

[Report 1962] / Medical Officer of Health, Wallasey Local Board / U.D.C. / County Borough.

Contributors

Wallasey (England). Local Board.

Publication/Creation

1962

Persistent URL

<https://wellcomecollection.org/works/c3uf97t6>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.

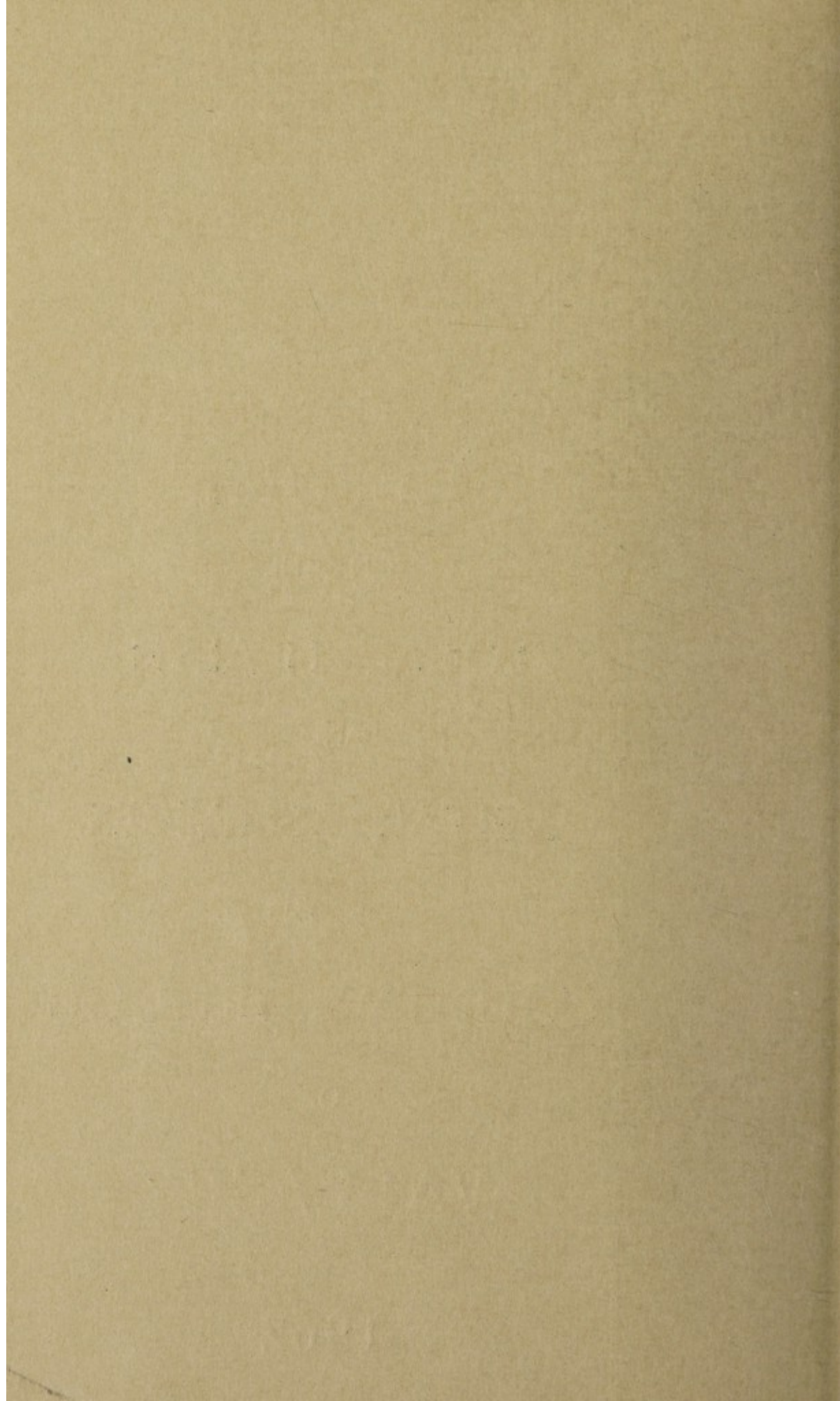


Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>



REPORT
ON THE
LOCAL HEALTH
AND
WELFARE SERVICES
OF THE
COUNTY BOROUGH
OF
WALLASEY

1962



COUNTY BOROUGH OF WALLASEY



ANNUAL REPORT

of the

Medical Officer of Health

and

Principal

School Medical Officer

FOR THE YEAR

1962

—:o:—

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

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

Including the Report of the
CHIEF PUBLIC HEALTH INSPECTOR
(A RIDGWAY, M.A.P.H.I.).

—:o:—

E. SHAW & CO. LTD., 1a CHURCH ROAD, WALLASEY.

CONTENTS.

	Page		Page
Ambulance Service	48	Junior Training Centre	68
Ante natal Clinics	24	Lung Cancer	13
Air pollution	110	Maternal Mortality	11
Births	10	Maternity Emergency Unit ...	37
Blind Welfare	123	Maternity Outfits	37
Camping	116	Meat and Food Inspection ...	30
Care of Mothers and Young		*Mental Health Service	57
Children	24	Midwifery Services	35
Child Welfare Clinics	29	Milk Supplies	76
Children Act, 1948	86	Milk for School Children ...	80
*Chiropody Service	55	Mother and Baby Homes ...	35
Clean Linen Service	52	Neo-natal Deaths	28
Clearance and Demolition		Noise Nuisances	100
Orders	96	Nurseries and Child Minders'	
*Common Lodging Houses ...	117	Regulation Act, 1948	35
Convalescence	55	Nursing Equipment and	
Day Nurseries	34	Apparatus	52
Deaths	12	Nursing Homes	43
Dental Services	32	Pet Shops	116
Development of Community		Pharmacy and Poisons Act ...	76
Care	69	Post-natal Clinics	25
Diseases of Animals Acts ...	84	Premature Babies	25
Disinfestation	115	Prevention of Illness, Care	
Domestic Help Service	56	and After-Care	50
Domestic Servants Registries	117	Rag Flock and Other Fillings	
Economic Conditions	15	Materials Act	116
Environmental Health	88	Rehabilitation	123
*Factories Act	99	Rodent Control	106
Fertilizers and Feeding		School Health Service—	
Stuffs Act	76		Appendix
Fluoridation of Water Supplies	56	*Sewerage and Drainage	105
Food and Drugs Act	76	Shop Acts	94
Food Hygiene	91	Smoke Control Areas	112
Food Poisoning	21	*Smoking and Health	54
Hairdressers	117	Still Births	26
Handicapped Persons	125	Swimming Pools	108
Health Centres	24	Ten Year Development Plan ...	69
*Health Education	53	Theatrical Employers	
*Health Visiting	39	Registration	86
Home Nursing	41	Tuberculosis	50
Houses, Inhabited	11	Vaccination	43
Housing	95	Venereal Disease	55
Ice Cream	93	*Vital Statistics	10
Illegitimacy	15	*Water Supply	100
Immunisation	43	Welfare Foods	31
Infant Mortality	14	Welfare Services	120
Infectious Diseases	17		

* Denotes — Incorporates information specifically required by Ministry of Health

Public Health Department,
Town Hall,
Wallasey.

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

I have pleasure in presenting to you the Annual Report on the Health, Welfare and School Health Services of the Borough for the year 1962.

In January the Ministry of Health presented a plan to Parliament for the development of the hospital services for the next ten years. The plan included an important section on care in the community which comes within the province of Local Authority Health and Welfare Services. In making the ten year plan, the Minister assumed that there would be a continued expansion of the Local Authority Community Health and Welfare Services. Circular 2/62 was received later in the month. This asked each Local Health and Welfare Authority to make a ten year plan for the development of their services taking into consideration what is happening in the related fields.

A draft ten year plan was prepared after consultation with the Local Medical Committee and the Officers of the Liverpool Regional Hospital Board. This was submitted to the Health and Welfare Committees for their consideration. The plan was approved by both Committees and the Council and was later sent to the Regional Hospital Board and the Wallasey Executive Council for their observations and suggestions. A summary of the plan submitted to the Ministry of Health with the average figures for all Authorities in England and Wales for comparison can be found in the body of the Report on pages 69—73.

Representatives of the three branches of the National Health Service in Wallasey were invited to meet the "ad hoc" Committee of the Regional Hospital Board to discuss the ten year Hospital Plan, so far as it affected this area. The united views of the representatives from Wallasey were sympathetically considered by the "ad hoc" Committee and it was gratifying to learn later that the Regional Hospital Board in the first annual review of Command Paper 1604 applicable to the Cheshire area included a district general hospital for the Wallasey and Hoylake areas as part of their future Hospital development plan.

VITAL STATISTICS.

The birth rate for the borough was 18.86 per 1,000 population as compared with 18.00 in 1961. The number of illegitimate live births fell from 119 in 1961 to 106 representing 5.94% of the total live births in 1962.

I regret to have to report an increase in the number of deaths in infants under one year, from 36 in 1961 to 61 in 1962, giving an infant mortality rate of 31.25 compared with 19.38 in 1961. These figures are disappointing especially after the particularly good figures of 1961. A table on page 26 gives the details of the premature live births during the year and it will be seen at once when comparing it with a similar table in last year's report that there were more small premature babies born in Wallasey in 1962. Some of them only lived a matter of a few minutes and were classified by the paediatrician as pre-viable, that is to say born before the 28th week of gestation and incapable in spite of expert attention in the premature baby unit of existing apart from the mother.

The perinatal mortality rate (still births and deaths under one week combined per 1,000 total live and still births) was 40.16 as compared with a rate of 31.63 in 1961. Causes of the stillbirths, early neo-natal deaths, neo-natal deaths and other infant deaths can be found on pages 27—29. A severe type of broncho pneumonia accounted mainly for the increase in the number of deaths in the older infants.

Deaths in the borough from all causes number 1,358, compared with 1,426 in 1961, giving a death rate of 13.12 per 1,000 population, compared with 13.80 in 1961. Deaths from Cancer of the lung and bronchus showed another increase which can be seen on the graph on page 13. There were fewer deaths from coronary artery disease, 242 as compared with 292 in 1961. Deaths from pneumonia numbered 92 compared with 88 in 1961, and Bronchitis accounted for 64 deaths. It is hoped that these figures will improve in future years as the residents of the borough gradually reap the full benefits of the Council's clean air policy.

INFECTIOUS DISEASES.

I am glad to report that there was no serious outbreak of infectious disease in the borough during the year. No cases of Poliomyelitis occurred. 951 cases of measles were notified, but no deaths occurred from this disease.

DOMICILIARY MIDWIFERY SERVICE.

During the year the trend towards earlier discharge home after institutional delivery continues, and this is reflected in the number of "nursings" undertaken by the midwives.

At the end of the year Nurse Homer retired after 15 years of faithful and efficient service. The Department wish her a happy retirement and better health.

HEALTH VISITING.

1962 was the centenary of Health Visiting. I should like to pay tribute to this important section of the Health Department. The Health Visitors work goes on untiringly year by year. They rarely get into the limelight as the nature of their work tends to be unspectacular. The modern Health Visitor has a big contribution to make in the National Health Service. She now not only advises on Health matters in the care of mothers and young children but is also health advisor and health educator to the whole family.

I am pleased to report that three general practioners have Health Visitors working with them during their ante-natal clinics and generally the co-operation and mutual understanding between the Health Visitors and general practioners has grown steadily over the last few years.

DISTRICT NURSING SERVICE.

This service continued to function smoothly throughout the year. 49,619 visits were paid to 1,559 cases. 35,802 visits were paid to 1,058 patients of 65 years or over. With more and more emphasis being placed on care of the elderly in the community, an expansion of this service has been included in the authority's ten year development plan.

DOMESTIC HELP SERVICE.

The Home Helps continued to do yeoman service throughout the year, in particular with the elderly and infirm, who together accounted for 84% of the hours worked. The ten year plan included a considerable expansion of this service.

AMBULANCE SERVICE.

The year saw a necessary further increase in the staff due to the introduction of a 48 hour week. The number of cases conveyed rose steeply to the total of 38,838. Improvements in the accommodation at the Fire and Ambulance Headquarters in Manor Road were planned, and approval was given for the building of a new ambulance station in Pasture Road, Moreton. Further expansion in the service both in personnel and vehicular strength was included in the ten year development plan.

VACCINATION AND IMMUNISATION.

This important work of the Department continues as usual throughout the year with the help of all the general practioners in the town. The introduction of Sabin's oral anti-poliomyelitis vaccine was welcomed by all the children, who infinitely prefer their protection to be acquired by consuming a lump of sugar than by having it thrust into them through a needle!

Tetanus was included for the first time on the list of diseases against which the authority offers protection in their scheme made under Section 26.

PREVENTION CARE AND AFTER CARE, SECTION 28.

An account of the diverse activities undertaken or proposed to be undertaken under this section can be found on pages 50—56. A newcomer to this list is "Fluoridation of the Water Supply" in order to protect children's teeth from dental decay. It is hoped that this important preventive dental health measure will come into operation in the Autumn of 1963 when the New Wirral Water Board comes into being.

MENTAL HEALTH SERVICE.

A full account of the work of this section can be found on pages 57—68. A start has been made on training staff in accordance with the scheme made under the Mental Health Act 1959. A Mental Welfare Officer was seconded to take the two year "Younghusband" training course in Liverpool on full salary. It is hoped to second one of the Assistant Supervisors at the Junior Training Centre to a suitable course run by the National Association for Mental Health in September 1963.

ENVIRONMENTAL HEALTH.

The work in this field during the year has been handicapped by the shortage of staff and this is reflected in the reduced number of visits to food premises. This is unfortunate, but more attention will be given to this side of the work as and when we obtain our full establishment. Steady progress has been made on slum clearance and in obtaining clean air for Wallasey. A full account of the work of this section can be found in Part V of this Report.

WELFARE SERVICES.

Part VI of the Report deals with the Welfare Services, which have continued to expand during the year. Full use has been made of the extra 68 beds at "Fernleigh" and "Manor Grange," but at the end of the year there were still 116 on the waiting list for hostel accommodation. The building of a new 40 bedded hostel in Osborne Vale commenced during the year and is due to be opened in the Autumn of 1963. Much remains to be done for the elderly and handicapped in the borough and full consideration to the expansion and development of the services for these sections of the community was given when drafting the ten year development plan.

Thanks are again due to the invaluable work of the Voluntary organisations in the borough. There is still much scope for voluntary work in particular in relation to the Welfare Services.

In conclusion, I should like to thank the Chairman and members of the Health, General Health and Welfare Committees for their continued support and encouragement throughout the year. The friendly co-operation and helpful advice of the Town Clerk and other Chief Officials is much appreciated. Also the loyal support and hard work of all the members of my Staff throughout the year.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

HOWARD W. HALL,

Medical Officer of Health.

PUBLIC HEALTH OFFICERS of the AUTHORITY

as at 31st December, 1962.

Medical Officer of Health and Principal School Medical Officer:

HOWARD W. HALL, M.B., Ch.B., D.P.H., F.R.S.H.

Town Hall, Wallasey. Telephone No. Wallasey 7070 Ext. 120.

Deputy Medical Officer of Health & Deputy Principal School Medical Officer:

WILLIAM F. CHRISTIAN, M.B., Ch.B., D.P.H.

Assistant Medical Officer of Health and School Medical Officer:

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

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

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

Tuberculosis Officer (Part-Time)

JAMES BAXTER, M.B., Ch.B., D.P.H.

Principal Dental Officer:

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

Dental Officers:

W. A. HENDERSON, L.D.S., E. G. MASON, L.D.S.

Chief Public Health Inspector:

A. RIDGWAY, M.A.P.H.I.

Deputy Chief Public Health Inspector:

T. BARLEY.

District Public Health Inspectors:

W. H. FARR

J. Q. CALLISTER

R. HUGHES

A. E. LEWIS

R. JONES

W. GLADDEN

A. S. FIDLING

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

G. A. OWEN

Superintendent Health Visitor/School Nurse:

Mrs. K. SCHOFIELD

Health Visitors/School Nurses Whole Time:

Miss A. J. EDGE

Miss E. WHITBURN

Miss C. E. MURRELL

Miss M. B. JONES

Mrs. E. P. NOLAN

Mrs. L. M. JONES

Mrs. W. DOVEY

(Tuberculosis Visitor)

Miss M. E. ASPINALL

Mrs. M. KEANE

Miss K. E. HIGGINS

Mrs. E. SIMPSON

Miss E. M. MORGAN

Mrs. U. O'KEEFE

Health Visitor/School Nurses (Part-Time):

Mrs. I. D. WINTERBURN
Mrs. M. J. GRIFFITHS
Mrs. M. E. GALLIMORE
Mrs. B. MINISTER (Tuberculosis Visitor).

Municipal Midwives:

Mrs. E. E. HINTON
Mrs. F. E. BOYD
Miss E. HOMER
Miss E. WOODS
Mrs. P. SHACKLADY
Mrs. A. B. TIMEWELL
Miss I. K. PAISLEY

Chief Weights and Measures and Food and Drugs Inspector:

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

Weights and Measures and Food and Drugs Inspector:

J. A. ISHERWOOD, Cert. Board of Trade.

Public Analyst (Part-Time)

TENNYSON HARRIS

Chief Administrative Assistant:

G. A. LOXHAM, D.P.A.

Clerical Staff:

R. G. BARRY (Senior Clerk)	Miss J. FIELDING
J. M. GIBSON	Mrs. G. DODD
W. R. KIDD	Mrs. J. NICHOLSON
Miss G. BOOTH	Miss A. ELCOCK
Miss M. BLENCOWE	Miss S. C. PEALING
Miss B. M. HERRIOT	Mrs. M. E. ROBERTS
Miss H. J. HARRIS	Mrs. N. FISHER
Miss E. MASTERS	Miss S. FOX
Miss B. FISHWICK	Miss D. W. SIMPSON

Part-Time Specialists discharging duties in connection with Special Clinics:

Mr. J. D. ELLIOTT EDWARDS, M.B., Ch.B., D.O.M.S. (Ophthalmic).
Mr. H. DAVIES, M.B., F.R.C.S.(Eng.), Ch.B., Ch.M. (Orthopaedic).

Matrons of Day Nurseries:

Miss E. GREENLY, Central Park Day Nursery.
Miss G. E. MORGAN, Oakdale Day Nursery.
Miss P. WARNER, Eastway Day Nursery.

Superintendent District Nursing Service:

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

District Nurses (Whole-Time):

Mrs. M. PRENDERGAST	Miss B. E. JONES
Miss B. JOY	Mrs. K. DUNNE
Mrs. K. ELSON	Miss B. M. FORSTER
Miss M. GOVIER	Miss B. HUNTINGTON
Mrs. D. EVANS	Mrs. A. HODGSON
Miss D. E. MURPHY	Miss A. M. BENNETT
Mrs. I. A. MATTHEWS	

District Nurses (Part-Time):

Mrs. M. M. KING
Mrs. G. WALL

Bath Attendant:

Mrs. D. ROBERTS.

Domestic Help Organiser:

Mrs. G. M. FALLA.

Supervisor Junior Training Centre:

Miss I. P. D. MACDONALD.

Senior Mental Welfare Officer:

F. WALL.

Mental Welfare Officers:.

K. MERCER

A. E. MAIRS

D. EVANS

Mental Health Worker:

Miss M. V. PHILLIPS.

WELFARE SERVICES.

Senior Welfare Officer:

D. G. WHARTON.

Welfare Officers:

F. WALL

K. MERCER

A. E. MAIRS

D. EVANS

Welfare Assistant:

J. HINTON.

Welfare Officer (Rehabilitation):

Miss N. G. TALBOT

Welfare Officer (Handicapped Persons):

Mrs. W. DAVIES.

Handicrafts Teacher (Handicapped Persons):

Mrs. C. W. GRIFFITH.

Home Teachers of the Blind:

Two Vacancies.

Clerical Staff:

A. C. HINTON

D. FARQUHAR

R. KEILL.

Miss D. M. PERKINS

Miss V. I. BARR

Matrons of Hostels for the Aged:

Miss M. ROBERTS, "Fernleigh"

Miss E. PARSONS, "Lamorna"

Mrs. A. P. JACKSON, "Redcliffe"

Miss L. WEIGHTMAN, "Newholme"

Mrs. W. M. FITZGERALD, "Manor Grange"

Warden—Reception Centre:

Mrs. I. M. BRYAN.

VITAL STATISTICS, ETC.

(a) As requested by the Ministry of Health, in accordance with Circular 1/23:—

1952	1951
1,032	1,009
814	849

1,032	1,009
814	849

1,032	1,009
814	849

1,032	1,009
814	849

1,032	1,009
814	849

1,032	1,009
814	849

PART I.

Vital Statistics, Etc.

1,032	1,009
814	849

1,032	1,009
814	849

1,032	1,009
814	849

1,032	1,009
814	849

1,032	1,009
814	849

1,032	1,009
814	849

1,032	1,009
814	849

1,032	1,009
814	849

VITAL STATISTICS, Etc.

(a) As requested by the Ministry of Health, in accordance with Circular 1/63:—

	1961	1962
Live Births—Males	1,009	1,038
Females	849	914
	<hr/> 1,858	<hr/> 1,952
Live birth rate per 1,000 population ...	18.00	18.86
Illegitimate live births per cent of total live birhs	6.41	5.94
Still Births—Males	24	14
Females	15	26
	<hr/> 39	<hr/> 40
Rate per 1,000 total live and still births ...	20.56	20.08
Total live and still births	1,897	1,992
Infant deaths (deaths under one year)		
Males	23	34
Females	13	27
	<hr/> 36	<hr/> 61
Infant Mortality Rates—		
Total infant deaths per 1,000 total live birhs	19.38	31.25
Legitimate infant deaths per 1,000 legitimate live births	20.70	30.88
Illegitimate infant deaths per 1,000 illegitimate live births	0.00	37.74
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	12.92	21.52
Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births)	11.30	20.49
Perinatal Mortality Rate (Still births and deaths under one week combined per 1,000 total live and still births) ...	31.63	40.16
Maternal Mortality (including abortion)—		
Number of deaths	1	Nil
Rate per 1,000 total live and still births	0.53	0.00

(b) Other details:—

Census population (April, 1961) ...	103,213	103,213
Registrar General's estimated population at mid-year	103,240	103,490

Deaths to 31st December—

	1961	1962
Males	694	665
Females	731	693
	<hr/> 1,425	<hr/> 1,358
Death rate (unadjusted) per 1,000 of estimated population	13.80	13.12
Death rate per 1,000 of estimated population adjusted by area comparability factor of 1.01	14.08	13.25
Death rate per 1,000 of estimated population—England and Wales	12.0	11.9*
Birth rate per 1,000 of estimated population—England and Wales	17.4	18.0*
* Provisional		
Phthisis death rate per 1,000 of population	0.107	0.068
Area in acres as ascertained by Ordnance Survey, January, 1935	5,961	5,961
River and sea frontage	Slightly less than 8 miles	
Inhabited houses at 31st December ...	31,285	31,469
Uninhabited houses at 31st December ...	518	551
Rateable value of the borough as at 31st December	£1,405,131	£1,424,688
	1961/62	1962/63
Yield of 1d. rate	£5,638	£5,710

PRINCIPAL CAUSES OF DEATH

	1961	1962
Heart Disease	477	408
Cancer	249	260
Respiratory Diseases—		
Pneumonia 88)	92)	
Bronchitis 70)	163 64)	167
Other 5)	11)	
Vascular lesions of nervous system ...	216	200
Violent Deaths (including suicides) ...	35	37

MATERNAL MORTALITY

There were no maternal deaths of Wallasey residents during 1962.

SUMMARY OF DEATHS DURING THE YEAR 1962

CAUSES OF DEATH	SEXES		All Ages	DEATHS IN WHOLE DISTRICT							
	M.	F.		0-	1-	5-	15-	25-	45-	65-	75-
Tuberculosis—											
respiratory ...	5	2	7	—	—	—	—	—	2	4	1
Tuberculosis—other ...	—	1	1	—	—	—	—	—	1	—	—
Syphilitic disease ...	—	1	1	—	—	—	—	—	—	—	1
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—
Whooping cough ...	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infection ...	—	—	—	—	—	—	—	—	—	—	—
Acute polio-myelitis ...	—	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases ...	4	1	5	2	1	—	—	1	1	—	—
Malignant neoplasm stomach ...	25	13	38	—	—	—	—	1	11	7	19
Malignant neoplasm lung, bronchus ...	62	10	72	—	—	—	—	3	34	24	11
Malignant neoplasm breast ...	1	30	31	—	—	—	—	3	11	8	9
Malignant neoplasm uterus ...	—	12	12	—	—	—	—	2	6	—	4
Other malignant and lymphatic neoplasms ...	56	51	107	—	—	—	—	2	29	40	36
Leukaemia, Aleukaemia ...	2	—	2	—	—	1	—	—	—	1	—
Diabetes ...	3	11	14	—	—	—	—	2	5	1	6
Vascular lesions of nervous system ...	49	151	200	—	—	—	—	3	28	48	121
Coronary disease angina ...	150	92	242	—	—	—	—	4	64	87	87
Hypertension with heart disease ...	11	13	24	—	—	—	—	—	6	9	9
Other heart disease ...	61	81	142	—	—	—	1	2	22	19	98
Other circulatory disease ...	22	32	54	—	—	—	—	—	10	13	31
Influenza ...	5	9	14	1	—	—	1	—	—	1	11
Pneumonia ...	44	48	92	7	—	1	—	4	12	18	50
Bronchitis ...	45	19	64	1	—	—	—	1	16	16	30
Other diseases of respiratory system ...	7	4	11	2	—	—	—	—	4	2	3
Ulcer of stomach and duodenum ...	8	3	11	—	—	—	—	—	3	4	4
Gastritis, Enteritis and diarrhoea ...	3	5	8	—	—	—	—	—	3	1	4
Nephritis and Nephrosis ...	6	6	12	—	—	—	—	—	2	3	7
Hyperplasia of prostate ...	6	—	6	—	—	—	—	—	—	—	6
Pregnancy, childbirth abortion ...	—	—	—	—	—	—	—	—	—	—	—
Congenital malformations ...	11	11	22	17	1	—	—	1	—	2	1
Other defined and ill-defined diseases ...	53	76	129	30	—	2	—	2	16	21	58
Motor vehicle accidents ...	4	4	8	—	—	—	2	3	1	1	1
All other accidents ...	17	4	21	1	1	2	1	2	7	2	5
Suicide ...	5	2	7	—	—	—	—	3	3	—	1
Homicide and operations of war ...	—	1	1	—	—	—	—	1	—	—	—
ALL CAUSES ...	665	693	1358	61	3	6	5	40	297	332	614

DEATHS IN WALLASEY DUE TO MALIGNANT NEO-PLASM, LUNG & BRONCHUS.

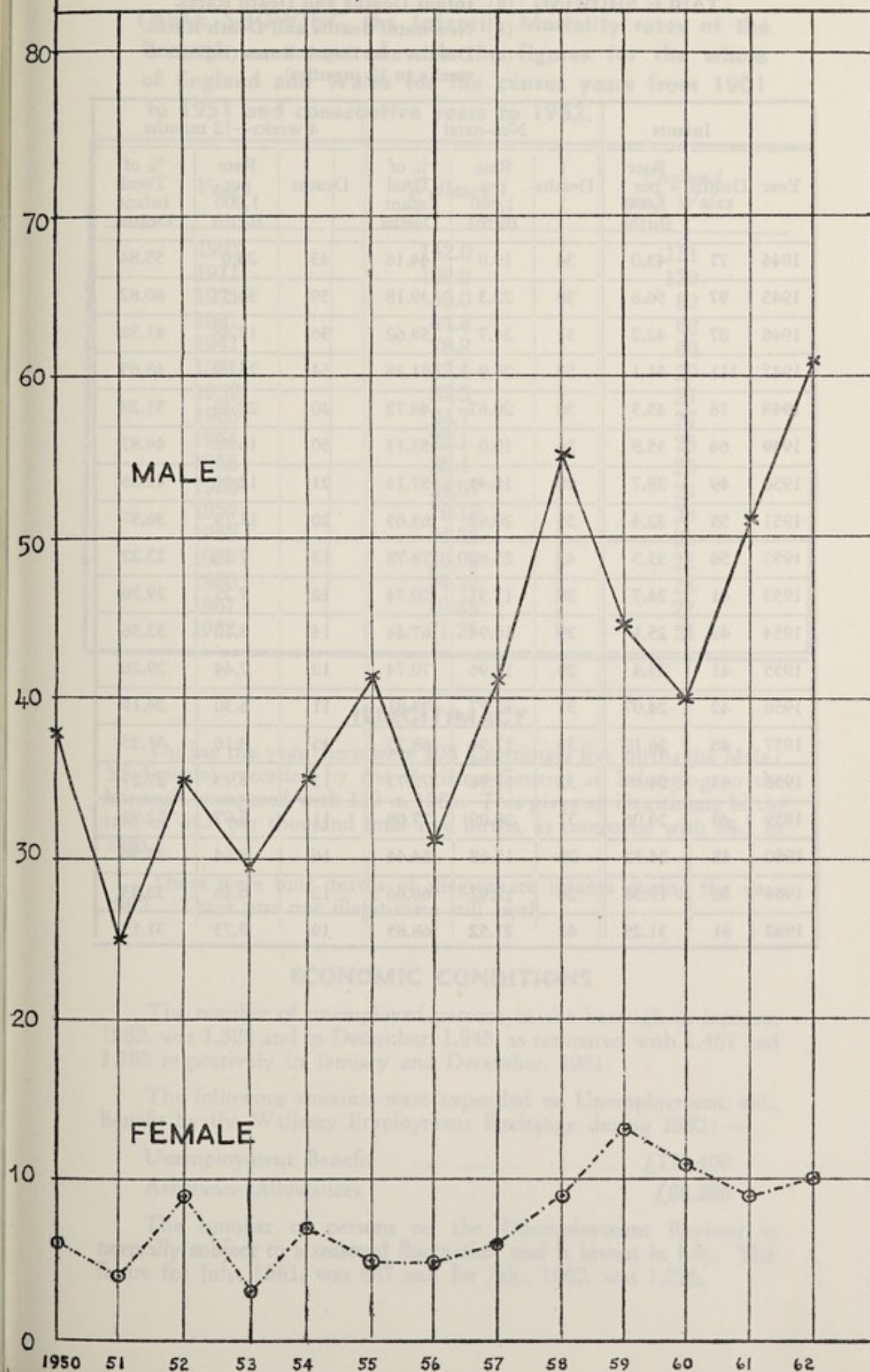


TABLE SHOWING (a) Infant Deaths and Death Rates.
 (b) Neo-natal deaths and Death Rates.
 (c) Deaths and Death Rates (infants 4 weeks to 12 months).

Year	Infants		Neo-natal			4 weeks—12 months		
	Deaths	Rate per 1,000 Births	Deaths	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
1953	41	24.7	29	17.51	70.74	12	7.25	29.26
1954	43	25.1	29	16.94	67.44	14	8.12	32.56
1955	41	25.4	29	17.96	70.74	12	7.44	29.26
1956	42	24.07	31	17.77	73.81	11	6.30	26.19
1957	48	26.10	33	17.94	68.75	15	8.16	31.25
1958	44	24.69	32	17.96	72.73	12	6.73	27.27
1959	48	26.06	37	20.09	77.08	11	5.97	22.92
1960	45	24.32	29	15.68	64.44	16	8.64	35.56
1961	36	19.38	24	12.92	66.66	12	6.46	33.33
1962	61	31.25	42	21.52	68.85	19	9.73	31.15

TABLE SHOWING the Infantile Mortality rates of the Borough as compared with the figures for the whole of England and Wales for the census years from 1901 to 1951 and consecutive years to 1962.

<i>Year</i>	<i>Wallasey</i>	<i>England and Wales</i>
1901	142.0	151
1911	109.0	130
1921	59.0	83
1931	44.8	66
1941	78.9	60
1951	32.4	29
1952	33.3	27
1953	24.7	27
1954	25.1	25
1955	25.4	25
1956	24.07	24
1957	26.10	23
1958	24.69	23
1959	26.06	22
1960	24.32	22
1961	19.38	22
1962	31.25	21

ILLEGITIMACY

During the year there were 106 illegitimate live births (54 Male : 52 Female) recorded by the Registrar-General as belonging to the borough, compared with 119 in 1961. This gives an illegitimate birth-rate of 54.3 per thousand total live births, as compared with 64.1 in 1961.

There were four deaths of illegitimate infants during the year 1962. There was one illegitimate still birth.

ECONOMIC CONDITIONS

The number of unemployed persons in the borough in January, 1962, was 1,326 and in December, 1,945, as compared with 1,467 and 1,195 respectively in January and December, 1961.

The following amounts were expended on Unemployment, etc., Benefit by the Wallasey Employment Exchange during 1962:—

Unemployment Benefit	... ..	£178,400
Assistance Allowances	... ..	£88,830

The number of persons on the Unemployment Register is normally subject to a seasonal fluctuation and is lowest in July. The figure for July, 1961, was 887 and for July, 1962, was 1,275.

TABLE SHOWING the Infantile Mortality rate of the Borough as compared with the figures for the whole of England and Wales for the census years from 1901 to 1951 and consecutive years to 1953.

Year	Infantile Mortality Rate per 1,000 live births	England and Wales	Year	Infantile Mortality Rate per 1,000 live births	England and Wales
1901	14.55	14.55	1946	10.00	10.00
1911	12.00	12.00	1947	9.50	9.50
1921	10.14	10.14	1948	9.00	9.00
1931	9.52	9.52	1949	8.50	8.50
1941	8.25	8.25	1950	8.00	8.00
1951	7.50	7.50	1951	7.50	7.50
1952	7.25	7.25	1952	7.00	7.00
1953	7.00	7.00	1953	6.75	6.75
1954	6.50	6.50	1954	6.25	6.25
1955	6.00	6.00	1955	5.75	5.75
1956	5.50	5.50	1956	5.25	5.25
1957	5.00	5.00	1957	4.75	4.75
1958	4.50	4.50	1958	4.25	4.25
1959	4.00	4.00	1959	3.75	3.75
1960	3.50	3.50	1960	3.25	3.25
1961	3.00	3.00	1961	2.75	2.75
1962	2.50	2.50	1962	2.25	2.25
1963	2.00	2.00	1963	1.75	1.75
1964	1.50	1.50	1964	1.25	1.25
1965	1.00	1.00	1965	0.75	0.75
1966	0.50	0.50	1966	0.25	0.25
1967	0.25	0.25	1967	0.00	0.00
1968	0.00	0.00	1968	0.00	0.00
1969	0.00	0.00	1969	0.00	0.00
1970	0.00	0.00	1970	0.00	0.00
1971	0.00	0.00	1971	0.00	0.00
1972	0.00	0.00	1972	0.00	0.00
1973	0.00	0.00	1973	0.00	0.00
1974	0.00	0.00	1974	0.00	0.00
1975	0.00	0.00	1975	0.00	0.00
1976	0.00	0.00	1976	0.00	0.00
1977	0.00	0.00	1977	0.00	0.00
1978	0.00	0.00	1978	0.00	0.00
1979	0.00	0.00	1979	0.00	0.00
1980	0.00	0.00	1980	0.00	0.00
1981	0.00	0.00	1981	0.00	0.00
1982	0.00	0.00	1982	0.00	0.00
1983	0.00	0.00	1983	0.00	0.00
1984	0.00	0.00	1984	0.00	0.00
1985	0.00	0.00	1985	0.00	0.00
1986	0.00	0.00	1986	0.00	0.00
1987	0.00	0.00	1987	0.00	0.00
1988	0.00	0.00	1988	0.00	0.00
1989	0.00	0.00	1989	0.00	0.00
1990	0.00	0.00	1990	0.00	0.00
1991	0.00	0.00	1991	0.00	0.00
1992	0.00	0.00	1992	0.00	0.00
1993	0.00	0.00	1993	0.00	0.00
1994	0.00	0.00	1994	0.00	0.00
1995	0.00	0.00	1995	0.00	0.00
1996	0.00	0.00	1996	0.00	0.00
1997	0.00	0.00	1997	0.00	0.00
1998	0.00	0.00	1998	0.00	0.00
1999	0.00	0.00	1999	0.00	0.00
2000	0.00	0.00	2000	0.00	0.00
2001	0.00	0.00	2001	0.00	0.00
2002	0.00	0.00	2002	0.00	0.00
2003	0.00	0.00	2003	0.00	0.00
2004	0.00	0.00	2004	0.00	0.00
2005	0.00	0.00	2005	0.00	0.00
2006	0.00	0.00	2006	0.00	0.00
2007	0.00	0.00	2007	0.00	0.00
2008	0.00	0.00	2008	0.00	0.00
2009	0.00	0.00	2009	0.00	0.00
2010	0.00	0.00	2010	0.00	0.00
2011	0.00	0.00	2011	0.00	0.00
2012	0.00	0.00	2012	0.00	0.00
2013	0.00	0.00	2013	0.00	0.00
2014	0.00	0.00	2014	0.00	0.00
2015	0.00	0.00	2015	0.00	0.00
2016	0.00	0.00	2016	0.00	0.00
2017	0.00	0.00	2017	0.00	0.00
2018	0.00	0.00	2018	0.00	0.00
2019	0.00	0.00	2019	0.00	0.00
2020	0.00	0.00	2020	0.00	0.00
2021	0.00	0.00	2021	0.00	0.00
2022	0.00	0.00	2022	0.00	0.00
2023	0.00	0.00	2023	0.00	0.00

ILLEGITIMACY

During the year there were 108 illegitimate live births (54 Males, 54 Females) recorded by the Registrar General as belonging to those boroughs combined with 112 in 1961. This gives an illegitimate birth rate of 54.3 per thousand total live births as compared with 54.1 in 1961.

There were four deaths of illegitimate infants during the year. There was one illegitimate still birth.

ECONOMIC CONDITIONS

The number of unemployed persons in the borough in January 1962 was 1,326 and in December 1,946 as compared with 1,447 and 1,192 respectively in January and December 1961.

The following amounts were expended on Unemployment etc. Benefit by the Walsley Employment Exchange during 1962:—

Unemployment Benefit	£178,400
Assistance Allowances	£88,830

The number of persons on the Unemployment Register is normally subject to a seasonal fluctuation and is lowest in July. The figure for July, 1961, was 887 and for July, 1962, was 1,278.

PART II.

Occurrence and Control of Infectious Diseases

CASES OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES NOTIFIED IN WALLASEY DURING 1962

NOTIFIABLE DISEASES	Totals	Cases notified at ages										
		Under 1	1	2	3	4	5-9	10-14	15-24	25-44	45-64	65 & over
Small-pox	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	2	—	—	—	—	—	—	—	1	1	—	—
Dysentery	15	2	1	3	2	1	2	—	1	1	2	—
Diphtheria (including Membranous Croup)	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	3	—	—	—	—	—	—	—	—	—	2	1
Scarlet Fever	11	—	1	1	—	—	6	2	—	1	—	—
Paratyphoid	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	8	—	—	—	—	—	—	—	5	3	—	—
Meningococcal Infection	2	2	—	—	—	—	—	—	—	—	—	—
Poliomyelitis (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	46	3	1	—	—	1	6	2	5	3	10	15
Ophthalmia Neonatorum	2	2	—	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis	38	—	—	—	—	—	—	2	6	9	16	5
Other Forms of Tuber- culosis	5	—	—	—	—	—	—	—	1	1	2	1
Measles	951	37	112	133	155	124	370	15	2	3	—	—
Whooping Cough	42	7	5	4	4	3	15	4	—	—	—	—
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—
Post Infectious Encephalitis	1	—	1	—	—	—	—	—	—	—	—	—
Acute Infective Encephalitis	2	—	—	—	—	—	1	1	—	—	—	—
Polio-Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	1128	53	121	141	161	129	400	26	21	22	32	22

INFECTIOUS DISEASES—INVESTIGATIONS AND VISITS OF SURVEILLANCE.

During the year a total of 865 visits were made by the health visitors and public health inspectors to infectious cases and contacts as follows:—

	Enquiry visits	Visits of Surveillance	Total Visits
Health Visitors	636	144	780
Public Health Inspectors	16	69	85
	<hr/> 652	<hr/> 213	<hr/> 865

A total of 258 specimens were submitted to the Public Health Laboratory in connection with the occurrence of cases of food poisoning and dysentery.

Diphtheria.

No cases of diphtheria were notified. Immunisation against diphtheria was first introduced in 1935. It is significant to note that in the six years 1934/9 inclusive there were 1336 confirmed cases of the disease in the borough and during this period, 91 persons died of the disease. The immunisation of children has continued steadily since the inception of the scheme and it is gratifying to note that not one case of the disease has occurred in Wallasey in the last seven years, i.e. 1956—1962. Nevertheless, from time to time there have been isolated cases in various parts of the country and the importance of parents having their children immunised against diphtheria cannot be over-emphasised.

Scarlet Fever.

11 cases of scarlet fever were notified during 1962 compared with 31 cases in 1961 and 55 in 1960. There were no deaths.

This infectious disease is of a very mild type compared with that of twenty or thirty years ago, so much so that many doctors in the borough do not notify cases. Notification is, however, important when a food handler is concerned.

Puerperal Pyrexia.

There were 8 notifications of puerperal pyrexia during the year, none of which proved fatal.

Ophthalmia Neonatorum.

There were two cases of ophthalmia neonatorum notified during the year. Both were of a mild type and responded well to treatment.

Whooping Cough.

42 cases were notified during the year. Of these 14 children had received a full course of immunisation against whooping cough and one child had received two injections only. No case was fatal. During 1962 a total of 1,493 children were immunised.

Measles.

There were 951 cases of measles notified during 1962 compared with 982 in 1961. There were no deaths.

Health visitors do not visit homes where it is known that the standard of care is satisfactory.

Poliomyelitis.

There were no cases of acute Poliomyelitis during the year.

Meningitis.

Two cases of meningococcal meningitis occurred. One in a 27-week-old infant and the other in an eight-month-old baby. The family of the first case is now living in Hampshire and the Health Visitors' record card, with details of the meningococcal infection and suspicion of impaired hearing has been forwarded to the County Health Department.

The second made a good recovery apart from a strabismus for which she is having treatment.

Encephalitis.

There were three cases of encephalitis. One was a post-infectious case in a child of seventeen months, the symptoms developing one week after mumps. She was seen six weeks after discharge from hospital at one of the Child Welfare Clinics and was reported by the Health Visitor to be bright, walking and talking well and to have no impairment of hearing.

The second case was a primary (infective) encephalitis in a boy of 13 years. The diagnosis was made on clinical grounds, Laboratory investigations were carried out in hospital, but did not reveal any confirmatory evidence. The boy has been seen by the Health Visitor subsequently and appears perfectly fit and well.

The third case, a girl of nine years, was admitted to hospital and diagnosed virus meningo-encephalitis.

Smallpox.

No case of smallpox occurred during the year.

Enteric Fevers.

There were no cases of typhoid or paratyphoid fever notified during 1962.

Food Poisoning.

There were two cases of food poisoning confirmed during the year compared with seven cases in 1961. In one case *Staph: pyogenes* was isolated in small quantities but the source was not discovered. In the other case *salmonella typhi-murium* of untypable strain was isolated. A sample of Irish Stew alleged to be the cause was submitted for examination but no organisms of the *salmonella* group were found.

Dysentery.

There were 15 confirmed cases of sonne dysentery during the year. 75 enquiries and 79 visits of surveillance were made by health visitors and public health inspectors. 198 specimens were submitted to the Public Health Laboratory for bacteriological examination. All cases were kept under surveillance until three consecutive specimens were found to be free from pathogenic organisms.

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.

30 and 31—Mental Health Services.

There were two cases of food poisoning reported during the year compared with seven cases in 1931. In one case (Steph: pyogenic) was isolated in small quantities but the source was not discovered. In the other case salmonella typhimurium of enteric strain was isolated. A sample of milk sent along as the cause was submitted for examination but no organisms of the salmonella group were found.

Salmonella

Dysentery.

There were 15 confirmed cases of acute dysentery during the year. 75 enquiries and 78 visits of surveillance were made by health visitors and public health inspectors. 158 specimens were submitted to the Public Health Laboratory for bacteriological examination. All cases were kept under surveillance until three consecutive specimens were found to be free from pathogenic organisms.

Very few cases of dysentery were reported during the year.

Measles

There were 15 confirmed cases of measles during the year. The first case was reported on 12th January and the last on 12th March. The cases were reported by health visitors and public health inspectors. 158 specimens were submitted to the Public Health Laboratory for bacteriological examination. All cases were kept under surveillance until three consecutive specimens were found to be free from pathogenic organisms.

The year was a good recovery year from a point of view of health.

Encephalitis

There were three cases of encephalitis. One was a post-infectious case in a child of seven months, the symptoms developing one week after the onset of measles. She was under the care of the health visitor. The other two cases were reported by health visitors and public health inspectors. 158 specimens were submitted to the Public Health Laboratory for bacteriological examination. All cases were kept under surveillance until three consecutive specimens were found to be free from pathogenic organisms.

The year was a good recovery year from a point of view of health. The year was a good recovery year from a point of view of health. The year was a good recovery year from a point of view of health.

The year was a good recovery year from a point of view of health. The year was a good recovery year from a point of view of health. The year was a good recovery year from a point of view of health.

Smallpox

No cases of smallpox occurred during the year.

Enteric Fevers

There were no cases of typhoid or paratyphoid fever during the year.

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

SECTION 21—HEALTH CENTRES

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

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal Clinics- These clinics are held as follows:—

(a) The Midwives' Clinics:

Monday evenings at Merton Road Clinic 6 p.m. to 7 p.m.

Tuesday evenings Water Street Clinic 6 p.m. to 7 p.m.

Thursday evenings Moreton Clinic 6 p.m. to 7 p.m.

The following are details of attendances during 1962—

	Sessions held	Expectant Mothers attending	No. of attendances
Water Street	51	141	783
Merton Road,	47	169	731
Oakenholt Rd., Moreton	52	172	665
	<hr/> 150	<hr/> 482	<hr/> 2,179

(b) The Assistant Medical Officer of Health's Clinics:

Water Street Clinic 1st and 3rd Monday of each month at 2-0 p.m.

Merton Road Clinic 2nd and 4th Monday of each month at 2-0 p.m.

Moreton Clinic 3rd Friday in the month at 2-0 p.m.

The following are details of attendances during 1962:—

Expectant mothers on books at January 1st 10

New cases during the year 30

Names on books at December 31st 13

Attendances of Expectant Mothers 72

The Local Authority ante-natal clinics under the supervision of the Assistant Medical Officer of Health are now virtually non-existent and by the end of 1962 will cease, as the numbers attending these clinics no longer justify the sessions.

Over many years much good work has been done in these clinics, watching over and safeguarding the health of expectant mothers in Wallasey as well as teaching mothercraft and health education. Whilst it is a matter of regret that the medical officer's ante-natal clinics are closing, it is only right to say that the best person to advise the expectant mothers throughout her pregnancy is her own general practitioner, who will be present at her confinement. Many general practitioners have sessions at their surgeries specially for this purpose.

The Local Authority midwives ante-natal clinics will continue to function and arrangements have been made for health visitors to

give lectures on health education and mothercraft at these clinics. It is hoped that these informal talks will help to prepare the expectant mothers for their confinements, and overcome the fears of childbirth.

Relaxation classes are also held at these sessions and are conducted by a qualified Physiotherapist. The midwives clinics are well attended and, if there is any suggestion of abnormality, high blood pressure, toxæmia or anaemia in any of their patients, the doctor is notified by letter or telephone and the patient sent to him without delay.

When the midwife considers that a patient is not suitable for home confinement on account of her previous history, or age or parity or social conditions, she reports this to the patient's doctor so that he can, if he agrees, make the necessary preliminary arrangements for hospital confinement. This could be a reference to a hospital ante-natal clinic or an application to the Selection Committee of Highfield Maternity Hospital, who decide on the admission of cases on social grounds.

Conscientious, thorough ante-natal examination is still the most important factor in controlling and diagnosing obstetrical abnormalities and complications. Expectant mothers must be made aware of this and must be taught to report any abnormal sign or symptom, however slight or unimportant these may seem to be, and, there should, therefore, be absolutely no excuse in these days of the National Health Service for a mother to go into labour with an undiagnosed abnormality, an unknown blood group or Rhesus factor, or anaemia.

If an expectant mother does not turn up at the clinic on the appointed day, her absence must be noted and the reason for her non-attendance ascertained.

The team-work between midwife and general practitioner obstetrician must be good, and I am glad to say it is so in Wallasey. Some of the local doctors are now asking that the midwives should attend their clinic and see the patients in consultation with them. As far as possible this will be arranged providing that the midwives are available.

Midwives ante-natal sessions are now held at each of the clinics—at Water Street, Merton Road, Moreton, and the new Leasowe clinic when it is opened. Details of the times of these clinics are given above.

Post-Natal Clinics

Five mothers attended for post-natal examination during the year, making five attendances. In addition the health visitors and midwives encourage and stress the importance of mothers attending for post-natal examination by their own doctors.

Care of Premature Babies

There is a Special Care Unit at Highfield and St. Catherine's Hospitals where premature babies requiring special care receive the necessary treatment, and the services of the Obstetric Flying Squad at St. Catherine's are available for complicated pregnancies, etc. The Paediatric Flying Squad Unit will visit the home on request and arrange special transport if necessary.

1. (a) **Direct Causes of Stillbirths:**

Asphyxia	11
Maceration	9
Gross foetal abnormalities	9
Hydrocephalic 3)	
Anencephalic 5)	
Hydromyelocele 1)	
Accidental haemorrhage (ante-partum haemorrhage) ...	4
Prematurity	2
Prolapsed Cord	1
Cerebral Trauma	1
Post maturity and placental insufficiency	1
Placental infarction	1
Foetal Anoxia	1
Toxaemia	1
	<hr/>
	41
	<hr/>

1. (b—c) **Antecedent causes**

Pre-eclamptic toxaemia	6
Accidental haemorrhage (ante-partum haemorrhage) ...	2
Placental insufficiency	1
Atelectasis	1
Postmaturity	1
Intra-uterine haemorrhage	1
Placenta pravia	1
Hydrocephalus and spina bifida	1
Malproportion followed by Caesarian section	1
Hypertension in pregnancy	1
Prematurity	1
Inhalation of Miconium	1
Pre-eclamptic toxaemia with post maturity	1
True knot umbilical cord and pre-eclamptic toxaemia ...	1
Torsion of Cord	1
Breech delivery	1

2. **Other Significant Conditions.**

Quiescent sarcoidosis and pre-eclamptic toxaemia	1
Postmaturity	1
Hypertension arising during pregnancy	2
Prematurity	2
Placenta praevia	1
Anaemia with past history of abortion and premature labour	1
Acute enteritis of mother	1

Infant Deaths

Total deaths under 12 months	62
Neo-natal deaths (deaths under 28 days)	43
Early neo-natal deaths (deaths under 7 days):—	
Age in days (24 hours—7 days) 18)	
Age in hours (1 hour—24 hours) 19)	41
Age in minutes (less than 60 minutes) 4)	
Other infant deaths (1 month—12 months)	19

Early neo-natal deaths**1. (a) Direct causes**

Prematurity	9
Atelectasis	10
Congenital abnormalities	8
Cerebral haemorrhage	7
Cerebral anoxia and asphyxia	5
Pneumonia	1
Renal failure	1
	<hr/>
	41
	<hr/>

1. (b—c) Antecedent Causes

Prematurity	12
Diabetes of mother	1
Inhalation of Meconium	1
Cerebral damage (birth injury)	1
Intracranial haemorrhage	1
Atelectasis	1

2. Other significant Conditions.

Atelectasis	2
Prematurity	2
Major congenital heart deformity	1
Premature separation of placenta	1
Congestive heart failure	1
Toxaemia of mother	1
Hydramnios	1
Caesarian Section	1

Neo-natal deaths (Deaths 7—28 days)**1. (a) Direct Causes**

Intestinal obstruction	1
Broncho-pneumonia	1

1. (b—c) Antecedent Causes

Hirschsprung's Disease	1
Congenital abnormality	1

Other infant deaths (1 month—12 months)**1. (a) Direct causes**

*Broncho-pneumonia including influenzal broncho-pneumonia	11
Multiple congenital abnormalities	1
Liver failure due to biliary cirrhosis	1
*Oedema of glottis	1
*Toxaemia due to tonsillitis	1
Gastro-enteritis	1
Pericarditis due to chicken-pox	1
Asphyxia due to inhalation of stomach contents	1
Malnutrition	1
	<hr/>

1. (b—c) Antecedent Causes

*Laryngitis Tracheitis and broncho-pneumonia	...	...	1
Congenital absence of bile duct	...	...	1
Myelomeningocele and hydrocephalus	...	...	2
Congenital heart disease	...	...	1

* In six cases of acute fulminant infection of the respiratory tract the cause of death was certified by the Coroner after autopsy.

(The above analysis was prepared from details available locally and differs slightly from the information subsequently received from the Registrar General).

CHILD WELFARE CLINICS.

In Wallasey, the Child Welfare Centres continue to be most popular and well attended.

Dr. E. I. Grant, Assistant Medical Officer of Health, reports:—

“During 1962, the New Brighton Clinic had to change its venue from the pleasant bright premises at Princess Road Liscard, Congregational Church Hall to the rather less attractive quarters at Emmanuel Church Hall.

Bonny bottle-fed babies seem to be the order of the present day and age, and even premature babies seem to come on well — though rarely breast fed for more than a few weeks. The recent advances which have been made in perfecting baby milk foods seem to have made breast feeding less essential and valuable, though it is, of course, still the food of choice, and the nursing mother receives a pat on the back from us when she perseveres with this method of feeding.

Weaning diet is being introduced, earlier and earlier and it is really surprising how soon a baby can be introduced to solid food without any ill-effects. It is a shame, however, that so much publicity is given to the various brands of tinned baby foods. There must be thousands of toddlers today who hardly know what home-cooked soup, vegetables, meat or even puddings taste like. It makes me very cross to hear, invariably, that baby now has half a tin of soup, half a tin of vegetables and a tin of sweet for his dinner, or that little Johnnie has now graduated to junior meals — also, of course, in tins. What the present day mother would do without a tin opener, I cannot think. It is rather pathetic, I think, to find such a large number of young mothers who think that anything of their own cooking is quite unsuitable for baby's consumption. The other excuse given is that father comes home for his dinner at night, so they can't possibly cook a dinner for baby in the middle of the day as well. Another unfortunate but perhaps more justifiable reason given is that they live with their parents or “in-laws” and have inadequate cooking facilities — but for whatever reason, the sale of these small tins of baby's food requirements must be quite fantastic.

The immunisation programme is carried out most meticulously, and few babies should reach the age of nine months without complete

protection having been given against diphtheria, whooping cough, tetanus, poliomyelitis and smallpox, though in the case of the latter, there is a new school of thought which recommends that it is safer to delay vaccination until the second year of the infant's life—this is said to lessen the dangers of the complications which sometimes occur from this procedure.

It has also been found recently that the degree of immunity to diphtheria diminishes or is lost if other infectious diseases are contracted, and so booster doses of diphtheria antigen are recommended 15—18 months after the primary course, and again at or just before school entry at five years.

Great stress is now being placed on the early detection of congenital abnormalities, blindness, deafness, physical handicap, and mental retardation, and the welfare clinics have ample opportunity to diagnose these unfortunate conditions and see that everything possible is being done to minimise their effect on the mental and physical well-being of the child.

In future, registers of such cases are to be kept, known as the "At Risk" Register, and any infant who has had a difficult delivery, whose mother has had toxæmia, or is Rhesus negative, or where there is any family history of disease, blindness, deafness, epilepsy, etc., shall be placed on this register and called up at regular intervals to a special clinic where he will be carefully examined by the assistant medical officer for any deviation from the normal. For this to be successful the co-operation of the parents, the family doctor, the consultant paediatrician, and the local health authority is essential.

Toddlers' clinics are growing in popularity and many mothers express their satisfaction when their children are invited to attend for this pre-school check-up at the ages of 2, 3 and 4 years of age. Probably the most important aspect of this clinic is the opportunity it gives of early diagnosis of hitherto unsuspected mental or physical defects. I allude to such conditions as impaired hearing, squint, knock-knees, valgus ankles, speech defect and mental retardation. Sometimes even more serious defects are discovered, such as congenital heart lesions and congenital dislocation of the hip.

We are looking forward to the completion of the newly-built modern clinic on the Leasowe estate. This will replace the poorly attended clinic which has hitherto been held at Leasowe Hospital, a bleak and isolated centre, and I have no doubt that its proximity to so much new property will lead to its becoming a popular meeting place for mothers when they are in need of expert advice on baby's progress.

Our thanks are tendered once more to the voluntary helpers who come along so regularly and assist the health visitors with the weighing, charting and tea-making for mothers."

The Clinics at which a doctor attends on each occasion were held in the afternoon of the following days (2.0 p.m.—4.30 p.m.):—

Health Clinic, Water Street,	Tuesdays
Health Clinic, Oakenholt Road, Moreton	Tuesdays
Parish Hall, Wallasey Village	Wednesdays
Trinity Church Hall, Manor Road	Thursdays
Emmanuel Church Hall, Seabank Road ...	Thursdays
	(as from July, 1962)
Leasowe Hospital	1st, 2nd and 4th
	Wednesday in month.

The number of attendances during the year was :

	Water Street	Moreton	E'manuel Church Hall	Wallasey Village	Trinity Hall Liscard	Leasowe Hospital	Totals
Children under one year of age	2,628	2,714	3,006	3,247	1,959	422	13,976
Children between one and five years	898	539	747	562	788	276	3,810

Toddlers' Clinic

Number of Sessions held	20
Number of children called up	475
Number who attended	215

Distribution of Welfare Foods

Welfare foods, i.e., National dried milk, cod liver oil, orange juice and vitamin tablets were distributed from the following points during the year :—

25a Liscard Village; Boys Club, Vernon Ave., Health Clinic, Moreton; Water Street Clinic, and, at the clinics held in Wallasey Village Parish Hall, Emmanuel Church Hall and Leasowe Hospital.

The following table shows the amounts of welfare foods which have been distributed during the years 1957 to 1962 inclusive :—

	1957	1958	1959	1960	1961	1962
NATIONAL DRIED MILK						
Number of packets given free ...	512	695	1,244	1,262	1,023	1,279
„ „ sold ...	38,127	31,110	29,125	25,553	24,345	23,292
COD LIVER OIL, ORANGE JUICE, ETC.						
Number of bottles of:						
Cod Liver Oil	9,252	5,257	5,168	5,396	3,866	2,290
Vitamin Capsules	5,150	4,539	5,022	5,031	3,962	2,964
Orange Juice (Free)	624	65	2	30	885	698
„ „ (Sold)	81,771	48,139	47,842	46,115	29,052	16,004

During the year the number of packets of dried milk (other than National dried milk), cereals, etc., sold at the Clinics was 28,156 realising a total of £3,672, compared with 24,906 packets sold in 1961 which realised £3,333 3s. 7d.

Priority Dental Services

The following tables give particulars with regard to the dental care of expectant and nursing mothers, and children under school age :—

- (a) Number of officers employed at the end of the year on a salary basis in terms of wholtime officers to the maternity and child welfare service:

Principal Dental Officer	...	...	...	...	1/8th.
Dental Officers	...	...	...	...	1/4

- (b) Number of officers employed at the end of the year, on a sessional basis, in terms of wholtime officers to the maternity and child welfare service ... Nil

- (c) Number of dental clinics in operation during the year 4

- (d) Number of sessions (i.e., equivalent complete half days) devoted to maternity and child welfare patients during the year ... 72

NUMBERS PROVIDED WITH DENTAL CARE:—

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers ...	136	124	114	69
Children under Five	221	212	195	195

FORMS OF DENTAL TREATMENT PROVIDED

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radio-graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	18	24	—	—	219	35	21	10	9
Children under Five	—	53	4	—	175	148	—	—	—

Day Nurseries

Dr. E. I. Grant, Assistant Medical Officer of Health, reports as follows:—

"Wallasey still boasts three good day nurseries, two of them training schools for nursery nurses, where a maximum of 130 children of 0—5 years are conscientiously cared for by a well-trained staff under the supervision of the three Matrons and the Assistant Medical Officer.

The diet is carefully planned to include proteins, fats, carbohydrates, and vitamins and the children enjoy their meals and make good progress, both physically and mentally. Even their play and their toys are intelligently planned so that the best use is made of their bodies and their minds.

Problem children, who are out of control at home or who do not measure up to other children of the same age, are sometimes admitted, and we are gratified, as are their mothers, at the improvement which usually occurs. If a child is really mentally retarded, it gives the staff and myself the opportunity of assessing the mental age and helps us in deciding to which school the child should be sent, when he or she reaches the age of five years.

At the two training nurseries we employ six students who take the Course for the Diploma of the N.N.E.B. This course lasts two years, and we rarely have any failures. Recently, we had an inspection by two ladies from the Ministry of Health and the Ministry of Education and they seemed well satisfied with the organisation of our Course and our Tutors, whom we share with Birkenhead.

Nursery nursing is still a popular vocation with girls leaving school and we always have more applicants than vacancies.

The children are regularly medically examined by me and the mothers informed of any defects discovered. Immunisations are carried out at the nurseries, much to the mother's satisfaction, because she really does not enjoy being present when her baby is given "the needle." The polio vaccine is, of course, now given by mouth in syrup or on a cube of sugar and is much more popular with child and parent alike. Booster doses are also given.

Although the numbers at the nurseries may fluctuate considerably—this is based on so many things—the weather, epidemics of infectious diseases, school holidays, and the state of employment in the district—there will always be a great need for these institutions and, I hope that they will continue to lead a long and useful life."

Details of attendances during the year are as follows:—

Nursery	Number on Register 31/12/62	Number of Places	Average Daily Attendances	
			0—2's	2—5's
Eastway	28	30	4.8	19.3
Central Park	44	50	16.6	22.8
Oakdale	38	50	8.3	25.1

Care of Unmarried Mothers and their Children.

No Mother and Baby Home is provided but full use is made of the services available through voluntary organisations.

Most of the cases are dealt with, by the Birkenhead and Wirral Moral Welfare Association whose official worker investigates each case and advises the expectant mother on the social aspects of her problem and arranges admission to a suitable home or hostel where necessary.

Under these arrangements fifteen cases received ante-natal and post-natal care, being admitted to the following homes:—

St. Monica's Home, Liverpool	5
'Elmswood', Liverpool	3
'Chaddeslode', Shrewsbury	3
The Grange, Wilpshire, Blackburn	2
St. Monica's Home, Kendal	1
Manchester and Salford Mission	1

The fifteen cases receiving assistance included 5 girls aged 16, four aged 17, two aged 19, one aged 20, one aged 24. The ages of the remaining two are unknown.

Because of the steep rise in the number of cases referred to this authority in 1962 a supplementary sum of £200 was granted by the Finance Committee for this purpose.

Nurseries and Child Minders Regulations Act, 1948

In accordance with the above Act, local health authorities are required to register all day nurseries, where children who have not attained the upper limit of compulsory school age, are received. Similarly, all persons who, for reward, receive more than two children under the age of five years, into their homes, for the day or substantial part of the day, are required to be registered.

Throughout the year there were two day nurseries and one child minder on the register. One application was received towards the end of the year for registration as a day nursery. Consideration of the application was, however, deferred owing to the illness of the applicant.

An application for registration as child minder was also received in December and this application was approved by the Council in January, 1963.

Routine inspections were made throughout the year by the Superintendent Health Visitor.

SECTION 23 — MIDWIFERY SERVICES

Domiciliary Midwifery

Dr. E. I. Grant, Medical and Non-Medical Supervisor reports as follows:—

"It will be noted that the number of domiciliary deliveries for 1962 shows a decrease on those for 1961. This is in accordance with

the decision to admit more cases to Highfield for institutional delivery, which necessitates slightly earlier discharge to their homes of some cases, thus giving the domiciliary midwives a rather larger number of "nursings." These nursings take time and have kept our seven midwives very busy, yet they have not the satisfaction of an increased number of cases to show for their work.

The fashion of early discharges is becoming more and more widespread throughout the country, and though it may be considered desirable in order to make the best use of the available hospital beds, it is far from being popular with the domiciliary midwives, who naturally prefer to nurse the mothers and babies whom they have delivered.

Our seven midwives do very well, and, as a rule, work harmoniously together, making sure that the whole of the district is well covered when week-ends and even longer holidays are being taken.

We have had to say goodbye to Nurse Homer who resigned at the end of 1962, in not very good health, after giving 15 years of faithful and efficient service, with some 800 births to her credit — all in the Seacombe district. We wish her a happy, healthier, and well-earned retirement. We have been fortunate in being able to replace her immediately by a midwife who already lives in the borough and has had many years' experience of practical midwifery.

We are also fortunate in being able to call on the services of a relief midwife when necessary—as, for example, when there is a shortage due to sickness or holidays.

Five of our seven midwives now have cars, and an allowance, and this is a great help and makes it possible for them to relieve each other over a wider area.

The monthly "get-together" of the midwives, myself and Mrs. Schofield, the Superintendent Health Visitor, still serves a very valuable purpose, as it is the only occasion that our problems can be discussed in the presence of all the midwives.

One midwife attended a Refresher Course in 1962 and any recent advances were discussed afterwards. Disposable rubber gloves, disposable enemas, and a new metered local anaesthetic spray are all being given a trial at the moment, and, if acceptable to midwife, doctor and patient, will be put into general use.

Our midwives are quick to make use of the obstetric "flying squad" from St. Catherine's if an emergency arises, and they also accompany, to the Premature Baby Unit, at St. Catherine's, any premature baby born on the district who, in their opinion, requires treatment, which cannot be given at home. Incidentally, this is an exceptionally fine Unit and Wallasey is fortunate in being able to make use of it. Recently, Dr. Kirby, the consultant paediatrician-in-charge, has kindly consented to allow our midwives, health visitors and myself to visit the Unit and see for ourselves, the interesting and valuable work that is being done there. We are grateful to him and to the Sister-in-Charge for this unique opportunity.

I should like to thank Mrs. Schofield, Superintendent Health Visitor, for her very considerable help in the non-medical administration of the domiciliary midwifery of the borough."

Maternity Emergency Unit

The Corporation has an arrangement with St. Catherine's Hospital, Birkenhead, for the use in Wallasey of the Maternity Unit "Flying Squad" for dealing with difficult domiciliary obstetric emergencies.

It was necessary to call upon the Unit three times during 1962 on account of post-partum haemorrhage.

It was necessary to call on the services of the Paediatric Flying Squad on four occasions—in one instance, the baby appeared ill, and on the other three occasions the baby had been born prematurely.

Maternity Outfits

Maternity outfits are supplied free of charge on request to the Public Health Department, or to the midwife in attendance for all domiciliary confinements.

The number of maternity outfits issued during the year was 434.

Maternity Homes

There are no private maternity homes registered in the borough.

NUMBER OF DELIVERIES ATTENDED BY MIDWIVES IN THE AREA DURING THE YEAR

	DOMICILIARY CASES					Totals	Cases in Institutions
	Doctor not booked		Doctor booked				
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked Doctor or another)	Doctor not present at time of delivery of child			
(a) Midwives employed by the Authority	—	1	245	146	392	—	
(b) Midwives employed by Voluntary Organisations:-							
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	—	—	—	—	—	—	
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	—	—	—	—	—	
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	—	—	—	1,384	
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes)	—	—	—	—	—	—	
Totals ...	—	1	245	146	392	1,384	

SECTION 24 — HEALTH VISITING

Mrs. Schofield, Superintendent Health Visitor makes the following observations:—

"During 1962, the work of the Health Visitor has continued in the homes, in the schools, and in our clinics. As much time as possible is given to home visiting as this aspect of our work remains the most important. Many of the families are not visited as often as is desired, due to the Phenistix testing of all babies for the Phenylketonuria condition. Again this year we have not had a positive case. Another time consuming duty is the ascertainment of deafness testing of children in the "AT RISK" group. Visiting of the aged is increasing in proportion and the elderly people do appreciate the attention given to them.

Our welfare centres continue to be extremely well attended. The mothers appear to enjoy the afternoon as a social visit, but at the same time, receive help and advice from the Health Visitors on all matters concerning family health and happiness.

This year is the Centenary of Health Visiting, in October, a celebration dinner was held, at the Exchange Hotel, Liverpool. Our invited guests were the Lord Mayor and the Lady Mayoress of Liverpool and the Mayor and Mayoress of the other Local Authorities on Merseyside and their Medical Officers of Health. There were two guest speakers, Mrs. B. Gilbert spoke on health visiting in the past and Mrs. M. E. Braddock, M.P., spoke on health visiting in the future. It was a spectacular and glittering occasion, one which will be remembered for many years to come.

The Moreton Mothers Club is flourishing and the mothers who attend benefit from it both educationally and culturally. The number of regular members total 30—40. I wish to thank the Moreton health visitors who willingly give up their evenings and work so enthusiastically to organise the activities. I also wish to thank the Health Committee on behalf of the staff and mothers for kindly allowing us the use of the clinic premises.

In conclusion, our gratitude to the Health Committee for allowing attendance at refresher courses. These are most valuable to us because of the frequent changing ideas and attitudes in the mental and physical health field."

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

Total visits to children under 1 year	...	...	...	...	...	9,252
Total visits to children between 1 and 5 years	...	...	...	...	...	13,508
Total visits to Premature Births	...	...	...	...	...	216
Total visits re Stillbirths	...	...	...	...	...	25
Total visits re Neo-Natal Deaths	...	...	...	...	...	17
Total visits re Infant Deaths	...	...	...	...	...	16
Total visits re Infectious Diseases and contacts	...	...	...	...	...	626
Total visits to Dysentery cases	...	...	...	...	...	154
Total visits to Ophthalmia cases	...	...	...	...	...	9
Total visits to Day Nurseries	...	...	...	...	...	59
Total visits re Immunisation	...	...	...	...	...	179

Total visits for Children's Officer	...	...	...	...	...	...	...	15
Total visits re Adoptions	...	...	...	...	...	...	...	13
Total visits for Hospital Almoners	...	...	...	...	...	...	...	31
Total visits to Expectant Mothers	...	...	...	...	...	...	...	1,284
Total visits to Post-Natal cases	...	...	...	...	...	...	...	266
Total visits re Tuberculosis	...	...	...	...	...	...	...	1,054
Total visits to Diabetics, per General Practitioners	...	...	...	...	...	...	...	1
Total visits re Care of Old People	...	...	...	...	...	...	...	414
Miscellaneous visits	...	...	...	...	...	...	...	1,366
								<hr/> 28,505
Ineffectual visits (no response, etc.)	...	...	...	...	...	...	...	3,635
								<hr/> 32,140
Attendances at Junior Training Centre for:—								
Medical Inspections	...	...	...	...	...	...	...	12
Cleanliness Surveys	...	...	...	...	...	...	...	1
								<hr/> 13
Attendances in School by T.B. Health Visitors re B.C.G.								
vaccination	...	...	...	...	...	...	...	68
Home visits re B.C.G. vaccination	...	...	...	...	...	...	...	78
								<hr/> 146
Attendances at Consultant Psychiatrists' Clinic								
Attendances at Birkenhead Children's Hospital	...	...	...	...	...	...	...	39
Attendances by T.B. Health Visitors at Mill Lane Chest Clinic	...	...	...	...	...	...	...	55
Highfield Premature Baby Clinic	...	...	...	...	...	...	...	47

Arrangements for health visitors to work in conjunction with a particular general medical practitioner or group of practitioners.

I am pleased to report that the number of general practitioners requesting the assistance of a health visitor at their weekly ante-natal clinic has increased to three. The health visitors work with the same general practitioner each week and there has developed between them a close co-operation and understanding.

The chief role of the health visitor is as health educator. The fears and uncertainties that some mothers develop during their pregnancy are quickly dispelled when properly and expertly explained. Because of the presence of the health visitor the doctor is able to give more time to his patient clinically. There is little doubt that such co-operation is of mutual benefit. The doctors concerned are appreciative of the services of not only a qualified nurse but one who is experienced and competent to deal with the many social problems that these patients pose. On the other hand the health visitors look forward to attending the doctors' surgeries as it gives them a good chance to build up a valuable relationship with the mother-to-be.

With the success that this arrangement has proved, it is hoped that other general practitioners in the area will be encouraged to ask for the services of the health visitor.

Arrangements for Health Visitors to follow up the Cases of Persons discharged from Hospital.

The visiting of mothers and their young babies soon after discharge from the Maternity Hospital has always been the role of the Health Visitor. The liaison with the Maternity Hospitals in this area is extremely good and details of premature babies and early discharges are notified to the Health Department without delay.

Details of all pre-school and school children discharged from hospital are forwarded, and arrangements are made for the health visitor to visit where this is felt desirable.

There are two tuberculosis visitors employed by the authority who work from the Chest Clinic, Mill Lane, Wallasey. Close liaison thus exists with the Tuberculosis Officer and the Consultant Chest Physician. The tuberculosis visitors make visits to the hospitals where necessary to arrange after care on discharge of the patient to his or her home.

Health visitors attend the Paediatric Ward rounds at the Birkenhead Children's Hospital on a rota system and this enables them to follow-up Wallasey children when discharged. During the year they made 47 attendances at the Premature Baby Clinic which is held at Highfield Maternity Hospital.

Each visitor has her own district. No specialist health visitor is employed for these duties.

In 1961 there were eleven references from hospital almoners for follow-up visits by health visitors and in 1962 such references totalled 31.

It is, however, frequently the practice for details of cases requiring one or other of the domiciliary services, i.e., district nurse, home help, linen service, "Meals-on-Wheels," etc., to be referred by the hospital almoner direct to the appropriate section of the health and welfare department, and after care visits are made by health visitors only if these are required.

SECTION 25 — HOME NURSING

Miss E. Fairless, Superintendent of the District Nursing Service reports as follows:—

"The routine work has continued smoothly and untiringly throughout the year. Although there has been an increase in the acute work undertaken, the two main groups of patients nursed are the elderly and patients with chronic diseases.

During the very severe winter maximum use was made of the hire cars provided by the Health Committee for those nurses using two-wheeled transport, and I wish to express the grateful thanks of all the staff to the Committee for this kind and considerable gesture which gave them the encouragement and stimulus they so needed at that particular time, and enabled them to carry on the normal service which I am sure would not otherwise have been possible.

The staff are also most grateful to the Committee for the increased number of allowances granted to nurses using their own cars on district nursing duties. This has resulted in a great saving of the nurses time and energy, and has proved most helpful in their day to day work.

In 1960 the Minister of Health approved Wallasey as a District Nurse Training Centre, and since that time 12 students have received

district training, all have successfully passed the examination and qualified for the National Certificates issued by the Ministry of Health in addition to the Certificate of the Queen's Institute of District Nursing.

During the year arrangements were completed with the Marie Curie Memorial Foundation for the introduction of a Day and Night Nursing Service in the Borough to assist in the care of cancer patients. This is supplementary to the District Nursing Service and is to assist relatives of patients to obtain adequate rest periods in addition to caring for those who live alone. A Fund is also available to meet the needs of necessitous cancer patients being nursed at home. The principle aim of the scheme is to give help "in kind" immediately the need is apparent and can cover extra nourishment, fuel, toilet necessities, special equipment, linen and bedding, etc. It is the intention to avoid duplication with grants available from the National Society of Cancer Relief or other voluntary organisations, and the grant, therefore, will not be brought into operation for cases where help can be obtained from these sources.

The clean linen service for incontinent patients, and the provision of nursing equipment continues to be of valuable assistance to the Staff. Without these services many patients could not be nursed at home.

The number of visits paid by the Bath Attendant to infirm patients continues to increase. During the year 1,855 visits were paid to 88 people requiring weekly baths. This appointment has enabled the trained nurses to devote more time to the ill patients requiring skilled nursing attention.

Messages are taken at the District Nursing Centre from 8 a.m. to 9 p.m. daily and from 9 a.m. to 9 p.m. on Sunday. One nurse is on duty each night for emergency calls and late evening visits to very ill patients.

During the year 387 late visits have been paid to very ill patients.

Finally, the thanks of the staff again to the General Practitioners, the hospitals, and other workers in the Public Health field for their help and close co-operation throughout the year."

The following is a summary of work carried out by the District Nursing Service in 1962.

	Cases	Visits
Medical	1,143	38,503
Surgical	225	8,518
Tuberculosis	38	2,132
Infectious	2	29
Maternal Complications	16	171
Others	135	266
Totals	1,559	49,619
Patients included in above who were 65 years or over at the time of first visit	1,058	35,802
Children included in above who were under 5 years at the time of first visit	14	138
Patients who have had more than 24 visits during the year	495	41,831

The above figures include 12,222 visits paid to 340 patients for the purpose of giving injections only. The comparable figures for 1961 were 10,811 visits to 312 patients.

NURSING HOMES

There were two Nursing Homes on the Register at the end of 1962, providing 42 beds. 37 deaths occurred in the Homes during the year.

Twelve visits were paid to these Homes during the year by the Superintendent Health Visitor.

SECTION 26—VACCINATION AND IMMUNISATION

General.

A great deal of the work in the local health department continues to be concentrated on immunisation and initiating protective measures against smallpox, diphtheria, tetanus, whooping cough, poliomyelitis and tuberculosis. Of the schedules of immunisation recommended by the Ministry of Health, Schedule "P" has been adopted, as affording the greatest possible measure of immunity against each disease when the risk of exposure is greatest.

Whilst reasonably high level of protection is enjoyed by the people of Wallasey, the aim must be to give the maximum protection where possible from early infancy, throughout the school years to adolescence and beyond.

The importance of vaccination and immunisation cannot be over-emphasised.

Smallpox Vaccination

General Practitioners in the borough notified that they had carried out 2,541 vaccinations and 2,142 re-vaccinations during the year, compared with 932 vaccinations and 244 re-vaccinations in 1961.

Age at Date of Vaccination	Under 1	1	2 to 4	5 to 14	15 or over	Total
Number vaccinated ...	896	254	193	485	713	2541
Number Re-vaccinated	—	3	42	276	1821	2142

Poliomyelitis Vaccination

A further step forward in the fight against poliomyelitis occurred in 1962 with the introduction of Oral vaccine.

There is little doubt that there are very definite advantages in the use of oral vaccine as opposed to the "Salk" type in addition to the clinical considerations. In the early part of the year, evening clinics were organised at the Health Clinic, Water Street, Wallasey, and the Health Clinic, Oakenholt Road, Moreton, to accommodate the large number of persons requiring "booster" doses. The use of oral vaccine enabled the sessions to be conducted by the Health Visitors with the minimum of medical supervision, and the whole programme was completed smoothly.

A total of 2,302 persons received a primary course of vaccination and 11,839 received "booster" doses. In addition, fourth doses were given to 1,284 school children in the special age group.

Of the 2,302 persons who received a primary vaccination, 1,799 were vaccinated by their family doctor and 503 attended the local health authority clinic. Of the 11,839 persons who received a "booster" dose, 5,928 were vaccinated by their family doctor and 5,911 attended the local health authority clinic. 965 children received their fourth dose from their family doctor, and 319 attended the local health authority clinic.

Number of children vaccinated during
the year — by age group (as at 31.12.62).

Age	Primary Vaccination	3rd Injections (Booster Dose)	4th Injections
Under 1 yr.	... 88	... —	... —
1 yr. +	... 695	... 307	... —
2 yrs. +	... 212	— 1011	... —
3 yrs. +	... 88	... 529	... 40
4 yrs. +	... 57	... 300	... 381
5 yrs. +	... 37	... 275	... 147
6 yrs. +	... 38	... 203	... 112
7 yrs. +	... 19	... 190	... 111
8 yrs. +	... 29	... 190	... 110
9 yrs. +	... 32	... 161	... 100
10 yrs. +	... 21	... 152	... 94
11 yrs. +	... 33	... 152	... 105
12 yrs. +	... 24	... 155	... 77
13 yrs. +	... 21	... 181	... 7
14 yrs. +	... 14	... 133	... —
15 yrs. +	... 33	... 195	... —
16 yrs. +	... 21	... 154	... —
Total ...	1462	4288	1284

Further details are given in the table on Page 46.

B.C.G. Vaccination (Tuberculosis)

Full details of this service are given on page 51 in the section of the report "Prevention of Illness — Care and After-Care."

Diphtheria Immunisation

During the year 1,526 children received the full course of immunisation against diphtheria, 1,059 being immunised by general practitioners and 467 at the Council's clinics. In addition, 690 children who had previously received the full course were given a reinforcing dose, 418 by general practitioners and 272 at the clinics.

Further details of the number of children immunised are given in the table on Page 47.

Whooping Cough Immunisation

Triple antigen is used for immunisation and a single course of injections thus gives immunity to diphtheria, whooping cough and tetanus.

The following table gives details of the number of persons who received the course of immunisation against whooping cough during the year:—

	<i>Age at date of final injections</i>		
	<i>0-4 yrs.</i>	<i>5-14 yrs.</i>	<i>Total</i>
No. of children who have completed a primary course (normally 3 injections of pertussis vaccine singly or in combination) in the authority's area during the year ended 31st December, 1962.	1,427	66	1,493

The total number of persons immunised against the disease in the previous three years was as follows:—

1959	...	982
1960	...	1,720
1961	...	1,651

Tetanus Immunisation

It was agreed by the Health Committee in March, 1962, that tetanus should be added to the list of diseases for which immunisation is available in the borough. Any active immunisation course commenced in hospital is completed at the clinic or by the family doctor.

POLIOMYELITIS VACCINATION — 1962.

	PRIMARY VACCINATION			BOOSTER DOSES		
	Type of Vaccine		Total	Type of Vaccine		Total
	Salk	Oral		Salk	Oral	
Children—Male (16 yrs. and under) ...	495	281	776	1,089	1,127	2,216
Children—Female (16 yrs. and under)	432	259	691	1,056	1,025	2,081
Expectant Mothers	29	9	38	14	9	23
17-25 Yrs and others including Hospital Staff	187	50	237	771	847	1,618
Adults 26-40 Yrs.	418	106	524	1,863	2,053	3,916
Others	17	19	36	630	1,355	1,985
Total ...	1,578	724	2,302	5,423	6,416	11,839

Total number of persons receiving primary vaccination — 2,302.

Total number of persons receiving Booster vaccinations—11,839

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

Age	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	
Under 1 year	67	86	47	73	86	60	135	134	191	102	188	79	353	352	428	
1 year +	865	740	772	762	718	621	770	700	705	667	851	651	950	813	753	Total under 5 years of age at 31/12/62
2 years +	279	181	229	236	232	172	277	160	177	149	197	151	203	176	156	
3 years +	75	77	85	71	71	64	89	97	70	44	77	49	79	99	65	
4 years +	33	38	55	46	44	42	62	61	48	26	40	18	63	79	34	5,300
5 years +	54	31	42	56	52	48	48	52	54	32	22	19	46	46	29	Total over 5 years and under 10 years at 31/12/62
6 years +	43	23	33	34	65	49	45	46	44	26	22	20	35	45	11	
7 years +	7	10	12	11	22	20	20	17	16	15	21	5	28	53	12	
8 years +	4	3	5	5	8	6	10	14	10	4	4	4	22	17	5	
9 years +	7	6	9	7	5	4	6	11	10	6	4	4	22	18	5	6,087
10 years +	11	4	3	6	8	8	10	4	9	3	4	2	11	18	3	Total over 10 years and under 15 years at 31/12/62
11 years +	5	3	3	7	—	20	7	17	7	7	6	4	10	14	1	
12 years +	4	1	3	10	3	6	2	8	8	1	8	1	11	16	3	
13 years +	3	—	—	2	—	—	—	1	4	1	2	—	6	16	2	
14 years +	1	1	1	1	2	—	—	—	3	—	1	—	5	11	3	
15 years +	—	—	1	—	1	—	2	2	1	—	—	—	1	8	4	
Over 16 years	1	2	1	1	4	—	—	1	—	1	2	2	8	16	12	
Total ...	1,459	1,206	1,301	1,328	1,321	1,120	1,483	1,325	1,357	1,084	1,449	1,009	1,853	1,797	1,526	

SECTION 27 — AMBULANCE SERVICE

As in previous years, the day-to-day administration of the Ambulance Service was carried out by the Chief Fire Officer subject to the overall control of the Medical Officer of Health.

The vehicles and staff continue to operate from the Central Fire Station, Manor Road, and to serve the needs of the Moreton area of the borough, two vehicles are despatched to the Super Garage, Moreton, where accommodation is provided for vehicles and personnel.

A direct telephone line is installed from the Central Fire Station and constant touch is maintained, through this and through the radio telephone sets fitted to all vehicles.

During the year, approval was given to the plans for the proposed purpose-built station in Pasture Road, Moreton, and it is anticipated that building operations will commence early in 1963.

At the beginning of the year the establishment of driver/attendants was 27. As from 1st April, 1962, this was increased by two. In May, 1962, the introduction of a 48 hour week for the ambulance driver/attendants was approved, and arising from this, it was agreed that it would be necessary ultimately to increase the establishment of the section to 35 (including one sub-officer; 3 leading drivers and 31 driver/attendants). In addition, communication clerks are employed on combined Fire Brigade and Ambulance telephone duties.

A scheme was adopted, to promote the recruitment and training of additional personnel with a view to the scheme being fully operative on the 1st July, 1963.

The number of cases have again shown an increase on the previous year, an additional 3,178 patients having been carried. This increase is almost equivalent to the total number of cases conveyed in the year 1947. The number of cases conveyed since 1947 is:—

1947	...	3,854	1955	...	26,394
1948	...	9,115	1956	...	27,814
1949	...	16,680	1957	...	26,740
1950	...	21,385	1958	...	28,255
1951	...	24,891	1959	...	33,073
1952	...	24,416	1960	...	34,896
1953	...	25,540	1961	...	35,660
1954	...	25,225	1962	...	38,838

The vehicular strength at the 31st December, 1962, was:—

- (a) 7 ambulances each capable of conveying 3/4 persons in emergency.
- (b) 2 omni-coaches for sitting cases each capable of carrying 13 persons.
- (c) 1 car for long distance journeys.

An order was placed during the year for an additional vehicle with a special appliance for lifting wheelchairs and stretchers.

The total mileage covered during the year was 174,040 compared with 152,850 in the previous year.

Gas and air (analgesia outfits) are available for the domiciliary midwives, when required, and are stored at the Central Fire Station.

AMBULANCE SERVICE - NUMBER OF CASES CONVEYED - 1962

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Maternity	63	60	63	71	61	51	61	68	47	55	48	52	700
Mortuary	-	-	1	1	-	1	-	-	-	1	1	6	11
Sudden Illness	53	40	48	45	77	103	115	84	84	78	74	77	878
Works and													
Street Accidents	91	89	87	106	105	119	100	143	86	90	95	76	1,187
Mental	14	13	32	31	18	22	21	26	20	25	20	24	266
Infectious Diseases	4	1	6	9	2	6	10	6	3	3	11	6	67
Malicious False Alarm													
and False Alarm	4	-	-	3	1	3	-	2	3	3	5	3	27
Other Cases	3,198	2,771	3,213	2,839	3,348	2,754	3,049	2,840	2,578	3,211	3,248	2,653	35,702
Totals	3,427	2,974	3,450	3,105	3,612	3,059	3,356	3,169	2,821	3,466	3,502	2,897	38,838
Mileage	14,604	12,309	14,912	13,268	15,950	14,152	15,701	14,403	13,769	14,856	15,763	14,353	174,040

SECTION 28 — PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

No. of Primary Notifications

1962	1961	1960	1959	1958	1957	1956	1955	1954	1953
43	50	78	84	77	66	83	91	95	104
Pulmonary		38	= 25 men			11 women		2 children	
Non-pulmonary		5	= 3 men			2 women			

Classification of Non-pulmonary cases

Right Hip ...	...	...	1	Left kidney ...	...	...	1
Glands in neck ...	...	...	1	Endometritis ...	...	...	1
Renal Tract ...	...	...	1				

Table of Primary Notifications

	Notifications.		Deaths.		Death Rate per 1,000
	Pul.	Non-pul.	Pul.	Non-pul.	
1962	38	5	7	1	.077

No. of Notified Cases of Tuberculosis on Clinic Register

1st January, 1962 ...	...	...	...	...	1,074
31st December, 1962 ...	...	...	...	...	1,067
Transfers from other Areas ...	...	...	...	...	12
Lost sight of cases returned ...	...	...	...	...	—
New cases diagnosed during the year ...	...	...	...	...	43
Total visits by Health Visitors ...	...	...	...	...	1,045

Prevention

No. of new contacts examined during 1962 ...	...	...	...	292
No. of new cases diagnosed during 1962 ...	...	...	...	43
Contact rate ...	...	...	...	6.8
No. of new cases detected by contact examination ...	...	...	...	—
No. of new cases detected by school contact examination ...	...	...	...	—
Children Mantoux positive at school ...	...	...	...	64
No. of contacts attending through above ...	...	...	...	112
No. of mantoux positive children at school who attended Clinic ...	...	...	...	48
Home Nursing Service treated ...	...	...	...	38
B.C.G. Vaccinations ...	...	...	...	139

There were 43 new notifications of Tuberculosis this year. This is a reduction of 7 cases on last year. There were 21 cases over the age of 45. This is half the total notifications and more than half if 5 non-pulmonary cases are excluded from the total. There were 18 sputum positive cases, 14 male and 4 female — 10 of those came in the over 45 age group, and a further three were over 40 years. This is in keeping with last year's findings that the busy mother, father, worker or old person, does not report early enough for diagnosis, and ignore their symptoms for far too long. Therefore, they have more severe disease and are sputum positive when finally detected. If this group could be diagnosed earlier it would cut down the pool of infection and further reduce the number of cases.

This year only 6 cases occurred in the 15-24 year group. NONE of these patients were given B.C.G. at the age of 13 plus. Wallasey Health Department have been giving B.C.G. for nine years and five of these cases could have had this injection. The sixth was just too old. In view of the latest M.R.C. report of March, 1963, on B.C.G. which shows a great reduction in Tuberculosis in vaccinated persons it is most gratifying that no Wallasey person, who was given B.C.G., developed Tuberculosis.

From this it would seem that the Public Health and Chest Services must continue their efforts to B.C.G. every school child, either at 13 plus or even later, before they leave school. The detection of the middle aged case at an early stage is difficult and the General Practitioner can help by encouraging patients to go to M.M.R. Units, X-ray Departments or Chest Clinics as early as possible for X-ray.

Prevention

The new contacts examined this year were 292, giving a contact examination rate per case of 6.8. No new cases were found amongst these contacts but many were given protective B.C.G. at the Clinic.

In addition 48 mantoux positive children detected by the School Medical Service attended, and brought with them 112 relatives who were their contacts. No cases of active Tuberculosis were found. Unfortunately another 16 mantoux positive school children and their relatives refused to attend and, it is probable that in this disinterested group we might find some disease. Lazy, unintelligent parents do not usually have healthy families. We must concentrate on getting this group to the Clinic next year.

Care

Once again our thanks and congratulations to the Health Visitors, Home Nursing and Home Help Services. The Health Visitors made 1,045 visits and our new Visitor, Mrs. B. Minister, has settled to the work in a very satisfactory manner.

Tributes from patients to the Home Nursing and Home Help Services have emphasised the value of these hardworking Units.

Families receiving clothes, etc.	21
Housing defects reported by Health Visitors	7
No. of patients receiving milk	9
No. of cases recommended for rehousing	8
Referred to Education Department	—
Home Helps	4
Free school meals	5
Meals on wheels	1

Vaccination of Schoolchildren with B.C.G.

As in previous years, all children between the ages of 13 years and 14 years and any older children not already vaccinated, were offered vaccination against tuberculosis (B.C.G.). The response to this offer of vaccination has always been good, in Wallasey varying from 70% in 1956 to 77% in 1962. We have continued to use the standard preparation Tuberculin P.P.D., administered intradermally from a specially calibrated syringe and have continued with freeze dried Glaxo B.C.G. vaccine also administered from a specially calibrated syringe by intradermal injection.

All children who reacted positively to the preliminary injection of Tuberculin P.P.D. were referred to the Chest Clinic for further investigation, vaccination not being carried out in these cases. The B.C.G. vaccine was administered to those who did not show any skin reaction to the tuberculin injection. The numbers involved are shown in the Table below. The number of positive reactors who attended the Chest Clinic for further investigation numbered 48, and in addition, 112 close contacts of these children also attended for investigation. From all these investigations no cases of active tuberculosis were brought to light.

B.C.G. Vaccination—School Children:

No. of children—	1956	1957	1958	1959	1960	1961	1962
offered B.C.G. vaccination	1,315	1,398	1,545	1,783	1,673	1,651	1,707
accepting B.C.G. vaccination	927	1,030	1,121	1,215	1,273	1,212	1,321
Mantoux tested	917	1,013	1,084	1,168	1,232	1,110	1,315
found Mantoux positive ...	140	148	106	100	90	80	64
Percentage of children—							
Mantoux positive	15.3%	14.6%	9.8%	8.5%	7.3%	7.2%	4.8%
No. of children—							
found Mantoux negative ...	775	869	958	1,064	1,142	1,030	1,240
vaccinated with B.C.G.							
vaccine	769	861	946	1,061	1,136	1,029	1,225
Re-Tests after 1 year							
No. of children—							
Mantoux re-tested	583	668	1,112	697	53	64	63
found negative	20	26	13	6	4	6	8
No. of children—							
re-vacc. with B.C.G. vacc.	—	15	5	4	4	6	8

Provision of Nursing Equipment

There has continued to be a heavy demand for articles of equipment on loan. A small charge is made varying from 6d. per week for the smaller articles such as back rests and bed-pans, to 3/6d. per week for Dunlopillo mattresses. In cases of hardship no charge is made.

A stock of equipment is stored at a central depot, with the exception of a small number of articles which are kept at the Nursing Centre, 86a Penkett Road, Wallasey, for emergency use.

In 1962 a total of 1,031 articles were issued on loan as follows:—

Air-rings	89	Mackintosh sheets ...	196
Back rests	130	Self-lifting pole ...	5
Bed pans	184	Tripod Sticks	19
Bed Tables	3	Male Urinals	54
Bed with Lifting Pole	—	Female Urinals	1
Commodes	143	Wooden Bed Blocks ...	99
Crutches	—	Oxford Hoist	1
Dunlopillo Mattresses	2	Oesophagus Box	1
Invalid Chairs	13	Special Bedstead	—
Knee cages	24	Enuresis Machine	7

Clean Linen Service for the Incontinent Chronic Sick

This service, which is much appreciated by patients and the relatives of those being nursed at home, was introduced in 1959. It has proved to be of valuable assistance to the District Nurses, and without the service many patients could not be nursed in their own homes.

The following table gives details of the increasing demand:—

	1959	1960	1961	1962
No. of sheets issued during the year ...	942	8,605	9,792	12,710
No. of cases to whom sheets issued ...	21	72	49	84
No. of cases carried forward at end of year	7	17	18	11

Nine sheets are left initially for each patient and, replaced with clean on alternate days.

Health Education

All sections of the community are catered for in the programme of Health Education carried out by the staff of the department. Health Education implies helping or persuading people to achieve mental attitudes, habits and behaviour likely to promote good health. There is little doubt that this can best be achieved through personal contact.

The Health Visitor through her training and experience in interviewing and teaching techniques is necessarily the prime mover in the Health Education programme. The Health Visitors accept the ample opportunity offered to them to give advice on all health matters both in the home and in group discussions at the Child Welfare Clinics. An excellent opportunity for group discussion is provided by the informal atmosphere of the Mothers Club, and much valuable work is achieved by the Health Visitors whilst undertaking this voluntary service. Many Mothers who at first had quite decided views on a particular health aspect have changed or modified their views as a result of these valuable discussions. But more important still is the fact that many mothers are made aware of particular health problems for the very first time. This is the true value of group discussion.

Also active in the field of health education are the Mental Welfare Officers, and it is perhaps in the field of Mental Health that the results of Health Education are best seen. The improvement in the attitude to mental ill-health continues, but there is still a long way to go.

In March an Accident Prevention Committee was formed to co-ordinate the several departments and voluntary bodies concerned in this work. Dr. Christian and the Superintendent Health Visitor have been my representatives on this committee. The Health Visitors and Public Health Inspectors are constantly aware of the dangers of possible accidents in the home and frequently find it necessary to point out these hazards to old people.

A new edition of the handbook setting out the Health and Welfare services was published during the year, and its wide distribution contributes towards a better informed public.

Copies of the Central Council for Health Education booklet "Better Health" are regularly distributed to the schools and child welfare centres where they are extremely popular.

The use of leaflets, posters, exhibitions and displays, all of which provide a useful media, continue to be used.

The Solid Smokeless Fuels Federation again allowed their mobile exhibition unit to visit the borough. This was found most useful and is much appreciated by the public.

Invitations have been accepted by the health visitors to give talks to young people preparing for the Duke of Edinburgh's Award. In addition, talks have been given by members of my staff to schools, church groups and various organisations and the subjects have covered a wide range.

Wallasey is a participant authority in the Merseyside Cancer Education Committee. There has been unavoidable delay in appointing a full-time officer to this committee, but it is hoped that it will not be long before a programme of cancer education is developed.

Smoking and Health

During the year the Royal College of Physicians published a report entitled "Smoking and Health." The report, which summarised the findings of numerous investigations into the hazards to health of smoking was widely publicised in the press, on the wireless and on television.

A summary of the Report was circulated to all members of the Council. Subsequently, after discussion, the Health Committee and Education Committee passed several resolutions relating to the Report and its findings. These resolutions, approved by Council, were as follows:—

- (a) that the Town Clerk prepare suitable notices setting out the provisions of Section 7 of the Children and Young Persons Act, 1933, about the sale of tobacco and cigarettes to juveniles, and arrange for their distribution to shopkeepers in Wallasey selling tobacconist's goods with a request that they display them in the public part of their premises.
- (b) that a mobile unit be engaged to conduct a programme to be arranged by the Medical Officer of Health and that the Education Committee be asked to co-operate with regard to the employment of the Unit in Wallasey schools and Youth Clubs.
- (c) that no action be taken on an anti-smoking campaign in primary schools.
- (d) that teachers should not smoke in front of children;
- (e) that there should be no smoking on school premises when these are let for any purpose;
- (f) that a continuous series of lectures and film shows in secondary schools and Youth groups be arranged;
- (g) that the Medical Officer of Health's report to the Health Committee be distributed to schools for the information of teachers.

During the year publicity material in the form of posters has been distributed to schools and clinics at various times. In July, all the senior schools were visited by members of the Health Department staff and the film "Facts and Figures — Smoking and Lung Cancer" was shown. A period for questions was allowed following the showing of this film and this opportunity was used to emphasise or elucidate points in the film which had not been fully grasped by the audiences. In addition, the Director of Education sent to the Head Teachers of all secondary schools literature from the Chief Information Officer, Ministry

of Education, the Chest and Heart Association, and the Central Council for Health Education, which listed the publicity material obtainable from these several sources for use in schools.

Convalescence

Patients are sent for convalescence on the recommendation of the family doctor or hospital consultant, each application being considered by the Health Committee. A contribution is made by the patient towards the cost according to his or her means. In necessitous cases the cost of travelling is borne by this Authority.

During the year, five patients were accommodated, one in each of the under-mentioned homes:—

	men	women
Lear Home of Recovery, West Kirby	—	1
"Greycourt," Hestbank Lancaster	—	1
Mary Bamber Convalescent Home, Rhos-on-Sea ...	—	1
Brockhole, Windermere	—	1
Lady Forrester Convalescent Home, Llandudno	1	—

Venereal Disease

The following table shows the number of Wallasey patients receiving treatment for the first time at various centres during 1962:—

	Syphilis	Gonorrhoea	Other conditions	Total
Mill Lane Hospital, Wallasey	2	5	27	34
St. James Hospital, Birkenhead	—	14	75	89
Royal Infirmary, Liverpool ...	1	1	20	22
Mill Road Clinic, Liverpool	—	—	—	—
Seamen's Dispensary and V.D. Clinic, Liverpool ...	—	14	75	89
	3	34	197	234

The total number of cases treated in 1962 shows a small increase on the previous year. The increase was due to "other conditions" and not to syphilis or gonorrhoea.

The following are details of comparable figures for the previous three years:—

1959	185
1960	210
1961	196

Plastic notices are fixed in all the conveniences in the borough and on the ferry boats giving details of the centres where, in the strictest confidence, treatment can be obtained. The advisability of obtaining early treatment cannot be over emphasised.

Chiropody Service

The chiropody service administered by the local health authority commenced in May, 1960.

There are seven chiropodists participating in the scheme all of whom satisfy the conditions laid down by the National Health Service.

(Medical Auxiliaries) Regulations 1954. Treatment is given in the chiropodists own surgeries or in the patients home if this is necessary.

No charge is made for treatment given to persons who are in receipt of National Assistance. All other applicants are assessed in accordance with the scale approved by the Council and if accepted either receive treatment free or at a reduced charge. During 1962 a total of 8,374 treatments were given. Of these 8,023 were given at no charge to the beneficiary and 351 were given in which the beneficiary paid 3/- for each treatment. On the completion of twelve treatments each patient is required to make re-application.

The scheme which is now well established works extremely well. Experience has shown that the Councils decision to provide treatment through several chiropodists operating from their own premises was a wise one, and this aspect of the scheme is much appreciated by the beneficiaries. There is little doubt that this service makes a definite contribution to the care of the aged, in the community.

The following are details of treatment given during 1962:—

Number of patients registered	...	...	...	...	...	...	...	1,380
Number of treatments given:—								
(i) Old age pensioners	...	...	...	...	...	...	...	8,270
(ii) Physically Handicapped persons	...	...	...	...	...	...	...	103
(iii) Expectant Mothers	...	...	...	...	...	...	...	1
							Total	8,374

Fluoridation of Water Supplies

During the year the joint report issued by the Ministry of Health, Scottish Office and Ministry of Housing and Local Government entitled "Conduct of the Fluoridation Studies and the Results achieved after Five Years" was received.

The Medical Officer of Health and the Borough Water Engineer reported, on this matter to the Health Committee, and it was resolved that the Ministry of Health be informed that the Council would like to proceed as soon as possible with the fluoridation of the Wallasey water supply.

In December, the Minister of Health intimated (Circular 28/62) that he would be prepared to approve schemes made under Section 28 of the National Health Service Act, 1946, regarding fluoridation, and accordingly an amendment was prepared and submitted to the Minister to provide for the appropriate arrangements being made with the Water undertakings in the Wallasey area for the introduction of this important preventive dental health measure.

SECTION 29 — DOMESTIC HELP SERVICE

Mrs. Malcolm Falla, Organiser, reports as follows:—

"The Wallasey Home Helps continue to give efficient and valuable service to the community.

During the year 1962, there has been a considerable increase in the total number of hours worked, as shown by comparison with the 1961 figures, i.e. 98,733 hours compared with 81,614 hours.

The following percentage figures show how the total hours worked were allocated in 1962:—

To Maternity Cases	5.4%	of hours worked
To T.B. Cases	2.1%	" " "
To Old Age Pensioners ...	84.3%	" " "
To Others	8.2%	" " "

The average age of old people receiving help rose in 1962 owing to an increase in the numbers of the very old in this category. Consequently there was a greater demand for help by these whose incapacity, both physical and mental, has naturally increased with their advanced years.

I have to report that the number of part-time helpers has grown, owing to the fact that most applicants ask for *morning* help; this is especially so in the case of the old people, for whom the afternoon can be a period of quiet rest and comfort, if their rooms have already been cleaned and tidied in the mornings, and they themselves have received personal attention. I should add that with this increase in the number of part-time helpers, there has been an accompanying fall in the number of full-time personnel."

Statistics for 1962

	Maternity	T.B.	O.A.P.	Others	Total
Applications received	73	4	255	62	394
Applications cancelled	—	—	10	2	12
No. of cases help sent	75	5	366	67	513
No. of hours worked	5,329	2,063	83,275	8,066	98,733
No. of helpers on 31-12-62 ...	Part-time 52) Full-time 20) equivalent 46 helpers.				

A considerable expansion of the Home Help Service is envisaged in the Ten-Year Development Plan of the Health Services, details of which are given on page 72.

SECTIONS 28 and 51 — MENTAL HEALTH SERVICE

Introduction

Under Part III of the National Health Service Act, 1946, the Local Authority is responsible for the ascertainment of mental disorder, for arranging the admission of patients to psychiatric hospitals, and for work in the field of prevention, care, and after-care in the community. Part II of the Mental Health Act, 1959, which became fully operative on the 1st November, 1960, adds to these duties functions relating to the provision of training centres, the provision of residential accommodation and increases the emphasis in the care of the mentally disordered in the community.

Administration

The Medical Officer of Health is the Administrative Officer and he, together with the other three Medical Officers of the Local Health Authority is approved under the provisions of Section 28 of the Mental Health Act, 1959, as having special experience in the diagnosis or treatment of mental disorder and they mainly deal with mental subnormality.

Staff

The staff establishment is one Senior Mental Welfare Officer, four Mental Welfare Officers, (and one Welfare Assistant as from 6th September, 1962).

One quarter of the time of four of the Welfare Officers is allocated to the Welfare Committee.

Mental Health Referrals during 1962

There has been a remarkable increase (284) in the number of referrals to the Local Health Authority during the year, no doubt due to the increased public awareness of the responsibility of the Local Health Authority for Community Care. Two hundred and ninety two of the eight hundred and ninety six referrals were first referrals, the remainder were second or subsequent referrals.

Three hundred and twenty nine referrals were made by General Practitioners, an increase of twenty over last year. This small increase would seem to indicate an already well established good relationship with the General Practitioners, and an understanding of the role played by the Local Health Authority in community care.

One hundred and ninety-four referrals were made by hospitals on discharge from in-patient treatment an increase of seventy four over last year. This may be partially due to an earlier discharge policy on the part of hospitals and willingness to refer patients for after-care visits. All attempted suicides are usually referred for after-care by the Victoria Central Hospital Casualty Department.

**NUMBER OF PATIENTS REFERRED TO LOCAL HEALTH AUTHORITY DURING YEAR ENDED
31st DECEMBER, 1962.**

	Mentally Ill				Sub-normal				Severely Sub-normal				Totals				GRAND TOTAL
	Under age 16 M F	16 and over M F	Under age 16 M F	16 and over M F	Under age 16 M F	16 and over M F	Under age 16 M F	16 and over M F	Under age 16 M F	16 and over M F	Under age 16 M F	16 and over M F	Under age 16 M F	16 and over M F	Under age 16 M F	16 and over M F	
(a) General Practitioners ...	2	1	129	194	—	—	1	2	—	—	—	—	2	1	130	196	329
(b) Hospitals, on discharge from in-patient treatment ...	—	—	83	111	—	—	—	—	—	—	—	—	—	—	83	111	194
(c) Hospitals, after or during out-patient or day treatment ...	1	—	47	75	—	—	—	—	—	—	—	—	1	—	47	75	123
(d) Local Education Authorities ...	—	—	—	—	—	—	—	—	1	4	—	—	1	4	—	—	5
(e) Police and Courts ...	2	—	19	15	1	—	—	—	—	—	—	—	3	—	19	15	37
(f) Other Sources ...	1	1	92	109	—	—	1	2	1	1	—	—	2	2	93	111	208

One hundred and twenty-three referrals were made by hospitals after or during out-patient or day treatment, an increase of seventy-three over last year. This would appear to be due to four factors. Dr. J. Browne, Consultant Psychiatrist, who established an out-patient clinic at Hoylake Cottage Hospital on the 12th October, 1961, has arranged for the Mental Welfare Officers to visit all new patients referred to his clinic and supply him with a social history. The majority of these patients are from the Moreton area.

Dr. Sheila Wright, Consultant Psychiatrist, established a Day Hospital at the Priory in Upton Road, Birkenhead, in October, 1962, and the Mental Welfare Officers visit the Day Hospital once per week to interview Wallasey patients and assist them with their social problems.

Dr. Wright has also commenced an additional out patient clinic session at the Victoria Central Hospital, Wallasey, as from the 4th December, 1962.

Dr. Richardson, Consultant Psychiatrist, who commenced an out-patient clinic at the Victoria Central Hospital, Wallasey, on the 7th May, 1962, is primarily concerned with the psychiatric management of adolescent patients.

Five referrals were made by the Local Education Authority a decrease of four over last year.

Thirty-seven referrals were made by the Police and the Courts, an increase of fifteen over last year.

Two hundred and eight referrals were made by "Other Sources" an increase of one hundred and seven over last year. This category includes patients referred by Consultant Psychiatrists who have seen the patient on a domiciliary visit at the request of the general practitioners. It also includes other social agencies, such as the National Assistance Board, Citizens' Advice Bureau, or District Nurses, and also includes referrals by relatives, neighbours, and patients themselves who seek help. This is the largest increase in any group of referrals and would seem to bear out the previous remarks about increased public awareness.

Training and Casework

I think it is fairly obvious from the volume of referrals that it is impossible with the number of existing staff to do intensive or deep casework with more than a small minority of the patients. The Young-husband Report (paragraph 563) comments that they would expect the proportion requiring skilled casework to be substantially higher among persons discharged from mental hospitals and their families than for example, amongst the elderly.

The training, skill and number of staff are fundamental to the quality of the service provided, and it is hoped that eventually all the staff will have received appropriate training. A start on this urgent problem of training has been made by seconding Mr. K. Mercer to the two year training course in September, 1962, and other members of the staff have attended week-end and refresher courses.

Co-operation and Co-ordination

A very satisfactory degree of co-operation exists between the staff and all the sources referring patients. All the General Practitioners are personally known by the mental welfare officers and a friendly relationship helps in the discussion of patients and their problems.

The fortnightly case conferences between Dr. G. T. James, Consultant Psychiatrist, the Medical Officer of Health and the Mental Welfare Officers, have continued throughout the year. A new feature has been the attendance of a Mental Welfare Officer at Dr. Browne's case conference at Moston Hospital, Chester, on a Monday morning.

A co-ordinating committee is held at the Deva Hospital, Chester, every three months to discuss matters of interest common to the Local Health Authorities, the Hospital, and general practitioners.

Talks and discussions on Mental Health subjects were given during the year by the Senior Mental Welfare Officer to interested voluntary organisations.

Mental Health Act, 1959

Section 29 (Admission for emergency observation)

	<i>Male</i>	<i>Female</i>	<i>Total</i>
St. Catherine's Hospital Annexe	61	48	109
Deva Hospital	10	22	32
Sefton Hospital	1	2	3
Victoria Central Hospital	—	2	2
	<hr/> 72	<hr/> 74	<hr/> 146

Section 25 (Admission for observation)

St. Catherine's Hospital Annexe	3	1	4
Deva Hospital	10	14	24
Moston Hospital	—	1	1
	<hr/> 13	<hr/> 16	<hr/> 29

Section 26 (Admission for Treatment)

St. Catherine's Hospital Annexe	2	2	4
Deva Hospital	6	5	11
Cheadle Royal	—	1	1
	<hr/> 8	<hr/> 8	<hr/> 16

Section 60 (Admission from Court)

St. Catherine's Hospital Annexe	1	—	1
Calderstones	1	—	1
Greaves Hall Hospital	1	—	1
	<hr/> 3	<hr/> —	<hr/> 3

Section 71 (Custody during H.M. Pleasure)

Broadmoor	1	—	1
------------------	---	---	---

Informal Admission

St. Catherine's Hospital Annexe	29	73	102
Deva Hospital	17	42	59
Moston Hospital	15	36	51
Westminster House (Senile Dementia)	15	—	15
Ashton House	—	3	3
Greaves Hall	7	1	8
Newchurch	2	2	4
Crowwood Hospital	1	—	1
Brockhall	2	—	2
Cranage Hall	—	1	1
Alderley Edge	—	1	1
Thingwall Hall	1	—	1
Liverpool Hospital, Kingswood	—	2	2
Whitecross Homes	—	2	2
	<hr/> 90	<hr/> 163	<hr/> 253

Admission for Observation

The number of admissions for emergency observations under Section 29 of the Mental Health Act, 1959, increased by thirty-six over last year whilst the number of admissions under Section 25 decreased by nineteen over last year. There is no significance in this change and most patients have been seen by a Consultant Psychiatrist either in an out-patient clinic or on a domiciliary visit prior to admission to hospital, and the Consultant adds his second Certificate during the first seventy-two hours after admission.

Court Orders

There were four admissions to hospital by Order of the Court, three from Magistrates Courts on being charged with offences such as larceny and indecent assault, and one from Chester Assizes on a charge of capital murder.

Informal Admissions

The number of informal admissions increased by forty-one over last year. The apparent increase in admissions may be due to a policy of earlier discharge, even if this means re-admission later; it may be considered worthwhile for the patient to spend periods at home rather than remain in hospital for a long period.

Prevention of Mental Illness and After-Care—Community Care

The prevention of mental illness is largely carried out by health education, and the policies of other social agencies in their understanding of the effect on mental health of environmental experiences.

Early treatment is likely to prevent a more serious or chronic mental illness developing and patients are more willing to seek early advice and help now that the stigma and fears associated with mental disorders are diminishing.

The increase in referrals seems to be due to this factor rather than an absolute increase in the amount of mental illness. The best form of administration is one which considers the needs of individuals rather than dividing them into arbitrary categories for administrative convenience. There is no need for all patients to be dealt with by a single organisation. A number of different health and welfare services may be used in varying circumstances.

Only a very small proportion of the people who come within the scope of the mental health services today bear any relation to the unhappy "lunatics" of 1890.

The standard of living is much higher and the family has recourse to many forms of social aid so that discharge does not mean a return to conditions of wretchedness as it might have done 70 years ago. The burden on the family of caring for a discharged patient must not be under-estimated however, and they will need all the support, help and advice that is available from the social services.

The expert knowledge of the mental welfare officers is made available to the family and this emphasis on family needs brings into focus the need for co-operation and co-ordination with other services. This topic has already been explained in detail in connection with the medical and hospital services, but in after-care and rehabilitation in the community, the help of the National Assistance Board, the Ministry of Labour, the Home Help Service and the many other statutory and voluntary agencies is necessary for successful re-settlement at home.

The dual function of the mental welfare officers in acting for both the Health and Welfare Committees enables them to offer the help available from either source to one family. This is illustrated in connection with the Handicraft Centres managed by the Welfare Committee which also provide sessions for the mentally ill and the visiting of the elderly who may need help from both the Welfare and Health Services.

The common human needs of individuals can only be met by a flexible integrated and co-ordinated service, and it is only by making the service fit these needs that the aim of "Mental Health" will be achieved.

MONTHLY STATISTICS — 1962

	Number of patients admitted to hospital		Number of patients visited		Number of visits	
	Informal	Compulsory	Total	Mentally Ill	Sub-normal	Total
January	27	19	46	195	65	260
February	21	12	33	162	31	193
March	21	10	31	140	51	191
April	23	17	40	129	47	176
May	24	16	40	147	36	183
June	15	22	37	137	58	195
July	13	15	28	162	62	224
August	24	13	37	140	59	199
September	20	16	36	119	45	164
October	32	12	44	134	95	229
November	17	10	27	142	62	204
December	20	14	34	135	70	205
				354	86	440
				317	65	382
				243	83	326
				307	67	374
				333	43	376
				281	76	357
				295	92	387
				310	91	401
				224	80	304
				244	125	369
				299	102	401
				234	90	324

SUB-NORMAL AND SEVERELY SUB-NORMAL

The total number of sub-normal and severely sub-normal persons on the Local Authority Register (excluding children being dealt with by the Education Authority) on 31st December, 1962, was 142—an increase of 9 on the previous year's figure despite the admission of 8 cases to institutional care and the transfer of one case to another Authority. No cases have been transferred to this Authority and no one has been discharged from Institutional to Local Authority care during the past year. No deaths have occurred amongst those on the Local Authority Register and only two patients were notified as having died whilst in Institutional Care.

Institutions

The past year has seen a rapid expansion in hospital accommodation which has resulted in the admission of 6 males and 2 females who had been on the Waiting List for a maximum period of 2½ years. There are, however, still 5 males and 3 females urgently requiring hospital care and training and two of these have been waiting as long as six and a half years. The continuing delay in admitting some of the more helpless patients is doubtless due to staffing difficulties, but it is anticipated that several of these will be allocated places in the near future.

During the past year all admissions excepting two were informal and these two were admitted on Court Orders following trifling offences. It is hoped that whilst under order they will receive discipline and training of the type likely to be most beneficial to them. One boy was subsequently discharged to his home at the request of his Father after only 7 months training and, incidentally, against the advice of both the hospital and Local Authority Officers. It is unfortunate that Orders are so quickly discharged as no patient over 21 years can now be held in hospital against his wishes unless severely sub-normal or mentally ill, no matter how necessary this may be for his own welfare and how much desired by relatives, doctors, or others who have his best interests at heart.

Holidays

In addition to group holidays often arranged by hospitals, the majority of all admissions today return at frequent intervals to their homes for holiday periods and these breaks form a high spot in their lives and the lives of their parents and close relations. It is remarkable however that after a comparatively short period, patients invariably look forward with equal zest to their return to colleagues and the many activities which they enjoy in hospital; they do, in fact, usually become bored and restive at home and sometimes even have to be returned before the expiry of their holiday period. In hospital pocket money is allowed weekly to all patients and those able to help in the running of the home and maintenance of grounds are paid for their assistance. Opportunities are given for buying sweets, cigarettes, magazines, note paper and stamps, small articles of clothing, presents, etc., and shopping and other outings are frequently arranged.

Holidays at home are encouraged—unless they result in unsettling the patient or in his deterioration—as not only do they benefit the patient by preserving contact with his family and normal community life, and make it easier for parents to tolerate the necessary separation, but they also make it possible for other parents suffering from the severe strain of caring for a mentally handicapped child at home to have a brief respite whilst their child benefits from a short period of change and training in hospital. Furthermore, parents who cannot bring themselves to part with a child, for whom they can no longer provide adequate care or supervision, or who fear for the child's future care, are often extremely relieved to find that their qualms were entirely unfounded when once they have agreed to a short period of temporary care and that their child, often returns home in better health and having made progress in social development, acuity and behavioural training.

During the past year out of the 19 applications made, 10 males and 7 females were offered short-term care and most have actually expressed a desire to "go again."

Training

It is now becoming an accepted fact that training is given to the 5—16 year range at the Junior Training Centre through isolated cases of stiff individual resistance do still occur; the main objections are invariably that "MY child is not a mongol" and "he picks up such bad habits." It seems that mongols form the scapegoat for all fears just as all antipathies to foreigners tend to be vented on coloured peoples. Frequently however the true picture is that the Mother has not yet been able to bring herself to accept the situation that her child is sub-normal and only time and gradual educational help will enable her to do so. This forms a very large part of the assistance which can be given by the Mental Welfare Officer, but it is only when a solid relationship of trust and respect has been developed that any real influence can be exerted on the Mother's stronghold of self-deception and protection and the slow process is of course very time-consuming.

Children over 16 years already attending the Junior Training Centre are allowed to continue indefinitely until the Adult Centre becomes available. Others who have left, never attended, or went to Special or Private Schools now enjoy a half-day a week at a handicraft class at Penkett Road or Moreton, and during the year 14 males and 14 females have attended these classes regularly. Plans for expansion have been limited by lack of time and staff and the boys' gardening efforts were severely hampered and frustrated by the weather conditions. Their enthusiasm however is slowly rallying from this severe blow; with better weather it is hoped to make big strides this year in training them to be more useful in their home gardens and maybe able to earn a little extra pocket money by helping friends and neighbours. It is hoped gradually to incorporate in the Classes other less capable persons who are at present largely inactive and bored at home and can certainly benefit considerably by attendance but the difficulties of unescorted travel create almost insuperable obstacles. Meanwhile, the group is a happy and industrious one and should form a useful nucleus for the initial develop-

ment of the Adult Centre. In addition, a further 9 children (Spastics) attend for treatment and training at the Spastic Centre in Birkenhead.

Further Education

Two boys (aged 30 and 21 years) attend a Special Class at the Technical School which is planned mainly for ex-Claremount pupils to have continued help with reading and writing. Unfortunately the older boy dropped out at his Mother's instigation, the other has continued to attend regularly and speaks very highly of the help being given to him by Mr. Charnock. This is a form of training which might prove very beneficial to certain selected individuals who show a genuine desire to learn and have the ability to persevere.

Domiciliary Visiting

This of course is the foundation upon which all welfare services and help for these unfortunates and their families is based. Prolonged visits are paid to each new case when no effort is spared to establish a relationship of confidence and trust. The Mother is advised of the types of help which are frequently found to be most acceptable and urged to contact the Welfare Department whenever in trouble or doubt. She is warned of any particular pitfalls or difficulties which she may run into with her own child and encouraged to accept the child's limitations and plan constructively for his future development so that he (or she) can at least reach his full potential abilities. When ready to look a little further ahead her attention is drawn to the facilities available and the possibilities of achievements for her own individual child. In addition, Mothers are strongly recommended to join the local society for Mentally Handicapped Children for in doing so, they gain immeasurably from the experiences of other Mothers and from actually witnessing the development, successes and failures, of other people's children who are similarly handicapped. But above all, they learn more readily to "accept" their burden realistically and lose the dreadful sense of calamity and isolation so inseparable from the discovery that their child is not 100% normal.

During the year 1,000 domiciliary visits and interviews have been made and these also embraced the obtaining of special information and completion of reports for hospitals, etc., when cases are under review for various reasons admission/discharge to/from hospital, holiday leave, tribunals, progress reports, etc. When children are seen regularly at Centres or Classes the need for frequent visits at home is not so great but in this field of Social Work the general welfare of the family is also of great importance and cannot therefore be neglected. It must also be remembered that these patients are often vastly different when away from the smothering, indulgent or controlling influence of their family and both aspects of their behaviour should be thoroughly known and understood.

Recreation

The weekly Club Night run by the Wallasey Society for Mentally Handicapped Children is still very popular and continues to draw ever-increasing numbers. The need for some similar facility for the more mature individuals has been met in part by an agreement with Mr. Matthews to accept a limited number of suitable persons in the Claremount Youth Club. There is, however, still an urgent need for a Club Room which could be utilised during the day time by some of the higher grade people during their periods of unemployment and inactivity. Many other ideas for broadening the experience and enriching the lives of these unfortunate members of the community are temporarily in abeyance pending the discovery of suitable volunteers to assume responsibility for their direction, supervision and instruction, notably swimming, dancing and rambling excursions.

It is hoped that such facilities will eventually be available and that all sub-normal patients will be able to live as full, rich and satisfying lives as is possible to them.

Junior Training Centre

During the early part of the year the Advisory Mental Welfare Officer to the Ministry of Health visited the Centre. Following her report to the Council it was decided that the replacement of the present accommodation by purpose built premises should be included in the Council's Ten Year Development Plan.

It was also decided to increase the establishment of the Centre by one Senior Assistant Supervisor as from 1st April, 1963, and by a further Assistant Supervisor as from 1st October, 1963.

The staff as at 31st December, 1962, comprised one Supervisor and five assistants.

During the year a fire alarm system was installed at the Centre and special measures were taken in connection with fire resistant glazing, etc.

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

By an arrangement with the Transport Departments of Birkenhead and Wallasey Corporations, children are conveyed to and from the Centre by special bus.

The Deputy Medical Officer of Health made regular monthly visits of inspection and arrangements were made for the Principal Dental Officer to give any necessary dental treatment.

The usual activities and handicrafts were carried out during the year.

The number of children on the register as at 31st December, 1962, was 87 (47 Birkenhead; 40 Wallasey).

THE DEVELOPMENT OF COMMUNITY CARE — HEALTH AND WELFARE SERVICES.

In January, 1962, the Minister of Health presented a plan to Parliament for the development of the hospital services for the next ten years. The plan included a section on care in the community which deals with the local authority services. This emphasises that where illness or disability cannot be forestalled by preventive measures, care at home and in the community, rather than in hospital should always be the aim, except where there is a need for diagnosis, treatment, and care of a type which only a hospital can provide. This is true throughout the whole range of the health and welfare services, from ante-natal care to the provision made for old age; and it applies whether an illness or disability is physical or mental. The plan for the development of the hospital service is, therefore, complementary to the expected development of the services for prevention and for care in the community and a continued expansion of these services has been assured.

Immediately following the presentation of the plan, Circular 2/62 was sent to County and County Borough Councils (England). The circular indicated that the local authority services need to be planned for the same period as the hospital services, and should take into account what is happening in the related fields. The Minister asked the various Councils to review their health and welfare services and to draw up a plan for developing them over the next ten years.

The Principal Medical Officer of the Liverpool Regional Hospital Board and also the Local Medical Committee were consulted in the preparation of the plan which was confirmed by the Council in July, 1962.

The Wallasey Executive Council, the North Wirral Hospital Management Committee and the Liverpool Regional Hospital Board accepted the Council's proposals with approval and without amendment, and a communication was received from the Secretary of the Liverpool Regional Hospital Board expressing his Board's "pleasure at the realistic and progressive way in which the County Borough of Wallasey are facing this important problem."

The consolidated plans of all local authorities throughout the country were presented to Parliament in the Spring of 1963. The following is an extract of the Report giving details of this authority's proposals and also, for comparison, those relating to England and Wales as a whole.

The contents of the plan are to be revised annually and taken a year further forward.

WALLASEY C.B.C.

(Area : 9.2 sq. miles)

	1962	1967	1972
Population, all ages	103,490	105,700	107,400
Population, aged 65 and over	13,800	14,700	15,800

I (a)—Health and Welfare Premises

(The numbers of places are given in brackets)

	Premises in use or under construction at		Projects to be started in	
	31.3.1962	31.3.1972	1962-63 to 1966-67	1967-68 to 1971-72
Homes for the elderly	6 (195)	11 (369)	3 (104)	2 (70)
For the physically handicapped:—				
Centres	2	2*	—	1*
Homes	—	—	—	—
For the mentally sub-normal:—				
Junior training centres	1 (40)	1 (40)	—	1 (40)
Adult training centres	2 (30)	1 (50)	1 (50)	—
Hostels	—	—	—	—
For the mentally ill:—				
Centres	—	1	1	—
Hostels	—	1 (12)	1 (12)	—
Maternity and child welfare clinics	6	6	—	—
Day nurseries	3 (130)	3 (130)	—	3 (130)
Premises for temporary accommodation	7 (17 families)	7 (17 families)	2 (4 families)	—

* Includes 1 additional full-time centre.

I (b)—Places in Training Centres for the Mentally Sub-normal

	31.3.1962	31.3.1967	31.3.1972
In junior centres	40	40	40
Per 1,000 population	0.39	0.38	0.37
In adult centres	30	50	50
Per 1,000 population	0.29	0.47	0.47

I (c)—Places in Homes for the Elderly

	31.3.1962	31.3.1967	31.3.1972
Places	195	290	369
Per 1,000 population aged 65 and over	14.1	20.3	23.4

England and Wales

	1962	1967	1972
Population, all ages	46,669,000	48,724,000	50,521,000
Population, aged 65 and over ...	5,602,000	6,043,000	6,614,000

I (a)—Health and Welfare Premises

(The numbers of places are given in brackets)

	Premises in use or under construction at	
	31.3.1962	31.3.1972
Homes for the elderly	1,653 (90,448)	2,784 (132,923)
For the physically handicapped:—		
Centres	1,234	1,333*
Homes	58 (2,164)	106 (3,695)
For the mentally sub-normal:—		
Junior training centres	345 (16,407)	424 (23,031)
Adult training centres	281† (11,259)	483‡ (27,795)
Hostels	47 (947)	464 (9,907)
For the mentally ill:—		
Centres	23	103
Hostels	18 (340)	211 (4,812)
Maternity and child welfare clinics	6,203§	6,348||
Day nurseries	467 (21,660)	472 (21,909)
Premises for temporary accommodation ...	269 (2,273 families)	364 (5,123 families)

* Includes 122 additional full-time centres.

† Includes 16 social clubs and day centre/clubs.

‡ Includes 15 social clubs and day centre/clubs.

§ Includes 26 health centres.

|| Includes 52 health centres.

I (b)—Places in Training Centres for the Mentally Sub-normal

	31.3.1962	31.3.1967	31.3.1972
In junior centres	16,407	21,828	23,031
Per 1,000 population	0.35	0.45	0.46
In adult centres	11,259	22,847	27,795
Per 1,000 population	0.24	0.47	0.55

I (c)—Places in Homes for the Elderly

	31.3.1962	31.3.1967	31.3.1972
Places	90,448	117,621	132,923
Per 1,000 population aged 65 and over	16.1	19.5	20.0

Wallasey C.B.C.

II—Domiciliary Services

(The numbers per 1,000 population are given in brackets)

Staff (whole-time equivalent)	31.3.1962	31.3.1967	31.3.1972
Health Visitors	9.7 (0.09)	11.7 (0.11)	12.7 (0.12)
Home helps	48 (0.46)	67 (0.63)	79 (0.74)
Home nurses	21 (0.20)	27 (0.26)	29 (0.27)
Midwives	7 (0.07)	8 (0.08)	8 (0.07)
Social workers	10 (0.10)	12 (0.11)	15 (0.14)

III—Ambulance Service

	31.3.1962	31.3.1967	31.3.1972
Stations	2	2	2
Ambulances	10	12	14
Staff (whole-time equivalent)	27	37	42

IV—Capital Building Programme

	1962-63 to 1966-67	1967-68 to 1971-72	Total 1962-63 to 1971-72
Homes for the elderly ...	£ 157,150	£ 110,700	£ 267,850
For the physically handicapped:—			
Centres	—	20,000	20,000
Homes	—	—	—
For the mentally subnormal:—			
Junior training centres ...	—	45,000	45,000
Adult training centres ...	80,454	—	80,454
Hostels	—	—	—
For the mentally ill:—			
Centres	13,875	—	13,875
Hostels	13,875	—	13,875
Day nurseries	—	64,500	64,500
Premises for temporary accommodation	10,000	—	10,000
Ambulance stations	12,300	—	12,300
Total	287,654	240,200	527,854

England and Wales

II—Domiciliary Services

(The numbers per 1,000 population are given in brackets)

Staff (whole-time equivalent)	31.3.1962	31.3.1967	31.3.1972
Health Visitors	5,269 (0.11)	6,698 (0.14)	7,607 (0.15)
Home helps	25,478 (0.55)	32,250 (0.66)	37,083 (0.73)
Home nurses	7,704 (0.17)	8,854 (0.18)	9,790 (0.19)
Midwives	5,261 (0.11)	6,232 (0.13)	6,509 (0.13)
Social workers	2,943 (0.06)	4,265 (0.09)	4,879 (0.10)

III—Ambulance Service

	31.3.1962	31.3.1967	31.3.1972
Stations	965	953	964
Ambulances	5,275	5,853	6,285
Staff (whole-time equivalent)	12,855	14,611	15,634

IV—Capital Building Programme

	1962-63 to 1966-67	1967-68 to 1971-72	Total 1962-63 to 1971-72
	£000	£000	£000
Homes for the elderly ...	74,820	42,441	117,262
For the physically handicapped:—			
Centres	2,884	1,541	4,424
Homes	2,318	830	3,148
For the mentally subnormal:—			
Junior training centres ...	6,345	1,011	7,356
Adult training centres ...	9,794*	4,311†	14,105‡
Hostels	9,911	4,512	14,422
For the mentally ill:—			
Centres	1,158	1,030	2,188
Hostels	4,893	2,787	7,681
Maternity and child welfare clinics	19,985§	6,856||	26,840**
Day nurseries	1,911	1,179	3,090
Premises for temporary accommodation	4,581	213	4,794
Ambulance stations	6,848	1,288	8,136
Miscellaneous	6,284	3,694	9,978
Total	151,731	71,693	223,424

* Includes 3 social clubs and day centre/clubs.

† Includes 1 social club.

‡ Includes 4 social clubs and day centre/clubs.

§ Includes 20 health centres.

|| Includes 8 health centres.

** Includes 28 health centres.

England and Wales

1970-1971

The following table shows the number of persons in the population of England and Wales in 1970-1971.

Age Group	1970-1971	1969-1970
0-14	10,100,000	10,200,000
15-64	20,500,000	20,400,000
65+	5,400,000	5,300,000
Total	36,000,000	35,900,000

The Population of England and Wales

Age Group	1970-1971	1969-1970
0-14	10,100,000	10,200,000
15-64	20,500,000	20,400,000
65+	5,400,000	5,300,000
Total	36,000,000	35,900,000

The Population of England and Wales

Age Group	1970-1971	1969-1970
0-14	10,100,000	10,200,000
15-64	20,500,000	20,400,000
65+	5,400,000	5,300,000
Total	36,000,000	35,900,000

The following table shows the number of persons in the population of England and Wales in 1970-1971.

PART IV.

General Health Services, etc.

FOOD AND DRUGS.

A total of 397 samples of foods from retail, wholesale and manufacturing premises, were obtained during the year.

All milk samples were genuine, and the average composition of 3.53% of fat and 8.64% of non fatty solids for ordinary milk and 4.62% of fat and 9.10% of non fatty solids for Channel Island Milk is quite satisfactory.

Small deficiencies were found in a few meat products, and the labelling of some samples was not as accurate as is necessary. In all these cases no action was needed other than drawing the attention of the packer or manufacturer to the matter.

Proceedings were instituted against one shopkeeper in regard to cooked, pork shoulder which was described on sale as Boiled Ham. A fine of £5-0-0 with £9-16-0 costs was imposed.

There appears to be an increase in the sale of chocolate-like substances which contain no cocoa butter, as confections and as a covering on biscuits and cakes. A compound block can closely resemble milk chocolate. It is hoped that the consuming public will realise that not everything which looks like chocolate is necessarily so.

FERTILISERS AND FEEDING STUFFS ACT.

Samples of fertilisers and animal feeding stuffs are taken to ensure that they comply with statutory requirements and guaranteed analysis. Of 24 samples taken two were outside the permitted limits of variation. The errors were not such as to warrant proceedings and the makers were cautioned.

PHARMACY AND POISONS ACT.

During the year the following applications were made:—

For registration	...	...	...	10
For re-registration	...	...	...	129

CONTROL AND SUPERVISION OF MILK SUPPLIES.

The principal purpose and aim of the Department in exercising control and supervision over milk supplies is to ensure the highest standards of safety, purity and keeping quality are at all times maintained. The strict vigilance and veterinary control exercised over dairy herds and over methods of production at the farms make a most important contribution to this end, whilst large scale commercial pasteurisation plays a major roll in achieving ultimate safeguards. All milk, however, is not pasteurised prior to retail sale, as is the case with raw farm bottled supplies, and, in consequence, the safety level cannot be regarded as being as high or as complete as when pasteurisation methods are applied. Any potential risk or danger involving raw milk supplies must not, however, be over-stated or exaggerated for in every case raw farm bottled supplies are of tuberculin tested standard and in many instances, is derived from Channel Island cattle which, with their high reputation for health and freedom from disease, also possess a natural immunity against bovine tuberculosis. Contagious bovine

abortion, or brucellosis, can, however, prove a most troublesome disease in an unprotected herd and can through the medium of the milk supply give rise to a communicable febrile infection affecting the human and known as undulant fever.

It will be of interest to record that during the year of Ministry of Agriculture in furtherance of their policy and plans for disease eradication introduced a service to farms providing for the free vaccination of female calves against brucellosis.

During the year a hospital notification was received involving a case of undulant fever, the patient being an elderly male, but enquiries failed to connect the milk supply in any way with this case.

A notification was also received from the County Health Authority confirming evidence of brucellosis in a herd, the milk of which was being sent daily from the farm involved to a dairy in the Borough. Both "in churn" and raw farm bottled supplies were being received, the former for routine pasteurisation. As an expedient an immediate arrangement was made whereby bottling at the farm was discontinued and the whole of the supply allowed to go forward daily for pasteurisation, a procedure which prevailed until a negative report and clearance was obtained at the production end.

A surveillance notification was also received in respect of a case of paralytic poliomyelitis confirmed on a farm from which milk was being sent daily to a dairy in the Borough. This supply was being pasteurised daily prior to retail sale or distribution.

Despite the very high standards achieved in milk production, incidents and occurrences of this kind emphasise the necessity and importance of the need for strict control measures, and of the great value of routine sampling and the information revealed in the laboratory reports.

The Public Health Laboratories, Liverpool, receive all milk samples from this Department and carry out the required statutory testing for keeping quality and heat treatment and pasteurisation methods. Additional testing of raw milk is also carried out for the presence of tubercle bacilli for evidence of brucellosis infection.

I wish to record my thanks and indebtedness to the Director and his staff for their ready help and co-operation in the testing of and reporting on milk samples submitted by this Authority.

The following is a summary of sampling carried out during the year :—

Pasteurised Milk

No. of samples obtained ...	87	
of which	85	satisfied both the Methylene Blue and Phosphatase Tests.
	2	failed the Methylene Blue Test.
	—	
	87	
	—	

Tuberculin Tested Milk — Pasteurised

No. of samples obtained ... 62
 all of which satisfied both the Methylene Blue
 and Phosphatase Tests.

Tuberculin Tested Milk — Pasteurised (cartoned supplies)

No. of samples obtained ... 17
 all of which satisfied both the Methylene Blue
 and Phosphatase Tests.

Pasteurised Milk (Homogenised)

No. of samples obtained ... 1
 which satisfied both the Methylene Blue and
 Phosphatase Tests.

Sterilised Milk

No. of samples obtained ... 18
 all of which satisfied the Turbidity Test.

Channel Island Farm Bottled Milk

No. of samples obtained ...	17	
of which	16	satisfied the Methylene Blue Test.
	1	failed the Methylene Blue Test.
	—	
	17	
	—	

Raw Channel Island Milk (cartoned supplies)

No. of samples obtained ...	9	
of which	6	satisfied the Methylene Blue Test.
	3	failed the Methylene Blue Test.
	—	
	9	
	—	

Of these samples embracing the milk of 11 different producers, 21 samples were subjected to biological testing for the presence of tubercle bacilli. In each case, a negative report was received. These samples, embracing the same 11 producers, were also subjected to testing for the presence of brucellosis, and the report in each case was negative.

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

Dairies	...	73
Schools	...	39
Shop Premises	...	28
Delivery Vehicles	...	29
Milk Vending Machines	...	25

Total number of samples submitted for Laboratory Testing	...	194
--	-----	-----

18 complaints were received relating to milk supplies involving the following matters:—

Alleged, use of unclean receptacles (bottles)	7
Alleged contaminated supply	2
Alleged presence of glass fragments	1
Alleged presence of snails	1
Alleged dumping of used bottles	1
Alleged excessive age of milk	1
Alleged odour in milk	1
Alleged extraneous matter	2
Alleged persistent stain on bottles	1
Alleged unclean state of premises	1

In certain cases, dairy managements were interviewed and relevant communications forwarded. No other official action was necessary.

The Milk (Special Designation) Regulations, 1960.

The Milk and Dairies (General) Regulations, 1960.

The pasteurisation of milk under licence is carried out at two dairies in the Borough. The plants comprise a modern high temperature short-time appliance and a small "Holder" type plant. The sampling of milk from each source of supply for testing has indicated that the apparatus and processing methods are being efficiently maintained.

The mechanical application of steam, hot water, detergents and sterilants is the method used in maintaining the cleanliness and sterility of all milk apparatus and equipment, including churns and bottles.

There were 126 registered milk distributors licensed to retail bottled supplies of designated milk at 1st January, 1962. In addition, 8 new distributors were registered and 8 licences were granted during the year.

Milk Vessels.

The considerable amount of publicity given during the year by the North Wirral Clean Milk Bottle Campaign to the misuse of milk bottles, and to the great losses incurred, has, it is understood, resulted in some measure of improvement. Whether this position will be maintained or improved upon is, at this stage, a matter of conjecture, but it will continue to be the serious aim and concern of the industry to keep this problem at all times in the public eye, together with the simple slogan "Rinse and return all milk bottles daily." It is felt that by this, those who are the principal offenders may ultimately be prompted to co-operate and assist in resolving this very unsatisfactory position. It is estimated that some 150 million milk bottles are lost annually. In addition to the monetary losses involved, dangerous litter in the form of broken glass becomes widespread and presents serious hazards to young children, particularly when it lies concealed on grass land and playing fields and on our beaches and sands. If milk bottles and other discarded glass containers were treated with less abuse and greater respect, this sinister cause of injury would be considerably reduced.

Milk in Schools Scheme.

During the year, 2,548,345 one-third pint bottles of milk (106,181 gallons) were supplied under the Milk in Schools Scheme, a decrease of 39,708 one-third pint bottles of milk (1,655 gallons) compared with the quantity supplied during the previous year.

Three suppliers are responsible for deliveries to the schools under contract, and supplies generally were satisfactorily maintained.

MEAT AND FOOD INSPECTION.

Visits made to food shops, including butchers, fishmongers, etc., and other premises engaged in the sale and handling or preparation of foodstuffs resulted in the following quantities of food being disposed of as unfit for human consumption:—

Meat.

Home Killed Beef	206 lbs.
English Pork	25 lbs.
Irish Pork	56 lbs.
Irish Lamb Chops	3 lbs.
Imported Lamb	128 lbs.

Offal.

Imported Liver	1 lb.
Ox Kidneys	8 lbs.

Fish.

Skinned Catfish (Rock Salmon)	84 lbs.
--------------------------------------	---------

Canned Goods.

Mixed (i.e. fruit, preserves, vegetables, soups, etc.) ...	524 cans
Milk	12 cans
Cream	38 cans
Sausages	2 cans
Fish	7 cans
Crab	5 cans

Frozen Foods.

Various Vegetables	460 packages
Beef Steaks	164 packages
Sausages	27 packages
Chicken	107 packages
Turkey	19 packages
Fish	418 packages
Meat Pies	22 packages
Pastry and Puddings	102 packages
Miscellaneous	19 packages

Other Foods.

Swiss Rolls	216
Imported Butter	44½ lbs.
Imported Prepared Mussels (1 container)	10 kilos
Salted Peanuts	3¾ lbs.

In addition, during the year 208 containers comprising cooked gammon, cooked shoulder, pigs' tongues, ox tongues, pressed, brisket beef, jellied veal, chopped ham, ham and tongue, fillet of lamb, corned beef, corned mutton, stewed steak, pork luncheon meat, pork loin and chopped pork representing a total weight of 1,048 lbs., were dealt with by voluntary surrender at food premises as being unfit for the purpose of sale for human consumption.

33 consumer complaints were received. Again, as in previous years, a wide range of foodstuffs was involved, and it will be of interest to summarise the nature and circumstances of these complaints.

In 7 instances the alleged presence of mould on wrapped sliced bread formed the basis of the complaint, whilst crumpets, wrapped fancy cakes, a steak and kidney pie, a custard, an apple slice, and, in two cases, meat pies, were the subjects of similar concern by purchasers. When warm and humid, atmospheric conditions prevail, such circumstances are conducive to the rapid growth of certain types of mould on foodstuffs, one of which occurs commonly in bread, when, overnight, invisible spores may develop into appreciable areas of pink coloured mould. Fortunately, this problem is one which is capable of being controlled and a large measure of success is achieved by the manufacturers in the careful introduction of additives and inhibitors which tend to retard or delay this type of fungoid development.

Other complaints and allegations made by the public involved the following incidents:—

- Mustiness in frozen peas.
- Chocolate contaminated by oil.
- Home killed beef affected with odour.
- Unwholesome roast beef.
- Larvae in baby food.
- Insect in meat pie.
- Salt in packaged cereal food.
- Extraneous matter in chocolate cream filling.
- Foreign spider in bananas.
- String in brown loaf.
- Unwholesome sausages.
- Maggots in bacon.
- Glass-like crystals in canned grapes.
- Glass fragments in salted peanuts.
- String in sweet confectionery.
- Corned beef contaminated with oil.
- Grub in custard.
- Insect in loaf.
- Foreign matter in fried fish.
- Contaminated rice.
- Deteriorated eccles cakes.
- Wire in mint rock.
- Insect in canned soup.
- Tea (alleged to have caused illness).
- Cheese (alleged to have caused illness).
- Garden beetle in tin of Irish stew (alleged to have caused illness).
- Wood splinter in canned steak and kidney pudding (alleged to have caused injury).
- Canned prepared chicken pie (alleged to have been deficient in chicken).

In the last-mentioned case, the complainant forwarded the chicken pie with an accompanying letter to the House of Commons, addressed to a well-known Liverpool M.P. The matter was, in turn, redirected to this Department and was referred to the Chief Weights and Measures Inspector. A direct approach of this kind (in this case by an old age pensioner) whilst not the accepted practice must not be discouraged or deprecated. Such a course does reflect the indignation and concern of the individual, and enables any necessary intervention on the part of the Local Authority.

The incidents involving the presence of a garden beetle in a tin of Irish stew and a wood splinter in a can of steak and kidney pudding were the subjects of private claims being made by the respective complainants against the Manufacturing Companies concerned. In each case, the Department furnished certain information, but no Court action ensued.

In other cases the offending material complained of was found to be quite innocuous, or there was insufficient or complete lack of evidence, or the circumstances were such that it was not possible to proceed with enquiries or to take any further official action. A case in point was that referring to the alleged presence of an insect in canned soup, when examination revealed that the "insect" was, in fact, a piece of cooked mushroom stalk.

Each complaint was investigated, and where justified, the circumstances were reported to the General Health Committee. No legal proceedings were instituted. A warning letter was authorised and forwarded in one instance. In a number of cases, correspondence and interviews took place with Companies and Managements.

Visits were made on request in connection with food supplies to the following premises:—

Hospitals	5
Railway Station	1
Hotels	4
Welfare Section	6
Day Nurseries	3
Kitchens (School Meals Service)	4
Wholesale Food Distributors and Multiple Stores	45
Retail Food Premises	97

A warning letter was forwarded to the proprietor of a Provision Store who had previously been cautioned concerning the non-observance of provisions contained in the Food Hygiene Regulations relating to the protection of food trays and containers from contamination.

All foodstuffs found to be unfit for sale for human consumption and subject to certification by the Food Inspector were collected and disposed of by the Department.

The items referred to under "Frozen Foods" were rendered unfit due to refrigerator faults at retail shop premises.

Various matters arising in the course of inspection were passed to the District Public Health Inspectors for attention.

Merchandise Marks Act.

Verbal warnings were issued in two instances in respect of infringements relating to the labelling of meat exposed for retail sale. The Food Inspector liaised in a case in which legal proceedings were instituted by the Chief Weights and Measures Inspector.

The Animal Feeding Meat and the Meat Staining Regulations, 1959.

These Regulations, which apply in England and Wales, require all butcher's meat and imported meat unfit for human consumption to be sterilised, and all knacker meat to be stained and sterilised, before entering the chain of distribution.

All Pet Shop proprietors in the Borough are aware of these requirements and, in some cases, the raw meat offered for sale at Pet Shops comprises meat which has been passed as fit for human consumption and is obtained through wholesale meat purveyors. In most cases the meat retailed from Pet Shops is a sterilised or cooked supply.

WALLASEY LAIRAGES.

Landing Place for Irish and Isle of Man Animals and Foreign Animals Landing Wharf

This year 90,398 store and fat cattle were accommodated and subsequently despatched, by rail and road transport from the lairage at this landing place. Included in this figure was a small number of pedigree cattle shipped from Canada. The figure shows a decrease of 5,316 on the number of cattle landed in the previous year.

Of the animals detained by the Veterinary Inspectors, 112 were slaughtered, this being 78 less than the number slaughtered in 1961. Slaughter was not resorted to in any instance in connection with the cattle landed from Canada.

The use of this Port Slaughterhouse is confined exclusively to the slaughter of cattle in which, following disembarkation, evidence of illness or injury has been diagnosed by the Ministry's Veterinary Inspectors.

Post mortem examination of all carcasses, viscera and offal was carried out by the department, and the following is a tabulation of the diseased conditions met with and the condemnations made:—

Number killed	...	...	...	...	...	...	...	...	112
Number inspected	...	...	...	...	...	...	...	...	112

All diseases except Tuberculosis and Cysticerci

Whole carcasses condemned	...	...	...	...	...	Nil
Carcasses of which some part or organ was condemned	...	...	...	...	...	82
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	...	...	...	...	...	73.21%

Tuberculosis only

Whole carcasses condemned	...	...	...	...	...	Nil
Carcasses of which some part or organ was condemned	...	...	...	...	...	Nil
Percentage of the number inspected affected with tuberculosis	...	...	...	...	...	—

Cysticercosis

Carcases of which some part or organ was condemned	Nil
Carcases submitted to treatment by refrigeration ...	Nil
Generalised, and totally condemned	Nil

Total weight of meat and offal condemned

Meat	Nil
Offal	1,362 lbs.

194 visits were made during the year to the slaughterhouse at this landing wharf.

Slaughterhouse Act, 1958.

During the year Veterinary Officers of the Animal Health Division of the Ministry of Agriculture, Fisheries and Food had a discussion at this Slaughterhouse with the Meat and Food Inspector on various matters arising out of the application of the Slaughterhouse Act, 1958, and the relevant Regulations governing hygiene and the prevention of cruelty.

PUBLIC HEALTH (SHELLFISH) REGULATIONS**Mussel and Cockle Beds — Wallasey Foreshore**

In the early part of the year during a period of high tides and gales, the sandbanks and foreshore were subjected to heavy and continuous tidal pounding which resulted in vast quantities of large cockles being laid bare by the receding tide on the sands and in the various channels. Tidal action appeared to have resulted in a "drift" of these shellfish from the layings and banks at the western limits of the Borough boundary at Meols and Leasowe to the Wallasey and New Brighton beaches, with the result that shellfish collecting activities were reported and witnessed, on a wide front and on a fairly large scale.

The Public Health Shellfish Regulations continue in operation in this district and are enforced by the Liverpool Port Sanitary Authority but, as an expediency, a public warning was published in the press drawing attention to the legal position concerning the collection and sale of cockles and, to the possible danger to health resulting from their consumption.

Except for a record of paratyphoid occurring in Liverpool in 1959 involving five members of one family and attributed to the agency of infected cockles collected by the family from the foreshore at Moreton, Wirral, no reports or medical references have been received indicating that shellfish from these local layings have been responsible, or suspected, of being responsible, for any outbreak or case of enteric disease in recent years.

DISEASES OF ANIMALS ACTS AND ORDERS**Notifiable Scheduled Diseases of Animals**

A circular letter was received intimating that the Ministry of Agriculture and the Secretary of State would jointly be making an Order which would provide for a compulsory slaughter policy with compensation for the eradication of Swine Fever. Local Authorities will have certain enforcement responsibilities and the Order is expected to come into force in March next year.

In December, the Ministry of Agriculture, Fisheries and Food imposed restrictions on the movement of swine in a substantial area of the country for the purposes of preventing the spread of Swine Fever. The County Borough was included and the movement of swine was authorised only under licence issued by the Local Authority. Licences for the movement of 55 bacon and pork pigs were issued, enabling the owners to convey the pigs to slaughterhouses or bacon factories outside the Borough for immediate slaughter.

Provisions contained in the Swine Fever Order were put into operation and enforced at a piggery following receipt of information from a Veterinary Surgeon of suspected swine fever. Of 53 pigs on the premises at the outset, 29 either died or were destroyed and the remaining 24 pigs, in which no symptoms developed, were licensed off the premises for slaughter. The existence of swine fever at this piggery was not confirmed.

194 store pigs were brought into the Borough for fattening under Movement Licences from the markets at Chester, Shrewsbury and Beeston. There is a preference by many feeders to obtain their requirements of young store pigs direct from breeders. This reduces the risk of infection by contact in the open market where pigs are gathered from many collection points covering a wide area.

Visits were made to pig keepers' premises, of which there are 16, in connection with the movement of pigs and the provisions contained in the Waste Food Order, 1957. One pigkeeper was granted a licence under this Order to operate steam plant for the processing of waste foods.

No deaths of farm animals, other than pigs, were reported during the year, and no notification of suspected diseases, other than swine fever, were received.

Seasonal visits were made from time to time to ensure that cattle, sheep and lambs and other animals grazing on lands in the Borough were receiving the necessary care and attention from the owners or persons having charge or control. No evidence was observed in cattle calling for action under the Warble Fly Dressing of Cattle Order. No references or complaints were received relating to any alleged case of cruelty involving animals, and no action was necessary under the Protection of Animals Act.

The Rodent Officer, in the course of his duties, found a guillemot. The bird had suffered no apparent injury and its plumage had not been fouled by oil. The bird had been storm driven and was exhausted; it recovered completely and was subsequently liberated.

Observations were made from time to time on British and foreign vessels entering the Wallasey Docks system to ascertain if any animals, dogs, poultry, hay and straw were being carried with the intention of being landed contrary to the Regulations. No infringements were observed.

Beetle specimens were brought into the Department on several occasions for identification purposes, and, in view of the importance of early detection and control measures in respect of the activities of the

Colorado beetle, public spirited action of this kind is to be commended. These insects have invariably proved to be species of the common burying beetle and no official action has been necessary.

Press notices relating to animals diseases and new regulations have from time to time been publicised during the year.

THE CHILDREN ACT, 1948

Children continue to be medically examined as soon as possible, after admission to the Children's Homes, and also before discharge, and the medical staff of the Public Health Department give advice whenever necessary.

THEATRICAL EMPLOYERS' REGISTRATION ACT, 1925

No applications for registration were received during the year.

PART V.

Report of the Chief Public Health Inspector on the Environmental Health and Hygiene of the area

REPORT OF CHIEF PUBLIC HEALTH INSPECTOR ON THE ENVIRONMENTAL HEALTH AND HYGIENE OF THE AREA

I have pleasure in presenting my Annual Report on the work of the Public Health Inspectorate during the year 1962.

Slum Clearance

The Wallasey (Clearance No. 110) Clayton Lane proposed Compulsory Purchase Order, 1963, was submitted to the General Health Committee in December and confirmed by the Council on 3rd January, 1963. The area contains 115 unfit dwelling houses, which constitute the second year of the Council's second five-year slum clearance programme.

The proposed Compulsory Purchase Order covering The Wallasey (No. 107) Brighton St./Ellis St. Clearance Area 1961, The Wallasey (No. 108) Brighton St. Clearance Area 1961 and The Wallasey (No. 109) Beaconsfield Rd./Demesne St. Clearance Area 1961 was submitted to the Ministry of Housing and Local Government early in the year. Objections were made by the owners of twenty-eight properties, and a Public Inquiry was held at the Town Hall on 24th July, 1962. The Order was confirmed with three minor modifications in December.

Clean Air

The Wallasey (Brighton St.) Smoke Control Order No. 5, 1960, came into operation on the 1st May, 1962. This covers an area of 107 acres and contains 1,343 dwellinghouses.

The Wallasey (Leasowe) Smoke Control Order No. 6, 1960 came into operation on the 1st September, 1962. This area covers 1,920 acres and contains 3,247 dwelling houses.

The Wallasey (Seacombe/Poulton) Smoke Control Order No. 7, 1961, was confirmed on the 5th July, 1962, and comes into operation on 1st July, 1964. This area covers 710 acres and contains over 6,000 dwelling houses.

The proposed Wallasey (Lingham) Smoke Control Order No. 8, 1962, and Wallasey (Upton Park) Smoke Control Order No. 9, 1962, were passed by the Council in July and were confirmed by the Minister on the 30th October, 1962. The No. 8 Order covers 335 acres and contains 1,581 dwelling houses and comes into operation on the 1st September, 1963. The No. 9 Order covers 93 acres and contains 22 dwelling houses. This Order comes into operation on the 1st May, 1963.

The survey of the New Brighton (No. 10) Area, containing 2,683 dwelling houses was almost complete by the end of the year.

Food Hygiene

In my Report for 1961 I was pleased to report a large increase in the number of inspections of food shops and catering premises carried out during the year, which resulted in an average of three visits being made to all food premises in the borough. Due to the shortage of staff, only 2,789 inspections of food premises were carried out during 1962, this giving an average of slightly over 2 visits per premises. 136 informal notices were issued regarding food premises and 314 items of repair or improvement were effected, during the year.

Noise Abatement

Eight complaints of noise nuisances were received, comprising four relating to industrial plants, of which 3 were abated by informal action and in the remaining case the necessary work was in hand at the end of the year; 1 complaint of nuisance from dogs barking which was investigated, but no nuisance was found to exist; 1 complaint of noise from a shop was abated after informal action; noise from go-kart racing was again the subject of a complaint and observations were kept and the noise was reduced to a minimum; motor cycle racing on the promenade caused complaints from householders in the vicinity; this only occurs on one day per year and observations were not kept on this occasion, but arrangements have been made for a member of the staff to be present at the meeting in September, 1963.

Housing Act, 1961

A survey of houses let in multiple occupation was commenced during the year. A summary of the housing circumstances of 175 families living in fifty-five of this type of premises was submitted to the General Health Committee with a recommendation regarding standards for baths and water closets. The resolution of the General Health Committee was objected to in Council and was taken back for further consideration. A meeting with the Borough Engineer's Department is being arranged to discuss this matter in relation to town planning prior to the question being reconsidered by the General Health Committee.

Staff Resignations

Several staff changes occurred during the year. Mr. L. G. Ringrow, District Public Health Inspector, resigned on the 31st May to take up a similar appointment with Newton and Sturminster Urban District Council. Mr. G. Carr, District Public Health Inspector, resigned on the 17th June to commence business on his own account. Mr. K. J. Warbrick, District Public Health Inspector, resigned on the 30th September, on being appointed District Public Health Inspector to Hoylake Urban District Council.

New Appointments

Mr. A. E. Lewis, who was a District Public Health Inspector for Liverpool, was appointed District Public Health Inspector and took up his duties on 1st May. Mr. A. Fidling, who was a Pupil Inspector at Ellesmere Port, was appointed District Public Health Inspector and commenced duty on the 2nd July.

A full complement of staff was available for only one month in the year and for a period of three-and-a-half months the staff was depleted by two inspectors.

This represents a loss of seven-and-a-quarter months for two inspectors, average for the full year 85% of the full staff.

Conclusion

I wish to take this opportunity of expressing my appreciation for the support received from the Chairman and Members of the General Health Committee and from Dr. Hall, Medical Officer of Health. May I also thank my colleagues in other Departments for their co-operation and assistance. My best thanks are due to my Deputy, Mr. Barley, for

his hard work during his first full year of service in Wallasey. In addition, my thanks are due to the Public Health Inspectors, Technical Assistants and, last but not least, the office staff, for their loyalty and hard work during the year.

Abatement of Nuisances and House Repairs

Work in this field has followed the same pattern as in previous years relying on the nuisance provisions of the Public Health Act to enforce repairs to dwellinghouses.

Complaints during the year numbered 1,918, which is a very slight decrease on the previous year.

16,213 visits were made to dwellinghouses. 686 preliminary and 412 statutory notices were served. A summary of the defects remedied indicates the effectiveness of the enforcement procedure.

It is a measure of the public health inspectors good relations with owners that on only one occasion legal action had to be taken.

Dwelling Houses

	<i>Nuisances Abated</i>
Roofs repaired	225
Gutters and Spouts repaired or renewed	115
External walls and chimneys repaired	118
Damp Proof courses provided	32
Yards paved or repaired	30
Internal walls and ceilings repaired	125
Doors, Windows, repaired or renewed	162
Floors repaired or renewed	71
Rooms, passages, etc., cleansed or redecorated	2
Staircases, handrails, repaired	10
Fireplaces, stoves, flues, repaired or renewed	30
Sinks, baths, washbasins, repaired or renewed	25
Food stores provided or improved	1
Water supply improved or reinstated	106
W.C.'s cleansed or redecorated	10
W.C.'s repaired or provided	203
Soil/waste pipes, repaired or renewed	66
Drains cleansed, from obstruction	100
Drains repaired or improved	29
Drainer boards repaired or renewed	10
Miscellaneous Improvements effected	33
Total ...	1,503

General Environmental Public Health Nuisances Abated

	<i>Nuisances Abated</i>
Removal of Offensive Accumulations	10
Cleansing of Ditches and Streams	1
Cinemas, Dance Halls: Contraventions	1
Schools: W.C.'s — Repairs and Renewal	6
Schools: Other Nuisances	—
Total ...	18

Total Number of Notices Served (all Acts)

	Served	Abated
Preliminary	927	790
Statutory	597	519
	<u>1,524</u>	<u>1,309</u>

Legal Proceedings (Cases heard)	1
No. of Nuisance Orders applied for	1
No. of Nuisance Orders obtained	1
Total amount of fines and costs	£5 8 6

**No. OF FOOD BUSINESSES EXISTING WITHIN THE BOROUGH
AT 31st December, 1962**

Classification according to the areas administered by the District Public Health Inspectors

Type	Seacombe	Egremont	Poulton	Liscard	New Brighton	Wallasey Village	Moreton	Total
School Kitchens and Canteens	8	9	3	10	7	7	11	55
Local Authority Hostels, Nurseries, etc. ...	1	2	—	3	3	—	2	11
Other Local Authority Premises ...	—	—	—	1	2	—	2	5
Grocers	25	41	20	22	20	33	33	194
Cafes	6	9	1	4	79	4	2	105
Greengrocers	12	27	14	19	10	21	15	118
Confectioners and Bakehouses	6	11	9	15	7	10	12	70
Sweets	24	35	15	30	35	25	22	186
Butchers	14	13	8	18	8	12	15	88
Fried Fish	9	8	3	8	9	3	7	47
Shellfish and Refreshment Stalls ...	—	—	—	—	28	—	5	33
General	18	11	11	29	16	8	24	117
Food Preparing Premises ...	1	2	1	3	4	2	2	15
Wet Fish	6	6	4	4	3	3	3	29
Chemists and Druggists ...	6	8	5	6	4	6	8	43
Club Premises and Canteens	5	6	2	2	6	11	3	35
Licensed Premises	19	13	9	25	26	10	9	111
Miscellaneous	—	3	4	—	—	—	—	7
TOTALS ...	160	204	109	199	267	155	175	1269

FOOD AND DRUGS ACT, 1955: FOOD HYGIENE

Owing to shortage of District Public Health Inspectors it has not been possible to maintain the number of visits which in previous years have been made to food premises. It is through regular visits, inspections and an educational process that good food hygiene is attained.

Food Premises

No. of Visits to All Premises 2,789

Viz.—

(a) Cafes, etc. (Visits)	352
(b) School Meals (Visits)	98
(c) Other F.P.P. (Visits)	321
(d) Licensed Premises (Visits)	164
(e) Ice Cream : (Visits re Registration)	14
„ Manufacturing Premises (Visits)	15
„ Sales and Storage Premises (Visits)	478
(f) Food Shops	2,032
(g) Sec. 16B Premises	157

Work Carried out under Food Hygiene Regulations
Food Premises

Premises cleansed or repaired	78
Equipment cleansed or repaired	26
Hot, cold water supply provided, or improved	28
Sinks, washbasins provided or improved	30
Food storage facilities provided or improved	18
Personal hygiene improved,	27
Sanitary accommodation cleansed, repaired or improved	31
Miscellaneous improvements effected	76
Total ...	314

Registered Food Premises

The Minister of Health has requested that a classification of registered premises be included in this report. The required information is as follows:—

List of Registered Food Premises, 1962

	<i>No. of Premises</i>	<i>No. of Visits</i>
Section 16 (a) Food and Drugs Act, 1955	578	507
Section 16 (b) Food and Drugs Act, 1955	163	157
Total ...	741	664

(N.B.—A classification of the types of premises registered under section 16 (a) is given in the part of the report dealing with ice cream).

**Summary of Types of Food Premises Registered under
 section 16 (b) Food and Drugs Act, 1955**

Bakehouses, Meat Pies	45
Meat Pies and Cooked Meats	19
Butchers, Sausages	45
Sausages and Cooked Meats	24
Grocers, Potted Meats	2
Boiled Hams	9
Cooked Meat Factories	2
Other Premises, Meat Pies	4
Chicken Roasting	13

CONTROL OF ICE CREAM PREMISES

75 samples of ice cream were subjected to the methylene blue test — three of them were placed in Grade 3 and eight in Grade 4—the “unsatisfactory” grades. 19 samples were taken from two Wallasey manufacturers, two of which failed to reach the standard suggested by the Minister. About six samples were taken of each of the brands of ice cream manufactured outside the borough and two manufacturers failed to comply with the desired standard. A summary of the gradings is given in succeeding pages. 507 inspections of ice cream premises were made; 14 of the visits being in respect of new registrations to sell ice cream.

ICE CREAM STATISTICS RELATIVE TO THE YEAR 1962

Registrations Approved during 1962.

Sale and Storage	...	...	...	...	...	...	...	...	...	13
Manufacture, Sale and Storage	...	...	...	...	...	...	...	...	...	1
										—
Total										14
										—

Registrations Refused Nil

Registrations Cancelled Nil

Number of Premises on Register at close of Year

Storage only	...	...	...	...	...	...	...	...	...	4
Storage and sale	...	...	...	...	...	...	...	...	...	571
Manufacture, storage and sale	...	...	...	...	...	...	...	...	...	3
										—
Total										578
										—

ICE CREAM SAMPLING, 1962.

Classification of Samples by Location of Manufacturer

Ice Cream Manufactured in Wallasey

	No. of Samples
Grade 1	15
Grade 2	2
Grade 3	2
Grade 4	—
Total	19

Ice Cream Manufactured outside Wallasey

	No. of Samples
Grade 1	38
Grade 2	9
Grade 3	1
Grade 4	8
Total	56

Result classified according to identity of Manufacturer

Ice Cream sampled at point of sale within the
County Borough District of Wallasey during 1962

Factories outside Wallasey—Table I

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	2	2	—	—	—	*	—
2	6	6	—	—	—	*	—
3	6	2	2	—	2	—	*
4	6	6	—	—	—	*	—
5	6	6	—	—	—	*	—
6	6	6	—	—	—	*	—
7	7	5	2	—	—	*	—
8	7	1	1	1	4	—	*
9	6	3	3	—	—	*	—
10	2	—	—	—	2	Not classified ditto. ditto.	
11	1	—	1	—	—		
12	1	1	—	—	—		
	56	38 (67.8)	9 (16.1)	1 (1.8)	8 (14.3)	7 3 not classified	2

Factories located within Wallasey—Table II

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	11	—	—	—	*	—
2	8	4	2	2	—	*	—
	19	15 (79.0)	2 (10.5)	2 (10.5)	—	2 (100.0)	—

NOTES—1. Figures in parenthesis denote percentages.

2. The manufacturers numbered 10 to 12 Table I above are not classified owing to insufficient number of samples taken.

ADMINISTRATION OF THE SHOPS ACT, 1950

The number of routine visits to shops was 3,103 and the 86 reinspections were made to secure abatement of the contraventions summarised in the following table.

Nature of Contraventions remedied

Section 37 (1) Provision of seats for female employees ...	—
„ 38 (1) (a) Suitable and sufficient ventilation ...	—
„ (b) Maintenance of reasonable temperature ...	—
„ 38 (2) Provision of sanitary accommodation ...	—
„ 38 (3) Sanitary Accommodation cleansed and repaired	12
„ 38 (4) Provision of suitable and sufficient lighting ...	3
„ 38 (4) Provision of washing facilities ...	2
„ 38 (5) Provision of facilities for meals ...	1
Notices and documents provided ...	20
General sanitary conditions improved ...	14

Hours of Employment

Contraventions detected and, remedied ...	5
---	---

Hours of Closing and Sunday trading

Number of contraventions noted ...	1
Number of warnings issued ...	1
Number of prosecutions instituted ...	—

Routine inspection to check compliance with hours of closing and Sunday trading has been discontinued, visits only being made on receipt of complaints.

HOUSING**Rent Act, 1957****PART 1: Applications for Certificates of Disrepair**

(1) Number of applications for certificates ...	19
(2) Number of decisions not to issue certificates ...	—
(3) Number of decisions to issue certificates	
(a) in respect of some but not all defects ...	14
(b) in respect of all defects ...	5
(4) Number of undertakings given by landlords under paragraph 5 of the First Schedule ...	18
(5) Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule ...	—
(6) Number of Certificates issued ...	1

PART II: Applications for Cancellation of Certificates

(7) Applications by landlords to Local Authority for cancellation of certificates ...	4
(8) Objections by tenants to cancellation of certificates ...	—
(9) Decisions by Local Authority to cancel in spite of tenants' objection ...	—
(10) Certificates cancelled by Local Authority ...	2

**Summary of repairs executed on the 2 certificates of disrepair
which were cancelled during the year**

Roofs repaired	4
Gutters and Spouts repaired or renewed	2
External Walls and Chimneys repaired	1
Damp Proof courses provided	—
Yards paved and repaired	—
Internal Walls and Ceilings repaired	2
Windows and Doors repaired or renewed	7
Floors repaired or renewed	2
Staircases and Handrails repaired or renewed	—
Fireplaces and Flues repaired or renewed	1
Baths, Sinks or Lavatory Basins repaired or renewed	—
Water supply improved	1
W.C.'s cleaned	—
W.C. repairs and renewals	—
Food, stores provided	—
Soil Pipes or Waste Pipes repaired or renewed	2
Drains repaired	—
Drainer Boards repaired or renewed	—
Miscellaneous repairs	2
External decorations	3
Total ...	27

Clearance and demolition of unfit houses

Work continued during the year on the clearance of the houses in the Council's second, five-year programme. The work is necessarily arduous and the procedure protracted, involving detailed inspections, the serving of notices and, where objections are lodged, the conducting of a public local inquiry by an inspector of the Ministry of Housing and Local Government. The following orders, etc., were made during the year:—

Demolition by Voluntary Undertakings

- *10 Lomond Grove.
- 85 Cobham Road.
- 89 Cobham Road.
- 2 Broster Avenue.

Closure by Voluntary Undertaking

- 17 Percy Road.
- 10 Belle Vue Road.

* Denotes premises demolished during the year

Compulsory Purchase Order.

The Wallasey (No. 110) Clayton Lane Compulsory Purchase Order 1962.

- Nos. 2 to 44, Rankin Street.
- Nos. 3 to 15 and 2 to 22 Clayton Lane.
- Nos. 2 to 18 and 1 to 17 Juliet Street.
- Nos. 2 to 20 and 1 to 21 Portia Street.
- Nos. 2 to 24 and 1 to 5 Rosalind Street.
- Nos. 2 to 14 and 1 to 9 Romeo Street.
- Nos. 65 to 69, and 73 to 85, Limekiln Lane.

This Order will be sent to the Minister early in 1963 and if objections are made a public local inquiry will be held.

Compulsory Purchase Order

The Wallasey (Clearance No. 106) Cobham Road, Compulsory Purchase Order, 1961.

The Minister did not confirm this Order but suggested that Demolition Orders be made on Nos. 85 & 89 Cobham Road. The owners of these properties did, in fact give undertakings regarding demolition of their bungalows.

The Wallasey (Clearance Nos. 107, 108 and 109) Beaconsfield Road, Demesne Street, and Brighton Street Compulsory Purchase Order 1961, containing 140 premises was confirmed with minor modifications in December, 1962.

Progress Report of Action under Housing Acts, 1930-1961

Position as at 31st December, 1962.

	No. of dwelling houses demolished		Number of persons displaced
	Unfit	Other	
(1) Land coloured "pink"	1,151	—	2,975
(2) Land coloured "grey"	—	19	64

Unfit Houses not included in Clearance Areas

	Number of houses	Number of persons displaced
(1) Housing Act, 1957:—		
(a) Houses demolished as a result of formal or informal procedure under Sec. 17 (1) ...	503	1,476
(b) Local Authority owned houses subject to certificates of unfitness	45	98
(c) Houses closed in pursuance of an undertaking given by the owners under Sec. (17)	14	46
(d) Parts of buildings closed (Sec. 18)	23	46
(e) Houses made fit:—		
(i) as a result of formal notices under Sections 9 to 12	416	—
(ii) As a result of informal notices preliminary to formal procedure under Sections 9 to 12	603	—
(1) Housing Act, 1957:—		
(f) Closing Orders made under Section 17 ...	—	—
(g) Demolition Orders determined and Closing Orders substituted under Section 26	—	—
(h) Demolition Orders quashed under Section 24	—	—

Overcrowding and Allocation of Tenancies

The Council continued to operate its Group-plus-Points Scheme for re-housing. Re-housing of families from unfit houses remains outside the points scheme. The following summary shows the shares of lettings now in force.

Overcrowded tenants, and sub-tenants)	
and not overcrowded sub-tenants)	85%
Health	12%
Emergency	3%

All overcrowding cases must have been overcrowded for at least one year to obtain the extra points allocated for overcrowding.

During the year, the housing circumstances of 539 families were investigated in connection with housing applications, 336 of these as a result of applications for inclusion in the Overcrowded group. 134 families were found to be overcrowded for the purposes of the points scheme, which employs a standard better than that of the Housing Act.

Applications for rehousing on health grounds showed an increase of 33 on the previous year. 203 applications were considered, and these are analysed below. It is only possible for the most urgent cases to be recommended for rehousing, and only 26 applicants in this class received the approval of the Medical Officer of Health. In eight of these instances, the illness giving rise to the need for rehousing was pulmonary tuberculosis. The bulk of the applications came from persons suffering from old age, arthritis and high blood pressure. These cases all require ground floor accommodation.

Housing Applications, 1962

Analysis of 539 families investigated as a result of references from Housing Department.

	Overcrowded		Not Over-crowded Points Scheme	Applications on Medical Grounds			
				Tuberculosis		Other Cases	
	Housing Act, 1936	Points Scheme		Approved	Rejected	Approved	Rejected
Tenants	13	32	128	4	7	7	90
Sub-Ten'ts living in r'ms	31	102	74	4	7	11	73
Totals	44	134	202	8	14	18	163

Provision of New Houses

The Borough Architect has provided the following report on the provision of new housing accommodation:—

	During 1962	Post-War Period incl. 1962	In Progress 31/12/62
Houses erected by private enterprise	102	1,898	170
Units of accommodation erected by Local Authority under Housing Acts	180	3,978	192
Tenant Ownership Houses erected by Local Authority ...	—	174	—

INSPECTION OF FACTORIES

The number of factories on the register at the end of the year was 281. 483 visits were made. An abstract of the results of these inspections in the form required by the Ministry of Labour and National Service is set out below:—

Administration of the Factories Act, 1937-1959.
Inspections for Purposes of Provisions as to Health.

Premises	No. on Register	Number of		
		Inspections	Written Notices*	Occupiers Prosecuted
Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced	35	18	2	—
Factories not included in above in which Section 7 is enforced by the Local Authority	229	419	8	—
Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises) ...	17	46	—	—
Totals	281	483	10	—

* In addition 5 verbal notices were given to occupiers regarding various matters.

Cases in which defects were found

Particulars	Found	Remedied	Referred		No. of cases in which prosecutions were instituted
			To H.M. Inspector	By H.M. Inspector	
Lack of cleanliness (S.1)	2	2	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7):—					
(a) Insufficient	1	1	—	1	—
(b) Unsuitable or defective	11	11	—	3	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	1	1	—	—	—
Totals	15	15	—	4	—

Outwork

Wearing apparel-making, etc. Number of outworkers in Aug.
list required by section 110 (i) (c) 1
Visits made 1

NOISE NUISANCES

Eight complaints of noise nuisances under the Noise Abatement Act, 1960, were received during the year: These related to the following:—

(1) Industrial premises	4
(2) Barking of dogs	1
(3) Shop premises	1
(4) Go-Kart racing	1
(5) Motor-cycle racing	1

(1) The managements of the industrial premises were interviewed and the abatement of the nuisances secured by co-operation and informal action.

(2) In the opinion of the inspector the noise was not sufficient to constitute a nuisance.

(3) This noise was caused by a faulty door closing mechanism and was dealt with informally.

(4) Observation was kept on the three days in the year on which racing took place. At each meeting the clerk of the course was advised of those karts with noisy or improvised silencers. These karts were then prevented from racing. Any kart which developed a noisy silencer while racing was flagged off the course.

(5) Observations were not kept at this meeting, but will be made on the next occasion of racing in September, 1963.

WATER SUPPLY

Town Area Supply

Quantity

The total consumption of water in the town area represented 39.2 gallons per head per day, of which 30.7 was for domestic purposes, 0.38 gallons for shipping, 8.08 gallons for industry and commerce, and for the Cleansing Department 0.04 gallons.

Source and Treatment

Water is obtained from three sources — a bulk supply from Birkenhead Corporation's Lake Alwen, a supply from the River Dee works owned jointly by Birkenhead and Wallasey Corporations and the remainder from deep boreholes within the borough.

The borehole water is softened by the base exchange process and chlorinated. The Alwen bulk supply is treated by the Birkenhead Corporation before delivery. This treatment includes coagulation, filtration, pH correction and chloramine dosing. The River Dee supply receives similar treatment except that sterilisation is by superchlorination and dechlorination. Activated carbon treatment is used as necessary to control tastes.

There are no houses in the Borough without a piped supply, but six bungalows at "Castlefields," Ditton Lane, are supplied by means of a standpipe.

CHEMICAL AND BACTERIOLOGICAL EXAMINATION

323 samples were submitted to bacteriological examination by the Water Department. 36 gave presumptive positive reactions indicating coliform organisms, of these 18 were samples taken from newly laid mains. After suitable measures further samples were taken and satisfactory results obtained.

During the year a portable chlorinator has been put into use, so that new mains can be sterilised more satisfactorily and any mains giving unsatisfactory samples can be treated with solutions of chlorine.

163 samples were submitted to routine chemical analysis by the Water Department.

Details of typical chemical analysis are given below.

The water supply of the area has been satisfactory, both as to quality and quantity. Waters were wholesome, clear and odourless. Copper was absent except for samples from recent buildings containing new copper pipes. Iron was present in trace quantities occasionally, except when mains cleaning was in progress.

Lead was not found in any of the samples of water subjected to chemical analysis.

	<i>District A</i>	<i>District B</i>
Colour (Hazen)	less than 5	less than 5
Hardness—Non-Carbonate	44	17
" Carbonate	70	35
" Total	114	52
Total Solids	384	112
Chloride	120	19
Nitrogen as Ammonia	0.006	0.002
Nitrogen as Albuminoid Ammonia ...	0.030	0.038
Nitrogen as Nitrate	0.76	trace
Nitrogen as Nitrite	Nil	Nil
Oxygen absorbed at 37°C in 4 hours	0.4	0.6
pH Value	6.9	7.5
Alkalinity as Calcium Carbonate ...	70	35
Residual Chlorine	Nil	Nil

Results in parts per million.

A—Water supplied in Old Wallasey, except Seacombe and Poulton.

B—Water supplied in Poulton, Seacombe, Moreton and Leasowe.

Results of 20 samples taken by public health 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		
	1 day at 37° C.	B. Coli. per 100 mls.	Total Coli. organisms per 100 mls.
0	18	20	19
1—5	2	—	1
6—10	—	—	—
11—20	—	—	—
21—50	—	—	—
over 300	—	—	—
	20	20	20

56 samples were taken by public health inspectors from taps of premises within the town area.

A summary of the results is given in the following table:—

(ii) Random Distribution Points

No. of Organisms	No. of Samples		
	1 day at 37° C.	B. Coli. per 100 mls.	Total Coli. organisms per 100 mls.
0	46	56	50
1—5	7	—	5
6—10	—	—	—
11—20	—	—	—
21—50	2	—	1
over 50	1	—	—
	56	56	56

One sample of the town supply taken by a public health inspector was submitted for full chemical examination. The result was as follows:—

Analytical results expressed in parts per million:—

Total solid matter in solution	...	...	...	...	...	325.6
Oxygen required to oxidise in 15 minutes	...	...	...	...	...	0.20
4 hours	...	...	...	...	...	0.47
Ammoniacal nitrogen as N.	...	...	...	...	...	None
Albuminoid nitrogen as N.	...	...	...	...	...	0.03
Nitrous nitrogen as N.	...	...	...	...	...	None
Nitric nitrogen as N.	...	...	...	...	...	2.4
Combined chlorine	...	...	...	...	...	114.9
Total Hardness	...	...	...	...	...	156.0
Hardness (Carbonate)	...	...	...	...	...	57.0
Hardness (Non Carbonate)	...	...	...	...	...	99.0
pH Value	...	...	...	...	...	7.2
Lead	...	...	...	...	...	None

The sample was clear, colourless and bright. It was quite suitable for drinking and domestic purposes.

Saughall Massie Supply

311 dwelling houses 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 and river supply taken from the River Dee at Chester and treated at the Board's Sutton Hall Treatment Works, Great Sutton. On the basis of consumption throughout the entire area supplied by the Board the total consumption per head per day is 60 gallons, of which 34 gallons are for domestic purposes and 26 gallons are for industry and commerce.

During the year 63 samples of water from the pumping stations were submitted by the Board to the Counties Public Health Laboratories, London, S.W.1, for bacteriological examination.

The following table gives a summary of the results of 20 samples taken from the Prenton Pumping Station.

No. of Colonies (on Agar)	No. of Samples		
	1 day at 37° C.	2 days at 37° C.	3 days at 20°—22° C.
0—	18	16	15
1—5	2	4	5
over 5	—	—	—
	20	20	20

An average of three chemical examinations of the water taken from Prenton Pumping Station is as follows (results in parts per million):—

Appearance	...	...	...	...	...	Clear—Bright with few particles.
Colour	...	...	...	...	...	Nil
Turbidity	...	...	...	...	...	less than 2.
Odour	...	...	...	...	...	Nil
pH reaction	...	...	...	...	...	7.1
Electric conductivity	...	...	...	...	...	640.0
Chlorine present as Chloride	...	...	...	...	...	83.6
Hardness: Non-carbonate	...	...	...	...	...	76.6
Carbonate	...	...	...	...	...	181.6
Total Hardness	...	...	...	...	...	258.3
Nitrate nitrogen	...	...	...	...	...	4.0
Ammoniacal Nitrogen	...	...	...	...	...	0.005
Albuminoid Nitrogen	...	...	...	...	...	0.000
Free Carbon Dioxide	...	...	...	...	...	91.0
Total Solids	...	...	...	...	...	425.0
Alkalinity as Calcium Carbonate	...	...	...	...	...	181.6
Nitrate Nitrogen	...	...	...	...	...	3.96
Nitrite Nitrogen	...	...	...	...	...	Absent
Oxygen absorbed	...	...	...	...	...	0.016
Residual Chlorine	...	...	...	...	...	0.006
Iron	...	...	...	...	...	Absent
Zinc	...	...	...	...	...	Absent
Manganese	...	...	...	...	...	Absent
Copper	...	...	...	...	...	0.06

During the year 45 samples of water were taken by public health inspectors and submitted to the Public Health Laboratory for bacteriological examination.

Details of Bacteriological Samples

West Cheshire Water Board

*Samples taken by public health inspectors
at selected distribution points*

No. of Organisms	No. of Samples		
	1 day at 37° C.	B. Coli. per 100 mls.	Total Coli. organisms per 100 mls.
0	30	45	40
1—5	14	—	5
6—10	1	—	—
11—20	—	—	—
	45	45	45

One sample of water supplied by the West Cheshire Water Board was taken by a public health inspector and submitted for full chemical examination. The result was as follows:—

Analytical results expressed in parts per million:

Total solid matter in solution	...	...	...	...	...	238.4
Oxygen required to oxidise in 15 minutes	...	...	...	...	...	0.08
4 hours	...	...	...	...	...	0.31
Ammoniacal nitrogen as N.	...	...	...	...	...	None
Albuminoid nitrogen as N.	...	...	...	...	...	None
Nitrous nitrogen as N.	...	...	...	...	...	None
Nitric nitrogen as N.	...	...	...	...	...	3.3
Combined chlorine	...	...	...	...	...	47.6
Total hardness	...	...	...	...	...	191.0
Hardness (non-Carbonate)	...	...	...	...	...	99.0
Hardness (Carbonate)	...	...	...	...	...	92.0
Lead	...	...	...	...	...	None

pH value 7.6

The sample was clear, colourless and bright. It was quite suitable for domestic use and drinking.

Private Supply

Several samples of water used in an industrial food process were taken during the year. The water is obtained from a deep well, chlorinated and pumped to a storage tank.

The bacteriological results of samples of the water direct from the well were satisfactory but the samples of the water which had been chlorinated and stored, showed gross contamination. Inspection of the storage tank confirmed that the covers were inadequate. The manufacturer was advised to cleanse the pipe-lines and storage tank and effectively to cover the tank.

Further samples have proved satisfactory.

SEWERAGE AND DRAINAGE

House Drainage

Visits by public health inspectors in connection with same	1,051
Drains cleansed, from obstruction after service of notice	100
Drains repaired or renewed	29
Drain Tests	44
Offensive Accumulations and Ditches: Nuisances Abated	11

The following sewerage works have been carried out during the year 1962:—

- (1) A 12" diameter relief sewer was constructed to relieve flooding in Carlton Road at a cost of £800.

Difficulties occur from time to time in the following areas as a result of inadequate sewer capacity:—

Wallasey Village

North Wirral outfall area of Moreton.

Central area of Liscard and Poulton.

The Wallasey Village area was the subject of a consultant's report in 1960. As a result of this report, the Council decided to improve the drainage in this area by a number of stages. The first stage which includes the area to the west of Wallasey Village Station, should be started in 1963.

All development in the North Wirral outfall area of Moreton has been held up for a number of years due to inadequate drainage facilities. A scheme prepared by consultants on behalf of the four Authorities concerned recommended a new outfall into the Dee, but this has met with opposition on pollution grounds. It seems likely that the final scheme will include facilities for sewage treatment and disposal. This problem has not yet been solved.

In times of severe storms, certain isolated flooding occurs in the central area of Liscard and Poulton and preliminary surveys are to be made to ascertain the real extent of the problem.

RODENT CONTROL

Sewer Maintenance Treatment

Two routine sewer maintenance treatments were carried out.

Prior to the first routine treatment involving the use of zinc phosphide, a 10% test baiting of 648 manholes was undertaken. The number of takes—two complete—is a measure of the success of the work previously done.

As a result of the test baiting 12 manholes were baited using zinc phosphide but no takes were recorded.

A second treatment using arsenic was carried out on the manholes showing takes in the test bait and first treatment with the necessary overlap. A total number of 12 manholes were baited and 3 poison takes were recorded.

Surface Infestations

During the year 416 complaints of surface infestation were received compared with 445 in 1961. Details of the inspections and treatments carried out are given overleaf in the form required by the Ministry of Agriculture, Fisheries and Food. 521 separate treatments were carried out at 473 premises by rodent operatives of the Public Health Department. 436 of these premises were treated once in the year, while reinfestation involving two treatments occurred in 29 premises; three treatments were required at 6 premises; four treatments at one premises and five treatments at one premises. The multiple treatments were invariably due to reinfestations. Warfarin has come to be accepted, as the basic rat poison. During the year it was used in nearly all of the 521 treatments by council rodent operatives.

	Type of Property				
	Local Authority	Dwelling-houses	Agricultural	All Other (inc. Business & Industrial)	Total
I. Total number of properties in Local Authority's District	363	31,179	55	4,219	35,816
II. Number of properties inspected by the Local Authority as a result of (a) notification or (b) survey under Damage by Pests Act (c) otherwise, i.e. when visited primarily for some other purpose	(a) 40	302	2	72	416
	(b) 3	759	—	38	800
	(c) 472	12,233	17	6,204	18,926
III. Number of properties (under II) found to be infested by rats	Major Nil	Nil	Nil	Nil	Nil
	Minor 19	142	2	21	184
IV. Number of properties (under II) found to be infested by mice	21	235	Nil	47	303
V. Number of infested properties (under III & IV) treated by the Local Authority	40	366	2	65	473
VI. Number of notices served under Section 4 :					
(1) Treatment	Nil	Nil	Nil	Nil	Nil
(2) Structural Works (i.e., Proofing)	Nil	Nil	Nil	Nil	Nil
Total	Nil	Nil	Nil	Nil	Nil
VII. Number of cases in which default action was taken by Local Authority following issue of notice under Section 4	Nil	Nil	Nil	Nil	Nil
VIII. Legal Proceedings	Nil	Nil	Nil	Nil	Nil
IX. Numbers of "block" control schemes carried out	—	3	—	—	3

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 are 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 excepting II (c) relate to the number of properties inspected as defined in Note 1 and not to the number of inspections, infestations or treatment at each property.

PUBLIC HEALTH CONTROL OF SWIMMING POOLS

Swimming facilities in Wallasey include the indoor baths at Guinea Gap, the outdoor pools at New Brighton and Harrison Drive. In each case, sea water is used, the water being pumped from the River Mersey for Guinea Gap Baths, from the Marine Lake for New Brighton Pool and from the Irish Sea for the Derby Bathing Pool. During operation, the swimming water undergoes a constant filtration process utilising Bell's Gravity Filters and modern chlorination equipment is used to ensure a safe and sterile water. The turnover period at Guinea Gap is once every three hours and at the two outdoor pools once every five hours. Guinea Gap Baths remain open for public use throughout the year and the water is heated; the two outdoor pools are only in use during the summer months and the water is not heated.

64 visits of inspection were made to the Council's swimming baths by public health inspectors. Tests for residual chlorine amounted to 56. Samples for bacteriological examination numbered 152, or 6 less than during the previous year.

At Guinea Gap first class bath 15 tests for chlorine were made, the average result being 0.75 parts per million at the inlet and 0.61 parts per million at the outlet. The corresponding averages of 14 tests at the 2nd class bath were 0.91 and 0.72 parts per million.

The maintenance of residual chlorine in the open air pools at New Brighton and Harrison Drive is more difficult. At New Brighton pool the average of 14 checks gives inlet contents of 0.40 parts per million on the east side and 0.46 on the west side, with 0.36 at the outlet. At Derby Pool 13 tests were done and the average residual chlorine was 1.1, and 0.30 and 0.11 parts per million at the inlet, centre and outlet of the pool.

Derby Pool

No. of Organisms	No. of Samples		
	1 day at 37° C.	B. Coli. per 100 mls.	Total Coli. organisms per 100 mls.
0	17	25	25
1—5	4	1	1
6—10	1	—	—
11—20	1	—	—
21—50	1	—	—
51—100	1	—	—
over 300	1	—	—
	26	26	26

New Brighton Pool

No. of Organisms	No. of Samples		
	1 day at 37° C.	B. Coli. per 100 mls.	Total Coli. organisms per 100 mls.
0	18	28	26
1—5	4	—	1
6—10	1	—	—
11—20	—	—	—
21—50	3	—	1
151—200	1	—	—
over 300	1	—	—
	28	28	28

Guinea Gap Baths

No. of Organisms	No. of Samples		
	1 day at 37° C.	B. Coli. per 100 mls.	Total Coli. organisms per 100 mls.
0	76	98	95
1—5	13	—	3
6—10	4	—	—
11—20	4	—	—
151—200	1	—	—
	98	98	98

Chemical Examination — Specimen Analysis
Derby Swimming Pool

Analytical results expressed in parts per million:—

Total solid matter in solution	26,500.0
Oxygen required, to oxidise in 15 minutes	0.23
4 hours	0.46
Albuminoid nitrogen as N.	0.10
Ammoniacal nitrogen as N.	None
Nitrous nitrogen as N.	None
Nitric nitrogen as N.	None
Combined chlorine	14,500.0
Free Chlorine	0.36
pH value	7.2

The sample was clear, bright, colourless and odourless and quite satisfactory for swimming bath use.

AIR POLLUTION

Summary of Observations and Visits

Clear Air:

Industrial Observations—Formal	...	...	...	...	...	53
Industrial Observations—Informal	...	...	...	...	...	190
Industrial Visits	...	...	...	...	...	67
Domestic Observations	...	...	...	...	...	258
Domestic Visits	...	...	...	...	...	299
Other Visits to Smoke Control Areas	...	...	...	...	...	1,137
Other Visits to Proposed Smoke Control Areas	...	...	...	...	...	6,161
Visits to Deposit Gauges and volumetric instruments	...	...	...	...	...	716

Measurement of Air Pollution

In February the measurement of atmospheric pollution by deposit gauges and lead peroxide candles was discontinued in favour of the volumetric system of measurement. In this method a known volume of air is drawn through a filter paper and the smoke present in the air is retained on the paper. The darkness of the stain is indicative of the weight of smoke collected and the concentration of smoke in the atmosphere can be estimated by measuring the reflection factor of the resulting stain in a reflectometer.

After passing through the filter paper the sample of air is bubbled through a Dreschel bottle containing a dilute solution of hydrogen peroxide when the sulphur dioxide is oxidised to sulphuric acid. The amount of acids determined by titration with a standard alkali solution.

From the reflection factor and the amount of alkali used in the titration, the amount of smoke and sulphur dioxide in the air can be calculated and expressed in micrograms per cubic metre which is now the standard measurement.

The results so far received from the Department of Scientific and Industrial Research are shown below, together with the final results for the deposit gauges and the lead peroxide candles.

Table 1.

Station	Rainfall	Total Dissolved Matter	Total Undissolved Matter	Total Solids
	M.M.	Tons per	sq. mile per	month.
Oakdale Road Oct., 1961— Jan., 1962	73	11.75	12.58	24.33
Gorsedale Road School Oct., 1961 — Jan., 1962	67	15.04	18.21	33.25
Saughall Massie Oct., 1961 — Jan., 1962	63	8.52	1.91	10.43
Seaview Road Oct., 1961 — Jan., 1962	71	10.77	6.53	17.30

Table 2.

Mean Monthly Rates of Total Deposits for Winter Period
October, 1961 — January, 1962.

Town	Station	Total Solids
		Tons per sq. mile per month
Wallasey 	Oakdale Road ...	24.33
	Gorsedale Road School	33.25
	Saughall Massie ...	10.43
	Seaview Road ...	17.30

Table 3.

Estimation of Sulphur Dioxide by the Lead Peroxide Method for Winter Period October, 1961 — January, 1962, when measurements by this method were discontinued.

Rate of Absorption of Sulphur Dioxide expressed as
Mg. SO_3 /day/100 Cm^2

Station	Winter Period
Oakdale Road Oct., 1961 — January, 1962	3.379
Gorsedale Road School Oct., 1961 — January, 1962	3.433
Saughall Massie Oct., 1961 — January, 1962	1.547
Seaview Road Oct., 1961 — March, 1962	3.292
Town Hall, Wallasey Oct., 1961 — January, 1962	7.312

Note :

- (1) In the above classification the figure for the winter period consists of an average of the recordings for the months of October, 1961, to January, 1962.

Average Total Deposit Per Square Mile of the Borough For Period
October, 1961 — January, 1962 — 85.31 tons.

Table 4.

Summary of observations by the Volumetric Method of Measurement of Smoke and Sulphur Dioxide Pollution in Wallasey during the Summer Period.

3rd April, 1962 to 1st October, 1962
Units microgrammes per cubic metre.

Site	SMOKE RESULTS				SULPHUR DOXIDE RESULTS				Smoke— SO ₂ Ratio
	Average	Highest Day	No. of days exceeding		Average	Highest Day	No. of days exceeding		
			500	1,000			500	1,000	
Liscard ...	81.8	520	2	—	117.9	586	2	—	.69
Seaview Rd.	56.5	431	—	—	88.1	455	—	—	.64
Moreton ...	43.2	287	—	—	80.0	377	—	—	.5

Smoke Control Areas

Wallasey now has nine confirmed smoke control Orders, a tenth Order is being submitted to the Ministry of Housing and Local Government and further areas are being surveyed.

About 45% of the houses in the Borough are within confirmed Smoke Control Areas.

Order No.	Name and Date	Acres	No. of Dwellings	No. of other Premises	Date of Operation	Stage of Development
1	The Wallasey (Church St.) Smoke Control Order No. 1, 1958	11	218 (when completed)	4	1.10.1959	Operative
2	The Wallasey (Moreton) Smoke Control Order No. 2, 1959	125	1,070	25	1. 9.1960	Operative
3	The Wallasey (Upton Rd.) Smoke Control Order No. 3, 1959	31	241 (when completed)	6 (when completed)	1.10.1960	Operative
4	The Wallasey (Fender Lane) Smoke Control Order No. 4, 1960	340	250 (when completed)	1	1. 2.1961	Operative
5	The Wallasey (Brighton St.) Smoke Control Order No. 5, 1960	107	1,343	241	1. 5.1962	Operative
6	The Wallasey (Leasowe) Smoke Control Order No. 6, 1960	1,920	3,247	70	1. 9.1962	Operative
7	The Wallasey (Seacombe/Poulton) Smoke Control Order No. 7, 1961	710	6,073	482	1. 7.1964	Confirmed by the Ministry of Housing and Local Government
8	The Wallasey (Lingham Lane) Smoke Control Order No. 8, 1962	335	1,581	30	1. 9.1963	ditto
9	The Wallasey (Upton Park) Smoke Control Order No. 9, 1962	93	22	—	1. 5.1963	ditto
10	New Brighton	329	2,683	342	—	Survey nearly completed

Contraventions

Verbal and/or written warnings of first contraventions of smoke control orders were issued to 25 premises. It is satisfactory to note that this is 56 less than last year.

The nature of the various offences was as follows:—

Burning of coal	18
Burning of wood, and paper	2
Burning of kitchen waste refuse	1
Not known (due to not being able to get into premises)	3

Industry

During the year improvements to plants by the installation of new firing equipment was effected at four industrial premises.

This year there has been a slight decrease in the number of complaints and treatments. On two occasions the co-operation of tenants enabled the department to treat the infestations in several houses together as in a "block control method." This gave better control and a saving in costs.

Inspections

(1) No. of complaints investigated	178
(2) No. of private houses inspected, as a result of (1)	115
(3) No. of local authority houses inspected as a result of (1)	32
(4) No. of premises other than dwelling houses inspected as a result of (1)	31
(5) No. of premises found to be verminous:	
(a) Bed Bugs	20
(b) Fleas	10
(c) Cockroaches	98
(d) Other Vermin	50
	<hr/> 178

Treatment by Council's Operative

No. of treatments on repayment	288
No. of treatments without charge	16
	<hr/>
Total No. of treatments	304
	<hr/>
No. of treatments with D.D.T. spray	38
No. of treatments with other spray insecticides	264
No. of treatments with other methods	2
	<hr/> 304

Fees received, £136 14s. 11d.

RAG FLOCK AND OTHER FILLING MATERIALS ACT

During the year three samples were submitted to prescribed analysis, and were found to comply with the prescribed standards of cleanliness.

Type of Filling Material	No. of Samples
B.S.S. 1425: 1951	
Cotton Felt	1
Rag Flock	—
Washed Flock	1
Coir Fibre	1
B.S.S. 1762: 1951	
Woollen Mixture Felt	—

Five premises are registered under the Act. In the main they are occupied by upholsterers whose main business is the repair or refilling of upholstered articles of furniture.

CONTROL OF CAMPING

149 visits were made to licensed sites during the year.

Seven private sites were licensed from the end of March until the first week in October. In addition to the above, branches of the Caravan Club held one camp on land situated on the promenade which is owned by the Corporation.

No. of sites licensed for tents during 1962	4
No. of sites licensed for caravans during 1962	3
No. of cases of unlicensed camping detected during 1962	2
No. of visits to unlicensed land	2
No. of visits to licensed land	149
Inspection of structures	2,965
Nuisances abated after notice	2

KEEPING OF ANIMALS AND PET SHOPS

The total number of pet shops is 10, a reduction of two from last year. All the licences are subject to standard conditions approved by the Council. These conditions are based on local conditions, regard having been paid to recommendations of the Association of Municipal Corporations and the R.S.P.C.A.

Visits to pet shops	26
Visits to other premises	27
Animal nuisances abated	3

MISCELLANEOUS INSPECTIONS

Schools	69
Cinemas, dance halls, etc.	27
Sub-let rooms	476
Public conveniences	178
Local Land Charges (search)	1,671
Measurements of rooms for permitted numbers	521
Interviews with building contractors	424
Offensive trades	—
Other Visits	2,683

WALLASEY CORPORATION ACT, 1958**Registration of Hairdressers**

During the year four applications were granted for the registration of premises for use as hairdressing establishments, there being a total of 123 premises registered within the Borough.

PUBLIC HEALTH ACTS AMENDMENT ACT, 1907.**Female Domestic Servants' Registry.**

One application was received during the year.

The premises and the two owners of the business were registered under this Act.

COMMON LODGING HOUSES

There are no common lodging houses in the Borough.

PART VI

Welfare Services

(National Assistance Act, 1948)

WALLASEY CORPORATION ACT, 1928

REGISTRATION OF HAIRDRESSERS

During the year four applications were received for the registration of premises for use as hairdressing establishments, there being a total of 123 premises registered within the Borough.

Particulars given in reply

PUBLIC HEALTH ACTS AMENDMENT ACT, 1907

Female Domestic Servants' Registry.

One application was received during the year.

The premises and the two owners of the business were registered under the Act.

There are no common lodging houses in the Borough.

COMMON LODGING HOUSES

There are no common lodging houses in the Borough.

There are no common lodging houses in the Borough.

KEEPING OF ANIMALS AND PET SHOPS

The total number of dogs is 101 and 101 in number of cats.

The total number of dogs is 101 and 101 in number of cats.

MISCELLANEOUS INSPECTIONS

Schools	10
Cinema, Dance Halls, etc.	10
Public houses	10
Public buildings	10
Industrial buildings	10
Warehouses	10
Offices	10
Other	10

The Welfare Committee have homes for Old People, Handicapped, "Boarding", "Semi-detached", and "Minor Groups" which are to remain throughout the year. It is hoped to open another 10 beds in 1953, and a further two 40-bedded ones are envisaged in the near future.

At the end of the year there were 115 persons on the Welfare List for accommodation in homes, compared with 100 at the beginning. The following are the statistics relating to accommodation provided by the Council in 1952.

No. Admissions Discharges No.

resident during during resident on

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

on 1.1.52 31.12.52

PART VI.

Welfare Services

(National Assistance Act, 1948)

WELFARE SERVICES

Residential Accommodation

The Welfare Committee's five Homes for Old People, "Lamorna", "Redcliffe", "Newholme", "Fernleigh" and "Manor Grange" were filled to capacity throughout the year. It is hoped to open another 40-bedded Home during 1963, and a further two 40-bedded ones are envisaged in the not too distant future.

At the end of the year there were 116 persons on the Waiting List for accommodation in Homes, compared with 130 at the beginning.

The following are the statistics relating to accommodation provided by or on behalf of the Council in 1962.

	No. resident on	Admissions during 1.1.62 1962	Discharges during 1962	No. resident on 31.12.62
"Newholme"	45	17	18	44
"Lamorna"	18	7	10	15
"Redcliffe"	18	17	17	18
"Fernleigh"	48	22	19	51
"Manor Grange"	4	25	12	17
David Lewis Epileptic Colony ...	4	—	1	3
Home for Epileptics, Maghull ...	5	—	—	5
Turner Memorial Home of Rest for Cripples, Liverpool ...	5	2	3	4
Holm Hill, West Kirby	1	—	—	1
Old Peoples' Hostel, Liverpool ...	1	—	—	1
Leeds House, New Brighton ...	2	—	—	2
"Springhill", Nelson	2	—	1	1
Tithebarn Home, Crosby	1	—	—	1
British Legion Home, Cromer, Norfolk	1	—	—	1
Methodist Home for the Aged, Fulwood Park, Liverpool ...	1	—	—	1
Royal Alfred Home for Aged Seamen, Belvedere, Kent ...	1	—	1	—
Alexian Brother Home, Moston, Manchester	—	1	—	1
"Rosedale", Wolverhampton ...	—	1	—	1
Chester County Council Sealand Home	—	1	—	1
Cheshire Home, Windermere ...	—	1	—	1
Reception Centre, 51 Martins Lane	29	106	120	15
4, Tower Street, Lower Flat ...	3	—	—	3
4, Tower Street, Upper Flat ...	5	2	5	2
8, Tower Street, Lower Flat ...	3	3	3	3
8, Tower Street, Upper Flat ...	3	4	3	4
8, Church Road, Flat A	6	—	—	6
8, Church Road, Flat B	4	—	—	4
8, Church Road, Flat C	6	5	6	5
10, Church Road, Flat A	6	1	—	7
10, Church Road, Flat B	5	4	5	4
10, Church Road, Flat C	7	21	21	7

1a, Hope Street, ...	—	4	—	4
15, Percy Road ...	11	—	—	11
2, Falkland Road, ...	8	—	—	8
8, Falkland Road ...	—	12	—	12
14, Falkland Road ...	8	14	8	14
53, Oxtan Road ...	6	—	—	6
84, Littledale Road ...	5	—	—	5
75, Withens Lane ...	6	—	—	6
116, Liscard Road ...	6	—	—	6
2, Wilton Street, Ground Floor ...	—	4	—	4
2, Wilton Street, First Floor ...	—	7	—	7
Totals ...	284	281	253	312

Temporary Accommodation

It is the duty of the Council under Section 21(b) of the National Assistance Act, 1948, to provide:—

“temporary accommodation for persons who are in urgent need thereof being need arising in circumstances which could not reasonably have been foreseen or in such other circumstances as the Authority may in any particular case determine.”

The accommodation provided under this part of the Act consists of ten sub-standard flats, a Reception Centre consisting of 5 units of accommodation with communal cooking and washing facilities provided, and 9 houses recently acquired which are termed “intermediate accommodation.”

Registration of Old Persons' Homes

There were at the end of 1962 seven Homes in Wallasey registered under the provisions of the National Assistance Act, 1948.

Removal of Persons in need of Care and Attention (Section 47, National Assistance Act, 1948)

No persons were removed, under the above Act during the year.

The man and woman, being in urgent need of care and attention, removed by Magistrates Orders to Part III Accommodation in 1961, also the two women removed in 1954 and 1959 respectively, are still accommodated.

Burial of the Dead

During the year under Section 50 of the National Assistance Act, eight burials including one unidentified body found on the shore, were arranged in cases where it appeared that no suitable arrangements for the burial had been or were being made otherwise.

Of the eight burials, the costs of four have been completely recovered and two partly recovered.

It is anticipated that part of one of the remaining two will be recovered but the cost of the burial of the unidentified body was borne by the Welfare Committee.

Protection of Property

It is the duty of the Welfare Committee to ensure the safety of moveable property of persons when they enter homes or hospitals if no other suitable arrangements are being made. This entails notifying the Police that the house is empty, checking that doors and windows are secure and possibly taking into protection valuables, cash or furniture.

All items except cash are stored in Welfare Committee premises, small items of value being kept in a safe. Cash is handed to the Borough Treasurer who places it in Suspense Account.

Occasionally advice is given to the relatives of mental patients on the procedure to be adopted when applying for appointment as Receiver of the Patient's Estate.

The Court of Protection and the Official Solicitor are notified of cases which may be their concern. Both these bodies are given any assistance they require in dealing with these cases.

Recovery of Expenses from Persons liable to maintain Dependants

It has not been necessary to apply to the Petty Sessional Court for any recovery of expenses during the year.

Entertainments and Outings

This year's Coach tour round Wirral for the residents of the Borough's Old Persons' Homes concluded with tea at the Coq D'Or and was thoroughly enjoyed by all who attended.

At Christmas time the Christmas spirit was much in evidence, the Homes being well supplied with everything necessary to ensure a happy time for the old people.

During the year and particularly at Christmas and Harvest Festival time gifts of fruit, flowers, and other articles for use by the residents were gratefully accepted from Schools, Churches, etc., and private individuals.

Community Welfare

The continued need for Homes for Old Persons' in the Borough is recognised by the Welfare Committee. Proof of this is shown by the fact that in 1963 the latest home, Osborne House, is expected to be ready for opening. Provision has been made for yet more Homes in the five year capital building programme.

The voluntary work in the town went on throughout the year with its usual zest, the W.V.S. and the Wallasey Voluntary Old Peoples' Welfare Committee members doing their best to make life a little easier for the old folk in the Borough.

The Meals-on-Wheels Service augmented by a new van purchased by the Welfare Committee, worked as usual to full capacity providing meals for those in need.

All the domiciliary services of the Health Department are available to old persons living in their own Homes. During 1962, 83,275 hours were devoted by the Home Help service to the old people in the Borough.

During next year it is hoped to compile a form of Register of old persons in the Borough who may like to avail themselves of various services. Applications will be invited for inclusion on the Register.

Rehabilitation Work

This work went on throughout the year without a break, the Welfare Officer concerned giving advice and practical help in matters such as evictions, pending evictions and rent arrears, household budgeting and so on.

This Officer's duties also include visiting and offering advice to the occupants of temporary accommodation managed by the Welfare Committee.

One woman and 5 of her children who were afforded temporary accommodation attended a two months Rehabilitation Course at Brentwood Recuperative Centre, Marple, Cheshire, at a charge to the Council. The family were re-housed at the conclusion of the Course.

BLIND WELFARE

Registration of Blind Persons

During the 12 months ending 31st December, 1962, 42 people were examined by Mr. W. Dunlop Hamilton, and of these 38 were found to be blind. The remaining 4 were placed on the Observation Register for Partially Sighted.

Of the 38 certified blind, blindness occurred in the following age groups:—

5—10 years	...	...	...	...	...	1
50—59 years	...	...	...	...	...	3
60—64 years	...	...	...	...	...	2
65—69 years	...	...	...	...	...	3
70—79 years	...	...	...	...	...	13
80—84 years	...	...	...	...	...	9
85—89 years	...	...	...	...	...	4
90 and over	...	...	...	...	...	1
Unknown	...	...	...	...	...	2

38

Statement re: Incidence of Blindness in Registered New Cases

	Cause of Disability		
	Glaucoma	Cataract	Others
(1) Number of cases registered during the year for whom the following is recommended:—			
(a) No treatment	—	—	—
(b) Treatment (Medical, Surgical, Optical)	2	7	8
(2) Number of cases registered during the year at (a) and (b) above, which on follow up action have received treatment	2	7	8

Ophthalmia Neonatorum

(i) Total number of cases notified during the year	Nil		
(ii) Number of cases in which:—	Nil		
(a) Vision lost	Nil		
(b) Vision impaired	Nil		
(c) Treatment continuing at end of year	Nil		
	M.	F.	Total
No. on Register at 1st January, 1962	106	161	267
No. added during the year:—			
New Cases	11	27	38
Transfers from other Towns ...	2	1	3
	<hr/> 119	<hr/> 189	<hr/> 308
Less No. of Removals from Register owing to:—			
Leaving Wallasey	2	6	8
Deaths	7	29	36
	<hr/> 9	<hr/> 35	<hr/> 44
	<hr/> 110	<hr/> 154	<hr/> 264

The two Certificated Home Teachers employed by the Department resigned early in the year and two more were appointed, one commencing in August and one in November.

Regular visits have been made to blind and partially sighted persons and handicraft classes have been held one afternoon and one evening per week. These are well attended and a keen interest is shown by all who attend. The following crafts are taught:—

Stool seating; Chair caning; Basket work; String bag making; Knitting and Weaving; Rug making.

Articles were exhibited and sold at the Annual Gala in Central Park, Wallasey, and also at an Autumn Exhibition at Hesketh Hall, Port Sunlight.

Lessons in Braille, Moon and Handicrafts have been given to blind people in their own homes by the Home Teachers, who have also supervised their general welfare.

Holidays were arranged for a number of blind people and Home Teachers escorted them to and from the Holiday Homes. This service is much appreciated by the blind people concerned.

Social Afternoons

Social afternoons on alternate Fridays commenced in October. These are organised by the Home Teachers and have proved most successful with an average of 50 attending.

Entertainment is provided on these occasions by many local artists, and ladies from Emmanuel Parish and Egremont Presbyterian Churches attend regularly to serve refreshments. Grateful thanks are due to all these people.

Outings

A Summer Outing was arranged in August when four coaches were hired to take a party of blind people to Southport. This was greatly enjoyed by all who took part.

In December a Christmas Dinner was arranged for about 100 people the first of its kind to be organised by the Home Teachers, and was a great success. It was held in a Cafe in New Brighton and amongst the guests were His Worship the Mayor, the Mayoress, and the Chairman of the Welfare Committee.

Artists from the Thalia Club provided an excellent entertainment and members of the Round Table kindly provided transport for elderly and infirm blind people who could not otherwise have attended.

Wireless Sets

Wireless Sets provided by the British Wireless for the Blind Fund have been distributed and are much appreciated by the recipients. The four Talking Book Machines loaned out by the Welfare Department also give great pleasure.

Free Travel Vouchers

Through the courtesy of the Wallasey Passenger Transport Committee, Registered Blind persons still continue to receive travel vouchers enabling them to travel free on the Buses and Ferries.

During the year 1962 the Crosville Motor Bus Company have kindly sent 17 bus passes at reduced fare for Wallasey Blind persons.

The North Wales Steamship Company allowed the blind persons to travel on the Llandudno boats at a reduced rate. All these facilities are greatly appreciated.

Welfare Services for the Partially Sighted National Assistance Act, 1948

There are 52 persons on the Observation Register for the Partially Sighted, and these have been visited and helped where necessary. These people are also permitted to attend Handicraft Classes and Social Functions for the Blind.

Voluntary Organisations

A number of blind persons have benefited by the Meals-on-Wheels Service organised by the W.V.S. and are most grateful for them.

Thanks are due to all Voluntary Agencies who have given their services for the blind in Wallasey by providing escorts, transport, social functions and other entertainments.

WELFARE OF HANDICAPPED PERSONS (Other than the Blind and Partially Sighted)

During the year one Welfare Officer was employed, 1,305 domiciliary visits were made, 230 of which were on behalf of the blind. 70 visits to social clubs and functions for the disabled (many of which were arranged through the Welfare Department) 14 escorts to hospitals and 33 Committee Meetings attended.

One Craft Teacher was employed for the purpose of diversionary occupation. Three weekly classes were held for physically handicapped (two at the Welfare Centre, Penkett Road, and one at the Health Clinic, Oakenholt Road, Moreton). In addition two classes were held in Wallasey for the Mentally Disordered. The average attendance is 20, and men of all ages and disabilities are taught basketry, rug work, sea-grass stools, needlework, etc. The Wallasey Ambulance Service is called upon to convey the more severely disabled to the classes.

Three Craft Exhibitions have been held—one at the Wallasey Gala Central Park in July, the second during "Help the Disabled Week" in October, and the third at Hesketh Hall, Port Sunlight, in December. The last named lasted three days and most local organisations for the blind and disabled took part. A Christmas Party was held for members of the classes.

The Welfare Centre, 74, Penkett Road, Wallasey, is fully used by voluntary associations who work for handicapped people and for the Corporation Welfare Classes.

Personal and domestic aids are supplied to individual cases to enable them to become more independent and adaptations such as widening doors, hand rails, ramps etc., have been carried out at both privately owned and Corporation properties. Concrete paths and motor crossings have been constructed to accommodate invalid tricycles supplied by the Ministry of Health. War Pensioners in Wallasey have been supplied with Mini-minor cars and help given over the garages in this connection.

Car Badges for the disabled are obtainable on application to the Welfare Department.

The Chiropody Service (free or financially helped according to circumstances) is available to handicapped persons on the recommendation of General Practitioners.

Close liaison is kept with statutory and voluntary organisations concerned with the welfare of the disabled in the area. The Home Help Service is particularly important to homebound severely disabled people who live alone.

Permanent residential accommodation has been provided for handicapped people at the following Homes:—

Turner Memorial Home of Rest, Liverpool ...	4 men
Maghull Homes for Epileptics, Maghull	2 women, 3 men
David Lewis Epileptic Colony, Cheshire	3 women
Alexian Brothers Home, Moston, Manchester ...	1 man
Lake District Cheshire Home, Windermere ...	1 man
British Legion Home, Norfolk	1 man

Financial responsibility has been accepted in each case by the Welfare Committee.

Arrangements were made by the Welfare Department for disabled persons to have holidays.

Rehabilitation, Training and Employment

Courses of rehabilitation and training are provided by the Ministry of Labour and the day-centre at Aintree continues to prove beneficial to Wallasey men who are able to travel there each day without difficulty. The Courses help to build up a maximum degree of fitness, so restoring the men's confidence in their ability to get and keep a job after illness, injury or long unemployment.

The Welfare Officer is in a position to assist special cases, i.e., one severely handicapped young woman living in unsatisfactory conditions was recommened for admission to the residential workshops Yately Industries, Hants., and was escorted there in September. Her probationary period is completed and she has settled happily, proving to be a welcome and useful addition to the staff at the Workshops.

The Spastics Society, London, have accepted patients from Wallasey for residential training at their Centre, "Sherrards", Herts., and the Birkenhead Spastics Association School and Play Centre have accepted severely disabled boys and girls from Wallasey, being conveyed there by Wallasey ambulances.

The Remploy Factory, Poulton, gives employment to approximately 60 handicapped men and women from Birkenhead and Wallasey. Their products of candlewick articles and different types of bedding are much in demand. The employees are financially independent working a five-day week, most of them using invalid tricycles as their transport. They could not be employed in open industry.

The Anne Glassey Workshop receives an annual grant from the Wallasey Council and provides permanent employment for six patients who have recovered from Tuberculosis in addition to their rehabilitation courses for other patients. Their products of machine knitted garments, Christmas Cards, and Crackers, are well-known in many areas. Last year printing was added to the activities.

The Sir Robert Jones Workshop, Liverpool, employs one Wallasey male epileptic as a Poster Compositor.

At the 31st December, 1962, 3 women and 7 men were classified as unlikely to obtain employment in other than sheltered conditions, this figure excludes those who are still in receipt of Sickness Benefit.

Voluntary Organisations for the Disabled

The Liverpool Adult Deaf and Dumb Benevolent Society and the Catholic Deaf Society of St. Vincent de Paul receive a *per capita* grant from the Wallasey Council in respect of Wallasey deaf residents. The Social Centres at Princes Way, Liverpool, and Ashville Road, Birkenhead, are well attended by deaf people from Merseyside.

The Wallasey Hard of Hearing Club meet every Thursday evening in Corporation premises—the Welfare Centre, Penkett Road. It is an active club for the 30 members and Outings and Social Evenings are arranged on their behalf.

The Wallasey Spastic Association meets three times a week for handicraft classes at the Welfare Centre; the cost of tuition is

subsidised by the Local Authority Education Committee. The Association has had a busy year — two motor coach outings were organised, a party of 15 spastics and their parents took a holiday at a guest house in Abergele, and others who had made their own arrangements with their families received a grant towards the cost. A visit by coach was made to the Liverpool Empire Pantomime and a Christmas Party held for all spastics at the Riverside Restaurant, New Brighton.

The Wirral Invalid Tricycle Association hold their weekly meetings at the Welfare Centre. Motor coach outings and tricycle runs were successfully organised and the Annual Dinner and Entertainment was attended by over 100 disabled people as well as members of the Wallasey Council. Cammell Laird's gave their annual entertainment at their own Social Club to 150 handicapped people and their friends.

The Rotary Club, Wallasey, and St. John's Ambulance Brigade help at all times with transport and the Rotary Club Silver Trophy was again presented to a member of the Association.

The Women's Voluntary Service also provide transport when requested on behalf of disabled persons and their Meals-on-Wheels Service is beneficial to many handicapped housebound people. The meals are also delivered to the Craft Classes. The clothing service given by the W.V.S. is frequently called upon.

The Welfare Department is represented on the following Committees:—

The Liverpool Adult Deaf and Dumb Benevolent Society.

The Catholic Deaf Society of St. Vincent de Paul.

The Liverpool Council of Social Service.

The Wallasey Disablement Advisory Committee
(Ministry of Labour).

The Wallasey Spastic Association.

The Wirral Invalid Tricycle Association.

Statistics of Registration

Registers of Handicapped Persons:—

		Under 16 years		16—64 years	65 years and over
General Classes	...	M.	6	570	48
		F.	4	216	14
Deaf without speech		M.	—	25	5
		F.	—	21	4
Deaf with speech	...	M.	—	3	1
		F.	—	3	—
Hard of Hearing	...	M.	—	12	5
		F.	—	11	4
Total		...	...	952	

Included in above figures are:—

		Employed	Unemployed	In Homes	Total
Spastics	M.	4	8	1	
	F.	6	6	1	26
Epileptics	M.	13	5	5	
	F.	8	1	4	36

COUNTY BOROUGH OF WALLASEY
EDUCATION COMMITTEE



Report

OF THE

Principal School Medical Officer
for the Year 1962

E. SHAW & CO. LTD.

1963.

STAFF

Medical Officer of Health and Principal School Medical Officer:

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

Deputy Medical Officer of Health & Deputy Principal School Medical Officer:

Dr. W. F. CHRISTIAN, M.B., Ch.B., D.P.H.

Assistant Medical Officers of Health and School Medical Officers:

Dr. E. J. O'REILLY, M.B., Ch.B., B.A.O.

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

Principal School Dental Officer:

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

School Dental Officers:

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

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

Mr. T. H. MOULDS, L.D.S. (Died 16-9-62).

Dental Surgery Assistants:

Mrs. E. M. EROWNE (Resigned 31-8-62).

Miss P. BERGIN (Resigned 13-9-62).

Mrs. U. BROWN.

Mrs. A. HENDER.

Miss I. DABORN (Appointed 3-9-62).

Superintendent Health Visitor/School Nurse:

Mrs. K. SCHOFIELD, S.R.N., S.C.M., H.V. Certificate.

Health Visitors/School Nurses:

Miss A. J. EDGE, S.R.N., S.C.M., H.V. Certificate.

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

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

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

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

Miss E. M. MORGAN, S.R.N., S.C.M., H.V. Certificate.

Miss E. WHITBURN, S.R.N., S.C.M., H.V. Certificate.

Miss K. E. HIGGINS, S.R.N., S.C.M. (Part 1), H.V. Certificate.

Mrs. M. KEANE, S.R.N., S.C.M., H.V. Certificate.

Mrs. I. D. WINTERBURN, S.R.N., S.C.M. (Part 1), H.V. Certificate.

(Part-time) (Resigned 30-6-62).

Mrs. M. E. GALLIMORE, S.R.N., S.C.M. (Part-time).

Mrs. E. SIMPSON, S.R.N., S.C.M. (Part 1), H.V. Certificate.

Mrs. M. J. GRIFFITHS, S.R.N., S.C.M., H.V. Certificate. (Part-time).

Miss A. DOYLE, S.R.N., S.C.M., H.V. Certificate. (Resigned 31-10-62).

Mrs. U. O'KEEFE, S.R.N., S.C.M., H.V. Certificate (Appointed 1-2-62).

Visiting Specialists:

Mr. J. D. ELLIOT EDWARDS, M.B., Ch.B., D.O.M.S.

(Ophthalmic Specialist).

Mr. H. DAVIES, M.B., F.R.C.S. (Eng.), Ch.B., Ch.M. (Ortho.).

(Orthopaedic Specialist).

Dr. G. EGAN, M.D., Ch.B., D.P.M. (Psychiatrist).

Physiotherapists:

Mr. K. JONES, M.C.S.P.

Mrs. KERR, M.C.S.P. (Resigned 30-4-62).

(Temporary service 1-10-62—31-12-62).

Speech Therapist:

Mrs. M. B. AVISON, L.C.S.T.

Educational Psychologist:

Mr. J. MAGINN, B.A. (Hons.), Dip. Education, Dip. Ed. Psychology.

Social Worker:

Mrs. U. BARRETT-LENNARD, Diploma in Social Science.

Administrative Staff:

Mr. S. D. LAWSON.

Mrs. M. FRANCE (Resigned 29-7-62).

Mrs. B. RADCLIFFE.

Mrs. B. H. MAUNDER (Part-time).

Mrs. E. E. HILL (Part-time).

Mrs. M. A. JARDINE (Appointed 3-9-62).

Audiometrician:

Mrs. J. E. RODGERS (Appointed 21-5-62) (Part-time).

Town Hall,

Wallasey.

May, 1963.

To: The Chairman and Members of the Education Committee.

Ladies and Gentlemen,

I have pleasure in submitting my Report on the School Health Service for the year 1962.

The 1962 Report follows the usual pattern. Each School Medical Officer, Principal Dental Officer and other members of the School Health Service Staff have contributed, and commented on their particular part of the service. There is no occasion, therefore, for me to add any lengthy comment to the Report.

I would like, however, to draw attention to Mr. Luya's remarks in his last contribution to this Annual Report in particular to those dealing with fluoridation of drinking water, and the beneficial effect of this measure in reducing dental decay in young people's teeth by at least fifty per cent. It is hoped that the new Wirral Water Board, when it comes into being in October, 1963, will implement the Council's policy on fluoridation of the public water supply and give the children in Wallasey the benefit of what has been described by the World Health Organisation as "The most significant development in the history of preventive dentistry."

The detection of children with defective hearing continued throughout the year. A part-time Audiometrician was appointed so that this important handicap to learning is now receiving fuller attention than previously. A demonstration of hearing aids by a technician of the Liverpool Ear, Nose and Throat Hospital was arranged for the benefit of the School Health Visiting Staff. This proved most helpful and interesting to the Staff.

Finally, I should like to thank the Director of Education and his Staff for their co-operation, and also the members of the Education Committee for their sympathetic consideration and interest in all matters affecting the School Health Service.

I am,

Your obedient Servant,

HOWARD W. HALL,

Principal School Medical Officer-

SCHOOL HEALTH SERVICE.

Observations of Dr. Christian, Deputy Principal School Medical Officer:—

The number of Periodic Medical Inspections carried out during the year was as follows:—

Entrants	Leavers	Others
1,249	1,818	1,635

Special Inspections (which include cases seen at school at the request of the staff or school nurse, and cases seen for the first time by the school medical officers at the clinics) numbered 1,624 during the year. Table on Page xxix shows the defects found at these special inspections.

Reinspections (children noted at previous inspections to be suffering from some defect or disability which required periodic review) numbered 216 during the year.

The general condition of pupils examined at periodic inspections was as follows:—

	Number	Percentage
Satisfactory	... 4,693	99.8%
Unsatisfactory	... 9	00.2%

For comparison, the percentages for 1960 and 1961 were:—

	Satisfactory	Unsatisfactory
1960	... 99.44%	0.56%
1961	... 99.53%	0.47%

Elleray Park Day Special School for physically handicapped children was visited monthly by Dr. O'Reilly.

Clare Mount Day Special School for E.S.N. children was visited monthly by Dr. Christian.

At these two special schools, each pupil is examined approximately once every year. Any defects likely to impair ability to learn are brought to the notice of the staff and measures to compensate for the handicaps present are discussed.

School Meals Staff

The Council resolved, during the year that all persons employed in the School Meals Service, who were concerned with the handling, preparation and cooking of food, should be medically examined and submit to a chest X-ray prior to taking up employment, and thereafter be medically examined, not more frequently than once every year. During the year 77 new staff were medically examined and X-rayed on entering the service and 18 members of the staff were re-examined. No significant abnormalities were found as a result of these examinations.

Teachers and Intending Teachers

The number of individuals examined during the year was 83. Further details of these examinations are given on Page xx.

Smoking and Lung Cancer

During the year the Royal College of Physicians published a report entitled "Smoking and Health". This report, which reviewed all investigations carried out to date in various parts of the world on the subject of smoking and its relationship to lung cancer and other diseases, stated categorically that the evidence for a direct connection between smoking and diseases was overwhelming. Following receipt of this report, a summary was prepared for distribution to all members of the Council. Subsequently, the Education Committee considered the Ministry of Education's Circular No. 3/62 on "Smoking and Health", together with the views of the local branches of the Teachers' Associations, and passed the following resolutions:—

- (1) No action be taken on an anti-smoking campaign in primary schools.
- (2) Teachers should not smoke in front of school children.
- (3) There should be no smoking on school premises when these are let for any purposes.
- (4) A continuous series of lectures and film shows in secondary schools and youth groups be arranged.
- (5) The Medical Officer of Health's report to the Health Committee be distributed to schools for the information of teachers.

Posters and publicity material from the Ministry of Education and the Chest and Heart Association, together with copies of the report of the Medical Officer of Health, which summarised the report of the Royal College of Physicians, were sent to all secondary schools. Arrangements were made for all secondary schools to be visited by a medical officer and for the film "Smoking and Lung Cancer" to be shown. After the film had been shown, time was allowed for questions. At question time, many sensible questions were asked, but most of the questioners were anxious to find ways of lessening the ill effects of tobacco smoke whilst continuing to smoke, viz: the use of filter tips, cigarette holders and menthol cigarettes, rather than ways of giving up smoking altogether.

Towards the end of the Autumn Term, further measures were taken to bring the dangers of smoking to the attention of the children at secondary schools and youth clubs. These included the distribution of three Ministry of Education posters and copies of the leaflet "Tobacco Smoking." I believe, however, that the example set by parents and teaching staff in this matter will have greater influence than the measures detailed above.

Prevention of Tuberculosis

As in previous years, all children between the ages of 13 years and 14 years, and any older children not already vaccinated, were offered vaccination against tuberculosis (B.C.G.), and, as will be seen

from the Table below, the response was satisfactory. Prior to vaccination all children were given a skin test. Those who reacted positively to this test were not vaccinated but were referred to the Chest Clinic for investigation, together with their family contacts, because a positive reaction indicates that the child has been in contact with the tubercle bacillus in some way and has acquired an allergy to this organism. In this connection, 64 children were referred to the Chest Clinic for investigation, but only 48 cases attended. 112 home contacts of these children were also examined. No significant tuberculous lesions were found amongst these mantoux positive cases and their contacts.

Those who reacted negatively to the skin test were vaccinated with freeze dried B.C.G. vaccine. The Table below shows the number of children vaccinated during the year:—

Number of children offered (per parents) B.C.G. vaccination	1,707
Number of children accepting (per parents) B.C.G. vaccination	1,321
Percentage of Parents accepting vaccination	77.4%
Number of children Mantoux tested,	1,315
Number of children found Mantoux positive	64
Percentage of children Mantoux positive	4.8%
Number of children found Mantoux negative	1,240
Number of children vaccinated with B.C.G. Vaccine	1,225

It is interesting to compare the vaccination acceptance scale for Wallasey with that for several nearby authorities for the latest year for which figures are available, namely 1961:—

Year — 1961	Wallasey	...	73.4%	of parents accepted
	Birkenhead	...	50%	" " "
	Blackpool	...	53.9%	" " "
	Oldham	...	69%	" " "
	Wigan	...	64%	" " "
	Warrington	...	65.2%	" " "

It is also interesting to compare the Mantoux positive rate in Wallasey with the rate in neighbouring authorities for 1961:—

Wallasey	...	7.2%	of children Mantoux positive
Oldham	...	12%	" " " "
Wigan	...	10.5%	" " " "
Warrington	...	13%	" " " "

As mentioned earlier the Mantoux positive rate is an indication of the prevalence of exposure to the tubercle bacillus in the age groups tested.

Immunisation

Immunisation clinics are held at Merton Road Clinic between 2 p.m. and 4 p.m. on the first and third Wednesday of each month,

and at the Moreton Clinic at the same times on the second and fourth Friday of each month. Pre-school and school children are immunised at these Clinics without any appointments being necessary. Vaccines are available to provide protection against Diphtheria, Whooping Cough, Tetanus and Poliomyelitis.

In February, 1962, the Ministry of Health decided to issue an oral vaccine to give protection against poliomyelitis. Prior to this, all vaccinations against poliomyelitis had been with Salk vaccine which has to be injected. For a time both types of vaccine were used, but by the end of the year the oral vaccine was being given to the great majority. The Table on Page xx shows the number of school children immunised with the different vaccines during the year.

The potency of both vaccines is not in doubt, and is amply confirmed by the figures for notifications of poliomyelitis in England and Wales in 1962. These show that in England and Wales only 325 cases were notified during the year in persons of all ages. This is the lowest figure since 1947. No cases were notified in Wallasey in 1962. However, we can only expect to keep the disease at bay if a high proportion of infants and children are fully immunised against it and this high proportion is maintained.

Minor Ailments Clinics

Minor Ailments Clinics are held at each of the school clinics as follows:—

Merton Road Clinic—Monday, Wednesday and Thursday mornings.

Water Street Clinic—Monday, Wednesday and Friday mornings.

Moreton Clinic—Monday to Friday mornings.

A doctor is in attendance at Merton Road Clinic each Wednesday morning, at Water Street Clinic each Monday morning and at Moreton Clinic each Tuesday morning. A variety of minor ailments, such as infected ears, infected eyes, impetigo, cuts, burns and warts are treated at these clinics, whilst at the doctors' sessions, medical and psychological problems, as distinct from minor ailments, can be investigated and the appropriate advice or treatment given.

Ophthalmic Clinic

A visiting Ophthalmologist, Mr. Elliott Edwards, investigates ocular defects of children referred by the school medical officers and, where appropriate, prescribes spectacles. Children attend these clinics by appointment only. As will be seen from the table on Page xxix 1,354 children were found to have errors of refraction during the year, and spectacles were prescribed for 781 children.

Plantar Warts

The enquiry into the incidence of plantar warts, which I mentioned in last year's report, was completed during the early months of 1962. In all 92 children who had been treated for plantar warts were questioned regarding their attendance at swimming baths, their participation in bare foot gymnastics and dancing and their use of borrowed plimsolls. The Table below shows the findings of this enquiry:—

Number Investigated	Attended Swimming Baths				Barefoot Gymnastics and P.T.		Shared Plimsolls
	Guina Gap		Other		Boys	Girls	
	Boys	Girls	Boys	Girls			
92	33	34	13	7	2	10	Nil

Thus 87 of the 92 children investigated frequented the swimming pools and only 12 had participated in barefoot activities. It therefore seems that the swimming baths are the main source of plantar warts. Another fact that supports this belief is the finding that plantar warts are found only on rare occasions in children at Infants Schools. Care should be taken to minimise the risk of picking up this foot infection at the baths by advising children to wear rubber shoes in the changing cubicles, and not to stand on the floors of the cubicles in their bare feet. Outside the cubicles, the bath sides are frequently hosed down by the attendants.

During 1962 132 cases of plantar warts were treated at the school clinics, either with chlorosal paste and adhesive plaster or with carbon dioxide snow followed by paste and plaster. This compares with 168 cases treated in 1961.

Miscellaneous

The medical officers still come across a number of debilitated and weakly children, who are usually referred to the artificial sunlight (U.V.L.) clinics. These clinics continue to play a useful function in restoring children to more robust health. The Table on Page xiii shows the number of cases dealt with during the year.

The work of medically examining children for their fitness to undertake employment out of school hours, or to take part in public performances, continued as in previous years. See Table on Page xx.

During the year eight children were taught at home under the provisions of Section 56 of the Education Act. By the end of the year, however, only four children were receiving home teaching as one child died during the year, one left the district and two returned to school.

Finally, I would like to express my thanks to the teaching staff for their assistance throughout the year, in enabling the work of the department to proceed smoothly. Every endeavour is made to fit in our programme so as to interfere as little as possible with important school activities.

Observations of Dr. O'Reilly, School Medical Officer:—

The appointment of an audiometrician during the year has enabled many more children to have hearing tests. However, owing to large numbers, and shortage of time, only those children are tested whom teachers or parents suspect of defective hearing, and those in the "at risk" groups. Priority is given to the youngest, as recommended by Professor Ewing.

The children who fail to reach the standard are given a second test. We followed Professor Ewing's practice and made 25 db. the dividing line. That means that those who have a hearing loss of more than 25 decibels on the audiometer are considered to have failed, and to need investigation. They are invited to the special clinic where their ears and throats are examined. Wax is removed, if necessary. Occasionally a foreign body is found, usually a plug of cotton wool. On one occasion we extracted an insect embedded in wax. It had gained access one night two years earlier while the boy was away camping and was too tired to deal with it then.

The children who cannot be treated at the clinic we send to the Specialist at the Victoria Central Hospital, with the agreement of their family doctors. At the hospital they are treated promptly, and reports are sent to us.

During the year 498 children were treated with the audiometer and, of these, 80 had to have a second test. 38 were referred to the hospital. 13 of them could not have their hearing improved, and were provided with hearing aids.

The electric machines for treating nocturnal enuresis were in use again during the year. We have not had the dramatic success claimed by others, though there is no doubt that they are very effective in suitable cases. The longest time taken to effect a cure was 5½ months. The average was 83 days. About one third relapse at least once. As the cause in most cases is psychiatric, it is not surprising that a mechanical method of treatment is not invariably successful.

A supply of tranquilliser tablets was given to one older boy towards the end of the year. When he was seen two weeks later he said he was cured. We hope to give this treatment a further trial during the coming year.

During the routine examinations of school children, I got the impression that obesity was not as prevalent as in the last few years. On the other hand, I saw one girl of nine stones weight who, for her height, should have weighed less than four and a half stones; and one boy failed by only a few ounces to achieve a similar distinction. Perhaps this is not so tragic. An American magazine says that it is a sign of "positive health" to have to struggle to keep your weight down.

In spite of the progress towards better health which has accompanied the rise in living standards, there is still a rewarding crop of remediable defects and deficiencies to be found, at these routine examinations. I mean rewarding to the doctor who, as a result, feels that the expenditure of time and energy are well justified.

Observations of Dr. E. I. Grant, School Medical Officer:—

My share of the work of the School Health Service has been much the same as in previous years, and there have been no fresh developments.

I certainly cannot claim to have noticed any great improvement in the evils on which I have commented previously, and in these I include, of course, the appalling footwear which is crippling the feet of the younger generation before they even reach school-leaving age; late hours kept at all ages; maladjustment and emotional disorders, and last, but not least, chronic upper respiratory infections.

In the secondary (modern) schools for girls, I am frankly horrified at the extremes of fashion that are so frequently seen—I allude to the short, tight skirts in which they can barely sit down, the pointed shoes with stiletto heels, the fancy underwear so unsuitable for school, the bouffant hair styles and the evidence of hastily, but inadequately, removed "make-up" from eyes, lips and nails. I wish it were possible to forbid these dictates of fashion and to subdue these ultra-modern, teenage, sex manifestations, but I am afraid the majority of television programmes, the ecstatic, screaming hero-worship of the young pop-singers and too much pocket money fosters such extravert tendencies. The very fact that such behaviour is much more common in the secondary (modern) than the grammar schools shows that where the academic standard is higher there is less immediate desire to dazzle and attract members of the opposite sex, and a greater sense of good taste in personal adornment. When I come across these extreme types during my medical inspections of the leavers, I do my best to put it across to them that they are merely denigrating their sex and cheapening themselves in the eyes of the rest of the community, but I doubt if much of my advice registers.

Much criticism is constantly being levelled at the School Health Service—where is it going?—is it finished?—or has it a future? Its old original task of detecting *and* dealing with the numerous defects and disabilities which existed in children before 1948, undiagnosed and untreated, because doctor's bills were something with which the poor could not cope, no longer applies. Now, we have a nationalised family doctor and hospital service which treats disease and defect more successfully than ever their predecessors dreamed of, and so the School Health Service must tackle a new and more difficult problem of finding much subtler disabilities, mental as well as physical, at even earlier stages, to give the greatest hope of successful treatment.

I am alluding particularly to the handicapped children, and the "at risk" cases, and if the School Health Service is to continue to make its contribution to the positive health of the community, it must focus its attention on the mental even more than the physical aspect of the school child.

It is in these early years that the School Medical Officer should spot the signs of incipient psychological problems which inevitably lead to delinquency and mental ill-health.

To achieve this end, it is important, nay, imperative, that assistant medical officers and school medical officers be kept up to date and be allowed to attend Post Graduate Courses in psychology and child guidance.

True, we have our psychiatric consultants, our educational psychologists and our psychiatric social workers to whom we can refer children about whom we are concerned, but we should be competent to deal with the early milder cases ourselves and so prevent the development of the more serious, sometimes irreversible, symptoms, and save the valuable time of the psychiatrist for the more acute cases. This is not just a personal opinion, it was mentioned repeatedly at the Conference of the National Association for Maternal and Child Welfare, which I was privileged to attend in the summer.

We continue to do our routine work at school medical inspections, and minor ailment clinics, and it is perhaps now becoming apparent that certain defects which used to be detected only at school medical inspections are being dealt with by the National Health Service family doctor at an earlier date; nevertheless, there is still plenty to be done, and a great deal of advice to be given to both parent and child on the subject of health education. The fat child has to be advised about diet and kept under regular weekly observation, the thin, pale tired-looking child is persuaded to go to bed earlier, eat more of the right kind of food, and given a course of vitamins and perhaps sunlight, the adolescents are lectured to on the evils of smoking with its probable end result of cancer of the lung, and a great deal of attention is paid to the child with defective vision, impaired hearing, and "bad feet."

More and more limelight is being focussed on the "at risk" cases, and it has been suggested that a register of such cases would give the School Medical Officer great assistance in detecting and diagnosing many defects at a very early age. It would also, I think, be of considerable value if the infant school head teachers could be informed of such "at risk" cases when they are admitted to her school, so that she, too, may be forewarned about the possible development of some defect or other.

My programme is still a full one, comprising routine medical inspections at schools — I visit all the girls high schools and many of the primary schools — attendance at the minor ailment clinic, medical examination of school meals staff, and girls who are entrants for the teachers' training colleges, and the ascertainment of the educationally sub-normal children, either before entering school, or when referred to us by the head teachers or educational psychologist.

It is a matter of great regret that mothers are still so reluctant to accept the bitter fact that one of their children is not able to make the grade in an ordinary school. They are afraid of the word "mental" and it is imperative that this word should not crop up when explaining to a mother that her child is educationally sub-normal. When testing such children in the presence of the mother, it is very difficult to get her to refrain from interrupting and prompting—she frequently defends a bad performance by saying that the child is "off colour" today, or that he "really understands everything you say, but

is too shy to answer", or, "he has a wonderful memory", or even attacks the tests themselves as being unfair, too difficult, or not relevant to the child's problem.

Many parents would prefer to see their children languishing and struggling at the bottom of a D stream in an ordinary school than being happier and more successful at a special school.

It is only the passage of time which really helps them to accept the bitter unpalatable truth.

I should, once more, like to take this opportunity of thanking the head teachers for their hospitality when I visit their schools, and of telling them how much we appreciate and need their help in implementing our advice and instructions to their pupils. Without this co-operation our visits would be pointless.

Report of Mr H. Davies, Consultant Orthopaedic Surgeon, on the School Orthopaedic Clinics held at Liscard, and Moreton in 1962:—

The general work of the Orthopaedic Clinics held at Wallasey and Moreton has followed a similar pattern as that of the previous year. A total of 1,225 children were examined, a figure in itself that indicates the value of the supervision of the school-child. As can be seen from the detailed statistics the problems of the flat feet and knock-knee deformity constitute the main work. Fortunately although we as yet do not seem to have the means of prevention most cases respond encouragingly to treatment by simple measures such as the wearing of wedge heels, best fitted to good fitting boots, working in conjunction with remedial exercises which are the main therapeutic measures.

There was only one case of genuine rickets, a condition that can be prevented and promptly cured. Congenital errors of development such as club-foot and dislocation of the hips will always remain with us but fortunately are not common in the British Isles. Early recognition followed by immediate attention produces satisfying results thereby preventing crippling disability in adult life.

Cerebral palsy is also not so prevalent due to the care of the expectant mother and efficient child birth, although again transmitted hereditary and genetic factors will always be responsible for a definite number of cases. Their treatment although not so spectacular as the other cases can be very rewarding. Infantile paralysis or poliomyelitis still remains a potential danger, producing its permanent crippling deformities and a continued campaign for preventative immunisation must be maintained.

Taking the year's work as a whole it will be seen that the constant child vigilance is a very satisfying task, laying the foundation for a healthy adult life.

Remarks by Mr. Jones, Physiotherapist:—

One of the main problems this year has been that of staff. From the end of April until the beginning of October only one physiotherapist was in attendance. In order to minimise re-organisation it was decided to stop foot classes but to continue with breathing classes, as the need for these may be acute, and to reduce individual

treatments to once weekly, except in cases of severe cerebral palsy and all cases of club foot and torticollis. The rationale of foot exercises in the treatment of postural flat foot, especially in young children, has always seemed to me doubtful, as I feel the underlying cause is something more complex than muscle weakness — probably a pattern of development which requires the active and willing co-operation of the patient to effect any improvement. This is underlined by the dramatic improvement that follows application of outside iron and T-strap in severe cases, where the position of the foot is held forcibly corrected. Exercises are of undoubted value in cases where lack of mobility co-exists, but this is seldom met with in children.

Cerebral palsy continues to be treated with Bobath methods. Many doctors, who see these patients perhaps once every six months want (even if they do not really expect) rapid results. We, who deal with the same case for perhaps ten years or more, at twice weekly intervals, are more patient; if we see general improvement over years of endeavour we feel the time has been well spent. The parents should ensure that the children attend for treatment regularly.

In the U.V.R. report it will be noticed that the number of discharges under the sub-heading "Defaulters" exceeds those discharged by the doctors under the sub-headings "Cured", "Improved" and "No Change." This number is mostly made up of children who have completed their course of treatment, but who have failed to keep their appointment to see the doctor with a view to final examination.

The apparent disparity in this year's figure "Total Cases on Register" and last year's, is explained by the fact that all defaulters (that is, those who have failed to keep two appointments) have now been removed from the register. The figure, 850, therefore, shows a true figure of patients receiving active treatment as at the end of the year.

PHYSIOTHERAPY REPORT, 1962.

Total Cases on Register (including U.V.R. at 31st December, 1962)	850
Total Attendances for treatment (including U.V.R.)	5662
New Cases on Register (excepting Tonsillectomy and Adenoidectomy)	546
Orthopaedic Cases of School Age treated	597
No. of Orthopaedic Cases treated at School	16
New Orthopaedic Cases of School Age	200
School Age Orthopaedic Cases discharged	189

U.V.R. TREATMENT, 1962.

New Cases	78
No. on Register	118
Discharged: Cured	14
Improved	19
No change	—
Defaulted	34
Left School	3
Admitted to Hospital	2

PHYSIOTHERAPY REPORT, 1962

	Visiting Orthopaedic Surgeon's Clinic				Artificial Sunlight Clinic		Breathing Exs. for post-operative Tonsillectomy and Adenoidectomy		Asthma		Remedial Exercises	
	New Pts.	Total Atts.	Disch.	New	No. Trts.	New	No. Trts.	New	No. Trts.	New	No. Trts.	
January	19	86	18	9	254	8	36	1	10	7	219	
February	37	114	19	2	259	10	40	—	34	20	228	
March	33	137	25	13	385	12	45	2	35	20	252	
April	23	109	21	2	248	12	46	1	25	5	140	
May	13	56	12	12	415	15	79	—	20	4	65	
June	54	128	17	4	263	14	60	1	4	19	85	
July	31	97	13	—	222	10	30	—	12	3	27	
August	15	89	16	—	—	—	—	—	—	1	—	
September	12	81	18	9	287	10	40	2	12	8	61	
October	25	115	18	8	354	15	60	1	14	10	203	
November	50	151	31	16	345	11	45	2	22	27	232	
December	18	57	10	3	214	6	23	—	18	9	214	
TOTALS	330	1,220	218	78	3,246	123	504	10	206	133	1,726	

REPORT of Mr. HORACE DAVIES, Orthopaedic Surgeon

Number of Sessions held at the Authority's Clinics	46
Number of New Cases	330
Number of Re-examinations	895
Number of Cases discharged cured	218

[illegible]

CHILD GUIDANCE CLINIC, 1962.

Dr. G. Egan, Consultant Psychiatrist, makes the following observations:—

Statistical tables for 1962 show a remarkably close parallel with those of 1961 and of 1960. There has been no increase in new cases referred during the past twelve months. There is, however, a steady increase in the number of cases requiring clinic treatment, and, consequently, our waiting list for taking children on for treatment continues to increase. Each year, we inherit a larger number of cases on the treatment load, and have therefore less space to take on the new cases for treatment. This, however, has not become an insurmountable problem and will no doubt level itself out. We may have to reduce the amount of time given to each case taken on for treatment in the interest of a more rapid turnover. Even if this does happen, I do not anticipate that the individual children will suffer to any great extent.

SCHOOLS' PSYCHOLOGICAL SERVICE, 1962.

The following observations are submitted by Mr. J. Maginn, Educational Psychologist:—

The number of new cases referred during 1962 is exactly the same as that of the previous year. The difference in numbers under diagnostic headings is interesting, but does not suggest any particular trend of behaviour problems over the last five years, and evidently is due to small random factors within the school population. Most of these children show several symptoms on referral, and when these do not form a common syndrome the case is listed under its most urgent aspect.

One trend that is clearly emerging, however, is that more parents are seeking help on their own initiative, and many referrals from Head Teachers and School Medical Officers contain the phrase "at parents' request." The proportion of such cases has risen steadily from 8% to 20% during the last three years, and it is clear that the attitude of the public to our service is increasingly positive.

An analysis of the work of the Clinic is made below:—

Cases referred.

Current cases, January 1st, 1962	...	...	...	...	...	34
To be reviewed	...	...	...	...	...	2
New Cases, 1962	...	...	...	...	...	74
						<hr/> 110 <hr/>

The new cases were referred from the following sources, through either the Director of Education or the Principal School Medical Officer:

Head Teachers	31
Deputy and Assistant S.M.O.	18
Parent	15
Educational Clinic	3
Speech Therapist	2
Health Visitor	1
Family Doctor	2
Children's Officer	2
	—
	74
	—

The disposal of cases dealt with during the year falls under the following headings:

Cases closed	61
Improved	37
Report only)	10
Advice only)	
Social welfare	2
School transfer	1
Residential School	1
Hospital Treatment	2
Failed to co-operate	3
Failed to respond to treatment	1
Left district	3
Left school	1
To be reviewed	5
Current cases	43
	—
	109
	—

The diagnoses of cases referred during 1962 are classified below:

Delinquent tendencies	13
Emotional immaturity	5
Emotional instability	3
Habit disorders	9
Tension habits	1
Behaviour disorders	10
Truancy and non-attendance	7
Withdrawal symptoms	5
Phobic and anxiety states	6
Psychosomatic conditions	3
Lethargy and underfunctioning	5
Asthma	1
Psychotic conditions	2
Speech disorders	3
Compulsive behaviour	1
	—
	74
	—

The work of the psychiatrist, psychologist and social worker is set out in the following tables:

Psychiatrist:

Diagnostic interviews	...	...	...	...	...	74
Treatment interviews	...	...	...	...	...	194
						<hr/> 268 <hr/>

Psychologist:

Test interviews	...	...	...	...	...	84
Parent interviews	...	...	...	...	...	40
Remedial Treatment interviews	...	...	...	...	...	34
School visits and reports	...	...	...	...	...	111
						<hr/> 269 <hr/>

Social Worker:

	<i>School Welfare Cases</i>	<i>Clinic Cases</i>
Home visits	139	868
Clinic interviews	16	532
School inquiries	13	236
Consultation with other agencies	61	646
	<hr/> 229 <hr/>	<hr/> 2282 <hr/>

The psychologist's interviews have been devoted mainly to tests of ability and personality. A smaller proportion of Child Guidance cases were found to require remedial coaching in addition to psychiatric treatment, and there can be no doubt that the additional scope of Miss Pilkington's remedial work has borne fruit. A child with reading difficulty is much less likely to become a behaviour problem if he can be helped over his scholastic deficit without delay. This work at our four remedial centres has been facilitated by the co-operation of the schools, and, particularly by the Head Teachers of Riverside, Vaughan Road and Barnston Lane, who continue to provide accommodation.

Individual coaching in special cases has been carried on by the educational psychologist, together with assessments for the Classification Board and for placements in Special Schools, and the testing of candidates for the Pre-nursing Course at the Technical High School. The Junior Reading Survey begun last year was completed, and a further extension of this is now in hand.

Mrs. Barrett-Lennard, Social Worker, has continued to play an important role in maintaining contact with families of both current and "closed" cases, in the areas of Child Guidance, Educational Guidance, and Social Welfare. She has served on the Merseyside Marriage Guidance Council, lectured to Youth Organisations and social groups, and contributed to professional meetings and seminars.

SPEECH THERAPY, 1962.

Mrs. Avison, Speech Therapist, submits the following observations:—

The attendance figures are down slightly this year owing to my absence due to illness but more children have been admitted and treated, on a monthly average.

A pressing need still exists for the services of another Speech Therapist, and it is becoming increasingly difficult to cope with Moreton and Leasowe as well as the older parts of the Borough.

Each speech defective child receives usually an individual treatment time varying from twenty minutes to half an hour. During that time a sound may be elicited, a faulty sound pattern analysed, or a stammerer introduced to the benefits of relaxation. This treatment time is, of course, essential to effecting a cure but equally vital is continual exercise at home and the teacher's knowledge of the particular sound receiving attention.

The cause of the speech disorder always needs investigation. Apart from the obvious defects caused by physical malformation, the majority of causes are functional and of psychological origin. In such cases, the organs of articulation are in perfect working order, but the speech is unintelligible, or, as with stammerers, fluency is interrupted. It is useless, in such cases, to treat the symptom without attempting to unearth the cause. All this takes time over and above the actual appointment and necessitates visits to home and school so that a clear picture of each child's requirements may be ascertained.

Many thanks to everyone for their interest and co-operation during the year.

Total number of attendances	1,505
Number of patients receiving regular treatment during the year	96
Number of patients receiving treatment at intervals during the year	140
Number of patients admitted	85
Number of patients discharged	60

Classification of Patients Admitted:

Dyslalia (Defect of Articulation)	44
Stammer	30
Interdental Sigmatism (Defective articulation of "s" and "z")	4
Lateral Sigmatism (Defective articulation of "s" and "z")	1
Dysarthria	1
Alalia	2
	—
	85
	—

Classification of Patients Discharged:

Cured	48
Unco-operative	6
Left School	2
Left District	4
	<hr/>
	60
	<hr/>

Classification of the Waiting List:

Not yet interviewed	22
Interviewed and placed on Supervision	15
Interviewed and awaiting regular appointment	30
	<hr/>
	67
	<hr/>

MEDICAL EXAMINATION OF TEACHERS OR INTENDING TEACHERS.—Min. of Education Circ. 249 of 1952.

Total Number Examined, 1962.

Teachers		Intending Teachers	
Male	4	Male	29
Female	9	Female	41
	<hr/>		<hr/>
Total	13	Total	70
	<hr/>		<hr/>

IMMUNISATION**Diphtheria**

Schoolchildren given:	Primary Immunisation	90
	Reinforcing injections	546
		<hr/>
	Total	636
		<hr/>

Poliomyelitis

Age Range: Born between 1946-1957—		
Received Primary Immunisation		316
Received Reinforcing Doses		3,382
		<hr/>
	Total	3,698
		<hr/>

EXAMINATIONS OF CHILDREN FOR EMPLOYMENT, ENTERTAINMENT, HOLIDAYS ABROAD, ETC.

Employment	233
Entertainment	16
Holidays, Abroad, etc.	90
	<hr/>
	339
	<hr/>

SUMMARY OF THE WORK CARRIED OUT BY THE SCHOOL HEALTH VISITORS DURING THE YEAR 1962.

Health Surveys and Infestation with Vermin

Health Surveys	87
No. of Clinic Sessions re Cleansing	11
No. of Examinations	20,170
No. of individual children found unclean	414

Home Visits

Cleanliness	183
Medical Treatment	418
Hospital References	16
Miscellaneous	68
B.C.G.	3
Ineffective visits, i.e. No Access	25

Other

Visits to Nursery School	7
Visits to Special Schools	4
Sessions for Medical Inspections	282
Sessions at Minor Ailments Clinics	520
Sessions at Ophthalmic Clinics	109
Sessions at Vision Testing of 8 year old pupils	30
Sessions on Weighing and Measuring (Medical Inspections)	43
Sessions spent on Surveys	209
TOTAL VISITS	994
TOTAL SESSIONS	1,336

ELLERAY PARK OPEN-AIR SCHOOL

During the year 17 children were admitted, the classification of their defects or diseases being as follows:—

Spastic Paralysis	2
Spastic Paralysis/Bilateral Cataracts	1
General Debility	2
Tuberculous Glands	1
Talipes Equino Varus	1
Partial Deafness	2
Asthma	3
Chorea	1
Congenital Heart Disease	1
Congenital Cardiac Lesion	1
Hydrocephalus	1
Muscular Inco-ordination	1
	<hr/>
	17
	<hr/>

During the year, six pupils were transferred to ordinary schools, ten left to employment, two subsequently received home teaching, one was admitted to a residential school for physically handicapped pupils, while three left for other reasons.

Mr. C. J. Luya, Principal School Dental Officer, submits the following observations:—

This is the 43rd Annual Report, the last of the series which will be written by me as the present Principal Dental Officer, and it is a good time to take a look at the changes which have taken place since the first report was written at the end of the year 1920. The Schools Dental Service of 1962, and the problem it faces, is very different from the service of years ago, but changes have taken place so slowly that it is only by looking back that one can realise exactly what has happened and why.

Wallasey over forty years ago was a much smaller and less complicated place than it is now. People travelled by tram, the ferries were the only practicable method of getting to Liverpool and New Brighton and the Egremont ferries provided important services for people living in those parts of the town. There were no buses, no wireless, no television, no teenagers as we know them today, and the silent pictures were the main entertainment for the ordinary citizen; there was a rudimentary Schools Medical Service, but no Schools Dental Services.

The idea that some sort of attention was needed for the teeth of Britain's children had arisen before the beginning of World War I, when School Doctors from all over the country had reported as the result of their examinations that there were a disturbing number of children with too many decayed teeth, but the war started before much could be done about it.

There was, of course, in those days no state medical service for the ordinary citizen and his family, and people unable to pay had to make use of the semi-charitable services of the hospitals. Dentistry was a comparatively expensive service for the well-to-do. For those not so well off, the hospitals provided only a meagre service where dentists, working on a voluntary basis, could do no more than extract aching teeth. There was obviously need for a dental service for children where every form of treatment was available free and the emphasis was on saving teeth rather than extracting them, and the young could be taught the care of their own teeth.

Dental Clinics were started after the war was over, and on December 1st, 1919, a School Dental Officer was appointed in Wallasey with the task of organising a system of dental treatment for the children attending the Local Authority Schools. The war had just ended, materials and equipment were in short supply and the first handy building had to be utilised. Equipment was borrowed or bought from war disposal stores and a surgery was improvised in No. 55, Church Street, which already was being used as a minor ailment clinic. Church Street in those days was a residential area of large houses built somewhere about 1830 and, very handsome they were.

The educational system was simple; there was the Wallasey Grammar School and the Girls' High School, both fee-paying secondary schools, one or two biggish private schools, and the Local Authority elementary schools. Except for rare scholarships there was no movement from elementary to secondary education, and the School Medical Services were for the use only of children attending elementary schools; the children were not so well clothed, so clean, so well educated or so well mannered in those days.

Routine dental inspections followed by treatment were fairly easy to organise in those days. A child went into school as an infant, rose through the various grades and was still in the same school when he or she left at the age of fourteen. A yearly visit to a school, which was aimed at, could keep a child under observation without difficulty during its school life. Complications began when the educational system expanded and the school leaving age crept up and when the schools were reorganised in such a way that different schools dealt with differing ages, and children moved from school to school. A yearly inspection of any particular school would not make sure of a yearly inspection of any particular child.

A payment scheme was introduced, under instruction from the Government for a short time. Parents had to pay a small annual fee if they accepted treatment in case they should take a "free" service too lightly; this raised little money, caused resentment and wasted a lot of valuable time.

By the time 1939 came round, the service was working reasonably well. There were now two surgeries, one in Church Street and one in Moreton, and three dental officers and three dental attendants.

The war swept away two of the dental officers and destroyed 55, Church Street. A hurried move was made to the Education Committee's property at 47, Liscard Village, where two surgeries were hurriedly improvised. Those of the children evacuated to the country were visited in their schools by a dental officer with improvised portable equipment, and a refugee dentist was appointed as a temporary dental officer. An odd effect of the war was a spectacular improvement in the teeth of the youngest age groups of children, an improvement which continued for some years afterwards as long as food and sweets were rationed.

The year 1948, when the National Health Service was introduced, was a crucial year for the Schools Dental Service although no one realised it at the time. Up to this date the only "free" dental treatment for children was provided by the School Dental Service. As will be remembered, in 1948 all forms of medical treatment suddenly became "free" and dentists particularly were inundated with patients demanding every kind of treatment, but these were almost entirely adults and the School Dental Service continued for some years to be the most important source of treatment for the children.

However, changes were made in the National Health Service and charges were introduced for dental treatment for adults, but the

Government, aware of the large amount of dental disease among children, and to encourage parents to take their children to the dentist, left all dental treatment for children free. The number of adult patients decreased but the private dentists started to see more and more children. There were several reasons for this, but one of them was the complete change in the attitude parents took to the education of the children, which took place at about the same time.

The Schools Dental (and Medical) Services are School Services and it is laid down that treatment shall be carried out in school hours, but with the increased pressure of competition in the State educational race, parents are no longer willing to allow children to attend clinics during school hours, and indeed, during the crucial scholarship year the teaching staff encourage this point of view. The large number of mothers out at work during the day is another factor to be considered. Small children must have a parent with them when attending a clinic, and often both father and mother are not available during school hours. Again, with only four dental centres in a large area, the nearest dental clinic may be quite a considerable distance away while there may be a dentist at the corner of the street willing to see both mother and child during the evening: note that Wallasey, like most pleasant residential areas, is well provided with dentists, the argument does not apply to many less salubrious places. The total effect of all this is to make the private dentist an important contributor to the care of the children's teeth, and basically often to leave to the School Services the less attractive aspects of children's dentistry.

Thus the 1962 picture of the role of the School Dental Service is very different from the shape of things past, and further changes are likely. Integration of the School Dental Service with either the National Health Service or The Regional Hospital Service has been suggested; this might improve recruitment into the School Service as it would allow officers to move freely within a wide variety of posts; the monotony and rather restricted field of treatment available in a service for children is a great deterrent to young ambitious graduates fresh from the Dental Schools. On the other hand, it seems a pity to remove a reasonably popular and efficient service from a local authority to a distant bureaucracy — at the moment it is always possible to make a complaint or enquiry to a local councillor.

What of today and the state of the children's teeth? Dental conditions are notoriously difficult to assess but one thing is quite definite, as a result of years of conservative treatment and years of steady propaganda the general condition of children's mouths is better — and particularly in the young pre-school age group where the parents have some control on how their children spend their pocket money; and in the older groups no longer are the school dentists constantly dealing with swollen faces and teeth decayed away until their removal is a major operation.

And the future? This surely lies with the fluoridation of drink-water which reduces the rate of decay in young people's teeth by at least fifty per cent. The shutting down of all sweet shops, cake

shops and a return to war-time rationing would be more effective, but hardly a practicable proposition. As to the rather emotional opposition to fluoride in water, people should remember that tens of thousands of people all over the world have been drinking water which contains fluorides for tens of thousands of years, with no ill effect beyond developing teeth rather resistant to decay. No one yet seems to have got round to starting a campaign to remove fluorides from water where they are naturally present — which they should do if they believe their own horror stories.

Now as to the year 1962, the year concerning which this report is ostensibly written. This has been rather an unfortunate year for the Schools Dental Service, for after at last managing to collect a full staff of full time experienced dental officers, Mr. T. H. M. Moulds died most tragically and suddenly during the early autumn. A man of great personal charm, much loved by parents and children, this was a great loss.

Also during the year two of our very experienced long service dental surgery assistants left the service, which was a great handicap particularly as in December preparations had to be made to vacate the two surgeries at "Thornville" which were hastily extemporised during the "blitz" of 1941.

The future? During 1963 there will be a new Principal Dental Officer, new assistant dental officers and a brand new dental clinic with up-to-date equipment. The closing of "Thornville," the last of the old fit up clinics, is the end of an era, and everything should be set for further progress in this field.

Observations of Mr. C. D. Clare, Organiser of Physical Education:—

There are over 16,000 children in full-time attendance at Wallasey schools, all of whom are exposed to Physical Education for up to three hours each week. There being now no set syllabus of work, there are wide variations in both quality and content which depend principally on the abilities of the teachers and the facilities available. The greatly increased range of activities now included means less concentration on the few traditional team games. No school can take all activities to the standard which will ensure success in competition and the trend is noted towards decreasing support for local leagues and competitions. In compensation, however, there is an increasing number of fixtures between individual Wallasey schools and schools outside the Borough, and individual schools have taken part in county and national competitions, especially in Cricket and Life-saving, with marked success.

The normal inter-school activities have been held and two new events, a Country Dance Rally and a Netball Rally for girls in Primary Schools have been successfully inaugurated, and will be repeated in 1963. Sessions in Physical Education taken by visiting lecturers, were included in a Course of Primary School teachers, and Coaching Courses

in Hockey and Netball have been held in Wallasey schools during the year.

The development of gymnasia and playing fields has continued very satisfactorily during the year. Facilities for swimming instruction, however, remain unchanged and inadequate. The provision of small, shallow-water instructional pools at selected schools, especially in the Moreton and New Brighton areas, is required before further progress can be made. Apart from their instructional value such pools would indirectly effect substantial improvement in opportunity for more advanced instruction by releasing the public baths for this purpose. Despite difficulties, 656 children were taught to swim during the year and over 1,000 proficiency certificates awarded, 127 candidates for higher awards being personally examined.

In 1962, 352 visits were made to schools and 182 to playing fields. Due to their widely varied nature, further statistical analysis of these visits or their effects is not possible. In general terms, however, the state of Physical Education in Wallasey schools, whilst leaving scope for increased robustness in some directions, could be assessed as normally healthy.

SCHOOL MEALS SERVICE, 1962.

Miss Collins, Supervisor School Meals, submits the following observations:—

The meals census taken on a day in September, 1962, showed that 7,060 children had taken the mid-day meal on that day, an increase of 310 over the number for 1961. Of these meals, 902 were provided free of charge to necessitous children.

During the school holidays 38,290 meals were served at eight centres in the Borough.

A major re-organisation has this year taken place in the School Meals Service. Briardale Road, Central Kitchen, which opened in 1945 was in urgent need of replacement of most of the major items of equipment. The Ministry of Education accordingly approved the Authority's proposal to close this kitchen and to open eight kitchens previously built in new schools but not fully equipped, and in use as sculleries. During the Spring and Summer Terms these kitchens were equipped and brought fully into use so reducing substantially the number of meals transported in containers. As a result of this the amount of transport in use has been reduced from five to three vans with a further reduction in capacity of one van from 25 cwt. to 15 cwt. Improvements are continuously being made at the older kitchens by replacements of all types of equipment and, in particular, of sinks and draining boards by hygienic units in stainless steel.

Family service has been introduced with success at six of the schools where kitchens have been opened. Folding dining tables are gradually being replaced by tables with colourful laminated plastic surfaces and chairs are taking the place of benches.

MEDICAL INSPECTION 1962

Maintained Primary and Secondary Schools

PART I — MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A. — PERIODIC MEDICAL INSPECTIONS

Number of pupils on registers 16,396

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
		(3)	(4)	(5)	(6)
1958 and later	28	28	100.00	—	—
1957	41	41	100.00	—	—
1956	1,091	1,090	99.9	1	.1
1955	89	89	100.00	—	—
1954	23	22	95.6	1	.4
1953	20	18	90.00	2	.10
1952	25	25	100.00	—	—
1951	485	484	99.8	1	.2
1950	773	770	99.6	3	.4
1949	309	309	100.00	—	—
1948	613	612	99.84	1	.16
1947 and earlier	1,205	1,205	100.00	—	—
	4,702	4,693	99.8	9	.2

TABLE B. — PUPILS FOUND TO REQUIRE TREATMENT
PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1958 and later	—	11	11
1957	3	29	20
1956	65	440	389
1955	8	57	44
1954	2	21	16
1953	4	19	13
1952	6	25	18
1951	59	121	125
1950	127	208	259
1949	59	90	125
1948	92	118	169
1947 and earlier	257	408	498
	682	1,547	1,687

TABLE C. — OTHER INSPECTIONS

Number of Special Inspections	1,408
Number of Re-inspections	216
Total	1,624

TABLE D. — INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	20,170
(b) Total number of individual pupils found to be infested	414
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

PART II — DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

PART II TABLE A. — PERIODIC INSPECTIONS

Defect or Disease (2)	PERIODIC INSPECTIONS							
	Entrants		Leavers		Others		Total	
	(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
Skin	43	5	123	34	64	21	230	60
Eyes—(a) Vision	78	95	349	22	255	44	682	161
(b) Squint	35	4	31	4	30	4	96	12
(c) Other	6	2	18	3	12	6	36	11
Ears—(a) Hearing	18	69	7	18	11	26	36	113
(b) Otitis Media	12	22	12	9	10	7	34	38
(c) Other	20	7	25	3	25	6	70	16
Nose and Throat	95	90	40	58	37	88	172	236
Speech	31	9	11	4	16	1	58	14
Lymphatic Glands	2	31	4	10	1	22	7	63
Heart	4	9	17	33	3	18	24	60
Lungs	47	24	23	25	33	24	103	73
Developmental—								
(a) Hernia	6	4	—	—	3	5	9	9
(b) Other	20	23	19	30	25	40	64	93
Orthopaedic—								
(a) Posture	11	4	19	16	12	24	42	44
(b) Feet	57	28	78	31	73	37	208	96
(c) Other	25	21	51	43	54	30	130	94
Nervous System—								
(a) Epilepsy	2	9	6	1	4	6	12	16
(b) Other	12	4	16	6	12	7	40	17
Psychological—								
(a) Development	72	2	13	9	22	9	107	20
(b) Stability	23	19	10	13	9	26	42	58
Abdomen	12	4	—	1	4	2	16	7
Other	5	1	3	—	3	—	11	1

PART II TABLE B.—SPECIAL INSPECTIONS

Defect or Disease (2)	Pupils requiring Treatment (3)	Pupils requiring Observation (4)
Skin	52 + (299) ★	3
Eyes—(a) Vision	37	3
(b) Squint	3	—
(c) Other	69	3
Ears—(a) Hearing	25	2
(b) Otitis Media	2	—
(c) Other	68	4
Nose and Throat	38	6
Speech	12	1
Lymphatic Glands	4	1
Heart	2	1
Lungs	9	3
Developmental—		
(a) Hernia	—	—
(b) Other	6	—
Orthopaedic—		
(a) Posture	2	—
(b) Feet	61	3
(c) Other	10	1
Nervous System—		
(a) Epilepsy	—	—
(b) Other	7	1
Psychological—		
(a) Development	9	4
(b) Stability	8	—
Abdomen	—	—
Other	292	6

★ No. of pupils found to require treatment for Warts or Verrucae.

**TREATMENT OF PUPILS ATTENDING MAINTAINED
AND ASSISTED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS)**

**PART III TABLE A.—EYE DISEASES, AND DEFECTIVE VISION
AND SQUINT.**

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	233
Errors of refraction (including squint)	1,354
	—
Total	1,587
	—
Number of pupils for whom spectacles were prescribed	781

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	4
(b) for adenoids and chronic tonsillitis	260
(c) for other nose and throat conditions	12
Received other forms of treatment	136
Total	412
<hr/>	
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1962	1
(b) in previous years	11

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patient depart- ments	597
(b) Pupils treated at school for postural defects	16
Total	613

TABLE D.—DISEASES OF THE SKIN

(excluding uncleanliness, for which see Table D of Part 1)

	Number of cases known to have been treated
Ringworm—(a) Scalp	—
(b) Body	—
Scabies	2
Impetigo	50
Other skin diseases	169
Total	221

TABLE E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	109

TABLE F.—SPEECH THERAPY

	Number of cases known to have been treated
Received regular treatment	96
Received treatment at irregular intervals	140
Total pupils treated by Speech Therapist	<hr/> 236 <hr/>

TABLE G.—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	1,188
(b) Pupils who received convalescent treatment under School Health Service arrangements	3
(c) Pupils who received B.C.G. vaccination	1,225
(d) Other than (a), (b) and (c) above:—	
Treatment given for warts (carbon dioxide)	148
" " " verrucae (carbon dioxide)	104
Hospital In-patient treatment—Medical	150
" " " —Surgical	148
" " " —Orthopaedic	42
Total (a)—(d)	<hr/> 3,008 <hr/>

PART IV.—DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1) Number of pupils inspected by the Authority's dental Officers:—	
(a) At Periodic Inspections	6,932
(b) As Specials	1,672
Total (1)	<hr/> 8,604 <hr/>
(2) Number found to require treatment	5,089
(3) Number offered treatment	4,552
(4) Number actually treated	3,629
(5) Number of attendances made by pupils for treatment, excluding those recorded at 11(h)	7,592
(6) Half days devoted to—	
(a) Periodic (School) Inspection	72
(b) Treatment	1,514
Total (6)	<hr/> 1,586 <hr/>
(7) Fillings: (a) Permanent Teeth	3,400
(b) Temporary Teeth	84
Total (7)	<hr/> 3,484 <hr/>

(8) Number of Teeth Filled:	(a) Permanent Teeth	3,019
	(b) Temporary Teeth	76
	Total (8)	3,095
(9) Extractions:	(a) Permanent Teeth	978
	(b) Temporary Teeth	1,706
	Total (9)	2,684
(10) Administration of general anaesthetics for extraction ...		1,790
(11) Orthodontics:		
	(a) Cases commenced during the year	7
	(b) Cases carried forward from previous year	—
	(c) Cases completed during the year	1
	(d) Cases discontinued during the year	5
	(e) Pupils treated with appliances	7
	(f) Removable appliances fitted	2
	(g) Fixed appliances fitted	6
	(h) Total attendances	36
(12) Number of pupils supplied with artificial teeth		22
(13) Other operations:	(a) Permanent Teeth	1,773
	(b) Temporary Teeth	33
	Total (13)	1,806

MINOR AILMENTS AND OTHER CLINICS

Monday	(a.m.)	School Clinic, Merton Road, Wallasey	Minor Ailments
		Child Welfare Centre, Oakenholt Rd., Moreton	Minor Ailments
		Child Welfare Centre, Water Street, Wallasey ...	Minor Ailments and S.M.O.'s Clinic
		Health Clinic, Hudson Road, Leasowe	Minor Ailments
	(p.m.)	—	—
Tuesday	(a.m.)	School Clinic, Merton Road, Wallasey	Ophthalmic Clinic (Mr. E. Edwards)
		Health Clinic, Hudson Road, Leasowe	Minor Ailments
		Child Welfare Centre, Oakenholt Rd., Moreton	Minor Ailments and S.M.O.'s Clinic
		Child Welfare Centre, Water Street, Wallasey ...	—
	(p.m.)	School Clinic, Merton Road, Wallasey	—
		Other Clinics	—

Wednesday	(a.m.)	School Clinic, Merton Road, Wallasey	S.M.O.'s Clinic
		Child Welfare Centre, Moreton	Minor Ailments
		Health Clinic, Hudson Road, Leasowe	Minor Ailments
		Child Welfare Centre, Water Street, Wallasey ...	Minor Ailments
	(p.m.)	School Clinic, Merton Road, Wallasey	Immunisation (1st and 3rd, Wednesday of each month)
		Child Welfare Centre, Moreton	—
		Child Welfare Centre, Water Street, Wallasey ...	—
Thursday	(a.m.)	School Clinic, Merton Road, Wallasey	Minor Ailments
		Child Welfare Centre, Moreton	Minor Ailments
		Child Welfare Centre, Water Street, Wallasey ...	—
		Health Clinic, Hudson Road, Leasowe	Minor Ailments
	(p.m.)	School Clinic, Merton Road, Wallasey	Orthopaedic Specialist's Clinic (Mr. Davies). (Except every 4th Thursday)
		Child Welfare Centre, Moreton	do. (every 4th Thursday)
		Child Welfare Centre, Water Street, Wallasey ...	—
Friday	(a.m.)	School Clinic, Merton Road, Wallasey	Ophthalmic Clinic (Mr. E. Edwards) (Fortnightly)
		Child Welfare Centre, Moreton	Ophthalmic Clinic (Mr. E. Edwards) (Fortnightly)
		Child Welfare Centre, Water Street, Wallasey ...	Minor Ailments
		Health Clinic, Hudson Road, Leasowe	Minor Ailments
	(p.m.)	School Clinic, Merton Road, Wallasey	S.M.O.'s Clinic (Fortnightly)
		Child Welfare Centre, Moreton	Immunisation (Fortnightly)
		Child Welfare Centre, Water Street, Wallasey ...	—
Saturday	(a.m.)	—	—

SPEECH THERAPY CLINICS

Monday	(a.m.)	Vaughan Road J. M. School, Wallasey.
	(p.m.)	Clare Mount Special School, Wallasey.
Tuesday	(a.m.)	School Clinic, Merton Road, Wallasey.
	(p.m.)	School Clinic, Merton Road, Wallasey.
Wednesday	(a.m.)	Child Welfare Centre, Water Street, Wallasey.
	(p.m.)	School or Home Visiting.
Thursday	(a.m.)	School Clinic, Merton Road, Wallasey.
	(p.m.)	Elleray Park Special School.
Friday	(a.m.)	Health Clinic, Hudson Road, Leasowe.
	(p.m.)	Welfare Centre, Oakenholt Road, Moreton.

PHYSIOTHERAPY CLINICS

Monday	(a.m.)	School Clinic, Merton Road, Wallasey (U.V.L. and R.E. and Individual Treatments) Elleray Park Special School, Wallasey. (Remedial Exercises)
	(p.m.)	School Clinic, Merton Road, Wallasey. (Remedial Exercises) Welfare Centre, Oakenholt Road, Moreton. (Remedial Exercises)
Tuesday	(a.m.)	Welfare Centre, Oakenholt Road, Moreton. (Remedial Exercises) Health Clinic, Hudson Road, Leasowe. (Remedial Exercises) Elleray Park Special School, Wallasey. (Remedial Exercises)
	(p.m.)	Elleray Park Special School, Wallasey. (Remedial Exercises) Welfare Centre, Oakenholt Road, Moreton. (U.V.L.)
Wednesday	(a.m.)	School Clinic, Merton Road, Wallasey. (Remedial Exercises) Elleray Park Special School, Wallasey. (Remedial Exercises)
	(p.m.)	Child Welfare Centre, Water Street, Wallasey. (Remedial Exercises) School Clinic, Merton Road, Wallasey. (Remedial Exercises)

Thursday	(a.m.)	Congregational Church Hall, Wallasey. (Remedial Exercises). Elleray Park Special School, Wallasey. (Remedial Exercises). Welfare Centre, Oakenholt Road, Moreton. (U.V.L.)	}
	(p.m.)	School Clinic, Merton Road, Wallasey. (Orthopaedic Specialist's Clinic) Welfare Centre, Oakenholt Road, Moreton. (Orthopaedic Specialist's Clinic once per month)	
Friday	(a.m.)	Elleray Park Special School, Wallasey. (Remedial Exercises). School Clinic, Merton Road, Wallasey (U.V.L. and Remedial Exercises)	
	(p.m.)	Grosvenor Assembly Rooms, Grosvenor Street, Wallasey (Remedial Exercises) School Clinic, Merton Road, Wallasey. (Individual Treatments)	

SCHOOL DENTAL CLINICS

Monday	(a.m.)	Health Clinic, Hudson Road, Leasowe. Child Welfare Centre, Oakenholt Rd., Moreton. School Clinic, Merton Road, Wallasey.
	(p.m.)	Health Clinic, Hudson Road, Leasowe. School Clinic, Merton Road, Wallasey. Child Welfare Centre, Moreton.
Tuesday	(a.m.)	Child Welfare Centre, Moreton. School Clinic, Merton Road, Wallasey. Child Welfare Clinic, Water Street, Wallasey.
	(p.m.)	Child Welfare Centre, Moreton. School Clinic, Merton Road, Wallasey. Child Welfare Clinic, Wallasey.
Wednesday	(a.m.)	School Clinic, Merton Road, Wallasey. Child Welfare Centre, Oakenholt Rd., Moreton. Child Welfare Clinic, Wallasey.
	(p.m.)	School Clinic, Merton Road, Wallasey. Child Welfare Centre, Oakenholt Rd., Moreton. Child Welfare Clinic, Wallasey.
Thursday	(a.m.)	Child Welfare Centre, Oakenholt Rd., Moreton. Child Welfare Clinic, Wallasey.
	(p.m.)	School Clinic, Merton Road, Wallasey. Child Welfare Centre, Oakenholt Rd., Moreton. Child Welfare Clinic, Wallasey.
Friday	(a.m.)	School Clinic, Merton Road, Wallasey. Child Welfare Clinic, Water Street, Wallasey. Health Clinic, Hudson Road, Leasowe.
	(p.m.)	Health Clinic, Hudson Road, Leasowe. School Clinic, Merton Road, Wallasey. Child Welfare Clinic, Water Street, Wallasey.
Saturday	(a.m.)	Child Welfare Clinic, Wallasey.

CHILD GUIDANCE CLINIC

(Psychiatric Department)

120, Church Street, Wallasey, Dr. G. Egan, M.D., Ch.B., D.P.M.,
Tuesday afternoons and Thursday mornings.

HANDICAPPED PUPILS — YEAR 1962

xxxvii

Year Ended 31st December, 1962	Blind	Partially Sighted	Deaf	Partially Deaf	Physically Handicapped	Delicate	Mal-adjusted	E.S.N.	Epileptic	Speech Defects	Total
(1) Newly assessed as needing special Educational Treatment at Special Schools or Boarding Homes	1	—	1	—	10	7	2	23	1	—	45
(2) Newly placed in Special Schools or Boarding Homes	—	—	—	—	10	7	2	23	1	—	43
(3) As at 31st January, 1963 Pupils on Registers of Maintained Special Schools :— (a) Day Pupils (b) Boarding Pupils	— —	1 —	1 1	5 —	47 —	34 —	— —	119 4	3 —	1 —	211 5
(4) Pupils on Registers of Non-Maintained Special Schools :— (a) Day Pupils (b) Boarding Pupils	— 1	— 3	— —	— —	2 3	— 2	— 5	— 1	— —	— —	2 15
(5) On the Registers of Independent Schools under arrangements made by the Authority	—	—	—	—	—	—	3	1	—	—	4
Total (3-5)	1	4	2	5	52	36	8	125	3	1	237
(6) Pupils requiring places in Special Schools :— (a) Day (b) Boarding	— —	— 1	— 1	— —	— 2	— —	— 1	— —	— —	— —	— —
(7) Pupils being educated under the provisions of Sec. 56 of the Education Act, 1944 :— (a) In Hospitals (b) At Home	— —	— —	— —	— —	— 5	— —	— —	— —	— 1	— —	— 6

CHILDREN FOUND UNSUITABLE FOR SCHOOL — YEAR ENDED 31st DECEMBER, 1962

Under Sec. 57(4) of the Education Act, 1944 — — — — —
 Number of decisions cancelled under Sec. 57A(2) of the Education Act, 1944 — —

SCHOOL DENTAL CLINICS

Day	Time	Location	Remarks
Monday	9:00-11:00	Public Clinic, Hudson Road, Wallingford	
Monday	11:00-12:00	Child Welfare Clinic, Wallingford	
Monday	2:00-3:00	Public Clinic, Hudson Road, Wallingford	
Monday	3:00-4:00	Child Welfare Clinic, Wallingford	
Tuesday	9:00-11:00	Public Clinic, Hudson Road, Wallingford	
Tuesday	11:00-12:00	Child Welfare Clinic, Wallingford	
Tuesday	2:00-3:00	Public Clinic, Hudson Road, Wallingford	
Tuesday	3:00-4:00	Child Welfare Clinic, Wallingford	
Wednesday	9:00-11:00	Public Clinic, Hudson Road, Wallingford	
Wednesday	11:00-12:00	Child Welfare Clinic, Wallingford	
Wednesday	2:00-3:00	Public Clinic, Hudson Road, Wallingford	
Wednesday	3:00-4:00	Child Welfare Clinic, Wallingford	
Thursday	9:00-11:00	Public Clinic, Hudson Road, Wallingford	
Thursday	11:00-12:00	Child Welfare Clinic, Wallingford	
Thursday	2:00-3:00	Public Clinic, Hudson Road, Wallingford	
Thursday	3:00-4:00	Child Welfare Clinic, Wallingford	
Friday	9:00-11:00	Public Clinic, Hudson Road, Wallingford	
Friday	11:00-12:00	Child Welfare Clinic, Wallingford	
Friday	2:00-3:00	Public Clinic, Hudson Road, Wallingford	
Friday	3:00-4:00	Child Welfare Clinic, Wallingford	
Saturday	9:00-11:00	Public Clinic, Hudson Road, Wallingford	
Saturday	11:00-12:00	Child Welfare Clinic, Wallingford	

CHILD DENTAL CLINICS

Day	Time	Location	Remarks
Monday	9:00-11:00	Public Clinic, Hudson Road, Wallingford	
Monday	11:00-12:00	Child Welfare Clinic, Wallingford	
Monday	2:00-3:00	Public Clinic, Hudson Road, Wallingford	
Monday	3:00-4:00	Child Welfare Clinic, Wallingford	
Tuesday	9:00-11:00	Public Clinic, Hudson Road, Wallingford	
Tuesday	11:00-12:00	Child Welfare Clinic, Wallingford	
Tuesday	2:00-3:00	Public Clinic, Hudson Road, Wallingford	
Tuesday	3:00-4:00	Child Welfare Clinic, Wallingford	
Wednesday	9:00-11:00	Public Clinic, Hudson Road, Wallingford	
Wednesday	11:00-12:00	Child Welfare Clinic, Wallingford	
Wednesday	2:00-3:00	Public Clinic, Hudson Road, Wallingford	
Wednesday	3:00-4:00	Child Welfare Clinic, Wallingford	
Thursday	9:00-11:00	Public Clinic, Hudson Road, Wallingford	
Thursday	11:00-12:00	Child Welfare Clinic, Wallingford	
Thursday	2:00-3:00	Public Clinic, Hudson Road, Wallingford	
Thursday	3:00-4:00	Child Welfare Clinic, Wallingford	
Friday	9:00-11:00	Public Clinic, Hudson Road, Wallingford	
Friday	11:00-12:00	Child Welfare Clinic, Wallingford	
Friday	2:00-3:00	Public Clinic, Hudson Road, Wallingford	
Friday	3:00-4:00	Child Welfare Clinic, Wallingford	
Saturday	9:00-11:00	Public Clinic, Hudson Road, Wallingford	
Saturday	11:00-12:00	Child Welfare Clinic, Wallingford	