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COUNTY BOROUGH OF WALLASEY



ANNUAL REPORT

OF THE

Medical Officer of Health

AND

School Medical Officer

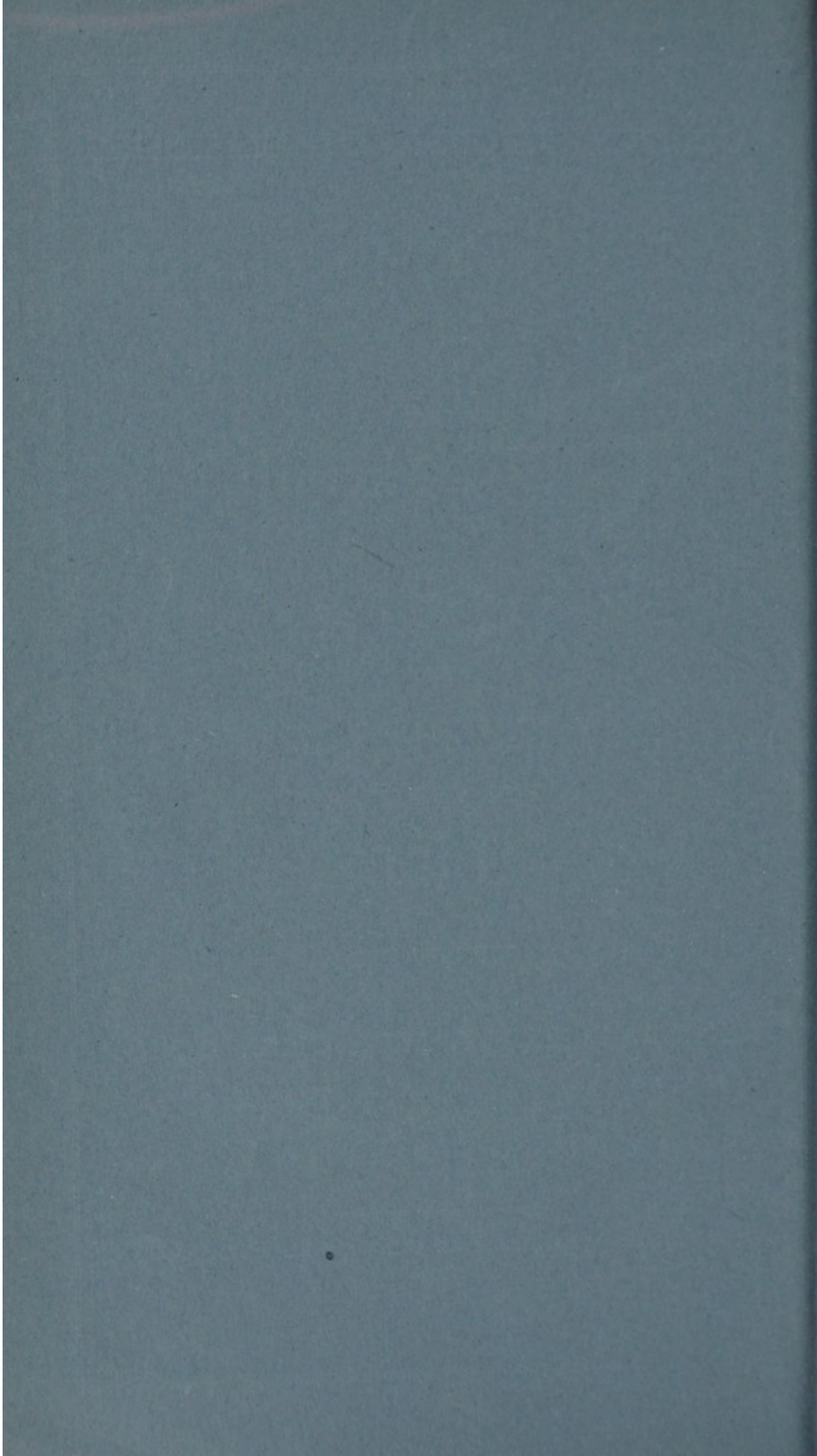
FOR THE YEAR

1952

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

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

BENSON & HOLME LTD., PRINTERS, 56 STANLEY STREET, LIVERPOOL,
1953.



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Public Health Department,

September, 1953.

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

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in submitting my Report on the Health, Welfare and School Health Services for the year 1952.

The Report includes a table dividing the infant deaths into neo-natal and those occurring between four weeks and twelve months. Since 1948 there has been a steady increase in the proportion of infant deaths falling in the neo-natal period from 48.72 of the total to 76.78 and whilst the number of neo-natal deaths has risen from 38 to 43 the deaths of older infants have fallen from 40 to 13—the lowest figure recorded. I think the Child Welfare Service can claim some share in this satisfactory figure, though it is regrettable that the rate for infant deaths as a whole has risen from 32.4 per 1,000 births to 33.3.

I referred to the neo-natal mortality in my first report in 1934, and in 1937 I pointed out that "Better midwifery, particularly improved ante-natal care" should reduce this figure. Owing to the changes that came about in 1948 the local authority has now little direct responsibility for ante-natal care or midwifery, so I can do little but draw attention to the figures and leave it to others to take steps to bring about an improvement.

The figures and statistics in the Report speak for themselves, but I should like to draw attention to the large amount of work carried out by the Sanitary Inspectors' Section of the Department. Perusal of the Report will show that their duties are by no means confined to the service of notices for statutory housing defects, but cover all aspects of environmental hygiene.

It is impossible with the present staff to contemplate any material increase in the department's duties under the "Housing Acts."

Incorporated with the Report is a copy of the Survey Report compiled earlier in the year dealing with the development of the Health Services since the coming into operation of the National Health Service Act, 1946.

I wish to acknowledge the work done by the staff during the year and to thank the members of the Health, General Health and Welfare Committees for the support they have given me.

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 Deputy School Medical Officer.*

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

Tuberculosis Officer :

JAMES BAXTER, M.B., Ch.B., D.P.H. (part-time).

Assistant Medical Officer of Health and Assistant School Medical Officer :

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

*Assistant Medical Officer of Health, Assistant School Medical Officer and Medical
Supervisor of Midwives*

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

Dental Surgeons :

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

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

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

J. M. ROGERS, L.D.S., from 1/5/1952.

Chief Sanitary Inspector :

W. BATE, D.P.A.

Senior Sanitary Inspector :

A. H. BASFORD, D.P.A.

District Sanitary Inspectors :

R. FRENCH.

H. PARKER.

T. K. WARD, to 5/7/52.

A. RIDGWAY.

R. HUGHES.

A. ROBINSON.

J. Q. CALLISTER.

D. C. CAHILL, from 1/9/52.

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

G. A. OWEN.

Shops Inspector :

R. L. BASCOMBE.

Superintendent Health Visitor and School Nurse and Inspector of Midwives :
Mrs. A. PARKINSON.

Health Visitors :

Miss E. A. TEGGINS.

Miss A. J. EDGE.

Miss C. E. MURRELL.

Mrs. E. E. P. NOLAN.

Mrs. A. J. SMITH.

Miss I. D. BELLIS.

Mrs. W. DOVEY.

Miss M. E. ASPINALL.

Miss K. E. HIGGINS.

Miss E. M. MORGAN.

Miss E. WHITBURN.

Miss E. M. MURPHY.

Miss M. B. JONES.

Mrs. K. SCHOFIELD.

Municipal Midwives :

NURSE E. DAVENPORT, to 31/8/52. NURSE E. HOMER.

NURSE E. KEELEY. NURSE M. E. CUNNINGHAM.

NURSE E. E. HINTON. NURSE E. WOODS.

NURSE F. E. BOYD. NURSE L. KANE, from 1/9/52.

School Nurses :

(See School Inspection Report in Appendix.)

Public Analyst (Part-time Officer) :

T. R. HODGSON, M.A., to 18/12/52.

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 :
F. ALDRED.

Clerical Staff :

N. SQUIRE, Senior Clerk.	Miss E. MASTERS.
G. A. LOXHAM.	Mrs. I. HIDDEN.
H. LESTER.	Miss R. J. GRAHAM.
D. G. GREENHALGH.	Miss B. FISHWICK.
Miss G. BOOTH.	Miss P. WITTER.
Miss M. BLENCOWE.	Miss C. BILLOWS.

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. M. 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, to 31/8/52.
Miss G. E. MORGAN, Oakdale Day Nursery, from 1/9/52.
Miss A. F. RUSSELL, Eastway Day Nursery.

Superintendent Home Nurses' Home :

Miss K. EUSTACE, S.R.N., S.C.M., H.V. Certif.

Domestic Help Organiser :

Mrs. G. M. FALLA.

Supervisor Occupation Centre for Mental Defectives :

Mrs. M. LEACH.

Duly Authorised Officers—Mental Health Service :

Mrs. M. PARNHAM.
D. HUGHES.
T. BENTLEY.

WELFARE SERVICE.

Senior Welfare Officer :

R. C. OLLIVE.

Welfare Officers :

Mrs. M. PARNHAM.
D. HUGHES.
T. BENTLEY.

Home Teachers for the Blind :


Miss M. MACARA, Cert. College of Teachers of the Blind.
Miss A. DUDLEY, Cert. College of Teachers of the Blind.

Clerical Staff :

F. WALL.
Mrs. W. DAVIES.
Miss E. F. RICHARDS.

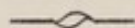
Matrons of Hostels for the Aged :

Miss O. D. GOLDINGAY, "Lamorna."
Miss E. PARSONS, "Redcliffe."



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PART 1.



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 1952	...	...	101,700
Ministry of Food estimated population at 22nd Feb., 1952	...	...	101,110
Inhabited houses at 31st December, 1952	...	...	29,097
Empty houses at 31st December, 1952	...	...	343
Rateable Value, 1939-1940	...	...	£877,164
„ „ 31st December, 1952	...	...	£924,246
Yield of a Penny Rate for 1952-53	(approx.)	...	£3,683
Estd. „ „ 1953-54	...	...	£3,710
	<i>M.</i>	<i>F.</i>	<i>Totals.</i>
Live Births—Legitimate	832	768	1,600
Illegitimate	38	40	78
	<hr/>	<hr/>	<hr/>
	870	808	1,678
Birth Rate per 1,000 population	...	...	16.50
„ „ „ 1,000 of estimated population adjusted by			
Area comparability factor of 1.00	...	...	16.50
Birth Rate per 1,000 population for England and Wales	...	...	15.3
Still Births, 43. Rate per 1,000 total (live and still) births	...	...	24.98
	<i>M.</i>	<i>F.</i>	<i>Totals.</i>
Deaths to Dec. 31st	...	...	...
	622	646	1,268
Death-rate per 1,000 of estimated population	...	...	12.47
Death-rate per 1,000 of estimated population as adjusted by			
Area comparability factor of 0.95	...	...	11.85
Death-rate per 1,000 of estimated population, England and			
Wales	...	...	11.3
Uncertified Deaths : nil. Percentage of Deaths	...	...	—
Deaths from diseases and accidents of pregnancy and child-			
birth (Heading 30 of Registrar-General's Short List):—			
Puerperal Sepsis, Nil ; Rate per 1,000 (live and still) births,	...	...	Nil.
Other Puerperal causes 1	do.	...	0.58
Deaths of Infants under ONE year of age	...	...	56
Death-rate of Infants under ONE year of age:—			
All infants per 1,000 live births	...	...	33.37
Legitimate infants per 1,000 legitimate live births	...	...	33.75
Illegitimate infants per 1,000 illegitimate live births	...	...	25.64
Neo-Natal Rate per 1,000 births	...	...	25.62

Deaths from Measles (all ages)	...	...	...	One.
Deaths from Whooping Cough (all ages)	...	...	...	Nil.
Deaths from Diarrhoea (including Enteritis), under 1 year				One.
do.	do.		1 to 2 years	Nil.
Diarrhoea and Enteritis Mortality Rate under 1 year, per 1,000 live births	...	...	...	0.59
Zymotic Death-rate per 1,000 of population (excluding Diarrhoea)	...	...	...	.009
Phthisis Death-rate per 1,000 of population...	...	...	...	0.18
Respiratory Death-rate per 1,000 of population (excluding Phthisis)	...	...	...	1.14

PRINCIPAL CAUSES OF DEATH.

Heart Disease	...	...	432	Phthisis	...	...	18
Other Circulatory Diseases	...	...	33	Intracranial Vascular Lesions	...	...	172
Cancer	...	...	237	Congenital Malformations	...	...	12
Respiratory Diseases—				Violent Deaths (including suicides)	...	...	52
Pneumonia	...	48	} 116	Acute and Chronic Nephritis	...	...	14
Bronchitis	...	53					
Other	...	15					

MATERNAL MORTALITY.

One Maternal Death was registered during the year, the cause being :—

- 1 (a) Asphyxia, due to inhaling vomit while under an anaesthetic consisting of nitrous oxide, oxygen and ether, for a forceps delivery.

SUMMARY OF DEATHS DURING THE YEAR 1952

CAUSES OF DEATH.	SEXES.		All Ages	DEATHS IN WHOLE DISTRICT								Deaths in Institutions, Boats, and elsewhere
	M.	F.		0-	1-	5-	15-	25-	45-	65-	75-	
All causes —Certified	622	646	1268	56	9	3	9	64	290	362	475	
—Uncertified	—	—	—	—	—	—	—	—	—	—	—	
Tuberculosis—												
respiratory	13	5	18	—	—	—	—	3	7	3	5	
Tuberculosis—other ...	1	2	3	—	—	—	1	1	1	—	—	
Syphilitic disease.....	6	2	8	—	—	—	—	—	2	5	1	
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	
Whooping cough	—	—	—	—	—	—	—	—	—	—	—	
Meningococcal infection	—	1	1	—	1	—	—	—	—	—	—	
Acute polio-myelitis	—	—	—	—	—	—	—	—	—	—	—	
Measles	—	1	1	—	1	—	—	—	—	—	—	
Other infective and parasitic diseases ...	—	—	—	—	—	—	—	—	—	—	—	
Malignant neoplasm—stomach	15	17	32	—	—	—	—	1	8	14	9	
Malignant neoplasm—lung, bronchus	35	8	43	—	—	—	—	1	23	13	6	
Malignant neoplasm—breast	—	18	18	—	—	—	—	4	6	3	5	
Malignant neoplasm—uterus	—	11	11	—	—	—	—	1	4	3	3	
Other malignant and lymphatic neoplasms	63	62	125	—	1	—	1	8	43	40	32	
Leukæmia, Aleukæmia	5	3	8	—	1	1	1	4	1	—	—	
Diabetes	2	7	9	—	—	—	—	—	3	2	4	
Vascular lesions of nervous system	64	108	172	—	—	—	—	4	30	52	86	
Coronary disease—angina	99	71	170	—	—	—	—	6	57	60	47	
Hypertension with heart disease	19	16	35	—	—	—	—	—	5	14	16	
Other heart disease	89	138	227	—	—	—	—	5	27	58	137	
Other circulatory disease	19	14	33	—	—	—	—	—	—	11	22	
Influenza	9	4	13	2	—	1	—	—	3	3	4	
Pneumonia	25	23	48	8	2	1	—	2	3	14	18	
Bronchitis.....	32	21	53	—	—	—	—	1	11	21	20	
Other diseases of respiratory system	10	5	15	—	—	—	1	1	6	6	1	
Ulcer of stomach and duodenum.....	12	2	14	—	—	—	—	—	7	5	2	
Gastro-enteritis and diarrhoea	2	3	5	1	—	—	—	—	2	—	2	
Nephritis and Nephrosis	5	9	14	—	—	—	1	—	4	5	4	
Hyperplasia of prostate	10	—	10	—	—	—	—	—	—	5	5	
Pregnancy, childbirth abortion	—	1	1	—	—	—	1	—	—	—	—	
Congenital malformations	6	6	12	10	—	—	—	1	1	—	—	
Other defined and ill-defined diseases	52	65	117	30	—	—	2	8	23	21	33	
Motor vehicle accidents	8	3	11	—	—	—	1	7	2	—	1	
All other accidents	12	14	26	5	3	—	—	3	2	3	10	
Suicide	8	6	14	—	—	—	—	3	8	1	2	
Homicide and operations of war	1	—	1	—	—	—	—	—	1	—	—	
ALL CAUSES	622	646	1268	56	9	3	9	64	290	362	475	

DEATHS IN PUBLIC INSTITUTIONS IN WALLASEY.					DEATHS OUTSIDE WALLASEY.				
LANE HOSPITAL—					Liverpool and other Hospitals (exclu- ding Sanatoria)				
Residents ... ..	...	...	...	5	St. Catherine's Hospital, Birkenhead	...	...	...	170
Non-Residents ... ..	...	...	...	2	Deva Hospital, Chester	...	...	...	175
WALLASEY MATERNITY HOSPITAL—					Other Mental Hospitals	...	...	...	17
Residents ... ..	...	...	...	25	Sanatoria	...	...	...	3
Non-Residents ... ..	...	...	...	—					—
WALLASEY CENTRAL HOSPITAL—									365
Residents ... ..	...	...	...	122	Not in Public Institutions	...	...	...	39
Non-Residents ... ..	...	...	...	8					404
WALLASEY WOMEN'S HOSPITAL—					TRANSFERABLE DEATHS.				
Residents ... ..	...	...	...	8	In Wallasey of Non-Residents	...	...	...
Non-Residents ... ..	...	...	...	—	Outward Transfers	...	...	...	43
WALLASEY CHILDREN'S HOSPITAL—					INQUESTS.				
Residents ... ..	...	...	...	—	Residents (all ages)	36	}	40	
Non-Residents ... ..	...	...	...	6	Non-Residents (all ages)	4			
					Legitimate Children—Under 1 year				4
					1 and under 2 years	...			1
					2 years and under 5 years	...			—
					Illegitimate Children—under 1 year...				—
					1 and under 2 years	...			—
					2 years and under 5 years	...			—
				176					

CAUSES OF ILLEGITIMATE DEATHS UNDER 2 YEARS OF AGE.

No.	Cause of Death	Age
1 (a)	Meningitis	2 weeks
	Prematurity (7 months)	2 days
1 (a)	Congenital heart disease	3 days

INFANT MORTALITY 1952 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.	under 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	5	5	6	—	2	—	5	1	6	43	2	2	2	2	—	2	2	1	—	—	—	56	55
Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Influenza ...	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	1	4
Pneumonia...	—	—	—	1	—	—	—	—	—	2	3	—	1	—	—	—	1	1	1	—	—	—	7	4
Cerebro-spinal meningitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis—lungs	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tube'lar meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—
Gastro-enteritis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhoea ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital Syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital malformations ...	—	—	1	2	—	1	—	4	—	1	9	—	—	—	—	—	—	—	—	—	—	—	9	9
Atelectasis ...	1	1	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	2	—
Overlying ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Premature Birth ...	11	4	4	3	—	1	—	—	—	—	23	1	—	—	—	—	—	—	—	—	—	—	24	14
Atrophy, Debility, Marasmus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Injury at Birth ...	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—
Violent Deaths ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Other Causes ...	1	—	—	—	—	—	—	1	—	2	4	1	1	1	2	—	1	1	—	—	—	—	11	12
	13	5	5	6	—	2	—	5	1	6	43	2	2	2	2	—	2	2	1	—	—	—	56	55

TABLE SHOWING (a) **Infant Deaths and Death Rates.**
 (b) **Neo-natal deaths and Death Rates.**
 (c) **Deaths and Death Rates (infants 4 wks. to 12 mths.).**

Year.	Infants.		Deaths	Neo-natal.		4 wks.—12 months.		
	Deaths	Rate per 1,000 Births.		Rate per 1,000 Births.	% of Total Infant Deaths.	Deaths	Rate per 1,000 Births.	% of Total Infant Deaths.
1944	77	43.0	34	19.0	44.16	43	24.0	55.84
1945	97	56.8	38	22.3	39.18	59	34.57	60.82
1946	87	42.2	51	24.7	58.62	36	17.48	41.38
1947	111	51.1	57	26.9	51.35	54	25.09	48.65
1948	78	43.5	38	20.67	48.72	40	22.35	51.28
1949	64	35.8	34	19.0	53.13	30	16.82	46.87
1950	49	28.7	28	16.41	57.14	21	12.31	42.86
1951	55	32.4	35	20.62	63.63	20	11.19	36.37
1952	56	33.3	43	25.62	76.78	13	7.75	23.22

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 1952.

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)
1951	32.4	29	34 (126)
1952	33.3	27	31 (160)

ILLEGITIMACY.

During the year there were 78 illegitimate births recorded by the Registrar-General as belonging to the Borough, as compared with 73 in 1951. This gives an illegitimate birth-rate of 46.47 per thousand total live births, as compared with 43.01 in 1951.

The infant mortality rate amongst illegitimate children was 25.64 per thousand illegitimate births.

The following table shows the comparison between the death rates of illegitimate children and others registered in the Borough during the past few years.

Year	Esti- mated Popu- lation	Births		Illegitimate Births		Total deaths under one year of age	Infant Mortal- ity per 1,000 live births	Deaths of illegiti- mates under 1 year of age	Illegi- mate infant mort- ality per 1,000 illegi- timate births
		Legi- timate	Ille- giti- mate	to 1,000 pop.	to 1,000 births				
1934	97,000	1,251	44	0.45	33.99	66	50.9	3	68.1
1935	96,600	1,218	62	0.64	48.43	61	47.6	3	48.4
1936	95,860	1,267	52	0.54	39.41	87	65.9	6	115.3
1937	94,910	1,220	58	0.61	45.37	75	58.7	4	71.4
1938	94,220	1,235	57	0.60	44.11	78	60.3	4	87.7
1939	93,990	1,239	54	0.57	43.58	63	48.9	2	37.7
1940	91,240	1,205	62	0.67	48.93	79	62.9	2	100.0
1941	72,060	1,037	54	0.74	49.41	80	78.9	6	92.6
1942	68,580	1,104	91	1.32	76.15	57	47.7	6	65.9
1943	74,310	1,454	107	1.44	68.53	76	48.6	5	46.3
1944	83,100	1,657	133	1.60	74.30	77	43.0	13	97.7
1945	87,890	1,523	183	2.08	107.26	97	56.8	14	76.5
1946	96,320	1,934	125	1.29	60.70	87	42.2	10	48.0
1947	98,780	2,044	108	1.09	50.18	111	51.11	9	83.33
1948	99,500	1,686	104	1.04	58.19	78	43.57	5	48.00
1949	100,750	1,704	80	0.79	44.84	64	35.87	6	75.00
1950	102,510	1,604	102	0.99	59.78	49	28.72	7	68.62
1951	101,100	1,624	73	0.72	43.01	55	32.41	3	41.09
1952	101,700	1,600	78	0.76	46.47	56	33.37	2	25.64

ECONOMIC CONDITIONS.

The number of unemployed persons in the Borough in January, 1952, was 1,283, and in December, 1,395, as compared with 1,446 and 1,254 respectively in January and December, 1951.

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

Unemployment Benefit	...	...	...	£66,436	0	9
Assistance Allowances	...	...	...	£23,992	8	5

The following table shows the number of persons who have been admitted to the hospital since the 1st of January 1901, and the number who have been discharged, and the number who have died.

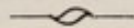
Year	Admitted	Discharged	Died
1901	1,234	1,123	111
1902	1,345	1,234	111
1903	1,456	1,345	111
1904	1,567	1,456	111
1905	1,678	1,567	111
1906	1,789	1,678	111
1907	1,890	1,789	111
1908	1,901	1,890	111
1909	1,912	1,901	111
1910	1,923	1,912	111
1911	1,934	1,923	111
1912	1,945	1,934	111
1913	1,956	1,945	111
1914	1,967	1,956	111
1915	1,978	1,967	111
1916	1,989	1,978	111
1917	1,990	1,989	111
1918	1,991	1,990	111
1919	1,992	1,991	111
1920	1,993	1,992	111
1921	1,994	1,993	111
1922	1,995	1,994	111
1923	1,996	1,995	111
1924	1,997	1,996	111
1925	1,998	1,997	111
1926	1,999	1,998	111
1927	2,000	1,999	111
1928	2,001	2,000	111
1929	2,002	2,001	111
1930	2,003	2,002	111
1931	2,004	2,003	111
1932	2,005	2,004	111
1933	2,006	2,005	111
1934	2,007	2,006	111
1935	2,008	2,007	111
1936	2,009	2,008	111
1937	2,010	2,009	111
1938	2,011	2,010	111
1939	2,012	2,011	111
1940	2,013	2,012	111
1941	2,014	2,013	111
1942	2,015	2,014	111
1943	2,016	2,015	111
1944	2,017	2,016	111
1945	2,018	2,017	111
1946	2,019	2,018	111
1947	2,020	2,019	111
1948	2,021	2,020	111
1949	2,022	2,021	111
1950	2,023	2,022	111
1951	2,024	2,023	111
1952	2,025	2,024	111
1953	2,026	2,025	111
1954	2,027	2,026	111
1955	2,028	2,027	111
1956	2,029	2,028	111
1957	2,030	2,029	111
1958	2,031	2,030	111
1959	2,032	2,031	111
1960	2,033	2,032	111
1961	2,034	2,033	111
1962	2,035	2,034	111
1963	2,036	2,035	111
1964	2,037	2,036	111
1965	2,038	2,037	111
1966	2,039	2,038	111
1967	2,040	2,039	111
1968	2,041	2,040	111
1969	2,042	2,041	111
1970	2,043	2,042	111
1971	2,044	2,043	111
1972	2,045	2,044	111
1973	2,046	2,045	111
1974	2,047	2,046	111
1975	2,048	2,047	111
1976	2,049	2,048	111
1977	2,050	2,049	111
1978	2,051	2,050	111
1979	2,052	2,051	111
1980	2,053	2,052	111
1981	2,054	2,053	111
1982	2,055	2,054	111
1983	2,056	2,055	111
1984	2,057	2,056	111
1985	2,058	2,057	111
1986	2,059	2,058	111
1987	2,060	2,059	111
1988	2,061	2,060	111
1989	2,062	2,061	111
1990	2,063	2,062	111
1991	2,064	2,063	111
1992	2,065	2,064	111
1993	2,066	2,065	111
1994	2,067	2,066	111
1995	2,068	2,067	111
1996	2,069	2,068	111
1997	2,070	2,069	111
1998	2,071	2,070	111
1999	2,072	2,071	111
2000	2,073	2,072	111

ECONOMIC CONDITIONS

The number of persons who have been admitted to the hospital since the 1st of January 1901, and the number who have been discharged, and the number who have died, are shown in the following table.

Year	Admitted	Discharged	Died
1901	1,234	1,123	111
1902	1,345	1,234	111
1903	1,456	1,345	111
1904	1,567	1,456	111
1905	1,678	1,567	111
1906	1,789	1,678	111
1907	1,890	1,789	111
1908	1,901	1,890	111
1909	1,912	1,901	111
1910	1,923	1,912	111
1911	1,934	1,923	111
1912	1,945	1,934	111
1913	1,956	1,945	111
1914	1,967	1,956	111
1915	1,978	1,967	111
1916	1,989	1,978	111
1917	1,990	1,989	111
1918	1,991	1,990	111
1919	1,992	1,991	111
1920	1,993	1,992	111
1921	1,994	1,993	111
1922	1,995	1,994	111
1923	1,996	1,995	111
1924	1,997	1,996	111
1925	1,998	1,997	111
1926	1,999	1,998	111
1927	2,000	1,999	111
1928	2,001	2,000	111
1929	2,002	2,001	111
1930	2,003	2,002	111
1931	2,004	2,003	111
1932	2,005	2,004	111
1933	2,006	2,005	111
1934	2,007	2,006	111
1935	2,008	2,007	111
1936	2,009	2,008	111
1937	2,010	2,009	111
1938	2,011	2,010	111
1939	2,012	2,011	111
1940	2,013	2,012	111
1941	2,014	2,013	111
1942	2,015	2,014	111
1943	2,016	2,015	111
1944	2,017	2,016	111
1945	2,018	2,017	111
1946	2,019	2,018	111
1947	2,020	2,019	111
1948	2,021	2,020	111
1949	2,022	2,021	111
1950	2,023	2,022	111
1951	2,024	2,023	111
1952	2,025	2,024	111
1953	2,026	2,025	111
1954	2,027	2,026	111
1955	2,028	2,027	111
1956	2,029	2,028	111
1957	2,030	2,029	111
1958	2,031	2,030	111
1959	2,032	2,031	111
1960	2,033	2,032	111
1961	2,034	2,033	111
1962	2,035	2,034	111
1963	2,036	2,035	111
1964	2,037	2,036	111
1965	2,038	2,037	111
1966	2,039	2,038	111
1967	2,040	2,039	111
1968	2,041	2,040	111
1969	2,042	2,041	111
1970	2,043	2,042	111
1971	2,044	2,043	111
1972	2,045	2,044	111
1973	2,046	2,045	111
1974	2,047	2,046	111
1975	2,048	2,047	111
1976	2,049	2,048	111
1977	2,050	2,049	111
1978	2,051	2,050	111
1979	2,052	2,051	111
1980	2,053	2,052	111
1981	2,054	2,053	111
1982	2,055	2,054	111
1983	2,056	2,055	111
1984	2,057	2,056	111
1985	2,058	2,057	111
1986	2,059	2,058	111
1987	2,060	2,059	111
1988	2,061	2,060	111
1989	2,062	2,061	111
1990	2,063	2,062	111
1991	2,064	2,063	111
1992	2,065	2,064	111
1993	2,066	2,065	111
1994	2,067	2,066	111
1995	2,068	2,067	111
1996	2,069	2,068	111
1997	2,070	2,069	111
1998	2,071	2,070	111
1999	2,072	2,071	111
2000	2,073	2,072	111

PART II.



Occurrence and Control of Infectious Diseases

CASES OF INFECTIOUS DISEASES (Including Tuberculosis) NOTIFIED IN WALLASEY DURING 1952.

NOTIFIABLE DISEASE		Cases notified at ages											
		0-1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	Over 65
Small-pox ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria ...	3	—	—	—	—	—	—	—	—	1	2	—	—
Dysentery ...	1	—	—	—	1	—	—	—	—	—	—	—	—
Diphtheria (including Membranous Croup)	7	—	—	1	—	—	1	1	2	2	—	—	—
Erysipelas ...	19	—	—	—	—	—	—	—	1	4	4	4	6
Scarlet Fever ...	304	3	7	26	33	23	185	22	1	4	—	—	—
Paratyphoid ...	1	—	—	—	—	—	—	—	—	—	1	—	—
Typhoid Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia ...	12	—	—	—	—	—	—	—	—	11	1	—	—
Meningococcal Infection	2	1	1	—	—	—	—	—	—	—	—	—	—
Poliomyelitis (Paralytic)	1	1	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis(Non-P'l'tc.	1	—	1	—	—	—	—	—	—	—	—	—	—
Pneumonia ...	32	1	—	1	—	—	7	1	2	5	6	2	7
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis	110	—	1	1	1	—	1	7	17	39	18	19	6
Other forms of Tuber- culosis ...	11	—	—	—	—	—	1	3	—	5	1	1	—
Measles ...	1179	56	130	189	195	178	407	15	2	7	—	—	—
Whooping Cough ...	322	38	40	55	47	43	94	2	1	—	2	—	—
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—
Post Infectious	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Infective	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio-Encephalitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS ...	2005	100	180	273	277	244	696	51	26	78	35	26	19

INFECTIOUS DISEASES INVESTIGATIONS AND VISITS OF SURVEILLANCE.

During 1952 health visitors made enquiry visits to infectious cases and contacts, mainly in connection with the incidence of scarlet fever, whooping cough and measles. Sanitary inspectors made 93 enquiries, 48 visits of surveillance, and submitted 39 specimens to the laboratory in connection with the occurrence of cases of food poisoning, acute poliomyelitis, typhoid and paratyphoid fevers and meningococcal infections. This has been the quietest year since the war in so far as this branch of the work is concerned.

Diphtheria.

Seven cases of diphtheria were notified during the year, all being admitted to hospital. The diagnosis was confirmed in three cases, but no case was fatal, this being the fourth year in succession when there were no deaths from diphtheria.

Of the three confirmed cases two had never been immunised. The third case had been immunised but, although treated as a clinical case of diphtheria, was not confirmed pathologically.

In connection with one suspected case it was necessary to exclude one school meals worker until a firm diagnosis (not diphtheria) was made.

Further comments with regard to diphtheria will be found under "Immunisation" in Part III of the report.

Scarlet Fever.

During the year 304 cases were notified but the diagnosis was altered in respect of 19 out of 205 cases admitted to hospital. Arising from these, it was necessary to exclude from work eighteen adults working in four school kitchens, a bakery, four restaurant kitchens, two general hospitals and eight other food premises. These contacts were kept under observation, and throat swabs taken until such time as freedom from possible infection was established. No case was fatal.

Puerperal Pyrexia.

There were 12 notifications of puerperal pyrexia during the year, none of which proved fatal.

Ophthalmia Neonatorum.

Thirteen of the health visitors are qualified to treat the eyes of children suffering from ophthalmia neonatorum. No cases were notified during the year.

Whooping Cough.

289 cases were notified, and 33 cases otherwise reported. None was fatal.

Tuberculosis.

During the year there were 121 primary notifications of Tuberculosis as compared with 105 in 1951; 110 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	...	...	49	61
Non-pulmonary	...	...	6	5

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

Mediastinal glands	1	Kidney	...	1
Abdomen	...	Lupus Vulgaris	...	1
Meninges	...	Bones & Joints	...	3
Neck	...			

The following table shows the number of primary notifications, the number of deaths and the death-rate from Phthisis during the last eight 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
1951	93	12	33	4	0.32
1952	110	11	18	3	0.17

Number of notified cases of Tuberculosis on Clinic Register :—

1st January, 1952 654

31st December, 1952 737

Transfers from other areas during 1952 16

Lost sight of cases returned during 1952 10

New cases diagnosed during the year 121

During the year 1,256 home visits were paid by the Tuberculosis Health Visitor.

Other information with regard to Tuberculosis is given on page 39.

Measles.

Measles has again been very prevalent, 1,179 cases coming to the knowledge of the department—1,071 notified and 108 otherwise reported. One was fatal.

Sonne Dysentery.

Only one case was notified by general practitioners during the year ; the case was confirmed by laboratory examination.

An outbreak did, however, affect one local hospital and the medical superintendent asked for assistance on the 12th June, when seventeen patients and a student nurse had been diagnosed as cases of dysentery. Detailed investigations were conducted and advice given relating to isolation, the hygiene of food production and distribution within the hospital, the sterilisation of ward utensils, and the separation of certain ward duties from functions concerned

with the handling and distribution of food. Further laboratory examination of stool specimens was directed and no new case occurred after the 28th June, when the total number of cases diagnosed had reached 31.

Paratyphoid Fever.

One case of paratyphoid fever was notified by a general practitioner. The notification was received four weeks after the declared date of onset and there was no opportunity to confirm the diagnosis. Though the general practitioner was under the impression that the diagnosis had been confirmed by laboratory examination, detailed investigation showed that the Widal result was doubtful and stool specimens had not confirmed the diagnosis. Though the case is included in the official records and returns, it must be regarded as a dubious one.

Typhoid Fever.

No cases were notified during the year. Surveillance was exercised over two contacts associated with an outbreak in another town, and over one resident case which is suspected to be a possible chronic carrier.

Acute Poliomyelitis.

Two confirmed cases were notified during the year. Both were children, aged eighteen months and eight years respectively.

In the latter case, the patient lived in overcrowded conditions and in the former there was a past history of trauma associated with a fall. Both children were classed as paralytic cases. The younger child was found to have paralysis of the left leg and was admitted to Leasowe Children's Hospital for orthopaedic treatment. The eight-years-old child suffered paralysis of the right leg and was discharged to orthopaedic clinic; by the end of the year she could stand reasonably well without a caliper and was awaiting admission to Leasowe Children's Hospital.

One other patient was admitted to hospital as a suspected case of tubercular meningitis, but the condition was diagnosed by the consultant specialist as one associated with previous acute polio-myelitis.

Meningococcal Infections.

Two cases were notified during the year and during the progress of their treatment in hospital, the hospital authorities confirmed the diagnosis in each case. In one case, a child aged five months, there was a history of sore throat and influenzal type illness in the parents; the child recovered and was discharged from hospital after a stay of three weeks.

In the second case, a child not quite two years old, there was a previous history of a fall on the head and there was evidence of overcrowding in the house; the final diagnosis according to the hospital discharge sheet was cerebro-spinal fever.

Four suspected cases were notified as cases of meningococcal meningitis, but the diagnoses were not confirmed. An alternative diagnosis in two cases was given as sunstroke or heatstroke, and in other, tonsillitis. The remaining case, though not confirmed, was described as "a cerebral infection."

Food Poisoning.

No cases were notified during the year. An investigation was conducted in connection with a batch of cases of illness of food

poisoning type which was reported by another health authority. It arose out of a day visit to New Brighton by a party of thirty-two adults from a Lancashire town, eighteen of whom had suffered from diarrhoea or vomiting or both. Pathological investigation of patients and food samples did not reveal the nature of the illness. The premises from which it was suggested the infection had originated were thoroughly investigated; despite the vast quantity of meals served from this establishment on the day in question, no other cases were reported although enquiries were instituted.

Malaria.

Three cases of malaria fever were notified; two were benign tertian and one malignant tertian. One was a serving soldier allegedly suffering his first attack nine months after return from Korea; there was a recorded history in this case of previous sandfly fever.

A second case was a merchant seaman recently returned from Lagos, West Africa; this was an initial attack of malignant tertian malaria. The third case was a marine engineer now based in this country, who was last in West Africa two years previously; there was a history of previous malaria in West Africa.

Epidemic Nausea and Vomiting.

One outbreak of epidemic nausea and vomiting occurred in a school during the month of October. "Suspected food poisoning" was reported from the school and a detailed investigation was conducted immediately. It was found that fifteen children were affected within a period of two days. The illness was characterised by nausea, vomiting and abdominal pain. Some children showed signs of vertigo, all were distressed, and one or two were weeping and insisted on lying down. In no case did diarrhoea feature in the symptoms. Recovery was rapid in all cases, and in some was complete within three or four hours of the time of onset. The outbreak rapidly subsided.

As soon as the clinical pattern was established, it became clear that the outbreak did not conform with the features of any of the bacterial food poisonings normally recognised as such. Meanwhile, nine specimens of stools taken from sick children were found to be negative to routine tests and the possibility of chemical poisoning was ruled out. That the School Meals Service was also not involved in any way was established after thorough investigation. It was also considered worthwhile to test the possibility that the illness might be associated with failure or defect in the school heating system, and this was subjected to detailed examination, including air analysis within the boiler house, pipe ducts and sub-floor spaces. The results did not support a hypothesis that the heating system was the cause of the outbreak. It thus seems likely that the outbreak was one of epidemic nausea and vomiting, sometimes called "winter vomiting," probably a virus infection spread directly from child to child by droplet infection.

Disinfection.

Visits to houses <i>re</i> disinfections ...	...	...	...	...	85
Rooms disinfected...	...	...	...	...	99
Books from public, private or school libraries disinfected ...	...	...	...	...	256
Articles disinfected ...	...	...	...	...	1,485
Beds and bedding disinfected ...	...	...	...	...	126

PART III.



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.

CARE OF MOTHERS AND YOUNG CHILDREN.

ANTE-NATAL CLINICS.

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

MERTON ROAD—Monday, 1-45 to 3-30 p.m.

NEW STREET—Thursday, 9-30 to 11-0 a.m.

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

The attendance at ante-natal clinics has fallen since 1948 because the expectant mother is now able to attend her own doctor without payment by her. There is, however, still a need for the ante-natal clinic as administered by the local authority because it is here that the important blood test is done, and the mothers given useful advice on mothercraft, breast-feeding, diet and exercise. An ante-natal clinic is educational as well as clinical and the midwives like to see their patients attending them because they can discuss any matter arising out of the pregnancy with the medical officer in charge, who is also the medical supervisor of midwives. The doctor encourages the midwives to attend the clinic whenever possible, and the midwife in turn persuades the expectant mother to attend as well, even though she may be visiting the general practitioner who will deliver her at term. Where necessary the family doctor is kept informed of any special examinations or findings made at the clinic.

X-Ray examinations are made at the Victoria Central Hospital in special cases, and patients are occasionally referred to the consultative clinics at Highfield Maternity Hospital for a second opinion.

Post-natal examinations are carried out six weeks after the confinement—the patient being notified to attend—but here, too, there is some overlap, as the patient may be attending her own doctor for this important examination.

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	...	...	...	69
New cases during the year	...	...	...	238
Names on books at December 31st	...	...	...	63
Attendances of Expectant Mothers	...	...	...	1,025
First-visits to homes of Expectant Mothers	...	...	...	720
Revisits do. do.	...	...	...	458

Post-Natal.

Forty-eight 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 are 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 458, and by Private Midwives 2. The number of Maternity Outfits issued during the year by those Midwives was 446 and 2 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.

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 ...	18
--	----

Number of premature infants born in hospitals or Nursing Homes ...	109
--	-----

There were twenty-four deaths during the year, where the cause was given as prematurity.

The Public Health Department has scales which can be had on loan for weighing premature babies in the homes. No charge is made. Thirteen parents took advantage of this service during the year.

HIGHFIELD MATERNITY HOSPITAL.

I am indebted to Dr. H. G. Farquhar, Paediatrician, at Highfield Maternity Hospital, for the following information :—

(1) Total Births	...	...	...	...	...	1,033
(2) Total Live Births	...	...	...	...	...	1,005
(3) Still Births	...	...	...	...	...	28
(4) Total Deaths (Full term 9; Premature 16)	...	...	...	...	...	25
(5) Premature Babies: Total Births	...	...	...	...	...	87
Live Births	...	...	...	...	...	69
Still-born	...	...	...	...	...	18
Deaths	...	...	...	...	...	16

Deaths of Premature Babies.

Weight not recorded	...	...	...	...	...	2
1 lb. — 1 lb. 8 oz.	...	...	...	...	...	3
1 lb. 9 oz. — 2 lb. 0 oz.	...	...	...	...	...	3
2 lb. 1 oz. — 2 lb. 8 oz.	...	...	...	...	...	1
2 lb. 9 oz. — 3 lb. 0 oz.	...	...	...	...	...	1
3 lb. 1 oz. — 3 lb. 8 oz.	...	...	...	...	...	3
3 lb. 9 oz. — 4 lb. 0 oz.	...	...	...	...	...	1
4 lb. 1 oz. — 4 lb. 8 oz.	...	...	...	...	...	1
4 lb. 9 oz. — 5 lb. 0 oz.	...	...	...	...	...	1
						16

CAUSES OF DEATHS.**Premature Babies.**

Premature death causes (confirmed by post-mortem with one exception):

Prematurity only	...	...	...	...	...	2
Prematurity and atelectasis	...	...	...	...	...	6
Prematurity cerebral haemorrhage and in some cases atelectasis	...	...	...	...	...	5
Prematurity, erythroblastosis, and exchange transfusion	...	...	...	...	...	2
No information	...	...	...	...	...	1
						16

Full term Babies.

1. Congenital defects incompatible with life	...	6
Spina bifida and absent cerebellum	2	
Spina bifida ruptured at birth	1	
Congenital heart disease:—	2	
(a) Transposition great vessels	1	
(b) Absent ventricular septum	1	
Absent left diaphragm with entire small and most of large gut in thorax	1	
2. Birth trauma	...	2
(a) Forceps delivery and cerebral haemorrhage	1	
(b) Forceps delivery and atelectasis	1	
3. Intrapartum haemorrhage with inhalation pneumonia	...	1
		9
Total		25

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 Road, Moreton—Tues.
Trinity Hall, Liscard—Thursdays.	and Wednesdays.

It is a source of considerable satisfaction that in spite of the many changes that have taken place since the National Health Service Act, 1946, the infant welfare clinics in Wallasey continue to flourish and show excellent attendance figures.

The health visitor usually receives a warm welcome when she makes her first visit to the home of a newly-born baby—as soon as possible after the fourteenth day—and the mothers are pleased to avail themselves of the advice offered. It is this spade work which paves the way to an early visit to the welfare clinic, always providing the mother is not attending her own doctor's clinic. She and her baby are warmly received, and after the baby has been weighed, mother and baby are sent in to see the medical officer in charge of the clinic who examines the baby. Advice is given about feeding if there is a problem in this direction, and, if the baby is still breast-fed, every effort is made by all concerned to persuade the mother to continue to do so—the advantages to the baby and the mother herself are pointed out and it is untrue to say that any baby is taken off the breast, and put on to bottle feeds, before it has been found to be absolutely necessary. It is, I believe, one of the criticisms of welfare clinics that breast-feeding does not receive the encouragement it deserves, but this is not the case in Wallasey.

When it has been decided that bottle-feeding must take the place of breast-feeding the mother is given advice in detail as to the most suitable artificial food and the exact quantities to be used. The baby is seen weekly after this, by the doctor, to ensure that it is thriving and is contented.

The vitamins provided by the Ministry, namely cod liver oil and orange juice, are insisted upon, and no excuses such as "baby can't take them," or "she spits them out" are accepted; different methods of administering them to the infant are suggested and usually one finds that with perseverance the baby will take them.

Any physical defects found are, of course, referred back to the family doctor for his advice and treatment.

Advice about the mental and physical health of the child is always welcome, and a lot can be done by just chatting to the mother and reassuring her that some minor temper tantrum is not likely to lead to juvenile delinquency in the future.

The help given by our voluntary workers who attend the clinics so regularly is greatly appreciated by all concerned, as it enables the health visitors to circulate more freely among the mothers and give help and advice on all matters pertaining to their welfare.

The number of attendances during the year was:—

	New Street	Moreton	Field Road	Wallasey Village	Trinity Hall Liscard	Totals
Children under one year of age	2,186	3,948	2,299	3,104	3,322	14,859
Children between one and five yrs.	626	2,278	695	1,437	1,378	6,414

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, 1948 to 1952 are as follows :—

	1948.	1949.	1950.	1951.	1952.
NATIONAL DRIED MILK.					
Number of packets given free ...	779	708	917	1,214	547
" " sold at reduced rates ...	55,735	59,604	69,543	65,233	58,075
COD LIVER OIL, FRUIT JUICES, ETC.					
Number of bottles of :					
Cod Liver Oil	27,408	25,672	22,946	23,188	20,762
Fruit Juices	107,734	99,229	94,056	92,901	94,270
Vitamin Capsules	7,085	7,437	6,611	6,021	5,862
Orange Juice (Free)	2,084	1,834	1,313	1,216	830

DRIED MILK (OTHER THAN NATIONAL DRIED MILK).

Sold lb. Packets, 13,410, realising ... £1,467 19s. 11d.

PRIORITY DENTAL SERVICES.

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

The Priority Dental Services started the year 1952 under a distinct handicap as the Dental Officer responsible for this branch of the service resigned in 1951, and, although the School Dental Officers kept the service "alive" during the interim, there was no one able to devote special attention to this work until a new dental officer was appointed in May, 1952. Dentists with experience of Maternity and Child Welfare work, consisting as it does of the treatment of very young children at one end of the scale, and denture work for adults at the other, are not too plentiful, and this authority has been lucky in obtaining successively two capable officers. The officer first appointed made an excellent initial start, and the present officer has continued with the work so well that between the time of his appointment and the end of 1952 the number of ante-natal and post-natal patients attending and treated is almost double the figure for 1951.

It will be noted that the number of sessions recorded in 1952 is, in spite of that, only half the number for 1951. This is because when the service was starting, a certain number of sessions were allocated irrespective of the number of patients attending. This was not very satisfactory, and for a time these patients were seen at suitable times during "school" sessions. The attendance, however, increased rapidly, and a number of sessions were again devoted solely to the treatment of Maternity and Child Welfare cases, and these are the sessions recorded.

The Nursery Schools and Day Nurseries were visited and children examined, resulting in a large number of children being brought to the dental clinics by parents who knew the service was available. Every effort is made, once a child has attended, to see it afterwards at regular intervals. The treatment of very young children is probably the most trying, and in some respects the most unsatisfying work done by the Dental Officer, for not only are satis-

factory fillings most difficult to do, but parents are often strongly prejudiced against this form of treatment for the very young. A good deal can be done by fillings of a temporary nature renewed at regular intervals, or when necessary, but it is difficult to convince parents of this fact.

The prevention of decay by correct diet and feeding habits, and the use of the toothbrush are the logical methods for the control of dental decay in the young, but the immense ignorance and the dead-weight of tradition are difficult to overcome. Even the most educated and enlightened parent must find it difficult to resist the temptation to quieten a fretful child with a chocolate or a sticky cake, for the immediate results are so satisfactory, and the bad effects are far off in the dim future. However, parents are bringing young children to dentists, both public and private, in increasing numbers. Nothing but good can come from the care and attention devoted to the young children of this country.

The following table shows the treatment completed in 1952 :—

NUMBERS PROVIDED WITH DENTAL CARE.

						Expectant Mothers	Nursing Mothers	Children Under 5
Examined						100	20	292
Attendances						116	20	292
Needing Treatment						80	14	283
Treated						65	14	277
Made Dentally Fit						58	12	277
Sessions	Inspection	...	...	...	...	—	—	—
	Treatment	...	...	...	...	15	—	—
	Total	...	...	...	...	15	—	—
No. of Fillings	Permanent Teeth Filled	...	...	...	...	53 Fillings 50 Teeth	3 Fillings 3 Teeth	Nil
	Temporary Teeth	...	...	...	...	—	—	24
	Total	...	...	...	...	103	6	24
Extractions	Permanent Teeth	...	...	...	...	141	27	—
	Temporary Teeth	...	...	...	...	—	—	329
	Total	...	...	...	...	141	27	329
Administrations of General Anaesthetics ...						29	6	219
Other Operations	Permanent Teeth	...	...	...	...	29	8	—
	Temporary Teeth	...	...	...	...	—	—	—
	Total	...	...	...	...	29	8	—

DAY NURSERIES.

Since it has been necessary to increase the fees payable by the mothers, the numbers attending the day nurseries have shown a slight decrease, but there is still a great demand for this service, and it is hoped they will continue to do the good work that they have been doing since their inception in 1942.

The children who attend these nurseries are happy, well-fed and healthy, and there is ample opportunity for them to be trained into well-disciplined little citizens with good social habits.

The matrons of our three nurseries take their duties very seriously—it is not just a job for them, but a very definite responsibility in which they act in "*loco parentis*," and they inspire their staff with the same idea, so that the nurses regard themselves as temporary mothers to the children who attend. The atmosphere of each nursery is as near that of a normal happy home as possible, and it is safe to say that the children miss very little in life because their mothers have to go to work. There is very little "fretting" and the newcomers settle down very quickly in the happy atmosphere of the nursery, soon enjoying the companionship of the other children, and revelling in the free play activities which go on all the time.

There has been very little infection this year, thanks, no doubt, to the care and hygiene which is practised so assiduously at the nurseries. The nurseries are visited regularly by the assistant medical officer and each child has a thorough examination about once in three months.

The nurseries are also training schools for the diploma of the National Nursery Examination Board, and so far we have had no failures—all our students having been successful in obtaining this valuable diploma. The girls concerned have all obtained good posts, either by promotion in their own nurseries, or in private posts or they have gone into hospital to take their State Registered Nurses training.

There are very few feeding problems in the nurseries—nearly all the children develop good appetites and eat everything that is put before them, often asking for second helpings. The cod liver oil and orange juice present no difficulties, both being taken without protest, and the well-balanced diet, rest, fresh air, and exercise which are all part of the daily routine soon produces results in the form of healthy, well-nourished and happy children.

The following table shows the number of places and average number of children attending in December, 1952:—

Nursery	Number on Register 31/12/52	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 ...	34	30	6	23	5	21
Central Park ...	60	50	15	31	14	28
Oakdale ...	60	50	7	35	6	32

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.

The arrangements for this Service were similar to previous years, the Council continuing to employ directly seven Municipal Midwives.

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.

One midwife in private practice notified her intention to practise in the Borough during the year.

In 1952 the seven Municipal Midwives attended 458 cases ; of these, 234 were attended as Maternity Nurses, the Midwife in private practice attended 2 cases, both of which were attended as a Maternity Nurse.

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

					Private Midwives.	Municipal Midwives.
Condition of Mother.						
Foetal distress	—		1
Laceration of perineum		—		1
Inflammation of leg	—		1
Condition of Child.						
Cyanosis	—		2
Discharging eyes	—		2
Jaundice	—		1
Septic spots on face	—		1

HEALTH VISITING.

The Health Visitors are responsible for visiting homes and attending clinics in connection with Maternity and Child Welfare and combine these duties with those of School Health Nurse.

The visiting of homes is the most important aspect of their work, and is concerned with the expectant mother, the new baby after 14 days, and regular visits to infants up to 5 years of age. Because of her combined duties, the Health Visitor is able to provide

a continuous contact with the homes and children throughout their school life. The Health Visitor attends all clinics and Welfare Centres in connection with Maternity and Child Welfare and is present at Inspections and Clinics in connection with the School Health Service. The value of her work in connection with the prevention of spread of infectious disease and the importance of Immunisation and Vaccination has already been proved.

Under the National Health Service Act, 1946, the work of the Health Visitor has extended to include not only the children, but the family as a whole.

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

Visits to children under 1 year	...	...	...	...	10,307
Visits to children between 1 and 5 years	...	...	...	...	16,827
Visits to stillbirths	...	...	...	...	34
Visits to Neo-Natal Deaths	...	...	...	...	33
Visits to Deaths, 1—5 years	...	...	...	...	6
Visits to Post-Natal cases	...	...	...	...	228
Total visits to Premature Births	...	...	...	...	192
Total visits to Infectious Diseases and contacts	...	...	...	...	2,136
Visits to Ophthalmia cases	...	...	...	...	39
Total visits to Expectant Mothers	...	...	...	...	1,178
Visits for Children's Officer	...	...	...	...	65
Visits re Immunisation	...	...	...	...	172
Miscellaneous visits	...	...	...	...	589
Visits for Hospital Almoners	...	...	...	...	43
Visits re Tuberculosis	...	...	...	...	1,256
Visits re Ministry of Health Enquiry into Virus Infection during pregnancy	...	...	...	...	37
Visits to Diabetics, per General Practitioners	...	...	...	...	5
Ineffectual visits (no response, etc.)	...	...	...	...	4,403
Total visits	...	...	...	...	37,550

HOME NURSING.

The Home Nursing Service continues to fulfil a great need in the borough. Regular visiting is made to the bedridden patient and the value of skilled attention by a trained nurse is appreciated not only by the sick but especially by relatives, handicapped by age and inexperience from caring adequately for an invalid.

The further co-operation of the general practitioners would be appreciated in notifying to the Home Nursing Service in the early stage of illness, patients who, by reason of their disability are likely to be bedridden for some time. The nursing staff are often able to teach by example the care which is necessary for the comfort of the invalid.

The request for trained nursing assistance for patients in the Moreton and Leasowe areas has of late not been great and the nurses have discovered sick people who need a nurse but who have not been notified until the very later stages of an illness. Had these patients been notified earlier the nursing staff would in some cases have been able to prevent certain complications and discomforts attending serious illness.

Disease	Recovered, Relieved or Convalescent		Admitted to Hospital or Nursing Home		Died		Specific treatment completed or discontinued		Other Causes*		Total	
	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Infectious, etc. ...	7	63.6	2	18.2	—	0.0	—	0.0	2	18.2	11	100.0
T.B. (all forms) ...	37	50.0	15	20.3	2	2.7	16	21.6	4	5.4	74	100.0
Cancer and other neoplasms ...	16	14.1	21	18.6	62	54.9	6	5.3	8	7.1	113	110.0
Diabetes ...	—	0.0	7	31.8	2	9.1	2	9.1	11	50.0	22	100.0
Mental and nervous ...	7	38.9	4	22.2	4	22.2	2	11.1	1	5.6	18	100.0
Ear, eye, nose, throat and other sense organs	43	79.6	3	5.6	—	0.0	4	7.4	4	7.4	54	100.0
Cerebral haemorrhage cerebral thrombosis, hemiplegia, etc. ...	24	26.1	19	20.6	41	44.6	—	0.0	8	8.7	92	100.0
Heart and arteries ...	33	32.7	15	14.9	41	40.6	5	4.9	7	6.9	101	100.0
Veins and circulatory	18	64.3	3	10.7	1	3.6	3	10.7	3	10.7	28	100.0
Respiratory ...	176	75.5	24	10.3	20	8.6	9	3.9	4	1.7	233	100.0
Digestive (including intestinal ...)	114	57.9	21	10.7	10	5.1	41	20.8	11	5.5	197	100.0
Genito-urinary system	25	62.5	3	7.5	4	10.0	5	12.5	3	7.5	40	100.0
Pregnancy ...	24	75.0	4	12.5	—	0.0	3	9.4	1	3.1	32	100.0
Skin (including septic conditions) ...	60	79.0	7	9.2	2	2.6	2	2.6	5	6.6	76	100.0
Bones and joints and muscular conditions (including rheumatism)	19	52.8	7	19.4	4	11.1	1	2.8	5	13.9	36	100.0
Injury ...	16	55.2	4	13.8	5	17.2	1	3.5	3	10.3	29	100.0
Blood ...	3	42.8	2	28.6	1	14.3	—	0.0	1	14.3	7	100.0
Glands... ..	6	66.7	2	22.2	1	11.1	—	0.0	—	0.0	9	100.0
Diagnostic (preparation for X-ray, etc.)	—	0.0	—	0.0	—	0.0	93	100.0	—	0.0	93	100.0
Senility ...	3	13.6	3	13.6	11	50.0	—	0.0	5	22.8	22	100.0
Other or ill-defined ...	2	33.3	2	33.3	1	16.7	—	0.0	1	16.7	6	100.0
Total ...	633	49.0	168	13.0	212	16.4	193	14.9	87	6.7	1293	100.0

*"Other causes" include cases where relatives are able to manage, treatment has been refused by patient, reduction of case load, case left district, etc.

The establishment of nurses in 1952 consisted of a Superintendent and twelve Home Nurses. Difficulty has, however, been experienced in obtaining the services of nurses to complete the establishment.

It is an interesting point that so far there has been no instance of any Home Nurse in Wallasey being affected by dermatitis caused by administering injections of antibiotics to patients (streptomycin and penicillin). This is becoming a serious problem in some areas where two or three Home Nurses have had to retire from their profession and seek other work. Probably the chief reason why we have not been affected so far is that nursing in Wallasey is mainly general nursing attention required for serious illness.

The following is a summary of the work carried out by the Home Nursing Service during 1952 :—

No. of cases attended ...	...	...	...	...	...	1,415
No. of cases completed...	...	...	...	...	...	1,293
No. of visits paid ...	...	...	...	...	...	39,752

Table showing total completed cases nursed, average duration of treatment and average number of visits for various types of diseases during 1952 is shown on page 59.

VACCINATION AND IMMUNISATION.

VACCINATION.

The number of vaccinations performed in Wallasey during 1952 has shown a slight decrease compared with the previous year.

During 1952 practitioners in the town notified that they had carried out 795 vaccinations and 198 re-vaccinations. Of the 795 vaccinations 651 were of children under one year of age. In addition, 22 members of the Staff of the Public Health Department were vaccinated by the Deputy Medical Officer of Health.

DIPHTHERIA IMMUNISATION.

During the year 1,321 children received the full course of Immunisation treatment against Diphtheria, 686 being immunised by General Practitioners and 635 at the Council's Clinics.

In addition, 963 children who had received the full course five years ago were given a reinforcing dose—200 by General practitioners and 763 at the Clinics.

The following table shows the number of children immunised each year from 1937 :—

TABLE SHOWING NUMBER OF CHILDREN IMMUNISED—BY AGE GROUPS.

Age	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	Total
Under 1 year ...	—	—	—	—	8	21	56	30	27	37	140	67	86	47	73	86	under
1 year +	3	21	5	18	101	357	290	478	835	730	635	865	740	772	762	718	5 yrs. of
2 years +	12	17	13	23	111	309	251	78	168	160	78	279	181	229	236	232	age at
3 years +	11	24	10	27	115	295	169	58	60	91	47	75	77	85	71	71	31/12/52
4 years +	65	31	12	30	101	306	144	51	39	50	25	33	38	55	46	44	4,234
5 years +	160	206	29	45	136	308	152	82	63	59	32	54	31	42	56	52	Total
6 years +	114	230	10	44	85	243	223	68	45	45	26	43	25	33	34	65	over
7 years +	65	120	15	20	76	220	118	37	22	23	9	7	10	12	11	22	5 years
8 years +	13	6	3	2	47	247	120	51	22	21	8	4	3	5	5	8	and under
9 years +	6	—	—	4	41	238	96	74	43	15	7	7	6	9	7	5	15 years
10 years +	—	1	2	3	45	228	115	44	24	16	7	11	4	3	6	8	of age at
11 years +	1	1	1	4	27	188	107	60	19	13	5	5	3	3	7	—	31/12/52
12 years +	1	—	—	4	22	203	110	39	12	13	3	4	1	3	10	3	9,413
13 years +	—	—	4	1	22	237	135	64	12	11	5	3	—	—	2	—	
14 years +	—	—	2	—	9	57	101	20	1	5	1	1	1	1	1	2	
15 years +	—	—	3	—	4	21	45	17	7	1	—	—	—	1	—	1	
Over 16 years	—	—	1	5	1	12	31	6	12	1	—	1	2	1	1	4	
Total ...	451	657	110	230	951	3,490	2,263	1,257	1,411	1,291	1,028	1,459	1,208	1,301	1,328	1,321	

For the fourth year in succession no death has occurred from Diphtheria.

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 ten 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	—
1951	6	5	1,328	19,505	—
1952	7	3	1,321	20,826	—

*Not immunised

†2 not immunised

1 transfer

DIPHTHERIA.

The following information has been supplied by the Ministry of Health :—

The incidence of diphtheria continues to fall. Since 1944 (when records of corrected notifications were first kept) notifications have fallen from over 23,000 in that year to a new low figure of 274 for the first nine months of 1952. The following are figures for deaths and notifications (corrected) for England and Wales since 1944 :—

<i>Year</i>	<i>Deaths</i>	<i>Corrected Notifications</i>
1944	934	23,199
1945	722	18,596
1946	472	11,986
1947	244	5,609
1948	156	3,575
1949	84	1,890
1950	49	962
1951	33	664
1952	31*	274 (9 mths. only)

*provisional

The rate of decline in the number of deaths from diphtheria has not been so great in 1952 as in previous years, and it is felt that this will underline the necessity for authorities to sustain the immunisation campaign in their areas.

The number of children immunised under local authority arrangements (including those immunised by the family doctors for which records were received by the local authority) from the beginning of 1940 to the 30th June, 1952, was 10,025,032. During the first half of 1952, 287,678 children were immunised, of whom 104,293 were under one year of age.

The object of the immunisation campaign remains the same : to secure the immunisation of not less than 75 per cent. of babies before their first birthday. During the first half of 1952, however, only 31 per cent. of the estimated number of children reaching the age of one year during this period received this protection. This is 3 per cent. more than the figure calculated for 1951, but it is disturbingly low.

An intensive effort must, therefore, be made to achieve the level of immunisation necessary to secure the full benefit of the campaign ; if parents leave their children unprotected there may be a return of diphtheria outbreaks, and there have been several sharp reminders of this possibility during the last twelve months.

The fear of diphtheria has declined among parents in a direct relation to the decline of the disease itself ; the majority of parents of young children nowadays have never seen or heard of a case of diphtheria among their neighbours' children and are more afraid of illnesses they know than of the dangers of diphtheria. It cannot be said too often by Medical Officers of Health in their Annual Reports and public utterances that "diphtheria still kills" and that elimination of this disease is conditional upon the maintenance of an adequate level of immunisation. But for these timely reminders the general public will often be under the impression that all is well, and that they themselves, as parents of young children, have no part to play in protecting their children and so help to maintain a proper level of immunisation.

AMBULANCE SERVICE.

The demand for the service during the past year shows a slight decrease compared with 1951, both in patients carried—475 fewer—and mileage 1,720 miles fewer. Every possible course is being followed to curtail the abuse to which the service has been subjected in the past, and the co-operation of the doctors and hospital staffs in this direction is very much appreciated.

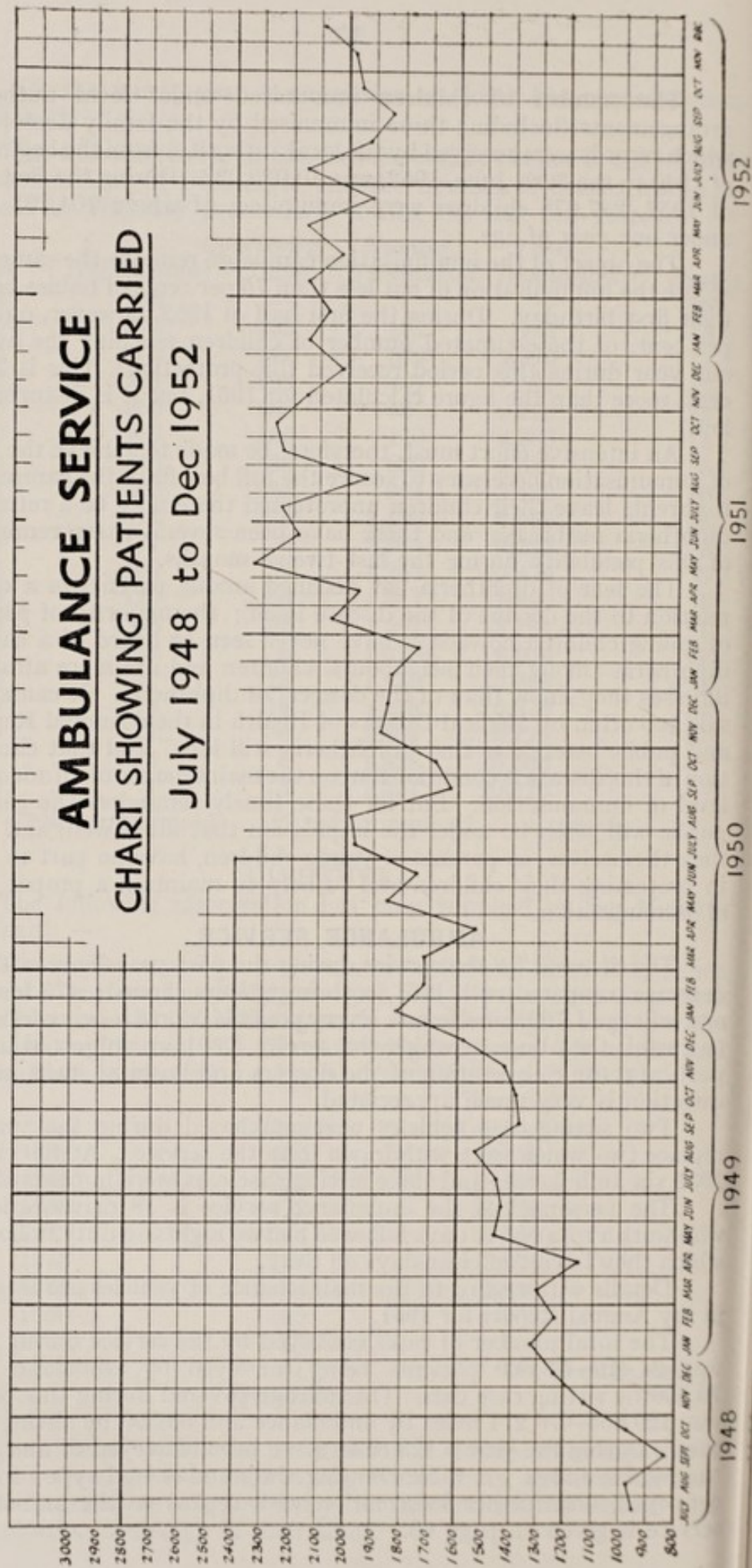
Two sitting case vehicles were purchased during the year to replace two which were withdrawn from the service. At the end of 1952 six ambulances and three sitting case cars were in commission.

The personnel of the ambulance service is 18 driver/orderlies who work a rota of five days followed by two nights on duty, following which they have two clear days off duty.

Details with regard to the maintenance of vehicles are as given in my Annual Report for 1951.

The total number of cases conveyed by the service during 1952 was 24,416—13,860 patients being conveyed by ambulance and 10,556 by sitting case cars. The mileage covered during this period was 129,664—76,274 miles by ambulance and 53,390 by sitting case cars. During the year 5,123 cases have been conveyed to and from the Moreton area. A table showing the number and type of cases conveyed, and further information with regard to the ambulance service is given on page 63.

AMBULANCE SERVICE **CHART SHOWING PATIENTS CARRIED** **July 1948 to Dec 1952**



PREVENTION OF ILLNESS—CARE AND AFTER-CARE.

(a) Health Education.

The local authority has continued its efforts to educate the public with regard to health matters.

An exhibition stand with interchangeable topics has been displayed at the Public Libraries, Child Welfare Centres, etc., and poster boards situated in different parts of the Borough have again been used.

Propaganda in the form of posters, leaflets, display sets and the publication "Better Health" have been displayed and distributed in Child Welfare Centres and other suitable places in the Borough.

(b) Tuberculosis.

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

Prevention.—The Public Health and Housing Departments and Tuberculosis Clinic have continued to work as a team in the effort to prevent the spread of Tuberculosis. Cases of Tuberculosis detected at the Clinic are investigated by the Council's Tuberculosis Health Visitor. She ensures that the contacts of all cases, whether sputum positive or not, attend the Clinic for examination. The number of contacts examined in 1952 was 615. The number of new cases diagnosed was 110. This gives a contact to case rate of 5.6. The number of new cases detected by contact examination was 14.

Mass Miniature X-Ray Examination.

Arrangements were made with the Liverpool Regional Hospital Board for the Mass Radiography Unit to visit Wallasey at intervals during 1952. The following table, which has been supplied by the Liverpool Regional Hospital Board, shows the number of adults and schoolchildren X-rayed and the conditions found:—

	<i>Adults.</i>	<i>School Children.</i>	<i>Totals.</i>
Total No. persons X-rayed ...	2,228	3,333	5,561
Active pulmonary tuberculosis found	2	—	2
Post primary inactive T.B. ...	17	1	18
Primary inactive T.B. ...	30	51	81
Bronchiectasis ...	2	3	5
Neoplasm ...	1	—	1
Cardio-vascular lesions acquired ...	15	3	18
Miscellaneous abnormalities ...	66	30	96
Cases not yet diagnosed ...	17	8	25
Persons attending for large films ...	90	55	145
Persons failing to attend for large films ...	3	1	4

Care.—The Tuberculosis patient is treated at home if the accommodation is adequate, i.e., if the patient can have a room of his own. The treatment is arranged through the General Practitioner and carried out by the Home Nursing Service who have given treatment to 71 patients. When it is known that injections have to be given daily for an average period of two months it is obvious that a great deal of work has been well done.

If, because of lack of accommodation and therefore danger of infection, home treatment cannot be carried out, the patient is admitted to Mill Lane Hospital. The waiting time for admission is approximately seven days. The Medical Officer of Health is asked to investigate Housing circumstances with a view to allowing patients to have a room of their own on discharge. With the co-operation of the Housing Manager and Committee 32 families have been rehoused.

B.C.G. vaccination has been given to 177 contacts of Tuberculosis cases. It is felt that the scope of this vaccination should be extended. At present it is only given to contacts of cases who are sputum positive. If the scheme of vaccination is extended as is done in some European countries and given to all Mantoux negative children, the real work of prevention will have commenced.

Three necessitous families were referred to the Education Department for help with regard to shoes and clothing.

After-Care.

The workshop was officially opened on the 27th February, 1952, the building itself being taken over from the contractors in March. Work commenced there with three sock-making machines, and by the end of the year there were seven machines, a woodwork bench, a cracker industry, and a Christmas card and calendar industry.

The number of persons employed at the workshop rose from three (part-time) in March to forty (many of whom were part-time) in December.

Application was made in May to the Ministry of Labour and National Service for recognition as a Training Centre, with payment of grants to trainees.

Care Work and Occupational Therapy.

HANDICRAFT AND SEWING CLASSES.—The classes were maintained, in January and February at the Mill Lane Chest Clinic, and for the remainder of the year at the new workshop. The Annual Sale of Work was held at the Sandrock Hotel, and many of the handicraft articles were sold.

CARE.—The Welfare Officer made 145 home visits, during which five bed patients received home instruction in handicrafts. Patients received free milk, clothes, shoes and sick-room articles. Forty families received Harvest Festival fruit given by children of Westbourne School.

Mental Illness and Defectiveness.

Details of work under this Section are given on pages 41 to 47.

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.

A few 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.

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.

The British Red Cross Society and the St. John Ambulance Brigade have schemes under which articles of medical equipment are loaned to the public and arrangements have been made for the continuation of this service.

DOMESTIC HELP SERVICE.

The calls on the Domestic Help Service continue to increase, and no cases are accepted without a doctor's note or recommendation from a hospital almoner. Many cases which would normally have to go into hospital are given help and it is with some apprehension that we note these cases are increasing and are usually of long duration. Unfortunately, a strict adherence to the time limit, which is one month, has to be made in view of the limitation of hours. All cases are given sympathetic consideration and every effort made to give practical assistance. The service has become an integral part of the Health Scheme and the public now recognise the necessity for such a service in times of sickness and appreciate that reliable and trustworthy help can be obtained.

On 31st December, 1952, the staff of the Domestic Help Service consisted of a Domestic Help Organiser, Clerk, 28 full-time and 48 part-time Domestic Helps.

The following table shows the work carried out during 1952 :—

	<i>Maternity.</i>	<i>T.B.</i>	<i>Others.</i>	<i>Total.</i>
Applications for help received ...	129	10	353	492
" " accepted ...	129	10	353	492
No. of cases to which help sent ...	90	8	400	498
No. of hours worked ...	7,270	1,392	41,761	50,427
No. of cases paying full fee, i.e., 2/4d. per hour ...				206
No. of persons receiving Old Age Pensions or Widows' Pension ...				148
No. of chronic sick cases ...				27

MENTAL HEALTH SERVICES.

Under Part III of the National Health Service Act, 1946, the Local 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.

The Local Health Authority carries out all duties in connection with the Mental Health Service, none being delegated to Voluntary Associations.

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 Mental Health Services.

The progress made in this field during the past year is slow but steady. It is found now that a greater number of patients are themselves seeking advice and help at the early onset of illness, and also that relatives are encouraging their sick members to attend the Out-patients' Clinics and to enter hospital for treatment.

The change in name of Upton Mental Hospital to Deva Hospital has helped considerably, and the fact that treatment in suitable cases can be given at the Out-patients' Clinics has encouraged many patients to take the initial steps towards complete recovery.

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. In spite of this inconvenience many have attended the Clinics during the past year.

An Out-patients' Clinic in Wallasey is a very urgent necessity, and it is hoped that accommodation will be available in the near future at the Victoria Central Hospital.

The Hospital accommodation shortage is still acute, but, in spite of this, the number of patients admitted to Hospital for voluntary treatment is high.

The open-door wards at Deva are very valuable in the treatment of short-stay cases, the drawback being that they are within the bounds of the Mental Hospital. Possibly in the future separate accommodation, similar to that at Rainhill, will be provided here.

It is hoped too that the promised accommodation at Wavertree, which is to provide for some 300 senile cases, will be available in the ensuing year. Apart from easing the bed shortage all round, the opening of these wards will mean that patients and relatives alike will be spared much of the suffering and distress attendant upon the continued care within the home of cases which have reached the stage when Institutional care is the only possible solution.

The problem of observation beds for acute cases is still a difficult one. The theoretical follow-through system from St. Catherine's Annexe, Birkenhead, to Deva Hospital, frequently breaks down in

practice owing to congestion, and the Authorised Officers are often faced with the problem of an acute psychotic case, and no observation bed. This situation usually arises during the night hours and it is no uncommon occurrence for the Officer to spend over an hour on the telephone, ringing round the Region in an effort to secure a bed for the patient.

Prevention, Care and After-Care.

It is regretted that only a minimum amount of work can be done in this Service. The Authorised Officers' time, day and night, is so fully occupied with urgent and statutory duties, that only modest progress can be made in what may well be, in future, the Authority's biggest task—a Mental Health Social Service.

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.

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.

This work is very time-consuming, and although the results are sometimes disappointing, and bear no relationship to the amount of work put in, expressions of gratitude from patients thus assisted in the difficult process of rehabilitation, and the satisfaction of seeing them re-established within the home and in employment, are conclusive proof that the time involved is well spent.

Lunacy and Mental Deficiency Acts.

Number of Wallasey patients in Mental Hospitals on 31st December, 1952, was as follows :—

Certified patients (Section 16, Lunacy Act, 1890)	...	...	347
Voluntary patients (Section I, Mental Treatment Act, 1930)			25
Temporary patients (Section V, Mental Treatment Act, 1930)			—
			<hr/>
Total	...	...	372
			<hr/>

There were 211 Admissions to Mental Hospitals during the year as follows :—

Mental Treatment Act, 1930.

Under Section I (Voluntary Patients)	<i>Male</i>	<i>Females</i>	<i>Total</i>
Deva Hospital	16	25	41
Rainhill Mental Hospital ...	1	1	2
Winwick Mental Hospital ...	1	1	2
Birkenhead Mental Hospital ...	—	1	1
Whiston Hospital	—	1	1
	—	—	—
Total	18	29	47

Under Section V (Temporary Patients)	<i>Male</i>	<i>Female</i>	<i>Total</i>
Deva Hospital	1	1	2

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 ...	15	16	31
Deva Hospital	1	2	3
Sefton General Hospital	1	10	11
Whiston Hospital	—	2	2
	—	—	—
Total	17	30	47

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

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Birkenhead Mental Hospital ...	15	18	33
Deva Hospital	—	12	12
Whiston Mental Hospital	—	1	1
	—	—	—
Total	15	31	46

Under Section 16 (Certified Patients) to :—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Deva Hospital	19	32	51
Birkenhead Mental Hospital ...	6	4	10
Winwick Mental Hospital	—	2	2
Sefton General Hospital	—	3	3
Rainhill Mental Hospital	1	—	1
Whiston Mental Hospital	—	2	—
	—	—	—
Total	26	43	69

Domiciliary Visits by Duly Authorised Officers :—

—To cases under Lunacy and Mental Treatment Acts ...	785
Prevention, Care and After-Care visits	170
	—
Total	955

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, 1952 :—

<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
127	136	263

The above total is made up as follows :—

Defectives in Institutions	...	...	...	...	100
Defectives in "Places of Safety"	...	...	...	...	10
Defectives under Guardianship	...	...	...	...	5
Defectives under supervision in the Community	...	...	...	...	148
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.

Three defectives were admitted to Hospital for short periods during the year, without legal Orders, thus enabling the parents to take a much needed rest. It is hoped that these facilities may be extended next year to provide more parents with a period of relief from the constant care of their defective children.

During the year 492 visits were paid by Authorised Officers to the homes of defectives.

Two defectives have been admitted to Orchard Dene, Rainhill, Short-stay Holiday Home during the year, the cost being defrayed, in one case, by the Soroptimist Club of Wallasey.

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.

Particulars of Mental Defectives Ascertained during the year.

(1) Ascertainment.

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
Total cases ascertained to be "subject to be dealt with" during the year	3	5	8

(2) Disposal of Cases reported during the year.

Cases ascertained to be "subject to be dealt with":—

	M.	F.	Total
Placed under Statutory Supervision	3	5	8
Total	3	5	8

(3) Number of Mental Defectives under Community Care including Voluntary Supervision or in "Places of Safety" on 1st January, 1952, who have ceased to be under Community Care or in "Places of Safety" during 1952.

	M.	F.	Total
(a) Ceased to be under care	2	4	6
(b) Died or removed from area	—	1	1
Total	2	5	7

At 31st December, 1952:—

Number of Mental Defectives awaiting vacancies in Institutions	20
Number of patients on Licence from Institutions	13
Number of patients under Guardianship (including cases on Licence)	5
Number of patients under Statutory Supervision	69
Number of patients under Voluntary Supervision	79
Number of patients receiving training at Occupation Centre ...	21

Occupation Centre.

The Occupation has accommodation for approximately 70 children.

Under an arrangement made with the Birkenhead Corporation Defectives from that area attend the Centre.

At the end of December, 1952, twenty-one Wallasey children and twenty-eight children from other areas were on the register.

The ages of the children vary from 5 upwards. There is no upper age limit, and two or three young people of 18 to 20 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.

Special transport by bus is provided and the parents appreciate this service.

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. At Christmas "Snow White and the Seven Dwarfs" was produced, most of the children taking part.

During the summer an outing to Southport was greatly enjoyed.

The crafts taught include plain sewing, embroidery, knitting, weaving, woodwork, rush seating, rug-making, papier-mache work, painting, drawing, stool-making, raffia work, miniature basket work, etc. Some new equipment has been added during the year.

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

*Special Survey Report of the Local Health Services
provided from 1948 to 1952 under the National
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GENERAL.

1.—ADMINISTRATION.

The Medical Officer of Health is also responsible in Wallasey for the Welfare Service provided under the National Assistance Act, 1948, and both the Local Authority's Health and Welfare Services are closely integrated.

**2.—CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS
OF THE NATIONAL HEALTH SERVICE.**

The Medical Officer of Health is a member of the Hospital Management Committee and also of various Sub-Committees of that Committee, including a small Sub-Committee to consider applications for admission to the local maternity hospital. This is proving a very effective way of bringing about the co-ordination of the local health service and the hospital service at Hospital Management Committee level. The Medical Officer of Health also attends regularly meetings of the Medical Liaison Committee which consists of Medical Officers of Health and Medical Officers of the Regional Hospital Board. He has nominated his deputy as a representative on the Local Medical Committee. The local medical practitioners and also the Executive Council of Wallasey have a representative on the Health Committee of the Wallasey County Borough Council.

The Medical Officer's Annual Report for 1951 drew attention to the lack of co-operation in some instances between the General Practitioner and the Local Authority. The publication of this criticism in the Press led to a meeting between the Medical Officer of Health and the Local Medical Committee. This Committee has since acknowledged the need for more co-operation between the profession and the Medical Officer of Health, and it is hoped as time goes on to develop this by mutual consultation. All this is tending to bring about a mutual knowledge of each other's services and difficulties.

Weekly reports of discharges of school children and pre-school children are received from the Victoria Central Hospital, Wallasey. Reports are also received from the Birkenhead Children's Hospital, but a list from St. Catherine's Hospital, Birkenhead, comes in about every four months, which largely invalidates any useful follow-up work. Owing to the geographical position of Wallasey, many children are treated in hospitals outside the area of the North Wirral Hospital Management Committee. It is unfortunate that no reports at all are received from some of the Liverpool Hospitals, at which are situated the thoracic, surgical and neuro-surgical units for Merseyside.

In addition to lists of discharges, almoners can and do approach the department of the Medical Officer of Health for reports on the home conditions of in-patients and patients about to be discharged, and the problem of convalescence or convalescent treatment of a school child is often arranged.

Towards the end of 1952, at the suggestion of the paediatrician in charge, arrangements were made for Health Visitors to attend on rota the special infant welfare clinic for premature babies held at Highfield Maternity Hospital. This was welcomed by the Medical Officer's Department, and it is hoped that much mutual benefit will come from this, not only for the patient, but for the paediatrician, hospital staff and members of the Local Health Authority staff, who will each have an opportunity to attend this clinic for a set period.

Co-operation with the Wallasey Chest Clinic has been fairly satisfactory. Children are referred to the School Health Service for breathing exercises and ultra-violet light therapy when these are indicated and the staff of the Chest Clinic is always willing to give an opinion on any school child referred to them through the School Health Service.

In the matter of rehousing families on account of tuberculosis the department of the Medical Officer of Health works in full collaboration with the staff of the Chest Clinic.

As far as the School Health Service is concerned, the recommendations of the British Medical Association for referring school children to specialists, as accepted by the Society of Medical Officers of Health, has been put into operation in Wallasey. This appears to satisfy the few general practitioners who like to make their own arrangements.

The number of cases referred to the Local Authority in connection with Care and After-Care has been disappointing.

Co-operation between the general practitioners, municipal midwives and home nurses is good—general practitioners understand the duties of a midwife or a home nurse, but some of them do not always understand the duties of the health visitor. In consequence, difficulties and misunderstandings sometimes arise.

Suggestions for improving Co-operation.

- (A) **At Hospital.** An extension of the arrangements recently begun at Highfield Maternity Hospital to include the Victoria Central Hospital and possibly St. Catherine's Hospital, Birkenhead (Diabetics, Peptic Ulcer and Renal Cases) along the lines of the Cardiff Scheme.
- (B) **With Practitioners.**
 - (i) Education of medical practitioners as to scope of duties of the health visitor envisaged in the National Health Service Act, 1946, and the development of co-operation in the work of the practitioners and health visitor in the home.
 - (ii) The introduction of Health Centres which would also serve as a meeting place where all engaged in the Health Service could discuss their problems.

Steps taken to inform general practitioners and the public about services available.

All general practitioners in the borough have been furnished with a list of Local Authority clinics and sessions and are kept advised as to any new services which may be inaugurated. Lists of Local Authority clinics and sessions are displayed in post offices and sub-post offices in the borough.

The Medical Officer of Health and members of his staff frequently give talks on health subjects to various associations and bodies in the town.

3.—JOINT USE OF STAFF.

Doctors in general practice occasionally work for the Local Authority on a part-time or sessional basis during the absence on holiday, etc., of the permanent staff. This entails attendance at ante-natal and child welfare clinics.

The Local Education Authority continue to employ visiting specialists in ophthalmology, orthopaedics and psychiatry, who work in the Local Authority clinics. By arrangements with the Education Authority pre-school children are seen at these specialist clinics.

There are no arrangements for medical or other officers employed by the Authority to work part-time in the Hospital and Specialist Services. No medical officer of the Regional Hospital Board of Registrar grade works in the Local Authority service. The only shared officer is the tuberculosis officer, 8/11ths of whose salary is paid by the Regional Hospital Board and 3/11ths by the Local Authority. In addition, we are able to utilise the services of a consultant obstetrician at Highfield Maternity Hospital when it is found to be necessary in the case of an expectant mother who is having home confinement and is attending our ante-natal clinic.

The Department of Child Health, Liverpool University, organises a course of one week's duration annually which is specially designed for medical officers of local authorities. These courses are free to authorities on Merseyside and are arranged during the school Easter holidays. Medical staff of the Department of the Medical Officer of Health have each attended this course which is held at Alder Hey Hospital, Liverpool, and they have found the course both interesting and stimulating in their work.

4.—VOLUNTARY ORGANISATIONS.

The British Red Cross Society and the St. John Ambulance Brigade have schemes under which articles of nursing equipment and apparatus are loaned to the public. This augments our own scheme under Section 28 of the National Health Service Act, 1946.

In emergency the British Red Cross Society also assist the nurses employed in the Home Nursing Service. The Women's Voluntary Service, too, have always been most willing to help in any way possible. The Local Authority, wherever necessary, make use of any voluntary help which is available.

5.—CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

Expectant and Nursing Mothers.

There are three ante-natal clinics held in different parts of the borough each week and are proving adequate. The attendances have been disappointing and it is felt that the educational aspect of these clinics is not fully appreciated.

Each patient who has attended the ante-natal clinic is written to six weeks after the date of her confinement and an appointment made for her to attend for post-natal examination. The health visitors encourage the mothers to have this examination, either by their own doctor or at the ante-natal clinic. Where the patient requires specialist treatment she is referred to the specialist clinic at the maternity hospital if not under the care of her own doctor.

No assistance is given by the Medical Officer's Department in the general practitioner's own premises.

Blood tests are always taken of expectant mothers and the patient is notified of the result so that she can show the letter to her own doctor or midwife.

The health visitor who is testing urine and who is with the ante-natal patient whilst she is waiting to see the medical officer, answers any questions and gives informal short talks about mothercraft.

Booklets, pamphlets and posters are distributed and displayed at the clinics.

Unmarried mothers are seen at the clinic and frequently visited in their homes by the health visitors and special consideration given to their problems. A number of these girls go to the Wallasey Moral Welfare Society's Home where they remain for as long a period as is necessary, during which time they attend the ante-natal clinic and arrangements are made for their confinement in a maternity hospital. The Local Authority contributes towards the cost of maintenance of mother and baby at this and other Homes until the mother leaves. There is close co-operation between the Superintendent of the Wallasey Moral Welfare Association's Home and the staff of the Medical Officer's Department.

Very close liaison is also maintained between the Medical Officer of Health's Department and the N.S.P.C.C.

Maternity outfits are issued, free of charge, by the midwives about one month before the date of confinement and no difficulty has been experienced with regard to this.

Child Welfare.

There are five Child Welfare Centres in Wallasey and two weekly sessions are held at one of them. The service has recently been extended by increasing the number of infant welfare centre sessions by one per week in order to approach the number recommended by the Ministry. Judging by the number of children attending the various centres this appears to be a very popular section of the service. Infants, toddlers and pre-school children are weighed and advice given by the medical staff and health visitors on such matters as feeding, formation of good health habits, prophylactic measures to be taken against smallpox, diphtheria, and whooping cough, and the physical and mental development of children.

Voluntary helpers assist at all child welfare sessions and this allows the health visitor to circulate more freely amongst the mothers and give little talks on the care of their children and mothercraft in general. There are no consultant clinics held by paediatricians in

conjunction with our child welfare clinics, but in the case of a particularly difficult feeding problem the paediatrician at Highfield Maternity Hospital is consulted. No special cots are, however, allocated to these otherwise healthy babies.

Treatment, except for very minor conditions, is not given. If a child is found to be ill the mother is advised to take it home and call in the family doctor. Minor orthopaedic defects are referred to the visiting orthopaedic surgeon at the School Clinic; squints to the visiting ophthalmic surgeon; speech defects rarely need therapy before school age, but the occasional case requiring treatment is referred to the speech therapist at the School Clinic. Similarly, an occasional child, except where there is gross psychological disturbance, may be referred for advice and treatment to the Local Education Authority's Child Guidance Clinic. When children require to be sent to hospital for an opinion on medical or surgical conditions other than those already mentioned, the usual practice is to write to the patient's doctor before giving the letter to the hospital. Exceptions to this rule do occur such as when an infant has not been registered with a doctor under the National Health Service Act, 1946, a visitor to the town, or an acute illness which necessitates treatment in hospital with a minimum of delay.

Some doctors in the town run special afternoon surgeries for mothers and babies but it is not known to what extent these facilities are used, neither is it known to what extent preventive medicine and health education talks are given at these consultations.

With the staff available it has not been possible to offer the assistance of a health visitor to the doctors running special afternoon surgeries.

Care of Premature Infants.

The municipal midwives and health visitors work in close liaison with maternity hospitals and nursing homes to ensure the best care and attention for premature infants in the home.

When a premature baby is born the midwife in attendance informs the Medical Officer's Department, stating if she requires additional equipment, which is stocked by the department. Arrangements are then made for a health visitor to call and, if necessary, to supervise the care of the infant, working in conjunction with the midwife.

The following equipment is provided:—

Hot Water Bottles and Covers.	1 Belcroy Feeder.
Cotton Wool.	1 Cot Thermometer.
Special Gamgee Jacket and Hood.	1 Mucous Catheter.
	Olive Oil.
1 Pipette.	

A draught-proof cot, if needed, can be had on loan from Highfield Maternity Hospital, but this has not so far been required.

If the midwife does not require help she informs the Superintendent Health Visitor on her last day of visiting, and the health visitor then keeps the case under observation.

The Medical Officer's Department has a pair of scales which are loaned for use in the homes for weighing premature babies. No charge is made.

Maternity hospitals and nursing homes notify the department of all premature births and Highfield Maternity Hospital send a report sheet with weight, progress and advice given on discharge.

As already mentioned under heading No. 2, the health visitors have a rota of attendance at the Special Clinic for Premature Babies, and act as liaison between the paediatrician, Dr. H. G. Farquhar, and the mother. Notes and progress are recorded by the health visitors present and the advice and notes are handed to the health visitors concerned for use when visiting cases on their districts.

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

Supply of Dried Milk, etc.

Very satisfactory arrangements have been made with the local office of the Ministry of Food with regard to the distribution of Infant Welfare Foods; these are available at all our clinics at advertised times. Every effort is made to encourage the regular and continued use of cod liver oil and orange juice and no substitutes for these are available at the clinics. Other proprietary dried milks and cereals are made available and sold at the clinics at reduced prices when this is deemed necessary.

Doctors and health visitors emphasise at every opportunity the value of the protective foods and advice is given as to the best way of administering them.

Dental Care.

Prior to the coming into operation of the National Health Service Act, 1936, a few expectant and nursing mothers were treated for the relief of pain and sepsis by the Authority's School Dental Officers. Pre-school children were also treated.

Under the Council's scheme approved by the Ministry of Health under the National Health Service Act, 1946, a new dental surgery complete with X-Ray Unit, dark room and work room was opened at the New Street Clinic in May, 1949. The dental surgery at the Health Centre in the Moreton area of the town is also used.

The Senior Schools Dental Officer is in day-to-day charge of the service subject to the over-all direction of the Medical Officer of Health. Half of the time of one dental officer is allocated to the Maternity and Child Welfare Service.

Expectant and nursing mothers and children under school age are referred to the dental officer by the staff of the Maternity and Child Welfare Service. The dental officer also inspects at regular intervals, the teeth of children who attend the Authority's three day nurseries. A school dental officer administers a general anaesthetic (nitrous oxide and oxygen) when necessary. Dentures are made by an outside professional laboratory, but minor adjustments are made in the workroom at the clinic by the dental officer.

This is a new service and has been growing rather slowly. It is now showing signs of expansion.

The present clinic facilities are quite adequate and the dental officer is not yet occupied to his permitted maximum. No increase of staff or premises is likely to be required in the near future, but plans have been submitted for the replacing of the New Street Clinic by a building of more modern design.

Other Provision.

The Authority has three day nurseries with a total of 130 places. These are in great demand and each nursery has a waiting list. Priority with regard to admission is given according to each individual case, special consideration being given to children of unmarried mothers and widows, in order that they may obtain employment.

Special consideration is also given to the admission to the day nurseries on social grounds, i.e., illness of mother, or admission of mother to hospital or maternity hospital.

A residential nursery for ten children under five years is now available in Wallasey. It is under the jurisdiction of the Children's Officer, but an assistant medical officer attends regularly for routine medical inspections every month, and to examine new cases admitted and those about to be discharged. The assistant medical officer is responsible for the diet, health and hygiene of the children, some of whom may be long-stay cases.

6.—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 employ directly seven municipal midwives. 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. The midwives make frequent use of the apparatus. A certificate of fitness is issued to the patient at the 36th week of pregnancy. 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 an auto-cycle. The Ambulance Service supplies a sitting case car and driver on the request of a midwife.

There is only one midwife in private practice in the borough.

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.

The midwives are visited periodically by both, and the Woman Assistant Medical Officer of Health sees them regularly at ante-natal clinics as far as is possible without interfering with their work on the district. Here they are able to confer with Dr. Grant about their own cases whom they encourage to attend the clinics.

The midwives arrange to see their patients at their own or the patients' homes, or at the ante-natal clinics.

All of the municipal midwives use pethidine.

Any woman who needs confinement in hospital has no difficulty whatever in gaining admission. The cases are selected in the following priority:—

- (i) Primipara.
- (ii) Medical grounds.
- (iii) Social conditions.

Where admission is advisable on account of social conditions the health visitor supplies a report, and this report is submitted to a sub-committee of the Hospital Management Committee. Where admission is not approved, arrangements are made for the services of a municipal midwife and a home help, if required. When necessary, any young children may be cared for by the Children's Department at the Corporation's residential day nursery.

Each midwife attends a Refresher Course approximately every six years.

There are no arrangements for training pupil midwives.

7.—HEALTH VISITING

The health visiting staff consists of a Superintendent and fourteen health visitors, one of whom is engaged solely in connection with tuberculosis. Of the remaining thirteen, the equivalent of $4\frac{1}{2}$ full-time health visitors is allotted to the School Health Service.

With the exception of the tuberculosis health visitor, all combine the duties of health visitor with those of school nurse.

Each health visitor is given a district and is responsible for the visiting of families for all purposes in that area.

In addition to the routine visits in connection with expectant and nursing mothers and young children, many requests for information are received from the Children's Officer with regard to homes and families known to the health visitor. Many visits are also paid by the health visitors to the aged sick at the request of relatives, neighbours or other sections of the Medical Officer's Department. The health visitor advises as to the services which serve old people and are most suitable to the needs of the particular case.

The health visitors carry out enquiry visits with regard to diphtheria, scarlet fever, measles, whooping cough, pneumonia, etc.

The general practitioners are encouraged to regard the health visitor as a member of the National Health Service team and every effort is made to achieve liaison with the doctors.

The present arrangement is that where a doctor desires a health visitor to visit a home in order to ensure that his instructions are clearly understood, or to assist him in any particular course of action, he communicates with the Medical Officer's Department so that the health visitor concerned can be informed.

Each health visitor carries a small duplicate book with her, and when she finds that the services of a doctor are necessary, or if there

is any point on which she wishes to comment or seek advice from the patient's doctor, she gives a note to the person in charge of the patient to hand to him.

As already mentioned under the heading "Care of Premature Infants," the health visitors attend the special clinic at the Highfield Maternity Hospital and act as liaison between the paediatrician and the mother.

All the health visitors employed by this authority are fully qualified to carry out the combined duties on their districts. No assistant health visitor or student health visitors are employed.

Health visitors are sent in turn to refresher courses.

8.—HOME NURSING.

The service is operated by the Medical Officer's Department from a Central nurses' home, the staff being partly resident and partly non-resident.

The day-to-day administration of the service is carried out by a Superintendent, subject to the over-all supervision of the Medical Officer of Health. The establishment consists of a Superintendent and twelve full-time nurses, or their equivalent. It has, however, not been possible to obtain nurses to maintain this establishment.

General practitioners find the service very valuable and use it to its fullest extent. Unfortunately, it is not possible to accept all nursing cases, as sent in by doctors, but cases are accepted so far as the staffing situation permits. The demands on the service by the elderly take up a considerable amount of time of the nurses, making it difficult to give sufficient attention to the lighter surgical and acute cases and younger patients. There was a tendency for the home nurse to undertake all treatment, including treatment previously given by the patient's own doctor. This, however, has since been rectified.

Hospitals in the area contact the superintendent by letter or telephone when it is thought advisable that a patient requires home nursing. Pre-X-Ray enemata are given by the home nurse, patients' names being referred by telephone direct from the X-Ray Department. Post-operative treatments, etc., are referred by the almoner or patients' own doctors. There is sometimes two or three days' delay before the hospital informs the doctor, and the nurse has occasionally been attending before the doctor is aware that his patient has been discharged from hospital.

The type of population of Wallasey is almost solely working and middle class, Wallasey being to a large extent a dormitory town for workers in Liverpool and Birkenhead. Broadly, the main types of cases dealt with by the Home Nursing Service are diseases of the elderly person.

The following table shows the classification and proportions of main types of cases attended by the home nurses during 1952:—

TABLE SHOWING TOTAL COMPLETED CASES NURSED, AVERAGE DURATION OF TREATMENT, AND AVERAGE NUMBER OF VISITS FOR VARIOUS TYPES OF DISEASE DURING 1952.

Disease	Completed cases	Percentage of total	Average duration of treatment (weeks)	Average number of visits
Infectious, etc.	11	0.85	2.2	11.6
Tuberculosis (all forms)	74	5.72	9.1	45.8
Cancer and other neoplasms	113	8.74	9.3	65.9
Diabetes	22	1.71	21.7	135.3
Mental and nervous	18	1.39	14.5	55.4
Ear, eye, nose, throat, and other sense organs	54	4.18	2.1	17.1
Cerebral haemorrhage, cerebral thrombosis, hemiplegia, etc.	92	7.12	9.1	52.2
Heart and arteries	101	7.81	7.2	40.3
Veins and circulatory	28	2.16	8.1	47.5
Respiratory	233	18.02	1.7	13.0
Digestive (including intestinal)	197	15.24	2.1	7.6
Genito-urinary system	40	3.09	2.8	13.1
Pregnancy	32	2.47	1.4	10.4
Skin (including septic conditions)	76	5.88	4.3	23.4
Bones and joints and muscular conditions (including rheumatism)	36	2.79	19.0	120.7
Injury	29	2.24	5.0	32.3
Blood	7	0.54	4.6	12.1
Glands	9	0.70	1.4	8.4
Diagnostic (preparation for X-Ray, etc.)	93	7.19	0.3	1.9
Senility	22	1.70	4.8	28.6
Other or ill-defined	6	0.46	11.0	58.2
Total	1,293	100.00	5.2	30.8

There is no night service in the borough. When the staffing position permits a nurse is on call until 10 p.m. every day, including Sundays. An urgent emergency is dealt with when required. There are very few true emergency cases where the services of a nurse are required immediately.

Refresher courses are available for district nurses organised by the Queen's Institute and arrangements can be made by the Local Authority for suitable nurses to attend.

State Registered Nurses, when available for training, are sent to the Block Training Home, Princes Road, Liverpool, for six months, to be trained under the Queen's Institute of District Nursing curriculum.

9.—VACCINATION AND IMMUNISATION.

Diphtheria Immunisation.

CHILDREN UNDER FIVE YEARS.—Steady and sustained efforts have been made to ensure that as many infants (from eight months upwards) and young children as possible are immunised, and the importance of immunisation is stressed by the staff on every opportunity.

In addition to special fortnightly immunisation clinics at Merton Road School Clinic and fortnightly clinics held at Moreton Health

Centre, immunisation is also carried on in the three day nurseries in the borough and at the Wallasey Village and New Brighton Infant Welfare Centres, when required.

Full use is made of publicity material in the form of posters, hand leaflets and cards. The exhibition prepared by the Central Council for Health Education dealing with the subject of diphtheria immunisation is shown at intervals at different places in the borough.

General medical practitioners take part in the Council's scheme and carry out immunisation in individual cases, the agreed fee being paid for each completed immunisation record card received.

Supplies of diphtheria antigen are kept at the Medical Officer's Department, Town Hall, and also at the Health Clinic, Oakenholt Road, Moreton, for the convenience of doctors participating in the scheme.

Broadly the same arrangements with regard to immunisation hold for children of school age as for pre-school children.

The arrangements for "boosting" injections of diphtheria prophylactic are as follows:—

- (i) Health visitors advise mothers to bring their children just before commencing school, either to one of the Child Welfare centres, at which immunisation is done, or to one of the immunisation clinics to have their "boosting" injection.
- (ii) The Medical Officer's Department call up so many children per session who have become due for the "boosting" injection.
- (iii) Each mother is advised at school medical inspection (entrants) if her child has never been immunised or is due for a "boosting" injection.

"Boosting" injections may be obtained from the general practitioners if parents so prefer.

No arrangements have been made by the Local Health Authority with regard to immunisation against whooping cough. Parents desiring this are advised to obtain it from their own doctor.

Of the completed record cards sent in by general practitioners, approximately 50 per cent. use the combined antigen.

Vaccination.

The staff of the Medical Officer's Department do not undertake routine infant vaccination but health visitors, at the first visit, recommend it. The medical officer also asks about vaccination at the first visit to the infant welfare centre, suggesting the age of three months as being the most suitable time, and advising mothers to make their own arrangements with their doctor.

It has not been necessary in Wallasey to make sessional arrangements with regard to vaccination.

Practitioners are paid the agreed fee for completed vaccination card sent to the Medical Officer's Department.

An attempt is made to keep the vaccinal state of the members

of the staff of the following sections of the department as up to date as is reasonably possible :—

Ambulance Section.

Sanitary Inspectors.

Home Nurses.

Health Visitors.

10.—AMBULANCE SERVICE.

The day-to-day administration of the Ambulance Service is carried out by the Chief Fire Officer, subject to the overall control of the Medical Officer of Health.

Ambulance vehicles are housed in the Central Fire Station premises, and in order to provide adequately for the conveyance where necessary of residents of the outlying western districts of the borough, an ambulance is stationed at Moreton between the hours of 0915 and 1745 each day.

Since the National Health Service Act, 1946, came into operation, the Ambulance Service has had to meet an increasing demand by the public.

The following figures show the trend of this increase from 1947 to 1952 :—

TOTAL CASES CARRIED :

1947— 3,854	1950—21,385
1948— 9,115	1951—24,891
1949—16,680	1952—24,416

It is felt that the peak has been reached and that future estimating can reasonably be based on the 1952 figure. This should enable the service to function smoothly with the present staff and appliances.

The mileage for 1952 amounted to 129,664 miles, with an average of 5.314 miles per case compared with 131,384 miles and an average of 5.28 miles per case in 1951.

Hospitals and general practitioners have been asked to assist in ensuring the proper and economical use of the ambulance service and stress the necessity of only ordering a vehicle where its use is absolutely necessary. Notices have been distributed to all doctors in the town, and are also displayed in the ambulances, drawing attention to the proper use of the service. All this has had the desired effect, and having regard to the large number of cases conveyed each year, the extent of the abuse of the service is now exceptionally slight.

Prior to the 5th July, 1948, the vehicular strength of the service was five ambulances and two sitting case cars. Since that date, the strength has been increased to six ambulances and three sitting case cars.

A seven-seater sitting case vehicle has been purchased, which is mainly used to convey patients to clinics, etc., and this has proved a valuable addition to the service.

During 1952 two sitting case cars were purchased to replace similar worn-out vehicles.

Due to the increased mileage, the life of a vehicle is greatly reduced in comparison with former years, and creates a greater demand for more frequent maintenance. The records show that the nine vehicles covered 129,664 miles per year, an average mileage of 14,407 per vehicle per year. As a matter of fact, one vehicle covered 19,556 miles and another 18,947.

There are eighteen drivers in the service driving any one of the vehicles and this again has an adverse effect on a vehicle, and shortens its life.

No new type of equipment has been brought into service during the period in question.

The table on the following page shows the number and types of cases conveyed by the Ambulance Service in 1952.

11.—PREVENTION, CARE AND AFTER-CARE.

(i) Tuberculosis.

Prevention, Care and After-Care of tuberculosis is all part of the treatment of the disease and in Wallasey there is full co-operation between the Tuberculosis and Public Health Service.

PREVENTION.—One full-time health visitor is employed by the Local Authority in connection with prevention, care and after-care of tuberculosis patients. By frequent visits to homes of newly-diagnosed and "old" tuberculosis cases, this visitor ensures that the majority of contacts are seen and have a thorough examination.

On coming to the clinic adult contacts are X-Rayed and examined, if necessary. Children are skin tested, X-Rayed if positive, and offered B.C.G. if Mantoux negative.

The tuberculosis health visitor on home visits also advises on health measures to prevent the spread of infection in the home. She reports as to which premises need disinfection and refers cases which require re-housing so that an infective patient can have a room to himself.

Home nurses and health visitors have been given talks on tuberculosis to improve their knowledge and to keep them informed with regard to the latest developments and methods of treatment. A large amount of domiciliary treatment is done in Wallasey and any home nurses exposed to infection are examined as contacts.

School medical officers refer children direct to the Chest Clinic by agreement with general practitioners. Children are referred from the Chest Clinic to the School Health Service for ultra-violet ray and breathing exercises. Contact cases are also referred to the Chest Clinic by general practitioners.

Mass Radiography Units of the Regional Hospital Board visit the borough from time to time and offer facilities to the general public, schools and industrial undertakings.

The Medical Officer's Department assists by giving these visits as much publicity as possible, and arranging for the Units to have the use of clinics, etc.

CARE.—A large number of patients are treated wholly or partly in their own homes. Their treatment is carried out by first visits

NUMBER OF CASES CONVEYED—1952.

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
General Cases ...	1,570	1,494	1,687	1,482	1,737	1,405	1,610	1,458	1,430	1,546	1,570	1,663	18,652
Maternity ...	74	56	54	74	82	43	61	60	79	77	63	59	782
Mortuary ...	25	21	17	23	13	17	32	14	16	10	8	19	215
Sudden Illness ...	27	37	36	30	36	47	53	41	28	31	11	33	410
Works and Street Accidents ...	59	51	66	90	114	132	175	158	85	70	75	70	1,145
Mental ...	28	26	14	20	23	16	22	23	21	26	24	21	264
Midwives ...	18	17	34	22	19	61	19	7	20	9	9	15	250
Tuberculosis ...	210	229	142	168	97	114	112	95	93	108	140	129	1,637
Infectious Diseases ...	27	42	44	22	12	14	29	9	20	19	18	23	279
Public Health (including conveyance of analgesia outfits) ...	101	109	64	79	46	51	53	45	46	51	64	65	774
Malicious False Alarm and False Alarm	1F	—	1M	—	1F	—	—	1F	1F	—	3M	—	8
Totals ...	2,140	2,082	2,159	2,010	2,180	1,900	2,166	1,911	1,839	1,947	1,985	2,097	24,416

from the doctor, then by home nurses who give daily injections for varying periods—usually two months. The tuberculosis health visitor advises them on the question of finance (National Assistance, Pensions, etc.). Any health matters are referred to their own general practitioners by the doctors at the Chest Clinic.

AFTER-CARE.—When patients are fit to be up for periods of four hours or more, they are encouraged to attend occupational therapy classes held on Friday afternoons. They are also taught by an occupational therapist supplied by the Wallasey Education Department. Patients are given work which they can do during the week at home, and paid a small sum for doing it. The products are sold.

For patients who are not fit to come out to such classes a home visitor (previously a tuberculosis health visitor) goes to their homes and gives them handicraft instruction.

Patients who are not fit to return to their previous occupations or even to find light work are given work at the Anne Glassey Workshop factory. They are paid a small amount, depending on their skill and earning capacity. Travelling expenses are also paid. Articles manufactured are woollen socks, children's and rugby stockings, Christmas crackers, Christmas cards, baskets and leather work. Weaving and woodwork is also done.

Approximately 40 patients are so employed and work from three to seven hours per day. As they become fit for ordinary work they are encouraged and helped to find employment.

With regard to care and after-care of tuberculosis patients, the Local Authority has delegated its statutory duties to a voluntary Care Committee and is represented on this committee by three councillors. The tuberculosis medical officer and tuberculosis health visitor also serve on this committee.

Patients are also given free milk. Help is given with clothing and children's shoes in necessitous cases. This part of the work is not so necessary since the National Assistance Act, 1948, came into operation.

(ii) Illness generally.

The staff of the Medical Officer's Department co-operates with hospitals in dealing with patients who require their services and many requests are received from almoners for information with regard to patients.

Nursing equipment and apparatus is issued by the staff of the home nursing section of the department to patients attended by them. In addition, a quantity of equipment has been purchased for special and other types of cases and this is stored and issued from the Medical Officer's Department. A small charge, varying with the value of the article, is made.

The British Red Cross Society and St. John Ambulance Brigade have schemes under which medical equipment is loaned to the public and arrangements have been made with these organisations for the continuation of the service.

When necessary and on the recommendation of a patient's doctor, the Local Authority makes arrangements for patients to stay at convalescent homes.

It is hoped that the various services of the department will be made more use of by medical practitioners in the borough.

12.—DOMESTIC HELP SERVICE.

The Domestic Help Service was inaugurated in Wallasey in April, 1945, and the following table shows the number of cases helped and hours worked since the inception of the service :—

Year	No. of Helpers	Maternity		Tuberculosis		Others		Total		O.A.P. & Widows
		Cases	Hours	Cases	Hours	Cases	Hours	Cases	Hours	
1946	22	65	4,098	Included under other cases		304	20,098	369	24,197	Included under other cases
1947	22	46	3,881			279	22,556	325	26,437	
1948	31	71	5,306			292	28,630	363	33,936	
1949	43	89	6,732		13	2,192	308	48,085	410	57,009
1950	41	80	6,350	12	3,330	322	45,681	414	55,361	
1951	34	107	6,921	3	2,301	353	53,094	463	62,317	175
1952	36	90	7,270	8	1,392	400	41,761	498	50,427	148

The service is proving a very necessary and vital part of the health scheme, providing an expectant mother or sick person with help on which they can rely. Many cases discharged from hospital early need domestic help in addition to home nursing. The difficulty of finding accommodation for the aged sick also emphasises the importance of the Domestic Help Service.

It has always been maintained that it is better to have a few exceptionally good workers with the right approach to the work than a large number of inefficient and indifferent helpers.

Help is supplied up to one month and at the end of this period a review is made of the circumstances and further help allocated if considered necessary. Aged and infirm persons have to be refused help unless they are confined to bed.

The organiser visits all applicants for help before assistance is sent, except in very urgent cases. This ensures an economical and proper distribution of the available resources.

The personnel of the service are of good type, efficient in their work and sympathetic in approach. There has been no general training scheme in Wallasey, but in 1951 four helpers were selected to take a short course at the Birkenhead Headquarters of the National Institute of House Workers. Many of the workers are members of the British Red Cross Society or the St. John Ambulance organisations. Meetings are held regularly at which talks are given by the Superintendent Health Visitor, Organiser of the Domestic Help Service, Supervisor of the Electricity Department, Housing Supervisor, etc.

The scale of assessment in use in Wallasey is that recommended by the Association of Municipal Corporations. It became obvious, however, that this scale made it difficult for ordinary wage earners to avail themselves of the Domestic Help Service and at the end of the year the question of varying the scale of charges was under consideration.

13.—HEALTH EDUCATION.

The Council exhibits posters and distributes leaflets and copies of "Better Health" in its clinics and other places in connection with Health Education.

Posters with regard to accidents in the home have also been exhibited.

No posters or leaflets have been specially prepared for use in this area.

Arrangements are being made with regard to the exhibition at child welfare, etc., clinics, of film strips on suitable subjects.

As already mentioned, the Medical Officer of Health and members of his staff frequently give talks on health subjects to various associations and bodies in the town, and they regard health propaganda as one of their fundamental duties.

14.—MENTAL HEALTH.

(i) Administration.

- (a) A Mental Health Sub-Committee is appointed annually, consisting of a chairman, vice-chairman and five members of the Health Committee of the Council, and meets monthly. The Medical Officer of Health, under the direction of this committee, is responsible for the control of the Mental Health Service.
- (b) Administrative Officer—Medical Officer of Health. In addition the Deputy Medical Officer of Health and two assistant 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.

This authority does not employ psychiatric social workers.

DULY AUTHORISED OFFICERS.—Three duly authorised officers—one woman and two men—carry out the combined duties of duly authorised officer and mental health social worker ; two-thirds of of their time being allocated to this work, and one-third to welfare duties under the National Assistance Act, 1948.

Two of the officers have the Relieving Officers' Certificate of the Poor Law Examinations Board, and prior to 1948, held positions as district relieving officers, performing statutory duties under the Lunacy Acts ; one of them was also administrative officer for purposes of the Mental Deficiency Acts.

One officer had held the position of assistant relieving officer and carried out statutory duties under the Lunacy Acts. He has attended a one week's course at an institution for mental defectives. Another officer has taken an eight weeks' full-time course in mental health at Liverpool University and the third has attended a fortnight's course at Sheffield University.

The duly authorised officers act as liaison officers between hospitals and patients' homes, providing case histories, statistical data, etc., and also supervise patients on trial from mental hospitals and on licence from mental deficiency institutions.

One member of the welfare staff, who holds the Relieving Officers' Certificate of the Poor Law Examinations Board has been "authorised" to act in case of emergency.

(c) There is no joint use of officers.

OCCUPATION CENTRE SUPERVISOR.—The supervisor of the Occupation Centre has held this position since May, 1946, and has attended various courses organised by the National Association of Mental Health, etc., in connection with her work.

(d) No duties are delegated to voluntary associations.

(e) No local arrangements have been initiated for the training of staff. Facilities are provided for the staff to attend appropriate courses arranged by universities, the National Association for Mental Health and other bodies.

(ii) Account of work undertaken in the Community.

(a) UNDER SECTION 28 OF THE NATIONAL HEALTH SERVICE ACT, 1946—PREVENTION, CARE AND AFTER-CARE OF THE MENTALLY ILL AND DEFECTIVE.

Close co-operation with consultant psychiatrists, general practitioners, almoners, hospital matrons, probation officers, and other social workers, in ascertainment of early signs of mental illness, visitation and advice to patient and family.

Arrangements for attendance of patients at psychiatric out-patients' clinics, provision of social and personal histories for information of consultant psychiatrists.

Visitation of neurosis cases who should be in hospital, but who are unwilling to submit for treatment.

Visitation of patients referred by medical superintendents and others on discharge from hospital; assistance to patients in finding accommodation, employment, etc.; close liaison with disablement resettlement officers, National Assistance Board, Ministry of National Insurance, etc.

Visitation by authorised officers to mental defectives in the community, under statutory and voluntary supervision, advising parents, etc., and arranging for attendance at Occupation Centre in appropriate cases.

Observation by medical officers and re-examination of defectives with a view to possible up-grading.

(b) UNDER LUNACY AND MENTAL TREATMENT ACT, 1890-1930.

Statutory duties under the provisions of Sections 14, 15, 16, 20 and 21, of the Lunacy Act, 1890, as amended by the National Health Service Act, 1946.

Apprehension, care and removal for observation of persons alleged to be of unsound mind and the certification and removal of persons found to be of unsound mind.

Duties involved by the admission to special hospitals (without certification) of senile and senile dementia cases.

Arrangements for, and admission to hospitals, of voluntary and temporary patients under the provisions of Sections 1 and 5 of the Mental Treatment Act, 1930.

The securing of vacancies in appropriate hospitals for all categories of patients.

(c) UNDER THE MENTAL DEFICIENCY ACTS, 1913-38.

- (i) Ascertainment of defectives from various sources—parents, general practitioners, child welfare services, school health service, etc. Supervision of cases notified under Sections 57 (3) and 57 (5) of the Education Act, 1944, and placed under statutory or voluntary supervision.

Friendly supervision of defectives discharged from Order.

- (ii) Supervision of defectives under Guardianship in the Community.

- (iii) Occupation Centre. The Occupation Centre for Mental Defectives was opened in 1946, in premises 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 defectives.

Arrangements have been made with the Birkenhead Corporation for defectives from that area to attend the centre.

At the end of December, 1952, twenty Wallasey and twenty-five Birkenhead children were on the register. The ages of those attending vary from 5 to 18 years. There is no upper age limit.

The centre is open five days per week, Mondays to Fridays 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.

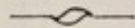
A mid-day meal, cooked on the premises, is provided. In addition, each child has one-third of a pint of milk morning and afternoon. There is a rest period after dinner.

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

The crafts taught include plain sewing, embroidery, knitting, woodwork, rush seating, rug-making, papier mache work, painting, drawing, stool making, raffia work, miniature basket work, etc. The recreation ground has been levelled and laid out for gardening and this activity affords great interest.

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

PART IV.



General Provision of Health Services, etc.

FOOD AND DRUGS ACT, 1938.

During the year 135 samples of milk and 277 samples of other food and drink were analysed. 17 samples of milk reported as below standard were as follows :—

2% deficient in fat and 2% extraneous water.

Further samples from this supply were genuine.

2%	deficient of solids-not-fat	...
5%	"	...
6%	deficient of fat and 1% deficient of solids-not-fat	... ..
10%	deficient of fat	... ..
18%	deficient of fat and 2% deficient of solids-not-fat	... ..
20%	deficient of fat and 3% deficient of solids-not-fat	... ..
3%	deficient of solids-not-fat	...
2%	"	"
1%	"	"
2%	"	"
8%	"	"
2%	"	"
1%	"	"
1%	"	"
5%	"	"
1%	"	"

These samples were from two farms and were genuine milk of poor quality. Both producers were visited and requested to investigate the causes of the poor quality.

Average composition of 135 samples of milk	Fat	3.38%
	Solids-not-fat	8.66%

Other samples reported as not genuine were :—

Sausage 7% deficient in meat ... Vendors cautioned.

4 samples of sausage not labelled as containing preservative.

2 samples of non-brewed condiment incorrectly labelled. Proceedings instituted against the manufacturer, a fine of £7 being imposed with £2 2s. costs.

Ice Cream 10% deficient in fat ... Vendor cautioned.

Ice Cream 12% deficient in fat

Salt 2% water

FERTILISERS AND FEEDING STUFFS ACT.

Eleven samples of fertiliser and six samples of feeding stuffs were submitted for analysis. One sample of fertiliser was inadequately described and the manufacturers were requested to change their labelling.

PHARMACY AND POISONS ACT.

During the year the following applications were received :—

For registration	...	...	13
For re-registration	...	...	156
Premises not re-registered	...	...	18

All applications were granted.

CONTROL AND SUPERVISION OF MILK SUPPLIES.

"Certified," "Tuberculin Tested," "Channel Islands," "Pasteurised," "Sterilised," "Homogenised," and "Accredited" are present-day designations or descriptions which are applied in the production and sale of milk. It is gratifying to record that almost the entire daily intake of raw milk received into the Borough for pasteurisation, originates from farms where the use of special designations are authorised and in operation.

When considering the question of safe and clean milk, it will be appreciated that due regard must be paid to the efficient cleansing and sterilisation of all milk equipment, apparatus and receptacles. The Dairy managements do, in this regard, exercise the strictest care and control.

In dealing with the problem of bottle cleansing, however, the co-operation on the part of some members of the general public, unfortunately, leaves much to be desired. It is no exaggeration to state that the condition of some used milk bottles when returned to the Dairies, is such that it is quite impossible for them to be effectively cleansed, even with the most efficient modern bottle-washing machinery.

If only the simple procedure could be resorted to as a daily routine by every householder of rinsing each milk bottle with cold water immediately after use and ensuring their prompt return to the milk suppliers, they would be rendering most valuable assistance.

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

Pasteurised Milk.

No. of samples obtained	115,
of which	105 satisfied both the Methylene Blue and Phosphatase Tests.
	4 failed the Methylene Blue Test.
	2 failed the Phosphatase Test.
	4 failed both the Methylene Blue and Phosphatase Tests.
	<hr/> 115 <hr/>

Tuberculin Tested Milk—Pasteurised.

No. of samples obtained	39, of
which	36 satisfied both the Methylene Blue and Phosphatase Tests.
	2 failed the Phosphatase Test.
	1 failed the Methylene Blue Test.
	<hr/> 39 <hr/>

In addition to the samples referred to under the two preceding headings, eleven samples were declared void and no tests were applied at the Laboratory.

Sterilised Milk.

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

RAW MILK.

During the year two communications were received from outside Authorities relating to Tuberculous milk.

It was ascertained in each instance that the farm supplies involved were destined for Dairies situate within the Borough and were Pasteurised prior to retail sale being made.

Tuberculin Tested Milk—"Certified."

A quantity of "Certified" milk, i.e., "Tuberculin Tested" produced and bottled at the farm is retailed within the Borough and the supplies include milk produced from a number of Jersey and Guernsey herds in Cheshire and the neighbouring County of Flintshire.

Tuberculin Tested Milk.

Four samples were obtained and the Methylene Blue test was satisfied in each case.

In addition, two samples were submitted for Biological testing and in each instance the report received was negative.

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

Dairies	...	...	...	...	...	95
Schools	...	...	...	...	...	66
Street delivery vehicles	8
Shops	3

Total number of samples submitted for Laboratory testing	172
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The Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949.

The Milk (Special Designations) (Raw Milk) Regulations, 1949.

The Milk and Dairies Regulations, 1949.

Pasteurised milk processed and bottled by the larger Dairy Companies continues to be received and distributed by local Dairy-men and the number of shopkeepers registered and licenced to deal in bottled supplies of "Pasteurised" and "Sterilised" milk has steadily increased.

During the year 330 visits were made to Dairies and other premises engaged in the handling, storage and distribution of milk. 36 persons were registered as "Distributors."

107 applications for new and renewal of licences were approved.

Milk in Schools Scheme.

During the year 2,357,444 one-third pint bottles of milk (98,226½ gallons) were supplied under the Milk in Schools Scheme, an increase of 134,507 one-third pint bottles of milk (5,604 gallons) over the quantity supplied during the previous year.

The Schools in the Borough are catered for by six milk purveyors. Both "Pasteurised" and "Tuberculin Tested Pasteurised" milks are supplied to the Schools.

MEAT AND FOOD INSPECTION.

Visits made to food shops, including Butchers, Fishmongers, and other shops engaged in the sale and handling of foodstuffs, resulted in the following quantities of food being disposed of as unfit for human consumption:—

Meat.

	lbs.
Roast Pork...	51
Ox Liver ...	4
Total ...	55

Fish and Poultry.

	stone
Cod Fillets ...	6
Haddock ...	5
Skate ...	5
Hake ...	3½
Herrings ...	3½
Cutlets (Whiting) ...	1
Conger Eel ...	5
Total ...	29

1 case (60 lbs.) Skinned Rabbits.

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

Dried Apricots ...	42 lbs.	Cherries ...	4 boxes
Prunes ...	1 case	" ...	7½ lbs.
Dates ...	1 pkt.	Dried Plums ...	21½ lbs.
		" ...	4 boxes

Flour, Confectionery, etc.

Golden Pudding Mix	23 pkts.	Cereal foods ...	3 pkts.
Semolina ...	11 pkts.	Steamed pudding ...	1 pkt.
Chocolate Swiss Rolls	9 tins	Cake Mix ...	1 pkt.
Sweet Corn ...	2 tins		

Canned Goods.

	Cans		Cans
Canned Meat, including		Canned Fruit ...	1,165
Bacon ...	411	Miscellaneous ...	50
Canned Fish ...	546	Fruit Sauces, Fruit	
Canned Shellfish ...	14	Juices, Chutneys,	
Canned Milk ...	184	Pickles, etc. ...	26 jars
Canned Vegetables, Meat &		Bottled Fruits &	
Vegetable Soups ...	438	Vegetables ...	32 jars

Jams and Sweet Preserves.

Jars ...	34	Cans ...	12
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During the year 82 containers representing a total weight of 844 lbs. of Imported Cooked Boneless Ham were dealt with by the Department as unfit for sale.

293 miscellaneous items of foodstuff were also condemned, resulting in a total of 3,057 containers or items of foodstuff being disposed of as unfit for human consumption.

Thirty-seven consumer complaints were received involving special investigation in connection with alleged unwholesomeness and doubt as to the genuineness and safety of certain foodstuffs.

Fifty-four retailer complaints were received from various tradesmen.

The ready help and co-operation given by the Principal and staff of the Public Health Laboratory Service in investigating complaints of this nature has been of invaluable assistance to the Department during the year.

In addition to supplies of unsound meat and other foods officially dealt with and disposed of under the supervision of the Department, the following foodstuff was found, on inspection at shop premises, to have been received direct from the suppliers in an unsatisfactory condition, rendering it unsuitable for retail sale:—

	Weight.
Home cured gammon ham	28 lbs.
Side bacon	75 lbs.
Bacon	70 lbs.
Shoulder bacon	6 lbs.
Imported pork bellies	94 lbs.
Imported pork head meat	92 lbs.
Frozen pigs' head	855 lbs.
Carcase of sheep	35 lbs.
Hind quarter home killed beef	186 lbs.
Butter	21 lbs.

This foodstuff was returned direct, through the normal trade channels, to the Wholesale suppliers and where meat supplies were involved, it was arranged with the Wholesale Meat Supply Association for the withdrawal and replacement.

The condition of some of the meat which was the subject of complaint during the year was extremely poor, the tissues being perished due to factors associated with prolonged storage and refrigeration.

The meat could not be regarded as conforming with the applied invoice descriptions and the legal requirements contained in the Food and Drugs Act relating to foodstuffs sold to the prejudice of the purchaser, were brought to the notice of the trade, so that advice might be sought concerning the position of traders who were compelled, by circumstances, to make disposal of such meat by retail sale.

Number of requests received to visit food premises from:—

Shops	306
Cafes	7
Hotels	4
Canteens	2
Catering Establishments	5

Total 324

Visits made to Food premises	400
Visits made to Food premises on reference from other Departments	64
Special visits and inspections made in respect of foodstuffs	110
Total	574

Certificates issued certifying foodstuff to be unfit for human consumption	764
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All food found to be unfit for human consumption was disposed of for processing and inclusion in animal feeding stuffs or for industrial refining purposes. Destruction was resorted to only when the food was considered to be unsuitable for either of these purposes.

In seven instances proceedings were authorised and instituted under the statutory provisions contained in the Food and Drugs Act, 1938, and the Milk and Dairies Regulations, 1949, respectively.

All of the cases, with the exception of one which was taken at the Magistrates Court, Birkenhead, were heard before the local magistrates at the Court House, Manor Road.

The following is a summary of contraventions and results of the prosecutions :—

The seven cases involved the following foodstuffs :—

- (1) Eccles cake containing a stone.
- (2) Iced bun containing a cockroach.
- (3) Fruit cake containing a screw, a piece of metal and pieces of solder.
- (4) Fishcake containing a tuft of cigarette tobacco.
- (5) A pint bottle of milk containing glass fragments.

The vendors in each case entered pleas of "Guilty" and fines totalling £41 were imposed. In addition, costs were awarded amounting to £8 8s. 0d.

A further summons involved the supplying of milk in an unclean pint bottle. In this case also a plea of "Guilty" was entered and a fine of £2 was imposed. The defendant company was also ordered to pay £3 3s. 0d. costs.

The remaining case related to the supplying of a pint bottle of milk, in which was contained a shampoo packet. Following legal arguments, the magistrates upheld a submission made by the advocate for the defendant company, and the prosecution failed.

Wallasey and Allied Lairages.

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

10,064 head of cattle were, during the seasonal landings, housed and entrained to various destinations from this Wharf. Of this number 147 animals were, owing to their unfitness to travel, detained by the Veterinary Inspectors and subsequently 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.

	<i>Number.</i>	<i>Lbs.</i>
Carcasses of Bullock and all viscera ...	1	560
Sets of Lungs, including Hearts ...	6	132
Heads, including Tongues ...	2	86
Livers ...	2	40
		<hr/> 818 <hr/>

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

	<i>Condition found.</i>	<i>Number.</i>	<i>Lbs.</i>
Whole Livers ...	Distoma, Cirrhosis, Abscess formation, Cav. Angioma and Fluke ...	54	1,080
Part Livers...	Distoma, Cirrhosis and Fluke ...	28	112
Sets of Lungs ...	Adhesions, Cystic, Pneumonia and Aspirated blood ...	21	336
Hearts ...	Adhesions ...	1	6
Thick Skirt...	Adhesions ...	1	4
Kidneys, including Kidney Fat and musculature ...	Bruising ...	2	10
			<hr/> 1,548

Total weight of meat and offal condemned ... 2,366

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

EMERGENCY SLAUGHTER—PIGS.

On three occasions pigs which had suffered accidental injury at premises within the Borough, were conveyed, under licence, to the Government Slaughter House at Tranmere, Birkenhead, for slaughter.

PUBLIC HEALTH (SHELLFISH) REGULATIONS.

Mussel and Cockle Beds—Wallasey Foreshore.

The new Order, which has the effect of modifying the prohibition relating to the taking of shellfish for the purpose of sale for human consumption from layings situated within the prescribed area, continues in operation.

No large scale collecting of shellfish was observed in the area during the year.

DISEASES OF ANIMALS ACTS AND ORDERS.

NOTIFIABLE CONTAGIOUS DISEASES OF ANIMALS.

Swine Fever Order, 1938.

In one case the deaths of pigs were reported and the owner was advised to consult his Veterinary Surgeon.

Post-mortem examination of the carcasses revealed no evidence of notifiable contagious disease.

FOWL PEST.

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

Notices relating to control and restrictions imposed on the sale and handling of Live Poultry by the Ministry of Agriculture and Fisheries, were circulated in the local press and poultry keepers were informed.

Forty head of poultry and 355 day-old pullet chicks were received into the Borough on movement licences granted under the provisions of the Fowl Pest Order.

REGULATION OF MOVEMENT OF SWINE ORDER, 1950.

During the year the number of store pigs brought into the Borough under licence was as follows :—

<i>Chester Market.</i>	<i>Wrexham Market.</i>	<i>Oswestry Market.</i>	<i>Mold Market.</i>	<i>Shrewsbury Market.</i>
426	152	86	39	16

A total of 719 pigs.

Other pigs were purchased privately and were, from time to time, also brought into the Borough.

During the year 72 visits were made to pig-keepers' premises.

WARBLE FLY (DRESSING OF CATTLE) ORDER, 1948.

The provisions contained in this Order provide for the compulsory dressing of all cattle visibly infested with the Warble Fly Maggot.

The terms of the Order were brought to the notice of all farmers and stock owners grazing cattle within the Borough.

Owing to restrictions which came into operation under Orders relating to Foot and Mouth Disease during the compulsory dressing period, visits to grazing lands and farms were curtailed.

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

Observations were made on inward bound vessels entering the Wallasey Dock system, with a view to ascertaining the possibility of any infringement of this Order, in connection with the unlawful landing of dogs and cats.

No circumstances were observed which called for official intervention.

In one instance live poultry and hay were observed being carried on the deck of an inward Greek steamer. This vessel subsequently berthed at a wharf in Birkenhead.

In view of the provisions in force under the Fowl Pest and Foot and Mouth Disease Regulations which prohibit the landing of live poultry and foreign hay and straw into Great Britain, this information was passed to the Birkenhead Authorities.

FOOT AND MOUTH DISEASE.

During the year the Borough was included in a Foot and Mouth Disease Controlled Area, which was declared by Order of the Ministry of Agriculture and Fisheries. Rigid restrictions were imposed on the movement of all animals, which was authorised only under licence granted by the Local Authority.

During the period of restriction, 216 store pigs and 5 heifers, a total of 221 animals, were moved into the Borough under licence granted by this Authority, and 391 bacon pigs, 15 store pigs, 2 sows, 2 bulls, 2 heifers and 4 calves, a total of 416 animals were licenced out of the Borough, mainly to bacon factories and slaughter houses and for breeding and fattening purposes.

SHEEP SCAB ORDER, 1938.

Dipping Regulations.

377 ewes and lambs grazed on land situated within the Borough were gathered and dipped by the owner in compliance with the provisions contained in the Dipping Regulations made under the Sheep Scab Order.

PROTECTION OF ANIMALS ACTS.

Grazings were visited in the Borough from time to time during the year and observations made on various animals, which in addition to sheep and lambs, included horses and cattle.

Two cases were investigated during the year in connection with the deaths of animals.

Pigs were involved in one instance, but enquiry revealed that the owner had obtained the services of a Veterinary Surgeon and no further action was taken.

The second case involved the deaths of poultry, the birds having died as the result of starvation.

The Department acted in co-operation with the R.S.P.C.A. and the owner of the birds was subsequently prosecuted by the Society.

The case was heard at the local Magistrates Court, and a plea of "guilty" was entered. A fine of £5 was imposed and the defendant was ordered to pay £5 5s. 0d. costs.

MISCELLANEOUS

The Department during the year obtained the co-operation of various shopkeepers in the display of window literature received from the Ministry of Agriculture and Fisheries, relating to the Colorado beetle.

Two insect specimens were brought to the Department, but their characteristics did not in any way compare with those of beetle, and no further action was taken.

The Department was informed of the presence of a large, living insect in a consignment of Italian cauliflowers which had been deposited at the premises of a local greengrocer. The insect was identified as a locust.

NURSERIES AND CHILD MINDERS REGULATIONS ACT, 1948.

No applications for registration of premises were received. There were two premises on the Register at the end of 1952.

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, 1938, 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 medical 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 the Medical Officer of Health's staff. Routine visits to the Children's Homes are made every three months. In addition, all children are medically examined within 24 hours of admission to or discharge from the homes. Children attending the residential nursery for children under five years of age are medically examined every month and in many cases more frequently.

Medical advice is given on administrative matters to the Officer in charge of the Institutions. The Matrons are advised at the three-monthly visits 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.

Sixty-five visits were paid by Health Visitors during the year.

MEDICAL EXAMINATION OF EMPLOYEES.

The number of employees examined during the year, at the request of the various Departments, was 82.

In addition, 42 boarded out children were examined at the request of the Children's Officer.

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 ...	...	33,117	13	2
Salvage, &c., material ...	...	2,955	18	1
		36,073	11	3

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 Wallasey 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 1952 :—

Months.	Mean 09.00 hrs. Tempera- ture	Rainfall in Inches.			Sunshine.			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 ...	38.5	3.13	.10	19	65.1	2.1	22	3	29.81
February ...	38.7	0.78	.03	9	70.6	2.4	20	2	30.11
March ...	44.6	1.77	.06	10	86.2	2.8	28	3	29.82
April ...	49.2	1.83	.06	10	146.7	4.9	29	—	29.96
May ...	55.1	1.83	.06	13	170.5	5.5	29	—	29.99
June ...	56.8	1.97	.07	15	185.0	6.2	25	—	29.99
July ...	61.0	1.06	.03	10	145.7	4.7	30	—	30.09
August ...	60.2	2.15	.07	11	167.3	5.4	30	—	29.84
September ...	52.3	3.48	.12	15	110.9	3.7	27	—	29.95
October ...	48.4	3.69	.12	19	103.3	3.3	27	—	29.80
November ...	40.9	2.71	.09	16	73.7	2.5	17	—	29.96
December ...	39.0	3.28	.11	20	38.1	1.2	21	2	29.84
Means Totals	48.7	27.68	.08	167	1363.1	3.7	305	10	29.93

PART V.

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.

In the annual report for 1951 a brief survey was undertaken of the progress made by that section of the Health Department which is concerned with environmental matters as distinct from that which more directly concerned itself with the "personal" health services. The review covered a period of five years since it is seldom possible in a report covering a period as short as one year to be able to discern any substantial change affecting even one aspect of the sanitary inspectors' work. It was pointed out in the introduction to the survey that within a given period any special campaign in one section of the sanitary inspectors' work is accompanied by a recession of activity in other sectors. This is dictated by the present level of staff establishments in relation to the amount of routine work to be undertaken.

The records of work undertaken during 1952 demonstrate fully this see-saw principle of the alternating distribution of effort and resources among the various sections of the sanitary inspectors' duties.

During the year, certain new functions have been added to the duties of the sanitary inspector, and circumstances have led to special effort being applied to certain of his normal duties, viz. :—

Enquiries in connection with cancer research.

Registration of pet shops consequent upon the passing of the Pet Animals Act, 1951.

Work arising from the Clearance Areas relating to Knights Field, Conway Street and Birchall Avenue.

Detailed survey of all piggeries, leading to action by the Council in its capacity as planning authority.

Co-operation in the regional investigation of cancer has only been undertaken during the last six months of the year. But it is clear that it is a major task which demands a very substantial amount of time in its execution. It has necessitated 203 visits relating to 124 cases, and the duration of each visit is considerably in excess of that spent on many of the other kinds of routine visit which are within the duties of the sanitary inspector. Similarly, work on clearance areas is of such a nature that though the number of properties may be small, the time required to be devoted to them is considerable, having regard to the detailed inspections which are involved. No one would claim that these special demands are other than what can be expected as part of the normal fluctuations from year to year. Even so, the extent to which they have affected the work in other fields is not to be minimised.

During the year, visits to houses, chiefly concerned with repairs and abatement of nuisances, have fallen to 16,129, which is 1,986 visits less than in the previous year. Similarly, there has been a reduction of 787 visits of inspection to factories, workplaces, schools, hotels and ice cream premises. The reduction of inspections of the latter type would have been inevitably greater, but for the fortuitous fall in the number of cases of infectious disease which are investigated by the sanitary inspectors.

Shifts of emphasis on the different sectors of the field of environmental health problems will always remain a feature of sanitary administration, and in one sense they are essential signs of a flexible and economical organisation. Clearly it would be a diseconomy, both financially and from the health point of view, to continue to apply the resources of the sanitary section to a sector of the environment which had advanced already to a stage which could be considered to be perfect for all practical purposes. Routine smoke testing of existing drains, house-by-house, would be an example of misplaced enthusiasm of this kind. Past records form a guide to progress and help to indicate when effort may justifiably be relaxed in one sphere and diverted to aims in other directions. For example, it is safe to say that the advance in the practice of hygiene in the ice cream trade since the regulations of 1947 has been substantial, and relative to any other of the food trades, as a whole, remarkable. Sanitary inspectors have played their part in achieving this progress during the past five years; by 1951, in Wallasey, ice cream sampling had been developed to 334, all of which were classed as "satisfactory" by the provisional standard of the Ministry of Health. It was considered justified, therefore, during 1951, that there should be a relaxation of the sampling programme (down to 162 samples) in order that this section of the work could make its contribution to the time required for meeting the new demands from other sources. Adjustments such as this, which may reasonably be effected without impairing progress of the public health machine as a whole, are essential if overstaffing is to be avoided, and every opportunity should be taken to utilise them.

But on the other hand, in transferring the weight of effort from one aspect of the sanitary inspectors' work to another, it is essential that effort should not be relaxed in any sphere in which the existing standards are appreciably below the recognised minimum. At times of epidemic, for example, on the occasion of an outbreak of smallpox, circumstances demand that all other routine work should cease; the emergency and short-term considerations justify it. But it should not be a long-term feature of sanitary administration that to undertake such common tasks as slum clearance even on a small scale, or to conduct a survey of sanitation in schools, work should suffer in other spheres in which the standards of hygiene still leave much to be desired. There are a number of segments of sanitary administrations which are by common consent capable of absorbing greater effort to the benefit of the community, which is ever increasingly expressing its concern about them. For example, no one would suggest that our standard of food hygiene is as high as it ought to be if food infections are to be reduced, if not eliminated. The public in general does not feel that the prevention of air pollution

has been pursued to the extent that its importance deserves. There are many who consider that the decay of existing house properties demands a systematised campaign of renovation and repair. The resumption of the abolition of unfit houses is now recognised on all sides as a problem which should be resolved as a matter of urgency.

Yet it is a regrettable fact that to attempt to effect notable improvement in any one of these fields of environmental health, the remainder must inevitably be neglected, even though by common agreement they stand recognised as fundamental hazards to the public health.

The solution is at once difficult and complex. In its simplest form, it entails the appointment of such number of additional sanitary inspectors as will suffice for maximum effort in all spheres simultaneously. This involves equating finance with health, and hence is not likely to be fulfilled in the present state of local and national economy. But nevertheless, the existence of the problem should be recognised in official circles and the tendency to think in terms of static staffs should be made the subject of scrutiny. It should not be beyond the powers of possibility to recognise the existence of conditions which should be remedied in the public interest, to arrange them according to a system of priorities, to estimate the additional staff which would be needed to make discernible progress and to make a start along the long road.

Abatement of Nuisances and Repairs to House Property.

The securing of repairs to house property still continues to be restricted to action by way of notice under the Public Health Act. The serving of notices for comprehensive house repair under section 9 of the Housing Act, 1936, has not yet been resumed, chiefly due to the substantial demands which this would make on the staff of district sanitary inspectors, which remains at pre-war level. 4,697 complaints were received from householders, necessitating 16,129 visits, and the serving of 2,815 preliminary and 950 statutory notices. The average number of items per notice (less than 2) is an indication of the fact that this work goes no further than the elimination of urgent nuisances and that as far as house repair is concerned, it is mainly restricted to keeping the houses dry and weatherproof. Nevertheless, it occupies, on the average, one-third of the available time of all sanitary inspectors, which is a measure of the vast task which will confront the department if routine house-to-house inspections and the service of repair notices under the Housing Act are to be resumed.

Notices Served. *Notices Abated.* *Notices Out-standing.*

Dwelling Houses.

Roof Repairs	589	540	234
Gutters and Spout Repairs	349	361	109
External Walls and Chimney Repairs	273	256	110
Installation of Damp Proof Courses	282	202	113
Dampness	157	143	33
Yards : Paving and Repairs	78	67	26
Internal Walls and Ceiling Repairs	458	433	164
Doors : Repairs and Renewal	154	138	41
Windows : Repairs and Renewal	282	242	111
Floors : Repairs and Renewal	229	226	48
Sub-floor Ventilation	29	28	3
Rooms : Cleaning and Redecorating	6	4	3
Passages and Staircases : Cleaning and Redecorating	—	1	—
Staircase Repairs	19	15	7
Handrails : Repairs and Renewal	9	5	5
Fireplaces and Flues : Repairs and Renewal	193	178	52
Cooking Stoves : Repairs and Renewal	—	—	—
Wash Boilers : Repairs and Renewal	1	2	—
Sinks, Lavatories : Repairs and Renewal	31	26	10
Baths : Repairs and Renewal	—	—	—
Waste Pipes : Repairs and Renewal	141	119	40
Provision and Improvement of Food Stores	1	—	1
Burst Water Pipe Repairs	123	115	24
Improvement and Reinstatement of Water Supply	41	44	2
Cleansing of W.C. Walls, etc.	—	—	—
Cleansing of W.C. Pans	6	5	1
W.C. Pans : Repairs and Renewal	134	128	25
W.C. Cisterns : Repairs and Renewal	178	164	31
W.C. Structures : Repairs and Renewal	103	99	40
W.C. Lighting : Repairs and Renewal	1	—	1
W.C. Ventilation : Repairs and Renewal	—	—	—
W.C. Doors : Repairs and Renewal	51	46	16
Provision of Additional W.C.'s.	1	—	1
Soil Pipes : Repairs and Renewal	31	29	5
Disinfestation of Verminous Premises	13	14	—
Provision of Lighting	—	—	—
Drainer Boards : Repairs or Renewal	22	29	1
Improvement of Ventilation	219	205	53
Provision of Paving and Site Concrete	—	—	—
Total	4,204	3,864	1,310

General Environmental Public Health.

	<i>Notices Served.</i>	<i>Notices Abated.</i>	<i>Notices Out- standing.</i>
Removal of Offensive Accumulations ...	53	52	8
Cleansing of Ditches and Streams ...	2	3	—
Ditches and Stream Pollution ...	—	—	—
Cinemas, Dance Halls : Contraventions...	21	21	—
Offensive Trades : Contraventions ...	—	—	—
Schools : Urinals—Repairs and Renewal	—	—	—
Schools : W.C.'s—Repairs and Renewal	4	4	—
Schools : Other Nuisances ...	1	1	—
Public Conveniences ...	2	2	—
	<hr/> 83	<hr/> 83	<hr/> 8

Number of Notices Served.

	<i>Served.</i>	<i>Abated.</i>	<i>Out- standing.</i>
Preliminary ...	2,815	2,689	588
Statutory ...	950	933	248
	<hr/> 3,765	<hr/> 3,627	<hr/> 831

Legal Proceedings.

No. of Nuisance Orders applied for ...	...	...	5
No. of Nuisance Orders obtained ...	...	...	5
Total amount of fines and costs ...	...	£1 19s. 0d.	
No. of prosecutions for non-compliance with Nuisance Order			2
Total amount of fines and costs ...	...	£12 0s. 0d.	

In 31 other cases abatement notices were complied with only after the cases had been passed to the Town Clerk who had threatened legal proceedings or had actually applied for a summons to be taken out against the offenders.

FOOD AND DRUGS ACT, 1938—HYGIENE OF FOOD PREMISES.

It was not possible during the year to extend further the operations in this field, though it is apparent that there is much room for improvement in the general condition and organisation of this class of premises in the borough. The inspection of food premises has been gradually increased each year since the war, until 1951, when 3,975 visits were made. During 1952, 3,910 visits were recorded.

The policy of utilising actual inspections as a means to improve hygienic handling of food has been continued in preference to the alternative of orthodox lectures in a classroom, as takes place in connection with food guilds in existence elsewhere. The experience of the last five years confirms that the policy is justified. Nevertheless normal health education devices, including film strips, have been employed in four talks given to trade associations, a women's organisation and the employees of a bakery.

Some indication of the general attitude in the food trades to one aspect of food hygiene is to be derived from a study of the information given in the table printed on page 88 relating to the exhibition of notices about dogs in food shops. In October, 1951, the Minister of Food recommended that local authorities should encourage food traders to display a notice signed by the Medical Officer of Health requesting customers not to bring dogs into such premises. The Minister considered that dogs should not be allowed in food shops, but he did not feel that he would have great success if he tried to stop it by prohibitive regulation. Hence, he thought the problem was more likely to be solved by voluntary action and suggested that local authorities should consider issuing notices signed by the Medical Officer of Health in these terms: "In the interest of hygiene you are requested not to bring your dog into premises in which food is sold." The Council decided to co-operate in this matter and small attractive display cards were prepared and delivered to each food trader by a sanitary inspector who explained its object. It was evident from the beginning that a small number of traders feared that displaying the card might result in some loss of trade; in this, they were tendering proof of the fact that dogs in some food shops at least is not an uncommon feature of Wallasey life. It was pointed out to these particular traders that if all food shops exhibited the notice, no trader was likely to lose trade on account of it. Finally, by the end of April, 734 notices had been accepted by selected food traders, and only 3 had refused to display them. It was suspected, however, that some traders merely intended to display the card, but would be reluctant to point it out to any transgressing customer. On the other hand, though sweetshops were not included in the original distribution, 41 individual requests for notices were received at the office from occupiers of this class of shop and they were supplied. Between April and December, sanitary inspectors carrying out routine inspections were instructed to ascertain whether or not the notices were still in use. By the end of the year, the notices were not being displayed at 238 premises, equivalent to 32 per cent. of the 734 included in the original distribution. No doubt some had been lost, some torn, though the display cards are sufficiently durable for the purpose. It is suspected also that some of the traders have deliberately ceased to display them. But whatever the various reasons for their disappearance, voluntary action has not had the success which the Minister of Food expected of it.

During the year attention was directed to the standards of dish-washing in various establishments throughout the borough and as part of this work, comparative tests were made of the efficiency of six proprietary dish-washing detergents, some of which incorporate a sterilising element. With one exception all the materials gave satisfactory bacteriological results, though some practical objections associated with smell and irritant effects were noted in connection with two of them. The wide diversity in the prices of branded detergents is surprising; in those tested, it ranged from two shillings and nine-pence to eight shillings per hundred gallons of washing-up water. If for no other reason, standardisation of dish-washing detergents or the formulation of an approved list is overdue.

Seventy-one samples of washing-up water and swabs of catering utensils were taken from premises using recognised detergents. Ten of the samples where the detergent incorporated a sterilising agent showed the presence of non-faecal *b.coli*, and no other pathogens. Of the samples associated with recognised detergents incorporating no sterilent, five showed the presence of non-faecal *b.coli*, one faecal *b.coli*, four staphylococci, one streptococci and one gram-positive bacilli.

DISTRIBUTION OF "DOGS IN SHOPS" NOTICES.

Type of shop	Number of premises where			percentage of premises not displaying notice at end of 1952
	Notice accepted by 30/4/52	Notice refused	Notice accepted but not displayed at end of 1952	
Bakers... ..	80	2	22	28
Fishmongers ...	30	—	7	23
Grocers	181	—	61	34
Fried Fish ...	54	—	17	31
Butchers	89	—	25	28
Cafes	98	1	21	21
Greengrocers ...	134	—	45	34
General	68	—	40	59
TOTALS	734	3	238	32.4

In addition, notices were supplied to 41 sweet shops at the request of the occupiers.

NO. OF FOOD BUSINESSES EXISTING WITHIN THE BOROUGH
AT 31st DECEMBER, 1952.

Classification according to the areas administered by the District Sanitary Inspectors

Type	New Brighton	Wallasey	Moreton	Liscard	Egre-mont	Poulton	Sea-combe	Total
* Shops ...	9	11	9	17	13	10	16	85
* Shops ...	6	8	6	9	10	4	6	49
rs' Shops ...	13	19	13	19	24	10	12	110
ps ...	6	7	6	7	8	5	7	46
lh Shops ...	10	2	8	8	11	5	15	59
ccers' Shops ...	16	21	12	28	31	14	18	140
Shops ...	20	32	20	36	39	25	30	202
ops ...	24	21	16	37	41	15	25	179
Shops ...	12	4	12	5	12	2	16	63
... ..	72	9	13	6	12	6	13	131
Premises ...	25	9	9	16	16	8	20	103
ges ...	9	9	9	13	13	7	7	67
Manufacturing ges ...	—	—	1	1	1	1	7	11
anteens and Centres ...	4	3	5	2	1	3	4	22
and Nursery Kitchens ...	2	—	3	1	2	1	1	10
aceous Premises	29	1	—	3	—	1	—	34
Totals	257	156	142	208	234	117	197	1311

- 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.

<i>Inspections.</i>	<i>Visits.</i>
Cafes, restaurants	508
Bakehouses	343
Fried Fish Shops	194
Offensive Trades	—
Other Food premises	2,965
	<hr/>
Total visits	3,910

Improvements Effected.

	<i>Notices Served.</i>	<i>Notices Abated.</i>	<i>Notices Out- standing.</i>
Bakehouses : Cleansed and limewashed ...	9	13	—
Other contraventions remedied ...	11	12	5
Fried Fish Shops : Cleansed and limewashed	6	6	—
General Sanitary Conditions improved ...	—	—	—
Other contraventions remedied ...	4	2	2
Cafes, Restaurants : Contraventions remedied	35	32	4
Other Food Premises : General Sanitary			
Conditions improved ...	56	66	1
Additional W C.s provided ...	5	6	—
Hot and cold water supply provided	31	33	8
Soap, towels provided ...	6	5	1
Glazed sink provided ...	18	23	—
Sterilising equipment provided ...	1	1	—
Rooms cleansed ...	70	55	20
Rooms re-plastered ...	22	26	1
Clothes cupboards provided ...	12	12	1
	<hr/> 286	<hr/> 292	<hr/> 43

CONTROL OF ICE CREAM PREMISES.

Following the results of the expanded sampling campaign of 1951, when every one of 334 samples were within Grades I and II, the "satisfactory" grades by the provisional standard recommended by the Ministry of Health, the sampling of ice cream during 1952 was carried out on a reduced scale in order to assist in meeting demands from other directions. 84 samples from factories outside the borough were taken in Wallasey and all proved "satisfactory," though coagulase-negative staphylococcus aureus was recovered from one sample. Of 78 samples manufactured in the borough, 6 (7.7%) were within Grades III and IV, the "unsatisfactory" grades. The distribution of these samples between different manufacturers is shown in the table reproduced on page 00 ; it is such that only one trader is classified as "unsatisfactory" by the Ministry's system of grading.

Visits to premises have also been conducted on a reduced scale ; 770 visits were made, compared with 1,227 in the previous year. Nevertheless, the process of manufacture was fully investigated at all ice cream premises at least once during the year, and the accuracy of all indicating and recording thermometers was tested by the department's certified thermometers.

Twenty-seven new applications for the registration of premises for the sale and storage of ice cream were considered during the year, and registration was refused in three cases. One refusal was on the grounds of lack of water supply, washing facilities and drainage. The remaining two were in respect of shops in which the sale of green-grocery and allied commodities formed the principal trade. The Council refused registration in these cases because of the risk of contamination of the ice cream.

ICE CREAM STATISTICS RELATIVE TO THE YEAR 1952. **Registrations Approved during 1952.**

Sale only...	...	...	...	...	...	...	...	3
Sale and storage	...	...	...	...	...	...	...	20
Total								23
Registrations Refused								3
Registrations Cancelled.								
Sale only...	...	...	...	...	...	...	...	—
Manufacture, storage and sale	...	...	...	...	...	...	...	—
Sale and storage	...	...	...	...	...	...	...	—
Manufacture and storage	...	...	...	...	...	...	...	—
Total								Nil
Number of Premises on Register at close of Year								
Storage and manufacture	...	...	...	...	...	...	...	3
Sale only...	...	...	...	...	...	...	...	207
Storage only	...	...	...	...	...	...	...	2
Storage and sale	...	...	...	...	...	...	...	261
Manufacture, storage and sale	...	...	...	...	...	...	...	14
Manufacture and sale	...	...	...	...	...	...	...	3
Total								490
Visits of Inspection								
Visits <i>re</i> applications for licences	...	...	...	...	...	...	...	76
Routine visits	...	...	...	...	...	...	...	694
Total								770
Improvements Effected								

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

Classification of Samples by Method of Manufacture **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-	½-	1½-	2½-	3½-	4½-	Faecal Type	Non-Faecal Type
1	20 (90.9)	—	—	—	—	—	20	1 (5.0)	7 (35.0)
2	2 (9.1)	—	—	—	—	2	—	2 (100.0)	—
3	—	—	—	—	—	—	—	—	—
4	—	—	—	—	—	—	—	—	—
	22 (100.0)	—	—	—	—	2	20	3 (13.6)	7 (31.8)

Manufacture by Heat Treatment Method

Grade	No. of Specimens within the Grade	Time taken to reduce Methylene Blue (hours)						Coli in 1/10th ml.		Staph. Aureus.	
		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	Pre-sent	Ab-sent
1	123 (87.9)	—	—	—	—	—	123	6 (4.9)	25 (20.3)	1 (0.8)	122 (99.2)
2	11 (7.8)	—	—	—	—	11	—	2 (18.2)	3 (27.3)	—	11 (100.0)
3	5 (3.6)	—	1	4	—	—	—	—	4 (80.0)	—	5 (100.0)
4	1 (0.7)	1	—	—	—	—	—	1 (100.0)	—	—	1 (100.0)
	140 (100.0)	1	1	4	—	11	123	9 (6.4)	32 (22.9)	1 (0.7)	139 (99.3)

Note : Figures in parenthesis denote percentages.

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	
	0-hr.	$\frac{1}{2}$ -hr.	$1\frac{1}{2}$ -hrs.	$2\frac{1}{2}$ -hrs.	$3\frac{1}{2}$ -hrs.	$4\frac{1}{2}$ -hrs. or over	Pre-sent	Absent	Pre-sent	Absent	Pre-sent	Absent
1	—	—	—	—	—	67	21	46	4	63	—	6
2	—	—	—	—	5	—	1	4	2	3	—	—
3	—	1	4	—	—	—	4	1	—	5	—	—
4	1	—	—	—	—	—	—	1	1	—	—	—
Total	1	1	4	—	5	67	26	52	7	71	—	7

Ice Cream Manufactured outside Wallasey

1	—	—	—	—	—	76	11	65	3	73	1	7
2	—	—	—	—	8	—	2	6	2	6	—	—
3	—	—	—	—	—	—	—	—	—	—	—	—
4	—	—	—	—	—	—	—	—	—	—	—	—
Total	—	—	—	—	8	76	13	71	5	79	1	8

Ice Cream Sampling, 1952

*Classification of Samples according to identity of Manufacturer.*Ice Cream sampled within the County Borough
District of Wallasey during 1952.

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
1	6	6	—	—	—	*	—
2	6	6	—	—	—	*	—
3	8	7	1	—	—	*	—
4	7	7	—	—	—	*	—
5	7	4	3	—	—	*	—
6	6	6	—	—	—	*	—
7	6	6	—	—	—	*	—
8	6	5	1	—	—	*	—
9	6	6	—	—	—	*	—
10	6	5	1	—	—	*	—
11	6	5	1	—	—	*	—
12	7	6	1	—	—	*	—
13	1	1	—	—	—	Not Classified	
14	6	6	—	—	—	*	—
84 (100.0)		76 (90.5)	8 (9.5)	—	—	13 (1 Not Classified)	—

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
1	11	8	2	1	—	*	—
2	11	11	—	—	—	*	—
3	12	11	—	1	—	*	—
4	12	11	1	—	—	*	—
5	9	8	1	—	—	*	—
6	10	10	—	—	—	*	—
7	13	8	1	3	1	—	*
78 (100.0)		67 (85.9)	5 (6.4)	5 (6.4)	1 (1.3)	6	1

NOTES.—1. The manufacturer numbered 13 in Table 1 above was a mobile vendor who operated in the Borough at irregular and infrequent intervals.

2. Figures in parenthesis denote percentages.

ADMINISTRATION OF SHOPS ACT, 1950.

During the year it was found possible to conduct 5,581 visits to shops in connection with health and welfare matters, hours of employment, hours of closing, Sunday trading and maintenance of records. This is almost the same number of visits as were made in 1951. Notices totalling 509 were served, necessitating 746 re-inspections, and the following improvements were effected :—

Notices served, etc.

Number of notices served	...	...	...	...	509
Number of contraventions discovered	...	...	...	...	527
Number of contraventions remedied	...	...	...	...	528

Nature of Contraventions remedied

Section 17 (2)	Provision of Assistant's half-holiday Card	...	19
" 37 (1)	Provision of seats for female employees	...	—
" 1 (3)	Provision of half-day closing notice	...	301
" 13 (1)	Provision of Mixed Trades notices	...	2
" 38 (1)	(a) Suitable and sufficient ventilation	...	—
	(b) Maintenance of reasonable temperature	...	2
" 38 (2)	Provision of Sanitary Accommodation	...	10
" 38 (3)	Sanitary Accommodation cleansed and repaired	...	86
" 38 (4)	Provision of suitable and sufficient lighting	...	—
" 38 (4)	Provision of washing facilities	...	9
" 38 (5)	Provision of facilities for meals	...	—
" 32 (1)	Provision of Documents (Young Persons)	...	70
" 32 (2)		...	12
	Other documents provided	...	11
	General sanitary conditions improved	...	11

Sunday Trading

Section 22 (3)	Provision of Records of Sunday Employment	...	4
" 50	Mixed Trade Notices	...	—
" 53	Registrations Revoked	...	—

Hours of Employment

Contraventions detected and remedied	2
--------------------------------------	-----	-----	-----	---

Hours of Closing

Number of contraventions noted	...	...	...	2
" warnings issued	...	...	...	2
" prosecutions instituted	...	...	...	—

HOUSING

Clearance and Demolition Orders

The delay in securing the demolition of unfit houses which was referred to in the last annual report was finally resolved during 1952 when the projected revision of the Council's rehousing points scheme was completed. This enabled a resumption of the work which had been proceeding modestly in the years leading up to 1950, and it is hoped that the Council will find it possible, year by year, to gradually increase the percentage of houses made available to persons displaced from unfit houses. The following action was taken during the year :

VOLUNTARY DEMOLITIONS.

Three unfit houses, 21 to 25 Urmson Road, were demolished voluntarily by the owners. One undertaking was accepted in respect of another house, "Springfield Villa," Broster Avenue, and the premises were demolished following the rehousing of five occupants by the Corporation.

DEMOLITION ORDERS.

Four houses were made the subject of demolition orders and demolished during the year, resulting in a displacement of 14 persons :

Westholme, Stavordale Road ;
32 Raby Drive ;
43 Borrowdale Road (vacant) ;
125B Borrowdale Road (vacant).

In the latter part of the year demolition orders were also made in respect of two other occupied houses, but neither of them had reached the stage of demolition :—

46 Meadowbrook Road ;
21 Bella Vista Road.

Representations were also made to the General Health Committee in respect of three other houses, but the procedure necessary for the making of demolition orders had not been completed by the close of the year :—

Three Bays, Town Meadows (vacant) ;
Meadow View, Town Meadows (vacant).
6 Haig Avenue.

CLEARANCE ORDERS.

Clearance Orders Nos. 68 and 69, originally made the subject of a report to the Council on the 21st September, 1950, were confirmed by the Minister on the 2nd October, 1952. Rehousing of the occupants of the 13 houses, 3-13 and 19-31 Conway Street had not been effected by the end of the year.

Clearance Area No. 70, comprising seven summer bungalows in Town Meadows, was represented but formal steps for the making of an order were not completed in 1952.

Clearance Area No. 71, comprising 31 occupied and two derelict houses in Birchall Avenue, Wheatland Lane, was made the subject of official representation on the 11th December, 1952, and was under consideration at the close of the year.

Progress Report of Action under Housing Acts, 1930-1949.

Position as at 31st December, 1952

	No. of dwelling houses demolished		Number of persons displaced
	Unfit	Other	
(1) Land coloured "pink"	701	—	1,581

Unfit Houses not included in Clearance Areas

	Number of houses	Number of persons displaced
(1) Housing Act, 1936—		
(a) Houses demolished as a result of formal procedure under Sec. 11	283	945
(b) Houses demolished as a result of informal notices preliminary to formal procedure under Sec. 11	80	101
(c) Houses closed in pursuance of an undertaking given by the owners under Sec. 11	3	8
(d) Parts of buildings closed (Sec. 12) ...	9	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) Housing Act, 1949—		
(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	—	—

Rent and Mortgage Interest (Restrictions) Acts, 1920-39.

No applications for Sanitary Certificates were received or certificates granted or withdrawn during the year.

Overcrowding and Allocation of Tenancies

The amount of work undertaken by the department in connection with applications for rehousing is still substantial. During 1952, investigations were conducted into the housing circumstances of 935 families, 675 of which claimed rehousing priority on the grounds of alleged overcrowding. 260 applicants claimed priority on health grounds. These applications are classified in the table below.

The new group-plus-points scheme, details of which were set out in the report for 1951, came into operation on the 31st March,

1952, and from that date rehousing was canalised into five parallel streams, to each of which was allocated a percentage of available lettings, as under:—

Group I	The Overcrowded Group	...	...	40%
Group II	The Subtenants' Group	...	...	35%
Group III	The Health Group	...	...	12%
Group IV	The Badly-Housed Group	...	...	8%
Group V	The Emergency Group	...	...	5%

Inclusion in the Overcrowded Group depends on overcrowding having been continuous or due to natural increase, since the 31st December, 1949. Marriage subsequent to this date debars a family from inclusion in this group. Thus, by the end of 1952, it was possible for a man and wife who had married, say in January, 1950, to fail to gain admission to the Overcrowded Group despite the existence of serious overcrowding brought about by the birth of two or even three children. There are signs that there is a sufficient number of these cases for further consideration to be given to the alteration of the operative date. Many of this type of case, finding their application for inclusion in Group I unsuccessful, pursue their claims for rehousing by submitting medical certificates for inclusion in Group III. This is reflected in an increase of 64% of cases referred for a decision on health grounds, by comparison with 1951. The applications for inclusion in the Health Group are complex and repetitive. A fair disposal of the large number of applications for such a small number of houses allocated to this group demands detailed investigation and the institution of a large number of enquiries from certifying doctors and hospital authorities. Though it was the intention of the group-plus-points scheme to increase the scope of the Health Group to include those cases where "special benefit" might be derived from rehousing, the low allocation of 12% of available lettings has permitted little relaxation of the basis of "imperative need" which was applied prior to the inception of the new scheme. The proper function of this group is also impaired by the failure of the scheme to cater for the rehousing of aged couples, many of whose need for rehousing is based on health factors in combination with old age and unsuitability of accommodation. Because of this failure, many have been referred to the department with a view to their rehousing in Group III. There is no doubt that many of the applicants have a serious housing need, but it was not the intention that this type of case should be dealt with by rehousing in the Health Group and their inclusion in this group would defeat its original object. Except on these counts, the Health Group has continued to function satisfactorily and there has been little difficulty in securing the early rehousing of a serious case.

Group IV has been a welcome innovation and as is shown elsewhere in the report has rendered possible a resumption of slum clearance on a modest scale. Though the allocation of 8% is higher than was at first proposed (5%), it is disappointingly low, and it is hoped that it may be found possible to increase it in the immediate future.

Housing Applications, 1952

Analysis of 935 families investigated as a result of references from Housing Department

	Overcrowded		Not over-crowded	Applications on Medical Grounds			
				Tuberculosis		Other Cases	
	Housing Act, 1936	Points Scheme		Approved	Rejected	Approved	Rejected
Ten-ants	26	60	256	5	13	7	45
Sub-Ten'ts living in r'ms	94	213	146	27	32	15	116
Totals	120	273	402	32	45	22	161

Provision of New Houses

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

	During 1952	Post-War Period incl. 1952	In Progress 31/12/52
Houses erected by private enterprise	70	768	68
Units of Accommodation erected by Local Authority	309	2,044	337
Tenant Ownership Houses erected by Local Authority	12	12	24

The above figures include houses rebuilt following demolition as a result of enemy action, but exclude flat conversions.

INSPECTION OF FACTORIES

Though the factories register at the close of 1952 showed an increase of 6 premises by comparison with 1951, it was only possible to make 830 inspections of the 341 premises, compared with 989 during the previous year. This was due to increased work of different kinds referred to in the introduction to the report of the Chief Sanitary Inspector. An abstract of inspections under the Factories Act, 1937, in the form required by the Minister of Labour and National Service is set out below. In addition to the written notices shown in the table to have been served on occupiers, additional improvements were also effected in 39 factories by verbal agreement.

Administration of the Factories Act, 1937.

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	37	117	1
Factories not included in above in which Section 7 is enforced by the Local Authority	275	650	6
Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises)	29	63	2
Totals	341	830	9

Cases in which defects were found

Particulars	Found	Remedied	Referred	
			To H.M. Inspector	By H.M. Inspector
Want of cleanliness (S.1) ...	14	15	—	—
Overcrowding (S.2) ...	—	—	—	—
Unreasonable temperature (S.3) ...	—	—	—	—
Inadequate ventilation (S.4) ...	—	—	—	—
Ineffective drainage of floors (S.6) ...	—	—	—	—
Sanitary Conveniences (S.7) :—				
(a) Insufficient ...	14	14	—	3
(b) Unsuitable or defective ...	36	35	—	6
(c) Not separate for sexes ...	—	2	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	1	—
Totals ...	64	66	1	9

Outwork

Wearing apparel-making, etc. ...	Number of outworkers in Aug. list required by section 10 (i) (c) ...	1
Visits made ...	...	20

WATER SUPPLY

Town Area Supply

Quantity

The total consumption of water in the town area represented 37.9 gallons per head per day, of which 28.8 gallons was for domestic purposes, 0.4 gallons for shipping and 8.66 gallons for industry and commerce. The equivalent of 0.04 gallons per head per day was used by the Cleansing Department.

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.

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. 155 samples were subjected to bacteriological examination and 83 to full chemical analysis by the Water Department. Average results of chemical examinations carried out by the Water Department were as follows:—

						<i>Parts per million</i>
Total hardness	...	...	...	...	...	100.0
Total Solids	...	...	...	...	...	310.0
Free Ammonia	...	...	...	...	...	0.02
Albuminoid Ammonia	...	...	...	...	...	0.05
Nitrogen as nitrates	...	...	...	...	...	0.8
Oxygen absorbed in 3 hours at 37°C	...	...	...	...	...	0.74
pH value	...	...	...	...	...	6.7
Chlorides	...	...	...	...	...	106.0

Of the 155 bacteriological examinations conducted by the Water Department, 147 gave negative results.

Results of 24 samples taken by sanitary inspectors of untreated water at the borehole in Seaview Road and submitted to the Public Health Laboratory Service are as follows:—

Details of Bacteriological Samples

TOWN AREA SUPPLY

(i) Borehole at Seaview Road

No. of Organisms	No. of samples		
	2 days at 37° C.	Pres. Coli.	Faecal Coli.
0	9	21	24
1-	5	3	—
5-	4	—	—
10-	4	—	—
50-60-	2	—	—
	24	24	24

(ii) Random Distribution Points

No. of Organisms	No. of samples		
	2 days at 37°C.	Pres. Coli	Faecal Coli
0	35	40	45
1-	2	6	1
5-	5	—	—
10-	3	—	—
50-	—	—	—
60-320	1	—	—
	46	46	46

Two samples taken by sanitary inspectors were submitted for full chemical examination. A Specimen report of the City Analyst was as follows :—

Analytical results expressed in parts per million :

Total solid matter in solution	...	...	...	...	205.6
Oxygen required to oxidise in 15 minutes	...	...	...	...	0.48
4 hours	...	...	...	...	0.85
Ammoniacal nitrogen as N.	...	...	...	...	0.01
Albuminoid nitrogen as N.	...	...	...	...	0.03
Nitrous nitrogen as N.	...	...	...	...	None
Nitric nitrogen as N.	...	...	...	...	0.7
Combined chlorine	...	...	...	...	67.8
Total Hardness	...	...	...	...	76
pH Value	...	6.9			

The sample was clear, faintly yellow and odourless. It contained only a minute trace of suspended matter which consisted of vegetable debris, hydrated oxide of iron and particles of siliceous matter.

The results of the analysis indicate a mixture of upland surface and deep well water. The water is well suited for drinking and domestic purposes.

Saughall Massie Supply

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. On the basis of consumption throughout the entire area supplied by the Board, the total consumption per head per day is 54 gallons, of which 21 gallons were metered.

During the year 27 samples of water from the pumping station 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)	No. of samples		
	3 days at 20°C.	1 day at 37°C.	2 days at 37°C.
0	16	23	22
1-4	5	1	2
5-9	1	—	—
10-49	4	3	3
50-150	1	—	—
	27	27	27

In one sample taken by the Board, there was a presumptive coliform count of 8, but the confirmatory test for faecal coli was negative. In all other samples, *B. Coli* and *B. Welchii* were absent from 100 mls.

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

Appearance	...	...	...	...	Clear and bright
Colour	...	...	...	...	Nil
Turbidity	...	...	...	...	Nil
Odour	...	...	...	...	Very faintly chlorinous
pH reaction	...	...	...	...	7.2
Electric conductivity	...	...	...	...	583
Chlorine present as Chloride	...	...	...	...	74
Hardness: Non-carbonate	...	...	...	...	68
Carbonate	...	...	...	...	177
Total	...	...	...	...	245
Nitrate Nitrogen	...	...	...	...	2.7
Ammoniacal Nitrogen	...	...	...	...	0.070
Albuminoid Nitrogen	...	...	...	...	0.000
Free Carbon Dioxide	...	...	...	...	16
Total Solids	...	...	...	...	392
Alkalinity as Calcium Carbonate	...	...	...	...	177
Nitrite Nitrogen	...	...	...	...	Absent
Oxygen absorbed	...	...	...	...	0.12
Residual Chlorine	...	...	...	...	Absent
Iron	...	...	...	...	Less than 0.03
Other Metals	...	...	...	...	Absent

During the year 44 samples of water were taken by sanitary inspectors and submitted to the Public Health Laboratory Service, Birkenhead, for bacteriological examination. The results are tabulated below. The 3 samples showing the presence of faecal coli (type 1) were from two premises. Checks were made and repeat samples taken. These were negative.

*Details of Bacteriological Samples***West Cheshire Water Board**(i) *Samples taken by Sanitary Inspectors
at selected distribution points*

No. of Organisms	No. of samples		
	2 days at 37°C.	Pres. Coli	Faecal Coli
0	33	39	41
1-4	8	4	3
5-9	3	—	—
10-15	—	1	—
	44	44	44

SEWERAGE AND DRAINAGE

The sewerage system has been described in previous annual reports. Due to economies in the programme of capital expenditure, no large scale sewerage works have been undertaken by the Borough Engineer during the year. The main work in this category which his department has undertaken has been the provision of sewers to new housing estates, and the construction of 600 yards of six and nine inch sewers in Bayswater Road.

House Drainage

Visits by sanitary inspectors in connection with same	...	309
Drains cleansed from obstruction after service of notice	...	275
Minor repairs effected to existing drains	...	33
Entire reconstruction of existing drains	...	—
Partial reconstruction of existing drains	...	2
Drain Tests: (a) Smoke	...	52
(b) Water	...	—
(c) Colour	...	17
Cesspools emptied after service of notice	...	—
Cesspools repaired	...	—
Cesspools abolished	...	—
Choked sewers referred to Borough Engineer	...	2
Ditches and watercourses inspected	...	9
Ditches and streams cleansed	...	3
Ditches and streams—pollution remedied	...	—

RODENT CONTROL**Sewer Maintenance Treatment**

The execution of two sewer rodent treatments was again repeated during the year. The remarkable success of this work has been evident since 1944, when the prebait takes were recorded in 35% of the manholes in the sewer system. By 1951 the number of baits consumed by rats fell to 0.73%, and during 1952 only 5 baits (equal to 0.09%) were consumed, on the occasion of the first treatment. This successful series of campaigns has made it possible to reduce the work involved, since it has been shown

to the satisfaction of the technicians of the Ministry of Agriculture and Fisheries that almost the whole of the sewer system is free of rats. Hence, the first treatment was restricted to 297 manholes, selected by reference to the results of previous treatments. Following this treatment, a test bait was conducted of the entire sewer system which includes 5,625 manholes, and in only 3 manholes were baits consumed. These manholes, together with the "infested" manholes recorded on the occasion of the first treatment were rebaited in the second treatment, together with sufficient neighbouring manholes to constitute a "safety margin." 7 of these manholes showed complete takes of bait.

Alongside the routine sewer treatments, smoke tests were executed on drains and sewers which might possibly be associated with surface infestations. In no case did the tests indicate the necessity for the system of simultaneous disinfection of premises and sewers known in official language as "vertical block control."

Surface Infestations

During the year 353 complaints of surface infestation were received compared with 335 in 1951. Details of the inspections and treatments carried out are given below in the form required by the Ministry of Agriculture and Fisheries. The decrease in the number of major infestations (a term applied to a colony estimated at more than 20) from 21 to 2 is noteworthy. 299 separate treatments were carried out at 249 premises by rodent operatives of the Public Health Department. 213 of these premises were treated once in the year while reinfestation involving 2 treatments occurred in 31 premises, 3 treatments were required at 4 premises, while at one large premises surrounded by a considerable area of open land 13 separate infestations were found and treated during the year.

An important and, as events have proved, a successful innovation in the poisoning of rodents was the introduction of warfarin containing an anti-coagulant of the blood, the continued ingestion of which gives rise to internal haemorrhage in rats, causing death after three or more days. It has proved so successful as to have displaced all other poisons except in special circumstances. The poison is used in an oatmeal base in the proportion of 1 to 20,000 for brown rats and 1 to 4,000 for ship rats and mice. Since at this concentration the poison is tasteless it has been found possible to dispense with the pre-baiting technique used with earlier poisons such as zinc phosphide and arsenious oxide. As a result, poison prejudice has been eliminated and it has been possible to lay larger baits which need be revisited at less frequent intervals. This directly reduces the cost of the labour element of treatment. In many cases, too, unconsumed bait has been recovered and used again in subsequent treatments. Efforts have been directed towards further economy in labour costs by experiments concerned with different intervals between visits to baiting points.

When warfarin was first used early in the year visits by the operative were carried out on the 1st, 3rd, 6th and 10th days, but it soon became apparent that complete eradication of a colony could not always be obtained within this period. The baiting technique

was therefore extended to visits on the 1st, 3rd, 7th, 11th and 14th days, the revisit on the 11th day being omitted if no take had been recorded when the baiting points were examined on the 7th day. This revised technique materially increased the number of infestations which could be eradicated by a single treatment.

A comparison of the number of separate treatments required to eradicate surface infestations using warfarin, compared with those at which other poisons were used during the year, is given below.

Prevention of Damage by Pests (Threshing and Dismantling of Ricks) Regulations, 1950

In February an oat rick in Moreton was threshed without suitable fencing being provided. This was the first contravention of the Regulations in the Borough and warning letters were sent to the farmer and threshing contractor concerned.

Training of Staff

One of the department's rodent operatives attended a two-day training course at Wigan in February. This course was conducted by the Ministry of Agriculture and Fisheries and was the first organised in this area since the appointment of the operative.

Prevention of Damage by Pests Act, 1949

	Type of Property				Total
	Local Authority	Dwelling-houses	Agricultural	All other (incl. Business & Industrial)	
Legal number of properties in Local Authority's District ...	146	28,302	55	3,742	32,245
Number of properties inspected by the Local Authority as result of (a) of notification	(a) 25	291	1	75	392
(b) otherwise ...	(b) 20	270	3	103	396
Number of properties (under Part II) found to be infested by ...	Major 1	Nil	Nil	1	2
... ..	Minor 14	32	1	21	68
Number of properties (under Part II) found to be seriously infested by mice ...	20	150	Nil	50	220
Number of infested properties (under Part III & IV) treated by Local Authority ...	35	155	1	58	249
Number of notices served under Section 4:					
(a) Treatment ...	Nil	Nil	Nil	Nil	Nil
(b) Structural Works (i.e., Proofing) ...	Nil	2	Nil	Nil	2
Total ...	Nil	2	Nil	Nil	2
Number of cases in which enforcement action was taken by Local Authority following issue of notice under Section 4	Nil	Nil	Nil	Nil	Nil
Legal Proceedings ...	Nil	Nil	Nil	Nil	Nil
Number of "block" control measures carried out ...	17	—	—	—	—

NOTES.

- Note 1. A property means a property separately entered in the Valuation Roll for the area.
- Note 2. Council houses are included under Dwelling Houses. Premises used by Local Authority for purposes of trade are included under Business or Industrial Premises. Sewers are not included. Only properties devoted to agricultural or horticultural production should be included under Agricultural Properties. Combined dwelling and business premises where occupied by the same person are included under Business Premises, otherwise they are entered separately.
- Note 3. II, III, IV and V in each case relate to the number of properties inspected as defined in Note 1 and not to the number of inspections, infestations or treatments at each property.

Number of sub-treatments required to eradicate surface infestations using different poisons and baiting techniques.

Poison	Baiting and Inspection technique	No. of jobs	No. of sub-treatments required		
			1	2	3
Zinc Phosphide	Consecutive days prebaiting followed by poisoning	4	Nil	3	1
Arsenious Oxide	Consecutive days prebaiting followed by poisoning	11	Nil	9	2
Warfarin	1st, 3rd, 6th, and 10th days	33	27	6	Nil
Warfarin	1st, 3rd, 7th, 11th and 14th days*	245	232	13	Nil
Warfarin	Consecutive days until infestation eradicated	6	6	Nil	Nil

*The visit on the 11th day is omitted if no takes have been recorded on the 7th day

PUBLIC HEALTH CONTROL OF SWIMMING BATHS.

During the year 68 visits were paid to the Corporation's three swimming pools by district sanitary inspectors, who made a total of 66 tests of the available chlorine content of the water and took 50 samples of water for bacteriological examination.

At Guinea Gap Baths 48 tests were made of available chlorine in the first and second class plunges. All readings taken at the shallow end were between 0.8 and 0.3 parts per million, with an average of 0.5 p.p.m., while outlet readings varied from 0.6 to 0.2 p.p.m., with an average of 0.4 p.p.m. These figures provide further evidence of the consistently satisfactory records obtained at Guinea Gap Baths over a long period.

At New Brighton Pool 11 tests of available chlorine were taken at various points on the perimeter of the bath. Readings taken near the inlets ranged from 1.0 p.p.m. to 0.2 p.p.m., and at the outlet, from 0.3 p.p.m. to less than 0.1 p.p.m.

At Derby Pool, 7 tests were taken, the inlet readings in all cases being 1.0 p.p.m., while, except in one instance, when 0.1 p.p.m. was recorded at the outlet, no trace of available chlorine could be found at the deep end of the bath.

Notwithstanding greatly fluctuating bathing loads at New Brighton Pool and Derby Pool during the season, generally satisfactory results were maintained in the bacteriological content of the water.

An analysis is given below of the bacteriological examination of samples of water from the three baths :—

Derby Pool.

No. of Organisms	No. of samples		
	2 days at 37°C.	Pres. Coli	Faecal Coli
0	0	7	8
1-4	2	—	—
5-9	2	—	—
10-24	3	1	—
25-49	—	—	—
50-60	1	—	—
	8	8	8

New Brighton Pool

No. of Organisms	No. of samples		
	2 days at 37°C.	Pres. Coli	Faecal Coli
0	0	10	11
1-4	1	2	1
5-9	5	—	—
10-24	5	—	—
25-50	1	—	—
	12	12	12

Guinea Gap Baths

No. of Organisms	No. of samples		
	2 days at 37°C.	Pres. Coli	Faecal Coli
0	1	25	28
1-4	11	5	2
5-9	2	—	—
10-24	13	—	—
25-49	2	—	—
50-60	1	—	—
	30	30	30

Chemical Examination—Specimen Analysis

Derby Pool

Analytical results expressed in parts per million :—

Total solid matter in solution	...	...	...	...	31,080.0
Oxygen required to oxidise in	{ 15 minutes ...				0.16
	{ 4 hours ...				0.24
Albuminoid nitrogen as N.	...	...	...	...	0.06
Ammoniacal nitrogen as N.	...	...	...	...	0.02
Nitrous nitrogen as N.	...	...	...	...	None
Nitric nitrogen as N.	...	...	...	...	1.2
Combined chlorine	...	...	...	...	16,250.0
Free Chlorine	...	...	...	...	0.24
pH value	...	...	...	...	6.8

The sample was clear, bright and colourless.

Observations :

In my opinion this water is in every way satisfactory for swimming bath use.

SMOKE ABATEMENT AND MEASUREMENT OF ATMOSPHERIC POLLUTION

Smoke Abatement

The problem of the reduction of industrial smoke in residential areas occupies an ever-increasing amount of the time of sanitary inspectors. During 1952 the figures of formal half-hourly observations and of casual observations rose by 35% and 39% respectively. Details of the work undertaken are given below :—

No. of observations—(1) formal half-hourly	...	...	93
(2) casual	...	...	259
Visits to boiler houses	...	...	77
Interviews in connection with smoke abatement...	...	...	31
Statutory smoke nuisances discovered and abated	...	...	2
Grit emissions abated	...	...	—
Major improvements to boiler plant effected	...	...	—

Atmospheric Pollution

A full account appeared in the report for 1951 of results so far obtained at the four recording stations set up in the Borough in April, 1950. 68 visits were made to these stations in 1952, including visits for maintenance and frost-proofing of the equipment.

Efforts to reduce atmospheric pollution in the Borough resulting from smoke emission at neighbouring industrial plants are made by liaison with the staffs of the health authorities concerned. The extent to which Wallasey suffers from such pollution is kept under observation by the sanitary inspectors and further reference will be made in the report for 1953 to their activities in this field.

The following details were obtained from the four recording stations :—

Table 1.
Mean Monthly Rates of Deposit for Winter and Summer Periods.
October, 1951—September, 1952.

Station	Rainfall		Total Dissolved Matter		Total Undissolved Matter		Total Solids	
	M.M.		Tons per sq. mile per month					
	Winter	Summer	Winter	Summer	Winter	Summer	Winter	Summer
Road 1951— 1952	73		12.17		16.15		28.32	
1952— 1952		57		6.77		12.93		19.70
Junior School 1951— 1952	68		11.87		11.79		23.66	
1952— 1952		54		6.23		7.94		14.17
Massie 1951— 1952	54		8.80		1.83		10.63	
1952 1952		50		4.13		2.50		6.63
Road 1951— 1952	96		13.42		6.46		19.88	
1952— 1952		53		5.54		6.14		11.68

Table 2.
Mean Monthly Rates of Total Deposits for Winter and Summer
Periods—October, 1951—September, 1952.

Town	Station	Total Solids	
		Tons per sq. mile per month	
		Winter	Summer
Wallasey	Oakdale Road	28.32	19.70
	Poulton Junior School	23.66	14.17
	Saughall Massie	10.63	6.63
	Seaview Road	19.88	11.68
Southport	Hesketh Park	10.62	9.45
	Philips Park	52.14	40.36
Manchester			
Liverpool	Aigburth Vale	14.31	10.70

Table 3.
 Estimation of Sulphur Dioxide by the Lead Peroxide Method for
 Winter and Summer Periods, October, 1951—September, 1952.
 Rate of Absorption of Sulphur Dioxide expressed as
 $\text{Mg.SO}_3/\text{day}/100 \text{ Cm}^2$.

Station	Winter Period	Summer Period	Oct., 1951 Sept., 1952
Oakdale Road Oct., 1951—March 1952 April, 1952— September, 1952	2.25	1.11	1.77
Poulton Junior School Oct., 1951—March, 1952 April, 1952—Sept., 1952	2.10	0.84	1.55
Saughall Massie Oct., 1951—March, 1952 April, 1952—Sept., 1952	0.67	0.31	0.52
Seaview Road Oct., 1951—March, 1952 April, 1952—Sept., 1952	1.87	0.74	1.40
Hesketh Park, Southport Oct., 1951—March, 1952 April, 1952—Sept., 1952	1.42	0.48	1.05

NOTE.

- (1) In the above classification the figure for the winter period consists of an average of the recordings for the months of October, 1951, to March, 1952. The figure for the summer period consists of an average of the recordings for the months of April, 1952, to September, 1952.
- (2) The Philips Park Station records the greatest degree of pollution of a number of stations in Manchester: it is situated in close proximity to large scale electricity, gas and colliery undertakings in addition to many other works from which atmospheric pollution may arise.

DISINFESTATION AND DISINFECTION

The work of disinfection in connection with the incidence of infectious illnesses and of disinfestation of verminous premises continues to be carried out by one operator. Particulars of the former class of work are given in Part II of the report.

Whilst the majority of infestations encountered have been successfully treated with a solution of D.D.T. in kerosene, D.D.T. powder or benzine hexachloride dust, it was found possible during the year to make greater use of a solution of benzine hexachloride in kerosene. This latter preparation has been found to be particularly efficient in eliminating infestations of crickets and ants.

In addition to the normal disinfestation work of the department, details of which are set out below, action was taken under section 84 of the Public Health Act, 1936, to destroy a quantity of rags, paper and other household refuse which had accumulated in a house which had been vacated by an old lady who was found to be in need of care and attention.

Treatment by Hydrogen Cyanide

During the year supervision was exercised over the disinfestation by commercial operators of two dwellinghouses which were extensively infested with wood beetle, and of a flour mill in which hydrogen cyanide is used annually to exterminate flour pests.

On the 1st February new regulations came into force under the Hydrogen Cyanide (Fumigation) Act, 1937, revoking the corresponding regulations of 1938 and known as the Hydrogen Cyanide (Fumigation of Buildings) Regulations, 1951, and the Hydrogen Cyanide (Fumigation of Ships) Regulations, 1951. The regulations relating to buildings followed the general pattern of those which had been revoked, and related primarily to technical considerations beyond the scope of this report. It must be regretfully recorded, however, that at the conclusion of a treatment involving the use of hydrogen cyanide, under the new regulations it is no longer necessary for an operator to send to the Medical Officer of Health a copy of his clearance certificate, as was the case under the former regulations.

Disinfestation

Inspections

(1) No. of complaints investigated	...	...	...	313
(2) No. of private houses inspected as a result of (1)	...	...	...	144
(3) No. of local authority houses inspected as a result of (1)	...	...	...	171
(4) No. of premises other than dwelling houses inspected as a result of (1)	...	...	...	10
(5) No. of premises found to be verminous :				
(a) Bed Bugs	...	...	...	30
(b) Fleas	...	...	...	26
(c) Cockroaches	...	...	...	87
(d) Other Vermin	...	...	...	10
			—	153

Notices Served and Abated

	Served	By L.A.	Abated Privately
(6) Total No. of notices to disinfest given verbally	35	—	35
(7) Total No. of preliminary notices in writing	12	—	12
(8) Total No. of statutory notices	8	1	7
	—	—	—
	55	1	54
	—	—	—

Treatment by Council's Operative

(9) No. of treatments on repayment	...	...	...	298
(10) No. of treatments without charge	...	...	...	1
(11) Total No. of treatments	...	...	...	299
(12) No. of premises covered by treatments outlined in (11)	...	...	...	98
(13) No. of treatments with D.D.T. Spray	...	...	...	234
(14) No. of treatments with other spray insecticides	...	...	...	45
(15) No. of treatments with other methods	...	...	...	20
				299
(16) Fees received, £98 18s. 9d.				

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

In the first full year of the administration of this Act 11 samples were taken as follows :—

<i>Type of Filling Material</i>	<i>No. of Samples</i>
B.S.S. 1425 : 1951	
Washed flock	3
Rag Flock (layered)	1
Cotton Felt	2
Coir Fibre	3
Dyed Coir Fibre	1
B.S.S. 1762 : 1951	
Woollen Mixture Felt	1
	11

One sample of washed flock contained an excess of 0.2% soluble impurities and 67 parts per 100,000 of chlorine. As a result of an informal approach by the district sanitary inspector, the firm, which had only a small quantity of this flock which constituted old stock, undertook to dispose of it otherwise than in the course of their upholstering business.

The sample of woollen mixture felt was found to be incorrectly labelled by the manufacturer and, as a result of correspondence entered into with the prescribed analyst and the British Standards Institution, the manufacturer amended the wording on his wrappers to comply with British Standard 1762 : 1951.

All the samples taken during the year were informal and no circumstances arose calling for formal action.

During the year 2 premises were registered under section 2 of the Act and 2 registrations were cancelled. At the end of the year 9 premises remained on the register.

CONTROL OF CAMPING

Special attention is directed to the control of camping within the Borough and the increased activities in this direction are reflected in the number of visits to unlicensed land, which rose from 63 in 1951 to 259 in 1952.

One application for a camping licence was refused by the Council in respect of the stationing of a caravan on land in a small industrial area at Wallasey Village. The applicant appealed to the magistrates' court against the decision of the Council, but vacated the site within the period of fourteen days for which the case was adjourned by the Bench.

No. of licences relating to sites issued during 1952	...	13
No. of licences relating to sites refused during 1952	...	2
No. of cases of unlicensed camping detected during 1952	...	22
No. of visits to unlicensed land	...	259
No. of visits to licensed land	...	196
Inspection of structures	...	2,630
Nuisances abated after notice	...	7

KEEPING OF ANIMALS

When the Pet Animals Act, 1951, came into force on the 1st April, 1952, it became an offence for any person to keep a pet shop except when licensed under the Act by the local authority. At that date 9 premises within the Borough were found to be established as pet shops and were licensed; subsequently one further pet shop was licensed and one licence was cancelled. No applications for licences were refused.

Pet shops are now subject to annual licensing, and to periodical inspection by sanitary inspectors. Before the Act came into force discussions were held with an official of the Royal Society for the Prevention of Cruelty to Animals, at which agreement was reached on technical details in connection with the administration of the Act in the Borough.

Visits to pet shops	...	48
„ other premises	...	266
Notices served	...	30
Stables, manure pits, cleansed	...	8
„ „ repaired or renewed	...	4
Piggeries cleansed or whitewashed	...	4
Piggeries repaired or reconstructed	...	4
Other animal nuisances abated	...	25

MISCELLANEOUS INSPECTIONS

	Visits	Notices served	Nuisances detected
Schools	111	—	8
Cinemas, dance hall, etc.	114	—	—
Sub-let rooms	223	1	2
Public conveniences	170	—	5
Local Land Charges (search)	1,488	—	—
Measurements of rooms for permitted numbers	264		
Interviews with building contractors	458		
Offensive trades	—		
Canal boats inspected	21		
Other Visits	259		

CONTROL OF LAMBS

The following is a list of the lambs which were born in the year 1902, and which were registered in the year 1903. The number of lambs born in each year is given in the column headed "Born", and the number of lambs registered in each year is given in the column headed "Registered".

Year	Born	Registered
1902	1,234	1,100
1903	1,345	1,200
1904	1,456	1,300
1905	1,567	1,400
1906	1,678	1,500
1907	1,789	1,600
1908	1,890	1,700
1909	1,901	1,800
1910	2,012	1,900
1911	2,123	2,000
1912	2,234	2,100
1913	2,345	2,200
1914	2,456	2,300
1915	2,567	2,400
1916	2,678	2,500
1917	2,789	2,600
1918	2,890	2,700
1919	2,901	2,800
1920	3,012	2,900
1921	3,123	3,000
1922	3,234	3,100
1923	3,345	3,200
1924	3,456	3,300
1925	3,567	3,400
1926	3,678	3,500
1927	3,789	3,600
1928	3,890	3,700
1929	3,901	3,800
1930	4,012	3,900
1931	4,123	4,000
1932	4,234	4,100
1933	4,345	4,200
1934	4,456	4,300
1935	4,567	4,400
1936	4,678	4,500
1937	4,789	4,600
1938	4,890	4,700
1939	4,901	4,800
1940	5,012	4,900
1941	5,123	5,000
1942	5,234	5,100
1943	5,345	5,200
1944	5,456	5,300
1945	5,567	5,400
1946	5,678	5,500
1947	5,789	5,600
1948	5,890	5,700
1949	5,901	5,800
1950	6,012	5,900
1951	6,123	6,000
1952	6,234	6,100
1953	6,345	6,200
1954	6,456	6,300
1955	6,567	6,400
1956	6,678	6,500
1957	6,789	6,600
1958	6,890	6,700
1959	6,901	6,800
1960	7,012	6,900
1961	7,123	7,000
1962	7,234	7,100
1963	7,345	7,200
1964	7,456	7,300
1965	7,567	7,400
1966	7,678	7,500
1967	7,789	7,600
1968	7,890	7,700
1969	7,901	7,800
1970	8,012	7,900
1971	8,123	8,000
1972	8,234	8,100
1973	8,345	8,200
1974	8,456	8,300
1975	8,567	8,400
1976	8,678	8,500
1977	8,789	8,600
1978	8,890	8,700
1979	8,901	8,800
1980	9,012	8,900
1981	9,123	9,000
1982	9,234	9,100
1983	9,345	9,200
1984	9,456	9,300
1985	9,567	9,400
1986	9,678	9,500
1987	9,789	9,600
1988	9,890	9,700
1989	9,901	9,800
1990	10,012	9,900
1991	10,123	10,000
1992	10,234	10,100
1993	10,345	10,200
1994	10,456	10,300
1995	10,567	10,400
1996	10,678	10,500
1997	10,789	10,600
1998	10,890	10,700
1999	10,901	10,800
2000	11,012	10,900

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PART VI.



Welfare Services *National Assistance Act, 1948*

WELFARE SERVICES, 1952.

Residential Accommodation.

The residential Homes, "Redcliffe" and "Lamorna" have now become well established.

Plans for a proposed new hostel at Moreton are in course of preparation.

The following are the statistics relating to accommodation provided by or on behalf of the Council during 1952 :—

	No. resident on 1.1.52	Admissions during year	Deaths discharges	No. resident on 31.12.52
"Lamorna," Hamilton Road	18	9	9	18
"Redcliffe," Egremont Prom.	18	7	7	18
Eastham House	1	—	—	1
St. Catherine's Annexe.....	36	83	90	29
St. Edmund's Orphanage ...	3	—	3	—
Salvation Army Home, West Kirby	1	—	—	1
David Lewis Epileptic Colony	4	—	—	4
Home for Epileptics, Maghull	2	—	—	2
Turner Home of Rest for Cripples	3	1	1	3
Bannow, St. Leonards (Blind)	1	—	—	1
Wilton House, Shenley, Herts.	1	1	2	—
"Brocklebank," S.W.18	1	—	1	—
Children's Hotel, Ltd., W'sey	—	4	4	—
"Oaklands," Holmfirth ...	1	—	—	1
"Maryland," Formby	1	1	1	1
"Peacehaven," Southport ...	—	1	—	1
4, Tower Street, Wallasey ...	—	8	—	8
8, Tower Street, Wallasey ...	—	4	—	4
Steel House, Wilton Street ...	—	3	3	—
Salvation Army Home, Elmswood	—	1	—	1
Totals	91	123	121	93

Temporary Accommodation.

The problem of evicted and homeless families seems to have become more acute during the year. Two sub-standard properties in Tower Street have been converted by the Welfare Committee to take four family units. This accommodation is sub-standard. As the accommodation has only been in use for a portion of the year it is too soon to draw any conclusions on this innovation.

Registration of Disabled Persons' and Old Persons' Homes.

Three private homes for aged persons were registered under the National Assistance Act, 1948, during the year.

There are now six such homes in Wallasey and these are paid for by periodic visits of inspection to ensure that the required standard for continued registration is maintained.

Removal of Persons in Need of Care and Attention.

A man was removed to the St. Catherine's Hospital Annexe under Section 47 of the National Assistance Act, 1948, and a woman under the National Assistance (Amendment) Act, 1951, during the year. Both were *not* receiving proper care and attention. The man was suffering from the results of inflammation of the brain, was weak and thin, and unable to shave himself. He did not cook any meals, but lived on bread and jam and occasionally went out for fish and chips. He slept in the kitchen on a dilapidated couch. He was in danger as he was in the habit of lighting fires by using paraffin. He had been deteriorating over a number of years and the cold weather was further aggravating his condition.

The woman was blind, suffering from malnutrition and an ulcerated leg. There was also a grave risk of fire. She was 83 years of age, living alone and had had several falls. Even small tasks were beyond her, as for instance she slopped the contents of a commode over her clothing and the lavatory floor when trying to empty it.

Burial or Cremation of the Dead.

Several burials have been carried out during the year, in respect of persons where there were no relatives willing or able to undertake this duty; for instance, a male skeleton found under the footwalk in Magazine Lane was buried and the bodies of two recently-born babies found in public grounds were also given a decent Christian interment.

Welfare of Handicapped Persons.

Schemes for the provision of Welfare Services for Handicapped Persons were formulated during the year, but were deferred for financial reasons.

The Welfare Committee have a representative on the Merseyside Joint Deaf and Dumb Advisory Committee. This Committee has the duty of developing and co-ordinating the welfare services for the deaf and dumb and hard of hearing. The Hard of Hearing Club have now established a branch in Wallasey after being allowed the use of Corporation premises for their meetings.

A grant of £171 was made to the Joint Advisory Committee which in turn distributed the money to various voluntary bodies represented on the Joint Committee during 1952.

Protection and Care of Property of Persons admitted to Hospitals, etc.

This service was continued during the year. The arrangements made by the Welfare Staff covered many varied and sometimes unusual circumstances. These included the making of applications to the Court of Protection for the appointment of Receivers of mental patients' estates to the boarding-up of a patient's house, that had been broken into during the owner's absence.

Community Welfare.

The problem of old people living in their homes and needing care and attention has remained as acute as ever. All old people are not suitable for life in homes such as "Lamorna" or "Redcliffe"; some are not capable of living harmoniously with other people and

some have habits of an anti-social nature. On the other hand, there are many old people in need of care who have no desire to live in a hostel and would prefer to remain in their own homes even though their physical needs cannot be adequately met whilst they remain there.

If the proposed Old People's Welfare Committee comes to fruition, this body may be able to co-ordinate and develop the friendly visiting service to lonely old people now undertaken by many voluntary organisations. The aim should be to direct the "good works" of charitable people into the right channels and not to expect the local authority to provide this type of service.

BLIND WELFARE.

Registration of Blind Persons.

During the twelve months ended 31st December, 1952, 22 people were examined by Dr. Dunlop Hamilton. Of these, 18 were found to be blind, while 2 could not be certified. The remaining 2 were placed on the Observation Register for the Partially Sighted.

Of the 18 people certified blind, blindness occurred in the following age groups:—

At birth ...	...	...	...	1*
Under 20 years of age ...	...	...	...	Nil.
20-30	„	...	...	Nil.
30-40	„	...	...	Nil.
40-50	„	...	...	1
50-60	„	...	...	1
60-70	„	...	...	3
70 years of age and over	...	...	...	12
Total ...				18

*Child, blind at birth, Retro-lental fibroplasia—7 months premature.

	M.	F.	Total.
No. on Register at 1st January, 1952 ...	98	92	190
No. added during the year:—			
New Cases ...	7	11	18
Transfers from other towns ...	3	3	6
Total ...	108	106	214
No. of removals from register owing to:—			
Leaving Wallasey ...	3	3	6
Deaths ...	6	7	13
	9	10	19
No. on Register at December 31st, 1952	99	96	195

From January 1st to March 31st, 1 Certificated Home Teacher and 1 Student Home Teacher were employed.

From April 1st to August 6th, 1 Home Teacher only was employed. From August 6th to December 31st, 2 Certificated Home Teachers were employed.

During the year 4,993 visits were made to Blind Persons. In addition to these visits, the Home Teachers attended 35 Social Functions given by Organisations on behalf of the Blind.

Handicrafts and Embossed Types have also been taught to Registered Blind Persons in their homes.

Training and Employment.

In the year 1952, 7 Blind Persons were interviewed by the Resettlement Officer, Wallasey Employment Exchange, with a view to obtaining employment, and as a result of this, 2 males have been placed in light engineering, 1 male, on completing course in Telephony, was placed with a firm in Bromborough and 1 male obtained employment through the Wallasey Parks Committee during the summer months.

1 male completed the course in shorthand typing.

Wireless Sets.

This Authority has this year received 4 Wireless Sets (Bush Models) from the British Wireless for the Blind Fund.

Free Travel Vouchers.

Through the courtesy of the Wallasey Motor Bus and Ferries Committee Registered Blind Persons still continue to receive travel vouchers, enabling them to travel free on the Wallasey Buses and Ferries.

Thanks are due to all those voluntary agencies who have given their services to the blind people of Wallasey, i.e., social functions, theatre tickets and gifts in the past twelve months.

The Manager of the Capitol Cinema has made it possible for the blind people residing in Wallasey to attend performances of films free of charge. Copies of synopses of the films in Braille and Moon Type were supplied by an Officer of this Authority.

Welfare Services for the Partially Sighted.

National Assistance Act, 1948.

There are 13 persons on the Observation Register for the Partially Sighted, of whom 2 males are eligible for employment and have been interviewed by the Resettlement Officer with a view to being placed in sheltered industry, in order to preserve their sight.

The first of these is the fact that the British Government has been unable to secure the necessary agreement from the United States Government for the proposed extension of the Panama Canal to the Pacific Ocean. This is a matter of great importance to the British Empire, as it would enable them to secure a direct route to the Pacific and to the East Indies.

The second of these is the fact that the British Government has been unable to secure the necessary agreement from the United States Government for the proposed extension of the Panama Canal to the Pacific Ocean. This is a matter of great importance to the British Empire, as it would enable them to secure a direct route to the Pacific and to the East Indies.

The third of these is the fact that the British Government has been unable to secure the necessary agreement from the United States Government for the proposed extension of the Panama Canal to the Pacific Ocean. This is a matter of great importance to the British Empire, as it would enable them to secure a direct route to the Pacific and to the East Indies.

The fourth of these is the fact that the British Government has been unable to secure the necessary agreement from the United States Government for the proposed extension of the Panama Canal to the Pacific Ocean. This is a matter of great importance to the British Empire, as it would enable them to secure a direct route to the Pacific and to the East Indies.

The fifth of these is the fact that the British Government has been unable to secure the necessary agreement from the United States Government for the proposed extension of the Panama Canal to the Pacific Ocean. This is a matter of great importance to the British Empire, as it would enable them to secure a direct route to the Pacific and to the East Indies.

The sixth of these is the fact that the British Government has been unable to secure the necessary agreement from the United States Government for the proposed extension of the Panama Canal to the Pacific Ocean. This is a matter of great importance to the British Empire, as it would enable them to secure a direct route to the Pacific and to the East Indies.

The seventh of these is the fact that the British Government has been unable to secure the necessary agreement from the United States Government for the proposed extension of the Panama Canal to the Pacific Ocean. This is a matter of great importance to the British Empire, as it would enable them to secure a direct route to the Pacific and to the East Indies.

The eighth of these is the fact that the British Government has been unable to secure the necessary agreement from the United States Government for the proposed extension of the Panama Canal to the Pacific Ocean. This is a matter of great importance to the British Empire, as it would enable them to secure a direct route to the Pacific and to the East Indies.

The ninth of these is the fact that the British Government has been unable to secure the necessary agreement from the United States Government for the proposed extension of the Panama Canal to the Pacific Ocean. This is a matter of great importance to the British Empire, as it would enable them to secure a direct route to the Pacific and to the East Indies.

COUNTY BOROUGH OF WALLASEY
EDUCATION COMMITTEE



Report
OF THE
SCHOOL MEDICAL OFFICER
For the Year 1952

BENSON & HOLME LTD., STANLEY STREET, LIVERPOOL

1953

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. J. M. ROGERS, L.D.S. (Appointed 1/5/52.)

Dental Attendants :

MISS A. M. BARBER.

MRS. E. M. BROWNE.

MISS B. M. SCOTT. (Resigned 31/3/52.)

MISS M. HARRIS.

MISS J. WILSON. (Appointed 1/6/52.)

Superintendent Health Visitor/School Nurse :

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

Health Visitors/School Nurses :

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

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

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

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

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

MISS K. E. HIGGINS, S.R.N., S.C.M. (Part I), H.V.Certif.

MISS I. D. BELLIS, S.R.N., S.C.M. (Part I), H.V.Certif.

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

MISS M. B. JONES, S.R.N., S.C.M., H.V.Certif.

MRS. K. SCHOFIELD, S.R.N., S.C.M., H.V.Certif.

Visiting Specialists :

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

MR. H. DAVIES, M.B., F.R.C.S. Eng. Ch.B., Ch.M., ORTH. (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. (Resigned 31/10/52.)

MISS M. M. RAINE, S.R.O.N., M.C.S.P.

Educational Psychologist :

MR. J. MCLEOD, B.Sc., Ed.B.

Social Worker :

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

Speech Therapist :

MISS E. M. WEIR, L.C.S.T.

Administrative Staff :

MR. S. D. LAWSON.

MRS. M. FRANCE.

MRS. B. O'SULLIVAN (nee BARNES).

MRS. B. H. MAUNDER (Appointed 14/1/52—Part-time).

TOWN HALL,
WALLASEY,
April, 1953.

To: The Chairman and Members of
the Education Committee.

Ladies and Gentlemen,

The Report for 1952 contains nothing spectacular nor sensational, but is a record of the large amount of work done by the department.

One of the main objects of the service is, by inspections carried out in the schools, to discover and deal with departures from the normal at an early stage and to enlist the co-operation of the parents who attend in large numbers, in any measures for the welfare of the children.

The Medical Officers have made their individual contributions to the report and I am grateful to the other members of the Education Department staff who have furnished me with their comments on activities for which they are responsible. I should also like to thank the members of the Education Committee for their sympathetic consideration and interest in the matters affecting the School Health Service, and I should again like to acknowledge the work carried out by the staff during the year.

I am,

Your obedient Servant,

RONALD B. BERRY,
School Medical Officer.

Dr. Hall, Deputy School Medical Officer, makes the following observations :—

Throughout the year the staff of the School Health Service has been fully occupied in the routine medical inspection of the statutory age groups. The rise in the birth rate in Wallasey during the years 1946-47 is reflected in the increased number of entrants examined. It is regrettable, therefore, that not many re-inspections in school could be done, but as usual full advantage was taken of carrying out re-inspections and special examinations at the three school clinics. It is encouraging to find that parents respond well to invitations to bring their children up to the clinic for re-inspection during the school holidays.

Some National Health Service doctors in the town prefer to follow up and arrange specialist treatment for the school children on their lists themselves, and the School Health Service makes provision for this by issuing an agreed form of letter to the doctor concerned when treatment or the opinion of a Specialist is considered necessary. This gives the patient's doctor the opportunity of arranging treatment himself or allowing the School Health Service to do it. When the School Health Service make the arrangements for treatment, care is taken to see that the general practitioner concerned is furnished with a report of the findings.

Although reports are received, as a rule, when school children have received in-patient treatment, it is regrettable that the School Medical Officer scarcely ever receives copies of reports of children referred by practitioners to out-patient clinics, especially when some of these school children may require special educational treatment or a temporary or permanent limitation of their physical activities in school.

The School Health artificial sunlight clinic still proves popular. Not only are cases referred to it by our own staff, but also by the staff of the Wallasey Chest Clinic and some general practitioners.

Breathing exercise classes are arranged for children following the removal of tonsils and adenoids, and there are also special classes for children suffering from asthma and other chest conditions. Unfortunately, some of this valuable work and also some of the treatment given at the "spastic" unit at Elleray Park Special School has had to be curtailed since the resignation of one of the Physiotherapists at the end of October. It is hoped that we may be able to replace her early this year.

The waiting list at the local hospital for tonsil and adenoid operations has lengthened, and since last year the waiting period for non-urgent cases has become considerable, but arrangements are being made which should improve this situation.

Upper respiratory catarrh including catarrhal inflammation of the middle ear is prevalent, particularly in the five to seven year old group. At the clinics and school medical inspections special attention is drawn to proper nasal hygiene, which is so often faulty in these cases. Breathing exercises, vitamins and artificial sunlight are prescribed to build up resistance.

Nocturnal enuresis still remains a big problem in school medicine. By the time the mother brings the sufferer to the School Clinic, she has usually already consulted the National Health Service doctor, who has prescribed medicine or tablets, all too often with little or no beneficial effect. Advice with regard to the management of the problem is given, stressing the importance of building up the child's confidence in himself and in his ability to become dry ultimately. In cases showing emotional stress and maladjustment the problem is referred to the Child Guidance Clinic.

The general condition of Wallasey school children is, on the whole, good, the number classified in group "C" being small.

During the year the School Health Service took part in the National Survey of the Health and Development of Children. The original group of children born during a particular week in March, 1946, having now entered school. Special examinations at the clinics, and visits to the homes by the School Nurses were made during the Easter holidays. The results of the survey will be of interest in comparing the rate of growth of this sample of Wallasey school children with children in other parts of the country also concerned in this survey.

In the autumn term one of the mobile mass miniature radiography units of the Liverpool Regional Hospital Board visited Wallasey schools, and examined pupils of 13 years and over. The number of refusals was negligible. Those pupils with unsatisfactory miniature films were recalled for further examination with a full-sized film, and referred if necessary to the Mill Lane Chest Clinic or to their own National Health Service doctor. A table appears on page xix showing the results of these examinations.

The general standard of cleanliness remains fairly satisfactory, though there is still room for considerable improvement in some secondary modern schools and in the special schools. The work of the school nurse continues steadily and unobtrusively in this field.

The examination of entrants to teachers' training colleges and other new appointments to the teaching staff of the Wallasey Education Authority have been undertaken during the year by the medical staff of the School Health Service, in accordance with the Ministry of Education Circular No. 249. Some of these examinations were arranged to take place in school, but on the whole it was found

more convenient to do these examinations at the school clinics. In addition to the ordinary clinical examination, a miniature X-ray of the chest was carried out in conjunction with the Liverpool Regional Hospital Board to comply with the Ministry's requirements. A table showing the number of such examinations is included in another part of the report.

Following the appointment of a part-time clerk to work at the Moreton clinic, it was decided to transfer the school medical record cards of the pupils attending Moreton schools to the Moreton clinic. School medical inspection arrangements are now made locally, and the main school medical record card is available for the use of the Assistant School Medical Officer in attendance at the Minor Ailment clinic if she requires it.

Finally, I wish to express my gratitude to all members of the School Health Service for their help and co-operation throughout the year.

Dr. O'Reilly, Assistant School Medical Officer, submits the following observations:—

The standard of health of Wallasey schoolchildren continued at a high level during the year, and no doubt this satisfactory position is largely due to the extensive provision of school meals and milk, and the cod-liver oil which most children now have in infancy.

It is interesting to note that this high standard is also common to other parts of the country, as shown by the marked increase in the height and weight of schoolchildren in general. From my own observations the vast majority of children examined are above the standards agreed on when the charts, still in use, were drawn up.

However, it is still necessary to make provision for a minority of children, who are physically handicapped, and who need the special facilities provided at Elleray Park Open-Air School.

Many of their diseases are congenital, and although there seems to be no immediate hope of eliminating such conditions as asthma or epilepsy, which are hereditary, other defects, such as spastic paralysis, and defective development of the heart, may in the future be prevented. Research towards this end is now being widely carried out.

The most numerous group in the open-air school consists of the children with heart trouble. These are kept under regular supervision, and suitable cases are referred to the hospital consultants in the hope that they may benefit from the new advances in the

surgery of the heart. The others are given gradually increasing exercises until the fullest possible compensation is established.

The next largest group consists of the children in the "Spastic" unit. These have a special regime of corrective exercises, massage, and artificial sunlight under the supervision of the Physio-therapist. They are also seen at regular intervals by the Orthopaedic Surgeon, who has operated very successfully on several of them. None of these children leaves Elleray Park who is not much improved.

We have in the school 14 children suffering from asthma. This is a rather prevalent complaint in Wallasey, but most cases are of a mild type, and these children attend the ordinary school. Those in the open-air school are the severest cases, and they are given breathing and relaxation exercises by the Physio-therapist. They have all had a course of "desensitisation," with varying success. A few suitable cases have been cured by a course of psycho-therapy at the Child Guidance Clinic.

There are in the school several children suffering from Bronchiectasis. These have appropriate breathing exercises, and postural drainage, where necessary. Several have been cured by the removal of the diseased part of the lung.

All the groups which come under the heading of delicate children, do very well on the special routine of regular rest and exercise periods, which intersperse their academic activities, and which is laid down to suit individual needs.

During the year twenty-one children were admitted to Elleray Park School, the classification of their defects or diseases being as follows :—

Congenital Heart Disease	...	...	...	2
Healed Surgical T.B. Bones of Leg	...	...	...	1
Paralysis after Poliomyelitis	...	...	...	1
Valvular Disease of Heart	...	...	...	1
T.B. Hip	...	...	...	1
Hare Lip, Cleft Palate, Deafness	...	...	...	1
Bronchiectasis	...	...	...	1
Bronchial Asthma	...	...	...	2
Congenital Spastic Paralysis	...	...	...	1
Cardiac Insufficiency	...	...	...	1
Bronchitis, Debility	...	...	...	2
T.B. Spine	...	...	...	1
Weakness of R. Leg	...	...	...	1
Congenital Dislocation of Left Hip	...	...	...	1
Rheumatic Carditis	...	...	...	1
Anaemia, Debility...	...	...	...	1
Osteomyelitis Left Femur	...	...	...	1
Patent Ductus Arteriosus	...	...	...	1

Of the 22 pupils who left the school during the year, eighteen were passed as fit to return to an ordinary school, one left on attaining sixteen years of age, two left the district, and one was admitted to a residential special school.

The number of pupils on the roll on 1st January, 1952, was 106, and on 31st December, 1952, 105.

The audiometer survey of school children continued throughout the year. Rather more children were examined than previously, 1,721 in all. The results show no significant difference from the preceding years.

An innovation has been the introduction of hearing aids. Four children are now using these instruments successfully. They are never likely to be numerous because care has to be taken to give them only to suitable individuals. The child who is liable to use his hearing aid as a toy, or who is ever ready to "swop" a "listen" for a suck of a lollypop could certainly not be trusted with anything so easily damaged.

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

In the limited amount of time available to me for school health work I have examined, mainly, entrants and leavers, and it is interesting to note that the defects observed and treated during the inspection of the former group have either disappeared or been materially improved by the time the child has reached the end of her school career. In very few cases does one find that the advice and treatment recommended at school medical inspection has not been adopted, and gratifying results obtained. It is to be hoped that the numerous changes which are taking place since the inception of the National Health Service will not alter drastically the present satisfactory service provided for school children under the Local Health and Education Authorities.

The value of the early routine medical inspection of infants at primary schools is brought home to me most forcibly when I examine the 11 year old child who has been to a private school and first comes under the care of the school health service on entering the secondary, technical or grammar school. It is among these children that one finds a large number of unsuspected defects of eyes, feet, legs, posture, nose, throat, and ears, because although they may have had occasion to visit their own doctors for a specific purpose, sometimes no general physical examination will have been made and therefore these incipient conditions will have gone unnoticed. The parents of these and other children, who respond so well to the invitation to be present at this medical inspection at school are frequently surprised at the thoroughness of the examination given, and their usual comment is that they wished their children could have been examined thus, at an earlier date. It is a great pity that these pupils only receive two

medical inspections in their school career—one at 11 on entering the school and the other at 15 when they are eligible to leave. Of course, any defect found at the first examination is followed up at a special re-inspection at regular intervals of 3, 6 or 12 months according to requirements. It would, of course, be of much greater value if all school children were medically examined once a year.

I examine the majority of the older girls who are leaving school and I find that the general standard of nutrition is maintained at quite a high level. There are few defects which have not been satisfactorily dealt with, and the state of their teeth reflects very creditably on Wallasey's School Dental Service.

There are fewer psychological problems at this stage of adolescence than might be expected in these difficult times, and most of the girls that I examine are fit both in mind and body—in any case, a confidential medical report is given on the girl's employment card and this should ensure that no one is placed in a post for which she is not physically or mentally suited.

At the Minor Ailment Clinics we see a large number of different types of cases and though many of these must be referred back to their own doctor for treatment, we are able to help by giving advice and simple tonics and vitamins, and where necessary, arrange for physical and remedial exercises and artificial sunlight at the school physiotherapy department. The latter has been handicapped recently by shortage of staff and there is unfortunately a waiting list of these cases who would benefit so much from a course of ultra-violet therapy and healthy exercises, but everything is being done to minimise the period of waiting.

Defects of vision and orthopaedic cases are still referred directly to our own clinics and it is to be hoped that this method will continue to operate, as we are thus able to follow them up more efficiently and stress the preventive side.

The majority of "tonsil and adenoid" cases are left to us to deal with, after consultation with the general practitioner, and we are then able to refer them to the consultants at the Victoria Central Hospital where they receive the appropriate treatment.

It has been recently suggested to the head teachers of all the schools that a medical talk on the vexed subject of feet and posture should be given to parents of pupils in the hope that it would perhaps be of some assistance in emphasising that more attention should be given to the suitability of footwear worn by school children. So far, only two schools have accepted the offer and as a result I gave a lecture at Oldershaw School (Girls) to a small, select, but apparently interested audience of mothers and fathers. I was besieged with questions afterwards on all subjects connected with the health of the

child, and a lively discussion followed which I enjoyed as much as the parents appeared to do.

I think quite a lot can be done by this method to stress the importance of balance and good posture, and to emphasise the bearing this has on health and physique generally.

I should like once again to thank the Headmasters and Headmistresses of the Schools I visit for the hospitable way in which I am usually received and for their efforts in making available for medical inspection the best accommodation they have at their disposal—this being quite frequently their own rooms, as they either have no medical room, or it is in use either as a classroom or a store room. Privacy and quietness is essential to ensure a satisfactory medical examination, and those two features are not always easy to come by.

Observations by Mr. Horace Davies, Orthopaedic Surgeon:—

The general work of the Orthopaedic Clinics continued throughout 1952 in a very satisfactory way. Although the general pattern of cases remains fairly constant there has been a disturbing increase in the number of cases of hallux valgus especially in the older school girls. The treatment of hallux valgus under the age of 16 is unsatisfactory as the operation which is the only measure that can give any guarantee of cure is unsuccessful below that age. There remains the high incidence of flat foot in all the age groups and this condition almost dominates the clinics and the remedial exercise classes. Fortunately it is usually responsive to treatment and not many have to attend for more than a period of six months.

It is with regret that we said farewell to Miss Culloty, who gave such faithful and efficient service. Her particular interest in our cases of cerebral palsy largely contributed to the successful establishment of the Elleray Park Spastic Centre. These cases still present a challenge to all departments as we still fall far short of providing the comprehensive programme of treatment so essential for their welfare. However, considerable public enthusiasm has been evident throughout the year on this subject, not only locally but also upon a national scale. I have no doubt that our ambition for a Cerebral Palsy Centre within the Wirral will be realised by the co-operation of voluntary, public health, and national health services.

REPORT of Mr. HORACE DAVIES, Orthopaedic Surgeon.

Number of Sessions held at the Authority's Clinics	...	...	40
Number of New Cases	...	...	323
Number of Re-examinations	...	...	589

[illegible]

SPEECH THERAPY.

Miss Weir, Speech Therapist, makes the following comments:—

Total number of attendances	...	...	...	1,750
Number of patients who have received treatment during the year	...	...	...	100

Classification of New Admissions.

Simple dyslalia (one sound only affected)	...	...	...	4
Multiple dyslalia (infinite variety of sounds affected)	...	...	...	20
Stammer	...	...	...	17
Stammer plus dyslalia	...	...	...	1
Hypernasality	...	...	...	1
Defective speech (due to cleft palate)	...	...	...	1
				<hr/> 44 <hr/>

Number of patients discharged: —

Cured	...	...	...	...	...	...	...	16
Greatly improved (but kept on supervision list)	...	...	...	...	...	...	...	17
Left School	...	...	...	...	...	...	...	5
Left District	...	...	...	...	...	...	...	3
Non-co-operative	...	...	...	...	...	...	...	11
								<hr/> 52 <hr/>

Throughout the year 156 cases have been interviewed, but although only 44 of these have so far been admitted the waiting list has not been unduly lengthened, since all cases have not necessitated treatment. In several instances, advice to parents has been sufficient, and in one particular case (a young stammerer) improvement is at present being effected entirely through co-operation of the mother. She attended the Clinic alone, regularly for four weekly interviews, these being reduced later, during which the nature and background of her child's difficulty were discussed. Advice was given and the entire family, through her, were encouraged to play their part. Each week she submitted a report which was discussed and further suggestions made.

The child's progress has been slow but definite, and it is to be hoped that, to an extent, prevention of the secondary stage of the stammering problem has in this case been effected. Arresting the difficulty at this stage is of great importance since the patient is then prevented from developing the personality problems which may arise from awareness that the speech difficulty constitutes a real social difference.

It has been with interest that I have observed the prevalence of speech defects among the boys as compared with the girls of the school population. Of the 56 cases now on the current list, only 7 are girls, this corresponding with the accepted findings, that the incidence of speech defects is less in the female population.

The waiting list still constitutes a considerable problem, but fortunately not such a formidable one as before, and it is now generally possible to effect admission of cases, where immediate treatment is necessary, without undue delay.

CHILD GUIDANCE CLINIC. PSYCHIATRIC DEPARTMENT.

Work for 1952.

For the year ended 31st December, 1952, there have been 88 sessions held.

During this period 55 new cases were referred, all by the School Medical Service, 23 of whom have been successfully treated, adjusted and closed.

Of the remaining 32 cases :—

- 3 have left the district.
- 1 was recommended for residential treatment.
- 2 were recommended for convalescent treatment.
- 2 were recommended for medical treatment.
- 2 were recommended for Claremount School.
- 1 was recommended for remedial coaching.
- 3 were diagnostic only.
- 13 are to have weekly psychotherapy.
- 5 were not completely adjusted due to unsatisfactory home conditions, viz. :—
 - (1) Mother unco-operative—prevaricating and concealing actual domestic facts relevant to the case and made no effort to help the boy.
 - (2) No co-operation in the home from the parents and the relationship between them and between the father and daughter was one of continual fighting and violence.
 - (3) Refusal of mother to co-operate or to make any effort to carry out the suggested treatment.
 - (4) A case of enuresis—mother made up her mind to help the child in her own way rather than persevere with treatment ordered at the clinic.
 - (5) Case closed due to interference with the treatment by the family, who were subjecting the boy to what almost might be described as a form of mental cruelty.

The remainder of the work was with 12 old cases carried forward from the previous half-year. Of these :—

- 4 were successfully treated, adjusted and closed.
- 4 were for a further report only.
- 2 were recommended for residential treatment.
- 1 was transferred to St. Catherine's Out-Patient Department, and
- 1 was not conducive to successful psychotherapy owing to home circumstances.

There are 6 new cases awaiting appointments.

During the year 1952 there was the exact number of sessions held at the Child Guidance Clinic as in 1951, namely, 88, with 55 new cases referred, an increase of 4 over 1951 referrals.

Educational Psychologist's Report for 1952.

During 1952, 52 children (34 boys and 18 girls) were interviewed by the Education Psychologist prior to being seen by the Psychiatrist. A broad classification of the cases is given below.

Enuresis, incontinence	...	...	...	...	12
Delinquent tendencies	...	...	...	...	12
Aggression, temper tantrums	...	...	...	...	10
Anxiety, shyness, habit spasms	...	...	...	...	7
Emotional immaturity	...	...	...	...	4
Masturbation	...	...	...	...	3
Illnesses of hysterical origin	...	...	...	...	2
Truancy	...	...	...	...	2
					—
					52

An analysis of the children, by school and intelligence, is as follows:—

Type of School	Below 70	70+	80+	90+	100+	110+	120+	130+	Total
Pre-School	—	1	—	—	—	—	—	—	1
Infants ...	1	—	1	4	4	1	—	1	12
Junior ...	—	1	4	6	7	1	2	—	21
Sec. Grammar	—	—	—	—	—	4	1	—	5
Sec. Modern	—	4	5	—	2	1	—	—	12
Sec. Tech.	—	—	—	—	1	—	—	—	1
Total	1	6	10	10	14	7	3	1	52

Mr. C. J. Luya, Senior School Dental Surgeon, observes as follows:—

The staff normally consists of four dental officers and four dental attendants, but as the dentist who resigned in 1951 was not replaced until May, 1952, the work of the service was handicapped during the early part of the year, and New Street Clinic was in use part-time only. The new dental officer took up his duties on May 1st, 1952, but quite a long period elapses before a new dentist can become an integral part of the service, particularly in Wallasey, where the three senior officers have been in the service for many years, and the relations between parents, children and staff have become personal. A new dentist needs time to learn the routine of the clinics, and it takes time for the children to get used to a new face; the change in the staff have made it impossible to make a complete circuit of the schools during the year, but given a period of a year or two without interruption, it should be possible.

Recently the amount of clerical and administrative work has increased as the staff has grown, and new clinics have been opened, and this is causing some difficulty. There are four dentists and four dental attendants on the staff at the moment. Each dental attendant does the clerical work for the clinic where she is permanently stationed, but there is also a large amount of clerical work over and above for the service as a whole, and it is this work which causes trouble. For example, inspections at infants' schools are a great bugbear, the clerical work necessary to arrange for parents to be present at the inspection makes it necessary for a dental attendant from one of the clinics to spend a whole day at the school concerned, with a corresponding difficulty for one of the dentists, who has to work single-handed in her absence. Some extra clerical assistance would be a great help in this and other cases.

There has been for some time a demand by many parents for orthodontic treatment, and as the new dentist has experience of the treatment of irregular teeth, the opportunity has been taken to start orthodontic treatment on a small scale; it is not yet possible to treat complicated cases, but the orthodontic department at the Liverpool Dental Hospital is always ready to examine cases and assist with advice. The X-ray machine at New Street Clinic is invaluable for this work.

The causes of dental decay are various, complex, and involved with our social habits, our foods and our civilisation, and all dental services are treating symptoms and not causes. Education and propaganda, the two methods of dealing with the problem at its sources, have been very neglected by the School Dental Service. Dental officers, with so much immediate treatment waiting to be done, are reluctant to spend time lecturing and talking, and head teachers find it difficult to allocate school periods for subjects not strictly part of the curriculum. No toothpaste, white, pink or green, will prevent dental decay, but it is a good personal habit to clean the teeth, if only with that inexpensive home-made tooth powder, salt and soot. There are some excellent talking coloured films which can be borrowed free of cost which explain the real value of a clean mouth, and what is equally important, tell parents and children what a dentist does, and why he does it. It is proposed next year to try and arrange for one of these films to be shown at senior schools, introduced by a short talk by the Chief Dental Officer; a little time spent this way may in the long run mean less time lost by children from school, and less teeth lost from their mouths.

SUMMARY OF THE WORK CARRIED OUT BY THE SCHOOL HEALTH NURSES DURING 1952.

Special visits to Schools	...	...	...	...	174
Visits to Nursery Classes	...	...	...	...	10
Visits to Special Schools	...	...	...	...	11
Minor Ailments Sessions	...	...	...	...	772
Ophthalmic Clinics	...	...	...	...	71
Weighing and Measuring (Medical Inspections)	...	...	...	...	47
Vision Testing of 8-year-old children...	...	...	...	...	34

SUMMARY OF THE WORK CARRIED OUT BY THE SCHOOL HEALTH NURSES DURING 1952 (*contd.*)

Infestation with Vermin.

Cleanliness Surveys	...	...	...	...	...	243
Re-Cleanliness Surveys	...	...	...	...	...	182
No. of Examinations	...	...	...	...	...	32,116
No. of individual children found unclean	...	...	...	...	...	1,001

Home Visits.

Cleanliness	...	...	...	...	...	432
Medical Treatment	...	...	...	...	...	572
Hospital reference	...	...	...	...	...	32
Miscellaneous	...	...	...	...	...	445

Infestation with Vermin.

Regular visits are made by the School Nurses to the Wallasey schools and when necessary information and advice are also given at routine medical inspections by means of cards, which advise parents on the best method of cleansing.

In a few isolated instances of continued infestation, pupils are excluded from school and their cleansing usually carried out at one of the Authority's Minor Ailments Clinics.

After cleansing, these children are allowed to return to school, but are kept under regular supervision for varying periods by means of home visits.

Miss Dean, Organiser of School Meals, submits the following comments:—

The year 1952 has been one of steady progress for the School Meals Service in Wallasey, despite that for reasons of economy it has not been possible to open two of the kitchens completed during the year.

The number of children having dinners as shown by a census taken in October, 1952, was 5,814. This is 43% of the number on roll and is an increase of 415 on the previous year's figure.

The completion of Somerville Secondary Modern School for Girls and SS. Peter and Paul's R.C. School has afforded improved dining facilities, with the result that there has been a marked increase in the number of meals served at both schools. A new kitchen has been built and the dining room enlarged at Moreton R.C. School, which can now accommodate 375 children at two sittings.

The School Meals Service not only aims at providing the child with a properly balanced meal of high nutritional value which will benefit him physically, but also aims at cultivating sound dietetic habits.

Children are very conservative in their food habits, but the knowledge that such food as cheese and salad are becoming more popular and even to be enjoyed is most encouraging to all who are concerned with the welfare of the child.

Mr. Clare, Organiser of Physical Training, comments as follows:—

The year has been one of steady progress in the more recreative aspects of Physical Education. Though facilities for indoor exercise, for swimming and for organised games have not materially increased, good use has been made of them, and is reflected in a higher standard of performance by the children generally. This in turn has resulted in even higher standards of individual and team performances as evinced by the general improvement of records in schools athletic meetings and by such achievements as Wallasey's winning of the Cheshire Schools' Swimming Championships.

Although the achievements of the more talented children are not necessarily an indication of high general standards, it is considered that success in competitive swimming has some connection with the marked increase in recent years in the number of elementary and other swimming certificates awarded to school children.

By sound and enthusiastic teaching of rudimentary skills of such activities in schools, the general aim of inculcating a healthy, active mode of life and a love of outdoor pursuits is being achieved in a satisfactory measure.

Comparable success has not been attained in preventive and general remedial work. For this, besides trained staff, adequate indoor facilities are essential. Though a start has now been made in equipping junior schools with suitable apparatus, the increased numbers in the schools have meant an encroachment on indoor exercise space and even new schools are using their halls for general class-room purposes. It is unfortunate that the most recently completed secondary school is without a gymnasium. Indoor physical activity has to take place in a hall which is totally unsuited to the purpose. It may also be noted that financial considerations have again deferred construction of the playing field planned to serve this and other schools.

Progress is most apparent in girls' activities. More serious inter-school competition is taking place. The resulting keenness does not appear to have caused unhealthy rivalry between schools, whilst at the same time the standard of performance has been raised. A National Dancing Rally was held and proved so successful that it will probably become an annual event on a larger scale. It also resulted in a demand for teachers' courses in dancing, one of which was held and attended by over thirty teachers.

PHYSIOTHERAPY REPORT, 1952.

	Thursday Attend'cs.	Discharges	New Cases	U.V.R.	T.&A.	Asthma	Rem. Exercises
January ...	112	110	92	916	191	92	1,011
February ...	130	82	102	594	78	91	1,030
March ...	118	87	83	758	97	76	1,275
April ...	89	106	63	499	28	67	598
May ...	154	137	112	954	53	177	1,253
June ...	95	108	72	375	45	45	849
July ...	65	82	78	251	68	61	508
August ...	62	42	29	—	—	—	—
September ...	72	77	78	368	113	69	589
October ...	126	148	101	342	97	103	631
November ...	101	83	66	447	50	102	429
December ...	72	70	64	250	28	56	201
	1,196	1,132	940	5,754	848	939	8,374

On Reg. Dec. 31st : Total Physiotherapy Cases ... 973
 Total Attendances ... 17,111
 Discharges ... 1,132
 New Cases ... 940
 Total number of cases treated during 1952 ... 2,105

LIVERPOOL REGIONAL HOSPITAL BOARD.

No. 3 MASS RADIOGRAPHY UNIT.

Wallasey Survey, 1952.

	Wallasey Schoolchildren.		
	Male	Female	Total
Total No. miniatures	1,507	1,826	3,333
Active pulmonary tuberculosis	—	—	—
Post primary inactive T.B.	—	1	1
Primary inactive T.B.	23	28	51
Bronchiectasis	2	1	3
Neoplasm	—	—	—
Pneumoconiosis	—	—	—
Cardio-vascular lesions congenital ...	—	—	—
Cardio-vascular lesions acquired ...	—	3	3
Miscellaneous abnormalities	14	16	30
Cases not yet diagnosed	—	8	8
Persons attending for Large Films ...	21	34	55
Persons failing to attend for Large Films	—	1	1

WALLASEY EDUCATION COMMITTEE.

MEDICAL INSPECTION, 1952

MAINTAINED PRIMARY AND SECONDARY

SCHOOLS

TABLE I.

(A) PERIODIC MEDICAL INSPECTIONS.

Entrants	...	...	...	...	...	...	1,930
Second Age Group	...	...	...	...	...	...	719
Third Age Group	...	...	...	...	...	...	1,551
Total							4,200
Other Periodic Inspections	...	...	...	...	...	...	—

(B) OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	2,892
Number of Re-inspections	...	...	...	...	250
Total					3,142

(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 ...	38	416	234
(b) Second Age Group ...	33	151	116
(c) Third Age Group ...	120	157	251
Total (A-C)...	191	724	601

TABLE II.

(B) Classification of the General Condition of Children inspected during the year in Age Groups.

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1) Entrants ...	(2) 1,930	(3) 1330	(4) 68.9	(5) 541	(6) 28.0	(7) 59	(8) 3.1
Second Age Group ...	719	526	73.15	184	25.60	9	1.25
Third Age Group ...	1,551	1175	75.75	357	23.02	19	1.23
Other Periodic Inspections	—	—	—	—	—	—	—
Total ...	4,200	3,031	% of Col. 2 72.17	1,082	% of Col. 2 25.76	87	% of Col. 2 2.07

TABLE III.

(A)—Return of Defects found by Medical Inspection in the Year 1952.

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 ...	65	30	131	8
Eyes—(a) Vision ...	191	117	53	1
(b) Squint ...	58	57	9	—
(c) Other ...	41	25	121	10
Ears—(a) Hearing ...	29	58	35	8
(b) Otitis Media ...	25	29	22	3
(c) Other ...	37	14	197	5
Nose & Throat ...	127	375	234	37
Speech ...	23	36	28	4
Cervical Glands ...	—	62	19	9
Heart & Circulation ...	9	25	13	4
Lungs ...	35	126	53	14
Developmental—				
(a) Hernia... ..	12	49	3	—
(b) Other	15	56	14	5
Orthopaedic—				
(a) Posture	20	45	8	—
(b) Flat Feet	80	52	49	—
(c) Other	57	60	102	7
Nervous System—				
(a) Epilepsy	—	3	4	1
(b) Other	18	51	49	13
Psychological—				
(a) Development	39	9	18	2
(b) Stability	8	25	46	9
Other	26	20	1,014	78

**MEDICAL EXAMINATION OF TEACHERS OR INTENDING
TEACHERS.**—Min. of Education Circ. 249.

Number examined ... 26.

Teachers.				Intending Teachers.			
Male	...	...	1	Male	...	...	5
Female	...	...	1	Female	...	...	19
<hr/>				<hr/>			
2				24			
<hr/>				<hr/>			

TABLE III.

INFESTATION WITH VERMIN.

(1)	Total Number of Examinations in the Schools by School Nurses or other Authorised Persons ...	32,116
(2)	Total Number of Individual Pupils found to be infested	1,001
(3)	Number of Individual Pupils in respect of whom Cleansing Notices were issued under Sec. 54 (2) Education Act, 1944 ...	—
(4)	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	...	...	1	—
	(ii)	Body	...	...	16	1
Scabies	...	...	...	...	8	1
Impetigo	...	...	...	...	73	—
Other Skin Diseases	...	...	...	...	148	5
					<hr/>	<hr/>
					246	7

TABLE IV (*contd.*).**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 ...	423	—
Errors of Refraction (including Squint) ...	1,209	4
Total ...	1,632	4
*Number of Pupils for whom Spectacles were :—		
(a) Prescribed	551	No information available
(b) Obtained	No information available	do.

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 ...	—	8
(b) For Adenoids and Chronic Tonsilitis	—	279
(c) For other Nose and Throat Conditions	—	7
Received Other Forms of Treatment	*335	35
Total ...	335	329

*At Authority's Minor Ailments Clinics.

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number Treated as In-Patients in Hospitals	24	
(b) Number Treated Otherwise, e.g. in Clinics or Out-Patient Departments	By the Authority	Otherwise
	563	No information available

TABLE IV (*contd.*).**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	67	4

GROUP 6.—SPEECH THERAPY.

	Number of Cases Treated	
	By the Authority	Otherwise
	100	—

GROUP 7.—OTHER TREATMENT GIVEN.

	Number of Cases Treated	
	By the Authority	Otherwise
(a) Miscellaneous Minor Ailments...	3,565	Not known
(b) Other—		
Warts	—	17
Verrucae	—	11
Lacerations and Bruises ...	—	5
Ingrowing Toe Nail ...	—	4
Cyst of Finger	—	1
Boil on Neck	—	1
Scalds	—	1
Total ...	3,565	40

IMMUNISATION AGAINST DIPHTHERIA.

During the year 165 children of school age were immunised for the first time, while 932 received a reinforcing dose.

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

YEAR ENDED 31st December, 1952.

(1) Number of Pupils Inspected—					
(a) Periodic Age Groups...	...	...	...	...	6,492
(b) Specials	...	...	...	...	3,033
Total (1)	...	...	...	...	9,525
(2) Number found to require Treatment	...	...	...	...	5,881
(3) Number referred for Treatment	...	...	...	...	5,758
(4) Number actually treated	...	...	...	...	5,285
(5) Attendances made by Pupils for Treatment	...	...	...	...	9,207
(6) Half-days devoted to—					
(a) Inspection	...	...	...	...	81
(b) Treatment	...	...	...	...	1,569
Total (6)	...	...	...	...	1,650
(7) Fillings:					
(a) Permanent Teeth	...	...	...	...	3,197
(b) Temporary Teeth	...	...	...	...	153
Total (7)	...	...	...	...	3,350
(8) Number of Teeth Filled:					
(a) Permanent Teeth	...	...	...	...	2,954
(b) Temporary Teeth	...	...	...	...	147
Total (8)	...	...	...	...	3,101
(9) Extractions:					
(a) Permanent Teeth	...	...	...	...	1,247
(b) Temporary Teeth	...	...	...	...	5,016
Total (9)	...	...	...	...	6,263
(10) Administration of General Anaesthetics for Extraction	...	...	...	...	3,611
(11) Other Operations:					
(a) Permanent Teeth	...	...	...	...	1,524
(b) Temporary Teeth	...	...	...	...	—
Total (11)	...	...	...	...	1,524

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 ...	—
Wednesday	(a.m.)	School Clinic, Merton Road, Wallasey	Minor Ailments and S.M.O.'s Clinic.
		Health Centre, Moreton	Minor Ailments.
		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 ...	—

MINOR AILMENTS AND OTHER CLINICS—(Contd.)

Thursday	(a.m.)	School Clinic, Merton Road, Wallasey ... Minor Ailments. Health Centre, Moreton ... Minor Ailments. Congregational Church Hall, Wallasey ... Minor Ailments.
	(p.m.)	School Clinic, Merton Road, Wallasey ... Orthopaedic Clinic (Mr. Davies) Health Centre, Moreton do. (every 4th Thurs.) Congregational Church Hall, Wallasey ... —
Friday	(a.m.)	School Clinic, Merton Road, Wallasey ... Minor Ailments. Health Centre, Moreton ... Minor Ailments. 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 ... —

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.

SCHOOL DENTAL CLINICS—*contd.*

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.

PHYSIOTHERAPY CLINICS.

Monday	(a.m.)	School Clinic, Merton Road, Wallasey (U.V.L.).
	(p.m.)	Health Centre, Oakenholt Road, Moreton (Remedial Exercises and U.V.L.).
Tuesday	(a.m.)	Elleray Park School, Elleray Park Road, Wallasey (Remedial Exercises).
	(p.m.)	Grosvenor Assembly Rooms, Grosvenor St., Wallasey (Remedial Exercises).
Wednesday	(a.m.)	School Clinic, Merton Road, Wallasey (U.V.L.).
	(p.m.)	Child Welfare Clinic, New Street, Wallasey (Remedial Exercises).
Thursday	(a.m.)	Child Welfare Clinic, New Street, Wallasey (Remedial Exercises).
	(p.m.)	School Clinic, Merton Road, Wallasey (Orthopaedic Specialists Clinic).
Friday	(a.m.)	Elleray Park School, Elleray Park Road, Wallasey (Cerebral Palsy Unit).
	(p.m.)	Health Centre, Oakenholt Road, Moreton (Remedial Exercises and U.V.L.).

CHILD GUIDANCE CLINIC.*(Psychiatric Department)*

Thursday (a.m. & p.m.) 50 Church Street, Wallasey.

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.

HANDICAPPED PUPILS, YEAR 1952.

Details	Blind	Partially Blind	Deaf	Partially Deaf	Delicate	Phy- sically Handi- capped	Educa- tionally Sub- Normal	Mal- adjusted	Epilep- tic	Total
Placed during the year in Special Schools or Homes	1	1	1	—	8	13	14	—	—	38
Ascertained during the year as requiring education at Special Schools or Boarding Homes	1	1	—	—	10	16	16	—	—	44
Attending Special Schools :—										
Day Pupils	—	—	3	—	61	44	119	—	—	227
Boarding Pupils ...	—	—	7	—	—	—	—	—	1	8
Boarded in Homes ...	—	—	—	—	—	—	—	—	—	—
Attending Independ- ent Schools under arrangements made by the Authority ...	1	1	4	1	1	2	4	1	—	15
	1	1	14	1	62	46	123	1	1	250
Being educated under arrangements made under Sec. 56 of the Education Act, 1944 :										
In Hospital	—	—	—	—	—	—	—	—	—	—
Elsewhere	—	—	—	—	—	2	—	—	—	2
Requiring places in Special Schools ...	—	1	—	—	2	3	4	—	—	10
Receiving Home Tuition	—	—	—	—	—	2	—	—	—	2

Number of children reported during the year :—

(a) Under Sec. 57(3) 5

(b) „ „ 57(4) —

(c) „ „ 57(5) 1

of the Education Act, 1944.