution of a Municipal Bin Scheme. The scheme is administered by the Borough Engineer who, after giving the owner of any property reasonable time in which to provide a dustbin, is empowered to supply a bin in default and to recover the



Corporation's initial and maintenance costs by a charge of 4/- per annum recoverable from the person on whom the rate demand is served in respect of the property.

	Notices Served	Notices Abated	Notices Out- standing
<i>Dwelling Houses</i>			
Roof Repairs ... ..	644	645	157
Gutters and Spout Repairs ... ..	507	522	95
External Walls and Chimney Repairs	324	325	77
Installation of Damp Proof Courses ...	116	134	11
Dampness ... ..	279	268	29
Yards : Paving and Repairs ... ..	118	117	49
Internal Walls and Ceiling Repairs ...	514	521	95
Doors : Repairs and Renewal ... ..	183	175	46
Windows : Repairs and Renewal ... ..	325	321	117
Floors : Repairs and Renewal ... ..	320	314	66
Sub-floor Ventilation ... ..	56	53	14
Rooms : Cleaning and Redecorating ...	31	24	7
Passages and Staircases : Cleaning and Redecorating ... ..	5	3	2
Staircase Repairs... ..	13	13	—
Handrails : Repairs and Renewal ...	7	5	3
Fireplaces and Flues : Repairs and Re- newal ... ..	234	241	33
Cooking Stoves : Repairs and Renewal	—	—	—
Wash Boilers : Repairs and Renewal ...	2	2	2
Sinks, Lavatories : Repairs and Renewal	54	47	8
Baths : Repairs and Renewal ... ..	1	1	1
Waste Pipes : Repairs and Renewal ...	161	171	28
Provision & Improvement of Food Stores	1	—	1
Provision and Improvement of Dust Bins	106	128	—
Burst Water Pipe Repairs ... ..	162	163	9
Improvement and Reinstatement of Water Supply ... ..	69	84	6
Cleansing of W.C. Walls, etc. ... ..	3	1	2
Cleansing of W.C. Pans ... ..	7	6	1
W.C. Pans : Repairs and Renewal ...	176	174	20
W.C. Cisterns : Repairs and Renewal ...	191	189	30
W.C. Structures : Repairs and Renewal	176	173	25
W.C. Lighting : Repairs and Renewal	—	—	—
W.C. Ventilation : Repairs and Renewal	1	1	—
W.C. Doors : Repairs and Renewal ...	64	55	14
Provision of Additional W.C.s ... ..	1	1	2
Soil Pipes : Repairs and Renewal ...	34	36	7
Clearing of Drains ... ..	334	337	—
Drain Repairs ... ..	54	61	9
Relaying of Drains ... ..	6	8	2
Emptying of Cesspools ... ..	—	—	—
Cesspool Repairs ... ..	—	—	—
Abolition of Cesspools ... ..	1	1	—
Disinfection of Verminous Premises ...	4	6	—
Provision of Lighting ... ..	—	—	—
Drainer Boards : Repairs and Renewal...	56	51	23
Improvement of Ventilation ... ..	164	158	37
Provision of Paving and Site Concrete...	—	—	—
Total ...	5,504	5,535	1,028

## General Environmental Public Health

	<i>Notices Served</i>	<i>Notices Abated</i>	<i>Notices Out- standing</i>
Choked Sewers ... ..	24	24	—
Cleansing of Stables and Manure Pits ...	5	4	1
Stables, Manure Pits: Repairs and Renewal ... ..	1	1	—
Piggeries: Cleansing and Whitewashing	2	2	—
Piggeries: Repairs and Reconstruction	4	1	3
Animal Nuisances ... ..	14	11	3
Removal of Offensive Accumulations ...	43	43	—
Cleansing of Ditches and Streams ...	—	—	—
Ditches and Stream Pollution ... ..	—	—	—
Cinemas, Dance Halls, Contraventions...	3	1	2
Offensive Trades: Contraventions ...	—	—	—
Schools: Urinals—Repairs and Renewal	—	—	—
Schools: W.C.s—Repairs and Renewal	—	—	—
Schools: Other nuisances ... ..	3	3	1
Public Conveniences ... ..	3	3	—
	<hr/> 102	<hr/> 93	<hr/> 10

## Number of Notices Served

	<i>Served</i>	<i>Abated</i>
Preliminary ... ..	3,574	3,574
Statutory ... ..	1,664	1,617
	<hr/> 5,238	<hr/> 5,191

## FOOD AND DRUGS ACT, 1938 - HYGIENE OF FOOD PREMISES

On the 22nd February, 1950, the Corporation made Byelaws for the Handling, Wrapping and Delivery of Food and Sale of Food in the Open Air which, after confirmation by the Minister of Food, came into operation on the 19th June. These Byelaws were adopted in the form of Model Byelaws, Series 1, of the Ministry of Food.

In addition to the publicity given to their enactment in the local press, 500 copies of the Byelaws were circulated to selected food handling firms in the Borough. The Byelaws were accompanied by a list of suggestions showing some ways in which the requirements could be translated into positive action. Some local firms applied for additional copies of the department's circular, which were distributed to every member of their staff.

The film "Another Case of Poisoning" made by the Central Office of Information in collaboration with the Ministry of Health, was shown in Wallasey on the 2nd, 3rd and 4th February, 1950, at the Queen's Picture House, Poulton Road. Circulars were sent out, prior to the showing of the film, to each member of the General Health Committee and to 599 food traders in the town. The proprietors of the cinema gave willing co-operation in this venture; it is stated by them that the attendances at the cinema during the three days of the film's presentation numbered 3,000 approximately.



The year was noteworthy for the completion of the Survey of food premises mentioned in the report for 1949. In that the execution of the Survey has been in addition to the ordinary tasks of the district sanitary inspectors, it has been spread over the last three years—a time lag not ideal for surveys of this kind. Nevertheless, a fairly accurate general picture has been obtained, and records are now available of every food premises within the town. Congratulations are due to the inspectorial staff for the effort it has put into this work.

1,119 food premises were inspected, of which 1,098 were retail food shops. There were 131 food factories in the Borough, of which 120 were conducted in conjunction with retail food shops. The preponderance of small businesses was reflected in a total of 886 (79%) firms controlled by individuals or partnerships against 231 (21%) limited liability companies. Over half of these latter firms controlled the 127 multiple stores operating in the Borough. 409 retail shops were carried on as "one man" businesses.

Of the total of 1,098 retail shops in the Borough, 845 (77%) concentrated their business in one or two different classes of trade, whilst 118 (11%) carried three classes and 135 (12%) four or more classes. In this classification chemists shops, for example, were considered to deal in two classes of trade, i.e., pharmacy and toilet requisites, whilst small tobacconists and sugar confectioners who also sold newspapers were considered to deal in three classes of trade.

The emphasis on small shop-keeping in the Borough was also shown by analysis of the sizes of firms. 998 (89%) of the total of 1,119 firms consisted of "one man" businesses and firms employing not more than five assistants. Only six firms employed more than twenty assistants.

The manufacture of flour confectionery and meat products predominated in the food factories and comprised approximately 81% of the total. The remainder comprised sugar confectionery, cooked foods, dairy, fish and vegetable products. Of 134 lines of foodstuffs manufactured, only 15 (11%) were distributed pre-packed.

Overalls were worn by food handlers in 1,005 (90%) firms while outdoor clothing was kept in lockers, staff rooms or other satisfactory circumstances in 1,035 (93%) firms.

Handwashing facilities provided were generally satisfactory in quantity. In only 15 premises were washbasins provided on a scale of less than one basin to 7 persons. The siting of these facilities could, however, be improved considerably. Basins were provided in or adjoining water closets in only 142 premises in the Borough.

The use of communal hand and roller-towels also was far too prevalent, being found in 648 premises. 483 firms provided individual hand-towels and efforts are continually being made by the sanitary inspectors to increase this number. The use of automatic roller-towels, hot-air-driers or paper-towel-dispensers, which are also strongly recommended, is unfortunately uncommon in Wallasey.

Constant hot water was provided by instantaneous gas heaters (486 cases) and domestic heating systems (494 cases) while 64 other firms relied solely on less satisfactory sources such as gas rings, electric kettles, and gas and electric cookers, all of which are

wasteful of heat and sometimes provide insufficient hot water for the purposes required. 25 firms used these less satisfactory appliances in combination with other means of producing a hot water supply.

Sanitary accommodation generally was adequate, although in 63 premises water closets were provided on a scale of one w.c. to more than 7 persons.

Despite much improvement in recent years, there remains a large number of food preparation rooms which, while not contravening particular legal requirements, fall short of the desirable standard of hygienic construction. This is most evident in the number of ceilings (1,585) which were of orthodox whitewashed plaster or plaster-board construction and whose porous nature renders them particularly susceptible to staining and the retention of odours, especially in the proximity of cooking and frying appliances. Maintenance costs of such ceilings in food-preparation rooms must in the long run compare unfavourably with those of ceilings having non-absorbent surfaces. It is hoped that due to the activity of the sanitary inspectors the present percentage of rooms having non-absorbent ceilings (21%) will be increased.

Similar remarks apply in a lesser degree to the types of wall surfaces in food-preparation rooms. Here the number of tiled walls (190, or 9.5%) was encouraging, and together with 769 rooms having painted walls or other satisfactory surfaces, comprised 1,048 (52%) of the total.

Further details of the Survey are given below :—

#### *Types of Businesses*

No. of retail food shops with one trade	...	...	...	513
" " " " " " two trades	...	...	...	332
" " " " " " three trades	...	...	...	118
" " " " " " more than three trades	...	...	...	135

No. of retail food shops selling substantial amounts of				
inedible goods	...	...	...	251
" " such Shops primarily selling food	...	...	...	117
" " " " " " inedible goods	...	...	...	134

*Food Factories*: Classification according to commodity manufactured.

Total No. of food factories	...	...	...	131
No. of food factories attached to shops	...	...	...	120
" " self-contained food factories	...	...	...	11
" " firms manufacturing flour confectionery	...	...	...	70
" " " " " " sugar confectionery	...	...	...	17
" " " " " " meat products...	...	...	...	80
" " " " " " cooked foods	...	...	...	10
" " " " " " dairy products	...	...	...	4
" " " " " " fish products	...	...	...	3
" " " " " " pre-packed foods	...	...	...	15
" " " " " " unwrapped foods	...	...	...	119



*Description of types of Shops*

No. of shops with living accommodation attached	...	582
" " lock-up shops	...	526
" " retail shops	...	1,098
" " wholesale shops	...	10
" " firms owned by individuals or partnerships	...	886
" " " comprising limited liability companies	...	233
" " multiple stores	...	127

*Personnel*

No. of firms where only principals are engaged	...	409
" " " with 1-5 employees	...	589
" " " " 6-10	...	97
" " " " 11-20	...	18
" " " " 21 or more employees	...	6
" " " in which food handlers wear overalls	...	1,005
" " premises where outdoor clothes are kept in lockers, etc.	...	190
" " " where outdoor clothes are kept in a staff room or other suitable circumstances	...	845
" " " where outdoor clothes are kept in a food-preparing room (other than in lockers)	...	84

*Washing facilities*

Total No. of premises where lavatory basins or sinks are provided	...	1,109
Total No. of premises where other washing facilities are provided...	...	3
No. of premises where washing facilities are provided in food room	...	350
No. of premises where washing facilities are provided in w.c. or ante room	...	142
No. of premises where washing facilities are provided in staff room	...	325
No. of premises where washing facilities are provided in other places	...	362
Percentage of washing facilities to food handlers	0%—	—
	5%—	15
	10%—	50
	15%—	625
	20%—	422
No. of premises where individual towels provided	...	483
" " " " roller-towels provided	...	107
" " " " common hand-towels provided	...	541

*Supply of hot water*

No. of premises where constant supply of cold water provided	...	1,111
No. of premises where constant supply of hot water provided	...	1,107
Types of hot water apparatus:—		
Instantaneous gas heater	...	486
Storage gas heater	...	34
Storage electric heater	...	50
Gas ring	...	37

Electric radiator	...	...	...	...	...	...	12
Electric kettle	...	...	...	...	...	...	16
Electric cooker	...	...	...	...	...	...	6
Gas cooker	...	...	...	...	...	...	18
Domestic system	...	...	...	...	...	...	494

#### *Sanitary Accommodation*

Percentage of w.c's to food handlers	...	0%	3
		5%	14
		10%	46
		15%	642
		20%	396

#### *Construction of food preparation rooms*

No. of rooms in premises	...	...	...	...	...	2,000
" " " having absorbent ceilings	...	...	...	...	...	1,585
" " " non-absorbent ceilings	...	...	...	...	...	415
" " " painted ceilings	...	...	...	...	...	401
" " " whitewashed ceilings	...	...	...	...	...	1,466
" " " ceilings with other finishes	...	...	...	...	...	133
" " " absorbent wall surfaces	...	...	...	...	...	952
" " " non-absorbent wall surfaces	...	...	...	...	...	1,948
" " " painted walls	...	...	...	...	...	769
" " " distempered walls	...	...	...	...	...	722
" " " tiled walls	...	...	...	...	...	190
" " " with walls having other finishes	...	...	...	...	...	319

#### *Ventilating factors*

No. of rooms communicating with sleeping place through intervening ventilated space	...	...	...	...	370
No. of underground food-preparation rooms	...	...	...	...	67
No. of rooms with mechanical ventilation	...	...	...	...	66
No. of rooms with natural ventilation	...	...	...	...	1,934



# No. of Food Businesses existing within the Borough at 31st December, 1950

Classification according to the areas administered by the District Sanitary Inspectors

Type	New Brighton	Wallasey	Moreton	Liscard	Egre-mont	Poulton	Sea-combe	Total
Butchers' Shops ..	9	14	9	16	13	10	16	87
Chemists' Shops ..	6	8	5	8	8	4	6	45
Confect'ers' Shops ..	14	16	12	20	21	10	9	102
Fish Shops .. ..	10	6	6	4	8	5	7	46
Fried Fish Shops ..	10	2	8	8	11	6	14	59
Greengrocers' Shops	16	23	12	24	33	16	19	143
Grocers' Shops ..	19	32	18	29	30	29	30	187
Sweet Shops ..	14	24	15	38	45	16	23	175
General Shops ..	12	1	13	6	15	1	17	65
Cafes .. ..	74	11	14	7	12	5	11	134
Licensed Premises ..	20	9	8	11	8	7	19	82
Bakehouses ..	9	13	9	14	14	7	8	74
Food Manufacturing Premises .. ..	—	—	1	1	2	1	6	11
School Canteens and Dining Centres ..	4	2	4	2	1	3	4	20
Nursery and Nursery School Kitchens ..	—	—	2	1	2	—	1	6
Miscellaneous Premises	10	2	5	3	6	1	7	34
	227	163	141	192	229	121	197	1,270

N.B.—In this classification where premises are shared for the conduct of more than one type of trade, no account has been taken of trade unless it forms a substantial part of the business.

## INSPECTIONS

	<i>Visits</i>
Cafes, restaurants ... ..	369
Bakehouses ... ..	248
Fried Fish Shops ... ..	208
Offensive Trades ... ..	2
Other Food premises ... ..	2,692

Total visits ... 3,519

	<i>Notices Served</i>	<i>Notices Abated</i>	<i>Notices Out- standing</i>
IMPROVEMENTS EFFECTED			
<i>Bakehouses</i> : Cleansed and limewashed	10	6	4
Other contraventions remedied ...	17	15	2
<i>Fried Fish Shops</i> : Cleansed and lime- washed ... ..	5	10	—
General Sanitary Conditions im- proved ... ..	21	21	—
Other contraventions remedied ...	2	1	1
<i>Cafes, Restaurants</i> : Contraventions remedied ... ..	38	37	1
<i>Other Food Premises</i> : General sanitary conditions improved ... ..	221	177	44
Additional W.C.s provided ... ..	7	8	—
Hot and cold water supply pro- vided ... ..	54	53	1
Soap, towels, provided ... ..	8	5	3
Glazed sink provided ... ..	32	23	9
Sterilising equipment provided ...	3	4	—
Rooms cleansed ... ..	44	38	6
Rooms re-plastered ... ..	14	21	—
Clothes cupboards provided ... ..	2	2	—
Total ...	478	421	71

## Applications for Issue of Ministry of Food Licences

Visits made in connection therewith ... ..	85
Issues of licences approved ... ..	35
Issues of licences recommended for refusal ...	6

## CONTROL OF ICE CREAM PREMISES

From an examination of the results of ice cream sampling during the year there is ample justification for believing that the rigid control which has been exercised in the Borough over the manufacture of ice cream was rightly enforced. The scope of sampling was again increased by 16.1% over 1949 and 134% over 1948. Notwithstanding this increase there has been a remarkable change in the proportion of samples placed within the grades of the recommended standard. The percentage of Grade I samples has risen from 45.5% to 83.7%. At the same time the percentage of Grade IV samples fell from 14.8% to 2.0%. This latter figure represents only six samples which were obtained from two manufacturers.



The following table showing the grading of wrapped and unwrapped samples of ice cream does not show any significant difference in the hygienic standard obtained.

<i>Grade</i>	<i>Wrapped</i>	<i>Unwrapped</i>
I	121	130
II	10	22
III	8	3
IV	3	3
	142	158

The improved figures of production of individual manufacturers shown in the third following table are also notable, only two local factories being graded as unsatisfactory and one manufacturer only in a neighbouring area. The improved hygienic standard of ice cream manufacture generally in 1950 reflects great credit on the efforts of the trade to give the best possible service to the public and to comply with the requirements of health authorities. The lack of knowledge of the basic principles of hygienic methods of production amongst those engaged in the trade on which comment was made in the last report appears to have been considerably reduced. During the year ten fewer applications for registration of premises were approved and at the close of the year the number of registered premises had fallen from 445 in 1949 to 389, a decrease of 12.6%.

#### ICE CREAM STATISTICS RELATIVE TO THE YEAR 1950

##### REGISTRATIONS APPROVED DURING 1950

Sale only	...	...	...	...	...	47
Sale and Storage	...	...	...	...	...	13
						<hr/>
Total	...	...				60
						<hr/>

##### REGISTRATIONS REFUSED

No applications for registration were refused during the year.

## REGISTRATIONS CANCELLED

Sale only	...	...	...	...	...	2
Manufacture, storage and sale	...	...	...	...	...	2
Total						4

## NUMBER OF PREMISES ON REGISTER AT CLOSE OF YEAR

Storage and manufacture	...	...	...	...	4
Sale only	...	...	...	...	209
Storage only	...	...	...	...	2
Storage and sale	...	...	...	...	213
Manufacture, storage and sale	...	...	...	...	14
Manufacture and sale	...	...	...	...	3
					<hr/>
		Total	...	...	445

## VISITS OF INSPECTION

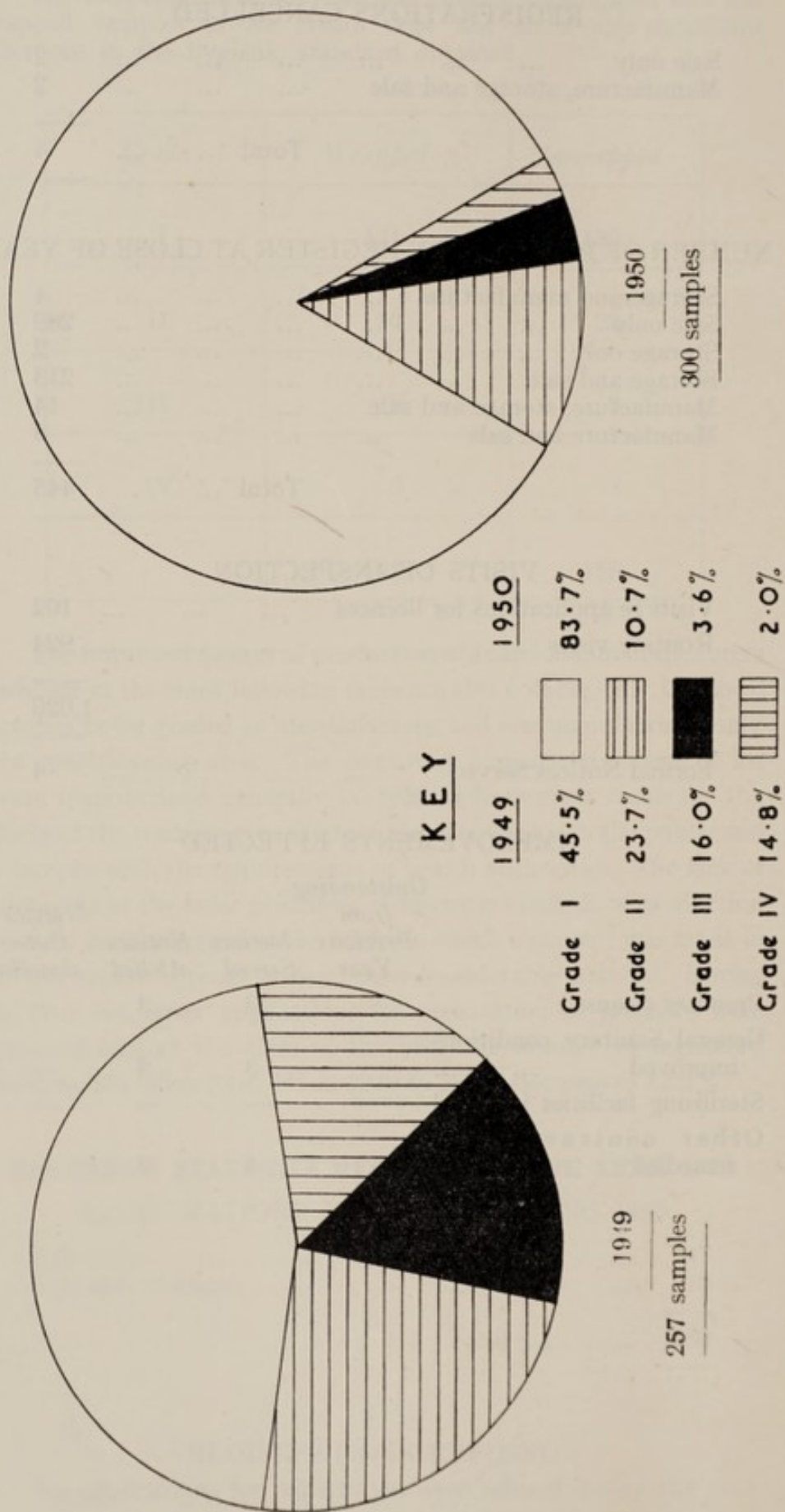
Visits re applications for licences	...	...	...	102
Routine visits	...	...	...	924
				1,026
Formal Notices Served	...	...	...	4

## IMPROVEMENTS EFFECTED

	<i>Outstanding from Previous Year</i>	<i>Notices Served</i>	<i>Notices Abated</i>	<i>Notices Out- standing</i>
Premises cleansed	—	3	3	—
General Sanitary conditions improved	—	3	3	—
Sterilising facilities installed	—	—	—	—
Other contraventions remedied	1	1	2	—



# COMPARISON OF RESULTS OF ICE CREAM SAMPLING



**1950 ICE CREAM SAMPLING :**  
**CLASSIFICATION BY METHOD OF MANUFACTURE**

Ice Cream sampled at point of sale, irrespective of source  
of manufacture or mode of packing.

**Manufacture by COMPLETE COLD MIX Method**

GRADE	No. of Specimens within the Grade	Time taken to reduce Methylene Blue (hours)						Coli in 1/10th ml.	
		0-	$\frac{1}{2}$ -	$1\frac{1}{2}$ -	$2\frac{1}{2}$ -	$3\frac{1}{2}$ -	$4\frac{1}{2}$ -	Faecal Type	Non Faecal Type
1	12 (92.3)	—	—	—	—	—	12	—	1 (8.3)
2	1 (7.7)	—	—	—	1	—	—	—	—
3	—	—	—	—	—	—	—	—	—
4	—	—	—	—	—	—	—	—	—
	13 (100)	—	—	—	1	—	12	—	1 (7.7)

**Manufacture by HEAT TREATMENT Method**

GRADE	No. of Specimens within the Grade	Time taken to reduce Methylene Blue (hours)						Coli in 1/10th ml.	
		0-	$\frac{1}{2}$ -	$1\frac{1}{2}$ -	$2\frac{1}{2}$ -	$3\frac{1}{2}$ -	$4\frac{1}{2}$ -	Faecal Type	Non- Faecal Type
1	239 (83.3)	—	—	—	—	—	239	—	45 (18.8)
2	31 (10.8)	—	—	—	10	21	—	—	6 (19.4)
3	11 (3.8)	—	7	4	—	—	—	—	4 (36.4)
4	6 (2.1)	6	—	—	—	—	—	—	1 (16.7)
	287 (100)	6	7	4	10	21	239	—	56 (19.5)



## ICE CREAM SAMPLES, 1950

*Results Classified according to Identity of the Manufacturer.*

Ice Cream sampled at point of sale within the County Borough District of Wallasey during 1950.

## FACTORIES OUTSIDE WALLASEY

Manu- facturer Code No.	No. of Samples examined	No. of Samples in Provisional Grades				Grading of Manu- facturer by Ministry of Health recom- mended Standards		
		Grade 1	Grade 2	Grade 3	Grade 4	Satis- factory	Unsatis- factory	Not Classified
1	16	12	2	2	—	*	—	—
2	10	5	3	2	—	*	—	—
3	5	5	—	—	—	*	—	—
4	12	10	2	—	—	*	—	—
5	6	6	—	—	—	*	—	—
6	12	10	2	—	—	*	—	—
7	15	15	—	—	—	*	—	—
8	6	5	1	—	—	*	—	—
9	7	7	—	—	—	*	—	—
10	14	14	—	—	—	*	—	—
11	2	2	—	—	—	—	—	*
12	13	13	—	—	—	*	—	—
13	14	13	1	—	—	*	—	—
14	3	3	—	—	—	*	—	—
15	19	18	1	—	—	*	—	—
16	16	5	4	2	5	—	*	—
17	3	3	—	—	—	—	—	*
18	1	—	1	—	—	—	—	*
19	3	—	—	3	—	—	—	*
20	13	12	1	—	—	*	—	—
21	6	6	—	—	—	*	—	—
	196	164 (83.7)	18 (9.2)	9 (4.6)	5 (2.5)	16	1	4

NOTE :—Figures in parentheses denote percentages.

## FACTORIES LOCATED IN WALLASEY

Manu- facturer Code No.	No. of Samples examined	No. of Samples in Provisional Grades				Grading of Manu- facturer by Ministry of Health recom- mended Standards		
		Grade 1	Grade 2	Grade 3	Grade 4	Satis- factory	Unsatis- factory	Not Classified
1	10	7	3	—	—	*	—	—
2	5	5	—	—	—	*	—	—
3	7	7	—	—	—	*	—	—
4	9	7	2	—	—	*	—	—
5	1	1	—	—	—	—	—	*
6	10	7	3	—	—	*	—	—
7	8	7	1	—	—	*	—	—
8	2	2	—	—	—	—	—	*
9	10	9	1	—	—	*	—	—
10	6	6	—	—	—	*	—	—
11	6	5	1	—	—	*	—	—
12	8	8	—	—	—	*	—	—
13	14	12	1	—	1	—	*	—
14	8	4	2	2	—	—	*	—
	104	87 (83.6)	14 (13.5)	2 (1.9)	1 (1.0)	10	2	2

NOTES.—1. Manufacturers numbered 11, 17, 18 and 19 in Table I above and 5 and 8 in Table II are not classified owing to insufficient number of samples taken.

2. Figures in parentheses indicate percentages.

## ICE CREAM SAMPLING, 1950

*Classification of Samples by Location of Manufacture*

## ICE CREAM MANUFACTURED IN WALLASEY

Grade	Methylene Blue (Hours)						No. of Specimens showing B.Coli in 0.1 ml.				Staph Aureus	
	4½ hrs. or over	3½-4 hrs.	2½-3 hrs.	1½-2 hrs.	½-1 hr.	0.hrs.	Presumptive		Faecal		Pre- sent	Absent
1	87	..	..	..	..	..	20	67	..	87	..	87
2	..	9	5	..	..	..	4	10	..	14	..	14
3	..	..	..	2	..	..	..	2	..	2	..	2
4	..	..	..	..	..	1	1	..	..	1	..	1
Total	87	9	5	2	..	1	25	79	..	104	..	104

## ICE CREAM MANUFACTURED OUTSIDE WALLASEY

1	164	..	..	..	..	..	26	138	..	164	..	164
2	..	12	6	..	..	..	2	16	..	18	..	18
3	..	..	..	2	7	..	4	5	..	9	..	9
4	..	..	..	..	..	5	..	5	..	5	..	5
Total	164	12	6	2	7	5	32	164	..	196	..	196

## ADMINISTRATION OF SHOPS ACT, 1950

The year was notable for the coming into force of the Shops Act, 1950, on the 1st October. This Act generally consolidated the entire Shops Acts from 1912 to 1936 as recommended in the Gower Report. General amendment of the law relating to shops awaits further legislation; there is no doubt that it is needed.

In the Act, certain provisions of the war-time emergency legislation have been made permanent, the most important of which is the operation of winter closing hours for shops between the first Sunday in November in any year and the day before the first Sunday in March for the succeeding year. During these winter months the general closing hours for shops are 7.30 p.m. on the late day (which varies according to the nature of the business) and 6.0 p.m. on the other week days. Although the Corporation may by Order vary the hours of closing during winter months within certain limits prescribed by the Act, no Order has yet been made for the Borough.

Soon after the Corporation had made the Wallasey County Borough (Holiday Resorts) Sunday Trading Restriction Suspension (Amendment) Order, 1949, it became apparent that the closing hour of 8.0 p.m. fixed by the Order gave rise to certain anomalies. As a result a further poll was taken throughout the Borough and the results of the voting are tabulated below. A two-thirds majority having been obtained in each area, the Corporation then revoked the 1949 Order and made the Wallasey County Borough (Holiday Resorts) Sunday Trading Restriction Suspension (Amendment) Order, 1950 (No. 2), which re-enacted the 1949 Order, except that the closing hours were extended from 8.0 p.m. to 9.30 p.m.



	<i>Total Votes</i>	<i>Votes Returned</i>	<i>Votes Out- standing</i>	<i>Votes For</i>	<i>Votes Against</i>	<i>2/3rd Votes Required</i>
New Brighton Area ..	95	88	7	69	19 (incl. 2 re- fusals to vote).	64
Wallasey Village Area ..	20	20	—	13	7	13
Leasowe & Moreton Area	97	97	—	65	32	65
Tobin Street Area ..	2	2	—	2	—	1

During the year, it was found possible to effect 5,384 complete inspections of shops, necessitating the service of 602 notices. Re-inspections numbering 864 were executed to ensure compliance with notices, and it was ascertained that the following improvements had resulted :—

#### NOTICES SERVED, ETC.

Number of notices served	...	...	...	602
Number of contraventions discovered	...	...	...	675
Number of contraventions remedied	...	...	...	665

#### NATURE OF CONTRAVENTIONS REMEDIED

Section 17 (2) Provision of Assistants Half-holiday Card...	19
Section 37 (1) Provision of Seats for Female Employees ...	—
Section 1 (3) Provision of Half Day Closing Notice ...	395
Section 13 (1) Provision of Mixed Trades Notices ...	9
Section 38 (1) (a) Suitable and Sufficient Ventilation ...	1
Section 38 (1) (b) Maintenance of Reasonable Temperature	—
Section 38 (2) Provision of Sanitary Accommodation ...	1
Section 38 (3) Sanitary Accommodation cleansed and repaired ... ..	69
Section 38 (4) Provision of Suitable and Sufficient Lighting	3
Section 38 (4) Provision of Washing Facilities ... ..	21
Section 38 (5) Provision of Facilities for Meals ... ..	—
Sections 32 (1) and 32 (2) Provision of Documents (Young Persons) ... ..	115
General sanitary conditions improved ... ..	21

#### SUNDAY TRADING

Section 22 (3) Provision of Records of Sunday Employment	1
Section 53 Registrations revoked ... ..	—

#### HOURS OF EMPLOYMENT

Contraventions detected and remedied ... ..	—
---	---

## HOURS OF TRADING

Number of contraventions noted	...	...	9
" " warnings issued	...	...	2
" " prosecutions instituted	...	...	4
Amount of fines and costs imposed	...	...	£5 12 0
Number of cases dismissed	...	...	1

The successful prosecutions were in respect of contraventions of the Wallasey County Borough (Holiday Resorts) Sunday Trading Restriction (Amendment) Order, 1949; the case dismissed was taken under section 47 of the Shops Act, 1950, the Magistrates declaring it had not been proved that the shop concerned had been open for the serving of customers on Sunday.

## HOUSING

**Clearance Orders**

Under the Wallasey (No. 67) Clearance Order, 1950, which was confirmed by the Minister of Health on the 28th June, 1950, two adjoining houses, numbers 1 and 3, Garrick Avenue, Moreton, were to be demolished, displacing a total of 11 occupants. By the end of the year No. 3, Garrick Avenue had been demolished and the tenant rehoused, while No. 1 Garrick Avenue was demolished early in 1951.

A group of 13 houses, numbered 1 to 11, 13, and 19 to 31 (all odd numbers) Conway Street was represented to the General Health Committee with a view to being demolished as a Clearance Area. After a further joint meeting of the General Health Committee and the Housing Committee, consideration was given to the possibility of alternative action being taken, but no final decision was taken during the year.

**Demolition Orders**

Formal action under the Housing Act, 1936, was taken by the Corporation to demolish No. 21 Bermuda Road and 56 Borrowdale Road. Each house was demolished by its respective owner. The occupants, 7 in number, were rehoused by the Corporation.

**Voluntary Demolition**

Undertakings were entered into by the owners of 23 Mount Pleasant Road and "Meadow View", Town Meadows, voluntarily to demolish these premises, displacing 10 occupiers who were subsequently rehoused by the Corporation. A similar undertaking was provided by the owner of 49 Borrowdale Road, but by the end of the year the tenant was still awaiting rehousing by the Corporation.

**Clearance Orders**

No buildings or parts of buildings were closed by the Corporation as being unfit for human habitation and incapable of being rendered so fit at reasonable expense.

**Repair of Unfit Houses**

No formal or informal action to secure the repair of unfit houses under the Housing Acts, 1936 to 1949, was undertaken during the year.



**Rent and Mortgage Interest (Restrictions) Acts, 1920-1939**

No Sanitary Certificates were issued, refused or withdrawn during the year.

**Progress Report of Action under Housing Acts, 1930-49**

*Position as at 31st December, 1950*

	No. of dwelling-houses demolished		Number of persons displaced
	Unfit houses	Other houses	
(1) Land coloured "pink" ..	700	—	1,575

**Unfit Houses not included in Clearance Areas**

	Number of houses	Number of persons displaced
(1) <i>Housing Act, 1936</i> —		
(a) Houses demolished as a result of formal procedure under Sec. 11 ..	279	931
(b) Houses demolished as a result of informal notices preliminary to formal procedure under Sec. 11 ..	75	87
(c) Houses closed in pursuance of an undertaking given by the owners under Sec. 11 .. .. .	3	8
(d) Parts of buildings closed (Sec. 12)	4	7
(e) Houses made fit—		
(i) as a result of formal notices under Sections 9 to 12 ..	186	—
(ii) as a result of informal notices preliminary to formal procedure under Sections 9 to 12	851	—
(2) <i>Housing Act, 1949</i> —		
(f) Closing Orders made under Section 13 (1) .. .. .	—	—
(g) Demolition Orders determined and Closing Orders substituted under Section 3 (2) .. .. .	—	—
(h) Demolition Orders quashed under Section 2 .. .. .	—	—

**OVERCROWDING AND ALLOCATION OF TENANCIES**

There was a slight reduction in the number of cases investigated of applicants for tenancies of Corporation houses. 1,817 families have been visited and full particulars of their housing and health circumstances ascertained on behalf of the Housing Department. The number of investigations of alleged overcrowding has fallen by 18.4% to 1,666, and in 310 families (18.6%) statutory overcrowding was found. This is a reduction of 9.5% on the previous year.

Although the number of families statutorily overcrowded has fallen, there remains a substantial number of families whose size when computed under the Housing Act, 1936, equals the permitted number for the accommodation they occupy. Although these families are not statutorily overcrowded, they would become so by the smallest natural addition such as the birth of a child, or by a child under the age of ten years reaching that age. This group of applicants in 1950 numbered 239 families, of which 47 were tenants of the accommodation they occupied, and 192 were sub-tenants.

During the year, the Council's rehousing points scheme was amended to meet this situation by enabling the issue of overcrowding points to those families of a size equal to the permitted number of their accommodation, provided that such "modified overcrowding" had existed continually since the 30th June, 1948, or had arisen since that date by virtue of natural increase. Having regard to the progress made in the abatement of statutory overcrowding, the scheme was further amended by advancing the qualifying date in respect of these families from the 30th June, 1948 to the 31st March, 1949.

Applications for rehousing on medical grounds rose from 126 in 1949 to 151 in 1950. Tuberculosis continues to be the most common cause meriting rehousing on health grounds, and of 53 applications, 19 cases (35.8%) were found to warrant absolute priority in rehousing. Of the 98 applications for rehousing on other medical grounds, certificates that rehousing was imperative were granted in respect of 11 cases (11.2%).

	Overcrowded		Not over-crowded	Applications on Medical Grounds			
				Tuberculosis		Other Cases	
	Modified Statut'y			Approved	Rejected	Approved	Rejected
Tenants.. ..	47	65	675	8	12	9	63
Sub-Tenants living in Rooms..	192	245	442	11	22	2	24
Totals .. ..	239	310	1,117	19	34	11	87

#### ADMINISTRATION OF FACTORIES ACT, 1937

An Abstract of the work carried out under the Factories Act, 1937, is set out below in the form required by the Ministry of Labour and National Service. A reduction in the number of inspections caused by pressure of work in other directions has been offset by a comparable fall in the number of factories on the register, although the number of written notices has only decreased by 1 to 25. No legal proceedings were found necessary during the year.



## INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH

Premises	No. on Register	Number of	
		Inspections	Written Notices
Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced .. .. .	36	119	5
Factories not included in above in which Section 7 is enforced by the Local Authority .. .. .	256	664	20
Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) .. .. .	1	1	—
Totals .. .. .	293	784	25

### *Cases in which defects were found*

Particulars	Found	Remedied	Referred	
			To Inspector	By H.M. Inspector
Want of cleanliness (S.1) ..	6	1	—	1
Overcrowding (S.2) .. ..	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—
Inadequate ventilation (S.4) ..	1	1	—	—
Ineffective drainage of floors (S.6) .. .. .	1	1	—	—
Sanitary Conveniences (S.7) :—				
(a) Insufficient .. ..	1	1	—	—
(b) Unsuitable or defective ..	37	33	—	1
(c) Not separate for sexes ..	2	3	—	—
Other offences against the Act (not including offences relating to Outwork) .. .. .	—	—	6	—
Totals .. .. .	48	40	6	2

### *Outwork*

Wearing apparel—making, etc.	Number of outworkers in August list required by Section 10 (1) (c) ... ..	8
	Visits made ... ..	17

## WATER SUPPLY

### Town Area

#### *Quantity*

The total consumption of water in the town area which comprises 24,663 dwellinghouses in the Borough, except 284 dwellinghouse in Saughall Massie, represented 36.3 gallons per head per day, of which 28.4 gallons was for domestic purposes, 0.47 gallons for shipping and 7.43 gallons for industry and commerce. The equivalent of 0.2 gallons per head per day was used by the Cleansing Department.

*Chemical and Bacteriological Examination*

Routine sampling of the supply both at the Seaview Road Pumping Station and at numerous points of distribution in the Borough was carried out by the staff of the Water Department and by sanitary inspectors. 153 samples were subjected to bacteriological examination and 75 to full chemical analysis by the Water Department. Average results of chemical examination were as follows :—

	<i>Parts per 100,000</i>				
Total hardness	...	...	...	...	8.7
Total Solids	...	...	...	...	31.6
Free Ammonia	...	...	...	...	0.001
Albuminoid Ammonia	...	...	...	...	0.002
Nitrates	...	...	...	...	0.12
Oxygen absorbed in 3 hours at 37°C.	...	...	...	...	0.061
pH Value	...	...	...	...	6.7
Chlorides	...	...	...	...	9.0
Lead	...	...	...	...	Absent
Copper	...	...	...	...	Absent

Iron appeared in traces in a small number of samples especially in areas where pipe-cleaning operations had previously been carried out.

An average figure of 264 tests of the total hardness of the water at Gorsehill was 9.4 parts per 100,000 (6.6 degrees Clarke) whilst an average of the total hardness of Lake Alwen was 3 parts per 100,000 (2.1 degrees Clarke).

7 samples of raw water from the Seaview Road Pumping Station and 22 samples from consumers' supply were taken by sanitary inspectors and examined bacteriologically by the Public Health Laboratory at Birkenhead. The high bacterial quality of the borehole water was reflected in the complete absence of organisms from all samples. The consumers' samples yielded the following results :—

- (a) No. of samples in which plate count 2 days at 37°C. was nil 22  
 (b) Probable No. of coliform organisms per 100 ml. :

No. of samples with a probable No. of	0—	...	...	16
" " " " " " " "	2—	...	...	4
" " " " " " " "	10—	...	...	1
" " " " " " " "	50—	...	...	1

In each of the two cases where the probable number of coliform organisms per 100 ml. was greater than 10, the probable number of non-faecal coli exceeded 70%.

*Source and Treatment*

The source of supply, which was described at length in the report for 1950, continues to comprise a bulk supply from the Birkenhead Corporation's Lake Alwen reservoir and a similar supply from the Corporation's borehole at Liscard. The Lake Alwen water is treated by flocculation, filtration and precautionary sterilisation by chloramine. The borehole water is softened and chlorinated.

**SAUGHALL MASSIE**

284 dwellinghouses in the extreme western end of the Borough receive their water supply from the West Cheshire Water Board. This water is obtained from deep wells at the Board's pumping stations with auxiliary supplies from Birkenhead as and when required. All water is subject to treatment by either simple chlorination or chloramination.



The hardness of the water varies and an examination of four samples taken in 1950 indicated total hardness varying between 16.80 and 17.85 degrees Clarke.

The total consumption per head per day in the area served by the Board is 45 gallons, of which it may be said that 30 gallons is supplied for domestic purposes and 15 gallons for industry and commerce. During the year 23 samples of water were submitted by the Board to the Counties Public Health Laboratories, London, S.W.1, for bacteriological examination and gave the following results :—

No. of Colonies (on Agar)			Number of Samples		
			3 days 20°C.	1 day 37°C.	2 days 37°C.
0	...	...	16	22	21
1	...	...	3	1	2
2	...	...	1	0	0
3	...	...	0	0	0
4	...	...	2	0	0
5	...	...	1	0	0
Totals			23	23	23

Presumptive coli	...	absent from 100 ml. in all samples
Confirmatory B. coli	...	" " " " " "
B. Welchii	...	" " " " " "

An average of the quarterly chemical examination of the water is as follows (results in parts per million) :—

Appearance	...	Bright with very few mineral particles.
Colour	...	Nil.
Odour	...	Very faintly chlorinous in two cases.
Reaction pH	...	7.25
Electric conductivity	...	580
Total solids	...	390
Chlorine in Chlorides	...	68.5
Nitrogen in Nitrates	...	2.85
Hardness : Permanent	...	76.25
Temporary	...	173.75
Total...	...	250.00
Metals	...	Absent
Free Ammonia	...	Nil.
Albuminoid Ammonia	...	Nil.
Oxygen absorbed in 4 hours at 80°F.	...	0.00
Free Carbon Dioxide	...	14
Nitrites	...	Less than 0.01.
Ammoniacal Nitrogen	...	0.00675
Albuminoid Nitrogen	...	0.000

17 samples taken by sanitary inspectors and submitted to the Public Health Laboratory Service, Birkenhead for bacteriological examination indicated that B. coli was absent from 100 millilitres of all the samples submitted.

## SEWERAGE AND DRAINAGE

The water carriage system of drainage is used in all except small outlying districts of the Borough, chemical closets being found in occasional houses where sewer facilities are not within 100 feet. In such cases, a collection service is undertaken by the Corporation. Septic tanks and cesspools are also in use in a number of houses in this western part of the district, where the separate system of drainage is in operation. Crude sewage from the main town sewers is discharged into the River Mersey and its estuary at suitable points. A small sewage disposal plant is in use at the western end of the County Borough District.

*House Drainage*

Visits by sanitary inspectors in connection with same ...	689
Drains cleansed from obstruction after service of notice	345
Minor repairs effected to existing drains ... ..	61
Entire reconstruction of existing drains ... ..	3
Partial reconstruction of existing drains ... ..	24
Drain Tests : (a) Smoke ... ..	75
(b) Water ... ..	14
(c) Colour ... ..	41
Cesspools emptied after service of notice ... ..	—
Cesspools repaired ... ..	—
Cesspools abolished ... ..	1
Choked sewers referred to Borough Engineer ... ..	14
Ditches and watercourses inspected ... ..	12
Ditches and streams cleansed ... ..	—
Ditches and streams—pollution remedied ... ..	—

## RODENT CONTROL

On the 31st March, 1950, The Prevention of Damage by Pests Act, 1949, came into operation and the previous enactments were superseded. Under the new Act the functions of a Local Authority in Rodent Control are carried out under general direction of the Ministry of Agriculture and the following figures relating to surface infestations are set out in the form required by the Ministry. The figures in the table cover the period 31st March to 31st December, 1950.

Over the whole year 553 complaints of infestation were received and dealt with, entailing 4,283 visits for inspection and treatment. 5,246 baits were laid, of which 859 (16.4%) were consumed. The 1949 Act includes provision for the treatment of infestations involving sewers and certain properties by a system of vertical block control which it is hoped will eliminate the "hard core" of infestations in the older parts of the Borough.



# PREVENTION OF DAMAGE BY PESTS ACT, 1949

Report for Period 31st March to 31st December, 1950

## 1.—PREVALENCE OF RATS AND MICE

Type of Property	(i)	(ii)	(iii)	(iv)	(v)	(vi)	(vii)
	Total	Number of properties in Local Authority's Area in which infestation was			Analysis of Column (iv)		
		Number infested by			Rats		Mice only
		Notified by Occupier	Otherwise discovered	Recorded Total of (ii) & (iii)	Major	Minor	
Local Authority's Property	146	33	12	45	8	12	25
Dwelling Houses .. ..	27,548	116	21	137	4	85	48
Business Premises .. ..	3,842	39	33	72	5	45	22
Agricultural Property ..	54	—	—	—	—	—	—
Total ..	31,590	188	66	254	17	142	95

## 2.—MEASURES OF CONTROL BY LOCAL AUTHORITY

Type of Property	No. of properties inspected	No. of inspections made	Number of Notices served under Sec. 4		Number of treatments carried out				Block treatments of properties in different occupancies under Sec. 6 (1) or by informal arrangement		
					By arrangement with Occupier		Under Section 5 (1)				
			Treatments	Works	Rats	Mice Only	Rats	Mice Only	No. of Blocks	Sur-face	Assoc-iated Sewer
										No. of separate occupancies	No. of man-holes treated
Local Authority's Property ..			—	—	65	48	—	—	—	—	—
Dwellinghouse ..		3,200	—	—	94	73	—	—	2	2	59
Business Premises ..			—	—	55	37	—	—	—	—	—
Agricultural Property ..			—	—	—	—	—	—	—	—	—
Total ..		3,200	—	—	214	158	—	—	2	2	59





In addition the number of samples of water taken for an estimation of the residual chlorine content was doubled and the results were within the limits of 0.3 and 0.5 parts per million in the Guinea Gap Baths and 0.1 and 0.5 parts per million in the New Brighton Baths. After chlorine tests of the water at the Derby Pool had indicated an inadequate sterilisation, correspondence was exchanged with the Borough Engineer with a view to improving the bacteriological condition of the water at this bath.

#### CAMPING LICENCES

No. of licences relating to sites issued during 1950 ...	17
No. of licences relating to sites refused during 1950	4
No. of cases of unlicensed camping detected during 1950	16
No. of visits to unlicensed land ... ..	55
No. of visits to licensed land ... ..	82
Inspection of structures ... ..	1,176
Nuisances abated after notice ... ..	—

#### KEEPING OF ANIMALS

Visits to premises ... ..	169
Notices served ... ..	27
Stables, manure pits cleansed ... ..	4
Stables, manure pits repaired or renewed ... ..	1
Other nuisances abated ... ..	11

#### SMOKE ABATEMENT

On the 1st April, 1950, the Corporation became a Co-operating Body under a nation-wide Atmospheric Pollution Survey conducted by the Department of Scientific and Industrial Research. Four sites were chosen in the Borough, at which deposit gauges and lead peroxide instruments were installed, namely:—

- (1) Public Wash-house, Oakdale Road, Seacombe.
- (2) Poulton Junior Mixed School, Poulton.
- (3) Saughall Sewage Works, Meols.
- (4) Seaview Road Pumping Station, Liscard.

With the exception of the Saughall Sewage Works site, the instruments were placed on the roofs of the buildings concerned.

At monthly intervals the sites are visited by the sanitary inspectors, who collect the rainwater from the deposit gauges and renew the lead peroxide candles. An examination of the rainwater and used candles is then conducted by the Chemist of the Corporation's Water Department, and from his report statistics are compiled for inclusion in the Monthly Bulletin of the Department of Scientific and Industrial Research. The statistics collected over a period will be of value both locally and regionally in the reduction of atmospheric pollution, and it is proposed to treat this subject fully in the Annual Report for 1951.

Although the sites of the stations were chosen so as to avoid the possibility of accidental or malicious damage, it is regrettable to note that the instruments on the roof of the Poulton Junior Mixed School were interfered with during the month of September, 1950, so that no figures could be obtained for that month and, in

addition, at the time of writing it has been found that children have again climbed on to the roof of the school, broken into the lead peroxide instrument and stolen the candle.

The following table gives an indication of the routine activities of the Department in the reduction of smoke nuisances from industrial boiler plants:—

No. of observations—(1) formal half-hourly	...	...	49
(2) casual	...	...	129
Visits to boiler-houses	...	...	65
Interviews in connection with smoke abatement	...	...	24
Smoke nuisances abated	...	...	2
Grit emissions abated	...	...	—
Major improvements to boiler plant effected	...	...	1

### MISCELLANEOUS INSPECTIONS

				<i>Notices Nuisances</i>	
				<i>Visits served</i>	<i>detected</i>
Schools	...	...	55	—	7
Cinemas, dance-halls, etc.	...	...	40	3	2
Sub-let rooms	...	...	208	2	2
Public Conveniences	...	...	73	—	6
Local Land Charges (Search)	...	...	1,638	—	—
Measurements of rooms for permitted numbers	...	...	186	—	—
Interviews with building contractors	...	...	693	—	—
Offensive trades	...	...	2	—	—
Canal boats inspected	...	...	10	—	—
Other visits	...	...	89	—	—

### HYDROGEN CYANIDE (FUMIGATION) ACT, 1937

One prefabricated Council house was disinfested by the use of Hydrogen Cyanide gas for the eradication of bed bugs.

### RAG FLOCK ACTS, 1911 TO 1928

No samples of Rag Flock were taken during the year.

### PROVISION OF NEW HOUSING ACCOMMODATION

The Borough Architect has supplied the following details of the progress made in the provision of new houses:—

	During 1950	Post War Period including 1950	In Progress 31/12/50
Houses erected by private enterprise	82	637	46
Houses erected by Local Authority	370	1,399	356
Blitzed houses rebuilt	—	56	—

Flat conversions are not included in the above figures.





## PART VI.



### *Welfare Services*

*National Assistance Act, 1948*



## WELFARE SERVICES.

### Residential Accommodation.

The National Assistance Act, 1948, placed a duty on the Council to provide residential accommodation for persons who by reason of age, infirmity, or other circumstances are in need of care and attention not otherwise available to them. This comprises a wide range of elderly infirm, disabled, or subnormal people who are unable to look after themselves in their own homes, and cannot obtain from relatives, friends or others the care and attention they require.

The year 1950 has been the first full year in which the first hostel of the type envisaged in the Act, "Lamorna" Hamilton Road, has been open. The experience gained in managing this home has been invaluable to the staff in guiding them as to the policy to be adopted in future planning, and many of the lessons learned at "Lamorna" have been incorporated into the scheme for "Redcliffe," Egremont Promenade, which was opened by the Mayor in April, 1951.

There is a growing demand for accommodation of this type for old people, and owing to the increased proportion of old people to the rest of the population and the tendency for this proportion to increase further, the demand will probably go unsatisfied for many years. Applications are being received for vacancies from many people who would not have applied under the old regime, as this accommodation is no longer associated with destitution, indeed some of the residents pay the full cost of their maintenance.

A large part of the time of the staff during the year has been devoted to the tremendous amount of work involved in equipping and furnishing "Redcliffe," and the fruits of these labours will not be apparent until 1951, when the Hostel is fully occupied.

Plans are being drafted for a hostel to be erected in Moreton with accommodation for various types of persons. For example the care and attention needed by some old people amounts to little more than relief from domestic duties; others need help in dressing or washing themselves. Others have habits which are anti-social, but who will have to be catered for, and provision will also be made for married couples.

Present policy is to move away from the old institutional type of building with long rambling corridors, etc., and provide accommodation which is a substitute for a normal home. All the reasonable needs of the residents are met, including board, clothing, tobacco, sweets, recreational facilities, books and periodicals, and opportunity for religious worship. The residents have the same right to the services of a family doctor and the same freedom to choose a doctor as if they were living in their own homes. The Soroptimist Club take an interest in the old folk and make personal visits, and have contributed to the comfort of the residents of "Lamorna" with their entertainments and gifts.

The present accommodation at the disposal of the Council consists of :—

- 38 beds at St. Catherine's Hospital Annexe, Birkenhead.  
(By arrangement with the Liverpool Regional Hospital Board).
- 5 beds at Eastham House. (By arrangement with the Birkenhead Corporation, to be vacated as soon as possible).
- 6 beds in Epileptic Colonies.
- 3 beds in Homes for Cripples.
- 5 beds in Homes for the Blind.
- 18 beds at "Lamorna," Hamilton Road, Wallasey.
- 18 beds at "Redcliffe," Egremont Promenade.
- 1 bed in Salvation Army Hostel, West Kirby.
- 4 beds in Homes managed by Other Local Authorities.
- 6 beds in Children's Homes managed by Voluntary Organisations.

The following were the numbers of persons chargeable at 31st December, 1950 :—

	<i>Men.</i>	<i>Women.</i>	<i>Children.</i>	<i>Total.</i>
St. Catherine's Hospital Annexe	9	24	—	33
Eastham House ... ..	4	—	—	4
Epileptic Colonies ... ..	—	6	—	6
Cripples Homes ... ..	2	—	—	2
Homes for the Blind ... ..	1	1	—	2
Other Homes for the Aged ... ..	—	2	—	2
Children's Homes ... ..	—	—	6	6
"Lamorna," Hamilton Road ... ..	—	18	—	18
Total ... ..	16	51	6	73

#### **Gift Food from the Dominions.**

During the year 142 cases of Gift Food were received from the Dominions and allocated to various organisations in the Borough for distribution to the aged and needy.

#### **Community Welfare.**

The Welfare Officers are often requested to visit old people and other persons in need of care and attention in their own homes, and this has been shown to be of particular value, for it can mitigate a sense of isolation and loneliness often experienced by old people. The Officer can ascertain which service is required and pass information to the appropriate branch of the health or welfare services. The Officers made approximately 450 domiciliary visits during the year.

#### **Temporary Accommodation.**

A duty is placed on the Council to provide temporary accommodation for persons in urgent need of it. This provision is not one for dealing with the inadequately housed but is primarily intended to cover persons homeless as a result of fire, flood, or eviction. Six families involving eleven children have been dealt with under this provision, but as no accommodation specially adapted for the purpose has been provided, the families have had to be split and the children accommodated separately from the parents. The cost of maintaining evicted families under existing arrangements was £1,059 for the financial year ended 31/3/51.



Great difficulty has been experienced by the staff in finding accommodation for eviction cases, and many hours have been spent telephoning all the Local Authorities and Agencies in the North Western Area before vacancies have been found for children.

#### **Registration of Disabled Persons' and Old Persons' Homes.**

Two homes were registered under the National Assistance Act during 1950, making a total of three Homes in Wallasey provided privately for Old People.

Periodic visits of inspection are made to ensure that the state of repair, accommodation, management, staffing, and equipment are of the required standard, for continued registration under the Act.

#### **Removal of Persons in Need of Care and Attention.**

No persons were compulsorily removed to Hospital under Section 47 of the National Assistance Act, during 1950, but several persons who at first refused medical treatment were persuaded to enter Hospital voluntarily.

#### **Protection and Care of Property of Persons Admitted to Hospital, etc.**

Where a person is admitted to Hospital the Local Authority is required to protect his property and this ordinarily includes ensuring that his house is locked up, and after making an inventory, taking charge of money and other valuables, and in some cases, removing and storing furniture.

In the case of mental patients, the Court of Protection is notified and the relatives are assisted and guided by the Welfare Staff in the application to the Court for an Order dealing with the patient's affairs.

#### **Burial or Cremation of the Dead.**

Four persons have been buried under arrangements made by the Welfare Section during 1950. The expenses of burial have been recovered from the estate of the deceased persons, or from liable relatives where possible.

#### **Welfare of Handicapped Persons.**

The Welfare Officers have found employment for four disabled persons during the year and found lodgings for others.

#### **DEAF AND DUMB.**

A contribution of £162 was made to the Merseyside Joint Deaf and Dumb Advisory Committee during 1950 upon which this Authority is represented. It is the duty of the Committee to co-ordinate and develop the existing deaf and dumb welfare services.

#### **BLIND.**

##### **Registration of Blind Persons.**

During the twelve months ending 31st December, 1950, 40 people were examined by Dr. W. Dunlop Hamilton. Of these 28 were found to be blind, while 12 could not be certified. Of the 28 people certified as blind, blindness occurred in the following age groups :

Under 20 years of age—Nil.

20-30 years of age 1

40-50 " " 1

60-70 " " 8

30-40 years of age Nil.

50-60 " " 4

Over 70 years of age 14

	M.	F.	Total
No. on Registers at January 1st, 1950 ...	85	93	178
No. added during the year :—			
New Cases ... ..	14	14	28
Transfers from other towns ... ..	2	3	5
Totals ... ..	101	110	211
No. of Removals from Register owing to :—			
Leaving Wallasey ... ..	2	4	6
Death ... ..	6	14	20
Decertification ... ..	—	—	—
Totals ... ..	8	18	26
No. on Register at December 31st, 1950	93	92	185

Two Certificated Home Teachers are employed and 4,955 visits were made to Blind persons during 1950. A considerable amount of the time of the Home Teachers was occupied in the teaching of handicrafts and giving lessons in embossed type to blind people in their homes.

In addition there has been a marked increase in the amount of time spent in conjunction with officials of the Ministry of Labour and National Service in connection with the training and employment of blind people.

SCHOOL MEDICAL OFFICER

For the Year 1950



1911-12: 30 years of age and over 71  
20-30 years of age 1  
30-40 years of age 1  
Over 40 years of age 1  
Total 3

1911-12	1910-11	1909-10	Total
15	14	14	43
1	1	1	3
1	1	1	3
1	1	1	3
3	3	3	9

No. of Hospitals from Registrar's office to:-			
General Hospital	1	1	2
Dispensary	1	1	2
Maternity	1	1	2
Sanatorium	1	1	2
Other	1	1	2
Total	5	5	10

Two Certified Home Teachers are employed and 4,000 visits were made to the poor during 1911-12. A considerable amount of the work of the Home Teachers was done in the form of lectures and classes in the various districts.

In addition there has been a marked increase in the number of the Home Teachers in the various districts of the County. The Home Teachers are now 12 in number and the work is being done in a more systematic manner.

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COUNTY BOROUGH OF WALLASEY  
EDUCATION COMMITTEE



Report

OF THE

SCHOOL MEDICAL OFFICER

For the Year 1950

Willmer Brothers & Co. Ltd., Printers, 62-68 Chester Street, Birkenhead.

1951.



## STAFF.

*Medical Officer of Health and School Medical Officer*

DR. R. B. BERRY, M.D., D.P.H.

*Deputy Medical Officer of Health and Deputy School Medical Officer*

DR. H. W. HALL, M.B., Ch.B., D.P.H.

*Assistant Medical Officers of Health and Assistant School Medical Officers*

DR. E. J. O'Reilly, M.B., Ch.B., B.A.O.

DR. E. I. GRANT, M.R.C.S., L.R.C.P.

*Senior School Dental Surgeon*

MR. C. J. LUYA, L.D.S.

*Assistant School Dental Surgeons*

MR. W. A. HENDERSON, L.D.S.

MR. E. G. MASON, L.D.S.

MR. F. G. SUTCLIFFE, L.D.S.

*Dental Attendants.*

MISS A. M. BARBER.

MISS B. M. SCOTT.

MRS. E. M. BROWNE.

MISS P. M. BERGIN.

*Superintendent Health Visitor/School Nurse*

MRS. A. PARKINSON, S.R.N., S.C.M., H.V.Certif.

*Health Visitors/School Nurses*

MISS L. M. VANCE, S.R.N., S.C.M., H.V.Certif. (Res. 30/6/50)

MISS E. A. TEGGINS, S.R.N., S.C.M., H.V.Certif.

MISS A. J. EDGE, S.R.N., S.C.M., H.V.Certif.

MISS C. E. MURRELL, S.R.N., S.C.M., H.V.Certif.

MRS. N. B. IDLE, S.R.N., S.C.M., H.V.Certif. (Res. 30/9/50).

MRS. E. E. P. NOLAN, S.R.N., S.C.M., H.V.Certif.

MISS D. MAYBURY, S.R.N., S.C.M., H.V.Certif. (Res. 31/8/50).

MRS. W. DOVEY, S.R.N., S.C.M., H.V.Certif.

MISS D. M. STRICKLAND, S.R.N., S.C.M., H.V.Certif. (Res. 11/10/50).

MISS M. E. ASPINALL, S.R.N., S.C.M., H.V.Certif.

MISS E. M. MORGAN, S.R.M., S.C.N., H.V.Certif. (App. 2/10/50).

MISS E. WHITBURN, S.R.N., S.C.M., H.V.Certif. (App. 2/10/50).

MISS K. E. HIGGINS, S.R.N., S.C.M. (Part 1), H.V.Certif. (App. 1/7/50).

MISS J. SHANNON, S.R.N., S.C.M., H.V.Certif.

MISS I. D. BELLIS, S.R.N., S.C.M. (Part 1), H.V.Certif. (App. 2/1/50).

*Visiting Specialists*

MR. W. D. HAMILTON, M.B., Ch.B., B.A.O., D.O.M.S. (Ophthalmic).

MR. H. DAVIES, M.B., Ch.M., F.R.C.S. (Orthopaedic).

DR. MARY C. LYDON, D.P.M., L.R.C.P., L.R.C.S.(I), (Psychiatrist).

*Physiotherapists*

MISS N. V. CULLOTY, M.C.S.P.

MISS M. M. RAINE, S.R.O.N., M.C.S.P. (Appointed 9/1/50).

*Educational Psychologist*

MISS M. PROCTER, B.A. (Resigned 20/10/50)

*Social Worker*

MRS. U. BARRETT-LENNARD (Diploma in Social Science).

*Speech Therapist*

MISS K. M. LANG, (L.C.S.T.).

*Administrative Staff.*

MR. S. D. LAWSON.

MRS. M. FRANCE.

MISS B. PARRY (Appointed 13/2/50, Resigned 8/6/50).

MRS. A. JONES (Resigned 28/2/50).

MISS B. BARNES (Appointed 14/8/50).

Town Hall,  
WALLASEY,  
May, 1951.

To: The Chairman and Members of  
the Education Committee.

Ladies and Gentlemen,

In the unfortunate absence of your School Medical Officer, Dr. R. B. Berry, on account of illness, I am writing the Foreword to the Report on the School Health Service for the year 1950.

As usual, individual reports on each section of the Service appear in the Report, and it only remains for me to make a few brief comments.

In some quarters recently, routine medical inspection of school children has been criticised, but in my view this procedure is still of considerable value. Not only does it serve to detect incipient defects, which may be corrected, but also it affords the Assistant School Medical Officer the opportunity of assuming his true role of health educator to parents, children and teachers. It is gratifying to find that such a high percentage of Wallasey parents respond to the invitation to be present at these routine inspections.

At the time of writing this Foreword the School Clinic is in the process of moving to the new premises in Merton Road. I should like, on behalf of the staff of the whole School Health Service, to thank the members of your Committee for providing such an excellent building in which to carry on our work. I am sure it will give fresh inspiration, and greatly enhance the work of the Service.

I am,

Your obedient Servant,

HOWARD W. HALL,

Deputy School Medical Officer.



## REPORT OF DEPUTY SCHOOL MEDICAL OFFICER.

Dr. Hall makes the following observations :—

### Medical Inspections.

Routine examinations of the specified age groups as laid down in the Handicapped Pupils and School Health Service Regulations, 1945, were carried out, and in addition it was found possible to expand the follow-up work by re-introducing re-inspections in school, either as part of a session or as a whole session.

It is regretted that not more than one medical inspection is allowed for in the regulations during the secondary school period. Care is taken to transfer record cards and follow-up cases with existing defects, when pupils proceed to grammar, secondary, technical or secondary modern schools, and where necessary head-teachers are contacted. Any fresh medical problem arising can be referred by the headteacher of these secondary schools through the school nurse or directly to the school clinic, when a "Special" examination can be arranged.

Local hospitals have co-operated well in supplying information to facilitate the follow-up work of the School Health Service. It is unfortunate that this is not always the case with some of the Liverpool hospitals, at which some Wallasey school children receive treatment.

### Handicapped Pupils.

The work of ascertainment of the various categories of handicapped pupils in the area has continued throughout the year. There is close co-operation with the Maternity and Child Welfare Service, in dealing with children between two years and five years. A table elsewhere in the report shows the numbers placed in special schools and those waiting for admission.

### Claremount Special School.

This Day Special School for educationally sub-normal pupils, opened in September, 1949, has soundly established itself and is well accepted by both parents and pupils alike. Monthly medical inspections are held, and it is pleasing to note improvement in general appearance and cleanliness of the majority of pupils examined.

### Proposed Special "Spastic" Class.

At Elleray Park Open Air Special School, it is hoped in the near future to establish a special class for children suffering from cerebral palsy. The class is planned for ten to twelve pupils, in the age group, five years to ten years and six months. Physiotherapy will be provided in a room adjoining the "Spastic" class and arrangements will be made for speech therapy where this is required. More severe and extensive cases of cerebral palsy, who cannot walk at all, will still require to be placed in special residential schools for "Spastics", always provided they are found to be educable.

### **Thoracic Surgery Unit.**

A few Wallasey school children have received surgical treatment at this specialised unit in Liverpool during the year. Assistance was given with one case at the School Clinic, by arranging postural drainage with a Nelson bed. In addition to cases of bronchiectasis certain congenital heart lesions are treated at the unit, such as patent ductus arteriosus cases. It is therefore of considerable importance that any school child with a congenital heart lesion should be accurately diagnosed to determine whether or not the case is suitable for surgical treatment.

### **Poliomyelitis.**

Out of a total of sixteen cases of acute poliomyelitis in the Borough in 1950, there were only three cases in children of school age. A girl of fourteen years, her sister aged ten years, and another girl of twelve years and six months. Fortunately, none of these cases were severe and were all classified as non-paralytic cases.

### **Convalescence.**

A few delicate children have been sent away for short periods of convalescence under Section 48 of the 1944 Education Act. This is quite apart from convalescent treatment, which is arranged through the regional hospital board.

### **Cleanliness in Schools.**

Whilst in the majority of schools the standard is fairly satisfactory there are still some schools where this is not so. Once again chief reliance on improving matters in this respect has been placed in the hands of the school nurse. Results from persuasion and education, though not always apparent at once, in the long run bear fruit.

### **Defective Vision.**

A big percentage of the defects found particularly in the senior schools fall into this category. There are still too many children found to be amblyopic in one eye. This may be due to haphazard treatment resulting from evacuation during the war years in some cases, but in others, it is due to slackness on the part of parents in not seeing that their children carry out the instructions of the ophthalmologist.

It is pleasing to report a steady improvement in the time taken to supply spectacles to school children, under the National Health Service.

### **Orthopaedic and Child Guidance Clinics.**

Much useful help and advice have been obtained from both of these clinics throughout the year. Separate reports from each appear in other sections of this annual report.

The new school clinic in Merton Road is nearing completion, and the staff of the School Health Service are looking forward to working there under better conditions.



Finally, I wish to express my gratitude for the help given to me by the Health Visitors and School Health Clerical Staff during the past year.

Dr. O'Reilly, Assistant School Medical Officer, reports as follows :—

As in previous years, the standard of health among the older children was high. The defects which were so common at a younger age had, where possible, been put right. And the vast majority of those about to leave school were quite fit to undertake any work suited to their ages.

It is gratifying, on looking back over the medical record cards of individuals, to find a steady advance towards physical perfection with the passing of the school years.

Among the younger children there were the usual troubles, many of which are preventable, but are first discovered at the school health examinations. Flat feet and knock-knees are rarely unavoidable. In very many cases they can be traced to an ineradicable belief among mothers that their babies should be as bonny as possible. By a bonny baby they mean a heavy baby, one so heavy that when he begins to walk his ankles and knees cannot support him without suffering damage. Luckily, most of the damage can be undone, though at considerable trouble and expense, if noticed before growth has ended. Parents are gradually becoming educated in the science of health. But in every Clinic waiting-room the mothers of the very fat babies can still be seen exhibiting them proudly to the envious eyes of the mothers of normal infants.

Squints and stammers and unhealthy tonsils were as frequent as in other years. These misfortunes spring from our natures or our environment, and will probably always be with us. And all we can do is to try to nip them in the bud as soon as we meet them.

Nocturnal enuresis was unexpectedly prevalent. This is most usually a problem of behaviour, and the modern treatment by suggestion and persuasion often produced fruit. In a few cases drugs were helpful. And in a few further cases, where these methods failed, I advised a trial of "*vis a tergo*", the treatment in vogue from the days of Solomon until a few years ago. I am bound to report that human nature is so blind to progress that it still responds to this method.

Nutritional anaemia was definitely more frequent at all ages than in the past. A few children, indeed, showed mucous membranes reminiscent of those found in the industrial areas where fish and chips form an appreciable proportion of the diet. The cause of this seems to be that our diet is just sufficient to maintain health. And if any major part of it is regularly omitted, the child shows signs of deficiency. Questioning almost always reveals that it is green vegetables which are lacking. Either the child does not like them, or the parent cannot afford them or does not bother to provide them. The only weapon available against this is exhortation.

**Elleray Park Open-Air School.**

During the year thirty children were admitted, the classification of their defects or diseases being as follows :—

Bronchiectasis .. .. .	1
General Debility .. .. .	4
Chronic Mastoiditis .. .. .	1
Mitral Incompetence .. .. .	1
Bronchial Catarrh and Debility .. .. .	2
Spastic Hemiplegia .. .. .	2
Morbis Cordis .. .. .	1
Bronchial Asthma .. .. .	1
Bronchitis and Debility .. .. .	2
T.B. Mesenteric Glands .. .. .	1
Chorea and Malnutrition .. .. .	4
Asthma .. .. .	2
Coeliac Disease .. .. .	1
Spastic Paraplegia .. .. .	2
Poor Muscular Development .. .. .	1
Chronic Bronchitis .. .. .	1
Debility and Malnutrition .. .. .	1
Congenital Heart Disease .. .. .	1
Spastic Paralysis .. .. .	1
Total	30

Of the twenty-six children who left the school during the year, 3 left on attaining the age of 16 years, 19 were passed as fit to return to an ordinary school, 1 was admitted to a residential school for P.D. children, and 3 were withdrawn for other reasons. The number of children on the roll on 1st January, 1950, was 97, and on 31st December, 1950, 101.

**Audiometric Survey.**

During 1950, 1,593 children were tested and of these 49, or 3.1% were found to have a degree of hearing below the average and were consequently referred to the appropriate hospital authority.

Although the above figures appear to be an improvement on those of 1949, there are so many factors involved that an accurate comparison is difficult, in view of the variation in locations at which tests were made.

The ideal place for these tests is a room made as sound-proof as possible and capable of seating twenty children but owing to the present overcrowded state of most schools it is almost impossible to secure these conditions.

On several occasions it was necessary to hold sessions in school dining rooms which owing to their size seem to magnify outside noises. Only rarely was it possible to use a classroom which did overlook a playground and was also at a reasonable distance from other classrooms.



Although the majority of older pupils gave a reliable result when first tested many of the younger children failed initially and had to be re-tested, some of them several times before an accurate assessment of their hearing powers was possible.

It was found, however, that many who originally failed to perform the test correctly were eventually found to have better hearing than those who succeeded at the first test.

In spite of the simplicity of the test the relative intelligence of those tested played a part and in all cases this fact was borne in mind in order that the less bright of those tested did not lead the examiner into thinking that their hearing was at fault.

Dr. Grant, Assistant School Medical Officer, makes the following observations :—

In spite of the competition of the National Health Service through which it is possible for school children, as well as others, to be examined by their own family practitioners, there appears to be no diminution in the enthusiasm of parents to have their children medically examined by the Assistant School Medical Officers, either at routine school medical inspection, or at the School Clinics. It is gratifying to find that though mothers are now in the position of consulting their General Practitioner, under the National Health Service Act, 1946, they still find it of value to attend regularly the Authority's Welfare Centres.

The number of parents in Wallasey who attend the routine medical inspection is most satisfactory. They appear to be really pleased if a favourable report is given at the end of the examination, or, if a defect has been found, they are usually most co-operative in carrying out the suggestions made for its correction. I think it is a great pity that all school children are not medically examined once a year.

I examine the majority of the older girls who are leaving school, and I think their nutrition, general physique and standard of hygiene are very good indeed. It is rare to encounter girls of 15 who are not clean, healthy and well-dressed, and in good condition, generally, to tackle the problems of adolescence. A confidential medical report is given of each girl on her employment card, and this should ensure that no child is placed in a post for which she is not physically suited.

Defects of vision, teeth, tonsils, and bones are becoming far less common, by the time the children are ready to leave school, and I feel that this is entirely due to the medical attention they receive from the moment they enter school. Defects found at the first medical inspection, which takes place as soon after the age of 5 as possible, are followed up at regular intervals of 3, 6 or 12 months, according to need, and by the time the school leaving age of 15 is reached, it is not the fault of the Local Authority's School Health Service if these defects have not been remedied, or at least, improved.

Cases of infected tonsils and adenoids are dealt with fairly rapidly at the Victoria Central Hospital, and I find that those cases which are referred to the Consultant there, following school medical inspection, are usually listed as requiring removal, and operated upon within 2 or 3 months. After discharge from hospital, they are automatically referred to the School Physiotherapy Department for breathing exercises, and not discharged from there until they have been seen by the Assistant School Medical Officer. This is a valuable adjunct to the operation, as it re-educates the "mouth breather" in nose breathing.

There is still, unfortunately, quite a lot of maladjustment encountered amongst children of all ages, but Dr. Mary Lydon is very helpful in her treatment of such cases, though the condition is so often aggravated by unsatisfactory home conditions, which we are powerless to alter.

I should like to take this opportunity of thanking the Headmasters and Headmistresses of the schools I visit for the hospitable way in which I am invariably received, and for their efforts in making available for medical inspection the best accommodation they have at their disposal—this being, in many cases, their own rooms—which must be very inconvenient at times. Very few schools have medical rooms, and in some, there is no suitable place at all where privacy and quietness can be obtained; this is a great pity as it is impossible to examine a child efficiently under such unsatisfactory conditions.

Mr. Horace Davies, Orthopaedic Surgeon, makes the following observations:—

The Orthopaedic Clinics maintain their momentum and continue to play a vital role in the School Health Service.

The work is mainly of a preventative nature, that is, preventative in the sense of recognising conditions of childhood which might lead to disability in adult life.

75% of the cases consist of simple postural errors, chief of which are flat feet and round shoulders. These conditions are extremely prevalent among our school children, the reason for which remains obscure. However, statistics have shown that they are predominately seen in the early school years. It is not unreasonable to assume that the sudden transition between the natural pre-school activity and the restriction of physical activity due to the time spent at the desks, despite the physical training and playtime activities, is an important factor in the appearance of loss of postural tonus resulting in pes valgus and kyphosis. In my opinion a greater percentage of time should be devoted to the physical training programme in the first two years of school life.

The problem of training and education of the cerebral-palsied child still remains a most urgent matter within the Wirral. The lack of facilities for these children is appalling. These children desperately require such a comprehensive programme of treatment



and education that only a special unit fully staffed can solve the problem.

I am of the opinion that a cerebral palsy centre must be provided by our local Education Authorities before we can be satisfied with our School Health Service.

### SPEECH THERAPY

Miss K. M. Lang, Speech Therapist, submits the following observations :—

The number of patients discharged cured during the year can be regarded as very satisfactory since, as is well known, the treatment of speech defects and disorders is almost invariably a very lengthy business, owing to the difficulty of breaking faulty speech habits, or because so many speech defects are "nervous" in origin.

There is still a long waiting list, but with 48 new patients admitted, even that is not quite as formidable as before.

One clinic has been decorated, and adequately equipped, and there is at last the prospect of more satisfactory accommodation when the new clinic in Merton Road becomes available to replace the badly heated centres of which frequent complaints have been made.

### STATISTICS

Number of treatments during the year	..	..	..	2,394
Average attendance per week	..	..	..	66

Number admitted during the year, classified as follows :— 48

Simple dyslalia (one sound only affected)	..	10
Multiple dyslalia (infinite variety of sounds affected)	.. .. .	15
Stammer	.. .. .	15
Nasal speech	.. .. .	3
Dysarthria (due to spasticity)	.. .. .	2
Simple dyslalia plus nasality	.. .. .	2
Multiple dyslalia plus stammer	.. .. .	1
Total		48

Number discharged during the year, classified as follows :—

#### Cured :—

Simple dyslalia	.. .. .	5
Nasal speech	.. .. .	3
Multiple dyslalia	.. .. .	13
Stammer	.. .. .	18
Multiple dyslalia and stammer	.. .. .	2
Unsatisfactory attendance	.. .. .	13
Left school	.. .. .	6
Total		60

## CHILD GUIDANCE CLINIC

### PSYCHIATRIC DEPARTMENT

Dr. Mary Lydon, Psychiatrist, makes the following observations :—

During the year 1950 there were 92 sessions held and 52 new cases were referred as compared with 1949 when there were 39 cases referred.

I do not feel that these figures for referrals are commensurate with the number of school children in the Borough presenting psychological problems of one kind or another. It is recognised now in modern reserach that the number of maladjusted or children requiring treatment is approximately 2% of the school population—by which it would appear that our numbers of referrals are very far short of what they ought to be. A number of these cases referred during 1950 were transferred from St. Catherine's Hospital, Tranmere, where they had been sent by their doctors to a dermatologist who referred them to me for psychological investigation. When I had ascertained that they needed psychological treatment I got them referred to the Wallasey School Medical Department (they were Wallasey children), who in turn referred them here. There were at least 6 or 7 of these cases without which our 52 referrals would have been still more inadequate.

Child Guidance and Psychiatric treatment is, on the whole, very well accepted by the parents who, except in rare cases, co-operate very well in treatment and I am satisfied that the work we have done in the Clinic has had good results and has been well worth while as far as successful adjustments can be reckoned as a test.

In conclusion I would like to put on record my opinion that the number of cases referred for psychiatric investigation and treatment to this Clinic, are not a true indication of the amount of maladjustment and nervous conditions in the school population, and that two psychiatric sessions per week, although working to capacity, is not enough to afford a useful Child Guidance Service to the Borough.

### PSYCHIATRIC DEPARTMENT

#### CHILD GUIDANCE CLINIC

1st January to 30th June, 1950.

For the half-year ending 30th June, 1950, there have been 48 sessions held.

During this period 28 new cases were referred, all by the School Medical Service, 11 of whom have been successfully treated, adjusted and closed.

Of the remaining 17 cases, 3 were mainly diagnostic and seen once only, viz :—

1 was a pre-school child.

1 had an I.Q. too low for psychiatric treatment. Referred for remedial coaching.



1 had unsatisfactory home conditions and was not suitable for treatment.

Of the remaining 14 cases having current weekly treatment :—

1 was placed in a Residential School

1 was recommended to a School for the Partially Deaf

1 was closed through the unco-operative attitude of the parents

1 boy refused treatment and in

1 case the Parents refused treatment

The final 9 cases are current.

The remainder of the work during the half-year just ended was with 12 old cases carried forward from the previous half-year.

Of these :—

9 were successfully treated, adjusted and closed.

1 was placed in the Wallasey Children's Home.

1 was placed in a Residential School for maladjusted children and

1 remains current.

There are 6 new cases awaiting appointments, which will be seen in order during the next few weeks.

#### 1st July to 31st, December, 1950.

For the half-year ending 31st December, 1950, there have been 44 sessions held.

During this period 24 new cases were referred, all by the School Medical Service, 5 of whom have been successfully treated, adjusted and closed.

Of the remaining 19 cases, 9 were mainly diagnostic and seen once only, viz :—

5 had no psychiatric problem.

1 was unsuitably placed in a foster-home and returned to Pantasaph.

2 were closed owing to the unco-operative attitude of parents.

1 was referred to the N.S.P.C.C. having highly unsatisfactory home conditions.

Of the remaining 10 cases having current weekly treatment :—

1 is in abeyance pending the child's return from a Convalescent Home.

1 is in abeyance prior to the boy appearing at the Juvenile Court.

The final 8 are current.

The remainder of the work during the half-year just ended was with 17 old cases carried forward from the previous half-year.

Of these :—

12 were successfully treated, adjusted and closed.

1 has been placed in a residential school.

1 was placed in a residential school for maladjusted children.

1 has transferred from a Special School for maladjusted children to an independent Secondary School.

2 remain current.

There are 2 new cases awaiting appointments, which will be seen in order in the New Year.

Mr. C. J. Luya, Senior School Dental Surgeon, makes the following observation :—

It is over two years since the National Health Service and its ancillary Dental Service came into operation, and it is now possible to form a preliminary idea of its effect on the School Dental Services, in view of the fact that children, equally with adults, are entitled to treatment under the National Scheme, if they can find a Dental Practitioner who will undertake such treatment. Indeed, children are named as a " priority " class, and this has given many people, including dentists, the idea that the School Dental Service is now responsible for all children. This, of course, is not so.

Children in the younger age groups, and children needing quick attention have not been affected, but some of the older children from the Secondary Schools are having treatment from the private practitioners rather than from the School Dental Service. There is some advantage in this, as certain kinds of elaborate restorations are beyond the scope of the School Dental Officer, and it is an excellent thing that this type of work should be within the reach of adolescents who require it.

The School Dental Service, however, is still popular with those (they are always with us) who want quick relief from severe tooth-ache, and it is a matter of some pride that such children can usually be treated within twenty-four hours, or sometimes immediately, and on the spot.

Parents of children not at Local Authority Schools have taken advantage of this Service when they have been unable to get severe pain quickly relieved by the private dentist, and often bring their children to the School Dental Clinic. Treatment is always given as an act of common humanity, but parents when told they are not entitled to treatment, invariably enquire why not, as the Service is financed by the rates, and they are rate-payers. This question, of course, cannot be answered by the Dental Staff, but might well be considered by the Committee.

The main work, of course, is regular inspection of children in the Schools, followed by treatment, where necessary, and with the present staff, a fair attempt is being made to inspect Schools once per year ; the system whereby certain children, whose parents are keen and co-operative, are put on a special list and examined very regularly, irrespective of the School examination, continues to give most excellent results.

The very fine X-ray equipment installed this year at the New Street Dental Clinic is proving of the greatest value, particularly for those cases where nature, or other causes, inflicts on a child a crowded mouth of irregular teeth, and it is necessary to locate unerupted teeth of various kinds.

A certain amount of simple orthodontic work has been undertaken by one of the Dental Officers, with some success, but orthodontic treatment is still a problem in Wallasey, as it is elsewhere. There is a demand for this type of work, often by parents who do not always realise that they are asking, not merely for an alteration of the position of teeth, but for a change in the jaw



formation itself, and parents who will refuse fillings and restorations as "too painful and trying", frequently ask for this much more lengthy and tedious work. These things can be done, but they need a special training, an elaborate technical equipment, a lot of time, and very special co-operation between patient, parent and Dental Officer, a combination that cannot always be found at the same time, and in the same place. A possible solution of the problem of dealing with orthodontic cases might be for neighbouring Authorities to share the use of a Laboratory and the services of a Consulting Orthodontist. The Liverpool Dental Hospital is always willing to advise on cases sent to it, but is overwhelmed by applications for treatment and can rarely undertake a new case.

The School Dental Service has been in the news recently, and it may be of interest to end these remarks with an account of its growth and present position in Wallasey.

The Service was started when a single Dental Officer was appointed in 1919, with a Dental Secretary Attendant to assist him. A surgery was equipped in Church Street, and a start was made on examining and treating certain children at the elementary schools. The Service grew, and a few years later a second Officer and Attendant were appointed, and another surgery was added at Church Street.

Moreton became a part of Wallasey, and a branch of the Dental Service was opened, making use of the surgery and equipment of the Leasowe Children's Hospital, until the new Health Centre in Oakenholt Road was built and equipped.

A third Dental Officer and Attendant were appointed in 1939, and by this time an attempt was being made to examine all children of all ages in the Wallasey schools.

The war came—two of the Dental Officers and one of the Attendants went into the Forces. The Clinic in Church Street was destroyed in an air raid, and the surgeries were removed to temporary (and very unsuitable) quarters in Liscard Village, where they still are.

A third surgery was added to the two in Liscard Village in 1947. A fourth Dental Officer and Attendant were appointed in 1948, and a new Dental Centre was equipped at New Street, Seacombe, for his use. This is the best Dental Surgery of the five at present in use, as it is spacious and sunny, with a good waiting room, a good recovery room, a small laboratory and adequate lavatories. It is here that the X-ray Unit is kept, and it is a pity that this fine Centre should be hidden away in an unattractive old house in the least pleasant part of the town.

A new Dental Centre is being built and equipped in Merton Road, and one of the surgeries in "Thornville" is to be moved there during the year, and the room vacated will be turned into a much needed lavatory and recovery room. Unhappily, Merton Road will share with Oakenholt Road the serious defect of a surgery which faces north, and into which the sun will never shine.

Thus the single-handed Dental Officer of 1919 will be responsible in 1951 for a Dental Service for all the children attending schools under the Education Authority—a Service with five Dental



Surgeries in four buildings, which must be kept equipped and efficient, and with a staff (including himself) of four full-time Dental Officers and four Secretary Attendants.

It is interesting to speculate what further developments are likely to take place during the next thirty years.

### THE SCHOOL HEALTH NURSE

The School Health Nurse carries out the combined duties of Health Visitor/School Nurse. Her work plays an important part in the preventative side of the School Health Service, although very often she is only thought of where uncleanliness arises.

Her duties include the attendance at School Medical Inspections with a doctor, Minor Ailment sessions at Clinics, visits to Special Schools, regular hygiene surveys in schools, where a note is made of uncleanliness, rashes or spots, discharging ears, the non-wearing of spectacles, etc. Eye testing of seven year old children is now carried out annually in the schools. Where necessary, visits are paid to the homes of children who are found to be needing treatment following their inspection in the schools, or where advice is needed on the treatment to be given. This is especially the case where handicapped children are concerned.

Since the Education Act, 1944, came into operation, special educational treatment may now be given, where required, for children from the age of 2 years, and in this connection, the School Health Nurse, with her combined Health Visitor's duties, must have a good influence and be of assistance to parents where advice is needed. As a Health Visitor, she has already made contact with the parents by visiting the homes, and has thus had the opportunity of getting to know the children before they reach school age.

The following is a summary of the work carried out by the School Health Nurses during 1950, and attention is drawn to the decrease in the number of individual children found unclean as compared with the previous year :—

Special visits to Schools	.. ..	124
Visits to Nursery Classes	.. ..	7
Visits to Special Schools	.. ..	14
No. of Cleanliness Surveys attended	.. ..	214
No. of Re-cleansing Surveys attended	.. ..	72
<i>Home Visits :</i>		
No. of visits re Cleanliness	.. ..	371
No. of visits re Medical Treatment	.. ..	153
No. of visits re Hospital References..	.. ..	46
No. of miscellaneous visits	.. ..	100
No. of Minor Ailment sessions attended	.. ..	775
No. of Eye Clinics attended	.. ..	67
(1) No. of Examinations for Uncleanliness	.. 20,436	
(2) No. of Re-examinations for Uncleanliness	2,097	1949
Total of (1) and (2)	22,533	12,271
No. of individual children found Unclean	954	1,362



Mr. Clare, Organiser of Physical Education, submits the following observations :—

The shortage of indoor accommodation and of conveniently situated playing fields continues to retard progress in Physical Education generally in the Wallasey schools.

Though the value of a daily period of organised physical activity is realised and appears in most school time tables, much of this time is lost either through weather conditions or in travelling to distant playing fields and swimming baths. When weather or ground conditions preclude outdoor work, satisfactory indoor alternatives are seldom available in the Primary Schools. One such alternative is the classroom lesson in which exercises designed to prevent and alleviate postural defects may be given. These lessons are being developed, but with their inevitable restrictions on vigorous movement, they by no means fully compensate for the loss of the normal lesson. In Secondary Schools cross-country running and round-the-houses runs are often conducted when organised games periods have to be cancelled.

As a result of these difficulties, there is no standard or rigid pattern work in the schools. Each school has been encouraged to improvise, to devise new activities and to make full use of such facilities as are available to it in evolving its own pattern of Physical Education. The widening of the scope of Physical Education is in accordance with modern thought, but the new activities should be based on a common groundwork of progressive training in fundamental movement and skill which is at present difficult to attain. The essential continuity of such training can only be achieved when regular lessons, either outdoor or indoor, are made possible.

The lack of a Woman Organiser of Physical Education has been felt particularly in the Secondary Girls' and Infants' Schools. Though some help has been possible, work in these schools can be fully developed only by a woman.

Courses and classes for teachers in Gymnastics, Swimming, Organised Games for Primary Schools, and in the Coaching of Association Football have been conducted by the Organiser of Physical Education during the year.

Adequate supplies of plimsolls have been available, and wire-work storage cabinets have now been provided in all Primary (Junior) and Secondary Schools. Football jerseys and netball and hockey blouses have been supplied to schools as in previous years.

Good use has been made of all school playing fields, of areas made available in the public parks, and of public tennis courts. The chief limiting factor to the more satisfactory use of these facilities is the necessary restriction imposed on the size of parties of children who have to travel by public service buses.

Swimming retains its popularity and full use is made of the Guinea Gap Baths during the summer term. There are still schools for which swimming cannot be arranged, mainly due to transport difficulties, though on the other hand facilities for swimming during the winter are not yet fully taken up.

Greatest progress during the year has been in athletics, particularly in the field events. An inter-schools meeting was held for the first time in Wallasey; a team competed with success in the Schools' County Championships, and Wallasey was represented at the All-England Championships held at Port Sunlight.

#### School Meals Service.

Miss G. Dean, Organiser of School Meals observes as follows :—

The number of children having dinners as shown by a census taken in October last year was 5,317. Of these, 493 were free and 4,824 paid meals. This is an increase of 247 on the previous year's figure, and while not as great as desired, it compares favourably with other parts of the country.

There are now seventeen kitchens serving meals, of which three are Central Kitchens which send out approximately 2,000 meals daily to dining centres, the remainder being Canteen Kitchens attached to particular schools. The latter serve from 100 to 500 meals daily.

Dinners are served during the holidays at seven dining centres. Approximately 650 children avail themselves of this facility, with an average daily attendance of 86%.

For most children, the midday meal is the main meal of the day. It is with this in mind that the school meal is planned to provide 20 to 25 grams of first class protein, 30 grams of fat and energy value of about 1,000 calories, as well as an adequate supply of vitamins and minerals.

It is found that children on the whole are not adventurous as regards food. They are suspicious of anything new. It is, therefore, the aim of the Meals Service not only to provide a well balanced and attractively served meal, but to encourage children to appreciate a wholesome and varied diet.



**REPORT OF Mr. HORACE DAVIES, Orthopaedic Surgeon.**

Number of Sessions held at the Authority's Clinics .. .. .	45
Number of New Cases .. .. .	374
Number of Re-examinations .. .. .	728

Disease Categories	New Cases				Re-examinations				Discharged				
	Pre-School Age		School Age		Pre-School Age		School Age		Cured	Relieved	Left	Refused Treatment	Died
	M.	F.	M.	F.	M.	F.	M.	F.					
Congenital Deformities	Trunk .. ..	—	—	—	—	—	1	—	—	—	—	—	—
	Upper Limb ..	1	4	—	2	—	1	4	2	—	—	—	—
	Lower Limb ..	2	1	1	—	3	3	2	8	4	—	—	—
Acquired Deformities	Flat Foot .. ..	26	14	67	78	21	20	140	124	109	—	2	—
	Hallux Valgus ..	—	—	3	7	—	—	2	11	4	—	—	1
	Postural Kyphosis ..	—	—	2	3	—	1	7	9	2	1	—	—
	and Scoliosis ..	—	—	—	—	—	—	—	—	—	—	—	—
	Knock Knee .. ..	22	23	11	10	66	41	36	35	48	—	1	—
	Bow Leg .. ..	—	5	—	—	6	6	3	—	9	—	—	—
	Other Conditions ..	10	10	21	32	8	8	38	49	57	—	—	—
Affections of Skeleton	Rickets .. ..	—	—	—	—	—	—	—	—	—	—	—	—
	Other Conditions ..	—	—	—	—	—	—	—	—	—	—	—	—
Affections of Nervous System	Spastic Paralysis ..	—	—	—	2	4	4	8	20	—	—	—	—
	Infantile Paralysis ..	—	—	—	—	—	—	2	—	—	—	—	—
	Peripheral .. ..	—	—	—	—	—	—	—	—	—	—	—	—
	Nerve Lesions .. ..	—	—	—	—	—	—	—	—	—	—	—	—
	Other Conditions ..	—	—	1	—	—	4	9	1	—	—	—	—
Affections of Bones	Osteomyelitis .. ..	—	—	—	—	—	—	—	—	—	—	—	—
	T.B. .. ..	—	—	—	—	—	—	—	—	—	—	—	—
	Other Conditions ..	—	—	—	—	—	—	—	—	—	—	—	—
Affections of Joints	T.B. .. ..	—	—	—	—	—	—	2	—	—	—	—	—
	Non-T.B. .. ..	—	—	—	—	—	—	—	—	—	—	—	—
Affections of Spine	T.B. .. ..	—	—	—	—	—	—	—	—	—	—	—	—
	Non-T.B. .. ..	—	—	—	—	—	—	—	—	—	—	—	—
Affections of Epiphyses		—	1	1	6	—	—	5	3	4	—	—	—
Affections of soft tissues		—	—	—	—	—	—	—	—	—	—	—	—
Complications of Trauma		—	—	4	4	—	2	2	3	9	—	—	—
Cases referred to Clinic and found normal		—	—	—	3	—	—	—	—	3	—	—	—

**PHYSIOTHERAPISTS REPORT**  
**CLASSIFICATION**

**YEAR ENDING DECEMBER 31st, 1950.**  
**MONTHLY ATTENDANCES**

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL Att- end.
REMEDIAL EXS. ..	1085	921	1463	321	1341	1568	1081	27	1167	911	1424	695	12004
ASTHMA. ...	161	200	288	41	252	298	216	—	144	36	120	120	1876
TONSILS AND A. ...	8	19	45	13	88	33	10	—	129	23	39	13	420
U.V.R. ...	295	358	687	312	583	466	211	—	491	362	632	250	4647
NEW CASES	38	43	86	50	71	61	61	12	68	65	75	49	679
DISCHARGES	50	37	70	33	44	52	32	3	45	64	87	44	561

On Register December 31st, 1950 :—

TOTAL PHYSIOTHERAPY CASES	...	...	1,059
TOTAL	ATTENDANCES	...	18,947
TOTAL	DISCHARGES	...	561
TOTAL	NEW CASES	...	679
TOTAL CASES seen during 1950	...	...	1,620



## WALLASEY EDUCATION COMMITTEE.

# **MEDICAL INSPECTION, 1950**

## **MAINTAINED PRIMARY AND SECONDARY SCHOOLS**

TABLE I.

**(A) PERIODIC MEDICAL INSPECTIONS :—**

Entrants .. .. .	1522
Second Age Group .. .. .	1408
Third Age Group .. .. .	1200
Total	4130
Other Periodic Inspections .. .. .	—

**(B) OTHER INSPECTIONS**

Number of Special Inspections .. .. .	2442
Number of Re-Inspections .. .. .	277
Total	2719

**(C) PUPILS FOUND TO REQUIRE TREATMENT**

Number of Individual Pupils found at Periodic Medical Inspection to require treatment (excluding dental diseases and infestation with vermin).

Group	For Defective Vision (Excluding Squint)	For any of the other Conditions Recorded in Table IIA	Total Individual Pupils
(a) Entrants ..	27	395	337
(b) Second Age Group	96	239	275
(c) Third Age Group ..	130	162	256
Total (A)-(C)	253	796	868
Other Periodic Inspections	—	—	—
Grand Total	253	796	868

TABLE II.

(B) Classification of the General Condition of Children Inspected during the year in the Age Groups.

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		(Col. 2) No.	% of Col. 2	(Col. 2) No.	% of Col. 2	(Col. 2) No.	% of Col. 2
Entrants ..	1522	987	64.85	501	32.90	34	2.25
Second Age Group ..	1408	830	59.00	550	39.00	28	2.00
Third Age Group ..	1200	793	66.07	382	31.83	25	2.10
Other Periodic Inspections	—	—	—	—	—	—	—
Total	4130	(Col. 2) 2610	% of (Col. 2) 63.2	(Col. 2) 1433	% of (Col. 2) 34.7	(Col. 2) 87	% of (Col. 2) 2.1

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1950.

Disease or Defect	Periodic Inspections		Special Inspections	
	No. of Defects		No. of Defects	
	Requiring Treatment	Requiring to be kept under observation but not Requiring Treatment	Requiring Treatment	Requiring to be kept under observation but not Requiring Treatment
Skin ..	43	11	105	8
Eyes—(a) Vision ..	253	76	30	3
(b) Squint ..	52	10	7	2
(c) Other ..	50	7	73	7
Ears—(a) Hearing ..	30	8	23	8
(b) Otitis Media ..	11	16	45	2
(c) Other ..	40	12	146	11
Nose or Throat ..	147	238	149	20
Speech ..	10	12	16	5
Cervical Glands ..	3	42	13	7
Heart and Circulation ..	24	31	14	2
Lungs ..	36	81	69	6
Developmental—				
(a) Hernia ..	14	15	2	1
(b) Other ..	18	33	15	6
Orthopaedic—				
(a) Posture ..	16	26	23	6
(b) Flat Foot ..	109	25	52	1
(c) Other ..	101	38	90	13
Nervous System—				
(a) Epilepsy ..	1	2	5	1
(b) Other ..	11	9	18	4
Psychological—				
(a) Development ..	1	5	10	2
(b) Stability ..	3	8	12	6
Other ..	76	54	847	109



TABLE III.  
INFESTATION WITH VERMIN.

(i) Total Number of Examinations in the Schools by School 22533	
Nurses or other Authorised Persons .. .. .	954
(ii) Total Number of Individual Pupils found to be infested	
(iii) Number of Individual Pupils in Respect of whom	
Cleansing Notices were issued under Sec. 54 (2),	
Education Act, 1944 .. .. .	—
(iv) Number of Individual Pupils in Respect of whom	
Cleansing Orders were issued under Sec. 54 (3),	
Education Act, 1944 .. .. .	—

TABLE IV.  
Treatment of Pupils attending Maintained Primary and Secondary Schools (including Special Schools).

**GROUP 1—DISEASES OF THE SKIN**  
(Excluding Uncleanliness (see Table III).)

	No. of Cases Treated or under Treatment during the Year.	
	By the Authority	Otherwise
Ringworm (i) Scalp .. .. .	3	—
(ii) Body .. .. .	7	—
Scabies .. .. .	1	—
Impetigo .. .. .	62	—
Other Skin Diseases .. .. .	119	3
Total ..	192	3

**GROUP 2—EYE DISEASES, DEFECTIVE VISION AND SQUINT**

	No. of Cases Dealt with	
	By the Authority	Otherwise
External and Other, excluding Errors of Refraction and Squint .. .. .	319	2
Errors of Refraction (including Squint) .. .. .	874	1
Total ..	1193	3
Number of Pupils for whom Spectacles were		
(a) Prescribed .. .. .	587	Regret that no information is available.
(b) Obtained.. .. .	Regret that no information is available.	do.
Total ..	587	—

**GROUP 3—DISEASES AND DEFECTS OF EAR, NOSE  
AND THROAT.**

	Number of Cases Treated	
	By the Authority	Otherwise
Received Operative Treatment—		
(a) For Diseases of the Ear ..	—	18
(b) For Adenoids and Chronic Tonsillitis .. .. .	—	174
(c) For other Nose and Throat Conditions .. .. .	—	7
Received Other Forms of Treatment ..	*322	—
Total ..	322	199

\* At Authority's Minor Ailments Clinics.

**GROUP 4—ORTHOPAEDIC AND POSTURAL DEFECTS.**

(a) Number Treated as In-Patients in Hospitals .. ..	12	
	By the Authority	Otherwise
(b) Number Treated Otherwise e.g. in Clinics or Out-Patient Departments .. .. .	1620	—

**GROUP 5—CHILD GUIDANCE TREATMENT.**

	Number of Cases Treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of Pupils Treated at Child Guidance Clinics .. .. .	52	2



**GROUP 6—SPEECH THERAPY.**

	Number of Cases Treated	
	By the Authority	Otherwise
	108	—

**GROUP 7—OTHER TREATMENT GIVEN.**

	Number of Cases Treated	
	By the Authority	Otherwise
(a) Miscellaneous Minor Ailments	3446	3
(b) Other—		
Burns .. .. .	—	1
Verruca .. .. .	—	6
Extraction of Needle from		
Knee .. .. .	—	1
Scalds .. .. .	—	1
Total ..	3446	12

Total Number of Attendances at Authority's Minor Ailments Clinics .. .. . 12683

TABLE V.

**DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.****YEAR ENDED 31st December, 1950.**

(1) Number of Pupils Inspected—	
(a) Periodic Age Groups .. .. .	7130
(b) Specials .. .. .	2536
	<hr/>
Total (1)	9666
	<hr/>
(2) Number found to require Treatment .. .. .	6024
(3) Number referred for Treatment .. .. .	5769
(4) Number actually treated .. .. .	4595
(5) Attendances made by Pupils for Treatment .. .. .	8564
(6) Half-days devoted to—	
(a) Inspection .. .. .	102
(b) Treatment .. .. .	1773
	<hr/>
Total (6)	1875

(7) Fillings :	(a) Permanent Teeth	..	..	..	2800
	(b) Temporary Teeth	..	..	..	92
				Total (7)	2892
(8) Number of Teeth Filled :	(a) Permanent Teeth	..			2504
	(b) Temporary Teeth	..			87
				Total (8)	2591
(9) Extractions :	(a) Permanent Teeth	..	..	..	1035
	(b) Temporary Teeth	..	..	..	5081
				Total (9)	6116
(10) Administration of General Anaesthetics for Extraction					3498
(11) Other Operations :	(a) Permanent Teeth	..	..		975
	(b) Temporary Teeth	..	..		—
				Total (11)	975

#### MINOR AILMENTS AND OTHER CLINICS.

Monday	(a.m.)	School Clinic, Merton Road, Wallasey ...	Minor Ailments.
		Health Centre, Oakenholt Road, Moreton ...	Minor Ailments.
		Congregational Church Hall, Liscard Road, Wallasey ...	Minor Ailments and S.M.O.'s Clinic.
	(p.m.)	—	—
Tuesday	(a.m.)	School Clinic, Merton Road, Wallasey ...	Ophthalmic Clinic (Mr. Hamilton) and Minor Ailments Clinic (11 a.m. to 12 noon.
		Health Centre, Moreton ...	Minor Ailments and S.M.O.'s Clinic.
		Congregational Church Hall, Wallasey ...	Ophthalmic Clinic (Mr. Hamilton) as required.
			Minor Ailments.
	(p.m.)	School Clinic, Merton Road, Wallasey ...	Ophthalmic Clinic (Mr. Hamilton) (Fortnightly.)
		Other Clinics ...	—



**MINOR AILMENTS AND OTHER CLINICS—Contd.**

Wednesday	(a.m.)	School Clinic, Merton Road, Wallasey ...	Minor Ailments and S.M.O.'s Clinic.
		Health Centre, Moreton Congregational Church Hall, Wallasey ...	Minor Ailments.
	(p.m.)	School Clinic, Merton Road, Wallasey ...	Immunisation (1st & 3rd Wed. of each month).
		Health Centre, Moreton Congregational Church Hall, Wallasey ...	—
Thursday	(a.m.)	School Clinic, Merton Road, Wallasey ...	Minor Ailments.
		Health Centre, Moreton Congregational Church Hall, Wallasey ...	Minor Ailments.
	(p.m.)	School Clinic, Merton Road, Wallasey ...	Orthopaedic Clinic (Mr. Davies).
		Health Centre, Moreton ...	do. (every 4th Thurs.).
Friday	(a.m.)	School Clinic, Merton Road, Wallasey ...	Minor Ailments.
		Health Centre, Moreton Congregational Church Hall, Wallasey ...	Minor Ailments.
	(p.m.)	Health Centre, Moreton	Immunisation (fortnightly).
		Other Clinics ...	—
Saturday	(a.m.)	School Clinic, Merton Road, Wallasey ...	—
		Health Centre, Moreton Congregational Church Hall, Wallasey ...	—
			—

**PHYSIOTHERAPY CLINICS**

Monday	(a.m.)	School Clinic, Merton Road, Wallasey. Elleray Park School, Elleray Park Road, Wallasey.
	(p.m.)	Child Welfare Centre, New Street, Wallasey. Health Centre, Oakenholt Road, Moreton.
Tuesday	(a.m.)	Congregational Church Hall, Field Road, Wallasey. Child Welfare Centre, New Street, Wallasey.
	(p.m.)	Grosvenor Assembly Rooms, Grosvenor Street, Wallasey. School Clinic, Merton Road, Wallasey

**PHYSIOTHERAPY CLINICS—Contd.**

Wednesday	(a.m.)	School Clinic, Merton Road, Wallasey. Elleray Park School, Elleray Park Road, Wallasey.
	(p.m.)	Child Welfare, Centre, New Street, Wallasey. Health Centre, Oakenholt Road, Moreton.
Thursday	(a.m.)	Congregational Church Hall, Field Road, Wallasey. Child Welfare Centre, New Street, Wallasey.
	(p.m.)	Grosvenor Assembly Rooms, Grosvenor Street, Wallasey. School Clinic, Merton Road, Wallasey.
Friday	(a.m.)	School Clinic, Merton Road, Wallasey. Elleray Park School, Elleray Park Road, Wallasey.
	(p.m.)	Child Welfare Centre, New Street, Wallasey. Health Centre, Oakenholt Road, Moreton.

**CHILD GUIDANCE CLINIC***(Psychiatric Department)*

Thursday (a.m. & 50 Church Street, Wallasey.  
p.m.)

**SPEECH THERAPY CLINICS.**

Monday	(a.m.)	Vaughan Road School, Wallasey.
	(p.m.)	Elleray Park School, Elleray Park Road, Wallasey.
Tuesday	(a.m.)	School Clinic, Merton Road, Wallasey.
	(p.m.)	Child Welfare Centre, New Street, Wallasey.
Wednesday	(a.m.)	Child Welfare Centre, New Street, Wallasey.
	(p.m.)	School Clinic, Merton Road, Wallasey.
Thursday	(a.m.)	School Clinic, Merton Road, Wallasey.
	(p.m.)	School Clinic, Merton Road, Wallasey.
Friday	(a.m.)	Health Centre, Oakenholt Road, Moreton.
	(p.m.)	School Clinic, Merton Road, Wallasey.



**SCHOOL DENTAL CLINICS.**

Monday	(a.m.)	School Dental Clinic, 47 Liscard Village, Wallasey. Child Welfare Centre, New Street, Wallasey. Health Centre, Oakenholt Road, Moreton. School Clinic, Merton Road, Wallasey.
	(p.m.)	do.
Tuesday	(a.m.)	School Dental Clinic, 47 Liscard Village, Wallasey. Child Welfare Centre, New Street, Wallasey. School Clinic, Merton Road, Wallasey.
	(p.m.)	do.
Wednesday	(a.m.)	do.
	(p.m.)	do.
Thursday	(a.m.)	School Dental Clinic, 47 Liscard Village, Wallasey. Child Welfare Centre, New Street, Wallasey. Health Centre, Oakenholt Road, Moreton. School Clinic, Merton Road, Wallasey.
	(p.m.)	do.
Friday	(a.m.)	School Dental Clinic, 47 Liscard Village, Wallasey. Child Welfare Centre, New Street, Wallasey. School Clinic, Merton Road, Wallasey.
	(p.m.)	School Dental Clinic, 47 Liscard Village, Wallasey. School Clinic, Merton Road, Wallasey.
Saturday	(a.m.)	School Dental Clinic, 47 Liscard Village, Wallasey. Child Welfare Centre, New Street, Wallasey. School Clinic, Merton Road, Wallasey.

**IMMUNISATION.**

During the year 113 children of school age were immunised for the first time, while 473 received a re-inforcing dose.

## HANDICAPPED PUPILS, YEAR 1950

Details	Blind	Partially Blind	Deaf	Partially Deaf	Delicate	Phys- ically Handi- capped	Educa- tionally Sub- Normal	Mal- adjusted	Epilep- tic	Total
Placed during the year in Special Schools or Homes .. ..	—	—	2	—	17	13	54	1	—	87
Ascertained during the year as requiring education at Special Schools or Boarding Homes .. ..	—	—	1	1	16	19	54	2	—	93
Attending Special Schools :—										
Day Pupils .. ..	—	—	3	1	64	34	99	—	—	201
Boarding Pupils ..	2	—	10	2	—	—	5	—	1	20
Boarded in Homes	—	—	—	—	—	—	—	—	—	—
Attending Inde- pendent Schools under arrangements made by the Authority ..	—	—	—	—	—	—	1	1	—	2
	2	—	13	3	64	34	105	1	1	223
Being educated under arrangements made under Sec. 56 of the Education Act, 1944 :										
In Hospital .. ..	—	—	—	—	—	—	—	—	—	—
Elsewhere .. ..	—	—	—	—	—	4	—	—	—	4
Requiring places in Special Schools ..	—	—	—	1	6	6	35	2	1	61
Receiving Home Tuition	—	—	—	—	—	5	—	—	—	5

Number of children reported during the year :—

(a) Under Sec. 57(3) 5

(b) " " 57(4) 0

(c) " " 57(5) 4

of the Education Act, 1944.



