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Contributors

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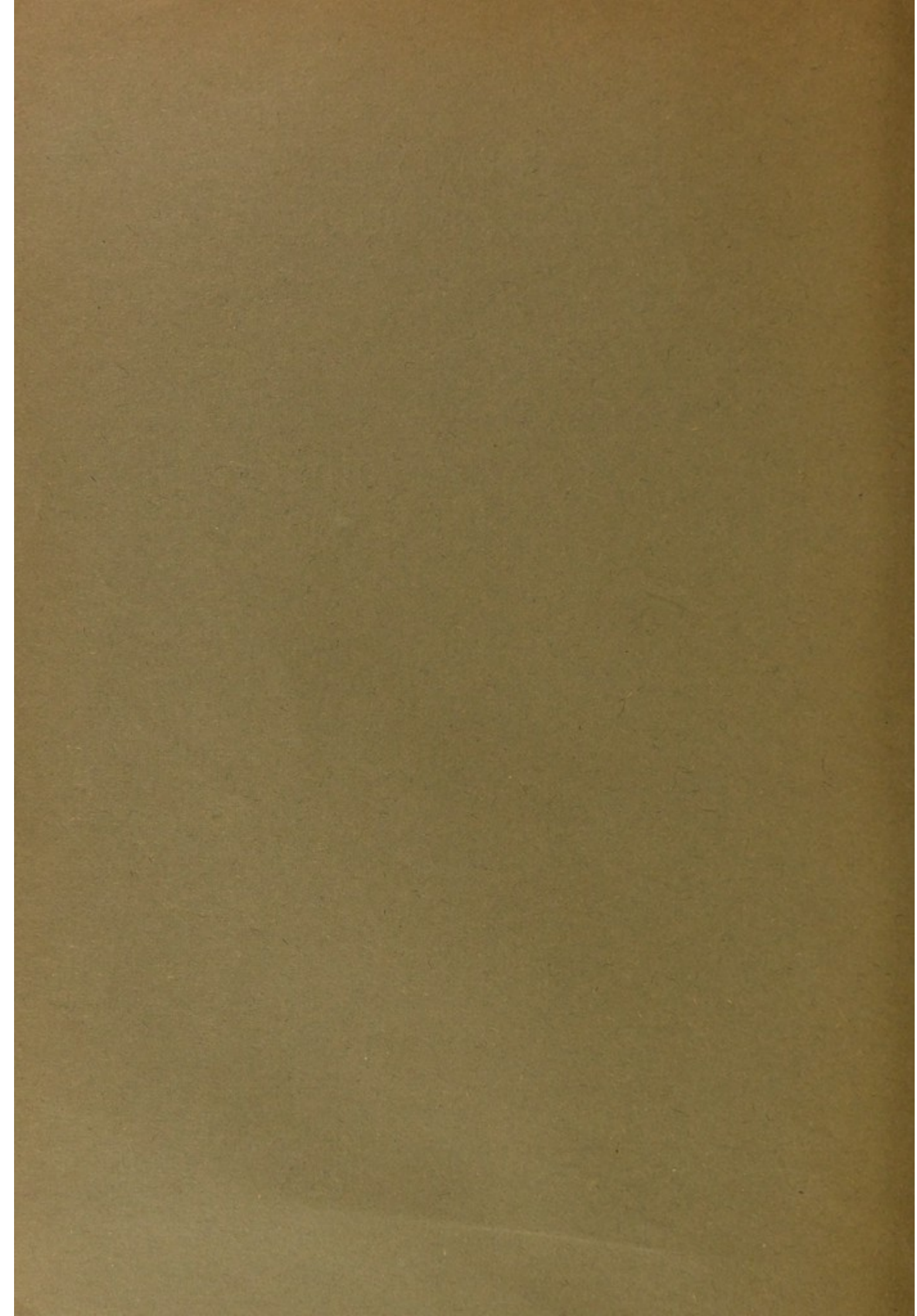
C. 44838
IMPERIAL BUREAU OF ANIMAL HEALTH
COUNTY
BOROUGH OF BURNLEY



LOCAL SANITARY AUTHORITY
LOCAL EDUCATION AUTHORITY

Reports
OF THE
Medical Officer
FOR THE YEAR
1931

✓





COUNTY BOROUGH OF BURNLEY.

LOCAL
SANITARY AUTHORITY.

Report on the Public Health
and Sanitary Administration
for the Year 1931.

D. C. LAMONT, M.B., CH.B., D.P.H.,

MEDICAL OFFICER OF HEALTH,
SCHOOL MEDICAL OFFICER,
ADMINISTRATIVE TUBERCULOSIS OFFICER,
MEDICAL SUPERINTENDENT, BURNLEY
JOINT HOSPITAL BOARD,



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Committees, 1931.

Public Assistance Committee.

HIS WORSHIP THE MAYOR (ALDERMAN PLACE, J.P.)

COUNCILLOR MUNRO (Chairman).

ALDERMAN LEES, J.P. (Vice-Chairman).

ALDERMAN	WHEWELL, J.P.	COUNCILLOR	PRESTON.
COUNCILLOR	MRS. BROWN, J.P.	"	ROBINSON.
"	CHADWICK.	"	SAMPSON, J.P.
"	CLEGG.	"	SUTCLIFFE.
"	FEARNEHOUGH.	"	TODD.
"	HEAP.	"	TOMLINSON.
"	LYNCH.	"	MRS. WHITEHEAD.
"	POLLARD.		

Co-opted Members.

MRS. HEDGES, J.P.	MR. A. FOSTER.
MRS. E. POPPLETON.	MR. T. PEIRSON.
MRS. M. TAYLOR.	MR. A. YOUNG.

Public Health, Maternity and Child Welfare Sub-Committee.

HIS WORSHIP THE MAYOR (ALDERMAN PLACE, J.P.)

COUNCILLOR MRS. BROWN, J.P.* (Chairman).

COUNCILLOR CLEGG, (Vice-Chairman).

ALDERMAN	LEES, J.P.	COUNCILLOR	MUNRO.
ALDERMAN	WHEWELL, J.P.	"	PRESTON.
COUNCILLOR	CHADWICK.	"	ROBINSON.
"	FEARNEHOUGH.	"	SUTCLIFFE.
"	LYNCH.	"	TOMLINSON.

FOR MATERNITY AND CHILD WELFARE BUSINESS ONLY

Co-opted Members.

MRS. U. A. COATES.

Advisory Members.

MRS. J. F. HEAP.
MRS. E. POPPLETON.
MRS. W. H. WATSON.

Staff of the Public Health Department

MEDICAL OFFICERS (WHOLE TIME).

Medical Officer of Health, Administrative Tuberculosis Officer, School Medical Officer, Medical Superintendent, Burnley Joint Hospital Board.	THOMAS HOLT, M.D., D.P.H. (Retired 28th February, 1931). D. C. LAMONT, M.B., Ch.B., D.P.H. (Appointed 1st March, 1931).
Tuberculosis Officer, Deputy Medical Officer of Health, Resident Medical Officer, Burnley Joint Hospital Board's Isolation Hospital.	M. C. R. GRAHAME, M.B., Ch.B., D.P.H., D.T.M.
Venereal Diseases Medical Officer and Director of Public Health Laboratory.	A. H. PRIESTLEY, M.B., Ch.B.
Assistant Maternity and Child Welfare Officer and Resident Medical Officer at Bank Hall Maternity and Children's Hospital.	ENID BAILE, L.R.C.P. & S., D.P.H. (Resigned 24th June, 1931). MARGARET S. L. McCASH, M.D. (Appointed 15th November, 1931).
Assistant School Medical Officer	ELSIE CATLOW, B.Sc., M.B., Ch.B., D.P.H.

MEDICAL OFFICERS (PART TIME).

SCHOOL MEDICAL SERVICE.

Ophthalmic Surgeon and Nose and Throat Specialist	T. SNOWBALL, M.A., M.B., Ch.B.
--	--------------------------------

MATERNITY AND CHILD WELFARE SERVICE.

Visiting Obstetrician to Bank Hall Maternity Hospital and Consultant under the Puerperal Fever and Puerperal Pyrexia Regulations and Memo. 156/M.C.W. III.	A. CALLAM, D.S.O., M.D., F.R.C.S.
--	-----------------------------------

PUBLIC ASSISTANCE SERVICE.

District Medical Officers under the Poor Law Acts and Public Vaccinators ...	T. F. CAMPBELL, M.B., Ch.B. J. HAWORTH, M.B., Ch.B.
--	--

MUNICIPAL HOSPITAL.

Resident Medical Officer	W. A. MAIR, M.B., Ch.B.
Consulting Surgeons	A. CALLAM, D.S.O., M.D., F.R.C.S. T. F. CAMPBELL, M.B., Ch.B. J. H. WATSON, M.B., B.S., F.R.C.S.
Consulting Physician	J. GIBSON, M.A., M.D., D.P.H.
Consulting Radiologist	J. GRIEVE, M.A., M.B., Ch.B. D.M.R.E.

OTHER OFFICERS (WHOLE TIME).				
Veterinary and Meat Inspector	...	...	...	J. KENYON, M.R.C.V.S.
Dental Surgeon, School Medical, Child Welfare and Tuberculosis Services	...	...	...	H. A. BOLTON, L.D.S.
Chief Sanitary Inspector and Inspector under the Food and Drugs Acts	...	...	...	R. JUMP, Mem. R.S.I. (by exam.)†a
Housing Inspector	...	...	...	F. SHUTTLEWORTH†a (Promoted 1st July, 1931).
Assistant Sanitary Inspectors	...	...	...	<div> <div>H. ALIFFE†a, (Resigned 31/3/31).</div> <div>J. W. ALMOND†, H. CROSSLEY†,</div> <div>E. HARGREAVES† (Resigned 29/4/31).</div> <div>E. ROBERTS†,</div> <div>W. PARKER† (Appointed 21/9/31).</div> <div>J. E. PARKINSON† (Appointed 14/9/31).</div> </div>
Superintendent Health Visitor	...	...	...	MISS M. BURGESS†||†§
Health Visitors, Tuberculosis and School Nurses	...	...	...	<div> <div>MISS M. FERNIHOUGH||†, MISS L. R. FIRTH,</div> <div>MISS S. HEAP||†, MISS S. JACKSON||†,</div> <div>MRS. A. J. JONESb, MISS L. G. MOORE||†c,</div> <div>MISS A. PRICE||†, MRS. H. REEVES||†.</div> </div>
Matron, Bank Hall Maternity and Children's Hospital	...	...	...	MISS M. C. WALKER||†.
Superintendent Nurse, Primrose Bank Hospital	...	...	...	MISS B. NUGENT||†.
Chief Clerk	...	...	...	H. V. HARTLEY†.
Clerks	...	...	...	<div> <div>H. SIMPSON, W. BLACK, J. SAGAR,</div> <div>MISSES D. FODEN, M. STUTTARD, E. NUTTER,</div> <div>E. WILKINSON, U. GORMAN, B. PINKNEY.</div> </div>
Vaccination Officer	...	...	...	G. MOORHOUSE.

†Certified Sanitary Inspector.

aMeat and other Food Certificate.

||Certificate of C.M.B.

§Maternity and Child Welfare Certificate.

†State Registered Nurse.

bHealth Visitor's Certificate.

cHealth Visitor's Certificate—R.S.I.

Summary of Statistics.

1.—GENERAL STATISTICS.

Area in Statute Acres	4694·7.
Area built upon	1870 acres.
Enumerated Population (Census 1931)	98,259.
Registrar General's Estimate of Population, middle of 1931	99,180
Density of Population, i.e., Number of persons per acre	20·9
Number of Inhabited Houses (end of 1931) according to Rate Books	26,310
Number of New Houses erected in 1931	74
Rateable Value	£557,546
Sum represented by a penny rate	£2,142
Amount of Poor Law (Out-door) Relief paid in 1931	£23,521

2.—EXTRACTS FROM VITAL STATISTICS.

			1931	1930
	M.	F.	Total.	
Live Births: Legitimate	623	611	1,234	
Illegitimate	27	31	58	
	—	—	—	
	650	642	1,292	1,338
	—	—	—	
Rate per 1,000 of estimated resident population			13·03	13·35
Stillbirths: Legitimate	30	38	68	
Illegitimate	—	1	1	
	—	—	—	
	30	39	69	53
	—	—	—	
Rate per 1,000 total (live and still) births			50·7	38·0
Number of Deaths (Males 698. Females 713)			1,411	1,274
Death Rate per 1,000 of estimated resident population			14·23	12·7
Deaths from diseases and accidents of pregnancy and childbirth				
From Sepsis			2	3
From other causes			6	3
Maternal Mortality per 1,000 live and stillbirths			5·88	4·31
Number of Deaths of Infants under 1 year of age			111	101
Death Rate of Infants under 1 year of age:—				
All infants per 1,000 live births			85·9	75·5
Legitimate infants per 1,000 legitimate livebirths			82·7	75·0
Illegitimate infants per 1,000 illegitimate livebirths			155·2	83·3
Death Rates per 1,000 population from				
Pulmonary Tuberculosis			0·75	0·70
All Forms of Tuberculosis			0·91	0·90
Respiratory Diseases (excluding Pulmonary Tuberculosis)			1·78	1·36
Cancer			1·56	1·48
Principal Zymotic Diseases: Smallpox, Enteric Fever, Measles, Scarlet Fever, Whooping Cough, Diphtheria and Membranous Croup			0·26	0·27
Death Rate from Diarrhoea and Enteritis of Children under 2 years of age, per 1,000 births			5·4	10·5
Deaths from Measles (all ages)			8	10
Deaths from Whooping Cough (all ages)			14	8
Deaths from Diarrhoea under 2 years of age			7	14

PUBLIC HEALTH DEPARTMENT,
BURNLEY,

May, 1932.

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present to you my report on the health of the inhabitants of Burnley and on the work of the Public Health Department for the year 1931.

Except for the prevalence of measles in the first quarter of the year, infectious disease has not been present in epidemic form.

The Ministry of Health having sanctioned the appropriation of Primrose Bank Infirmary as a General Hospital under the Public Health Act (Amendment) Act, 1907, steps are being taken to effect a physical separation of the hospital from the Public Assistance Institution by the erection of a dividing fence and a new entrance to the hospital. Important discussions have taken place between representatives of the Town Council and the Board of Management of Victoria Hospital, which culminated in an arrangement, which came into operation in May, 1932, whereby patients on the waiting list of Victoria Hospital will be admitted to the Municipal Hospital for surgical and gynæcological treatment.

Several changes in the staff of the Department occurred during 1931. Dr. T. Holt retired in February and I succeeded him as your Medical Officer of Health in March. Dr. E. Baile resigned in June and was succeeded by Dr. M. S. L. McCash, who commenced duties in November. Mr. F. Shuttleworth, Assistant Sanitary Inspector, was promoted to the position of Housing Inspector in July. Messrs. W. Parker and J. E. Parkinson were appointed as Assistant Sanitary Inspectors to fill vacancies in September.

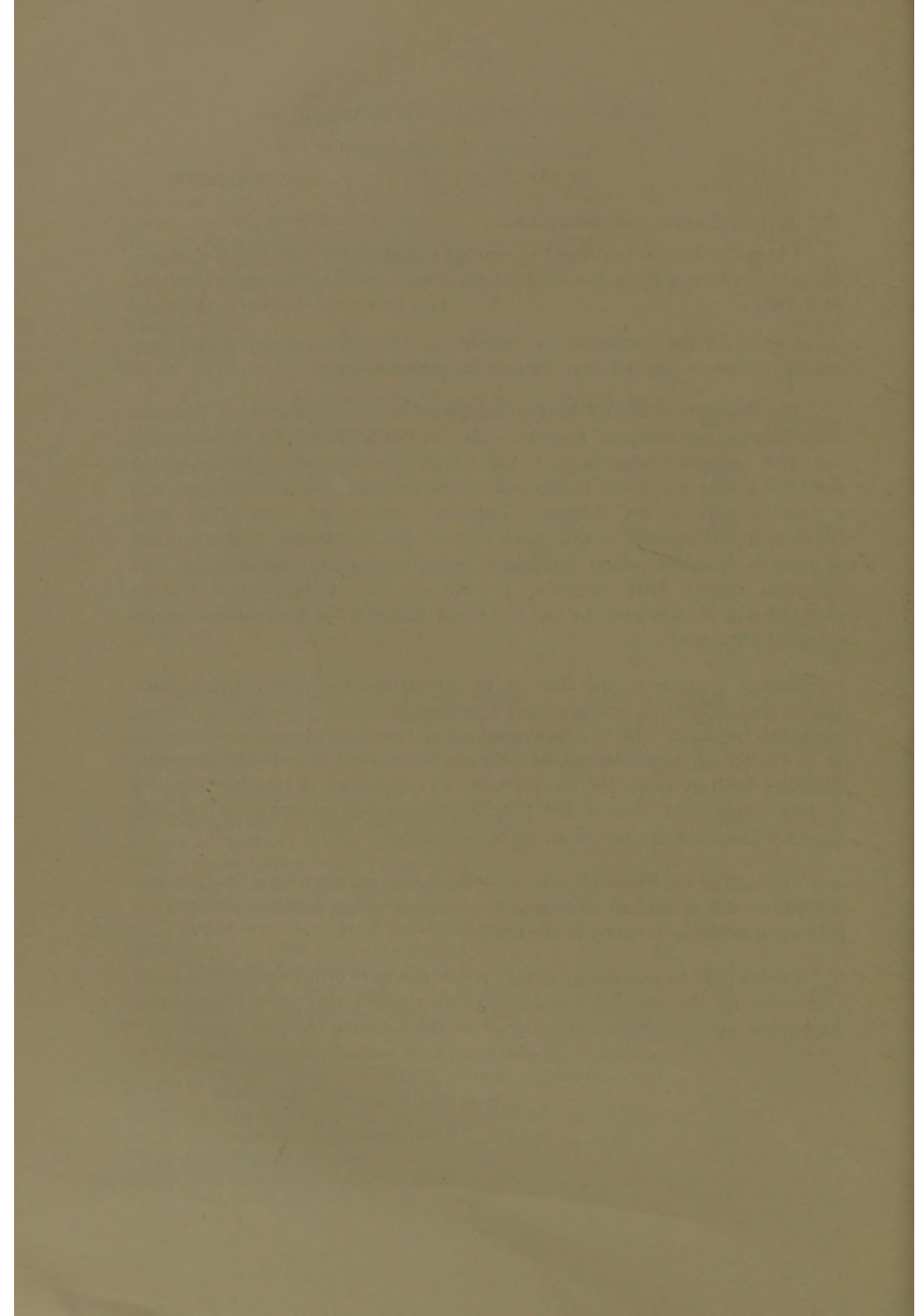
The staff of the Public Health Department have shown a loyal co-operation, combined with individual efficiency, in a service whose function it is to be a pervading influence for good in the town.

I should like to express my thanks to the members of the Public Assistance Committee for the courtesy and kindness with which they have received the suggestions and recommendations made to them during the past year.

I have the honour to be,

Your obedient Servant,

D. C. LAMONT.



REPORT.

Section 1.

Statistics and Social Conditions of the Area.

Position—Latitude $53^{\circ} 47' 30''$ N. and Longitude $2^{\circ} 14' 30''$ W.

Mean Height above Sea level, 465 feet.

Area and Population:—

The Borough is 4,694.7 acres in area.

The enumerated population according to the 1931 Census was 98,259, a decrease of 4,898 as compared with the Census of 1921. The Registrar General's estimate of the resident population at the middle of 1931 is 99,180. This figure has been used in calculating the rates per 1,000 of population.

Occupation.—The Annual Report for 1930 gave the numbers of persons in the town engaged in various occupations as revealed by the Census of 1921. At that time over 59% of the population were occupied persons over 12 years of age, and of these 52% were engaged in the cotton industry. There were nearly twice as many females as males occupied in cotton trades, and of the cotton trade workers 74% were weavers. Unfortunately the 1931 Census figure for persons occupied in various industries have not yet been published, but no doubt when these are available very marked changes will be found to have occurred both in the total numbers employed in the staple industry of the town and the sex and age distribution of the workers.

An outbreak of "Weavers' Cough" occurred in a cotton mill towards the latter part of the year, causing considerable temporary incapacity. An altered method of "Sizing" to minimize dust and the installation of humidifying apparatus and ventilation fans have been effective in procuring a cessation of the malady.

Baths.—There are three Public Baths owned by the Corporation, each having slipper and swimming baths. The number of attendances during the year ended 31st March, 1932, was 236,694.

Poor Law Relief.—The total amount of Out-door Relief expended in Burnley during the year was £23,521, as compared with £22,512 in 1931. The weekly average number of persons in receipt of Out-relief was 1,686 comprising 864 cases. There were 1160 admissions to the "House" portion of Primrose Bank Institution.

Rateable Value.—The rateable value for the year 1931-32 was £557,546, and the sum represented by a penny rate £2,142. Both these figures show a reduction on those of the previous year.

Unemployment.—The number of applicants on the live register of the Employment Exchange in the first week of each month in 1931 averaged 18,292, as compared with 13,874 in 1930. The following figures give the numbers on the register during the first week of each month. The work of dealing with Juveniles was taken over by the Employment Exchange from the Local Education Authority as from the 1st April, 1931, and the figures given from the 13th April include boys and girls under 18 years of age, whereas those prior to that date do not include Juveniles.

No. on Live			No. on Live		
Date.	Register.		Date.	Register.	
5-1-1931	... 17,375	...	6-7-1931	... (Burnley Fair)	23,346.
2-2-1931	... 16,064	...	10-8-1931	...	18,744
2-3-1931	... 15,908	...	7-9-1931	... (Sept. Holiday)	27,148
13-4-1931	... 16,712	...	5-10-1931	...	18,692
4-5-1931	... 17,203	...	2-11-1931	...	15,736
1-6-1931	... 18,897	...	7-12-1931	...	13,684

Health Insurance.—The total number of insured persons in Burnley on the 31st December, 1931, was approximately 54,319, or about 54% of the total population.

The Weather of 1931 compared with 1930.

METEOROLOGICAL OBSERVATIONS AT QUEEN'S PARK.

			1931		1930
Sunshine: Total	...	...	958.5 hrs.	...	1048.9 hrs.
No. of days with bright					
sunshine	...	...	258	...	272
Highest amount in 24					
hours	...	...	13.9 hrs.	...	14.3 hrs.
			on 26th June		on 8th June

Rainfall: Total fall	...	...	47·23 ins.	...	52·0 ins.
No. of days of rain	...	...	217	...	230
Highest amount in a day			1·93 ins.	...	1·39 ins.
			on		on
			3rd November		26th May

Temperature:—

Mean Temp. in Shade	...	...	47·0°	...	47·3°
Mean Range	...	...	11·6°	...	11·6°
Mean of Earth Therm, 1 foot			47·3°	...	47·8°
„ „ 4 foot			47·7°	...	48·1°
No. of days of ground frost	...	...	98	...	131

Relative Humidity:

Mean	83·8%	...	83·4%
------	-----	-----	-----	-----	-------	-----	-------

The results for the individual months of 1931 compiled from the observations taken at 9 a.m. G.M.T., together with a yearly summary since the Climatological Station at Queen's Park was commenced in 1908, are given in the Appendix to this report.

Although there was bright sunshine on 258 days in the year, the total amount of sunshine was very small. The Meteorological Office Returns of sun-values for 1931 shows that of all the sunshine recording stations in the British Isles, Burnley was fifth in order of lowest sunshine value. This low sunshine value will tend to affect adversely the health of the community, particularly young children, and it is no doubt one of the causes contributing to the prevalence of minor degrees of rickets found amongst children attending the Infant Welfare Centres.

VITAL STATISTICS.

Live Births.—There have been 1,333 live births (665 males, 668 females) registered in Burnley during 1931. After adjustment of this total for inward and outward transferable births (supplied by the Registrar General) a net total of 1,292 births, or a decrease of 46 over the total for 1930 is obtained. The following table shews the net births by sex and legitimacy.

Live Births.

1930		1931		
		Legitimate	Illegitimate	Total
687	Males	623	27	650
651	Females	611	31	642
1,338	Total	1,234	58	1,292
13·35	Rate per 1,000 of the estimated resident population	12·44	0·59	13·03

The percentage of illegitimate births was 4·5, as compared with 6·3 in the previous year.

The birth rate per 1,000 of population for the year was 13·03 as compared with 13·35 in 1930, and 16·4, the average for the preceding 10 years. The rate is highest in St. Paul's Ward and lowest in St. Andrew's Ward.

The live birth rate in 1931 is the lowest on record, the next lowest being 13·35 in 1930.

Throughout England and Wales the live birth rate in 1931 was 15·8, and in the 107 great towns 16·0.

Stillbirths.—During the year 69 stillbirths were registered, giving a rate of 50·7 per 1,000 total live and still births and 0·69 per 1,000 of population as compared with 38·0 and 0·53 respectively in 1930. The sex and legitimacy of the stillbirths for 1931 are shewn in the following table.

Stillbirths.

1930		1931		
		Legitimate	Illegitimate	Total
29	Males	30	—	30
24	Females	38	1	39
53	Total	68	1	69

Deaths.—There were 1,616 deaths registered in Burnley during the year. Of this number 268 deaths of non-residents, chiefly occurring in public institutions, have been excluded, leaving 1,348 deaths of residents. To this number has been added 63 deaths of Burnley people who died in other districts.

After these adjustments a net total of 1,411 deaths is obtained (males 698, females 713) giving a death rate of 14·23 per 1,000 of population, as compared with 12·7 for 1930, and 14·2, the average for the previous 10 years. The death rate for England and Wales in 1931 was 12·3, and in the 107 great towns 12·3.

AGE DISTRIBUTION.—There were 164 deaths of children under 5 years of age, representing 11·6% of the total deaths. Of these 111 were children under 1 year of age. 31 deaths were of children between 5 and 15 years of age. 54 deaths were of persons aged 15 to 25 years. 157 persons died between the ages of 25 and 45 years; 437 between 45 and 65 years, and 568, or 40% of the total deaths, were aged 65 years and upwards.

INSTITUTIONS.—There were 669 deaths in the Public Institutions of Burnley during the year as follows:—

	Deaths of		Deaths of		Total.
	Burnley residents.		non-residents.		
Primrose Bank Institution	258	...	184	...	442
Victoria Hospital	111	...	50	...	161
The Sanatorium	19	...	18	...	37
Bank Hall Maternity and Children's Hospital	25	...	4	...	29
	<hr/> 413	...	<hr/> 256	...	<hr/> 669

The following table gives comparative provisional figures respecting birth rate, death rate and analysis of Mortality during the year 1931.

Table shewing Birth Rate, Death Rate, and Analysis of Mortality during the year 1931.
(Provisional Figures).

The Mortality Rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the towns).

This Table, with the exception of the line relating to the Borough, has been compiled by the Registrar-General.

	Rate per 1,000 Total Population.		Annual Death Rate per 1,000 Population.								Rate per 1,000 Live Births.		
	Live Births	Still Births	All Causes.	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea and Enteritis (under 2 years).	Total Deaths under 1 year.
England and Wales ...	15.8	0.67	12.3	0.01	0.00	0.08	0.01	0.06	0.07	0.36	0.54	6.0	66
107 County Boroughs and Great Towns, including London ...	16.0	0.67	12.3	0.00	0.00	0.10	0.01	0.07	0.08	0.33	0.48	8.4	71
159 Smaller Towns (1921 adjusted populations 20,000-50,000) ...	15.6	0.73	11.3	0.00	0.00	0.07	0.01	0.05	0.05	0.36	0.43	4.0	62
London ...	15.0	0.50	12.4	0.01	0.00	0.03	0.02	0.07	0.06	0.26	0.57	9.7	65
BURNLEY Population (99,180) ...	13.03	0.69	14.2	0.01	0.00	0.08	0.00	0.14	0.03	0.59	0.41	5.4	85.9

Causes of Death.

In the table below the chief causes of death are shewn. Details of the causes and ages at death with Ward distribution are given in Table 1 of the Appendix.

	No.	% of Total Deaths.
Heart Disease	379	26·9
Respiratory Diseases	177	12·5
Cancer	155	11·0
All Forms of Tuberculosis	91	6·5
Diseases of Urinary System	68	4·8
Disease of Arteries	64	4·5
Influenza	59	4·2
Disease of Early Infancy	58	4·1
Cerebral Hæmorrhage ; Apoplexy	55	4·0
Violence	41	3·0

Heart Disease.—Heart Disease, with 26·9% of all deaths to its credit, heads the list of specified diseases as the most frequent cause of death. There were 379 deaths, giving a rate per 1,000 of population of 3·8.

Cancer.—There were 155 deaths from Cancer during the calendar year 1931, as against 148 in 1930. The death rate is 1·56 per 1,000.

From the table below it will be seen that the death rate from Cancer is on the increase. The Cancer death rate in 1931 was more than six times that of the year 1882.

	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931
No. of Deaths	108	145	118	126	131	154	160	156	148	155
Death Rate per 1,000 of population	1·03	1·38	1·14	1·23	1·32	1·55	1·59	1·55	1·48	1·56

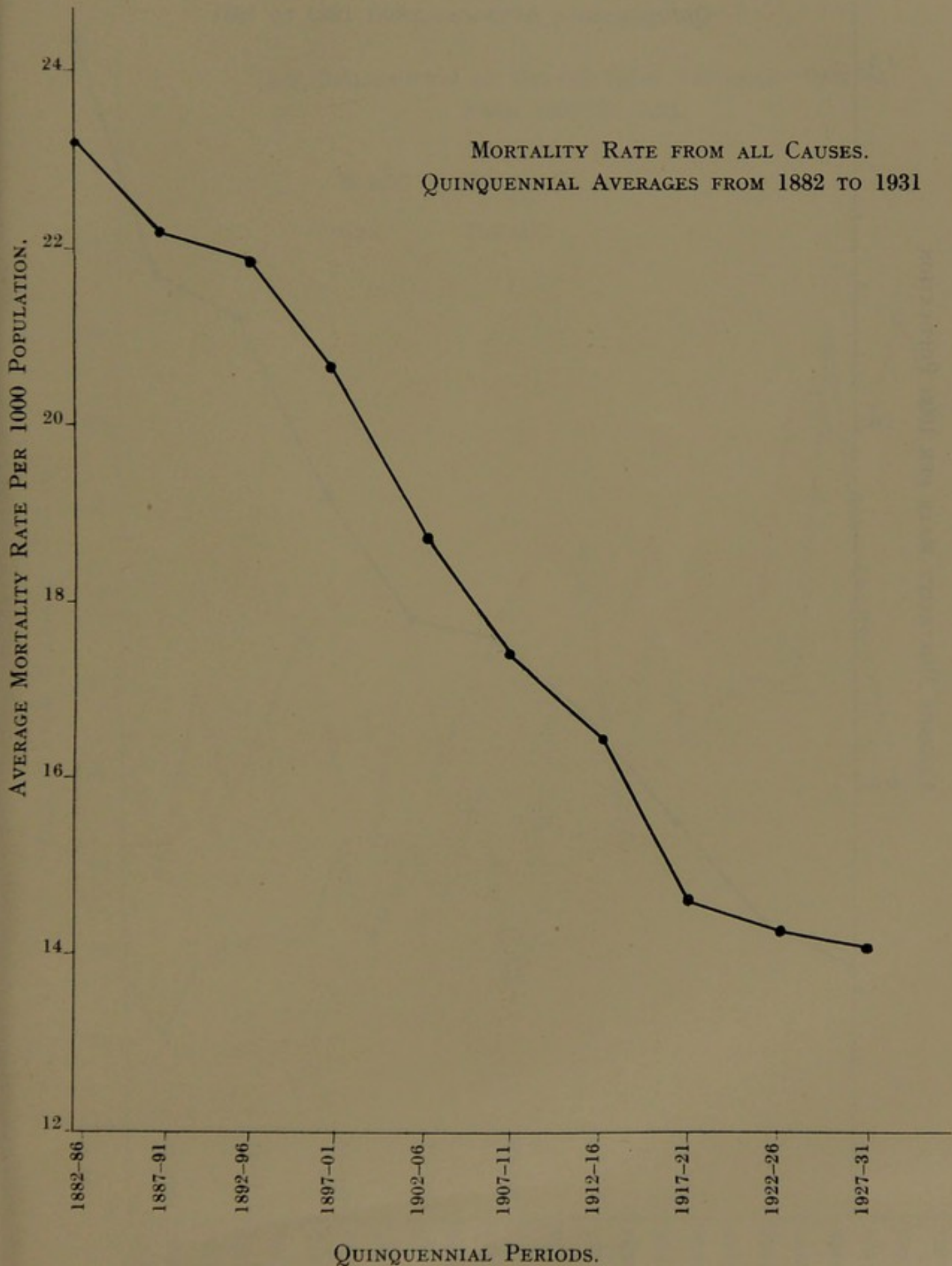
The following table shows the sex and age distribution of Cancer deaths in 1931.

1931	0—	5—	15—	25—	45—	65—	75—	Total
Male ...	—	—	1	4	31	24	6	66
Female	—	—	—	10	40	33	6	89

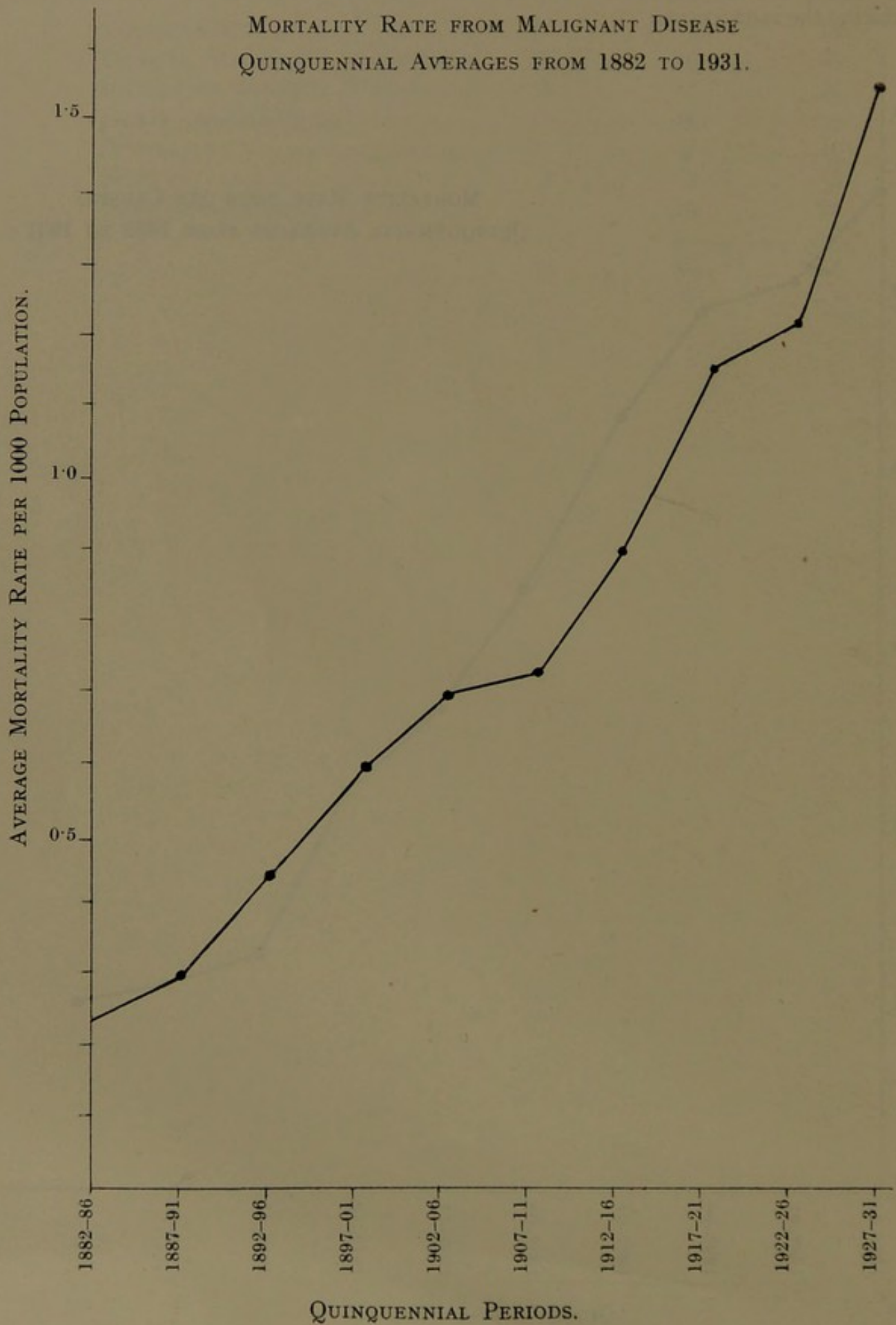
The sites affected with cancer are given below.

Site.	Males.		Females.		Total.
Buccal Cavity	10	...	2	...	12
Pharynx, Oesophagus, Stomach etc.	33	...	25	...	58
Peritoneum, Intestine, Rectum ...	11	...	14	...	25
Female Genital Organs	—	...	15	...	15
Breast.....	—	...	16	...	16
Skin	3	...	2	...	5
Other or unspecified.....	9	...	15	...	24
	—		—		—
	66	...	89	...	155
	—		—		—

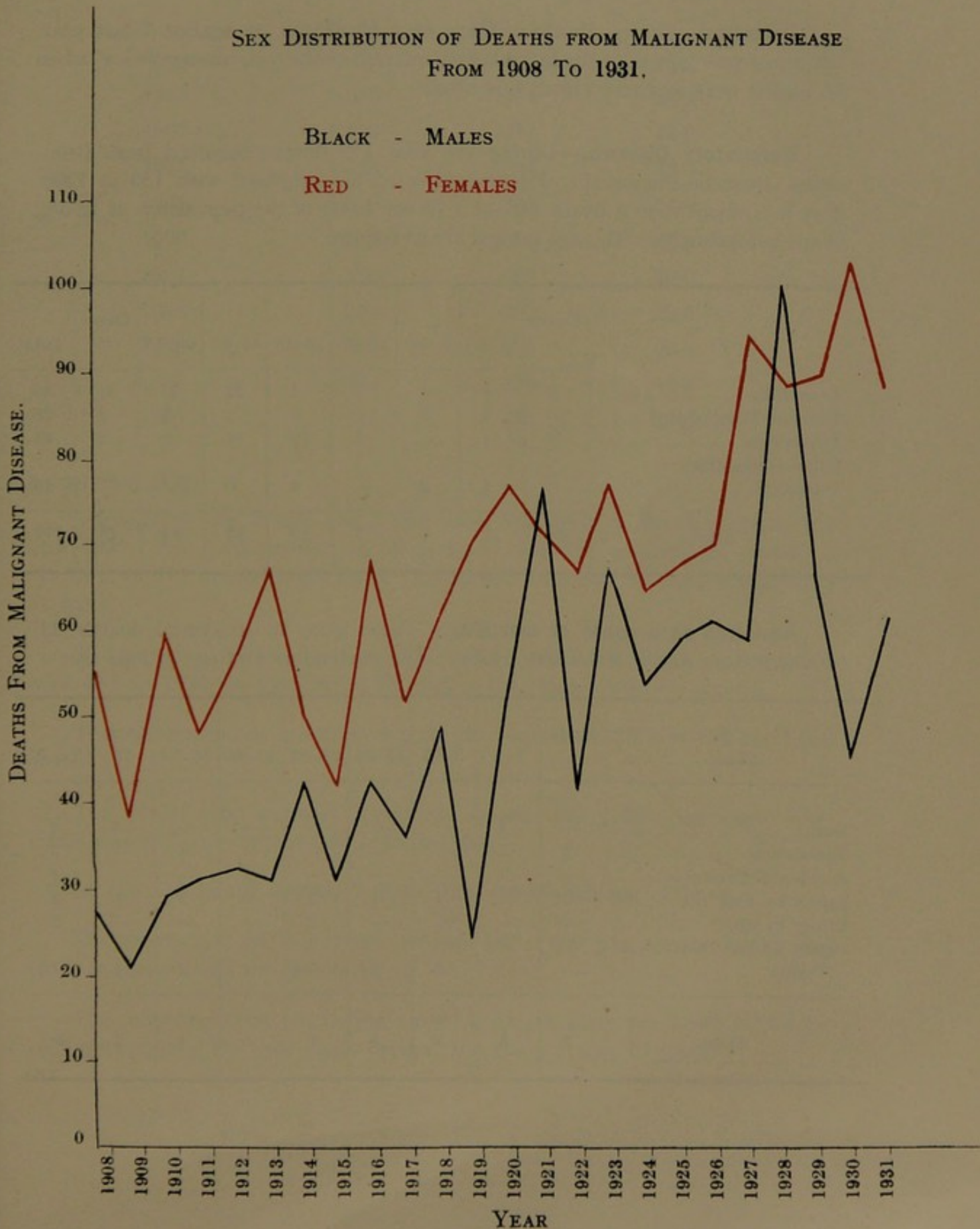
The following graphs illustrate the decline in the general death rate during the last 50 years and the increase in the death rate from malignant disease during the same period.



MORTALITY RATE FROM MALIGNANT DISEASE
QUINQUENNIAL AVERAGES FROM 1882 TO 1931.



The following graph shows the deaths from malignant disease, separately for each sex, during the last 24 years, and illustrates the preponderance of deaths of females over males.



Tuberculosis.—The deaths attributed to tuberculosis in 1931 numbered 91 (Respiratory system 75, other forms 16) or 6·5% of the total deaths. Reference to the mortality from tuberculosis is made in the section of this report headed "Tuberculosis."

Influenza.—During the year there were 59 deaths, as against 7 last year, Influenza was prevalent during the first quarter of the year under review, when 36 deaths were registered from this cause.

Respiratory Diseases.—During the year 177 deaths occurred from Bronchitis, Broncho-Pneumonia, Pneumonia, etc., as compared with 136 in 1930. This is equivalent to a death rate of 1·78 per 1,000 of the population or 12·5% of the total deaths. The age groups are as follows:—

	Under 1	1-5	5-15	15-25	25-45	45-65	65-75	Over 75	Total
Bronchitis	7	1	2	3	1	22	35	22	93
Broncho-Pneumonia	10	8	2	—	3	1	3	1	28
Pneumonia	3	1	—	4	10	14	6	3	41
Other Respiratory Diseases	—	1	2	—	4	6	2	—	15
Total	20	11	6	7	18	43	46	26	177

Accidents as a cause of mortality.—There were 28 accidental deaths, 11 of which were due to vehicular traffic. The particulars and age groups are:—

Cause	Under 1	1-5	5-15	15-25	25-45	45-65	65-75	Over 75	Total
Burns	—	2	—	—	—	—	—	—	2
Suffocation	2	1	—	—	—	—	—	—	3
Accidental Drowning	—	—	—	—	—	1	—	—	1
Injury by Fall	—	—	1	1	1	3	2	1	9
Injury in Mine	—	—	—	—	2	—	—	—	2
Injury by Vehicular Traffic	—	—	2	2	3	1	2	1	11
Total	2	3	3	3	6	5	4	2	28

Deaths in Institutions.

In 1931, 413 or 29·3% of the deaths of Burnley people occurred in Public Institutions in the Borough.

The comparative figures for the last 10 years are given below.

Year.	Total Deaths.	Deaths in Institutions.	%
1922	1,619	394	24·3
1923	1,403	317	22·6
1924	1,528	383	25·0
1925	1,510	362	24·0
1926	1,312	366	27·9
1927	1,529	469	30·6
1928	1,345	390	29·0
1929	1,507	436	29·0
1930	1,274	399	31·2
1931	1,411	413	29·3

Infant Mortality.

There were 120 deaths under one year registered in Burnley during the year 1931. After adjustment for inward and outward transferable deaths, a net total of 111 deaths is obtained, or 10 more than the net deaths registered in 1930.

The infant mortality rate for 1931 is 85·9 per 1,000 births, as compared with 75·5 in 1930, an increase of 10, and is the third lowest on record.

The average infant mortality for the 10 years 1921–1930 is 102 per 1,000 births.

The death rate amongst legitimate infants per 1,000, legitimate live-births was 82·7, as compared with 75 in 1930.

Of the 111 infant deaths, 9 were those of illegitimate children.

The death rate of illegitimate infants per 1,000 illegitimate births was 155·2 as against 83·3 the previous year.

The following table shows the Infantile Death Rate per 1,000 births for both sexes during the year under review, and the previous 10 years:—

	Births		Infantile Deaths		Infantile Death Rate per 1,000 Births		
	Males	Females	Males	Females	Males	Females	Both Sexes
1921	1,239	1,107	171	108	138·1	97·6	118
1922	997	959	129	94	129·4	98·0	114
1923	895	929	101	86	112·8	92·6	103
1924	867	834	132	83	152·2	99·5	126
1925	818	821	100	78	122·2	95·0	109
1926	845	755	81	57	95·8	75·5	86
1927	792	715	98	68	123·7	95·1	110
1928	757	744	63	56	83·2	75·3	79·3
1929	722	681	85	62	117·7	91·0	104·8
1930	687	651	59	42	85·9	64·5	75·5
1931	650	642	69	42	106·2	65·4	85·9

The mortality amongst infants during 1931 in England and Wales and in the 107 great towns was 66 and 71 per 1,000 births respectively.

A table showing the Infant Mortality rates in the Lancashire towns during 1931 follows.

Table Showing Infantile Mortality in the Lancashire Towns during 1931 as shown by the Returns of the Registrar-General.

Name of Town.								Deaths of Infants under 1 year per 1,000 Births.
Hindley	...	...	...	...	...	...	...	116
Colne	...	...	...	...	...	...	...	110
Oldham	...	...	...	...	...	...	...	106
Wigan	...	...	...	...	...	...	...	103
Ince-in-Makerfield	...	...	...	...	...	...	...	102
Middleton	...	...	...	...	...	...	...	100
Warrington	...	...	...	...	...	...	...	100
Leigh	...	...	...	...	...	...	...	98
Salford	...	...	...	...	...	...	...	97
Bootle	...	...	...	...	...	...	...	95
Liverpool	...	...	...	...	...	...	...	94
Preston	...	...	...	...	...	...	...	89
Ashton-in Makerfield	...	...	...	...	...	...	...	88
St. Helens	...	...	...	...	...	...	...	88
Eccles	...	...	...	...	...	...	...	86
BURNLEY	...	...	...	...	...	...	...	86
Farnworth	...	...	...	...	...	...	...	85
Manchester	...	...	...	...	...	...	...	85
Widnes	...	...	...	...	...	...	...	83
Atherton	...	...	...	...	...	...	...	82
Darwen	...	...	...	...	...	...	...	82
Radcliffe	...	...	...	...	...	...	...	81
Bolton	...	...	...	...	...	...	...	80
Chorley	...	...	...	...	...	...	...	79
Chadderton	...	...	...	...	...	...	...	78
Bacup	...	...	...	...	...	...	...	76
Blackpool	...	...	...	...	...	...	...	74
Bury	...	...	...	...	...	...	...	73
Ashton-under-Lyne	...	...	...	...	...	...	...	69
Barrow-in-Furness	...	...	...	...	...	...	...	69
Heywood	...	...	...	...	...	...	...	69
Padiham	...	...	...	...	...	...	...	69
Southport	...	...	...	...	...	...	...	68
Swinton and Pendlebury	...	...	...	...	...	...	...	67
Rochdale	...	...	...	...	...	...	...	66
Blackburn	...	...	...	...	...	...	...	60
Lancaster	...	...	...	...	...	...	...	60
Accrington	...	...	...	...	...	...	...	56
Stretford	...	...	...	...	...	...	...	54
Lytham-St. Annes	...	...	...	...	...	...	...	53
Morecambe and Heysham	...	...	...	...	...	...	...	51
Waterloo-with-Seaforth	...	...	...	...	...	...	...	50
Rawtenstall	...	...	...	...	...	...	...	49
Nelson	...	...	...	...	...	...	...	44

Causes of Death of Infants.

The table on page 29 gives the stated causes of death of infants at various ages under 1 year.

It will be seen that the deaths of children under 4 weeks of age in 1931, amounted to 51, giving a mortality rate of 39·4 per 1,000 births. The comparative figures for the previous years are

Year.				Neo-Natal Mortality Rate per 1,000 births.
1925	...	...	...	37·2
1926	...	...	...	36·9
1927	...	...	...	48·9
1928	...	...	...	42·6
1929	...	...	...	43·5
1930	...	...	...	35·1

Congenital malformations, debility and premature birth caused 52 deaths or 47% of the total, and respiratory diseases (bronchitis, pneumonia, etc.) were responsible for 20 deaths or 18%. There were 7 deaths from whooping cough and 5 from diarrhœa and enteritis.

INFANT MORTALITY DURING THE YEAR 1931.

NETT DEATHS FROM STATED CAUSES AT VARIOUS AGES UNDER ONE YEAR OF AGE.

Causes of Death.	Total under 1 Year										Total under 4 Weeks										Total under 1 Week									
	Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	4 Weeks	1-3 Months	3-6 Months	6-9 Months	9-12 Months	St. Andrew's	Daneshouse	Stoneyholme	St. Peter's	St. Paul's	Fulledge	Burnley Wood	Healey Wood	Trinity	Whitfield	Cannow	Lowerhouse	*Prim. Bank	*Bank Hall Hospital	*Victoria Hospital	*Sanatorium					
All Causes	42	3	3	3	51	19	16	17	8	111	6	8	11	11	8	10	7	9	4	18	10	18	20	3	2					
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chickenpox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	2	3	2	...	...	...	1	3	2	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mumps	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis (not tuberculous)	...	...	...	...	...	1	...	2	...	3	1	...	...	1	...	...	1	...	...	...	...	...	2	...	...			
Convulsions	...	...	...	...	...	1	...	1	1	3	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	2	3	1	1	7	...	...	2	...	...	...	1	1	1	1	1	...	1	...	...			
Pneumonia (all forms)	...	...	...	...	...	2	5	6	...	13	1	2	3	1	...	2	...	...	1	2	1	3	1	...	...			
Diarrhoea and Enteritis	...	...	...	...	...	3	2	...	...	5	1	...	1	...	...	1	...	1	...	...	...	2	...	...	...		
Gastritis	...	...	...	...	...	1	...	...	1	2	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...
Syphilis	...	1	1	...	3	...	...	...	...	3	1	...	...	...	...	1	...	...	...	...	1	2	...	...	1
Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suffocation	2	...	...	...	2	...	...	...	...	2	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...
Other Diseases of Infancy	4	1	...	...	5	1	...	...	...	6	...	...	...	...	3	1	...	...	...	...	...	...	2	...	...			
Congenital Malformations	3	...	2	1	6	3	...	1	...	10	1	3	...	...	2	...	...	...	1	3	1	1	1	...	...			
Premature Birth	29	1	...	1	31	2	...	...	...	33	3	3	...	4	2	3	...	4	1	8	4	3	11	...	...			
Congenital Debility, etc.	3	...	...	1	4	3	1	...	1	9	1	...	2	...	...	1	2	1	...	1	1	3	2	...	...			
Other Causes	...	...	...	...	...	...	2	2	2	6	...	...	1	1	...	...	...	1	...	1	...	2	...	...	...		
Totals	42	3	3	3	51	19	16	17	8	111	6	8	11	11	8	10	7	9	4	18	10	18	20	3	2					

Nett Live Births Registered during the year—Legitimate, 1,234 ; Illegitimate, 58 ; 1,292.

Nett Deaths Registered during the year—Legitimate Infants, 102 ; Illegitimate Infants, 9 ; 111.

Section 2.

General Provision of Health Services in the Area.

HOSPITALS PROVIDED BY LOCAL AUTHORITIES.

COUNTY BOROUGH OF BURNLEY.

Bank Hall Hospital :—

This is situate in the Borough and comprises wards for maternity and ante-natal cases and one ward for sick or ailing children, together with a Clinic for expectant mothers and children. There are 17 maternity beds, 2 " isolation " beds, 4 ante-natal beds and 24 beds for ailing children. The Hospital is used by persons residing outside the Borough to the extent of approximately 7% of the total admissions. The Hospital is administered by the Public Health Sub-Committee of the Public Assistance Committee.

STAFF :

MEDICAL:—(1) The Assistant Maternity and Child Welfare Officer, who is the Resident Medical Officer to the Institution, (2) one part-time consulting Obstetric Surgeon, and (3) one part-time Anæsthetist.

NURSING:—1 Matron (general trained and C.M.B. Certificate).

Maternity Wards—2 sisters (general trained and C.M.B. Certificate).

2 staff nurses (general trained and C.M.B. Certificate).

12 Pupil Midwives.

Children's Wards—1 sister (general trained and C.M.B. Certificate).

6 probationers.

During the year 1931, 371 Maternity and Ante-Natal cases and 97 children were received into the hospital.

Primrose Bank Municipal Hospital.

The Primrose Bank Hospital is situate in the Borough. In addition to residents of Burnley, there are admitted cases from No. 6 area of the Lancashire County Public Assistance Committee. The percentage of cases admitted from the County area is approximately 33.

The Hospital is administered at present, as part of the Public Assistance Institution, by the Institution Sub-Committee of the Public Assistance Committee of Burnley Town Council.

The following return, required by the Ministry of Health, gives particulars of the staff and accommodation provided for the sick in the Hospital proper, in the mental blocks and infirm wards of the "house" and statistics of patients under treatment.

INSTITUTIONAL TREATMENT OF THE SICK.

Name and situation of Institution:—Primrose Bank.

The area and population served by the Institution:—Burnley C.B. (98,259) and the No. 6 Area of the Lancashire County Public Assistance Committee (106,794).

The Institution is an Institution maintained under the Poor Law Act.

NOTE:—The Ministry have given permission for the Infirmary part to be maintained as a general hospital under the Public Health Acts.

Staffing:—

Resident Medical Officer, W. A. Mair, M.B., Ch.B.,

Number of other resident medical staff, Nil.

Number of visiting staff, 4.

Specialised services supplied, Consultant Surgeon.
 Consultant Physician.
 Consultant Radiologist.
 Consultant Dental Surgeon.

Number of—(a) Trained Nurses, 10 in Infirmary and 2 for Chronic Sick in "Infirm" Wards.

(b) Probationer Nurses, 45.

(c) Assistant Nurses, 9 for Chronic Sick in "Infirm" Wards.

(d) Male Attendants, 2 in Infirmary.

(e) Male Mental Attendants, 1 trained, 7 untrained = 8.

(f) Female Mental Attendants, 7 untrained.

Total number of beds provided in the Institution for sick, maternity and mental cases at 31st December, 1931.—

- (a) 179 for men and
 28 for Chronic Sick shown overleaf.
- (b) 206 for women and
 31 for Chronic Sick shown overleaf.
- (c) 50 for children under 16 years of age.
 (excluding cots in maternity wards).

Total 496

Table showing the classification of the accommodation for sick, maternity and mental cases and the number of beds occupied on the 31st December, 1931.

Classification of Wards	Number of Wards	BEDS							
		MEN		WOMEN		CHILDREN (under 16 years of age)		Total	
		Pro-vided	Occu-pied	Pro-vided	Occu-pied	Pro-vided	Occu-pied	Pro-vided	Occu-pied
Medical	2	54	34	55	51	—	—	109	85
Surgical	2	44	33	55	45	—	—	99	78
Chronic Sick—									
Cottage 4									
Female Infirm	2	28	25	31	31	—	—	59	56
Sick Ward ...									
Children	1	—	—	—	—	52	20	52	20
Venereal	2	7	—	8	—	—	—	15	—
Tuberculosis	—	—	—	—	—	—	—	—	—
Isolation	—	—	—	—	—	—	—	—	—
Maternity	1	—	—	14	3	—	—	14	3
				10 cots				10 cots	
Mental	—	—	—	—	—	—	—	—	—
(a) Lunacy Act, 1890									
(i) Short stay	2	74	3	74	2	—	—	148	5
(ii) Long stay			57		55				112
(b) Mental Treatment Act, 1930									
(i) Voluntary	—	—	—	—	—	—	—	—	—
(ii) Temporary	—	—	—	—	—	—	—	—	—
Mental Defectives ...	—	—	—	—	—	—	8*	—	8*
Other	—	—	—	—	—	—	—	—	—
Total	12	207	152	237	187	52	28	496	367
				10 cots				10 cots	

* Accommodated in Children's Ward.

Statistics relating to the year ended 31st December, 1931.

(A) IN-PATIENTS.

1. Total number of admissions (including infants born in hospital), 1909.
2. Number of women confined in hospital, 95.
3. Number of live births, 93. (2 sets of twins).
4. Number of still births, 4.
5. Number of deaths among the newly-born (i.e. under four weeks of age) 4*.
6. Total number of deaths among children under one year (including those given under 5) 26.
7. Number of Maternal deaths among women confined in hospital, Nil.
8. Total number of deaths, 322. (including 26 under column 6).
9. Total number of discharges (including infants born in hospital), 1616.
10. Duration of stay of patients included in 8 and 9 above. Number of cases whose total stay was for the following periods:—
 - (a) Four weeks or less, 1459.
 - (b) Exceeding four weeks but under thirteen weeks, 339.
 - (c) Exceeding thirteen weeks, 140.
11. Number of beds occupied:—
 - (a) average during the year, 209.
 - (b) highest, 251, on 16/1/31.
 - (c) lowest, 167, on 19/7/31.
12. Number of surgical operations under general anæsthetic (excluding dental operations) 179.

Number of abdominal sections, 33. (included in above).

* This figure relates only to children born in hospital.

(B) OUT-PATIENTS.

The nature and scope of the out-patient provision (if any) for continuation of treatment, emergency treatment, consultations or otherwise.

There is no recognised out-patient department ; patients after discharge may return for massage, electrical treatment and X-ray treatment.

(C) CLASSIFICATION OF IN-PATIENTS WHO WERE DISCHARGED FROM OR WHO DIED IN THE INSTITUTION DURING THE YEAR ENDED 31ST DECEMBER, 1931.

DISEASE GROUPS	Children (under 16 years of age)		Men and Women		Total
	Dis- charged	Died	Dis- charged	Died	
Acute infectious disease	18	5	17	13	53
Influenza	1	—	53	—	54
Tuberculosis—					
Pulmonary	5	1	34	13	53
Non-Pulmonary	4	1	6	3	14
Malignant Disease	—	—	28	37	65
Rheumatism—					
(1) Acute rheumatism (rheumatic fever) together with sub-acute rheumatism and chorea.	5	—	6	—	11
(2) Non-articular manifestations of so-called "rheum- atism" (muscular rheumatism, fibrositis, lumb- ago and sciatica)	—	—	33	1	34
(3) Chronic arthritis	—	—	10	4	14
Venereal Disease	2	3	18	2	25
Puerperal Pyrexia	—	—	—	—	—
Puerperal Fever—					
(a) Women confined in the hospital	—	—	1	—	1
(b) Admitted from outside	—	—	3	2	5
Other diseases and accidents connected with pregnancy and childbirth	—	—	53	2	55
Mental Diseases—					
(a) Senile Dementia	—	—	33	—	33
(b) Other	4	—	7	—	11
Senile Decay	—	—	2	—	2
Accidental Injury and Violence	7	—	114	18	139
IN RESPECT OF CASES NOT INCLUDED ABOVE:					
Disease of the Nervous System and Sense Organs ...	17	7	81	8	113
Disease of the Respiratory System	21	1	119	19	160
Disease of the Circulatory System	3	—	164	134	301
Disease of the Digestive System	31	11	171	11	224
Disease of the Genito-urinary System	—	3	64	11	78
Disease of the Skin	75	—	101	3	179
Other Diseases	42	—	30	5	77
Apparently Healthy	18	—	3	—	21
Mothers and Infants Discharged from Maternity Wards and not included in above figures — Mothers	—	—	120	—	120
Infants	92	4	—	—	96
Totals	345	36	1271	286	1938

PRIMROSE BANK X-RAY DEPARTMENT.

YEAR ENDING DECEMBER 31ST, 1931.

Number of patients radiographed	...	...	...	313
Number of patients screened	...	...	...	78

Classification.

Alimentary Tract	...	25	Clavicle	...	...	...	2
Urinary Tract	...	...	10	Jaw	...	...	9
Oesophagus	...	...	4	Teeth	...	...	3
Chest	...	...	67	Shoulder	...	...	16
Toes	...	...	2	Humerus	...	...	3
Feet	...	...	14	Elbow	...	...	7
Ankle	...	...	23	Forearm	...	...	3
Leg	...	...	13	Wrist	...	...	19
Knee	...	...	21	Fingers	...	...	3
Femur	...	...	26	Thumb	...	...	2
Hip	...	...	24	Hand	...	...	6
Pelvis	24	Ribs	8
Spine	18	Skull	10

X-Ray Therapy.

Number of patients	...	8	X-Radiations	144
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TREATMENT DEPARTMENT.**Light.**

Number of patients, 107.

Treatments, Carbon Arc Lamp	5125
Mercury Vapour Lamp	...	...	294
Infra Red Lamp	401
Total			5820

Massage.

Number of patients	...	51	Treatments given	...	1426
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Exercises.

Number of patients	...	44	Treatments given	...	1197
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Electrical Treatments.

Number of patients	...	73	Treatments given	...	2346
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Out-patients.

X-Ray Therapy	6	Massage	13
Light	34	Electricity	21

Grand Totals.

Number of patients (in) 283. (out) 94 = 377.

Total treatments given, 10,989.

Appropriation of the Municipal Hospital.

In October, 1931, formal instrument approving of the appropriation under Section 95 of the Public Health Acts Amendment Act, 1907, of the Primrose Bank Infirmary as a Hospital was received from the Ministry of Health.

Physical separation of the hospital from the institution proper is being effected by the erection of a dividing fence, new entrance and carriage drive and new porter's lodge. This work is in hand at present. Details of the method of administration of the hospital have not yet been decided.

The accommodation for patients in the appropriated hospital is as follows:—

MAIN HOSPITAL BLOCK.

				Beds.
1. MALE SURGICAL UNIT ...	Large Ward ...	...	...	35
	Semi-Circular Ward ...	...	...	9
2. FEMALE SURGICAL UNIT	Large Ward ...	...	...	35
	Semi-Circular Ward ...	...	...	9
	Small Ward ...	...	...	10
	Small Ward ...	...	...	1
3. MALE MEDICAL UNIT ...	Large Ward ...	...	...	35
	Semi-Circular Ward ...	...	...	9
	Small Ward ...	...	...	6
	Small Ward ...	...	...	4
4. FEMALE MEDICAL UNIT	Large Ward ...	...	...	35
	Semi-Circular Ward ...	...	...	9
	Small Ward ...	...	...	6
	Small Ward ...	...	...	4
	Small Ward ...	...	...	1
5. MATERNITY UNIT ...	Large Ward ...	...	...	10
	Small Ward ...	...	...	4
	Labour Room.			
CHILDREN'S WARDS ...	2 Temporary Buildings			
	containing ...	...	...	52
LOCK WARD (V.D. BLOCK)	Male Ward ...	...	...	7
	Female Ward ...	...	...	8

There is an X-Ray department and Electro-therapeutic department on the ground floor of the main block in side-rooms of the male surgical unit. The operating theatre, sterilising room and dispensary are on the main ground floor corridor. There is no anæsthetising room. The pathological work of the hospital is carried out at the Public Health Laboratory.

There is a modern and adequate nurses home. The hospital kitchen is modern and adequate for the needs of the hospital.

Local Government Act, 1929, Section 13.

During the year under review a joint consultative Committee representing the Town Council and the Board of Management of Victoria Hospital (Voluntary hospital) met on several occasions with the object of arranging for co-ordination between the Primrose Bank Municipal Hospital and Victoria Hospital. It was found that there was a considerable number of patients on the waiting list of Victoria Hospital who required surgical treatment, and gynæcological cases were particularly numerous, and that there was accommodation available at Primrose Bank Hospital.

The following arrangements were arrived at. (1) Ten beds in the Primrose Bank Municipal Hospital to be made available for gynæcological cases from the Victoria Hospital's waiting list. (2) Subject to Public Assistance cases being first accommodated, beds for ten surgical cases in the male surgical ward and for ten surgical cases in the female surgical ward to be made available for cases from the Victoria Hospital waiting list. (3) The two surgeons (Drs. Callam and Watson) whose waiting lists at Victoria Hospital are longest to be appointed as Consulting Surgeons at the Municipal Hospital for a limited period without remuneration and to be in clinical charge of their respective patients during the whole of the time the patients are under treatment in the Municipal Hospital. (4) The general supervision and control of the working of this arrangement to rest with the Medical Officer of Health. (5) Persons entitled to free treatment at the Victoria Hospital by virtue of contributions made to the Workpeople's Hospital Fund not to be charged direct for their maintenance and treatment in the Municipal Hospital, but the Victoria Hospital to make a payment of 32/6 per week for each adult and 17/6 per week for each child, up to and including 13 years of age, treated at the Municipal Hospital. Persons not entitled to free treatment at the Victoria Hospital to be required to contribute for their maintenance and treatment in the Municipal Hospital on a "means" basis. (6) The Corporation to be entitled from time to time to send from the Municipal Hospital to the Victoria Hospital patients requiring in-patient treatment which can more effectively be given at the latter Institution, and to pay to the Board of Management in respect thereof at the rate per week of 32/6 per adult patient and 17/6 per child. (7) The Corporation to be entitled to send patients for out-patient treatment at the Victoria Hospital and pay in respect thereof 2/6 per patient per day plus any extra cost incurred with the approval of the Medical Officer of Health in connection with the supply of special splints or necessary appliances.

The above Scheme came into operation on the 2nd May, 1932, for an experimental period of twelve months.

In view of the increased amount of surgical work which would be carried out in future in the Municipal Hospital, the Town Council appointed (in 1932) three part-time Anæsthetists, each at a salary of £50 per annum.

Venereal Diseases.

No hospital is provided by the Local Authority for the treatment of persons suffering from venereal disease. There is an arrangement between the Local Authority and the Board of Management of Victoria Hospital whereby persons attending the Venereal Diseases Clinic, who require in-patient treatment, are admitted to Victoria Hospital. Up to the end of 1931, Public Assistance cases suffering from venereal disease were placed in temporary isolation in the Lock Ward of the Primrose Bank Hospital, pending transference to Crumpsall Infirmary, Manchester, for treatment. The arrangement with the Manchester Public Assistance Committee for the treatment of these cases in Crumpsall Infirmary terminated in December, 1931, and it became necessary to make suitable provision locally. Alterations to the Lock Ward, at an estimated cost of £260, which will make it suitable for in-patient treatment of venereal cases, are being carried out at present.

Tuberculosis.

The Local Authority does not possess a Sanatorium or Hospital for the treatment of tuberculous persons. 10 beds are reserved at the Burnley Joint Hospital Board's Sanatorium (Infectious Diseases Hospital for the treatment of advanced tuberculosis in females. In addition an average of 48 beds are utilised in various Sanatoria and Hospitals for the treatment of pulmonary and non-pulmonary cases.

Delicate Children.

The Burnley Joint Hospital Board's Smallpox Hospital at Crown Point is utilised for the open-air treatment of delicate and "pre-tuberculous" children during the summer months, provided the accommodation is not required for cases of smallpox.

Orthopædies.

By arrangement with the Lancashire County Council, children suffering from crippling defects coming under the Orthopædic Schemes of the Maternity and Child Welfare and Education Departments are treated at Biddulph Orthopædic Hospital.

Ear, Nose and Throat.

By arrangement with the Victoria Hospital Authorities (voluntary institution), school children suffering from enlarged tonsils and/or adenoids are operated upon at the Victoria Hospital, and admitted for in-patient treatment if necessary.

Ophthalmia Neonatorum, Puerperal Fever and Puerperal Pyrexia.

No beds are specifically set apart for the treatment of children suffering from ophthalmia neonatorum and women suffering from puerperal fever or puerperal pyrexia. Cases are admitted for in-patient treatment to the Burnley Joint Hospital Board's "Sanatorium," (Infectious Diseases Hospital), Marsden Road, as and when required.

Mental Hospitals.

The Lancashire Mental Hospitals Board is the Authority responsible for the provision of institutional accommodation for patients suffering from mental diseases. Burnley is one of the constituent Authorities of the Board and has two representatives.

The Mental Hospitals of the Board are five in number.

The persons chargeable to the County Borough of Burnley, who were in Lancashire County Mental Hospitals on the 2nd January, 1932, are as follows:—

County Mental Hospitals.				Men.		Women.	Children.		Total
Whittingham	...	...	...	52	...	95	...	—	147
Lancaster	...	...	...	27	...	39	...	*	66
Winwick	...	...	...	11	...	2	...	—	13
Prestwich	...	...	...	1	...	7	...	—	8
Rainhill	...	...	...	—	...	1	...	—	1
Total				91	...	144	...	—	235

There are two mental blocks, one for men and one for women, with accommodation for 74 of each sex, in the Primrose Bank (Public Assistance) Institution, Burnley. On the 2nd January, 1932, there were in these mental blocks, 33 men and 26 women chargeable to the County Borough of Burnley.

Mental Deficiency.

The Mental Deficiency Acts are administered by the Lancashire Mental Hospitals Board. Mental Defectives from Burnley are sent to the Board's Institutions at Calderstones and Brockhall. The Central Lancashire Association

for Mental Welfare is the voluntary committee for the care of Mental Defectives, and their activities include the general supervision of mental defectives of all grades in the Borough. An occupation centre is also held in Salem School. Generally about twelve low grade mentally defective children (Idiots and Imbeciles) are in the children's wards of the Burnley Municipal Hospital. These wards are not suitable for the treatment of mental defectives, but owing to lack of accommodation in the Mental Hospital Board's Institutions it has not been possible to have them transferred.

The offices of the Association are at 41, Alma Street, Blackburn, and the organising secretary is Miss E. M. Dash.

On the 2nd January, 1932, the following persons chargeable to the County Borough of Burnley, were in Certified Schools and other Institutions:—

Men.	Women	Children under 16	Total
6	12	19	37

BURNLEY JOINT HOSPITAL BOARD.

(1) **Marsden Road Sanatorium (Infectious Diseases Hospital).**

Hospital accommodation for the treatment of cases of infectious disease is provided by the Burnley Joint Hospital Board, of which Burnley is one of the four constituent authorities. The "Sanatorium" is situate within the Borough, and can accommodate 106 patients. Allowing 144 square feet of floor space per bed, the accommodation is limited to 82 beds. When accommodation is available 30 of the beds are used for the treatment of advanced cases of tuberculosis in females, 10 being allocated to Burnley cases and 20 to Lancashire County Council cases. During the year there were 397 admissions, including 61 cases of tuberculosis.

(2) **Crown Point Smallpox Hospital.**

This Hospital is situate outside the Borough. It is maintained by the Burnley Joint Hospital Board for the treatment of cases of smallpox, and has accommodation for 28 cases on the basis of 144 square feet per bed. When used for the open-air treatment of delicate children, 30 beds are used in two wards, the third ward being used as a class-room and the fourth as a dining-room,

Staff.

MEDICAL:—(1) A medical superintendent, who is the Medical Officer of Health for the County Borough of Burnley. (2) A resident medical Officer, who is Deputy Medical Officer of Health for Burnley. (3) A part-time Ear, Nose and Throat specialist, and (4) the services of a consulting surgeon are requisitioned as required.

NURSING:—A matron, 3 sisters, 3 staff nurses, 12 assistant nurses, and probationers.

VOLUNTARY HOSPITALS.**Victoria Hospital, Salus Street, Burnley.**

This is a General Hospital and a voluntary institution. The bed accommodation is as follows:—

	Males	Females	Total
Surgical	33	33	66
Medical	13	14	27
Eye, Ear, Nose and Throat	10	...	10
Children	22	...	22
	Total	...	125

The Hospital serves Burnley and District, the proportion of admissions from outside the Borough for the year ended 30th November, 1931, being—In-patients, 26%. Out-patients, 17%.

The Hospital is equipped with a complete operating theatre unit of very modern construction, capable of dealing with all types of surgery and surgical specialities such as gynæcology, urology, protology and orthopædics, and possesses ophthalmic and aural departments. An electro-cardiograph apparatus is installed in the medical block to assist in the diagnosis and treatment of patients suffering from cardiac diseases.

A modern radium clinic was established in October, 1929, to deal with all forms of treatment of cancer by radium, both for out-patients and in-patients so far as the bed accommodation will allow. This clinic is already possessed of 120 needles of radium (of various sizes) of a total weight of 330 mgms., and purchased at a cost of over £4,000. Photographic and microphotographic apparatus are also in use in the clinic.

A new out-patient department was erected during 1930. This building is designed on modern lines and well equipped. It has two floors, allowing of extension to a third floor when practicable. There is a large waiting hall, two consulting rooms (each having two examination rooms) and an ophthalmic and aural department, and a dispensary capable of dealing with in-patient and out-patient dispensing.

The casualty department is on the ground floor of the new building, and consists of a surgical dressing room, operating theatre, anæsthetic room, sterilizer room and recovery room.

A lift connects with the first floor on which is accommodated the Massage and Electro-Therapeutic Departments, consisting of massage and ultra-violet light rooms and a medical gymnastics room.

A new X-Ray department was opened during 1931. It contains a modern X-Ray outfit, a portable outfit for use in the wards, deep therapy apparatus, etc., and has a separate waiting room.

The Bio-Chemical laboratory is situated on the first floor of the new building and is in charge of a fully-qualified and experienced bio-chemist.

THE CORPORATION'S PUBLIC HEALTH LABORATORY AND VENEREAL DISEASES CLINIC are housed in an annexe in the grounds of the Hospital, and the Corporation's Pathologist acts as Honorary Pathologist to the Victoria Hospital.

STAFF OF THE VICTORIA HOSPITAL.

MEDICAL:—	Honorary	Physicians	...	...	...	...	2
	"	Surgeons	...	...	...	...	4
	"	Radiologist	...	...	...	...	1
	"	Ophthalmic and Aural Surgeon	...	...	...	...	1
	"	Pathologist	...	...	...	...	1
	"	Anæsthetists	...	...	...	...	5
	"	Dental Surgeon	...	...	...	...	1
	"	Assistant Surgeon	...	...	...	...	1
	"	Clinical Assistants	...	...	...	...	2
	Resident	House Physician	...	...	...	...	1
	"	House Surgeons	...	...	...	...	2
	Registrar	and Radium Officer	...	...	...	...	1
	Physicist	...	...	...	...	...	1

NURSING:—One matron, one assistant matron, one home and tutor sister, one night sister, seven ward sisters, five staff nurses, and thirty-one probationer nurses.

The numbers of patients dealt with at this Hospital during the year ended 30th November, 1931, were:—

	In-Patients		Out-Patients	
	Contributors to Local Scheme	Non-Contributors	Contributors	Non-Contributors
Burnley Cases	890	446	2745	4889
Cases from Adjoining Areas	296	182	1035	547

IN-PATIENTS.

	1931.	1930.
1. Number of beds available for use	125 ...	115
2. Daily average number of in-patients ...	115 ...	106
3. Number of patients in hospital at beginning of year	108 ...	114
4. Number of patients admitted during year	1814 ...	1730
5. Number of patients remaining at end of year	123 ...	108
6. Average duration of stay per patient (days)	20·9 ...	21·1

OUT-PATIENTS.

	New Patients.	
	1931	1930
1. Medical and Dermatological	355 ...	149
2. General Surgical	2857 ...	1666
3. Ophthalmic and Aural	1944 ...	1705
4. X-Ray Department (Treatments)	— ...	34
5. Ultra-Violet Light	100 ...	83
6. Massage and Electrical	624 ...	742
7. Radium Department	156 ...	150
Total ...	6036 ...	4529

CASUALTY DEPARTMENT.

1. Number of Casualties	805 ...	755
2. Number of Casualties attendances ...	1965 ...	1954
3. Number of Motor Accidents (included in above)	116 ...	139
4. Number of Motor Accidents admitted to wards	52 ...	60
5. Number of days such Cases were in Hospital	1021 ...	1633

TOTAL OUT-PATIENTS AND CASUALTIES.

1.	Number of Out-patients	...	...	...	9216
2.	Number of attendances	...	...	...	42286
	(a) Number of Casualty patients included in No. 1 above	—805.			
	(b) Number of Casualty attendances included in No. 2 above	—1965.			

OPERATIONS PERFORMED.

1.	In-patients	...	...	...	...	1524
2.	Out-patients	...	...	...	...	950
3.	Casualties	...	...	...	...	94
						—
						2568
						—

Subsidies to Medical Institutions.—Contributions are made by the Local Authority to the following:—Victoria Hospital, Burnley; Burnley District Nursing Association and the Manchester and Salford Medical Charities.

Convalescent Home.—The Convalescent Home for Children at Lytham-St. Annes was built by the late Sir John Thursby for the children of Burnley and district. There is accommodation for twelve boys and twelve girls, and during the year 181 Burnley children were admitted on the recommendation of the School Medical Officers.

Professional Nursing in the Home.

A voluntary body, the Burnley District Nursing Association, undertakes the professional nursing of cases of general sickness in the home.

The Local Authority has an arrangement for payment per visit in connection with their Maternity and Child Welfare Scheme whereby the above Association sends a nurse when required to cases of whooping cough, measles and diarrhœa in young children, to cases of Puerperal Fever, Pyrexia, Ophthalmia Neonatorum and for Maternity nursing.

Midwives.

No practising Midwives are employed or subsidized by the local authority.

Apart from those in institutions, 20 Midwives notified their intention to practice in the Borough during 1931.

Maternity and Nursing Homes.

There are 2 Nursing Homes registered in the Borough.

						Nursing Home	Maternity Home
Number of applications for registration	...					1	—
Number of homes registered	...	...	...	...		1	—
Number of orders made refusing or cancelling registration	...	...	...	...	...	—	—
Number of appeals against such orders	...	...				—	—
Number of cases in which such orders have been							
(a) Confirmed on appeal	...	...	...			—	—
(b) Disallowed	...	...	...	...	...	—	—
Number of applications for exemption from registration	...	...	...	...	...	—	—
Number of cases in which exemption has been							
(a) Granted	...	...	...	...	...	—	—
(b) Withdrawn	...	...	...	...	...	—	—
(c) Refused	...	...	...	...	...	—	—

One of the Nursing Homes contains 7 beds and is for General and Maternity Nursing. The other, containing 3 beds, is for Eye, Ear, Nose and Throat diseases. Two General and Maternity Nursing Homes in areas adjoining Burnley have accommodation for 16 and 18 patients respectively and are used considerably by Burnley patients.

Institutional Treatment for unmarried mothers, illegitimate infants and homeless children.

There are no institutions specifically set apart for dealing with these cases. Such cases are usually dealt with at the Primrose Bank Poor Law Institution.

The Burnley and District House of Help for women and girls has accommodation for 10 cases. Unmarried mothers are received and transferred to other suitable Homes.

Ambulance Facilities.

The Joint Hospital Board possess a motor ambulance for the removal of infectious cases. The Police Department have two ambulances for non-infectious and accident cases. The Health Department possesses an ambulance which is used for the conveyance of cases of Smallpox and Tuberculosis.

Chemical Work.

The analytical work of the Public Health Department is carried out by the Borough Analyst, Mr. F. Maudsley, B.Sc., F.I.C.

CLINICS AND TREATMENT CENTRES.

The Local Authority provide the following Clinics at the places and times stated below:—

Place.	Day and Time of Opening.
(1) Maternity and Child Welfare.	
(a) INFANT WELFARE CENTRES.	
*Bank Hall Maternity and Children's Hospital	Monday and Friday, 2—4 p.m.
Ebenezer Sunday School, Colne Road ...	Tuesday, 2—4 p.m.
Rosegrove Sunday School, Gannow Lane	Tuesday, 2—4 p.m.
Lanebridge Sunday School, Parker Lane	Wednesday, 2—4 p.m.
Mount Olivet Sunday School, Plover Street	Monday, 2—4 p.m.
*Parker Street	Thursday, 2—4 p.m.
(b) ANTE-NATAL CLINICS.	
*Bank Hall Maternity and Children's Hospital	Monday 9-30 a.m., Thursday (by appointment) at 10 a.m.
Rosegrove Wesleyan Sunday School, Gannow Lane	Tuesday, 2—4 p.m. (alternate weeks).
*Parker Street	Friday, 2—4 p.m.
(2) Tuberculosis.	
*Tuberculosis Dispensary, Nicholas Street ...	Monday, Tuesday and Thursday, 9-30—12 noon. Wednesday, 6—7-30 p.m.
(3) Venereal Diseases.	
Victoria Hospital V.D. Clinic	Males:— Monday, 10—11 a.m. 5-30—6-30 p.m. Thursday, 5-30—6-30 p.m. Females:— Friday, 11—12 noon, 5-30—6-30 p.m.

Place.	Day and Time of Opening.
(4) Actino-Therapy.	
*Bank Hall Hospital	Wednesday and Friday, 9-30 a.m. (by appointment).
(5) Medical Inspection, School Children.	
*School Clinic, Elizabeth Street,	
Inspection Clinic	Tuesday, Thursday, 9-30 a.m.—12 noon. Monday and Wednesday, 2—4 p.m. Saturday, 9-30—10-30 a.m.
Minor Ailments Clinic	Daily, 9 a.m.—12 noon.
Ophthalmic Clinic	Friday, 9-30—12 noon. additional Clinics when necessary.
Orthopædic Clinic	Thursday, 2—4 p.m.
Dental Clinic	Monday, Wednesday, Friday and Saturday, 9-30 a.m.—5 p.m. and Tuesday and Thursday at 2—5 p.m.

*Owned by the Local Authority.

There have been no new Clinics or Treatment Centre established during the year.

Day Nurseries.—None provided.

The provision of services in connection with Maternal Mortality, Puerperal Fever and Pyrexia, Memo. 156/M.C.W., Health Visiting and Children Act, 1908, Part I, are described in the Maternity and Child Welfare Section of this report.

Poor Law Medical Out-Relief.

Two part-time District Medical Officers, who are also the Public Vaccinators, are employed. One is Medical Officer for 7 wards of the town, the other for the remaining 5 wards. No appreciable changes have been introduced since the administration of this service was transferred to the Local Authority.

LEGISLATION IN FORCE.

The following is a list of the General Adoptive Acts, Local Acts, Byelaws and Local Regulations in force in the Borough, with the date they became operative:—

Public Health Acts Amendment Act, 1890	...	...	1st July, 1891.
Infectious Diseases Prevention Act, 1890	...	...	1st June, 1891.
Notification of Births Act, 1907	...	...	5th February, 1908.
Public Health Acts (Amendment) Act, 1907	...	...
Sections 18, 20, 21, 22, 26, 27, 32, 33 in Part II. ; Sections 35, 36, 37, 43, 47, 49, 50 and 51, in Part III. ; Parts IV., V. and VI., and Sections 93 and 95 in Part X.	...	...	17th January, 1911.
Section 51	...	...	23rd October, 1911.
Sections 39, 40, 41, 42	...	...	1st February, 1915.
Public Health Act, 1925			
Sections 13, 14, 15, 16, 18, 21, 22, 25, 26, 29, 30, 31, 32, 33, in Part II.	...	...
Sections 36, 37, 38, 39, 40, 41, 42, in Part III.	...	...
Sections 45, 47, 48, 50, in Part IV.	...	...
Sections 53 and 55, in Part V.	...	...	1st September, 1926.

LOCAL ACTS—

Burnley Borough Improvement Acts, 1871 and 1883.

The Local Government Provisional Orders Confirmation (No. 18) Act,
1894 (Hospital Accommodation for Infectious Diseases).

Burnley Corporation Acts, 1908, 1921 and 1925.

BYE-LAWS.

With respect to Houses let in Lodgings, Adopted 14th February, 1898.

„ „ Common Lodging Houses, Adopted 31st October, 1906.

„ „ Nuisances, Adopted 1st September, 1909.

REGULATIONS.

The Borough of Burnley, etc., (Measles and

German Measles) Regulations, 1920, Adopted 28th February, 1920.

Section 3.

Sanitary Circumstances in the District.

Water Supply.

The water supply comes from the moorlands in the basin of the River Brun, and is constant and of good quality.

The drainage areas from which the reservoirs are filled cover 3,225 acres, and are all situated at the eastern side of the borough. They are exclusively owned by the Corporation, and are free from human habitation or cultivated land of any kind. The water flows from these slopes into various rivers and streams and then into the storage reservoirs, and is subjected to chemical treatment and filtration prior to being sent forward for general use in the town. Twenty-two Bell's Mechanical Filters are used for this purpose, and a very high state of efficiency is always maintained. Part of the supply is, however, so pure and wholesome that filtration is unnecessary, and there are also several springs, artesian wells, and boreholes, which yield water of an excellent character.

There are six reservoirs with a holding capacity of 742,000,000 gallons. One of the reservoirs is for compensation purposes and holds 22,000,000 gallons. All the reservoirs are within a distance of four miles from the centre of the town. When all the reservoirs are overflowing a total of no less than 175 days' supply is in store. The consumption of water during the year 1931 was 906,309,375 gallons. About 18 gallons per head of population has been supplied for domestic consumption and $4\frac{1}{2}$ gallons per head per day for trade purposes. The "Cant Clough" supply is analysed periodically for plumbo-solvency by the Borough Analyst.

With the exception of about seven farms and a few houses on the outskirts all houses are provided with water from the town's mains.

The following are recent chemical and bacteriological analyses taken from taps in the town:—

ANALYSES OF SAMPLES OF TAP WATER.

Cant Clough Reservoir Supply.

CHEMICAL ANALYSIS.

						Parts per 100,000.
Free Ammonia	...	...	...	...	...	·0074
Albuminoid Ammonia	...	...	...	...	...	·0086
Nitric Nitrogen	...	...	...	...	...	·224
Oxygen Absorption (4 hours)	...	...	...	...	...	·054
Chlorides (as Chlorine)	...	...	...	...	...	1·7
Total Solids	...	...	...	...	...	7·08
Total Mineral Matter	...	...	...	...	...	5·20
Total Organic Matter	...	...	...	...	...	1·88
Reaction	...	...	...	...	...	Alkaline.
Hydrogen Ion Concentration	...	...	...	...	...	9·0
Action on Lead (24 hours)	...	...	...	...	...	Nil.

Chemically this sample is fit for drinking and domestic purposes.

BACTERIOLOGICAL ANALYSIS.

Colonies growing on agar at 37° C. in 48 hours=average 3 per c.c.

Colonies growing on gelatin at room temp. in 72 hours=average 7 per c.c.

None of the gelatin colonies were liquefiers.

B. Coli grew in 50 c.c., not in less volumes; the type organism isolated was B. Communion (MacConkey's Group III).

Scanty Streptococci grew in 100 c.c., not in less volumes.

No anærobic spore-bearing organisms grew in 100 c.c.

The following table (from Pakes) is inserted for comparison of bacteriological analysis:—

	Colonies per c.c. on gelatin 3 days at 20° C.		Colonies per c.c. on agar 2 days at 37° C.		No. B. Coli in
Very Good Water	...	5 to 10	...	1 or 2	100 c.c.
Average Water	...	below 100	...	5 to 10	50 c.c.
Suspicious Water	...	300	...	30 to 50	10 c.c.
Polluted Water	...	1000	...	200 upwards	1 c.c.

From a bacteriological aspect, therefore, the Cant Clough supply can be classified as an average quality water.

Heckenhurst Reservoir Supply.**CHEMICAL ANALYSIS.**

	Parts per 100,000.
Free Ammonia	·0094
Albuminoid Ammonia	·0104
Nitric Nitrogen	·190
Oxygen Absorption (4 hours)	·020
Chlorides (as Chlorine)	1·6
Total Solids	6·84
Total Mineral Matter	5·44
Total Organic Matter	1·40
Reaction	Alkaline.
Hydrogen Ion Concentration	8·0
Action on Lead (24 hours)	Nil.

Chemically this sample is fit for drinking and domestic purposes.

BACTERIOLOGICAL ANALYSIS.

Colonies growing on agar at 37° C. in 48 hours=Average 16 per c.c.

Colonies growing on gelatin at room temp. in 72 hours=Average 33 per c.c.

9 gelatin colonies were liquefiers.

B. Coli grew in 10 c.c., not in 1 c.c.; the type being B. Acidi Lactici (MacConkeys Group I).

No Streptococci grew in 100c.c. or less volumes.

No anærobic spore-bearing organisms grew in 100c.c.

On comparison with the standard shown above, the Heckenhurst supply from a bacteriological aspect, can be classified as a fair or average quality supply.

Rainfall.

The rainfall at Swinden gathering grounds was: Surface 54·08 inches, House Top 52·29 inches; at Cant Clough gathering grounds: North 48·49 inches, South 49·60 inches. At the Climatological Station, Queen's Park, the amount of rain recorded was 47·23 inches.

Rivers and Streams.

The water from the rivers as they run through the town is not used for domestic purposes.

No legal action has been taken by the Local Authority (the Ribble Joint Committee) in connection with rivers in Burnley.

Drainage and Sewerage.

DISPOSAL. The excreta is disposed of chiefly by water carriage to the Sewage Works at Wood End and Altham. The sewage is passed into septic tanks, the deposit being afterwards pressed and used as manure. The effluent after passing through clinker beds, is discharged into the river. Reconstruction of the main outfall sewer and the Duckpits and Wood End Sewage Disposal Works and of the river wall, effluent chamber and outfall sewer at Altham Sewage Disposal Works is being carried out.

The following are some of the particulars regarding the sewage disposal works:—

Total area of Sewage Works	...	...	...	...	83 acres.
„ Bacteria Beds	...	...	...	...	26 acres.
Capacity of Sedimentation Tanks	...	...	...	...	3,160,000 gals.
„ Aeration and Mixing Tanks	...	...	...	...	138,000 gals.
„ Storm Water Tanks	...	...	...	...	200,000 gals.
Average daily dry weather flow of sewage	...	...	...	...	3,400,000 gals.

The drains and sewers are both sufficient and efficient. Certain areas of the town have a surface drainage system with storm overflows to allow of storm water from this system passing direct to the river.

The following are the average figures for 1931 for the albuminoid ammonia and oxygen absorption for the final effluents from the Corporation Sewage Works at Wood End and Altham.

				WOOD END.		ALTHAM.
				Double Contact,		Aeration and
				Single Contact and		Single Contact.
				Land Filtration.		
Albuminoid Ammonia	...	...	...	0.094	...	0.148
Oxygen Absorption	...	...	...	1.673	...	1.226

The above results are expressed in parts per 100,000.

Owing to constructional alterations at Wood End, the land areas have had to be used to treat part of the effluent. This has resulted in some deterioration of the average quality of the final effluent.

The Ribble Joint Committee's standard for albuminoid ammonia is:—To 0.100 the effluent is good; from 0.100 to 0.150 it is fair; from 0.150 to 0.200 it is poor; and above 0.200 the effluent is bad.

Closet Accommodation.

The following gives the number of each type of convenience at the end of 1931.

Clean Water Closets	...	...	...	12,558
Waste Water Closets	...	...	...	18,293
Latrines (452) with Closets	...	...	...	2,010
Wall, Earthenware and Pail Privies	...			213

Most of the privy closets are on the outskirts of the town where no sewer is available.

Lavatory and Urinal Accommodation.

There is, in the centre of the town, a public convenience and lavatory for each sex. There are 3 other conveniences for women, and 35 public urinals. One public urinal abutting on the Market Hall was abolished. Sanitary conveniences are also provided for each sex at the various parks and at the Cemetery.

Seavenging.

Refuse is disposed of at the Destructor, which is centrally situated, and at the tips in various parts of the town.

The Cleansing Department, which is responsible for this work, supply the following figures relating to the amount of refuse dealt with during the year ended 31st March, 1932.

Total amount of refuse destroyed	...	...	15,104 tons 18 cwts.
" deposited at tips	...	...	7,708 tons.
Clinker removed from Destructor	...	...	2,963 tons 19 cwts.
Fine ash and dust separated and tipped	...	...	6,760 tons 17 cwts.
Total amount of refuse collected during the			
year	...	...	22,812 tons 10 cwts.

General Sanitary Inspection.

This work is carried out by six Assistant Sanitary Inspectors under the direction and control of the Chief Inspector. One Assistant is employed solely on housing, and one on the investigation of cases of Infectious Diseases and the supervision of disinfection, etc. There are four District Inspectors who are each responsible for one of the districts into which the town is divided.

During the year 3,089 complaints were received and investigated. Investigation showed that most of these were justified, though in some cases no nuisance was found to exist.

The following summary gives a classified list of the visits paid by the Inspectors during the year, compared with the figures for the preceding year.

	1931	1930
	No.	No.
Visits to Factories	153	232
„ Workshops and Workplaces.....	433	710
„ Bakeries	975	1062
„ Chip, Fish and Tripe Shops	348	401
„ Ice-cream Shops	246	224
„ Milk and Grocers' Shops	130	141
„ Fruiterers' and Fishmongers' Premises	60	124
„ Butchers, Bloodboilers and Food Preparers	61	57
„ Milliners and Dressmakers	37	18
„ Other Dress Trades	10	4
„ Hairdressers and Barbers	4	8
„ Marine Stores and Offensive Trades	120	232
„ Stables and Manure Pits	2646	3592
„ Premises where Animals are kept	253	212
„ Lodging Houses, Registered	130	136
„ Lodging Houses, Unregistered.....	39	41
„ Vans, Tents, etc.	110	107
„ Canal Boats	24	57
„ Single Dwellings	71	163
„ Back-to-Back Dwellings	1895	1443
„ Furnished Rooms	711	838
„ Other Dwellings	11583	12580
„ Reported Overcrowded Dwellings	22	20
„ Reported Dirty Dwellings	54	88
„ New Property re Closets, etc.....	48	166
„ Old Property re Alterations	389	614
„ Premises where Nuisances exist	12294	13454
Drains Tested	521	450
Legal Notices Served	533	531
No. of Preliminary Notices sent out to abate Nuisance	2729	2641
No. of Defects reported to Borough Surveyor.....	199	213
No. of Defects reported to Cleansing Department	446	463
No. of Defects reported to Highways Department ...	924	753
Smoke Observations taken	—	343
Visits to Boiler Houses	4	13
Interviews with Owners, Agents, etc., re Property ...	2677	2636
Visits to School Premises	345	420

There were 4,678 defects found and dealt with as compared with 4,521 in the previous year. In connection with these 2,729 informal notices were sent to occupiers and owners, and in others verbal notices were given. In

most cases these were sufficient to secure the necessary work being carried out. It was found necessary to report to the Health Committee and secure authority to serve Statutory Notice with regard to 580 defects, and 523 legal notices were served. All defects brought forward from the previous year were followed up and remedied. At the close of the year there were 430 defects of various kinds on the books of the Department:

The following are the particulars of the Statutory Notices served:—

Legal Notices served during the Year.

Public Health Act, 1875: Sections 91–94. There were 392 served relating to:—

Defective Water Closets, Tippers, etc.	109
„ Drains, etc.	39
„ Yard Flags	41
„ Troughs, Spouts, etc.	81
Damp House Walls, Defective Roofs, etc.	111
Dust Bins and Ashpits	20
Refuse	4
Dirty Houses	1
Dirty Workshop	1
Defective Sinks	15
Others	27

The number of defects for which notices have been served was 449, but in some cases more than one defect was put on one notice.

Burnley Corporation Act, 1908, Section 85.

„ „ 1921, „ 50.

„ „ 1925, „ 67.

Notices served relating to Ashbins 58

Towns Improvement Clauses Act, 1847, Section 74 ; Public Health Act, 1875, Section 160, relating to:—

Defective eaves troughs, rain pipes, etc.—Notices served, 57.

Public Health Act, 1875, Sections 91 to 94.

Notices relating to Black Smoke..... Nil.

Burnley Borough Improvement Act, 1883, Section 42.

Relating to Water Supply 5

Relating to Water Supply and Closet accommodation..... 2

Burnley Corporation Act, 1925, Section 53.

Notices relating to blocked drains 9

SMOKE ABATEMENT.

Owing to shortage of staff of inspectors during the year, no smoke observations were taken. This work was resumed in 1932.

The Burnley Town Council have not made Bye-Laws under the Smoke Abatement Act, 1926.

PREMISES AND OCCUPATIONS CONTROLLED BY BYE-LAWS OR REGULATIONS.

Common Lodging Houses.

The registration and supervision of the Common Lodging Houses are under the direction of the Health Committee. Bye-Laws affecting these places received the sanction of the Local Government Board in 1907.

These are:—

- (1) For fixing and from time to time varying the number of lodgers who may be received into a common lodging house, and for the separation of the sexes therein ; and
- (2) For the giving of notices and the taking of precautions in case of any infectious disease ; and
- (3) Generally for the well-ordering of such houses.

List of Common Lodging Houses at the end of the year.

	Accommodation	Males	Females
Kay Street.....	215	215	—
Barracks Road	120	120	—
Calder Street (S.A. Hostel) ...	76	76	—

The Lodging Houses have been periodically visited.

Number of visits 130 Defects found 12

These defects were:—

Not Limewashed 1 Other Defects 1
W. C. Defects 10

In addition to these Common Lodging Houses there are a number of others to which 39 visits have been paid. Generally speaking, these houses are not satisfactory on account of the class of people who live in them, the want of supervision, and the construction of the buildings. Four of these places have been Public Houses, the majority being at the time they were licensed of the lowest class.

The Local Act of 1921 gave the Local Sanitary Authority power to grant yearly licences for keeping of Common Lodging Houses. During the year the three licences were renewed. The three lodging houses are buildings which were originally built for other purposes.

Houses Let in Lodgings.

There are 43 houses in Burnley registered as Houses Let in Lodgings.

Bye-Laws have been made, and provide:—

- (1) For fixing and from time to time varying the number of persons who may occupy a house or part of a house which is let in lodgings or occupied by members of more than one family, and for the separation of the sexes in a house so let or occupied.
- (2) For the registration of houses so let or occupied.
- (3) For the inspection of such houses.
- (4) For enforcing drainage and for the provision of privy accommodation for such houses, and for promoting cleanliness and ventilation in such houses.
- (5) For cleansing and limewashing at stated times of the premises, and for the paving of the courts and courtyards thereof.
- (6) For the giving of notices and the taking of precautions in case of any infectious disease.

The 43 houses mentioned are divided into 168 separate tenements, which are for the most part let furnished. These tenements have the following accommodation:—

One-roomed	146
Two-roomed	20
Three-roomed	2
	—
	168
	—

In the summary of work done by the Sanitary Inspectors it will be seen that 711 visits have been paid to the furnished rooms during the year, and the report from the Inspectors is that they are fairly satisfactory. The common complaint is that the tenants, if not supervised, allow the rooms to get dirty. 17 verbal and 20 letter notices were given, and 1 legal notice was served.

Total visits to 168 Houses Let in Lodgings	711
Total defects found.....	78
Defects brought forward from 1930	7
Total defects remedied	74

The 78 defects found were as follows:—

Dirty Floors, Walls, etc.	5
Limewashing overdue	52
Defective W.C.'s	4
Defective drains	2
Defective Ashpits	1
Sundry Defects	14
	—
	78
	—

OCCUPANTS.

On making an informal census at the end of the year, it was estimated that 394 persons occupied the furnished rooms. This represents 2·3 persons per tenement and 2·0 persons per room.

Adults:—Males	135
Females.....	144
Infants under 1	16
Children 1 to 12	99
	—
	394
	—

In the above list every person over 12 is counted as an adult in accordance with the Bye-Law 7, which states that:—

“ No lodger shall suffer any person above the age of 12 to occupy as a sleeping apartment any room let to such lodger if the room is occupied by more than one person above that age and of the opposite sex.”

OFFENSIVE TRADES.

The Offensive Trades, as laid down in Section 112 of the Public Health Act of 1875, are:—

Blood Boiler.	Fellmonger.	Tallow Melter.
Bone Boiler.	Soap Boiler.	Tripe Boiler.

In addition to these trades, which require the permission of the Local Authority before they can be practised, the Burnley Act of 1871 requires that Marine Store Dealers shall possess a licence from the Local Authority to carry on their business.

In 1911 the following Offensive Trades (in accordance with Section 51 of the Public Health Act Amendment Act, 1907) were added to the above list:—

Gut Scraper.

Tanner.

Fish Fryer.

and Manufacturers of Manure from Fish Offal, Blood or other putrescible animal matter.

There are no Bye-Laws relating to Offensive Trades.

The following is a list of the Offensive Trades carried on in Burnley:—

Marine Stores	5
Tripe Boilers.....	3
Fat Melters	3
Gut Scrapers.....	2
Bone Boiler	1
Fellmonger	1
Tanner	1
Knacker	1
Fish Fryers	149
	—
	166
	—

Visits of inspection to premises where Offensive Trades are carried on, 468.

General supervision is maintained over the premises where Offensive Trades are carried on, with the result that generally very little nuisance arises in the neighbourhood of these premises. Consequent on complaints that a knackery was not being carried on in a proper manner, the owner was warned by the Health Sub-Committee that a repetition of the nuisances would cause the Sub-Committee to revoke the licence. No statutory notices were served during 1931, but in some instances verbal reminders were given and 13 informal notices were sent.

Rag Flock Acts, 1911 and 1928.

No action has had to be taken under these Acts.

Stable Middens.

There are 173 stable middens in Burnley, and nearly the whole of these are emptied at least once a week.

2,646 visits were paid to manure pits by the Inspectors, 16 preliminary notices were sent, and 18 verbal notices were given, referring to 36 defects, principally accumulations of manure, dirty yards and drains. In most cases the nuisance was at once abated; in 1 case it was necessary to serve a legal notice. The manure pits were sprayed on 2,862 occasions with the object of destroying the larvæ of flies.

INSPECTION OF FACTORIES AND WORKSHOPS.

Under the Factories and Workshops Acts, 1901 and 1907, it is the duty of the Local Sanitary Authority to enforce the sanitary provisions relating to these places.

Number of factories and workshops on register at end of year:—

Factories	297
Bakehouses	320
Milliners and Dressmakers.....	190
Woodworkers	48
Tailors, Shoemakers and Cloggers	152
Metal Workers	61
Sundries	110
<hr/>	
Total	1,178

The number of factories and workshops registered varies during the year as the figures relating to workshops and bakehouses are constantly changing, especially the class of workshop which includes dressmakers. The number of bakehouses is also constantly changing, for a bakehouse must be registered if it is a place "in which are baked bread, biscuits or confectionery from the baking or selling of which a profit is derived." This definition includes in Burnley a great number of small grocers' and confectioners' shops.

Factory Inspection:—

Number of Inspections	153
Defects found	29
Legal Notices served	1
Informal Notices sent.....	8
Verbal Notices	16

List of Defects:—

Water Closets and Urinal Defects	6
Defective Drains	14
Troughs and Spouts	5
Others	4
<hr/>	
Total	29
<hr/>	

Workshops (other than Bakehouses):—

Inspections	657
Legal Notices served	2
Informal Notices sent	30
Verbal Notices given	35

Defects Found:—

Defective Water Closets.....	15
Dirty Workshops	7
Defective Drains	13
Defective Eaves and Spouts	9
Defective Ashpits and Bins	8
Insufficient Ventilation	2
Other Defects	12
	—
Total	66

The following is a copy of a return called for by the Home Office:—

Annual Report of the Medical Officer of Health for the year 1931, for the County Borough of Burnley.

On the administration of the Factory and Workshop Act, 1901, in connection with Factories, Workshops and Workplaces.

I.—Inspection of Factories, Workshops and Workplaces, including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises. (1)	Number of		
	Inspections (2)	Written Notices (3)	Occupiers prosecuted (4)
Factories	153	9	—
(Including Factory Laundries)			
Workshops	1,632	53	—
(Including Workshop Laundries)			
Workplaces	—	—	—
(Other than Outworkers' premises)			
Total	1,785	62	—

2.—Defects found in Factories, Workshops and Workplaces.

Particulars. (1)	Number of Defects.			Number of offences in respect to which Prosecutions were instituted. (5)
	Found. (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	
Nuisances under the Public Health Acts:—*				
Want of cleanliness	8	8	—	—
Want of ventilation	2	2	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	—	—	—	—
Other nuisances	102	101	—	—
Sanitary accommodation { insufficient	1	1	—	—
{ unsuitable or defective	31	30	—	—
{ not separate for sexes	—	—	—	—
Offences under the Factory and Workshops Acts:—				
Illegal occupation of underground bakehouse (s. 101)	1	1	—	—
Other offences	101	100	—	—
(Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921)				
Total	246	243	—	—

*Including those specified in Sections 2, 3, 7 and 8 of the Factory and Workshop Act 1901, as remediable under the Public Health Acts.

FACTORIES AND WORKSHOPS.

Particulars of matters referred by the Factory Inspector and action taken by the Health Department.

Defects referred by Factory Inspector.	Action taken by Health Department.
(a) Factories: One. Insufficient flush to W.C.'s Effluvia given off.	<div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 10px;">}</div> <div> Factory closed down. No action taken. </div> </div>
(b) Workshops: Three. 1. Approach to conveniences very wet, due to defective fall pipe. 2. Stove for heating irons, not fitted with hood and flue. 3. Workshop not kept in clean state.	<div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 10px;">}</div> <div>Remedied by informal action.</div> </div>

CANAL BOATS ACTS, 1877 and 1884.

Report of the Burnley Urban Sanitary (Registration) Authority on the Administration of the Canal Boats Acts during the year 1931.

The Inspector under the Acts is Mr. Richard Jump, the Sanitary Inspector, whose office is at 27, St. James's Street, Burnley, and whose salary is inclusive and unapportioned.

The number of boats inspected during the year was 24, against 57 in 1930.

One boat did not conform in all respects with the Acts and Regulations, in that the bars of the stove were defective and dangerous. A letter was sent in this case, and has been attended to.

In almost all cases the boats are occupied by men for a few nights on journeys, who have homes elsewhere. Few women and only two children were present on the boats inspected, one being an infant, the other a boy of school age taken for a single trip.

No boats have been added to or removed from the Register during the year. The number now on the Register is 25.

No cases of Infectious Disease have occurred on the boats, and no boats have been detained for cleansing or disinfection.

The Inspector wishes to acknowledge again the courtesy he has always received when inspecting the boats, and the readiness with which information has been supplied.

The Statistical Statement is appended.

Canal Boats Acts, 1877 and 1884.

STATISTICAL STATEMENT to the (1931) Annual Report of the Burnley Sanitary (Registration) Authority.

Have you Hospital Accommodation for any case of Infectious Disease met with on a Canal Boat in your Sanitary District? Yes.

The Inspector's remuneration is inclusive	...	...	...	...
Number of Boats added to Register in 1931	...	...	...	...	0
Number re-registered owing to structural alterations	...	...	...	...	0
Number re-registered owing to other reasons	...	...	...	...	0
					—
Total number registered to 31st December, 1931	...	...	...	...	147
Total number of registrations cancelled	...	...	...	...	122
					—
Actual number of Boats on Register at 31st December, 1931	...	...	...	...	25
Number of Boats inspected in 1931	...	...	...	...	24
Number of Boats conforming to the Acts and Regulations	...	...	...	...	23
Number of Boats infringing the Acts and Regulations	...	...	...	...	1
Total number for which the cabins were registered	...	...	...	...	118
Total number occupying cabins	...	...	...	...	52
					—
Details of occupation: Male adults	...	...	...	...	46
Female adults	...	...	...	...	4
Children of school age	...	...	...	...	1
Children under school age	...	...	...	...	1
					—
Total				...	52
					—

Number of Cases met with.	Details showing numbers infringing in respect to:—	Number of Cases remedied.
.....	Registration ... ..	.....
.....	Notification of change of Master ... ..	.....
.....	Absence of Certificate... ..	.....
.....	Certificate not identifying Owner with boat... ..	.....
.....	Marking ... ..	.....
.....	Overcrowding ... ..	.....
.....	Partition (Reg. 8.b.11) ... ..	.....
.....	Females over 12 improperly occupying ... ..	.....
.....	Cleanliness ... ..	.....
.....	Painting ... ..	.....
.....	Ventilation ... ..	.....
1	Dilapidation	1
.....	Removal of Bilge Water ... ..	.....
.....	Without Pump ... ..	.....
.....	Refusal of admittance to Inspector ... ..	.....
.....	No proper water vessel ... ..	.....
.....	Without requisite double bulkheads ... ..	.....
.....	Non-notification of Infectious Disease ... ..	.....
.....	Number of Boats detained for Cleansing (Not for I/D) ... ..	.....
1		1
<hr/>		
Number of Legal Proceedings taken ... ..		.....
Number of Printed Notice Forms issued		1
Number of Notices attended to		1
Number still corresponding about ... ..		.....

General Inspection of Working Class Dwellings.

1,966 visits have been paid to back-to-back and single houses, 711 to furnished rooms, and 11,583 to other dwellings. 19 were suspected of being overcrowded, and 2 were found to be actually in that state when visited. No legal notices were served.

Dirty Houses.

35 were suspected of being dirty, but only 10 were found to be so on inspection. In one case it was found necessary to serve a legal notice to get the nuisance remedied.

Sanitary Accommodation.

There are 12,558 clean water closets, 18,293 waste water closets, 452 latrines, and 213 privies. The privies are mostly in outlying cottages and farm houses. Approximately 25,016 houses have their own sanitary conveniences, and 2,292 join with others.

Although there are comparatively few privies, there is a very great sanitary drawback in the 18,293 waste water closets. These are very unsatisfactory, the uncleanliness of the pans, the dirty water used for flushing, the accumulation of slime in and about the tipper, and the frequency of blockages causing serious nuisance. The smell from them is offensive at all times.

Ashpits.

The number of ashpits in use at the end of the year was 8,555 and the number of bins 19,014.

There has been a gradual substitution of ashbins for ashpits during recent years. The number of bins in use for previous years is here given.

1919	1920	1921	1922	1923	1924	
9,628	9,853	10,615	11,352	11,794	12,146	
1925	1926	1927	1928	1929	1930	1931
12,629	13,157	14,453	15,178	17,025	18,067	19,014

Section 67 (a) of the Burnley Corporation Act, 1925, states as follows:—

Provided that:—

“ In any case where the Corporation require a galvanised iron dustbin to be provided in lieu of any ashpit or ashtub in use at the passing of this Act, they shall, except in any case in which the medical officer or the sanitary inspector shall have certified that owing to wilful neglect on the part of the owner after due notice to keep the same in proper repair, any such ashpit or ashtub is in such a state as to create a nuisance or be injurious to health, bear and pay such sum towards the expenses of providing such galvanised iron dustbin (being not less than one half thereof), as they may consider just and proper according to the circumstances and the remainder of such expenses shall be borne by the owner.”

Under this section it is hoped to abolish gradually all the insanitary ashpits in the Borough.

Inspection of Bakeries.

The majority of the defects found in bake-houses are those which infringe the Factory and Workshop Act, 1901, by failing to renew lime-washing once at least in every six months, many occupiers omit to lime-wash their bake-houses until reminded by the Sanitary Inspectors.

The condition of the bake-houses is satisfactory on the whole and a high standard of cleanliness is maintained. Only one bake-house was found to be unsatisfactory in this respect. In one instance, in which baking in a cellar commenced, the occupier ceased using the premises immediately on being informed that the Factory and Workshop Act, 1901, was being contravened.

DETAILS OF INSPECTION AND DEFECTS FOUND.

Number on Register	320
Number of Inspections made	975
Verbal Notices	119
Informal (written) Notices	20
Legal Notices	1
Defects:—	
Required Lime-Washing.....	101
Defective Water Closets	11
„ Drains	13
„ Ashpits and Ashbins	7
„ Spouts and Eaves	6
Dirty State	1
Baking in Cellar	1
Other Defects	11
<hr/>	
Total	151
<hr/>	

Fish and Chip Shops.

In 1911, the business of fish frying was declared to be an offensive trade in Burnley. During 1931, the Sanitary Inspector made 348 visits of inspection to the 149 premises licensed for fish frying. The general structural condition of these fish and chip shops is good and the standard of cleanliness maintained has been satisfactory. Of the 36 defects found during the year, 10 were drainage and 6 water closets defects; 4 had reference to the cleanliness of the premises and the remainder were structural defects.

Ice Cream Shops.

Registration of ice cream shops is not compulsory in Burnley. The Burnley Corporation Act, 1908, lays down certain conditions which must be adhered to in the manufacture and sale of ice cream, but in the absence of compulsory registration it is frequently difficult to ascertain where ice cream is being manufactured and so the conditions of manufacture are difficult of enforcement. The business of ice cream manufacture is naturally to some extent seasonal and many only run the business for a few weeks at a time. It is impossible, therefore, to state with any accuracy the number of ice cream

manufacturers. During 1931, 246 visits of inspection were made to premises where it was known or ascertained that ice cream was being made or sold. The premises where the ice cream was being manufactured and stored were clean, but in 6 instances structural defects were found.

The compulsory registration of premises where ice cream is manufactured and sold and a legal definition and standard for ice cream are desirable.

RATS AND MICE (DESTRUCTION) ACT, 1919.

The Sanitary Inspectors, in the routine visits to premises, make enquires as to the presence of rats or mice, and, where necessary, offer suggestions.

Frequent visits have been paid by the Officer appointed under the Act to Piggeries, Poultry Runs, Allotments, Refuse Tips, etc., with reference to the prevalence of rats.

99 applications were received by the Public Health Department for advice and assistance in clearing premises of rats and suitable rat poisons have been issued. The Officer paid 57 visits to places concerning which complaints had been received. No notices were served.

Sanitary Condition of Schools.

All the schools in the town are supplied with water from the town's mains.

A report on the sanitary condition of the schools, with particular reference to the closet accommodation, is given in my Annual Report for 1931 as School Medical Officer.

It has not been necessary to close any school in the borough on account of infectious disease during 1931.

Section 4.

Housing.

The houses in the Borough are for the most part substantially built. Except for houses in the residential districts and houses built within the last thirty years, houses are generally in terrace formation. Most of the pre-war houses are stone built.

Of the 27,308 houses in the Borough, 2,045 are back-to-back, 120 are one-roomed houses and 6 are "Vans and Sheds." There are 9 rooms used as sleeping places, the surface of the floor of which is more than three feet below the surface of the street adjoining.

Houses Inspected and Recorded.

Up to the end of 1930, there were 13,655 houses inspected and recorded under the Housing Consolidated Regulations, 1925. During 1931, a further 24 houses were recorded, making a total of 13,769 up to the end of 1931. During 1931, 595 houses previously inspected and recorded were re-inspected.

The Housing Inspector made 579 re-visits in connection with defects found in the houses inspected.

General Action taken as regards Unfit Houses.

Houses rendered fit by informal action and notices under Section 94 of the Public Health Act, 1875—316. Houses rendered fit by informal action and notices under Section 17 (1) of the Housing Act, 1930—145.

Clearance Areas.

In 1930, the Medical Officer of Health reported, pursuant to Section 25 (2) of the Housing Act, 1930, that there were 2,140 back-to-back and "Single" dwellings in the Borough, of which 1,748 were, by reason of disrepair and sanitary defects, unfit for human habitation or dangerous, or injurious to the health of the inhabitants, and that in addition there were 203 "through" houses unfit for habitation. He suggested that these 1,951 houses should be dealt with as thirty-three separate small areas, and that 1,553 should be dealt with under Clearance Schemes, 312 under Improvement Schemes, and 86 as Individual Unfit Houses. This programme was modified subsequently and the estimated number of houses to be demolished during the five years 1931-35 included:—

(i)	In Clearance Areas ...	...	...	...	...	302
(ii)	In Improvement Areas					
	(a) for opening the area	...	...	...	...	—
	(b) as unfit houses	...	...	...	...	10
(iii)	Individual Houses Outside Clearance and Improvement Areas	...	...	...	...	—
						312

The estimated number of persons to be displaced was 1,258, and the estimated number of houses to be allocated to the rehousing of these persons was 250. The total estimated production of new houses was 750.

Towards the latter end of 1931, a commencement was made in the inspection of areas to be represented as Clearance Areas. The " Hill Top Area " was the first to be dealt with, and an Official Representation and report in respect of this area was submitted to the Housing Committee in January, 1932. Early in 1932 two other areas were also inspected, and Official Representations made.

Hill Top Area.

A report was submitted in respect of Hill Top Area, giving details of the acreage, density of population, and general sanitary conditions, including ventilation, dampness, dilapidation of the houses, etc., and the vital statistics of the area.

The number of houses to be dealt with is 66.

There are:—

Through Houses	...	...	...	...	...	12
Single Houses	...	...	...	...	...	8
Back to Back Houses	...	...	...	...	...	46

Of the 66 Houses there are:—

Let as Furnished Rooms	...	...	...	...	...	8
House and Shop	...	...	...	...	...	1
Unregistered Lodging House	...	...	...	...	...	1

Finsley Gate Area Improvement Scheme Order, 1924.

At the end of 1931, all the buildings in this area had been demolished. The total number of premises cleared from this area was 186, comprising 168 houses (of which 159 were back-to-back and " single " dwellings), 10 combined houses and shops, 2 lock-up shops, 3 workplaces, 1 public house and 2 stables.

HOUSING STATISTICS.

YEAR ENDED 31st DECEMBER, 1931.

NUMBER OF NEW HOUSES ERECTED DURING THE YEAR.

(a)	Total number (including B)	...	...	...	...	...	...	74
(1)	By Corporation	...	...	...	...	...	...	12
(2)	By private enterprise	...	...	...	...	...	...	62
(b)	With State assistance under Housing Acts—							
(1)	By the Local Authority—							
(a)	Under 1924 Act	...	...	...	...	...	...	12

1. UNFIT DWELLING-HOUSES.

(I.) INSPECTION:

(1)	(a)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	...	1,020
		Number of Inspections made for the purpose	...	...	...	...	...	2,363
(2)	(a)	Number of dwelling-houses which were inspected and recorded under the Housing Consolidated Regulations, 1925	...	...	...	...	...	619
	(b)	Number of Inspections made for the purpose	...	...	...	...	...	1,198
(3)		Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	...	...	3
(4)		Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	...	...	...	...	...	776

(II.) REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES:

	Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	396
--	---	-----	-----	-----	-----	-----	-----	-----

(III.) ACTION UNDER STATUTORY POWERS DURING THE YEAR:

A. Proceedings under Section 17, 18 and 23 of the Housing Act, 1930.

(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	...	...	...	...	...	...	45
(2)	Number of dwelling-houses which were rendered fit after service of formal notices:—							
(a)	By owners	...	...	...	...	...	...	16
(b)	By Local Authority, in default of owners	...	...	...	...	...	...	7

B. Proceedings under Public Health Acts:

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	46
(2) Number of dwelling-houses in which defects were remedied after service of formal notices:—	
(a) By owners	42
(b) By Local Authority in default of owners	None.

C. Proceedings under Sections 19 and 21 of the Housing Act, 1930:—

(1) Number of dwelling-houses in respect of which Demolition Orders were made	3
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	3

D. Proceeding under Section 20 of the Housing Act, 1930:—

(1) Number of separate tenements or under-ground rooms in respect of which closing orders were made	None.
(2) Number of separate tenements or under-ground rooms in respect of which closing orders were determined, the tenement or room having been rendered fit	None.

E. Proceedings under Section 3 of the Housing Act, 1925:—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	None.
(2) Number of dwelling-houses which were rendered fit after service of formal notices:—	
(a) By owners	None.
(b) By Local Authority in default of owners	None.
(3) Number of dwelling-houses in respect of which closing orders became operative in pursuance of declarations by owners of intention to close	None.

F. Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925:—

(1) Number of dwelling-houses in respect of which closing orders were made	None.
(2) Number of dwelling-houses in respect of which closing orders were determined, the dwelling-houses having been rendered fit	None.
(3) Number of dwelling-houses in respect of which Demolition orders were made	None.
(4) Number of dwelling-houses demolished in pursuance of demolition orders	None.

Section 5.

Inspection and Supervision of Food.

A whole-time Veterinary Officer is employed on the inspection and supervision of food supplies. His duties include work under the Milk and Dairies Amendment Act, 1922, the Milk and Dairies Order, 1926, the Tuberculosis Order, 1925, the Public Health (Meat) Regulations, 1924, etc. Samples of milk and other foods for bacteriological examination and for analysis under the Food and Drugs (Adulteration) Act, 1928, are obtained by the Sanitary Inspectors.

The standard of purity of the milk purveyed in Burnley, as judged from the results of chemical and bacteriological examination, is generally satisfactory.

Mr. Kenyon, M.R.C.V.S., the Veterinary Officer, submits the following report for 1931:—

MILK SUPPLY.

Tuberculosis Order, 1925.

During the year 172 samples of mixed and unmixed milk have been collected from farms within and without the Borough and submitted to bacteriological examination for the presence of Tubercle Bacilli.

The result of the bacteriological examination of these milks shows that only nine of them proved positive, this being equal to a percentage of 5.23.

This, I consider, is satisfactory when one takes into consideration the number of samples examined and the amount of milk distributed within the Borough. None of the samples found to contain Tubercle Bacilli were from farms within the Borough.

The procedure in the case of a cow housed within the Borough being suspected of producing milk containing Tubercle Bacilli, is that a sample of milk is collected and the animal isolated from the rest of the herd until the result

of such sample is reported upon. With regard to a cow housed outside the Borough, if the examination reveals Tubercle Bacilli, the Medical Officers of Health of the County and the District in which the farm is situate are notified immediately.

The following is a summary of the examinations of mixed and unmixed milks carried out during the year:—

(1) Collected in the town from farms within the Borough:

	No. of Samples.	Positive.	Doubtful.	Negative.	Percentage of Milks containing Tubercle Bacilli.
Mixed Milk	35	...	—	...	35 ... Nil.

(2) Collected in the town from farms outside the Borough:

	No. of Samples.	Positive.	Doubtful.	Negative.	Percentage of Milks containing Tubercle Bacilli.
Mixed Milk	137	...	9	...	1 ... 127 ... 6.13

During the year only one cow in milk has been condemned and destroyed under the Tuberculosis Order.

The market value, total compensation paid and salvage after deduction of expenses incurred in and for purpose of salvage are as follows:—

Market Value.	Total Compensation.	Salvage after deducting Exp's.
£5/0/0	...	£2/5/0
		...
		£1/5/0

The actual amount paid out by the Corporation for compensation was £1 0s. 0d.

Milk and Dairies Amendment Act, 1922.

During the year 89 persons have been registered as Wholesale and Retail Purveyors of Milk. This brings the total number of persons registered for the sale of milk within the Borough to 621.

The numbers of Wholesale and Retail Purveyors of Milk Licensed during 1931, are as follows:—

Number of persons licensed to Wholesale New Milk within the Borough	13
Number of persons licensed to Retail New Milk within the Borough	28
Number of persons licensed to Wholesale Sterilized Milk in Sealed Bottles only	0

Number of persons licensed to Retail Sterilized Milk in Sealed Bottles only	...	...	...	...	...	...	...	...	...	48
Total number of persons licensed to Wholesale and Retail New Milk	...									293
Total number of persons licensed to Wholesale and Retail Sterilized Milk in Sealed Bottles only	...	...	...	...	...	...	...	...	...	328
Number of Shops licensed to Retail New Milk	...	...	...	...	...	...	...	...	...	62
Number of Shops licensed to Retail Sterilized Milk	...	...	...	...	...	...	...	...	...	326

241 visits were made to the above shops, and on most occasions, they were found to be very clean, the tenants exercising every care to prevent contamination of the milk.

18 notices have been served for dirty covers and not having the milk and measures properly covered.

On re-visiting the premises the notices had been complied with in all cases.

MILK (SPECIAL DESIGNATIONS) ORDER OF 1923.

No designated milk is produced within the Borough.

During the year three persons were licensed to sell Grade "A" milk within the Borough.

MILK AND DAIRIES ORDER, 1926.

During the year three persons residing within the borough have been registered as Cowkeepers.

Number of Farms within the borough.....	40
„ „ Visits to the Farms within the borough	58
„ „ Cattle Examined within the borough	727
„ „ Visits to Dairies within the borough	8
„ „ Milk Shops, including New Shops	388
„ „ Visits to Milk Shops	241
„ „ Retail and Wholesale Purveyors	621

INSPECTION OF DAIRIES.

There are two Dairies within the borough, to which milk is brought for distribution. In one of these the milk is pasteurised before being retailed. 8 visits have been made to these two premises and on each occasion the sanitary condition was found to be satisfactory.

INSPECTION OF COWSHEDS.

There are 40 Farms within the borough, of which 37 are for the housing of cattle, and the remaining 3 Farms for the rearing of either pigs or poultry.

58 visits have been made to the above premises and 727 cattle inspected.

DISEASED UDDERS OF CATTLE ON THE FARMS.

	Tubercle	Atrophy	Hypertrophy	Induration	Total
1931	—	2	—	—	2
1930	1	2	—	5	8

There are 61 cowshed premises on the farms, and the following is a report on the sanitary conditions of them:—

	Light	Ventilation	Drains	Floors	Air Space
Good	56	59	61	54	60
Fair	5	2	—	7	1
Bad	—	—	—	—	—

Dairy farmers within the borough are alive to the necessity for maintaining a high standard of cleanliness both in their cowsheds and milk stores. During visits of inspection, opportunity was taken of advising dairy men on hygienic methods of milk production and reminding them of the requirements of the Milk and Dairies Order, 1926. On the whole the cleanliness of the milch cattle has been satisfactory, and only occasionally were floors, walls and boskins found not to be sufficiently clean. The water troughs have been found clean, and vessels for storing milk, milking stools and milk floats were generally satisfactory. In the instances in which it was necessary to serve notices regarding insufficient cleanliness of cattle, premises, or utensils, the notices were complied with.

Each dairy farm has a suitable building for the storage of milk and milk vessels, and these were found to be clean and in good repair.

The cowshed premises at Causeway End Farm, Burnley, have ceased to be used for the housing of milch cows and are now being used only for "lying off" cattle.

On May 20th, 1931, a dairy farmer was prosecuted for exposing milk vessels to infection by storing them in a dwelling-house, and was fined 10/- costs.

Contamination of Milk.

Reports on the number of samples of milk examined chemically and bacteriologically and the amount of adulteration and contamination of milk will be found in the section of this report dealing with work carried out under the Food and Drugs Adulteration Act, 1928, and the Public Health Laboratory.

PUBLIC HEALTH (MEAT) REGULATIONS, 1924.

These Regulations have been carried out in a satisfactory manner. It was necessary to serve notices in respect of the following:—

- (1) To protect meat with a clean cover.
- (2) To put interior of shop in good condition.
- (3) To provide metal bins for storage of bones, fat, etc.
- (4) To repair and paint interior of refrigerator.
- (5) To keep clean motor vehicle used for purveying meat.
- (6) To discontinue using cellar for storage of meat and for making-up purposes.
- (7) To wear a clean over-all when carrying meat.
- (8) To decorate ceiling of shop and clean interior of refrigerator.

All the notices were complied with.

There have been no requests for the marking of meat.

The stalls on the Market have been well protected with sheets round the sides, back and top, to prevent, as far as possible, contamination of any meat, etc., exposed for sale.

TRIPERIES AND TRIPE SHOPS.

Owing to the above coming under the Meat Regulations, the Local Authority has power over the general cleanliness of these premises.

There have been 171 visits paid to these shops, etc., and on each visit the premises were satisfactory, except in one case where the premises required decorating. A notice was served on the tenant and he immediately put the shop in good condition.

The food stuffs examined were, in all cases, sound, and the tubs, tanks, boxes, tins and other utensils were clean.

PUBLIC ABATTOIRS.

The management of the Public Abattoirs is under the supervision of the Markets Committee.

The slaughter houses, lairages, walls, floors, yard and all utensils have been kept very clean and the whole of the premises disinfected each week.

There are no private slaughter houses within the borough, all animals being killed at the Public Abattoirs.

MEAT INSPECTION.

TABLE I.

NUMBER OF ANIMALS SLAUGHTERED AT THE ABATTOIRS.

	Beasts.	Sheep.	Lambs.	Calves.	Pigs.	Totals.
1931	5,023	2,831	28,594	211	4,119	40,778
1930	5,727	3,093	29,446	205	3,392	41,863

TABLE II.

NUMBER OF ANIMALS SPECIALLY EXAMINED.

It was necessary to detain and submit to a detailed examination the following carcasses.

	Beasts.	Sheep.	Lambs.	calves.	Pigs.	Totals.
1931	29	21	39	5	137	231
1930	17	20	20	2	94	153

TABLE III.

RESULT OF SPECIAL EXAMINATION—PASSED.

	Beasts.	Sheep.	Lambs.	Calves.	Pigs.	Totals.
1931	8	15	27	4	126	180
1930	7	8	8	2	91	116

TABLE IV.

RESULT OF SPECIAL EXAMINATION—CONDEMNED.

	Beasts.	Sheep.	Lambs.	Calves.	Pigs.	Totals.
1931	21	6	12	1	11	51
1930	10	12	12	—	3	37

TABLE V.
ORIGIN OF CONDEMNED CARCASSES.

			Local				Todmorden.	South Waite	Penrith
			Lambs	Beasts	Calf	Pigs	Pig	Lamb	Lamb
1931	...	...	2	10	1	9	1	1	1

1931	Hellifield			Birkenhead				Skipton	Long Preston	
	Lambs	Beasts	Sheep	Beasts	Sheep	Lambs	Pigs	Lambs	Beasts	Lamb
	2	5	4	5	2	4	1	1	1	1

TABLE VI.
CAUSES OF REJECTION.

1931	Beasts	Sheep	Lambs	Calves	Pigs	Totals
Cirrhosis of the Liver and Dropsy ...	—	—	—	—	4	4
Wasted and Dropsical ...	—	1	4	—	—	5
Tuberculosis ...	18	—	—	—	5	23
Suffocated ...	1	5	8	—	1	15
Nephritis ...	1	—	—	—	—	1
Unwholesome ...	—	—	—	—	1	1
Septicaemia ...	1	—	—	—	—	1
Immature ...	—	—	—	1	—	1
Totals—1931 ...	21	6	12	1	11	51
Totals—1930 ...	10	12	12	—	3	37

TABLE VII.
WEIGHT OF CARCASSES CONDEMNED.

				Beasts	Sheep	Lambs	Calves	Pigs	Totals
				lbs.	lbs.	lbs.	lbs.	lbs.	lbs.
1931	...	...	...	10,331	220	379	33	866	11,829
1930	...	...	...	4,954	409	393	—	585	6,341

TABLE VIII.
TUBERCULOUS CARCASSES EXAMINED AND REJECTED.

	Cows.		Heifers		Bulls.		Bullocks		Calves.		Sheep.		Pigs.		Totals.	
	Examined	Rejected	Examined	Rejected	Examined	Rejected	Examined	Rejected	Examined	Rejected	Examined	Rejected	Examined	Rejected	Examined	Rejected
1931	24	15	4	2	3	—	14	1	—	—	—	—	70	5	115	23
1930	13	6	4	1	2	—	8	3	—	—	—	—	40	3	67	13

Apart from the whole carcasses enumerated in the foregoing tables, portions of carcasses and other food stuffs were condemned and voluntarily surrendered, both in the Abattoirs and in other premises. The following is a list of these food stuffs which were found not to be fit for human food.

1930.

Dec. 29—Two fore quarters of beef, weighing 223 lbs.

1931.

Jan. 8—Two fore quarters of beef, weighing 187 lbs.

„ 13—Two fore quarters of beef, weighing 285 lbs.

Feb. 3—Two fore quarters of beef, weighing 306 lbs.

„ 16—Two pieces of beef, weighing 50 lbs.

Apr. 28—Two fore quarters of beef, weighing 300 lbs.

May 19—One fore quarter of beef, weighing 138 lbs.

June 10—One fore quarter of beef, weighing 136 lbs.

„ 29—One hind quarter of beef, weighing 135 lbs.

July 1—One fore quarter of beef, weighing 147 lbs.

„ 20—One chicken, weighing 3 lbs.

Aug. 7—Several crops of beef, weighing 210 lbs.

Sep. 22—Two fore quarters of beef, weighing 250 lbs.

Oct. 5—Two fore quarters of beef, weighing 170 lbs.

„ 27—Two fore quarters of beef, weighing 190 lbs.

Dec. 18—Two pieces of crop of beef, weighing 7 lbs.

	Tons.	Cwt.	Qr.	lbs.
Total weight of whole carcasses condemned	5	5	2	13
Total weight of parts of carcasses and other foods condemned	1	4	1	21
Total weight of ALL Meat and other foods condemned	6	10	0	6

All condemned carcasses and parts of carcasses were disposed of to artificial manure manufacturers.

TABLE IX.

VISITS MADE TO DIFFERENT PREMISES FOR THE INSPECTION OF FOOD STUFFS.

No. of Visits to	the Abattoirs	420
" "	Butchers' Shops	586
" "	Fish Shops	338
" "	Fruit Shops	408
" "	Wholesale Shops	430
" "	Charlton's Yard	141*
" "	Collinge's Yard	141*
" "	Harrison's Yard	142*
" "	Sunter's Yard	140*
" "	Stockdale's Yard	142*
" "	Forth's Yard	36*
" "	Co-operative Society	58*
" "	Cold Air Stores	91
" "	Triperies and Tripe Shops	171
" "	Meat, Fish and Fruit Market	23
" "	Cattle Market	43
" "	Knacker's Yard	23
		<hr/> 3,333 <hr/>

* During the visits for inspection of food stuffs to the premises of these wholesale Cattle and Pig Dealers, the premises were also inspected and found to be kept in good repair, clean and disinfected several times during the year. The total inspections of these wholesale Dealers' premises numbered 800.

CONTAGIOUS DISEASES (ANIMALS) ACT.

No cases of Foot and Mouth Disease occurred within the borough during 1931.

Foot and Mouth Disease (Infected Area Restrictions) Orders, 1925 and 1928:—On March 24th, 1931, owing to an outbreak of Foot and Mouth Disease in the Country, Burnley County Borough was scheduled under the Orders, and was declared free from the Restrictions on April 5th, 1931. Again on June 17th, 1931, owing to another outbreak of the disease in Irish Cattle, the County Borough was again scheduled and was declared free again on July 9th, 1931.

Consequent on breaches of the above Orders, the following prosecutions were undertaken:—

On April 15th and 19th, 1931, two persons were prosecuted for moving cattle without a licence and fined respectively £1 0s. 0d. and special costs £1 1s. 0d., and £2 0s. 0d. and special costs £1 1s. 0d. On June 10th, 1931, two persons were prosecuted for not slaughtering within 3 days, the time stated in the Order, and were fined respectively £3 0s. 0d. and special costs £2 2s. 0d., and £1 0s. 0d. and special costs £1 1s. 0d.

SWINE FEVER ORDER, 1908.

Number of Store Pigs which entered the Borough under licence	208
Number of Fat Pigs which entered the Borough under licence	586
Number of Fat Pigs which entered the Abattoirs from Local Lairages under licence	542
Number of Fat Pigs which entered the Abattoirs from outside the Borough under licence	670
Total	<hr/> 2,006 <hr/>

The pigs inspected under the Swine Fever Order, 1908 were found to be healthy and the cleaning of the sties was satisfactory.

POULTRY ACT, 1912.

Forty-three visits have been made to the Cattle Market to inspect the crates used for the storage of poultry, most of which were found to be in a satisfactory condition. During the inclement weather the birds are well protected with sheets, and no cases of overcrowding were noticed.

IMPORTATION OF DOGS AND CATS ORDER, 1928.

During the year no animals under the above Order have been licensed into the borough.

SHEEP SCAB DOUBLE DIPPING ORDER, 1928.

This Order provides that all animals (sheep and lambs) shall be dipped in some disinfectant for the prevention of sheep scab at least twice a year.

Under this Order 836 animals were dipped:—

	July.		August.		October.		November.
Ewes	110	...	26	...	100	...	150
Lambs ...	160	...	40	...	150	...	100
	—		—		—		—
Total ...	270	...	66	...	250	...	250
	—		—		—		—

During the year there have been no cases under the following Orders:—

- (1) Swine Fever Order, 1908.
- (2) Parasitic Mange Order, 1911.
- (3) Sheep Scab Order, 1928.

ANIMAL TRANSIT ORDER.

During the year many visits have been made to the Station to examine the trucks which are used for the conveyance of cattle, etc., these being generally found in good repair and clean. The cattle landing premises were also in a satisfactory condition, the pens having been washed down and disinfected several times each week.

FOOD AND DRUGS ADULTERATION ACT, 1928.

The administration of this Act is carried out by the Public Health Department, the Chief Sanitary Inspector being the officer appointed by the Local Authority. Samples obtained for chemical analysis are submitted to the Borough Analyst. Samples for bacteriological examination are submitted to the Bacteriologist at the Public Health Laboratory.

SAMPLES TAKEN DURING THE YEAR 1931.

Nature	Formal		Informal		Total Examined
	Genuine	Adulterated	Genuine	Adulterated	
Milk	168	1	17	—	186
Butter	42	—	—	—	42
Cheese	—	—	10	—	10
Jam	—	—	10	—	10
Condensed Milk ...	—	—	15	—	15
Cod Liver Oil	—	—	12	—	12
Sausages	—	—	11	—	11
Cream	—	—	11	—	11
Coffee	—	—	16	—	16
Baking Powder ...	—	—	8	—	8
Lard	—	—	8	—	8
Honey	—	—	7	—	7
Batter	—	—	8	—	8
Ground Almonds ...	—	—	10	—	10
Shredded Suet	—	—	7	—	7
Cinnamon	2	1	—	1	4
Sultanas	4	—	—	—	4
Whisky	1	1	4	2	8
Boric Ointment ...	—	—	9	—	9
Camphorated Oil ...	—	—	9	—	9
Total ...	217	3	172	3	395

PARTICULARS OF FORMAL ADULTERATED SAMPLES AND ACTION TAKEN.

Milk	15% deficient in fat	Proceedings taken.	Fine £1.
Cinnamon	Contained 13·5% Sand...	„ „	Dismissed on Warranty Defence.
Whisky ...	11·3% added Water ...	„ „	Fine £5 and Costs £1 1s. 0d.

PARTICULARS OF ADULTERATED INFORMAL SAMPLES.

Cinnamon	Contained 13·4% Sand.	Formal sample taken.
Whisky	10·2% added Water	Formal sample taken.
		Which proved genuine.
Whisky	12·1% added Water	Formal sample taken.

Artificial Cream Act, 1929.

No action has been necessary under this Act.

Public Health (Dried Milk) Regulations, 1923 and 1927.

No conditions were observed that suggested the necessity of taking action under these Regulations.

Public Health (Condensed Milk) Regulations, 1923 and 1927.

15 samples of Condensed Milk were submitted to the Public Analyst, and were found to conform in all respects with the Regulations and the statements on the labels.

Public Health (Preservatives in Food, etc.) Regulations, 1925 to 1927.

The various food substances submitted to the Public Analyst under the Sale of Food and Drugs Acts were, when considered necessary or desirable, examined for preservatives, and prohibited colouring matters. In no case was there any breach of the Regulations.

Dissemination of Knowledge of Nutrition.

During the general Health propaganda carried out by the staff of the Public Health Department, at the clinics and public meetings, talks on nutrition and advice on dietetics are given. During Health Week, held in March, 1932, nutrition formed the subject of lectures given to the general public and dinner hour talks at various mills and works.

Section 6.

Prevalence and Control over Infectious and
other Diseases.

In the Appendix (Tables 3, 4, 5 and 6) will be found the numbers, age groups, ward distribution and seasonal prevalence of the Notifiable Infectious Diseases during 1931, together with the number reported yearly since 1912.

The following table shows the prevalence of the chief notifiable infectious diseases (apart from Tuberculosis) during the year, together with the case rate per 100,000 population, as compared with the decennial average 1921-1930.

Disease	1931		England and Wales. Case Rate per 100,000	1921-1930	
	No. of Cases notified	Case Rate per 100,000		Average No. of Cases notified	Case Rate per 100,000
Smallpox	—	—	14	22	21
Diphtheria and Membranous Croup	86	86	127	131	129
Erysipelas	56	56	38	71	69
Scarlet Fever	194	195	205	263	258
Enteric Fever	3	3	6	10	10
Primary and Influenzal Pneumonia	322	325	—	169	166
Measles and German Measles ...	878	885	—	1412	1394

The principal infectious diseases, with the exception of primary and influenza pneumonia, showed a lower incidence during 1931 than the decennial average for 1921-30.

The number of deaths and the case mortality of the chief Infectious Diseases are given in the following table.

Disease	1931		1921-1930	
	No. of Deaths	Mortality per 1,000 cases	Average No. of Deaths	Mortality per 1,000 cases
Diphtheria	3	34.9	9.0	68.7
Erysipelas	1	18.0	2.7	38.0
Scarlet Fever	—	—	2.9	11.0
Enteric Fever	1	333.0	1.9	190.0
Measles	8	11.4	18.7	13.2

It will be seen that Diphtheria, Erysipelas and Measles were of a milder type in 1931 as compared with the period 1921-1930.

Smallpox.

There were no notifications received during 1931 and no vaccinations or re-vaccinations were performed by the Medical Officer of Health.

Vaccination.

The Vaccination Officer reports that of the 1,338 births registered during 1930:—

324 were successfully vaccinated.

4 were insusceptible to vaccination.

923 declarations of conscientious objection were received.

77 died unvaccinated.

1 not accounted for.

2 postponed by medical certificate.

7 removed to other districts.

The percentage of children vaccinated was only 24.4.

The small number of young children who are being vaccinated in Burnley is a cause of grave concern to your medical staff who are responsible for the control of an epidemic of smallpox should such occur in Burnley. It cannot be too strongly impressed upon the general public that efficient vaccination is a definite protection against smallpox and, with careful technique, the operation is harmless and causes little temporary inconvenience and no ill-effects.

While it is true that the type of smallpox being experienced throughout the Country at the present time continues to be mild (*Variola Minor*) and rarely causes death, yet the cost of controlling an epidemic, including hospital isolation, disinfection, supervision of contacts, etc., is great, and if even a few

cases of smallpox should occur, the expenditure involved would far exceed the cost of vaccinating all the children born in the town in a year. The Ministry of Health in a report issued in 1931 on "The Present Position of Smallpox" suggests some modifications of practice which would make the control of variola minor by local authorities easier, less costly and if possible more effective, even though they do not succeed in extinguishing the disease. Whatever action is taken, the fact remains that in universal vaccination lies the only safety of a community against the inconvenience and expense of an epidemic.

The Vaccination Order, 1930, lays down instructions for public vaccinators, which will ensure the minimum inconvenience to the vaccinee and lessen the risk of the extremely rare post-vaccinal nervous manifestations. The instructions to public vaccinators are briefly as follows:—Subjects who are in good health only must be vaccinated. All public vaccinations must be performed with glycerinated calf lymph or with such other lymph as may be issued by the Ministry of Health. The vaccination must be carried out with aseptic precautions. Generally only one linear incision or scratch not more than a quarter of an inch long should be made and cross-scarification should not be performed.

A Committee appointed by the Ministry of Health, in conjunction with the Medical Research Council, to inquire into various matters relating to vaccination, recommends one insertion vaccination instead of four, primary vaccination in infancy between the ages of two and six months and re-vaccination when a child enters school (5 to 7 years) and again on leaving school (14 to 16 years). If these recommendations were accepted seriously by the general public and faithfully adhered to, the occurrence of smallpox would become rare eventually.

Scarlet Fever.

There have been 194 cases notified as compared with 242 the previous year, and 481 in 1929. There were no deaths during the year.

The Morbidity Rate, number of deaths, and the mortality rate from Scarlet Fever for the last ten years are given below:—

	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931
Cases per 100,000 of population	455	570	74	204	144	102	143	481	242	195
No. of Deaths	9	9	—	—	—	—	1	8	1	—
Mortality rate per 1,000 of population	·085	·086	—	—	—	—	·01	·08	·01	—
Mortality rate per 1,000 cases	18·8	15·1	—	—	—	—	7·0	16·6	4·1	—

Scarlet Fever did not appear in epidemic form during 1931, the cases being fairly evenly distributed throughout all the months of the year. Gannow ward had the highest number (50 cases) and Burnley Wood the least (6 cases). The cases of scarlet fever were generally of a mild type.

The following table shows the ages of the persons notified:—

							Cases.	Deaths.
Under 1	...	...	...	...	...	—	...	—
From 1 to 2	...	...	...	...	...	2	...	—
„ 2 to 3	...	...	...	...	...	9	...	—
„ 3 to 4	...	...	...	...	...	19	...	—
„ 4 to 5	...	...	...	...	...	22	...	—
„ 5 to 10	...	...	...	...	...	91	...	—
„ 10 to 15	...	...	...	...	...	26	...	—
„ 15 to 20	...	...	...	...	...	10	...	—
„ 20 to 35	...	...	...	...	...	13	...	—
„ 35 to 45	...	...	...	...	...	2	...	—
„ 45 to 65	...	...	...	...	...	—	...	—
65 and over	...	...	...	...	...	—	...	—
						—	—	—
						194	...	—
						—	—	—

133 cases were removed to the Infectious Diseases Hospital, the remaining 61 being isolated in their own homes.

Diphtheria.

The number of cases notified during 1931 was 86, being 4 less than in the previous year. The cases were distributed over the whole of the year and did not assume epidemic form. Three deaths from diphtheria occurred, as against 7 in 1930.

Of the 86 cases notified, 75 were admitted to the Infectious Diseases Hospital.

BACTERIOLOGICAL DIAGNOSIS.—There were 708 swabs for Diphtheria examined at the Corporation Public Health Laboratory, and 128 of these were positive. 284 of the swabs were sent by private practitioners in respect of Burnley residents, of which 45 were positive.

SUPPLY OF DIPHTHERIA ANTI-TOXIN.—In accordance with the recommendations of the Ministry of Health, vials containing 500 units for prophylactic purposes, and vials containing 8,000 units for treatment, are available.

71 vials of 8,000 units have been supplied to medical men. The Anti-Toxin is available for any person residing in the borough on a written order from any medical man. It can be obtained at the Public Health Office during the day and at the Central Police Station, Town Hall, between the hours of 11 p.m. and 9 a.m.

The following table gives the morbidity rate, number of deaths and the Mortality rate of diphtheria for the last ten years.

	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931
Cases per 100,000 of population	112	100	100	159	143	155	94	137	90	86
No. of Deaths	13	7	8	15	9	8	8	7	7	3
Mortality rate per 1,000 of population	·12	·07	·08	·15	·09	·08	·08	·07	·07	·03
Mortality rate per 1,000 cases	110·2	66·6	77·7	92·0	60·6	52·0	84·2	51·1	77·7	34·9

The ages of the notified cases and ages at death are as follows:—

						Cases.	Deaths.
Under 1 ... ..	...	...	...	...	...	1	—
From 1 to 2 ... ..	...	...	...	...	...	2	—
„ 2 to 3 ... ..	...	...	...	...	...	6	2
„ 3 to 4 ... ..	...	...	...	...	...	5	—
„ 4 to 5 ... ..	...	...	...	...	...	8	—
„ 5 to 10 ... ..	...	...	...	...	...	40	1
„ 10 to 15 ... ..	...	...	...	...	...	16	—
„ 15 to 20 ... ..	...	...	...	...	...	5	—
„ 20 to 35 ... ..	...	...	...	...	...	1	—
„ 35 to 45 ... ..	...	...	...	...	...	—	—
„ 45 to 65 ... ..	...	...	...	...	...	2	—
65 and over ... ..	...	...	...	...	...	—	—
Total ... ..	...	...	...	...	...	86	3

SCHICK AND DICK TESTS AND ARTIFICIAL METHODS OF IMMUNIZATION AGAINST DIPHTHERIA AND SCARLET FEVER:—These tests have not been employed nor has artificial immunization been undertaken.

The Schick and Dick Tests are methods of inoculation into, but not through, the skin in order to ascertain if a person is susceptible to either diphtheria or scarlet fever. The technique of the tests is comparatively simple. Children found to be susceptible can be protected against these diseases by a series of

three small inoculations at about weekly intervals. This protective inoculation is particularly valuable against diphtheria. A number of Local Authorities have established clinics at which immunization of young children against diphtheria is provided free of charge. I am of the opinion that facilities for immunization against diphtheria should be provided when a suitable opportunity occurs.

Typhoid or Enteric Fever.

3 cases only of this disease were notified. Two were cases of *Bacillus Typhosus* infection and the third was Paratyphoid. All were removed to the Infectious Diseases Hospital. Death occurred in one case.

The following table gives the Morbidity rate, number of deaths and the Mortality rate of enteric fever for the last 10 years:—

	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931
Cases per 100,000 of population	4.8	13.4	22.2	5.0	21.0	1.0	5.0	7.0	5.0	3.0
No. of Deaths	2	3	5	—	2	—	1	2	1	1
Mortality rate per 1,000 of population	.019	.029	.048	—	.02	—	.01	.02	.01	.01
Mortality rate per 1,000 cases	400.0	214.3	217.5	—	95.2	—	200	286	200	333

The ages of the persons notified are as follows:—

						Cases.	Deaths.
Under 1 ... ..	...	...	...	...	...	—	—
From 1 to 2 ... ..	...	...	...	...	...	—	—
„ 2 to 3 ... ..	...	...	...	...	...	—	—
„ 3 to 4 ... ..	...	...	...	...	...	—	—
„ 4 to 5 ... ..	...	...	...	...	...	—	—
„ 5 to 10 ... ..	...	...	...	...	...	—	—
„ 10 to 15 ... ..	...	...	...	...	1	...	—
„ 15 to 20 ... ..	...	...	...	...	—	...	—
„ 20 to 35 ... ..	...	...	...	...	1	...	—
„ 35 to 45 ... ..	...	...	...	...	1	...	—
„ 45 to 65 ... ..	...	...	...	...	—	...	—
65 and over ... ..	...	...	...	...	—	...	1 (Transferable death)
						—	—
Total						3	1
						—	—

During the year 44 Widal Tests were carried out at the Public Health Laboratory.

Puerperal Fever.

There were 7 notifications of this disease. There were 2 deaths from Puerperal Sepsis. Last year the figures were 8 cases, 3 deaths.

Puerperal Pyrexia.

There were 17 notifications.

Further particulars regarding the incidence of Puerperal Fever and Puerperal Pyrexia are to be found under the Maternity and Child Welfare Section of the Report.

Erysipelas.

56 cases were notified, as against 81 last year. There was 1 death as against 5 last year. Of the 56 cases 2 were admitted to the Infectious Diseases Hospital.

The ages of the cases and deaths are:—

						Cases.	Deaths.
Under 1	...	...	...	...	...	—	—
From 1 to 2	...	...	...	...	...	—	—
„ 2 to 3	...	...	...	...	...	—	—
„ 3 to 4	...	...	...	...	...	—	—
„ 4 to 5	...	...	...	...	...	—	—
„ 5 to 10	...	...	...	...	...	—	—
„ 10 to 15	...	...	...	...	1	...	—
„ 15 to 20	...	...	...	...	1	...	—
„ 20 to 35	...	...	...	...	8	...	—
„ 35 to 45	...	...	...	...	11	...	—
„ 45 to 65	...	...	...	...	24	...	—
65 and over	...	...	...	...	11	...	1
					—	—	—
				Total	...	56	...
					—	—	1

Measles.

In accordance with the provisions of the Borough of Burnley (Measles and German Measles) Regulations, 1920, all cases of Measles and German Measles have to be notified. 878 cases were notified to the Health Department in 1931. 11 of these were certified as German Measles. 8 deaths occurred, the case mortality being 11·4 per 1,000. Last year there were 2,373 cases and 10 deaths, giving a case mortality of 4·2.

The epidemic of Measles which commenced at the later end of 1930 continued until the end of May, 1931.

An analysis of the ages at notification and at death appear below:—

					Cases.		Deaths.	
					Measles.	German Measles.	from Measles.	
Under	1	...	...	...	31	...	3	1
From	1 to	2	...	...	76	...	2	5
„	2 to	3	...	...	112	...	—	2
„	3 to	4	...	...	143	...	1	—
„	4 to	5	...	...	141	...	—	—
„	5 to	10	...	...	341	...	2	—
„	10 to	15	...	...	15	...	3	—
„	15 to	20	...	...	1	...	—	—
„	20 to	35	...	...	6	...	—	—
„	35 to	45	...	...	—	...	—	—
„	45 to	65	...	...	1	...	—	—
65 and over	...	...	...	...	—	...	—	—
Total					867	...	11	8
					878			

Four cases of Measles were removed to the Infectious Diseases Hospital, these being transferred from the children's ward of Bank Hall Hospital.

The figures relating to Morbidity and Mortality for the past 10 years are as follows:—

Year.	Number of Cases.	Number of Deaths.	Mortality Rate per 1,000 Cases.	Mortality Rate per 1,000 of population.
1922	3,423	58	16.9	0.55
1923	193	11	57.0	0.15
1924	614	8	13.0	0.08
1925	2,323	48	20.6	0.47
1926	2,220	9	4.0	0.09
1927	1,192	32	26.8	0.32
1928	1,405	8	5.7	0.08
1929	235	3	12.8	0.03
1930	2,373	10	4.2	0.10
1931	878	8	11.4	0.08

Ophthalmia Neonatorum.

15 notifications were received. Particulars of these cases are given in the Maternity and Child Welfare Section of this Report.

Acute Poliomyelitis.

Only 1 case was notified during the year under review.

Encephalitis Lethargica.

5 cases were notified during 1931. One was a child between 4 and 5 years of age ; another a child between 5 and 10 years of age ; two were adults between 20 and 35 years of age and one was between 45 and 65 years of age. Four deaths from encephalitis lethargica occurred during the year.

Public Health (Infectious Diseases) Regulations, 1927.**Pneumonia:—**

Notifications of Primary Pneumonia	...	...	...	271
Notifications of Influenzal Pneumonia	...	...	...	51

Notifications of primary pneumonia were almost 100 more, and influenzal pneumonia over three times more, than in the previous year. From a comparison of the number of cases of pneumonia notified and the deaths from pneumonia, it would appear that notification of this disease is carried out conscientiously.

There were no notifications of **MALARIA** or **DYSENTERY**.

Non-Notifiable Infectious Diseases.

These cases are brought to the notice of the Health Department through notification from Head Teachers of schools, and school Attendance Officers, or are discovered by School Nurses or Health Visitors in the course of their routine visits to homes. A few are reported by parents. Most of the cases are visited by the Infectious Diseases Inspector, School Nurse or Health Visitors and advice on isolation and the prevention of spread of the disease is given.

The following are the number of cases notified by Head Teachers:—

Chickenpox	...	...	...	...	...	...	9
Whooping Cough	...	...	...	...	...	...	31
Mumps	...	...	...	...	...	...	32

Influenza.

As influenza is not a notifiable disease, no accurate information is available of the number of cases during the year. It was prevalent during the last quarter of the year. The number of deaths registered as being due to influenza was 59, as compared with only 7 in 1930. The age groups of those dying of influenza were as follows:—

Under	1	...	...	...	...	...	...	2
From	1 to 2	...	...	...	...	...	...	—
„	2 to 5	...	...	...	...	...	...	2
„	5 to 15	...	...	...	...	...	...	—
„	15 to 25	...	...	...	...	...	...	2
„	25 to 45	...	...	...	...	...	...	11
„	45 to 65	...	...	...	...	...	...	21
65 and over	...	...	...	...	...	...	...	21
Total								59
								—

The complications of influenza which caused death are as follows:—

Respiratory Complications	...	...	...	...	38
Cardiac Complications	...	...	...	...	14
Gastric Complications	...	...	...	...	2

No cases of ANTHRAX, EPIDEMIC JAUNDICE, UNDULANT FEVER, or PSITTACOSIS were brought to the notice of the Health Department during 1931.

Rheumatism.

The rheumatic group of diseases, and especially fibrositis, appear to be unduly prevalent in Burnley. Local factors which probable predispose to rheumatism are the high humidity of the atmosphere and the nature of the employment of the majority of the workpeople. Dampness of houses is not common in the borough, the majority of the houses being substantially built of stone and, therefore, dampness of houses is probably not an important contributory factor locally. Special attention is being given at present to the manifestations of rheumatism in school children.

Cancer.

Statistics of deaths from cancer are given on page 19. The facilities for investigation, diagnosis and treatment of cancer in Burnley appear to be adequate. The Cancer Clinic in Victoria Hospital is equipped with 330 mgms.

of radium, of which increased use is being made. The new X-ray installation is proving valuable in the diagnosis of malignant disease, and treatment by deep therapy is available. Laboratory facilities are available for the diagnostic investigation of tumour sections and a number of Bendien's tests have been carried out in the Public Health Laboratory. The records kept by the registrar of the cancer clinic are on the lines suggested by the Commission on cancer. The in-patient treatment of cancer has been handicapped in the past by the shortage of beds in Victoria Hospital, but it is hoped that the arrangement which came into operation in May, 1932, whereby Victoria Hospital waiting list cases may be admitted to the Municipal Hospital (see page 37), will make more beds available for cancer cases in Victoria Hospital. The arrangement also provides for the transfer of cases of malignant disease from the Municipal Hospital to Victoria Hospital for either in-patient or out-patient treatment. Accommodation is generally available in the Municipal Hospital for cases of inoperable malignant disease and such cases are frequently transferred there from Victoria Hospital. Recently records of cases of malignant disease in the Municipal Hospital have been kept on the lines suggested in the Ministry of Health Circular 1136 and the cases followed up on discharge from Hospital.

Opportunity is taken during general Health Propaganda by the staff of the Health Department to disseminate information on cancer. A pamphlet on the necessity for early treatment and the local facilities for treatment was issued by the Victoria Hospital and the Public Health staff assisted in its distribution.

Infectious Diseases Hospital.

The Infectious Diseases Hospital is administered by the Burnley Joint Hospital Board, of which Burnley is one of the constituent authorities.

The Medical Officer of Health is Medical Superintendent of the Infectious Diseases Hospital and the Deputy Medical Officer of Health is the Resident Medical Officer.

A separate Report is issued of the work of the Infectious Diseases Hospital and Smallpox Hospital for the year 1931.

The accompanying table gives particulars of the Burnley residents admitted to the Board's Hospital during 1931, apart from those suffering from Tuberculosis.

Disease	In Hospital 31/12/30	Admitted in 1931	Dis- charged	Died	Remaining 31/12/31	Average Stay in Hospital of those discharged
						days
Scarlet Fever ...	7	133	130	—	10	41·1
Diphtheria	4	75	67	3	9	39·5
Typhoid	—	3	1	—	2	38·0
Erysipelas	—	2	2	—	—	12·5
Other Diseases ...	—	23	10	10	3	13·6
Total	11	236	210	13	24	—

UTILIZATION OF HOSPITAL ACCOMMODATION FOR INFECTIOUS DISEASE:—

The infectious disease hospital has four blocks. When not required for the treatment of acute infectious disease, one block is used for the hospital treatment of advanced pulmonary tuberculosis in female adults. Two blocks are used for the treatment of scarlet fever and diphtheria respectively. The fourth block contains eight separate rooms or cubicles, each containing two beds, and a small operating theatre. Cases of puerperal infection, meningitis, encephalitis, enteric fever, etc., are treated in these cubicles. During 1931, 878 cases of measles occurred in Burnley and 8 died, as compared with 194 cases of scarlet fever and no deaths. 133 cases of scarlet fever were removed to hospital and only 4 cases of measles. In the past little use has been made of the hospital for the treatment of complicated cases of measles and whooping cough. During epidemics of measles or whooping cough, consideration should be given to the principle of allowing a larger number of uncomplicated cases of scarlet fever to be nursed at home and utilising the hospital beds to a greater extent for the treatment of complicated cases of measles or whooping cough.

The average duration of stay in hospital of cases of scarlet fever from the area of the Joint Hospital Board during 1931 was 39·7 days. The principle of discharging from hospital uncomplicated cases of scarlet fever, which have no potential foci of infection, at the end of the fourth week is adopted with success in many isolation hospitals, and this principle is being kept in view in the supervision of hospital cases during 1932.

Prevention of Blindness.—The Blind Persons Acts are administered by the Special Services Sub-Committee of the Education Committee, on which are co-opted representatives of the Burnley Blind Society and the League of the Blind.

No action was taken under Section 66 of the Public Health Act, 1925, for the prevention of blindness or for the treatment of persons suffering from any disease or injury to the eyes.

DISINFECTION.

The houses where infectious disease has occurred are disinfected by means of the formaldehyde spray. Clothing, bedding, etc., is removed to the Authority's Disinfecting Station in Basket Street, and disinfected in the "Equifex" Steam Disinfector, which is of the super-heated type.

Two new gas-fired boilers were installed at the Disinfecting Station during the year—one to generate steam for disinfection, the other to heat the Cleansing Station.

The work carried out in connection with visitation of infected homes and disinfection is as follows:—

Visits to Infected Houses	...	...	...	...	2,431
Visits to Suspected cases of Infectious Diseases	...				9
Visits to Measles cases	...	...	...	...	879
Houses Disinfected (Rooms—667)	...	...	...	...	452
Number of times Disinfecting Machine used	...				458
Number of times Institutions Disinfected	...	...			62
Beds Disinfected	...	...	...	...	418
Pillow cases do.	...	...	...	...	665
Pillows do.	...	...	...	...	902
Blankets do.	...	...	...	...	667
Sheets do.	...	...	...	...	282
Coverlets do.	...	...	...	...	598
Library Books	...	...	...	...	1,032
Other Articles of Clothing Disinfected	...	...	...	...	767

Bedding, etc., disinfected from Bank Hall Hospital:—

Beds	...	...	...	...	...	...	25
Pillows	...	...	...	...	...	...	69
Blankets	...	...	...	...	...	...	52
Stoving Bags	15
Other Articles	7

Open-Air School:—

Blankets Disinfected	486
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Cleansing and Disinfection of Verminous Persons.

25 persons were cleansed at the Disinfecting Station, and 18 treated for scabies.

PUBLIC HEALTH LABORATORY.

The following is a report by Dr. Priestley, the Municipal Bacteriologist, on the work of the Laboratory during 1931.

I. GENERAL STATISTICS.

Sputa for tubercle bacilli	positive	108	
	negative	526	634
Swabs for diphtheria bacilli	positive	128	
	negative	580	708
Hairs for ringworm spores	positive	113	
	negative	239	352
Tissues for section	...	...	138
Pus and exudates	...	...	111
Cerebro-spinal fluids	...	...	34
Urines	...	...	161
Fæces	...	...	44
Widal tests	...	...	44
Blood counts and cultures	...	...	92
Milks for bacterial count, etc.	...	...	426
Milks for T.B. by animal inoculation	...	...	196
Other tests by animal inoculation	...	...	15
Vaccines made	...	...	27
Various specimens unclassified	...	...	49
			3,031

V.D. EXAMINATIONS.

for spirochætes	...	...	7	
for gonococci	...	...	417	
Wassermann tests	...	...	813	1,237
Total				4,268

II. SOURCES OF THE SPECIMENS EXCLUSIVE OF V.D. SPECIMENS.

Padiham Urban District Council	...	...	46
Burnley Rural District Council	...	...	43
Brierfield Urban District Council	...	...	42
Borough of Colne	...	...	135
Victoria Hospital, Burnley	...	...	379
Clinics and Departments under the Burnley Corporation	...	...	1,659
Practitioners	...	...	727

III. COMPARISON OF THE LAST SIX YEARS.

		1926	1927	1928	1929	1930	1931
General specimens	...	2,395	3,350	3,806	3,121	2,888	3,031
V.D. specimens	...	1,062	1,114	1,116	917	976	1,237
		—	—	—	—	—	—
Totals	...	3,457	4,464	4,922	4,038	3,864	4,268

IV. During the year 196 animals were inoculated with milk sediments for evidence of tubercle bacilli, 180 of these being milks sold in Burnley. Eleven animals showed evidence of tuberculous infection, giving a percentage of 5.6. The percentages of tuberculous milks found here in the last five years are shown in the following table:—

		1927	1928	1929	1930	1931
Number of milks examined	...	188	180	158	184	196
Positive for T.B.	...	14	10	4	9	11
Percentage positive	...	7.4	5.5	2.5	4.9	5.6

V. The examination of milks for bacterial content and evidence of faecal pollution were continued throughout the year. The results of 400 such examinations are the subject of a separate report.

Bacteriological Examination of Samples of Milk, 1931.

As has been the custom for several years the following comparison of the milks examined during the year 1931 with those in previous years is submitted.

TABLE I. AVERAGE COUNTS.

Morning Milks.				Evening Milks.			
Year.	Number Examined.	Average per cc. in thousands.		Number Examined.	Average per cc. in thousands.		
1925	139	...	199.1	...	73	...	378.8
1926	128	...	118.3	...	63	...	110.3
1927	249	...	34.9	...	123	...	98.7
1928	253	...	36.9	...	146	...	108.7
1929	235	...	67.2	...	125	...	172.4
1930	260	...	30.3	...	120	...	118.2
1931	274	...	33.1	...	125	...	48.5

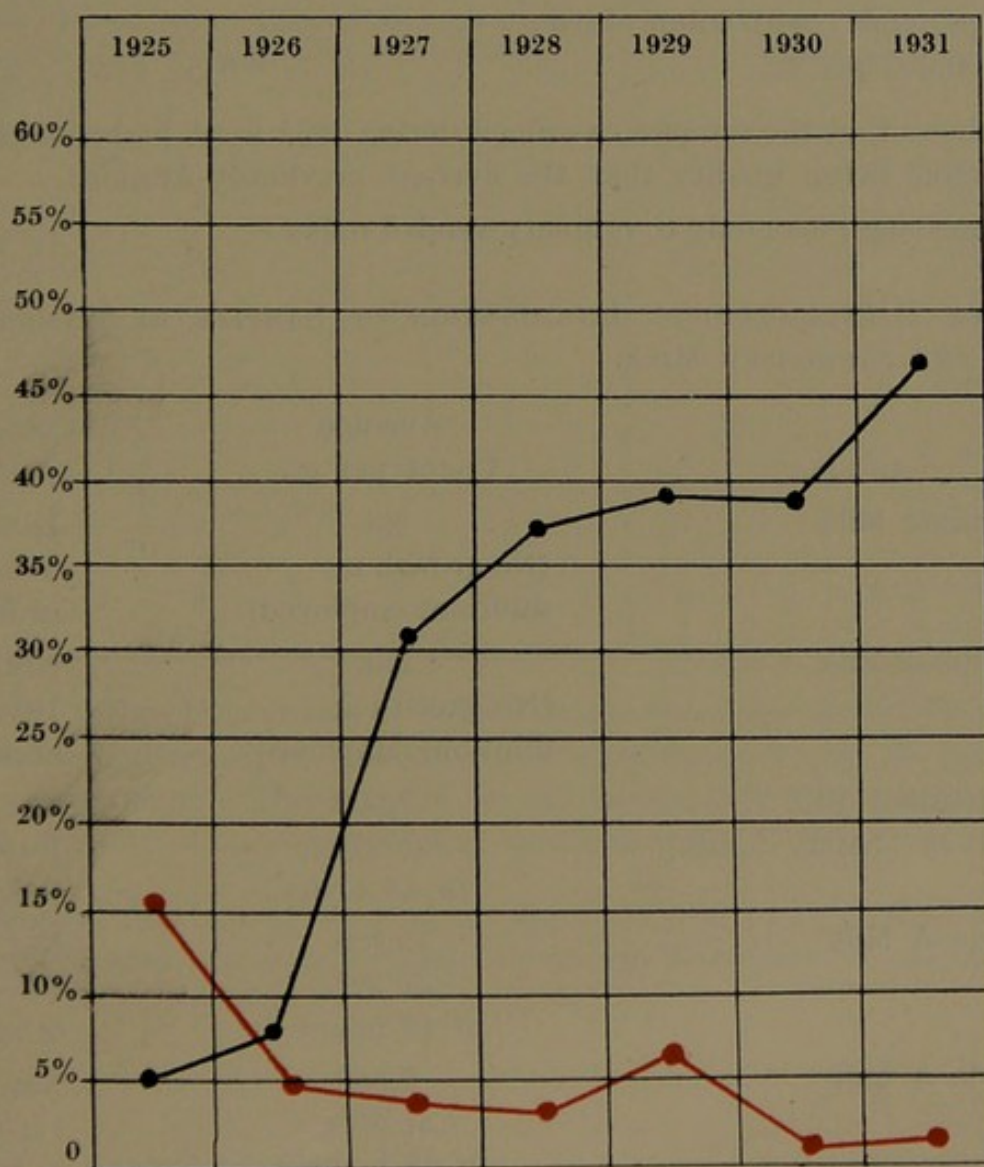
TABLE II. PERCENTAGE SHOWING POLLUTION BY LACTOSE FERMENTING ORGANISMS.

Year.	Not in 0.1 cc.	In 0.1 not 0.01 cc.	In 0.01 cc.
1925	...	33.6	...
1926	...	43.7	...
1927	...	53.4	...
1928	...	59.9	...
1929	...	58.9	...
1930	...	57.6	...
1931	...	60.2	...

III. PERCENTAGE FALLING INTO DIFFERENT STANDARD GROUPS.

Year.	No. of Milks.	Under 10,000	10,000 to 30,000	30,000 to 50,000	50,000 to 100,000	100,000 to 200,000	200,000 to 500,000	Over 500,000
1925	223	5.3	28.2	15.7	18.8	10.2	5.0	16.1
1926	197	8.6	26.4	15.7	22.3	13.2	8.6	5.0
1927	389	31.6	31.8	11.5	10.8	6.9	2.3	4.8
1928	402	37.5	37.8	9.7	7.0	2.7	2.3	3.0
1929	360	39.1	30.7	9.5	8.1	2.4	3.0	7.0
1930	380	38.1	32.9	12.4	7.9	3.7	3.9	1.0
1931	400	46.5	33.2	7.2	6.0	4.5	1.0	1.5

GRAPH SHOWING THE HIGHEST AND LOWEST STANDARDS
OVER THE PERIOD OF SEVEN YEARS.



● = not over 10,000 per cc.

● = over 500,000 per cc.

In my report for the year 1930 I showed that a notable improvement had taken place in the cleanliness of Burnley milks since the year 1926, the second year since these systematic examinations began ; and on the basis of the figures for the years 1927 to 1930 I drew up a series of averages which I suggested as the minimum standard of what might be reasonably expected of the milks, other than those of special designation, vended in the borough. The following table shows these averages in parallel with the figures for the year 1931.

TABLE IV.				Standard.	1931
1.	Average count of morning milks	...	...	41,800	33,100
2.	Average count of evening milks	...	...	124,000	48,500
3.	Average number with count of under 10,000 per cc.	...	...	36.5%	46.5%
4.	Average number with count of under 30,000 per cc.	...	...	69.9%	79.7%
5.	Average number with count of over 200,000 per cc.	...	...	6.8%	2.5%

This shows that the samples examined during 1931 were, bacteriologically, of considerable better quality than the average previously attained.

The foregoing refers only to ordinary vended milks.

REPORTS OF BACTERIOLOGICAL EXAMINATION OF SAMPLES OF DESIGNATED MILK AND STERILISED MILK.

Sample No.	Grade.	Average Count per cc.	Coliform Organisms.
I.	Sterilised Milk	Nil. (No growth in dilutions employed).	Not in 1.0 cc. or less.
II.	Sterilised Milk	Nil. (No growth in dilutions employed).	Not in 1.0 cc. or less.
III.	Pasteurised Milk (Sold as "Safety" Milk)	7,500 at 37°C in 48 hours.	Not in 1.0 cc. or less.
IV.	Grade A Milk	10,200 at 37°C in 48 hours.	Not in 1.0 cc. or less.
V.	Grade A Milk	2,550 at 37°C in 48 hours.	Not in 1.0 cc. or less.

SPECIAL INVESTIGATION.—During 1931, Dr. Priestley, the bacteriologist, carried out a number of flocculation tests, by Bendien's method, of serum from patients in Victoria Hospital and the Municipal Hospital. The spectrophotometric examination of precipitate by Bendien's method is beyond the resources of the laboratory. Nearly 300 specimens of blood have now been tested by this method in the Public Health Laboratory. Bendien's test is not a specific test for cancer, but is a useful adjunct to other methods of diagnosis. A summary of the results of Dr. Priestley's investigations is of scientific interest only and not suitable for inclusion in this report.

X-RAY DEPARTMENT, 1931.

SUMMARY OF RADIOGRAPHIC WORK CARRIED OUT IN 1931.

Referred from	Wrist	Knee	Arm	Ribs	Foot	Chest	Ankle	Fing'r	Spine	Hip	Leg	Should'r	Pelvis	Total
Bank Hall	24	—	1	—	—	—	—	—	—	1	1	—	8	35
Dispensary ...	—	—	—	—	—	27	—	—	1	1	—	—	—	29
School Clinic ...	—	—	3	—	—	6	—	1	1	1	—	—	—	12
Practitioner ...	—	—	—	—	—	22	1	—	—	1	—	—	—	24
Corporation														
Accident ...	1	—	—	1	1	—	—	3	—	—	6	1	—	13
Orthopædic														
Clinic	4	2	—	1	—	—	3	—	4	4	—	—	—	18
Open Air														
School	—	—	—	—	—	22	—	—	—	—	—	—	—	22
Marsden Road														
Sanatorium	—	—	—	—	—	7	—	—	—	—	—	—	—	7
Totals	29	2	4	2	1	84	4	4	6	8	7	1	8	160

The X-Ray Department is housed in the basement of the clinic premises in Elizabeth Street, and consists of an examination room, developing room and dressing room. These rooms are not satisfactory for the purpose, owing to the difficulty of obtaining efficient ventilation.

During 1931, the X-Ray plant was improved by the addition of some new equipment. Additional X-Ray tubes will be required in the near future.

Section 7.

Tuberculosis.

The number of primary notifications under the Public Health Tuberculosis Regulations received each year since all forms of Tuberculosis became notifiable is shown below. The numbers for both Pulmonary and Non-Pulmonary Tuberculosis in 1931 are the lowest since the disease became notifiable.

No. of Primary Notifications.

Year.	Pulmonary.	Non-Pulmonary.	Total.
1913	194 ...	107 ...	301
1914	149 ...	62 ...	211
1915	149 ...	74 ...	223
1916	135 ...	100 ...	235
1917	145 ...	74 ...	219
1918	124 ...	56 ...	180
1919	126 ...	59 ...	185
1920	110 ...	56 ...	166
1921	122 ...	63 ...	185
1922	155 ...	78 ...	233
1923	172 ...	85 ...	257
1924	143 ...	92 ...	235
1925	126 ...	85 ...	211
1926	120 ...	68 ...	188
1927	100 ...	72 ...	172
1928	131 ...	60 ...	191
1929	100 ...	52 ...	152
1930	112 ...	55 ...	167
1931	91 ...	46 ...	137

Notification Register.

At the end of 1931 there remained on the Tuberculosis Notification Register in Burnley 592 cases as follows:—

Pulmonary.			Non-Pulmonary.			Total cases.
Males.	Females.	Total.	Males.	Females.	Total.	
218	168	386	...	104	102	206
						592

The particulars of new cases of tuberculosis coming to the knowledge of the Department and the deaths from tuberculosis in 1931 are given.

Age Periods	NEW CASES						DEATHS					
	Pulmonary			Non-Pulmonary			Pulmonary			Non-Pulmonary		
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total
Under 1	—	—	—	—	1	1	—	—	—	—	—	—
1—5	—	—	—	6	5	11	—	1	1	2	2	4
5—10	—	1	1	9	3	12	—	—	—	2	—	2
10—15	—	1	1	3	2	5	—	—	—	3	1	4
15—20	3	4	7	2	1	3	3	2	5	—	—	—
20—25	3	10	13	2	5	7	4	8	12	—	—	—
25—35	15	10	25	7	1	8	7	9	16	3	—	3
35—45	10	7	17	—	2	2	9	5	14	1	1	2
45—55	18	4	22	—	1	1	11	5	16	—	—	—
55—65	11	3	14	2	—	2	4	4	8	1	—	1
65 and upwards	—	—	—	1	1	2	2	1	3	—	—	—
Total ...	60	40	100	32	22	54	40	35	75	12	4	16

Notifications.

175 notifications under the Public Health (Tuberculosis) Regulations, 1930, were received during the year ; 38 of these were duplicates, leaving 137 primary notifications. In addition 17 new cases came to the knowledge of the Department otherwise than by notification under the above Regulations, i.e., from the local Registrar's Death returns 6, transferable deaths 2, transfers from other areas 8, and posthumous notification 1.

The total number of new cases was therefore 154, of which there were 100 Pulmonary and 54 Non-Pulmonary.

Non-notification and Late Notification.

The source of 8 of the new cases coming to the knowledge of the department other than by notification, was the Death Returns. In the case of those dying in the borough the doctor certifying the death was communicated with regarding non-notification and satisfactory explanations were obtained.

The ratio of non-notified tuberculosis deaths to total tuberculosis deaths is 8·8% compared with 8·8% in 1930. The particulars are:—

Non-notified Fatal Cases			Total Fatal Cases	Percentage of non-notified Cases
Pulmonary	Non- pulmonary	Total		
6	2	8	91	8·8%

The following figures showing the interval between notification and death of pulmonary cases of tuberculosis, is an indication of the efficiency of notification.

	Insured N.H.I.		Non- Insured		Total.
Under one week	4	...	1	...	5
Between one week and one month	5	...	—	...	5
„ 1—2 months	1	...	2	...	3
„ 2—3 months	3	...	1	...	4
„ 3—4 months	2	...	—	...	2
„ 4—5 months	2	...	2	...	4
„ 5—6 months	—	...	—	...	—
„ 6—9 months	5	...	—	...	5
„ 9—12 months	4	...	1	...	5
„ 1—2 years	9	...	3	...	12
„ 2—3 years	4	...	1	...	5
Over 3 years	15	...	4	...	19
Not notified					6
			Total	...	75

Of the persons who died of pulmonary tuberculosis during 1931, 44% were notified only within a year previous to date of death. Several factors may be responsible for this, such as delay on the part of the patients in consulting medical practitioners, or delay in notification or in recognition of the disease by medical practitioners or fulminating type of the disease. There is no evidence that the last mentioned factor was responsible, and medical practitioners have referred many cases to the Clinical Tuberculosis Officer for his opinion before notification.

Occupations of 137 persons notified under the Tuberculosis Regulations:—

	Pulmonary.	Non-Pulmonary.
Textile Operatives:—		
Weavers	26	5
Winders	3	—
Twister	1	1
Loom Oiler	1	—
Cotton Labourer	1	—
Card Room Worker	—	1
Labourers	14	—
Miners	4	2

	Pulmonary. Non-Pulmonary.	
Housewives	6	3
Motor Drivers or Mechanics	3	1
Painters	3	—
Window Cleaners	2	—
Pit Top Workers and Pit Drawers ...	2	1
Florist	2	—
Glass Blower	1	—
Ironworker, Welder, Foundry Worker, Tin Workers	3	1
Licensed Victualler	1	—
Cloth Roller—Dye Works	1	—
Canvasser	1	—
Tailor	1	—
Sewing Machinist and Machine Knitter and Dressmaker	3	—
Clerk	1	—
Gas Worker	1	—
Electric Cable Worker	1	—
Coal Dealer	1	—
Shop Assistant	1	1
Butcher	1	—
Chimney Sweep	1	—
Stonemason	1	—
Laundress	1	—
Printers and Poster Printer	1	2
Basket Maker	—	1
School Teacher	—	1
No Occupation (ex-soldier)	1	—
School Children	1	12
Under School Age	—	14
	—	—
Total ...	91	46
	—	—

Pulmonary.

SEX AND STATE OF PATIENTS.

Married.		Single.		Children.		Notified from Institutions.		Total.
M.	F.	M.	F.	M.	F.	M.	F.	
30	17	12	12	—	1	15	4	91

NUMBER OF ROOMS IN HOUSES.

1 Room	—
2 Rooms	—
3 „	5
4 „	37
Over 4	30
Institutions	19
	—
Total	91
	—

CONDITION OF PATIENT.

Bedfast	25
At Home, not Bedfast	43
Working	4
Institutions	19
	—
Total	91
	—

SLEEPING ACCOMMODATION.

Room to self	28
Bed, but not room to self	13
Sleeps with other person	28
Bed in living-room	3
Institutions	19
	—
Total	91
	—

The 28 persons who did not sleep alone are divided as follows, the first named being the one suffering from the disease:

Husband with Wife	14
Wife with Husband	7
Child with Parent	—
Parent with Child	—
Adult with Adult	7
Child with Child	—
	—
Total	28
	—

DURATION OF ILLNESS:—

1—3 months	32
3—6 "	27
6—9 "	11
9—12 "	—
1—2 years	2
Institutions	19
	—
Total	91
	—

It will be seen from the above that the average duration of the illness, which will be certainly understated, of the 72 persons not in Institutions, works out at 4·2 months.

The duration of the illness of the 28 persons who did not sleep alone averaged at least 3·9 months each. Thus there had been 28 persons exposed daily for a long period in the closest possible manner.

As regards isolation of the 91 persons suffering from Pulmonary Tuberculosis the possibilities of isolation were as follows:—

Good	29
Fair	24
Bad	19
Institutions	19
	—
Total	91
	—

Good means that it was easily possible to have room to self. Fair means that the patient could have a bed to self, but would have to share the room with one other person. Bad means that though the patient might have a bed to self, the room had to be shared with two or more persons.

Non-Pulmonary.

SEX AND STATE OF PATIENTS

Married.		Single.		Children.		Notified from Institutions.		Total.
M.	F.	M.	F.	M.	F.	M.	F.	
2	3	5	4	13	4	8	7	46

The following are the number of rooms per house in which these persons were living:—

1 Room	—
2 Rooms	—
3 „	3
4 „	11
Over 4 Rooms	17
Institutions	15
	—
Total	46
	—

CONDITION OF PATIENT.

Bedfast	14
At Home, not Bedfast	14
Working	1
Attending School	2
Institutions	15
	—
Total	46
	—

DURATION OF ILLNESS.

Under 3 months	16
3—6 months	7
6—9 „	5
9—12 „	1
1—2 years	1
Over 2 years	1
Institutions	15
	—
Total	46
	—

Deaths.

91 deaths from Tuberculosis were recorded in 1931. 75 Pulmonary and 16 Non-Pulmonary.

The following table gives particulars of the site and age distribution.

	—1	1—2	2—5	5—15	15—25	25—45	45—65	Over 65	Total
Respiratory System	—	—	1	—	17	30	24	3	75
Nervous System	—	1	3	5	—	2	—	—	11
Intestines and Peritoneum	—	—	—	—	—	—	1	—	1
Vertebral Column	—	—	—	—	—	1	—	—	1
Disseminated	—	—	—	1	—	1	—	—	2
Other Organs	—	—	—	—	—	1	—	—	1
Total	—	1	4	6	17	35	25	3	91

20 deaths from Tuberculosis of the Respiratory System were new cases notified during the year.

The average age at death of the pulmonary cases was 38·1 years.

The 91 deaths from all forms of Tuberculosis gives a death rate of 0·91 per 1,000 living, compared with 0·90 in 1930.

The following table gives the death rate for the last 10 years in respect of pulmonary and other forms of Tuberculosis.

No. of deaths from Pulmonary Tuberculosis	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931
	91	94	72	83	69	73	83	75	70	75
Rate per 1,000 of the population	0·87	0·90	0·70	0·81	0·69	0·72	0·83	0·74	0·70	0·75

No. of deaths from other forms of Tuberculosis	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931
	31	31	24	29	22	13	16	19	20	16
Rate per 1,000 of the population	0·29	0·30	0·23	0·28	0·22	0·13	0·16	0·19	0·20	0·16

Public Health (Prevention of Tuberculosis) Regulations, 1925.

These regulations empower Local Authorities to prohibit persons suffering from tuberculosis of the respiratory tract from entering any employment or occupation in connection with the handling of milk. During the year it was not necessary to take any action under these regulations.

Public Health Act, 1925, Section 62.

It has not been necessary for the Council to take any action during 1931 for the compulsory removal of any tuberculosis case to hospital.

TUBERCULOSIS SCHEME.

The scheme consists of the Tuberculosis Dispensary with Tuberculosis Officer and Tuberculosis Nurse and Visitor; 25 beds rented at Meathop Sanatorium and 10 beds at the Infectious Diseases Hospital of the Joint Hospital Board for Burnley and District. Beds have also been requisitioned during the year at other Sanatoria and at Orthopædic Hospitals. There was an average of 58 beds occupied during 1931.

The Tuberculosis Dispensary.

The Dispensary is situated in Elizabeth Street. The entrance is in Nicholas Street, a very quiet and not much frequented street near the centre of the town. There are three rooms, consisting of a large waiting room, a large consulting room, and a small room for conducting examinations, to which there is access from either of the rooms.

The Medical Officer of Health is Administrative Tuberculosis Officer and the Deputy Medical Officer is the Clinical Tuberculosis Officer. One Health Visitor and a part-time Clerk are employed on the work of the Tuberculosis Scheme.

The Dispensary is open for the examination of patients or of contacts on Monday, Tuesday and Thursday mornings, and Wednesday evenings. Treatment and dressings are carried out each morning.

NEW CASES.—The number of new cases seen at the Dispensary during the year was 224. There was also 1 "transfer" from another area. 67 of the new cases were examined as contacts. The corresponding figures for last year are 213 new cases (including 26 contacts).

Of the 224 new cases, 87 or 40·7% were children under 15 years of age.

The sex distribution of the new cases is given below.

	Male.		Female.		Total.		Total 1930.
Adult	70	...	67	...	137	...	146
Children (under 15) ...	51	...	36	...	87	...	67
	121	...	103	...	224	...	213

DIAGNOSIS.—121 of the new cases were found not to be tuberculous. (54%). 92 were diagnosed as tuberculous (64 pulmonary and 28 non-pulmonary), and the remaining 11 cases were still under observation by the Tuberculosis Officer at the end of the year.

Below are given particulars of the 93 new cases of Tuberculosis, including the 1 "transfer."

PULMONARY

NON-PULMONARY

Condition at end of 1931, of new cases seen during the year	T.B.—	T.B. +				Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total
		1	2	3	Total					
Disease not										
Arrested	19	12	13	13	38	7	4	3	11	25
Lost sight of	1	—	—	—	—	—	—	—	1	1
Dead	2	1	3	2	6	—	—	1	—	1
Total ...	22	13	16	15	44	7	4	4	12	27

CASES ON THE DISPENSARY REGISTER.—At the beginning of the year 507 cases were on the register. At the end of the year there were 495 (329 Pulmonary and 153 Non-Pulmonary), and in 13 cases the diagnosis was not completed. During the year 62 "lost sight of" cases returned, 206 cases were written off the register, 53 as recovered, and in 153 cases the diagnosis was not confirmed or non-tuberculous. 52 cases died during the year and 40 were transferred to other areas or lost sight of.

Work done at or in connection with the Dispensary:—

Number of times open	Day	273	} 323
	Evening	50	
Number of patients who attended ...	...	647	
Number of attendances by patients:—		2,963	

Details of work:—

Number of Examinations by the Tuberculosis Officer	1,582
Number of Injections	87
Number of Dressings, etc.	1,229
Number of X-Ray Examinations	65

Visits paid by Nurse to homes:—

For Dispensary purposes	2,047
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Re Notifications under Tuberculosis

Regulations	140
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The following is a copy of a return on the work of the Dispensary required by the Ministry of Health:—

Return showing the work of the Dispensary during the year 1931.

DIAGNOSIS	PULMONARY				NON-PULMONARY				TOTAL				Grand Total	
	Adults		Children		Adults		Children		Adults		Children			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A.—NEW CASES examined during the year (excluding contacts):—														
(a) Definitely tuberculous ...	40	24	—	—	5	6	12	4	45	30	12	4	91	
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	2	6	2	—	10	
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	18	17	9	12	56	
B.—CONTACTS examined during the year:—														
(a) Definitely tuberculous ...	—	1	—	—	—	—	—	—	—	1	—	—	1	
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	—	1	—	—	1	
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	5	12	28	20	65	
C.—Cases written off the Dispensary Register as:—														
(a) Recovered ...	6	5	3	4	4	10	9	12	10	15	12	16	53	
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ...	—	—	—	—	—	—	—	—	30	35	49	39	153	
D.—NUMBER OF CASES on Dispensary Register on December 31st:—														
(a) Definitely tuberculous ...	178	129	9	13	29	37	53	34	207	166	62	47	482	
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	3	7	3	—	13	
1. Number of cases on Dispensary Register on January 1st ... 507														
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years 62														
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ... 40														
4. Cases written off during the year as Dead (all causes) ... 52														
5. Number of attendances at the Dispensary (including Contacts) ... 2963														
6. Number of Insured Persons under Domiciliary Treatment on the 31st December ... 22														
7. Number of consultations with medical practitioners:—														
(a) Personal ... 115*														
(b) Other ... 114														
8. Number of visits by Tuberculosis Officers to homes (including personal consultations) ... 25														
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes ... 2047														
10. Number of:—														
(a) Specimens of sputum, etc., examined ... 143														
(b) X-Ray examinations made ... in connexion with Dispensary work 65														
11. Number of "Recovered" cases restored to Dispensary Register, and included in A(a) and A(b) above —														
12. Number of "T.B. plus" cases on Dispensary Register on December 31st ... 170														

(B) Number of Dispensaries for treatment of Tuberculosis (excluding centres used only for special forms of treatment).

Provided by the Council ...	1
Provided by Voluntary Bodies ...	—

* In addition there were 145 consultations with the Radiologist and 53 with the Orthopaedic Surgeon.

OTHER EXAMINATIONS AT THE DISPENSARY.—271 cases were seen by the Clinical Tuberculosis Officer in addition to the persons dealt with under the tuberculosis scheme, shown in the return on the preceding pages. Out of 222 children seen, 62 were referred from the School Clinic for Chest examination, 55 as to their suitability for Cod Liver Oil and Malt treatment, 97 in connection with the Open-Air School, and 8 in connection with the Orthopædic Scheme. The 49 remaining cases were for miscellaneous examinations. In all there were 1,546 attendances made.

The details of the work include 508 medical examinations, 86 X-Ray examinations and 963 dressings, etc.

Provision of Extra Nourishment, Medicines, etc.

Extra nourishment in the form of milk and eggs is provided in necessitous cases, where, in the opinion of the Tuberculosis Officer, it is a necessary part of the treatment. 6 cases received extra nourishment during the year. Medicines and Cod Liver Oil and Malt are issued to patients, chiefly uninsured adults and children. During the year 241 lb. cartons of Cod Liver Oil and Malt were issued from the Dispensary. Other articles distributed to the patients were Izal 1,043 tins, Sputum cups 94, and paper handkerchiefs 11,750. Air rings, bed pans, bath chair, etc., are lent to necessitous patients who require them.

Home Nursing.

There is no provision for the home nursing of tuberculous patients.

Co-operation of Medical Practitioners.

Close contact is kept between the medical practitioners notifying cases of tuberculosis and the Tuberculosis Officer. In many cases the medical practitioner seeks the aid of the Tuberculosis Officer in making his diagnosis. 229 consultations of this kind were held during 1931. In the case of persons insured under the National Health Insurance Acts, 64 initial reports on Form G. P. 17 and 62 progress reports were received from panel doctors. In addition there were 145 consultations with the Radiologist and 53 with the Orthopædic Surgeon.

Sputum Examination.

634 specimens of Sputum were examined at the Public Health Laboratory during the year. 143 of these were sent from the Dispensary.

X-Ray Examination.

The number made in connection with Dispensary work was 65.

Dental Treatment.

A dental scheme is in operation whereby tuberculous persons, who, in the opinion of the Tuberculosis Officer, require dental treatment to facilitate recovery or maintain the disease in an arrested condition, can have treatment.

The Corporation Dentist carries out the treatment at the School Dental Clinic on Wednesday evenings, and the dentures are made by a local dentist.

If dentures are prescribed the patient is expected to contribute towards the cost. In many cases this contribution is assisted by the approved society of which the patient is a member.

During the year 45 sessions were held by the Dentist. The following are particulars of the work done:—

Number of cases under treatment	60
Number of attendances	118
Dentures supplied	10
Fillings	39
Extractions	158
Scalings	11
Dressings	19
Local Anæsthetics	158

In addition 3 cases had extractions whilst at Marsden Road Hospital.

RESIDENTIAL TREATMENT.

60 Burnley patients were in various Hospitals and Sanatoria for the treatment of Tuberculosis at the end of 1930. 144 other cases were admitted during the year, 136 cases were discharged, and 12 died; leaving 56 still in Institutions at the end of 1931.

In the following are given details in respect of the various Institutions at which Burnley cases received treatment during the year.

Institution	Remain- ing in Institution on 31/12/30	ADMISSIONS				Dis- charged during the year	Died in Institution	Remain- ing in Hospital on 31/12/31	Average duration of stay of those discharged
		Adults Male	Fe- male	Child ren	Total				
Meathop	25	30†	17	—	47	45	2	25	weeks 26·8
Manchester Hospital:									
Bowden	2	—	—	—	—	2	—	—	26·9
Papworth Tub. Colony	1	—	—	—	—	—	—	1	—
East Lancs. Tub. Colony	4	5	—	—	5	5	1	3	22·0
Withnell Pulmonary Hospital	4	9	—	—	9	7	1	5	24·2
Marsden Road Pulmonary Hospital	10	—	25	—	25	20	6	9	18·4
St. Vincent's Orthopædic Hospital	2	—	—	—	—	—	1	1	—
Shropshire Orthopædic Hospital	4	1	2	3	6	6	—	4	30·6
Heatherwood Hospital	2	—	—	1	1	—	—	3	—
Aysgarth Sanatorium ...	2	—	7	1	8	6	—	4	26·3
Crown Point Hospital ...	—	—	—	42*	42	42	—	—	15·4
Liverpool Sanatorium ...	3	—	1	—	1	2	1	1	42·6
Burrow Hill Sanatorium	1	—	—	—	—	1	—	—	77·4
Total	60	45	52	47	144	136	12	56	—

* 27 for Observation.

† 1 for Observation.

AGES OF CASES ADMITTED.

	Under 15	15—20	20—30	30—40	40—50	50—60	Over 60	Total
Males	23	2	18	10	6	7	2	68
Females	24	6	26	13	6	1	—	76
Total	47	8	44	23	12	8	2	144

CLASSIFICATION OF CASES ADMITTED.

	T.B.—	PULMONARY					NON-PULMONARY					Ob- serv- ation	Grand Total
		T.B. +					Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total		
		1	2	3	Total	Gross Total							
Males	1	11	20	10	41	42	1	1	—	—	2	1	45
Females	17	8	12	13	33	50	2	—	—	—	2	—	52
Children	3	—	—	—	—	3	8	5	—	4	17	27	47
Total	21	19	32	23	74	95	11	6	—	4	21	28	144

The condition on discharge of the 108 definitely tuberculous patients was:

Classification	Quiescent			Not Quiescent			Total
	M.	F.	Ch.	M.	F.	Ch.	
Pulmonary	12	15	3	25	31	—	86
Bones and Joints	—	3	6	—	—	1	10
Abdominal	1	1	2	1	—	3	8
Peripheral Glands	—	—	4	—	—	—	4
Total	13	19	15	26	31	4	108

Crown Point Hospital.

For a period of 6 months the hospital was utilized for the purpose of open-air treatment of delicate school children. The daily average number of beds occupied was 25.

42 children were admitted and their duration of stay averaged 15·4 weeks.

The particulars are:—

	Pulmonary.	Non-Pulmonary.	For Observation.
Males	—	8	14
Females	2	5	13

With the exception of two cases all were improved.

Other Forms of Tuberculosis.

No beds are retained for treating non-pulmonary tuberculosis. Beds are requisitioned as required in hospitals and sanatoria which deal specially with this type of case, and occasionally suitable cases are sent to the two sanatoria in place of pulmonary cases.

53 cases of skin and glandular tuberculosis referred by the Tuberculosis Officer received treatment by X-Ray or Actino-therapy through the scheme which has been in operation for several years. The total attendances of patients for these special forms of treatment amounted to 1,036, an average of 19 per patient.

The sex and ages of the persons referred for treatment, the localisation of disease and the results of treatment are appended:—

Ages	Under 10	10 to 15	15 to 20	20 to 25	25 to 30	30 to 35	35 to 40	40 to 45	45 to 50	50 to 55	55 to 60	Over 60	Total
Males	6	5	1	2	—	1	1	1	1	—	—	—	18
Females ...	5	7	3	4	4	2	2	2	3	3	—	—	35

Diagnosis	Abdominal Glands	Skin	Superficial Glands	Total
Males	—	9	9	18
Females	1	19	15	35

Results of Treatment.	Males.	Females.
Recovered	3	2
Disease arrested	4	11
Quiescent	7	17
Improved	3	3
No material improvement	1	2
	—	—
	18	35
	—	—

Section 8.

Venereal Diseases.

Venereal Diseases Treatment Centre.

The Venereal Diseases Clinic is housed in an Annexe of the Victoria Hospital, which also contains the Public Health Laboratory. The premises are rented by the Town Council. The Venereal Diseases Officer, who is also Municipal Bacteriologist, is a whole-time officer of the Local Authority. Two whole-time assistants are employed, partly as venereal disease orderlies and partly as laboratory assistants. A nurse for the female venereal diseases clinic is supplied from the staff of Victoria Hospital. The Clinic contains consulting room, treatment and irrigation rooms, small dispensary and separate entrances and waiting rooms for the two sexes.

By arrangement with the Lancashire County Council, the clinic also serves an adjoining area of the County, including the Boroughs of Nelson and Colne and the Urban Districts of Padiham and Brierfield.

Two Clinics for men are held on Monday and one on Thursday of each week. Two clinics for women and children are held each Friday. New cases are seen daily and intermediate treatment is given daily.

At the beginning of the year 142 cases were under treatment, 26 marked off in a previous year as having ceased to attend returned for treatment during the year, and 194 cases attended for the first time. Thus there were 362 cases under treatment during the year.

Of the new cases, 156 (or 80%) were diagnosed as suffering from Venereal Disease (57 Syphilis, 97 Gonorrhœa, and 2 Soft Chancre). 38 were found not to have venereal disease.

The total number of attendances was 4,113 (2,454 for examination by the Medical Officer, and 1,659 for irrigation dressings, etc.).

RETURN relating to all persons who were treated at the Treatment Centre at Burnley during the year ended the 31st December, 1931.

	Syphilis		Soft Chancre		Gonorrhœa		Conditions other than Venereal		TOTALS		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals
1. Number of cases on 1st Jan. under treatment or observation	50	36	—	—	47	6	3	—	100	42	142
2. Number of cases removed from the register during any previous year which returned during the year under report for treatment or observation of the same infection	7	3	—	—	14	2	—	—	21	5	26
3. Number of cases dealt with for the first time during the year under report (exclusive of cases under Item 4) suffering from:											
Syphilis, primary	7	4	—	—	—	—	—	—	7	4	11
" secondary	2	5	—	—	—	—	—	—	2	5	7
" latent in 1st year of infection	—	—	—	—	—	—	—	—	—	—	—
" all later stages	19	7	—	—	—	—	—	—	19	7	26
" congenital	10	2	—	—	—	—	—	—	10	2	12
Soft Chancre	—	—	2	—	—	—	—	—	2	—	2
Gonorrhœa, 1st year of infection	—	—	—	—	68	19	—	—	68	19	87
" later	—	—	—	—	4	—	—	—	4	—	4
Conditions other than venereal	—	—	—	—	—	—	32	6	32	6	38
4. Number of cases dealt with for the first time during the year under report known to have received treatment at other Centres for the same infection	1	—	—	—	4	2	—	—	5	2	7
TOTALS OF ITEMS 1, 2, 3 AND 4 ...	96	57	2	—	137	29	35	6	270	92	362
5. Number of cases discharged after completion of treatment and final tests of cure (see Item 15)	8	6	2	—	60	9	34	5	104	20	124
6. Number of cases which ceased to attend before completion of treatment and were, on first attendance, suffering from:											
Syphilis, primary	3	1	—	—	—	—	—	—	3	1	4
" secondary	—	1	—	—	—	—	—	—	—	1	1
" latent in 1st year of infection	—	—	—	—	—	—	—	—	—	—	—
" all later stages	7	2	—	—	—	—	—	—	7	2	9
" congenital	2	1	—	—	—	—	—	—	2	1	3
Soft Chancre	—	—	—	—	—	—	—	—	—	—	—
Gonorrhœa, 1st year of infection	—	—	—	—	16	5	—	—	16	5	21
" later	—	—	—	—	1	—	—	—	1	—	1
7. Number of cases which ceased to attend after completion of treatment but before final tests of cure (see Item 15)	6	3	—	—	17	—	—	—	23	3	26
8. Number of cases transferred to other centres or to institutions, or to care of private practitioners	21	15	—	—	4	1	—	—	25	16	41
9. Number of cases remaining under treatment or observation on 31st December	49	28	—	—	39	14	1	1	89	43	132
TOTALS OF ITEMS 5, 6, 7, 8 AND 9	96	57	2	—	137	29	35	6	270	92	362

(These totals should agree with those of Items 1, 2, 3 and 4)

16. Pathological Work:—	Microscopical		Serum Tests		
	for spirochetes	for gonococci	Wassermann	Others for Syphilis	for Gonorrhœa
Number of specimens from patients attending at the centre sent for examination to an approved laboratory ...	7	306	238	—	—

The Venereal Diseases Officer is also the Bacteriologist of the approved Laboratory.

Statement showing the services rendered at the Treatment Centre during the year, classified according to the areas in which the patients resided.

Name of County or County Borough (or Country in the case of persons residing elsewhere than in England and Wales) to be inserted in these headings.	Burnley	Lancs. C.C.	West Riding C.C.	Manchester	Total
A. Number of cases in Item 3 from each area found to be suffering from:—					
Syphilis	31	23	2	—	56
Soft Chancre	—	2	—	—	2
Gonorrhœa	60	28	3	—	91
Conditions other than Venereal	21	17	—	—	38
TOTAL	112	70	5	—	187
B. Total number of attendances of all patients residing in each area	3002	1056	53	2	4113
C. Aggregate number of "In-patients days" of all patients residing in each area	—	—	—	—	—
D. Number of doses of arsenobenzene compounds given in the out-patient Clinic and in-patient Department to patients residing in each area ...	451	324	11	—	786

Supplies of Arsenobenzene Compounds.

These are available at the Public Health Department for private medical practitioners whose names are upon the approved register. Five doctors on the list, together with the Resident Medical Officer of the Hospitals, availed themselves of this free supply. 239 doses were supplied to them as follows:—

Novarsenobillon	...	...	...	...	10
Neokharsivan	...	...	...	...	229

Pathological Examinations.

These are carried out at the Municipal Laboratory by the Medical Officer of the Treatment Centre, who also acts as the Municipal Bacteriologist.

During the year 1,237 examinations were made:—

For Spirochetes	...	...	...	...	7
„ Gonococci	...	...	...	...	417
„ Wassermann Reaction	...	...	...	...	813

These figures include examinations made in connection with the Venereal Disease Scheme, for local hospitals, for private medical practitioners and for adjacent authorities.

Of these 1,237 examinations 820 related to Burnley residents, as follows:—

Nature of Test		Number of Tests
For detection of Spirochetes	For Treatment Centre	2
	For Practitioners and Hospitals ...	—
For detection of Gonococci ...	For Treatment Centre	191
	For Practitioners and Hospitals ...	87
For Wassermann reaction ...	For Treatment Centre	136
	For Practitioners and Hospitals ...	404
Other examinations:—	For Treatment Centre	—
	For Practitioners and Hospitals ...	—
	TOTALS	820

Venereal Diseases Act, 1917.

No action has been taken during the year in respect of restriction on advertisements or for the prevention of the treatment of Venereal Disease otherwise than by duly qualified persons.

Venereal Diseases Propaganda.

Posters have been placed on hoardings and the plaques in all the public conveniences have been renewed in order to make the public aware of the facilities which are available for free treatment. No propaganda specially directed to the prevention of venereal disease has been carried out, but the subject has been included in the general health propaganda of the department and considerable attention was given to it during Health Week in March, 1932.

Section 9.

Maternity and Child Welfare.

Births.

The Notification of Births Acts require that all births should be notified to the Medical Officer of Health within 36 hours of occurrence.

During the year 1931, 1,363 notifications were received relating to 1,295 live births and 68 stillbirths. During the corresponding period 1,333 live births and 70 stillbirths were registered by the Registrar of Births and Deaths.

The 1,363 live and still births were notified by the following:—

Midwives	...	...	...	...	539
Doctor and Parents	...	...	...	...	364
Maternity Hospital	...	...	...	...	365
Municipal Hospital	...	...	...	...	95
Not notified	...	...	...	...	19
					1,382

Births notified by medical men and by trained midwives are not visited until ten days at least have elapsed. The majority of the others are visited as soon as possible after notification.

Attendance at Birth.

The Health Visitors' enquiries showed that of the 1,382 live and still births 241 were attended by doctors, 237 both by doctors and midwives, 424 by midwives only, 21 by handywomen and 1 not ascertained. The rest were born in Institutions (358 in the Maternity Hospital and 100 in the Municipal Hospital).

Health Visiting.

The staff consists of a Superintendent Health Visitor, who is also Inspector of Midwives and eight Health Visitors. The Superintendent and six Health Visitors are general trained nurses and hold the certificate of the Central Midwives Board. In addition, the Superintendent holds the Maternity and Child Welfare Certificate and the Sanitary Inspectors' Certificate of the Royal Sanitary Institute, and two Visitors hold the Health Visitors' Certificate.

The Health Visitors are required to carry out any duties connected with the Maternity and Child Welfare Scheme or the School Medical Service, but, as a general rule, four visitors are employed on Maternity and Child Welfare work, three on School Medical work, one on the Tuberculosis Scheme and one as Dental Nurse.

The Health Visitors engaged on Maternity and Child Welfare work visit each newly-born child soon after birth and, where necessary, advise the mother as to the care of the child. Each Health Visitor has a district. Re-visits are made every three months, or more often where necessary, during the first year of the child's life, and children over one year of age are visited at least once each year. Where the progress of the child is unsatisfactory, where the home conditions are unfavourable or where infectious or other illnesses exist, frequent visits are made. The Health Visitors are in attendance at the Infant Welfare Centres in their districts and so keep in close touch with mothers and are able to follow closely the progress of the children in their own areas.

A summary of the work carried out by the Health Visitors is given on page 148.

Midwives' Acts.

35 Midwives notified their intention to practice during the year, compared with 36 in 1930. 15 of these notifications related to nurses in the Municipal Maternity and General Hospitals. The 20 midwives practising externally included 14 trained and 6 bona fide. 424 confinements were attended by them as follows:—

			Certificated.		Bona fide.		Total.
No. of Midwives in practice	...	...	14	...	6	...	20
No. of Confinements attended by the 20							
Midwives	...	...	333	...	91	...	424
No. of calls for Medical Aid	...	...	120	...	39	...	159

Altogether 159 records of sending for medical help under Rule E. 20 of the Central Midwives' Board were received from Midwives compared with 129 last year.

The details are as follows:—

Calls for Medical Aid			...	...	159		
For Mother—132.						For Child—27.	
	Certi- ficated.	Bona fide.		Certi- ficated.	Bona fide.		
Adherent Placenta	...	—	2	Feebleness or			
Ruptured Perinæum	...	37	4	Premature	...	8	2
Delayed Labour	...	22	18	Discharging Eyes	...	4	2
Rise of Temperature	...	2	—	Unclassified	...	6	2
Ante-Natal Conditions	...	15	1	Deformities	...	3	—
A.P. Hæmorrhage	...	5	4				
P.P. Hæmorrhage	...	4	—				
Malpresentation	...	6	1				
Unclassified Illness	...	8	3				

In addition the following notifications were received from midwives:—

Notification of Death of Mother or Child	...	...	...	...	...	8
" " Stillbirths	...	...	...	...	...	23
" " Liability to be a source of Infection	...	...	...	...	...	13
" " Artificial Feeding	...	...	...	...	...	20
" " Laying out the Dead	...	...	...	...	...	8

In accordance with section 14 of the Midwives' Act, 1918, 56 claims amounting to £95 12s. 6d. were received from doctors called in by midwives in cases of emergency. All these were allowed and the amounts, with the exception of the Ophthalmia cases, surcharged to the patients.

63 routine visits were paid by the Inspector to the midwives during the year. The Inspector also interviewed midwives at the Health Office on several occasions.

Training of Midwives.

Bank Hall Maternity Hospital is a recognised training school for nurses wishing to obtain the certificate of the Central Midwives' Board. At the beginning of 1931, 11 nurses were undergoing training, 15 commenced training during the year, and 12 completed their training before the end of the year. Only general trained nurses are accepted as pupil midwives. They are required to give an undertaking to remain on the Hospital staff for a period of twelve months, the first month being a probationary period. One month is devoted to training in district Midwifery, which is obtained by an arrangement with the Darwen District Nursing Association, the pupils being transferred to the Darwen District Nurses' Home for one month. Pupil midwives are paid a salary of £30 6s. 0d. per annum in addition to board and lodging in the Maternity Hospital or the Hostel adjoining and £6 6s. 0d. is deducted to pay lecturers' fees. The course of lectures is given by the Consulting Obstetrician to Bank Hall Hospital and practical instruction and additional coaching are given by the Assistant Medical Officer, the Matron and the Sister Tutor. Two special lectures on the rules of the Central Midwives' Board and the relationship of the midwife to the Local Supervising Authority and Public Health Services are given by a medical member of the Public Health Department staff.

Infant Welfare Centres.

There are six Infant Welfare Centres, at which Clinics are held as follows:—

Owned by the Local Authority.	Sessions held	Medical Officer present at
(1) Annexe of Bank Hall Maternity Hospital	2 sessions per week.	1 session per week.
(2) Parker Street	1 session per week.	1 session per week.

Rented by the Local Authority:—

(3) Ebenezer Sunday School	... ..	1 session per week.	1 session per fortnight.
(4) Rosegrove Wesleyan Sunday School		1 session per week.	1 session per fortnight.
(5) Lanebridge Wesleyan Sunday School		1 session per week.	1 session per week.
(6) Mount Olivet Sunday School	... ..	1 session per week.	1 session per week.

Attendances.

1308 primary attendances were made at the Infant Welfare Centres. Of these 863 were attendances of infants under one year of age and 445 were of children aged one to five years. The primary attendances for the previous year were 1582. The total attendances of all children during 1931 were 14,970, as compared with 16,037 in 1930. The primary attendances of infants under one year of age represents 66·6% of the total live births notified during the year under review. The Assistant Medical Officer for Maternity and Child Welfare held 2,607 consultations at the Centres during 1931.

Care is taken to conduct the infant welfare clinics as advisory centres and to avoid the treatment of acute illnesses in children, which is more properly the function of the private medical practitioner. One still finds a proportion of mothers who bring their infants to the centres for the first time only when a definite illness is established. The idea of a Welfare Centre as an institution where advice is given to mothers how to do the best for themselves and their children in health, and to maintain health, is more generally recognised by the mothers of the town, but one continues to find a small group who look on this aspect of infant welfare work as of doubtful benefit. It is this group who wait until illness is established before bringing the child to the Centre and who are irregular in their attendance. Such mothers are naturally disappointed when they are referred to their private medical advisers for the treatment of acute illnesses. Irregular attendance prevents that regular periodical record of the child's state, which is invaluable when assessing the importance of some slight deviation from the normal. Regular attenders are sometimes found among those who receive material benefits, such as milk or cod liver oil, and when it is considered no longer necessary for the child to have such extra nourishment, the regularity of attendance tends to lapse. Happily such cases are a small proportion of the total who take advantage of the Centres. The policy of limiting the supply of milk and cod liver oil preparations strictly to necessitous children who are definitely in need of these on medical grounds, while at the same time ensuring that no necessitous child which is not thriving properly shall lack such beneficial articles, and avoiding the indiscriminate

issue of milk or oil as a bait to obtain attendance at the Centres, is rigidly adhered to, with the result that the majority of the mothers are appreciative of the advice given by the Doctor and Health Visitors.

Difficulties with infant feeding bring mothers most readily, and generally advice is closely followed. Malnutrition and Rickets among toddlers found by the Health Visitors form a fair percentage of the cases seen.

As four of the six Centres are rented by the Local Authority, it is difficult to render clinics, leased one afternoon weekly, as clean, bright and inviting as wisdom and the interests of public health would suggest. Along the lines of friendliness, cheerful and attractive social atmosphere and premises structurally suitable, and preferably specially constructed for the purpose, will progress be made towards spontaneous popularity of infant welfare work. Buildings specially constructed for the purpose may be visualised only in the dim and distant future. The social atmosphere is being maintained loyally by the ladies of the League of Social Service. Educational mother-craft classes in connection with the Centres should receive attention.

Particulars of work at the various Infant Welfare Centres during the year are as follows:—

CENTRE	Parker Street	Ebenezer	Mount Olivet	Lane Bridge	Rosegrove	Bank Hall Hospital	Total
Sessions held	52	50	52	50	50	97	351
Primary attendances:—							
Infants under 1 year ...	108	162	100	123	84	286	863
Children over 1 year ...	110	85	53	78	41	78	445
Total attendances:—							
Infants under 1 year ...	857	1646	1035	1311	928	3258	9035
(Average per Session)	16.5	32.9	19.9	26.2	18.6	33.6	
Children over 1 year ...	607	1690	432	1471	578	1157	5935
(Average per Session)	11.7	33.9	8.3	29.4	11.6	11.9	
Expectant Mothers ...	55	15	3	81	—	—	154
(Average per Session)	1.0	0.3	—	1.6	—	—	
Doctors' attendances ...	48	24	43	46	24	54	239
Doctors' consultations:—							
Infants under 1 year ...	305	199	319	324	165	328	1640
Children over 1 year ...	243	107	192	247	93	85	967
Weighings:—							
Infants under 1 year ...	857	1444	1035	1259	928	3258	8781
Children over 1 year ...	607	1001	432	1096	578	1157	4871

During the year short health talks were given to mothers during the Infant Welfare Sessions by the Medical Officer and the Superintendent Health Visitor. The following are some of the subjects dealt with:—

1. The Growth and Development of the Normal Infant.
2. The General Management of Infants and Young Children.
3. Artificial Feeding.
4. Patent Foods—Their Advantages and Disadvantages.
5. Vitamins.
6. Rickets.
7. Some Common Infectious Diseases (Measles, Scarlet Fever, Whooping Cough). How to help prevent the spread of Infection. Advice about Nursing.
8. Teething. The First Dentition and its Attendant Disturbances. The Importance of the Care of the Teeth.
9. Constipation in children.
10. Diarrhœa.
11. Intestinal Parasites.
12. The Common Cold and How to Avoid it.

Ante-Natal Care.

One morning and one evening session are held weekly at the clinic attached to Bank Hall Maternity Hospital, and one session weekly at Parker Street and Rosegrove Centres. The Assistant Medical Officer for Maternity and Child Welfare conducts the clinics at Bank Hall and Rosegrove, and a part-time Medical Officer (honorary) conducts the Parker Street Clinic. The Consulting Obstetrician attends the morning session at Bank Hall and examines cases referred to him by the Assistant Medical Officer. The Consultant also holds one ante natal session per week at Bank Hall, at which he examines cases referred to him by general practitioners. Most of the ante-natal cases seen at the Bank Hall Clinic are women who have engaged beds in the Maternity Hospital for their confinements. A considerable proportion of the cases seen at the Parker Street and Rosegrove Clinics are referred by private practising Midwives.

The ante-natal clinic at the Maternity Hospital has well organised assistance rendered by the nursing staff of the hospital and it provides useful material for the training of the midwifery pupils. Naturally attendance at the place where, and by the staff whom, they have booked for their confinements, give this clinic a special place with mothers of the town.

Cases of Albuminuria, Pyuria, Ante-Partum Hæmorrhage, Anæmia of Pregnancy and numerous minor degrees of Contracted Pelvis are all met with at this and the Parker Street clinics. Cases whose ailments may readily be treated at home are referred to their own doctors and more urgent cases are admitted to the Ante-Natal Ward.

The Ante-Natal Examinations carried out at the Rosegrove clinic, being conducted during the same session as the infant consultations, naturally do

not attract as many pregnant mothers as the other two Ante-Natal clinics. However these Ante-Natal examinations meet a limited demand in this district.

Memorandum 156/M.C.W.—During 1931, an extension of the Ante-Natal Service was made by the appointment of the Consulting Obstetrician for the Maternity Hospital as consultant for complications of pregnancy, labour or the puerperium. His services as consultant are available on the request of any medical practitioner when the patient cannot afford to have the services of a consultant privately. This extension came into operation in April and by the end of the year, the services of the consultant were requested on 16 occasions. The consulting Obstetrician is also consultant under the Puerperal Fever and Pyrexia Regulations.

In order that closer co-operation between the Ante-Natal clinics and the private medical practitioners might be attained, an arrangement was made, and came into operation in December, 1931, whereby medical men practising in Burnley would act as Honorary Clinical Assistants at the Bank Hall and Parker Street Ante-Natal clinics. Fifteen medical practitioners signified their willingness to act in this capacity and a rota was drawn up, which enables four practitioners to act for a period of three months.

The Consulting Obstetrician, in addition to seeing cases of Ante-Natal complications referred by doctors to the Bank Hall Ante-Natal clinic, was called in consultation by doctors at patients' own homes to the following cases:—

Complication of Pregnancy or Labour.	No. of Cases.	Disposal of Cases.
Hyperemesis Gravidarum	3	2 admitted to Maternity Hospital. 1 treated at home.
Incarcerated Gravid uterus and Hyperemesis	1	Admitted to General Hospital.
Obstructed Labour, Prolapse of cord	1	Admitted to Maternity Hospital.
Obstructed Labour, Breech, Extended Legs	1	Treated at home.
Breech Presentation, Prolapse of Cord	1	Treated at home.
Contracted Pelvis, Osteitis Deformans	1	Admitted to Maternity Hospital.
Contracted Pelvis, Occipito-posterior	1	Treated at home.
Contracted Pelvis, Delayed Labour	1	Treated at home.
Disproportion	1	Treated at home.

Toxic Albuminuria	...	...	...	1	...	Treated at home.
Post-partum Hæmorrhage	...	...	...	1	...	Treated at home.
Incomplete Abortion, severe						
Hæmorrhage	...	...	...	1	...	Treated at home.
Pulmonary and Laryngeal						
Tuberculosis	...	...	...	1	...	Admitted to Maternity Hospital.
Glycosuria	...	...	...	1	...	Treated at home.
Total Domiciliary Consultations—16.						
(Memo. 156/M.C.W.(III)).						

The attendances at the Ante-Natal Clinics during 1931 are as follows:—

Clinic	Times Open	Number of Expectant Mothers Attending		Post-Natal Attendances	Total Attendances	Average per Session
		For the first time	Subsequent Attendances			
Bank Hall Clinic ...	104	376	2096	—	2472	23·8
Parker Street ...	49	107	182	23	312	6·4
Rosegrove	24	19	20	9	48	2·0
TOTALS	177	502	2298	32	2832	

A large number of the Bank Hall Ante-Natal clinic cases were confined in the Maternity Hospital and Post-Natal examinations were made before the the patients were discharged from the hospital.

The following table shows the use that has been made of the ANTE-NATAL clinics during the last ten years:—

	1922		1923		1924		1925		1926		1927		1928		1929		1930		1931	
	Cases	Total Attendances	Cases	Total Attendances	Cases	Total Attendances	Cases	Total Attendances	New Cases	Total Attendances	New Cases	Total Attendances	New Cases	Total Attendances	New Cases	Total Attendances	New Cases	Total Attendances	New Cases	Total Attendances
Bank Hall Clinic	209	1060	254	1787	265	1871	404	1994	314	1828	361	2429	427	2217	420	2874	405	2302	376	2472
Parker Street ...	—	—	—	56	20	47	94	168	88	232	101	202	88	213	94	225	98	206	107	312
Rosegrove	—	—	—	—	—	—	2	14	8	43	11	35	2	18	13	27	17	31	19	48
(previously Lowerhouse)																				
TOTAL ...	209	1060	254	1843	285	1918	500	2176	410	2103	473	2666	517	2448	527	3126	520	2539	502	2832

The following table shows how the ANTE-NATAL CASES were referred to the clinics during 1931:—

NEW CASES. (During 1931).

	Referred by Private Medical Practitioners	Referred by Midwives	Referred by Health Visitors or otherwise through Child Welfare Clinics	Came of own accord	Total
Bank Hall Clinic	18	1	—	357	376
Parker Street Clinic	3	70	20	14	107
Rosegrove Clinic	—	13	—	6	19
TOTAL	21	84	20	377	502

Bank Hall Maternity and Children's Hospital.

This hospital has twenty-one beds for maternity cases, four of which are generally reserved for treatment of complications arising during pregnancy. The maternity beds are in three wards on the ground floor. In addition there are two "Isolation" single-bed rooms on the ground floor. The Ante-Natal beds are in a ward on the first floor.

There is also a children's ward on the first floor with accommodation for twenty-four ailing infants or children up to five years of age.

THE MATERNITY UNIT.

This is used primarily for women whose confinements are likely to be attended with complications which might prove dangerous if the women were confined in their own homes, and those who require immediate institutional treatment in emergency. Considerable use is made of the hospital by women whose housing accommodation is unsuitable for the conduct of a confinement. Women whose general health and poor response to pregnancy will, of themselves if untreated, cause an added risk to the subsequent confinement, are admitted for Ante-Natal treatment. These are cases of Toxæmia of pregnancy, Pyelitis, Ante-partum Hæmorrhage, Cardiac disease and women with marked general Debility. Accommodation is booked largely by women having their first child.

It is of interest to note that of 357 women delivered during the year, forty-three were emergency cases. These "emergencies" were cases requiring frequently major operative treatment and who had not attended for Ante-Natal care. They provided four of the five maternal deaths and four of the eight cases of Puerperal Pyrexia. Such cases, with the necessary increased internal manipulations, naturally increase the Puerperal morbidity rate.

The admissions, discharges and deaths of maternity cases are as follows:—

MATERNITY UNIT. (21 BEDS).

In Hospital on 1st January, 1931	...	...	...	...	...	...	16
Admitted during 1931	...	...	...	...	...	...	371
Re-Admissions during 1931	...	...	...	...	...	...	59
Discharged during 1931	...	...	...	...	...	...	369
Died during 1931	...	...	...	...	...	...	5
Remaining in Hospital on 31st December, 1931	...	...	...	...	...	...	13
Number Admitted for Ante-Natal Treatment only	...	...	...	...	...	...	15
Number of Women delivered during the year	...	...	...	...	...	...	357
Average duration of stay of all cases (i.e. Confinement and Ante Natal cases)							

14.4 days.

Average duration of stay of confinement cases only—12.9 days.

Daily average number of beds occupied—14.9.

There were 358 babies born. Twenty-four of the babies were stillborn and fourteen died within 10 days of birth. There was one case of twins. Of the 371 admissions, 25 or 6.7% were patients from adjacent districts.

More detailed Statistics will be found in the Appendix.

THE CHILDREN'S UNIT.

The 24 cots in this ward are used primarily for the treatment of young children who are not acutely ill but suffer from maladjustment of diet, and that failure to thrive which frequently precedes acute illness in children and among whom acute illness commands a high mortality. These are often cases of incipient tuberculosis, fibrosis of the lungs, or slight general sepsis. Secondly are admitted cases of acute rickets, in an endeavour to prevent the late unsightly deformities, the treatment of which by orthopædic measures is a recognised fruitful source of public expense. Occasionally cases such as broncho-pneumonia, gastro-enteritis, prematurity—often acutely ill—where the home nursing conditions are inadequate, are admitted on the request of general practitioners. No case requiring surgical operation is admitted.

Only one small outbreak of ward infection occurred during the year—that of seven cases of measles.

From 29th January to 6th March, 1931, the Children's Ward was closed to permit of the erection of a solarium on the balcony. This solarium is a gift from the Ladies' Guild: it enables the cots to be placed so that the children can have continuous fresh air and the maximum benefit from sunshine.

The part of the hospital work performed by the children's ward, while not spectacular, will on further thought be found to be of true economy and far-reaching importance in preventive medicine.

The admissions and discharges of children are as follows:—

Number of Children in Hospital on 1st January, 1931	...	...	...	21
Number of Children Admitted during the year	...	...	...	97
Total under treatment	...	...	...	118
Number Discharged:—				
(1) In Good Health	...	...	...	55
(2) Improved	...	...	...	6
(3) Not Improved	...	...	...	14
(4) Removed by Parents	...	...	...	9
Number of Deaths	...	...	...	10
Remaining in Hospital on 31st December, 1931	...	...	...	24

More detailed Statistics are given in the Appendix.

Assisted Milk Scheme.

Milk is supplied under this scheme to expectant and nursing mothers and to children under five years of age. Assisted cases are kept under careful observation and are required to attend the clinics and centres regularly. Each case is investigated and grants are made in accordance with a scale of income, the milk being either granted free or at reduced cost. Each case is reviewed at the end of four weeks and renewal of the supply is dependent on a certificate from the medical officer of the clinic or centre. Free meals at the National Kitchens are provided for necessitous expectant and nursing mothers on the recommendation of the medical officer of the ante-natal or infant clinics.

No dried milk is supplied under the scheme.

The grants made during the year are as follows:—

	Number Assisted		Amount of Milk granted Pints	Cost to the Authority £ s. d.
	Free	Reduced Cost		
MILK:—				
Children	171	2	13,384	130 2 5
Nursing Mothers	25	1	6,328	61 10 4
Expectant Mothers	102	—	1,400	13 2 2
TOTAL	298	3	21,112	204 14 11

FREE MEALS:—	Cases	No. of Meals supplied	Cost to the Authority £ s. d.		
	—	—	—	—	—
Nursing Mothers	—	—	—	—	—
Expectant Mothers	10	209	10	9	0
TOTAL	10	209	10	9	0

Home Nursing.

The Council has an arrangement with the Burnley District Nursing Association to provide Home Nursing services for the following cases:— Expectant Mothers, Maternity Nursing, in cases in which a midwife is suspended from attendance, cases of Puerperal Fever and Pyrexia, Ophthalmia Neonatorum, and Measles, Whooping Cough and Epidemic Diarrhoea in young children. Only 7 cases of Ophthalmia, were referred to the Association. In all the District Nurses paid 493 visits.

Home Helps.

There is little demand in Burnley for the services of Home Helps. When domestic assistance during confinement is required in the homes, mothers prefer to have the help of a relative or neighbour rather than a stranger. Owing to fewer women being employed in the weaving industry at present, the assistance of relatives is obtained readily. During 1931 a Home Help was supplied in one case only.

Dental Treatment.

The scheme for the dental treatment of expectant and nursing mothers and young children has been in operation for 6 years. Cases are referred by the medical officers of the Ante Natal and infant welfare centres and are dealt with by the Corporation dentist at the School Dental clinic on Saturday mornings. Dentures for mothers are made by a private dentist and supplied at prices according to the scale of the Public Dental Service Association. Mothers pay part cost of the dentures according to their means. There is still some reluctance on the part of pregnant women to have dental extractions during pregnancy. However the numbers treated show an increase on those of the previous year.

	No. of		Extractions	Anæsthetics				
	Cases	Attendances		Local	General	Fillings	Scalings	Dressings
Mothers ...	18	27	37	26	2	3	3	—
Children ...	15	60	99	99	—	7	—	10

Maternal Mortality.

Eight women died in or in consequence of childbirth, equivalent to 5·88 maternal deaths per 1,000 births. The maternal mortality per 1,000 births for the last ten years is as follows:—

1922	1923	1924	1925	1926	1927	1928	1929	1930	1931
2·6	3·3	12·9	7·3	3·7	7·9	3·3	5·0	4·4	5·8

The registered causes of Deaths were:—

Ruptured Tubal Pregnancy	...	...	...	...	...	...	...	...	1
Post-Partum Hæmorrhage ; Adherent Placenta	...	...	...	...	...	...	...	...	1
Inversion of Uterus ; Adherent Placenta	...	...	...	...	...	...	...	...	1
Obstructed Labour ; Cæsarean Section, Influenza	...	...	...	...	...	...	...	...	1
Pulmonary Embolism ; Parturition	...	...	...	...	...	...	...	...	1
Toxæmia of Pregnancy ; Parturition	...	...	...	...	...	...	...	...	1
Puerperal Septicæmia ; Abortion	...	...	...	...	...	...	...	...	2

All deaths of women who died in or in consequence of childbirth, and women dying in the puerperium from diseases not directly connected with pregnancy were investigated and reported to the Maternal Mortality Committee of the Ministry of Health. In all eleven deaths were investigated. Particulars of these cases are summarised in the following table :

Deaths of Women showing connection with recent childbirth.

Age	Pregnancy	Ante Natal Care	Doctor Engaged	Midwife Engaged	Registered cause of Death	REMARKS
24	1st	One examination at Clinic	No	Yes	Obstructed Labour Caesarean Section Contracted Pelvis Influenza	Advised, but failed, to attend for further Ante Natal Examination. Sent into Maternity Hospital as Emergency
28	2nd	By Private Doctor and Midwife	Yes	Yes	Pneumonia Influenza Parturition	Onset of Influenzal Pneumonia in Puerperium
30	2nd	None	No	No	Hæmorrhage Ruptured Tubal Pregnancy	Ruptured Tube about 12th Week of Pregnancy
23	3rd	None	No	No	Pneumonia Premature Birth	Influenzal Pneumonia initiated Premature Labour
32	2nd	None	No	No	Pulmonary Tuberculosis Abortion	Case of Advanced Tuberculosis Abortion about 15th Week
36	10th	None	No	No	Puerperal Fever due to Abortion	Did not summon Doctor until a Week after the Abortion
43	11th	One examination by Private Doctor	—	No	Toxæmia of Pregnancy (Hyperemesis Gravidarum) Parturition	Sought Medical Advice in 7th or 8th Month for Toxic Vomiting Treated in Hospital
31	5th	By Private Doctor	Yes	No	Post-partum Hæmorrhage Adherent Placenta	Moribund on Admission to Hospital Had P.P.H. in previous Pregnancies
24	1st	Two examinations at Clinic and by Private Doctor	—	No	Pulmonary Tuberculosis Parturition	Case of Advanced Active Tuberculosis
27	5th	None	No	No	Puerperal Septicæmia Abortion.	Hæmorrhage for a month before Abortion Medical Aid Sought only when Abortion occurred
27	1st	Six examinations at Clinic	Yes	Yes	Incomplete inversion of Uterus Adherent Placenta (partial) Primary Uterine Inertia Chronic Anæmia	Confinement in Maternity Hospital

THE PUBLIC HEALTH (NOTIFICATION OF PUERPERAL FEVER AND
PUERPERAL PYREXIA) REGULATIONS, 1926.

Puerperal Fever.

Seven notifications of Puerperal Fever were received during the year, equivalent to a rate of 5 per 1,000 births. Although all these cases were notified from hospitals, only one case arose amongst women confined in hospital. The remainder were cases sent into hospitals at the onset of the puerperal complication and notification was made by the medical officers of the hospitals when the diagnosis was established.

The incidence and Mortality rates for the last 10 years are given below.

	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931
Cases notified ...	3	2	4	4	2	6	4	7	8	7
Cases per 1,000 Births	1.53	1.08	2.35	2.4	1.2	4.0	2.7	5.0	6.0	5.0
No. of Deaths ...	—	—	—	—	1	1	—	3	3	2
Mortality per 1,000 cases ...	—	—	—	—	500	166.6	—	428	375	286

Puerperal Pyrexia.

Seventeen notifications of puerperal pyrexia were received during the year, six of which occurred in hospitals. Two cases were removed to hospital after notification and nine were nursed at home.

All cases of puerperal fever and puerperal pyrexia are investigated by the staff of the Maternity and Child Welfare Department. The services of the Consulting Obstetrician is available to medical practitioners for consultation in the patients' homes. All necessary bacteriological examinations are carried out at the Public Health Laboratory. Hospital treatment is provided at the Burnley Joint Hospital Board's Sanatorium (Infectious Diseases Hospital) in Marsden Road. The services of the Consulting Obstetrician are utilised when necessary in the treatment of cases in hospitals. There is an arrangement with the Burnley District Nursing Association for the home nursing of cases.

The services of the Consulting Obstetrician were obtained by medical practitioners on 4 occasions, for the following conditions:—

Puerperal Pyrexia, following Incomplete Abortion ...	3
„ „ Incomplete Abortion and Infected Tube ...	1

Ophthalmia Neonatorum.

Fifteen cases of Ophthalmia Neonatorum were notified during 1931. One of these occurred in hospital and three were removed to hospital for treatment. In accordance with the arrangements for Home Nursing, the district nurses attended seven cases in their own homes. All cases nursed at home were followed-up by the Health Visitors.

The incidence of Ophthalmia Neonatorum and the results of treatment of cases during the last five years are as follows:—

	1927	1928	1929	1930	1931
Cases notified	11	6	7	17	15
Rate per 1,000					
registered births ...	7.3	4.0	5.0	12.7	11.6
Treated at home ...	9	3	6	16	11
Treated in hospital ...	2	3	1	1	4
Vision unimpaired ...	11	5	6	15	14
Vision impaired ...	—	—	—	—	—
Total blindness ...	—	—	1 eye	—	—
Deaths	—	1	—	—	—
Left town before completion of treat- ment	—	—	—	2	1

Pemphigus Neonatorum.

No cases were reported or discovered during 1931.

Still-Births.

Sixty-nine still-births were registered during 1931, compared with fifty-six in 1930. Investigation into still-births is carried out by the Health Visitors.

The following is a summary of the information obtained.

Still-births occurring at home	37
" " in Maternity Hospital	25
" " in Municipal Hospital	5
" " in Private Nursing Homes... ..	2
" " " " " " " "	—
Total	69
" " " " " "	—

SEX.

Males	30
Females	39

DURATION OF PREGNANCY.

Full Term	...	...	...	...	...	35
Premature	...	...	...	...	...	33
Not ascertained	...	...	...	...	...	1

AGE OF MOTHER.

Under 20 years	...	...	...	...	...	4
20—25 years	...	...	...	...	...	20
25—30 „	...	...	...	...	...	19
30—35 „	...	...	...	...	...	10
35—40 „	...	...	...	...	...	8
Over 40 „	...	...	...	...	...	5
Not ascertained	...	...	...	...	...	3
No. of still-births in first pregnancies	...	...	...	...	...	33

PARTICULARS OF CASES.

Cases giving history of previous abortion or

miscarriage	...	...	...	...	...	8
„ delivered by forceps	...	...	...	...	...	16
„ stated to be due to fall	...	...	...	...	...	2
„ with cardiac disease	...	...	...	...	...	1
„ „ pulmonary tuberculosis	...	...	...	...	...	1
„ „ other respiratory diseases	...	...	...	...	...	1
„ „ anæmia	...	...	...	...	...	1
„ „ influenza	...	...	...	...	...	1
„ „ ante-partum hæmorrhage	...	...	...	...	...	2
„ „ albuminuria of pregnancy	...	...	...	...	...	3
„ „ hyperemesis gravidarum	...	...	...	...	...	1
„ „ eclampsia	...	...	...	...	...	1
„ „ placenta prævia	...	...	...	...	...	4
„ „ contracted pelvis	...	...	...	...	...	2
„ „ induction of labour	...	...	...	...	...	1
„ „ craniotomy	...	...	...	...	...	1
„ „ cæsarean section	...	...	...	...	...	1
„ „ breech presentation	...	...	...	...	...	3
„ „ footling presentation	...	...	...	...	...	2
„ „ transverse presentation	...	...	...	...	...	1

Cases in which mother developed post-partum hæmorrhage	...	...	...	...	...	2
„ „ developed puerperal infection	...	...	...	...	...	3
„ „ died	...	...	...	...	...	1
„ „ still-births were macerated	...	...	...	...	...	6
„ born before arrival of doctor or midwife	...	...	...	...	...	3

Children Act, 1908, Part I. (Infant Life Protection).

The supervision of infants under the age of seven years received for nursing and maintenance for reward, is carried out by the Health Visitors. All the children were found to be well cared for.

The following return relates to the administration of Part I. of the Act during 1931.

I. Notification:—**(1) Number of foster parents on the Register:—**

(a) At the beginning of the year	...	...	...	4
(b) At the end of the year	...	...	...	6

(2) Number of children on the Register:—

(a) At the beginning of the year	...	...	...	4
(b) At the end of the year	...	...	...	6
(c) Who died during the year	...	...	...	—
(d) On whom inquests were held during the year	...	...	...	—

II. Visiting:—**(1) Number of Visitors holding appointments under Section 2 (2) at the end of the year.**

(a) Health Visitors	...	...	8
(b) Others	...	...	—

No persons or societies are authorised to visit under the proviso to Section 2(2).

No proceedings were taken during the year.

No sanctions were given under Section 3.

No orders were obtained under Section 5(1).

Boarded-Out Children.

All children boarded out in the town are visited and supervised by the Health Visitors. The number of children boarded out in Burnley on 31st December, 1931, was as follows:—

Burnley Public Assistance Cases	...	...	12
Lancashire County Public Assistance Cases	...	...	9
			—
Total	...	...	21
			—

Deaths of Prematurely Born Infants.

In June, 1931, an investigation was commenced into the deaths of children who were born prematurely. Twenty-four infant deaths were investigated. In 12, the birth took place in the 7th month of pregnancy; in 6 at the 8th

month and in 6 at 8½ months. Only two of the premature infants who died were illegitimate. Seven of the infants were twins. The cause of the premature birth was not apparent in 13 instances; in 2 it was attributed to a fall; in 1 to Pulmonary Tuberculosis; in 1 to Heart Disease; in 1 to Chronic Bronchitis; in 2 to Asthma; in 2 to Influenzal Pneumonia; in 1 to Specific Disease and in 1 to Albuminuria.

Actino-therapy.

A wooden building in the grounds of Bank Hall Hospital is used as a clinic for the treatment, by means of ultra-violet light, of children of pre-school and school age. There is one K.B.B. Quartz Mercury Vapour Lamp. This lamp is being replaced by a Hanovia Duotherapy Lamp and two Mercury Vapour Lamps. Two treatment sessions are held weekly, the clinic being under the direction of one of the Assistant Medical Officers.

The following are particulars of the patients treated:—
Number treated:—

In-patients (Children's Ward, Bank Hall Hospital)	...	35
Out-patients: Child Welfare Cases	... ..	54
School Children	... ..	25
	—	79
Others	... ..	2
	—	
Total	... ..	116
	—	

	I.P.	O.P.	Total
Number of cases under treatment on Jan. 1st,			
1931	1	10	11
Number of cases commenced treatment during			
1931	34	69	103
Number of cases completed treatment during			
1931	25	63	88
Number of cases under treatment on Dec. 31st,			
1931	10	16	26
Number of attendances during 1931	433	1305	1738
Number of sessions during 1931	92	68	160
Average number of attendances per session in			
1931	6.4	15.3	21.7

Approximate time lamp in use per session in 1931—1 hour 56 minutes.

Total time lamp in use in 1931—151 hours 33 minutes.

NEW CASES IN 1931.

AGE:—

In-patients ... All were under school age, varying from 3 months to 5 years.

Out-patients ... With the exception of 2 adults, the ages ranged from 6 months to 13½ years.

					School Children.	Pre-School Children.
Source of	...	General Practitioners	...	...	5	15
Out-patients		Infant Welfare Centres	...	...	—	39
		School Clinic	...	...	20	—
					—	—
		TOTAL	...	...	25	54 = 79
					—	—

The following tables give the type of cases, and the results of treatment.

SCHOOL CHILDREN TREATED BY ULTRA VIOLET LIGHT.

Diagnosis	No. of Cases	Re- maining from 1930	New Cases	RESULT			Re- maining under Treat- ment at end of 1931	PATIENTS DISCHARGED	
				Improved	I.S.Q.	Treatment discontinued		Average No. of exposures	Average total time of exposures minutes
Hemiplegia	1	—	1	—	—	—	1	—	—
Debility	4	—	4	2	—	1	1	18.0	152.6
Rickets and Debility	2	—	2	1	—	—	1	36.0	362.0
Chron. Respiratory Disease	5	—	5	2	2	—	1	23.5	228.5
Anæmia	5	—	5	3	1	1	—	19.75	175.0
Tuberculous Adenitis	5	2	3	5	—	—	—	22.2	198.8
Septic Adenitis	1	—	1	1	—	—	—	22.0	194.0
Incipient Tuberculosis	1	—	1	—	—	—	1	—	—
Alopecia	1	1	—	1	—	—	—	19 general 41 local	168 general 372 local
	25	3	22	15	3	2	5		

PRE-SCHOOL CHILDREN TREATED BY ULTRA VIOLET LIGHT.

Congenital Heart	1	—	1	—	—	—	1	—	—
Active Rickets	3	—	3	—	—	—	3	—	—
Debility	8	1	7	2	1	1	4	17.25	140.5
Rickets	23	5	18	14	1	7	1	21.1	185.7
Chron. Respiratory Disease	2	—	2	1	—	1	—	33.0	276.0
Anæmia	3	—	3	2	—	1	—	21.6	196.0
Tuberculous Adenitis	8	1	7	5	—	1	2	26.3	236.0
Septic Adenitis	1	—	1	1	—	—	—	11 general 7 local	84 general 32 local
Marasmus	1	—	1	1	—	—	—	16.0	123.0
Spastic Paraplegia	1	—	1	—	1	—	—	22.0	204.0
Paraplegia	1	—	1	—	—	1	—	—	—
Hemiplegia	1	—	1	—	1	—	—	23.0	116.0
Eczema	1	—	1	—	—	1	—	—	—
	54	7	47	26	4	13	11		

IN-PATIENTS TREATED BY ULTRA VIOLET LIGHT.

Diagnosis	No. of Cases	Re-maining from 1930	New Cases	RESULT			Re-maining under Treatment at end of 1931	PATIENTS DISCHARGED	
				Improved	I.S.Q.	Treatment discontinued		Average No. of exposures	Average total time of exposures minutes
Anaemia	4	—	4	4	—	—	—	13.25	84.0
Rickets	17	1	16	10	2	3	2	25.3	191.8
Marasmus	3	—	3	—	—	2	1	—	—
Chron. Respiratory Disease	5	—	5	2	1	1	1	27.5	246.0
Enlarged Tonsils and									
Adenoids	1	—	1	—	—	—	1	—	—
Debility	3	—	3	—	—	—	3	—	—
Incipient Tuberculosis	1	—	1	—	—	—	1	—	—
Active Rickets	1	—	1	—	—	—	1	—	—
	35	1	34	16	3	6	10		

Orthopædic Treatment.

The orthopædic scheme embraces children of pre-school and school age. The clinic is held at the School Clinic premises in Elizabeth Street. The Orthopædic Surgeon attends one half day session per month and the Orthopædic Nurse on one half day per week. Children requiring short period in-patient treatment are admitted to Ancoats Hospital, Manchester, and those requiring prolonged in-patient treatment are sent to Biddulph Orthopædic Hospital. A detailed report of the work of the Orthopædic Clinic is given in my Annual Report for 1931 as School Medical Officer. Sanction has been given by the Board of Education for an extension of the Orthopædic Scheme, which will enable a whole-time Orthopædic Nurse to be employed and the Orthopædic Surgeon to attend on two sessions per month.

DETAILS OF WORK OF THE HEALTH VISITORS DURING 1931.

MATERNITY AND CHILD WELFARE.

Visits to newly born infants ...	1,245								
Re-visits—1st year ...	6,097								
2nd „ ...	3,807								
3rd „ ...	3,411								
4th „ ...	2,800								
5th „ ...	2,049								
									19,409

Visits to:—

Ophthalmia Neonatorum (15 cases) ...	59
Diarrhœa ...	14
Measles cases ...	39
Whooping Cough (178 cases) ...	231
Infantile deaths ...	107
Stillbirths ...	63
Puerperal Fever and Pyrexia cases ...	14
Midwives ...	63
Ante-Natal cases (re admission to Maternity Hospital) ...	724
Post-Natal cases ...	245
Under Children Act ...	31
Number of Sessions at the Infant Welfare Centres ...	254
Number of Attendances at the Centres by the Health Visitors ...	312

TUBERCULOSIS.

No. of Sessions held at the Dispensary (Day, 273 ; Evening, 50) ...	323
Visits to Tuberculous cases (Notification under Tuberculosis Regulation 140 ; for Dispensary purposes, 2,047)	2,187
Patients' Attendances at Dispensary (Tuberculosis, 2,963 ; other, 1,546)	4,509

SCHOOL MEDICAL SERVICE.

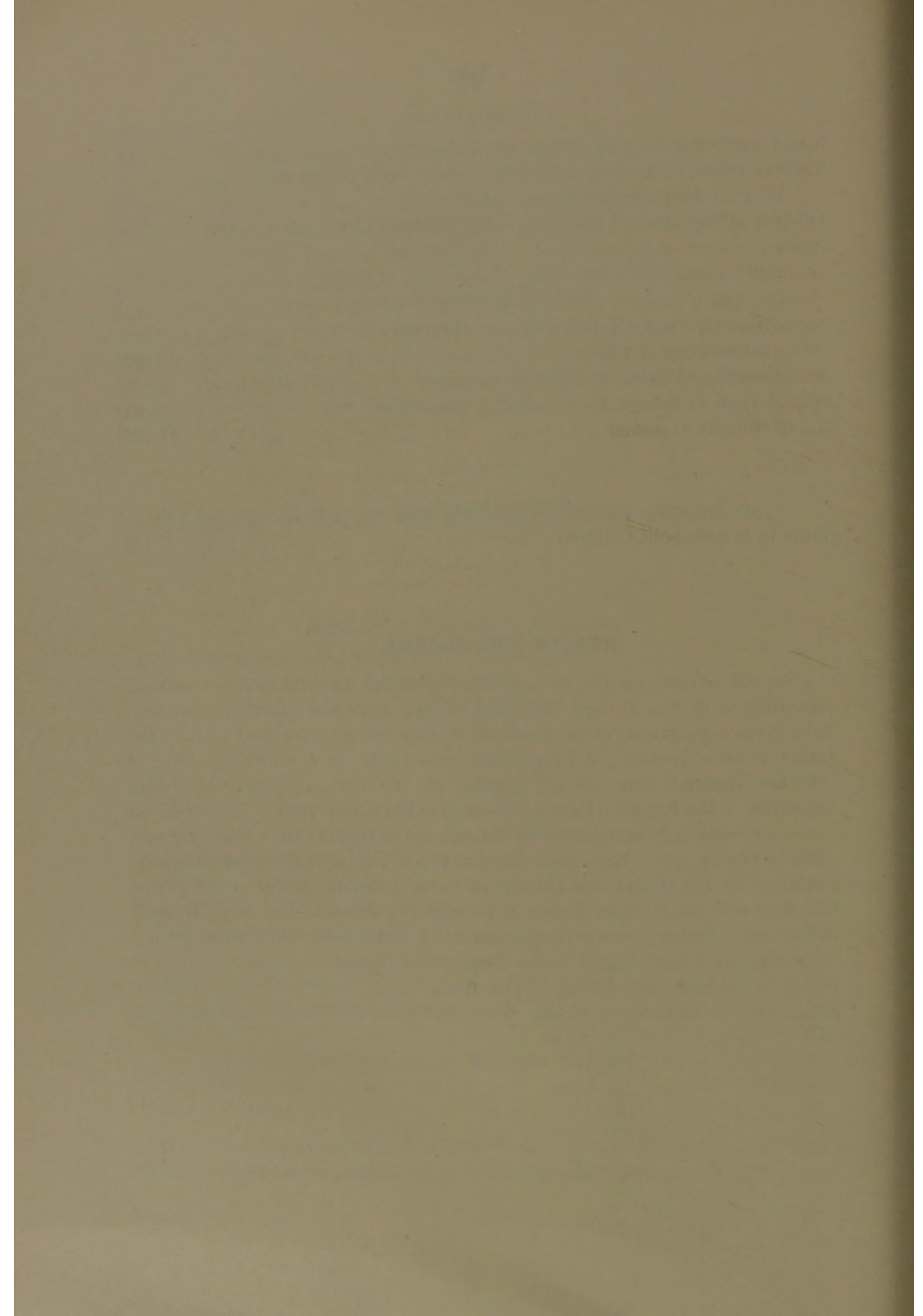
No. of days on which the School Clinic was open	297
No. of attendances at Clinic	40,697
No. of visits paid to School Children's homes	4,872
Special Visits to Schools for Cleanliness Inspection	47
No. of children examined	17,232

PUBLIC ASSISTANCE.

Visits to Boarded-out Children	165
---------------------------------------	-----

HEALTH PROPAGANDA.

Several lectures on the prevention of ill-health have been given to local organisations by the Medical Officer of Health and Chief Sanitary Inspector. Talks have been given by an Assistant Medical Officer weekly at each of the Infant Welfare Centres. Arrangements were made for the monthly issue of "Better Health," the official journal of the Central Council for Health Education. The first local issue commenced in December, 1931. Two thousand copies are being distributed monthly through the medium of the Clinics, schools, public libraries, etc. Numerous pamphlets on the prevention of ill-health, published by the Health and Cleanliness Council, Dental Board of the United Kingdom and other similar bodies, have been circulated to the public through the clinics. Posters on the maintenance of cleanliness and the avoidance of spitting have been placed in the Corporation tramcars. Posters have been placed on the hoardings during "Baby Week" and "Safety Week." Arrangements were in hand for a Health Week and Exhibition in March, 1932.



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APPENDIX 1.

TABLE 1.

	Total.	Males.	Females.	Undr 1	1-2	2-5	5-15	15-25	25-45	45-65	65-75
				M F	M F	M F	M F	M F	M F	M F	M F
Males ...	1411	698	—	69 —	14 —	14 —	22 —	25 —	81 —	223 —	160 —
Females ...		—	713	— 42	— 8	— 17	— 9	— 29	— 76	— 214	— 202
Epidemic, Endemic and Infectious Diseases:—											
Enteric Fever ...	1	1	—	— —	— —	— —	— —	— —	— —	— —	1 —
Measles ...	8	5	3	— 1	3 2	2 —	— —	— —	— —	— —	— —
Whooping Cough ...	14	7	7	5 2	1 2	1 3	— —	— —	— —	— —	— —
Diphtheria ...	3	2	1	— —	— —	1 1	1 —	— —	— —	— —	— —
Influenza ...	59	27	32	1 1	— —	1 1	— —	2 —	4 7	11 10	4 8
Mumps ...	1	—	1	— 1	— —	— —	— —	— —	— —	— —	— —
Dysentery ...	1	1	—	— —	— —	— —	— —	— —	1 —	— —	— —
Erysipelas ...	1	—	1	— —	— —	— —	— —	— —	— —	— —	— —
Acute Poliomyelitis ...	1	1	—	— —	— —	— —	1 —	— —	— —	— —	— —
Encephalitis Lethargica ...	4	3	1	— —	— —	1 —	— —	1 —	— —	2 —	— —
Tuberculosis of Respiratory System ...	75	40	35	— —	— —	— 1	— —	7 10	16 14	15 9	2 1
Tuberculosis of Central Nervous System ...	11	8	3	— —	1 —	1 2	4 1	— —	2 —	— —	— —
Tuberculosis of Intestines and Peritoneum ...	1	1	—	— —	— —	— —	— —	— —	— —	1 —	— —
Tuberculosis of Vertebral Column ...	1	—	1	— —	— —	— —	— —	— —	— 1	— —	— —
Tuberculosis of Other Organs	1	1	—	— —	— —	— —	— —	— —	1 —	— —	— —
Disseminated Tuberculosis ...	2	2	—	— —	— —	— —	1 —	— —	1 —	— —	— —
Syphilis ...	8	7	1	2 1	1 —	— —	— —	— —	2 —	1 —	1 —
Purulent Infection ...	2	2	—	— —	— —	— —	— —	— —	— —	1 —	1 —
General Diseases:—											
Cancer—Buccal Cavity ...	12	10	2	— —	— —	— —	— —	— —	— —	5 —	5 —
Pharynx, Oesophagus and Stomach, etc. ...	58	33	25	— —	— —	— —	— —	— —	4 2	16 11	10 12
Peritoneum, Intestines and Rectum ...	25	11	14	— —	— —	— —	— —	1 —	— —	5 6	2 6
Female Genital Organs ...	15	—	15	— —	— —	— —	— —	— —	— 2	— 10	— 3
Breast ...	16	—	16	— —	— —	— —	— —	— —	— 3	— 8	— 5
Skin ...	5	3	2	— —	— —	— —	— —	— —	— —	1 —	2 —
Other or unspecified Organs	24	9	15	— —	— —	— —	— —	— —	— 3	4 5	5 7
Tumours, not returned as											
Malignant ...	1	—	1	— —	— —	— —	— —	— 1	— —	— —	— —
Rheumatic Fever ...	5	3	2	— —	— —	— —	— 1	— 1	1 —	2 —	— —
Chronic Rheumatism ...	5	2	3	— —	— —	— —	— —	— —	— —	1 1	1 2
Rickets ...	1	—	1	— —	— —	— 1	— —	— —	— —	— —	— —
Diabetes ...	26	9	17	— —	— —	— —	— —	2 —	— —	4 9	2 6
Anæmia ...	15	4	11	— —	— —	— —	1 —	— 1	1 1	2 6	— 3
Diseases of Thyroid Gland ...	5	—	5	— —	— —	— 1	— —	— 1	— 1	— 2	— —
Leukæmia, Lymphadenoma ...	1	1	—	— —	— —	— —	— —	— —	— —	1 —	— —
Other General Diseases ...	1	1	—	— —	— —	1 —	— —	— —	— —	— —	— —
Diseases of Nervous System and Sense Organs:—											
Encephalitis ...	3	1	2	— —	— —	— —	— 1	— —	1 1	— —	— —

Showing Causes of Death for the Year 1931.

75 and over																
M F	St. Andrew's	Daneshouse	Stoneyholme	St. Peter's	St. Paul's	Fulledge	Burnley Wd.	Healey	Trinity	Whittlefield	Gannow	Lowerhouse	*Prim. Bank	*Victoria Hos	*B'k Hall Hs.	*Sanatorium
90 - - 116	176	111	85	88	88	145	125	113	105	62	155	158	258	111	25	19
-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
-	-	-	-	1	3	1	-	1	-	1	1	-	2	-	-	1
-	-	-	-	2	4	4	1	1	-	-	2	-	2	-	-	1
-	-	-	1	-	-	-	-	-	-	-	-	2	-	-	-	2
4 5	9	4	7	2	3	4	5	4	4	4	5	8	4	1	-	1
-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
- 1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
-	2	-	-	-	-	2	-	-	-	-	-	-	1	-	-	-
-	9	6	3	2	6	8	5	8	5	3	9	11	14	-	1	6
-	-	-	-	1	1	-	-	3	2	1	2	1	1	-	-	4
-	-	-	-	-	-	-	1	-	-	-	-	-	-	-1	-	-
-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-
-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-
-	2	-	-	-	-	-	1	-	1	2	1	1	5	2	-	1
-	1	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
- 2	1	-	-	1	2	3	-	-	1	-	1	3	4	3	-	-
3 -	15	6	1	3	3	6	5	7	1	-	2	9	10	6	-	-
3 2	2	1	2	1	1	2	5	4	4	1	-	2	9	4	-	-
-	-	1	-	1	-	1	1	1	2	1	3	4	4	-	-	-
-	4	2	2	-	-	1	-	1	1	1	1	3	3	1	-	-
- 2	-	1	-	1	2	-	-	-	-	-	1	-	1	-	-	-
-	1	2	2	2	1	1	3	1	3	1	3	4	1	3	-	-
-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-
-	-	2	-	-	-	2	-	-	-	-	-	1	-	-	-	-
-	-	-	1	-	1	1	1	-	-	1	-	-	2	-	-	-
-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
1 2	5	4	1	2	-	4	-	1	-	-	3	6	7	3	-	-
-	2	2	1	-	1	1	4	2	2	-	-	-	3	3	-	-
-	-	2	-	-	-	-	1	1	-	-	-	1	-	1	-	-
-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
-	1	-	-	-	-	-	1	-	-	-	1	1	-	-	-	1

Epidemic, Endemic and Infectious Diseases:—

Enteric Fever
 Measles
 Whooping Cough
 Diphtheria
 Influenza
 Mumps
 Dysentery
 Erysipelas
 Acute Poliomyelitis
 Encephalitis Lethargica
 Tuberculosis of Respiratory System
 Tuberculosis of Central Nervous System
 Tuberculosis of Intestines and Peritoneum
 Tuberculosis of Vertebral Column
 Tuberculosis of Other Organs
 Disseminated Tuberculosis
 Syphilis
 Purulent Infection

General Diseases:—

Cancer—Buccal Cavity
 Pharynx, Oesophagus and Stomach, etc.
 Peritoneum, Intestines and Rectum
 Female Genital Organs
 Breast
 Skin
 Other or unspecified Organs
 Tumours, not returned as Malignant
 Rheumatic Fever
 Chronic Rheumatism
 Rickets
 Diabetes
 Anæmia
 Diseases of Thyroid Gland
 Leukæmia, Lymphadenoma
 Other General Diseases
 Diseases of Nervous System and Sense Organs:—
 Encephalitis

* These deaths are included in the Wards in which the persons usually resided.

TABLE 1—CONTINUED.

	Total.	Males.	Females.	Under 1	1-2	2-5	5-15	15-25	25-45	45-65	65-75
				M F	M F	M F	M F	M F	M F	M F	M F
Meningitis	6	1	5	- 3	- -	- -	1 2	- -	- -	- -	- -
Tabes Dorsalis	1	-	1	- -	- -	- -	- -	- -	- -	- -	1
Other Diseases of Spinal Cord...	1	-	1	- -	- -	- -	- -	- -	- -	1	-
Cerebral Hæmorrhage	55	29	26	- -	- -	- -	- -	- -	1 -	9 9	12 10
Paralysis of Unstated Origin ...	3	2	1	- -	- -	- -	- -	- -	- -	1 -	- -
General Paralysis of Insane ...	2	2	-	- -	- -	- -	- -	1 -	1 -	- -	- -
Other forms of Insanity	3	2	1	- -	- -	- -	- -	2 1	2 -	2 1	- -
Epilepsy	8	6	2	- -	- -	- -	- -	- -	- -	- -	- -
Infantile Convulsions	4	2	2	1 2	1 -	- -	- -	- -	- -	- -	- -
Hysteria and Neuritis	1	-	1	- -	- -	- -	- -	- -	- -	1 -	- -
Cerebral Softening	2	-	2	- -	- -	- -	- -	- -	- -	- -	2
Other Diseases of Nervous System	9	4	5	- -	- -	- -	- -	- -	3 -	1 2	- 2
Diseases of Ear and Mastoid Sinus	3	2	1	1 -	- -	- -	1 -	- 1	- -	- -	- -
Diseases of Circulatory System:—											
Acute Endocarditis and											
Myocarditis	8	3	5	- -	- -	- -	- -	1 2	2 3	- -	- -
Angina Pectoris	17	11	6	- -	- -	- -	- -	- -	1 -	8 3	2 3
Other Diseases of Heart	354	164	190	- -	- -	1 -	1 -	1 2	3 15	57 55	65 65
Diseases of Arteries	62	31	31	- -	- -	- -	- -	- -	2 -	10 9	13 13
Embolism and Thrombosis	1	-	1	- -	- -	- -	- -	- -	- -	- -	1
Diseases of Veins	1	-	1	- -	- -	- -	- -	- -	- -	1 -	- -
Diseases of Respiratory System:—											
Diseases of Nasal Fossæ and											
Annexa	1	1	-	- -	- -	- -	- -	- -	1 -	- -	- -
Diseases of Larynx	4	3	1	- -	- -	- 1	2 -	- -	- -	1 -	- -
Bronchitis	93	39	54	4 3	- 1	- -	1 1	2 1	1 -	10 12	12 23
Broncho Pneumonia	28	17	11	6 4	4 1	2 1	1 1	- -	1 2	1 -	1 2
Pneumonia	41	22	19	1 2	- -	- 1	- -	3 1	9 1	6 8	2 4
Pleurisy	3	1	2	- -	- -	- -	- -	- -	1 1	- 1	- -
Gangrene of Lung	1	1	-	- -	- -	- -	- -	- -	1 -	- -	- -
Asthma	5	3	2	- -	- -	- -	- -	- -	- -	2 1	1 1
Other Diseases of Respiratory											
System	1	1	-	- -	- -	- -	- -	- -	- -	1 -	- -
Diseases of Digestive System:—											
Diseases of Pharynx and Tonsils	1	1	-	- -	- -	- -	1 -	- -	- -	- -	- -
Ulcer of Stomach or Duodenum	13	9	4	- -	- -	- -	- -	- -	2 2	6 2	1 -
Other Diseases of Stomach	6	3	3	2 -	- -	- -	- -	1 -	- -	1 -	1 1
Diarrhœa and Enteritis	9	7	2	4 1	1 1	1 -	- -	- -	1 -	- -	- -
Appendicitis	12	6	6	- -	- -	- -	2 2	1 -	1 3	2 1	- -
Hernia, Intestinal Obstruction ...	14	6	8	1 -	- -	- -	- -	- -	2 -	1 4	1 2
Other Diseases of Intestines	5	1	4	- -	- -	- -	- -	- -	- -	1 2	- 1
Cirrhosis of Liver	2	1	1	- -	- -	- -	- -	- -	1 -	1 -	- -
Biliary Calculi	3	1	2	- -	- -	- -	- -	- -	- -	1 1	- 1
Other Diseases of Liver	6	2	4	- -	- -	- -	- -	- -	1 -	1 1	- 1
Diseases of Pancreas	1	-	1	- -	- -	- -	- -	- -	- -	1 -	- -
Peritonitis without stated cause	1	1	-	- -	- -	- -	- -	- -	- -	1 -	- -
Non-Venereal Diseases of Genito-											
Urinary System:—											
Acute Nephritis	6	4	2	- -	- -	1 1	- -	- -	3 -	- -	- 1
Chronic Nephritis	47	23	24	- -	- -	- 1	1 -	- -	2 1	14 13	5 5
Other Diseases of Kidney and											
Annexa	4	2	2	1 -	- -	- -	- -	- -	- -	1 1	- 1

Showing Causes of Death for the Year 1931.

75 and over		St. Andrew's	Daneshouse	Stoneyholme	St. Peter's	St. Paul's	Fulledge	Burnley Wd.	Healey	Trinity	Whittlefield	Gannow	Lowerhouse	*Prim. Bank	*Victoria Hos	*B'k Hall Hs	*Sanatorium	
M	F																	
-	-	-	1	-	-	1	-	1	2	-	1	-	-	-	1	2	-	Meningitis
-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	Tabes Dorsalis
7	7	9	-	6	5	2	7	8	1	4	1	10	2	2	1	-	-	Other Diseases of Spinal Cord
1	1	-	1	1	-	-	1	-	-	-	-	-	-	-	-	-	-	Cerebral Hæmorrhage
-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	Paralysis of Unstated Origin
-	-	1	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	General Paralysis of Insane
-	-	1	1	-	1	-	-	-	-	-	1	2	2	3	-	-	-	Other forms of Insanity
-	-	1	1	-	-	-	-	-	1	-	-	1	-	-	-	-	-	Epilepsy
-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	Infantile Convulsions
-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	Hysteria and Neuritis
-	1	-	1	-	-	-	-	1	1	-	-	3	3	2	1	-	-	Cerebral Softening
-	-	-	-	-	-	-	-	1	1	-	-	-	1	1	2	-	-	Other Diseases of Nervous System
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Diseases of Ear and Mastoid Sinus
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Diseases of Circulatory System:—
-	-	1	-	-	-	1	1	3	1	-	-	1	-	2	2	-	-	Acute Endocarditis and
-	-	4	1	-	1	-	2	4	1	-	2	-	2	1	-	-	-	Myocarditis
37	52	45	33	28	21	18	39	24	28	31	15	42	30	101	-	-	-	Angina Pectoris
8	7	5	7	3	6	6	6	6	5	5	2	3	8	23	3	-	-	Other Diseases of Heart
-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	Diseases of Arteries
-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	Embolism and Thrombosis
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Diseases of Veins
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Diseases of Respiratory System:—
-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	Diseases of Nasal Fossæ and
-	-	-	-	-	-	1	2	-	-	-	-	1	-	-	-	-	1	Annexa
9	13	12	3	3	6	3	12	7	5	12	9	11	10	2	1	1	-	Diseases of Larynx
1	-	2	3	1	6	5	1	1	2	-	2	3	2	1	-	-	-	Bronchitis
1	2	5	2	2	4	4	7	6	1	1	4	3	9	2	1	1	-	Broncho Pneumonia
-	-	-	-	1	-	-	-	-	1	-	-	-	1	-	2	-	-	Pneumonia
-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	Pleurisy
-	-	1	1	-	-	-	-	3	-	-	-	-	-	-	-	-	-	Gangrene of Lung
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Asthma
-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	Other Diseases of Respiratory System
-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	Diseases of Digestive System:—
-	-	3	-	-	1	1	2	1	1	1	1	-	2	-	9	-	-	Diseases of Pharynx and Tonsils
-	-	-	-	-	1	-	2	1	-	1	1	-	-	-	3	-	-	Ulcer of Stomach or Duodenum
-	-	-	1	-	1	1	1	1	-	2	-	-	2	3	-	-	-	Other Diseases of Stomach
-	-	1	2	1	-	-	1	-	1	-	-	2	4	-	9	-	-	Diarrhœa and Enteritis
1	2	1	2	-	1	-	-	2	1	2	1	2	2	2	8	-	-	Appendicitis
-	1	-	-	-	-	1	1	-	2	-	-	-	1	-	1	-	-	Hernia, Intestinal Obstruction
-	-	1	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	Other Diseases of Intestines
-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	2	-	-	Cirrhosis of Liver
-	2	-	-	-	1	-	1	-	1	1	-	-	2	-	2	-	-	Biliary Calculi
-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	Other Diseases of Liver
-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Diseases of Pancreas
-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Peritonitis without stated cause
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Non-Venereal Diseases of Genito-Urinary System:—
-	-	-	-	1	1	-	-	1	-	-	1	2	-	2	-	-	-	Acute Nephritis
1	4	5	5	2	3	1	5	5	3	1	2	8	7	8	5	-	-	Chronic Nephritis
-	-	-	-	1	-	1	1	-	-	-	1	-	-	1	1	-	-	Other Diseases of Kidney and Annexa

* These deaths are included in the Wards in which the persons usually resided.

TABLE 1—CONTINUED.

	Total.	Males.	Females.	Under 1	1-2	2-5	5-15	15-25	25-45	45-65	65-75
				M F	M F	M F	M F	M F	M F	M F	M F
Diseases of Bladder ...	6	5	1	- -	- -	- -	- -	- -	- -	1 -	2 1
Diseases of Urethra ...	1	1	-	- -	- -	- -	- -	- -	- -	1 -	- -
Diseases of Prostate ...	4	4	-	- -	- -	- -	- -	- -	- -	- -	2 -
Salpingitis ...	2	-	2	- -	- -	- -	- -	1 -	1 -	- -	- -
Tumours of Uterus not returned as malignant ...	2	-	2	- -	- -	- -	- -	- -	1 -	1 -	- -
Other Diseases of Female Genital Organs ...	1	-	1	- -	- -	- -	- -	- -	1 -	- -	- -
The Puerperal State:—											
Accidents of Pregnancy ...	1	-	1	- -	- -	- -	- -	- -	1 -	- -	- -
Puerperal Hæmorrhage ...	1	-	1	- -	- -	- -	- -	- -	1 -	- -	- -
Other Accidents of Childbirth ...	2	-	2	- -	- -	- -	- -	1 -	1 -	- -	- -
Puerperal Sepsis ...	2	-	2	- -	- -	- -	- -	- -	2 -	- -	- -
Puerperal Embolism ...	1	-	1	- -	- -	- -	- -	- -	1 -	- -	- -
Puerperal Albuminuria and Convulsions ...	1	-	1	- -	- -	- -	- -	- -	1 -	- -	- -
Diseases of Skin and Cellular Tissue:—											
Gangrene ...	2	1	1	- -	- -	- -	- -	- -	- -	1 -	- -
Carbuncle, Boil ...	1	1	-	- -	- -	- -	- -	- -	- -	1 -	- -
Cellulitis, Acute Abscess ...	2	2	-	- -	- -	1 -	- -	- -	- -	- -	1 -
Other Diseases of Skin and its Annexa ...	1	1	-	1 -	- -	- -	- -	- -	- -	- -	- -
Congenital Malformations ...	10	7	3	7 3	- -	- -	- -	- -	- -	- -	- -
Diseases of Early Infancy:—											
Congenital Debility, etc. ...	9	4	5	4 5	- -	- -	- -	- -	- -	- -	- -
Premature Birth ...	33	23	10	23 10	- -	- -	- -	- -	- -	- -	- -
Other Diseases peculiar to Early Infancy ...	6	4	2	4 2	- -	- -	- -	- -	- -	- -	- -
Old Age ...	19	5	14	- -	- -	- -	- -	- -	- -	- -	4 -
External Causes:—											
Suicide: Poisonous Gas ...	5	2	3	- -	- -	- -	- -	1 -	- -	2 -	- 2
Drowning ...	3	3	-	- -	- -	- -	- -	- -	1 -	2 -	- -
Cutting or piercing instruments ...	3	2	1	- -	- -	- -	- -	- -	- -	1 1	- -
Jumping from high place ...	1	1	-	- -	- -	- -	- -	- -	- -	- -	1 -
Crushing ...	1	1	-	- -	- -	- -	- -	- -	1 -	- -	- -
Accidental Burns ...	2	1	1	- -	1 -	1 -	- -	- -	- -	- -	- -
Accidental mechanical suffocation ...	3	1	2	1 1	- -	1 -	- -	- -	- -	- -	- -
Accidental Drowning ...	1	1	-	- -	- -	- -	- -	- -	- -	1 -	- -
Accidental Injury by Fall ...	9	4	5	- -	- -	- -	1 -	1 -	1 -	3 -	- 2
Accidental Injury in Mine ...	2	2	-	- -	- -	- -	- -	- -	2 -	- -	- -
Accidental Injury by other forms of crushing (road vehicles, railways, etc.). ...	11	11	-	- -	- -	- -	2 -	2 -	3 -	1 -	2 -
Unstated or ill-defined cause ...	2	2	-	- -	2 -	- -	- -	- -	- -	- -	- -
Uncertified ...	1	-	1	- -	- -	- -	- -	1 -	- -	- -	- -
TOTAL ...	1411	698	713	69 - 42	14 - 8	14 - 17	22 - 9	25 - 29	81 - 76	223 - 214	160 - 202

Showing Causes of Death for the Year 1931.

75 and over		St. Andrew's	Daneshouse	Stoneyholme	St. Peter's	St. Paul's	Fulledge	Barnley Wd.	Healey	Trinity	Whittlefield	Gannow	Lowerhouse	*Prim. Bank	*Vict'ria Hos	*B'k Hall Hs.	*Sanatorium	
M	F																	
2	-	2	-	1	1	-	1	-	1	-	-	-	-	2	1	-	-	Diseases of Bladder
-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	Diseases of Urethra
2	-	2	-	1	-	-	-	-	1	-	-	-	-	-	2	-	-	Diseases of Prostate
-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	2	-	-	Salpingitis
-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	2	-	-	Tumours of Uterus not returned as malignant
-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	Other Diseases of Female Genital Organs
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	The Puerperal State:—
-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	Accidents of Pregnancy
-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	Puerperal Hæmorrhage
-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	2	-	Other Accidents of Childbirth
-	-	-	-	-	1	1	-	-	-	-	-	-	-	2	-	-	-	Puerperal Sepsis
-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Puerperal Embolism
-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	Puerperal Albuminuria and Convulsions
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Diseases of Skin and Cellular Tissue:—
1	-	-	-	1	-	-	-	-	-	-	1	-	-	1	-	-	-	Gangrene
-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	Carbuncle, Boil
-	-	-	-	-	-	1	-	-	-	1	-	-	-	1	-	-	-	Cellulitis, Acute Abscess
-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	Other Diseases of Skin and its Annexa
-	-	1	-	3	-	-	-	-	1	-	1	3	1	2	2	1	-	Congenital Malformations
-	-	-	1	-	2	-	-	1	2	1	-	1	1	3	-	2	-	Diseases of Early Infancy:—
-	-	3	1	3	-	4	2	3	-	4	1	8	4	3	-	11	-	Congenital Debility, etc.
-	-	1	-	-	-	3	1	1	-	-	-	-	-	-	-	2	-	Premature Birth
5	10	3	3	1	2	-	2	-	3	1	-	1	3	-	-	-	-	Other Diseases peculiar to Early Infancy
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Old Age
-	-	1	-	-	-	-	-	3	-	1	-	-	-	-	-	-	-	External Causes:—
-	-	-	1	-	1	-	-	-	-	-	-	1	-	-	-	-	-	Suicide: Poisonous Gas
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Drowning
1	-	-	-	-	1	-	1	-	-	-	-	1	-	1	-	-	-	Cutting or piercing instruments
-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	Jumping from high place
-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	Crushing
-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	2	-	-	Accidental Burns
-	-	-	-	-	-	1	-	-	1	1	-	-	-	-	-	-	-	Accidental mechanical suffocation
-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Accidental Drowning
1	-	1	1	-	2	-	-	1	-	1	1	2	-	2	3	-	-	Accidental Injury by Fall
-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	Accidental Injury in Mine
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Accidental Injury by other forms of crushing (road vehicles, railways, etc.).
1	-	2	1	1	1	-	-	-	1	3	-	2	-	-	6	-	-	Unstated or ill-defined cause
-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	1	-	Uncertified
-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	
90	-																	
-	116	176	111	85	88	88	145	125	113	105	62	155	158	258	111	25	19	

* These deaths are included in the Wards in which the persons usually resided.

TABLE 2.

APPENDIX 1.

VITAL STATISTICS OF WHOLE DISTRICT DURING 1931 AND PREVIOUS YEARS.

Year	Population estimated to Middle of each year	Live Births.			Total Deaths Registered in the District.		Transferable Deaths.		Nett Deaths belonging to the District.			
		Uncorrected Number	Nett		Number.	Rate	Non-residents registered in the District.	Residents not registered in the District.	Under 1 Year of Age		At all Ages	
			Number	Rate.					Numb'r	Rate per 1,000 Nett Births	Numb'r	Rate
1921	105,300	2359	2346	22.3	1564	15.2	180	55	279	118	1439	13.6
1922	105,100	1978	1956	18.6	1767	16.8	200	52	223	114	1619	15.4
1923	104,800	1829	1824	17.4	1529	14.6	178	52	187	103	1403	13.4
1924	103,400	1733	1701	16.4	1651	16.0	171	48	215	126	1528	14.8
1925	102,300	1663	1639	16.0	1648	16.1	209	71	178	109	1510	14.8
1926	99,600	1607	1600	16.1	1449	14.5	199	62	138	86	1312	13.2
1927	99,270	1509	1507	15.2	1708	17.1	232	53	166	110	1529	15.4
1928	100,700	1520	1501	15.0	1513	15.1	223	55	119	79	1345	13.3
1929	100,200	1425	1403	14.0	1690	16.8	240	57	147	104	1507	15.0
1930	100,200	1336	1338	13.35	1446	14.4	235	63	101	75.5	1274	12.7
Average 10 years	102,087	1696	1681	16.4	1596	15.7	207	57	175	102	1447	14.2
1931	99,180	1333	1292	13.03	1616	16.3	268	63	111	85.9	1411	14.2

TABLE 3.—Distribution of the Notifiable Infectious Diseases during 1931.

NOTIFIABLE DISEASES.	TOTAL CASES NOTIFIED IN EACH WARD.																
	St. Andrew's	Daneshouse	Stoneyholme	St. Peter's	St. Paul's	Fulledge	Burnley Wood	Healey	Trinity	Whittlefield	Gannow	Lowerhouse	Primrose Bank	Victoria Hospital	Bank Hall	Sanatorium	TOTAL
Small Pox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cholera ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria (including Membranous Croup) ...	7	3	3	5	7	7	6	9	5	4	5	24	—	1	—	—	86
Erysipelas ...	5	3	—	5	1	5	5	3	2	2	8	4	12	—	1	—	56
Scarlet Fever ...	22	10	11	15	13	15	6	13	12	11	50	13	2	1	—	—	194
Enteric Fever ...	1	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	3
Typhus Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Relapsing Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Continued Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	6	—	1	—	7
Puerperal Pyrexia ...	3	—	—	—	1	—	—	—	—	1	2	2	—	—	8	—	17
Cerebro-Spinal Meningitis ...	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1
Ophthalmia Neonatorum ...	2	—	—	2	2	—	2	2	1	—	2	1	1	—	—	—	15
Primary Pneumonia ...	43	20	13	15	19	23	21	20	20	17	27	14	18	1	—	—	271
Influenzal Pneumonia ...	3	4	5	3	3	4	3	3	5	2	6	2	7	—	1	—	51
Malaria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica ...	1	—	—	—	—	2	—	—	—	—	—	1	1	—	—	—	5
Acute Poliomyelitis ...	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Measles ...	289	122	26	53	44	55	21	48	18	65	44	65	12	1	4	—	867
German Measles ...	1	—	—	—	—	2	6	1	—	1	—	—	—	—	—	—	11
Tuberculosis of Lungs†	10	5	6	5	4	5	4	7	6	7	6	7	18	—	1	—	91
Other Forms of Tuberculosis† ...	5	2	1	2	3	4	—	6	3	2	3	2	9	3	—	1	46
TOTALS ...	392	169	65	105	97	122	75	113	72	112	153	135	88	7	16	1	1722

†Primary Notifications.

TABLE 4.

Seasonal prevalence of the Infectious Diseases notified in 1931.

DISEASE.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Diphtheria and Membranous Croup ...	6	10	7	11	7	10	5	9	3	5	2	11	86
Erysipelas ...	8	5	5	6	5	1	1	2	7	11	1	4	56
Scarlet Fever ...	8	12	19	7	19	24	12	17	19	28	14	15	194
Enteric Fever ...	—	—	—	—	—	1	—	—	—	1	1	—	3
Puerperal Fever ..	2	—	—	1	—	1	—	—	1	1	—	1	7
Puerperal Pyrexia	1	—	1	3	1	—	—	2	1	1	2	5	17
Ophthalmia Neonatorum ...	—	3	1	—	1	—	2	5	—	1	—	2	15
Primary Pneumonia ...	39	36	29	25	21	16	10	17	23	13	27	15	271
Influenzal Pneumonia ...	2	17	18	—	1	1	—	1	—	1	7	3	51
Acute Poliomyelitis	—	1	—	—	—	—	—	—	—	—	—	—	1
Encephalitis Lethargica ...	1	—	—	—	1	1	—	—	—	—	—	2	5
Cerebro-Spinal Meningitis ...	—	—	—	—	—	—	—	—	—	—	—	1	1
Measles ...	253	195	156	119	87	19	6	24	—	4	2	2	867
German Measles...	—	1	1	1	1	3	1	1	—	—	2	—	11
Tuberculosis of Lungs ...	6	8	5	6	14	9	3	7	8	10	7	8	91
Other forms of Tuberculosis ...	4	3	4	6	3	2	7	3	2	5	5	2	46
Malaria ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Smallpox ...	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS ...	330	291	246	185	161	88	47	88	64	81	70	71	1722

TABLE 5.

Number of Notifications of Infectious Diseases, 1913-1931.

DISEASE.	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931
Small Pox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cholera ...	—	—	—	—	—	—	—	—	—	—	—	—	—	2	41	181	1	—	—
Diphtheria, including	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Membranous Croup ...	175	129	102	98	60	54	73	96	206	118	105	103	163	142	154	95	137	90	86
Erysipelas ...	173	117	126	86	52	49	79	77	68	57	68	70	103	50	51	87	77	81	56
Scarlet Fever ...	204	309	412	179	46	32	127	176	163	478	597	76	209	143	101	144	481	242	194
Enteric Fever ...	18	22	21	31	5	6	7	9	16	5	14	23	5	21	1	5	7	5	3
Typhus Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Relapsing Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Continued Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever ...	6	9	7	2	—	3	10	3	9	3	2	4	4	2	6	4	7	8	7
Puerperal Pyrexia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	4	12	28	12	17	17
C'bro Spinal Meningitis ...	—	—	—	—	—	—	1	—	4	—	—	—	—	—	2	1	—	—	1
Acute Poliomyelitis ...	—	3	—	2	—	—	—	1	2	1	—	3	3	—	2	—	1	2	1
Ophthalmia Neonatorum ...	21	16	20	13	16	22	18	29	15	13	21	11	18	11	6	7	17	15	—
Acute Primary	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia ...	—	—	—	—	—	—	82	91	78	85	94	102	150	160	172	197	253	173	271
Acute Influenzal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia ...	—	—	—	—	—	—	72	8	8	19	2	36	30	13	38	17	45	16	51
Malaria ...	—	—	—	—	—	—	87	42	6	1	1	2	1	1	1	1	—	—	—
Dysentery ...	—	—	—	—	—	—	4	2	—	—	—	—	—	1	1	1	—	—	—
Encephalitis Lethargica ...	—	—	—	—	—	—	1	4	1	3	7	6	3	3	13	4	5	4	5
Polio-Encephalitis ...	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
Measles and German	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	1534	1519	1317	1749	290	147	3423	193	614	2323	2220	1192	1405	235	2373	878
†Tuberculosis of Lungs	194	149	149	135	145	124	126	110	122	155	172	143	126	120	100	131	100	112	91
†Other Forms of Tuberculosis ...	107	62	74	100	74	56	59	56	63	78	85	92	85	68	72	60	52	55	46
TOTAL	877	821	907	2187	1914	1657	2499	983	922	4441	1354	1295	3217	2968	1970	2367	1420	3195	1722

† Primary notifications.

The compulsory notification of Infectious Disease was commenced on 24th June, 1884, under powers obtained by the Burnley Borough Improvement Act, 1883. The diseases to which this Act applied were Scarletina, Small Pox, Cholera, Typhus and Typhoid Fevers and Diphtheria.

The following diseases became universally notifiable on the 30th August, 1889, by the Infectious Diseases (Notification) Act of that year:—Small Pox, Cholera, Diphtheria, Membranous Croup, Erysipelas, Scarlet Fever and the Fevers—Typhus, Typhoid, Enteric, Relapsing, Continued and Puerperal.

Notification of Tuberculosis of the Lung commenced on 1st February, 1909, in accordance with powers obtained in the Burnley Corporation Act, 1908. This disease became generally notifiable on 1st January, 1912, by the Public Health (T.B.) Regulations, 1911.

Notifications of all forms of Tuberculosis commenced on the 1st February, 1913, by the Public Health (Tuberculosis) Regulations, 1912.

Cerebro-Spinal Meningitis and Acute Poliomyelitis became compulsory notifiable on 1st September, 1912.

Ophthalmia Neonatorum became compulsory notifiable on 1st April, 1914.

Measles became compulsory notifiable on 1st January, 1916, but the Order was rescinded on the 31st December, 1919. Application was made by the Local Authority to the Ministry of Health for all cases of Measles to be notifiable. This was approved, and the Borough of Burnley Etc. (Measles and German Measles) Regulations, 1920, came into force on the 1st March of that year.

Notification of Encephalitis Lethargica and Polio-Encephalitis commenced on the 1st January, 1919.

The compulsory notification of Malaria, Dysentery, Acute Primary Pneumonia and Acute Influenzal Pneumonia came into operation on the 1st March, 1919.

The notification of Puerperal Pyrexia commenced on the 1st October, 1926.

TABLE 6—NOTIFIABLE INFECTIOUS DISEASES DURING 1931.

NOTIFIABLE DISEASES.	Notifi- cations and Deaths.	At all Ages.	CASES NOTIFIED AND DEATHS.											Total cases removed to Hospital.	
			At Ages—Years.												
			Under 1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65		65 and over
Small Pox ...	Notified Deaths	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Cholera ...	Notified Deaths	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Diphtheria (including Membranous Croup)	Notified Deaths	86 3	1 —	2 —	6 2	5 —	8 —	40 1	16 —	5 —	1 —	— —	2 —	— —	75 —
Erysipelas ...	Notified Deaths	56 1	— —	— —	— —	— —	— —	— —	1 —	1 —	8 —	11 —	24 —	11 1	2 —
Scarlet Fever ...	Notified Deaths	194 —	— —	2 —	9 —	19 —	22 —	91 —	26 —	10 —	13 —	2 —	— —	— —	133 —
Typhus Fever ...	Notified Deaths	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Enteric Fever ...	Notified Deaths	3 1	— —	— —	— —	— —	— —	— —	1 —	— —	1 —	1 —	— —	— 1	3 —
Relapsing Fever ...	Notified Deaths	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Continued Fever ...	Notified Deaths	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Puerperal Fever ...	Notified Deaths	7 2	— —	— —	— —	— —	— —	— —	— —	— —	5 1	2 1	— —	— —	— —
Puerperal Pyrexia ...	Notified Deaths	17 —	— —	— —	— —	— —	— —	— —	— —	— —	13 —	4 —	— —	— —	3 —
Cerebro-Spinal Fever	Notified	1	—	—	—	—	—	1	—	—	—	—	—	—	—

TABLE 7.—Birth Rate, Death Rate, Infantile Death Rate, and Death Rate from various Infectious Diseases of some of the large towns during 1931, as shewn by the Returns of the Registrar General.

TOWN.	Popu- lation. Mid 1931	Birth Rate.	Death Rate.	Infantile Death Rate.	Death Rate per 1,000 of Population.			
					Enteric Fever.	Measles.	Scarlet Fever.	Diph- theria.
Birmingham	1,012,700	17.1	11.6	70	0.001	0.17	0.01	0.06
Liverpool	862,900	21.6	14.2	94	0.007	0.44	0.01	0.22
Manchester	773,900	16.0	13.8	85	0.005	0.08	0.01	0.08
Sheffield	517,300	15.0	11.3	69	0.008	0.01	—	0.01
Leeds	486,400	14.8	13.4	77	0.004	0.11	0.02	0.18
Bristol	399,900	15.1	11.9	50	0.003	0.17	—	0.08
Hull	315,200	19.2	13.2	81	0.01	0.22	0.01	0.30
Bradford	300,900	13.6	14.3	71	0.006	0.11	—	0.03
Stoke	279,900	18.6	13.0	100	0.004	0.26	—	0.06
Newcastle	284,400	17.8	13.4	92	0.01	0.45	0.02	0.02
Nottingham	270,900	17.2	13.6	82	0.008	0.16	—	0.01
Salford	225,900	16.0	14.2	97	—	0.05	0.02	0.14
Leicester	241,300	15.3	12.4	64	0.004	0.08	—	0.02
Cardiff	223,800	16.8	12.8	77	0.004	0.22	0.02	0.11
Plymouth	207,500	16.5	14.8	67	—	0.01	0.02	0.09
Bolton	179,200	13.7	13.5	80	—	0.13	0.01	0.01
Sunderland	187,600	21.8	14.4	99	0.02	0.58	0.01	0.06
Swansea	165,500	16.8	11.6	70	—	0.08	0.02	0.07
Birkenhead	148,500	18.4	13.4	86	0.007	0.24	—	0.15
Oldham	141,900	13.6	14.3	106	—	0.07	0.01	0.01
Middlesbrough	138,900	21.4	14.1	100	—	0.24	0.01	0.02
Derby	143,600	16.2	11.4	63	—	—	—	0.11
Coventry... ..	168,900	14.7	10.0	59	—	—	0.01	0.07
Blackburn	123,900	12.4	14.2	60	0.008	0.01	—	0.02
South Shields	114,200	20.7	15.6	115	—	0.39	—	0.02
Stockport	126,600	13.6	13.9	79	—	—	0.01	0.12
Preston	120,100	15.7	13.8	89	—	0.05	0.01	0.03
Huddersfield	114,300	12.3	13.7	61	—	0.09	0.01	0.03
St. Helens	108,300	20.1	12.5	88	—	0.28	—	0.06
Wolverhampton	134,400	17.1	12.0	69	—	0.04	0.01	0.09
Walsall	104,300	19.5	11.3	74	0.009	0.20	0.01	0.11
BURNLEY	99,180	13.0	14.2	85	0.01	0.06	—	0.04
Halifax	98,750	12.6	14.9	77	0.02	0.09	0.03	0.17
Northampton	92,970	13.3	11.7	71	—	0.09	—	0.05
Rochdale	91,160	12.6	15.0	66	—	0.02	0.02	0.23
Wallasey	97,310	13.8	11.8	46	—	0.01	0.01	0.06
Wigan	86,150	18.5	14.2	103	—	—	0.01	0.01
Bootle	77,160	21.6	14.8	95	—	0.16	0.01	0.19
Blackpool	98,360	10.6	15.1	74	—	0.01	—	0.12
Warrington	80,320	18.5	13.4	100	—	0.06	0.16	0.10
Southport	77,280	10.7	15.0	68	—	0.01	—	0.08
Barrow-in-Furness ..	66,540	14.6	12.3	69	—	0.06	0.02	0.02
Bury	56,560	11.9	14.5	73	—	0.09	0.04	—

TABLE 8.—Vital Statistics of the Twelve Wards.

APPENDIX 1.

WARDS	Enumerated Population Census 1931.	Acreage	No. of live Births Registered in the District	Birth Rate	No. of Deaths of Residents	Death Rate	No. of cases of notifiable Infectious Disease (excluding Tuberculosis)	RATE PER 1,000 OF POPULATION			Infantile Mortality per 1,000 Births
								Cases of Infectious Disease	All forms of T. B. Death Rate	Respiratory Diseases (excluding T.B.) Death Rate	
St Andrew's ...	15,370	823	128	8.3	176	11.5	377	24.5	0.59	1.30	70.3
Daneshouse ...	7,535	140	84	11.1	111	14.7	162	21.5	0.79	1.19	71.4
Stoneyholme ...	5,470	540	61	11.1	85	15.5	58	10.6	0.73	1.28	131.1
St. Peter's ...	5,250	114	83	15.8	88	16.8	98	18.7	0.57	2.67	132.5
St. Paul's ...	5,162	152	99	19.2	88	17.0	90	17.4	1.36	2.71	111.1
Fulledge ...	10,057	735	132	13.1	145	14.4	113	11.2	0.79	1.99	60.6
Burnley Wood ...	8,102	366	99	12.2	125	15.4	71	8.8	0.74	2.22	101.0
Healey ...	8,799	468	108	12.3	113	12.8	100	11.4	1.36	1.59	64.8
Trinity ...	6,797	93	94	13.8	105	15.4	63	9.3	1.18	1.91	95.7
Whittlefield ...	4,986	239	62	12.4	62	12.4	103	20.7	0.80	2.41	64.5
Gannow ...	10,762	497.7	190	17.7	155	14.4	144	13.4	1.12	1.77	94.7
Lowerhouse ...	9,969	527	124	12.4	158	15.8	126	12.6	1.20	1.71	80.6
Primrose Bank ...	—	—	75†	—	258*	—	61	—	—	—	—
Victoria Hospital	—	—	—	—	111*	—	4	—	—	—	—
Bank Hall Hosp.	—	—	315†	—	25*	—	15	—	—	—	—
Sanatorium ...	—	—	—	—	19*	—	—	—	—	—	—
TOTALS for the Town as a whole	98,259	4,694.7	1,264	12.86	1,411	14.23	1,585	16.1	0.91	1.78	85.9

* These figures are included in the Wards in which the persons resided.

† These births are allocated to the Ward in which the mother resided.

TABLE 9.—Shewing Birth Rates, Mortality Rates from all causes, from Tuberculosis of the Lungs, Respiratory Diseases, and Malignant Diseases, together with Infantile Mortality and Infantile Diarrhoea Death Rates per 1,000 Births.

APPENDIX 1.

YEAR.	Popu- lation.	Birth Rate.	Death Rate.	Mortality Rates per 1,000 Population from			Infantile Diarrhoea Death rate per 1,000 Births.	Infantile Mortality per 1,000 Births.	Infantile Mortality per 1,000 Births, England & Wales.
				Pul- monary Tuber- culosis.	Respiratory Diseases (excluding Pulmonary Tuberculosis)	Malignant Diseases.			
1882-1886 ...	—	38·9	23·2	2·31	5·15	0·24	34·9	212	142
1887-1891 ...	—	35·9	22·2	1·64	6·21	0·30	27·9	217	145
1892... ..	88,019	35·9	20·9	1·96	5·79	0·36	15·8	189	148
1893... ..	89,022	35·4	22·8	2·00	5·12	0·52	46·1	227	159
1894... ..	90,024	34·5	19·9	2·25	4·04	0·36	16·7	174	137
1895... ..	91,027	35·0	25·6	2·08	7·02	0·44	54·9	249	161
1896... ..	92,030	34·6	20·2	2·00	4·38	0·50	16·2	173	148
Average 5 years ...		35·1	21·9	2·06	5·27	0·44	29·9	202	151
1897... ..	93,033	33·8	22·1	2·21	3·60	0·59	26·9	223	156
1898... ..	94,036	31·9	19·0	1·82	3·58	0·55	44·6	194	160
1899... ..	95,039	29·9	23·6	1·78	4·22	0·57	82·8	273	163
1900... ..	96,041	30·5	19·7	1·67	4·23	0·54	51·1	208	154
1901... ..	*97,043	27·5	18·9	1·65	3·68	0·69	58·6	227	151
Average 5 years ...		30·7	20·7	1·83	3·86	0·59	52·8	225	157
1902... ..	98,158	29·6	19·3	1·44	3·96	0·85	23·4	175	133
1903... ..	99,061	27·3	18·7	1·51	3·88	0·55	42·4	216	132
1904... ..	99,971	26·8	19·4	1·49	3·62	0·64	70·8	232	145
1905... ..	100,889	26·3	16·6	1·46	3·13	0·73	46·1	174	128
1906... ..	101,816	28·0	19·9	1·38	4·04	0·72	73·3	212	132
Average 5 years ...		27·6	18·8	1·46	3·73	0·70	51·2	202	134
1907... ..	102,751	29·0	17·7	1·38	4·14	0·67	24·1	156	118
1908... ..	103,696	28·6	18·2	1·23	3·41	0·80	52·2	201	120
1909... ..	104,648	25·4	16·3	1·15	3·90	0·56	21·5	157	109
1910... ..	105,610	25·4	16·5	1·03	3·18	0·84	37·0	168	105
1911... ..	*106,322	23·2	18·1	1·04	3·16	0·77	81·3	210	130
Average 5 years ...		26·3	17·4	1·17	3·56	0·73	43·2	178	116
1912... ..	108,012	23·0	15·0	0·85	3·36	0·82	14·5	145	95
1913... ..	109,021	22·8	16·8	0·96	3·31	0·90	49·8	174	108
1914... ..	110,040	23·5	16·4	1·02	3·77	0·85	27·0	158	105
1915... ..	103,098	19·5	16·9	0·88	4·08	0·76	38·8	166	110
1916... ..	100,183	16·5	17·3	0·94	3·76	1·15	19·4	151	91
Average 5 years ...		21·1	16·5	0·93	3·66	0·90	29·9	159	102
1917... ..	93,779	14·4	16·0	1·12	3·44	0·94	12·6	143	96
1918... ..	90,770	14·3	18·9	0·85	4·02	1·22	5·5	126	97
1919... ..	102,391	15·6	15·2	0·91	3·67	1·03	8·7	118	89
1920... ..	105,030	23·3	14·1	0·72	2·90	1·22	13·8	129	80
1921... ..	*105,300	22·3	13·6	0·64	2·73	1·41	17·9	118	83
Average 5 years ...		18·0	15·6	0·85	3·35	1·16	11·7	127	89
1922... ..	105,100	18·6	15·4	0·87	3·28	1·03	6·1	114	77
1923... ..	104,800	17·4	13·4	0·90	2·69	1·38	4·9	103	69
1924... ..	103,400	16·4	14·8	0·70	3·59	1·14	8·2	126	75
1925... ..	102,300	16·0	14·8	0·81	3·17	1·23	3·0	109	75
1926... ..	99,600	16·1	13·2	0·69	2·25	1·32	8·1	86	70
Average 5 years ...		16·9	14·3	0·79	3·00	1·22	6·1	108	73
1927... ..	99,270	15·2	15·4	0·72	2·21	1·55	8·6	110	69
1928... ..	100,700	15·0	13·3	0·86	1·72	1·59	6·7	79	65
1929... ..	100,200	14·0	15·0	0·74	2·16	1·55	10·7	104·8	74
1930... ..	100,200	13·35	12·7	0·70	1·36	1·48	10·5	75·5	60
1931... ..	99,180	13·03	14·2	0·75	1·78	1·56	3·9	85·9	66
Average 5 years ...		14·11	14·1	0·75	1·84	1·54	8·1	91·0	66·8

* The Population for the census years 1891, 1901, 1911 and 1921 are taken from the census Returns ; the populations for the other years are estimations of the Registrar General.

TABLE 10.

**SUMMARY OF VITAL STATISTICS OF SOME OF THE COUNTY BOROUGHES IN LANCASHIRE
FOR 1931.**

(As supplied by Medical Officers of Health).

Authority.	Estimated Civil Population	Birth Rate	Crude Death Rate	Infant Mortality	Maternal Mortality	Tuberculosis (Death Rate (all forms) per million Population
		Per 1,000 Population		Per 1,000 Births		
Blackpool	98,360	10·8	15·1	71·2	4·6	843
Barrow-in-Furness	66,366	14·9	12·2	68·6	1·0	798
Bolton	179,200	13·7	13·4	78·0	8·12	770
Burnley	99,180	13·0	14·2	85·9	5·9	917
Bury	56,260	11·9	14·5	71·0	5·9	888
Liverpool	856,483	21·7	14·3	93·0	4·1	1,346
Manchester	766,333	15·9	13·8	83·8	3·3	1,288
Oldham	140,309	14·4	14·4	99·3	6·8	941
Preston	120,100	15·7	13·8	88·0	7·4	849
Southport	77,280	10·7	12·7	68·0	6·0	630
Wigan	86,150	18·5	15·5	103·0	4·4	975

SIZE OF ROOMS.—HEIGHTS.

APPENDIX 2

Kind of House	Kind of Room	Under 8 feet	Between 8 & 9 feet	Between 9 & 10 feet	10 feet & above	Total
Through Houses	Living Rooms with Kitchen Ranges	14	85	432	1	532
	Rooms without Kitchen Ranges	1	8	18	—	27
	Parlours	1	14	213	1	229
	Bedrooms	59	111	722	17	909
Back-to-Back Houses	Living Rooms	25	105	13	1	144
	Bedrooms	70	59	20	6	155
Single Houses	Living Rooms with Kitchen Ranges	10	22	—	—	32
	Bedrooms	18	10	5	—	33
Single Room Dwellings	—	12	9	7	—	28
Basements ...	—	1	2	—	—	3

SIZE OF ROOMS.—FLOOR SPACE.

Kind of House	Kind of Room	Under 125 sq. feet	Between 125&150 sq. feet	Between 150&200 sq. feet	Between 200&250 sq. feet	250 sq. feet & above	Total
Through Houses	Living Rooms with Kitchen Ranges	105	192	207	25	3	532
	Rooms without Kitchen Ranges	27	—	—	—	—	27
	Parlours	88	96	42	2	1	229
	Bedrooms	304	192	353	49	11	909
Back-to-Back Houses	Living Rooms ...	8	8	107	17	4	144
	Bedrooms	17	11	37	85	5	155
Single Houses	Living Rooms with Kitchen Ranges	1	4	19	4	4	32
	Bedrooms	1	4	9	11	8	33
Single Room Dwellings	—	3	7	14	4	—	28
Basements ...	—	—	—	2	—	1	3

SIZE OF ROOMS.—CUBIC SPACE.

Kind of House	Kind of Room	Under 1,000 cubic feet	Between 1,000 and 1,500 cubic feet	Between 1,500 and 2,000 cubic feet	2,000 cubic feet and above	Total
Through Houses	Living Rooms with Kitchen Ranges	63	345	119	5	532
	Rooms without Kitchen Ranges	25	2	—	—	27
	Parlours	43	172	13	1	229
	Bedrooms	237	481	164	27	909
Back-to-Back Houses	Living Rooms ...	8	71	60	5	144
	Bedrooms	21	34	79	21	155
Single Houses	Living Rooms with Kitchen Ranges	—	18	10	4	32
	Bedrooms	4	8	13	8	33
Single Room Dwellings	—	3	16	9	—	28
Basements ...	—	—	—	2	1	3

25 living rooms used as sleeping rooms in addition to bedrooms.

30 living rooms used as sleeping rooms instead of bedrooms.

OVERCROWDING:—

8 allowing 300 cubic feet per adult in bedrooms.

27 allowing 400 cubic feet per adult in bedrooms.

25 on the basis adopted by the Registrar-General, viz., more than 2 persons to a room.

RENTS.

THROUGH HOUSES.

Rents ranging from 4s. 5d. to 15s. 0d. ...	7 at 5s. 6d.
	20 at 6s. 9d.
	29 at 7s. 1d.
	21 at 8s. 0d.
	4 at 9s. 3d.
	3 at 10s. 6d.
	3 at 12s. 6d.

Rents ranging from 9s. 2d. to 9s. 10d., both rates.

BACK-TO-BACK HOUSES.

Rents ranging from 2s. 6d. a week to 10s. 0d. a week, clear.

SINGLE HOUSES.

Rents ranging from 3s. 3d. a week to 6s. 0d., clear.

Single Room Dwellings from 1s. 10d. to 9s. 0d., clear.

STORAGE OF FOOD.

- 568 had cupboards.
- 13 had cupboards and pantries.
- 5 had pantries.
- 33 had shelves.

STORAGE OF COAL.

- 248 had places under the stairs.
- 67 had cellars.
- 239 had coal in yards.
- 65 had no proper storage for coal.

WATER SUPPLY.

All houses were supplied with Town water.

- 485 had taps in living rooms.
- 31 " " scullery kitchens.
- 99 " " sculleries.
- 4 " " other places.

DRAINS.

All houses were provided with drains.

- 16 had drains underneath (cellar drains).
- 168 ventilated by down spouts.
- 286 slop traps.
- 16 gullies in cellars.
- 122 yard gullies.
- 285 dishbrick inlets to waste water closets.
- 6 ventilated by soilpipes.

DOWNSPOUTS.

- 81 near doors.
- 112 near windows.
- 42 on corner of buildings.
- 168 connected to drains.
- Remainder discharging on to slop traps, yard flags and footpaths.

SLOP-PIPES.

- 564 inside.
- 55 outside.

YARDS.

- 373 houses had back yards for own use.
- 82 had 100 square feet.
- 186 between 100 and 125 square feet.
- 103 between 125 and 200 square feet.
- 2 above 200 square feet.

SANITARY CONVENIENCES.

466 had separate conveniences.

6 joined at 2=3 to 1 ; 100 joined at 50=2 to 1 ; 12 joined at 3=4 to 1 ;
5 joined at 1.

30 joined at closets used in common with houses previously inspected.

CLEAN-WATER CLOSETS.

73 with separate cisterns.

WASTE-WATER CLOSETS:—336.

LATRINE OR TROUGH CLOSETS:—113.

ASHPITS.

Large Covered	...	...	...	...	...	...	8
Small Covered	...	...	...	...	...	...	167

166 had ashpits for own use ; 2 joined at 1 ashpit ; 5 joined at 1 ;

12 joined at 2=6 to 1 ; 14 joined at 2=7 to 1 ; 10 joined at 1 ashpit ;

15 joined at 1 ; and 19 joined at 1.

18 joined at ashpits with other houses previously inspected.

ASHBINS 265

225 had bin for own use.

44 joined at ashbin with another=2 to 1.

36 joined at 12 ashbins=3 to 1 ; 12 joined at 3 ashbins=4 to 1 ;

15 joined at 3 ashbins=5 to 1.

26 joined at ashbins with other houses previously inspected.

DEFECTS FOUND:—

DAMPNESS—

Living Rooms	...	...	...	...	...	...	32
Caused by want of pointing	...	...	...	...	...	...	12
„ absence of damp-proof course	...	...	...	...	...	...	15
„ defective spouting	...	...	...	...	...	...	1
„ defective doors	...	...	...	...	...	...	4
Parlours	...	...	...	...	...	...	11
Caused by want of pointing	...	...	...	...	...	...	1
„ absence of damp-proof course	...	...	...	...	...	...	10
Bedrooms	...	...	...	...	...	...	111
Defective roofs	...	...	...	...	...	...	74
Defective spouting	...	...	...	...	...	...	4
Want of wall pointing	...	...	...	...	...	...	27
Defective window frames	...	...	...	...	...	...	6

WANT OF CLEANLINESS—

8 living rooms were in need of re-papering, and 14 bedrooms required white or colour washing.

VENTILATION.

17 bedrooms poorly ventilated, roof lights not openable.

WINDOWS.

326	defects were found in connection with living room windows.
14	" " " " " scullery kitchen windows.
368	" " " " " bedroom windows.

STATE OF REPAIR:—

LIVING ROOMS.

50	doors, jamb stones or steps, out of repair.
167	with defective walls.
236	" " floors.
62	" " ceilings.
486	defects were found in connection with fireplaces, ovens and boilers.
2	lobbies had defective floors and 7 defective plastering.
17	stairs out of repair, 5 skirting boards defective.
75	staircases had defective plastering.

SCULLERIES.

39	windows were not openable, and 4 had defective window frames.
43	had walls or ceilings out of repair, and 3 roofs were defective.
20	had floors out of repair.
10	were without downspouts and eaves spouts.
2	defects were found in connection with set boilers.

BEDROOMS.

2	with doors off or out of repair.
251	walls out of repair.
101	floors " "
92	ceilings " "
80	fireplaces " "
168	without fireplaces.
77	fireplaces built up or blocked up.

FOOD STORES.

4	cupboards out of repair.
1	pantry floor out of repair.

DRAINS.

2	blocked.
4	dishbricks broken or required cementing at back.
3	dishbricks without grates.

DOWN-SPOUTS.

4	broken or blocked.
---	--------------------

SLOPSTONES.

50	worn, allowing water to lodge or flow over on to the floor.
----	---

SLOP-PIPES.

11	defective or short.
----	---------------------

CLOSETS.

18	defects were found in connection with clean-water closets, and 63 in connection with waste-water closets.
----	---

ASHPITS.

13 ashpits defective.

YARDS.

72 with broken or sunken flags.

3 with defective walls.

14 had doors out of repair.

3 were without doors.

MISCELLANEOUS PARTICULARS.

84 of the houses had forecourts ; 43 had lobbies, 12 had vestibules and lobbies, 34 had vestibules only, and 7 were provided with baths.

94 were occupied by the owners, and 9 were houses and shops.

60 houses were each occupied by 2 families.

OVERCROWDED HOUSES OCCUPIED BY MORE THAN 1 FAMILY.

Allowing 300 cubic feet per adult in bedrooms, 1 was overcrowded ; allowing 400 cubic feet, 4 ; and on the basis of more than 2 persons per room, 3 were overcrowded.

BANK HALL CHILDREN'S HOSPITAL.

APPENDIX 3

TABLE I.—SHEWING DISEASES AND RESULT OF TREATMENT OF CHILDREN ADMITTED.
PERIOD—1/1/1931 TO 31/12/1931.

Diagnosis	Remain- ing on 1/1/1931	Ad- mitted 1931	Total No. of Cases	Discharged			Removed by relative against advice	Died	Rem- aining in 1932
				Well	Improv'd	I.S.Q.			
Marasmus	5	14	19	6	2	5	1	3	2
Debility	4	17	21	10	2	—	1	—	8
Alimentary Diseases	1	12	13	9	—	—	—	—	4
Intestinal Parasites ...	—	1	1	—	—	1	—	—	—
Rickets	8	29	37	21	1	6	3	—	6
Chron. Respiratory Diseases	1	3	4	2	1	—	—	—	1
Acute Respiratory Diseases	1	4	5	3	—	1	—	1	—
Prematurity	—	9	9	—	—	—	4	4	1
Tuberculosis Incipient	—	1	1	—	—	—	—	—	1
Septic Meningitis	—	2	2	—	—	—	—	2	—
Ophthal. Neonatorum	—	1	1	1	—	—	—	—	—
Scurvy	—	1	1	1	—	—	—	—	—
Pink Disease	—	1	1	1	—	—	—	—	—
Tubercular Peritonitis	1	—	1	1	—	—	—	—	—
Congenital Defects ...	—	2	2	—	—	1	—	—	1
Total	21	97	118	55	6	14	9	10	24

TABLE II.—THE FOLLOWING TABLE SHEWS THE AGES AND THE NUMBER OF THE CHILDREN
ADMITTED. PERIOD—1/1/31 TO 31/12/31.

Under 1 week	1-2 weeks	2-4 weeks	1-2 m'ths.	2-3 m'ths.	3-4 m'ths.	4-5 m'ths.	5-6 m'ths.	6-7 m'ths.	7-12 m'ths.	1-2 yrs.	2-3 yrs.	3-4 yrs.	Over 4 yrs.	Total
3	4	3	2	8	2	10	1	1	11	19	18	10	5	97

TABLE III.—AVERAGE DURATION OF STAY OF CHILDREN DISCHARGED (NOT INCLUDING
THOSE REMOVED BY RELATIONS AGAINST MEDICAL ADVICE).

Reason for Admission.	Average duration of Stay in Days.
Anæmia	76.2
Marasmus	54.0
Rickets	97.7
Chron. Respiratory Disease	75.5
Acute Respiratory Disease	77
Alimentary Disease	47
Debility	67.6
Prematurity	48.75
Other Conditions	47.7

TABLE IV.—SOURCE OF ADMISSION OF CHILDREN.

General Practitioners.	Out-patient Clinic.	Maternity Ward.
30	65	2

NOTE.—As in previous years a large number of those admitted from the out-patient clinic have been advised to go there by the Health Visitors.

TABLE V.—SHEWING THE AGES AND CAUSES OF DEATH OF CHILDREN AT BANK HALL
CHILDREN'S HOSPITAL.

PERIOD—1/1/1931 TO 31/12/1931.

Cause of Death.	Total	AGE PERIOD.									
		Under 1 week.	1—2 weeks.	2—3 weeks.	3—4 weeks.	1—3 months.	3—6 months.	6—9 months.	9—12 months.	1—2 years.	2—3 years.
Marasmus	3	—	—	—	—	1	—	—	1	1	—
Respiratory Diseases	1	—	—	—	—	1	—	—	—	—	—
Prematurity	4	2	—	—	—	2	—	—	—	—	—
Meningitis	2	—	—	—	—	1	—	1	—	—	—
Total	10	2	—	—	—	5	—	1	1	1	—

BANK HALL MATERNITY HOSPITAL—1931.

Cases in Hospital on 1st January, 1931:—

(a) Delivered	11	}	16
(b) Undelivered	5		

Number of cases admitted during 1931 ... 371

Total cases dealt with ... 387

Number of cases remaining in hospital 31st December, 1931:—

(a) Delivered	9	}	13
(b) Awaiting Delivery...	...	4		

Number of External cases ... 8

TABLE VI.—Showing Particulars of the Intern. Cases.

No. of Cases	Nature of Cases	Number of Births				Number of Deaths		
		Live births	Stillbirths		Total births	Mater- nal	Infantile	
			M.	F.			M.	F.
11	Delivered in 1930 and remaining in Hospital							
227	Cases delivered in 1931:— NORMAL CASES ...	225	1	1	227	—	1	1
	CONTRACTED PELVIS:							
12	(a) Cæsarean section ...	11	—	1	12	2	2	1
13	(b) Instrumental delivery ...	12	—	1	13	—	—	1
12	(c) Induction of labour ...	12	—	—	12	—	1	—
6	(d) Spontaneous delivery ...	6	—	—	6	—	—	—
2	(e) Malpresentation manual ...	2	—	—	2	—	—	—
	INSTRUMENTAL DELIVERY:							
11	(a) Inertia ...	10	1	—	11	—	—	—
6	(b) Malpresentation ...	5	1	—	6	1	—	—
2	(c) Cardiac ...	1	—	1	2	—	—	—
1	(d) Phthisis ...	1	—	—	1	1	1	—
1	MALPRESENTATION MANUAL ...	1	—	—	1	—	—	—
4	BREECH IN PRIMIPARA ...	2	—	2	4	—	—	—
1	TWIN PREGNANCY ...	2	—	—	2	—	—	—
	ANTE PARTUM HÆMORRHAGE:							
5	(a) Accidental hæmorrhage ...	3	1	1	5	—	1	—
2	(b) Placenta prævia- spontaneous ...	1	—	1	2	—	—	—
2	(c) Placenta prævia (Cæsarean section: performed) ...	2	—	—	2	—	—	—

TABLE VI.—SHOWING PARTICULARS OF CASES.—Continued.

No. of Cases	Nature of Cases	Number of Births				Number of Deaths		
		Live Births	†Stillbirths		Total Births	‡Mater- nal	*Infantile	
			M.	F.			M.	F.
1	POST PARTUM HÆMORRHAGE ...	1	—	—	1	—	—	—
1	RETAINED PLACENTA ...	1	—	—	1	—	—	—
13	PREMATURE LABOUR ...	8	1	4	13	—	2	2
	TOXÆMIA OF PREGNANCY:							
3	(a) Eclampsia ...	1	2	—	3	—	—	—
12	(b) Albuminuria ...	9	2	1	12	—	—	1
5	(c) Hyperemesis ...	5	—	—	5	1	—	—
2	(d) Pyelitis ...	2	—	—	2	—	—	—
1	(e) Chorea ...	1	—	—	1	—	—	—
4	INTERCURRENT AILMENTS:	3	1	—	4	—	—	—
8	Cardiac. Spontaneous ...	7	—	1	8	—	—	—
357	Total Number of cases delivered ...	334	10	14	358	5	8	6
			24				14	
	Admitted for Ante Natal Treatment only:							
4	Hyperemesis.							
4	Abortion.							
2	Pyelitis.							
1	Ante Partum Insanity.							
1	Contracted Pelvis.							
3	False Labour.							
15	Total							
4	Remaining in Hospital at end of 1931 undelivered.							
387	Total Cases dealt with.							

† Of the 24 Stillbirths, 4 were Premature and 3 were Macerated.

* Of the 14 Infantile Deaths, 7 were Premature.

‡ Of the 5 Maternal Deaths, only 1 had had Ante Natal supervision at the Ante Natal Clinic.

TABLE VII.—Particulars of External Cases.

6	Normal.
2	Ante Partum Hæmorrhage.
—	
8	TOTAL.
—	

METEOROLOGY.

THE METEOROLOGICAL OBSERVATORY is at Queen's Park. It is attached to the Meteorological Office and is classed as an Auxiliary Climatological Station. The results of the observations are sent to that office, and monthly returns are published from all the stations which supply readings. A weekly return of temperature and rainfall is also sent by us for the use of the Registrar-General, and is published in a weekly return sent out from his office.

The Instruments consist of a Kew pattern barometer, the reservoir of which is 458 feet above sea level. In the enclosure are the following:—

In the Stephenson Screen :	{	Wet Bulb Thermometer.
	{	Dry Bulb Thermometer.
	{	Maximum Thermometer.
	{	Minimum Thermometer.

Solar Radiation Maximum Thermometer.

Grass Minimum Thermometer.

Earth Thermometer—1 foot.

—4 feet.

Sunshine Recorder. (Campbell Stokes).

Rain Gauge. (8 inches in diameter).

The floor of the Stephenson screen is 461 feet above sea level.

The Readings are taken daily at 9 o'clock a.m., G.M.T., and the results are posted each day in front of the Town Hall, and published weekly in the local newspapers.

The following Table gives a Monthly Summary of the Readings:—

MEAN METEOROLOGICAL READINGS, MADE AT QUEEN'S PARK, 1931.

LAT.: 53° 47' 30 N. LONG.: 2° 14' 30 W. Barometer Cistern 458 feet above Mean Sea Level.

1931	THERMOMETERS										RAINFALL.				BRIGHT SUNSHINE.				DIRECTION OF THE WIND AT 9 A.M. G.M.T.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
	Mean Air Pressure at Mean Sea Level.		IN SCREEN.				Mean Min. on Grass	Mean Solar Max.	IN GROUND.		Mean Relative Humidity.				No. of days		Total Fall.		Most in a day		No. of days of Sun		Daily Mean.		Most in a day		No. of Days of :																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
			Mean Max.	Mean Min.	Absolute Extremes of Temperature.	Mean			1 foot	4 feet																									Am-ount	Day of month	Hrs.	M.M.	Hrs.	Hrs.	Am-ount.	Day of Month	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	C'm																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								

During the year the amount of rainfall in millimetres, according to wind direction at 9 a.m., was as follows:—

Direction of Wind.	N.	N.E.	N.W.	S.	S.E.	S.W.	E.	W.	Calm	Total
Rainfall in Millimetres	3.0	58.1	5.0	—	38.3	537.3	188.4	316.0	53.6	1199.7

WEATHER PHENOMENA.

NUMBER OF DAYS OF

Snow	Snow lying	Hail	Thunderstorm	Fog	Ground Frost	Gale
13	4	4	6	21	98	1

**Extract from the Report of the Medical Superintendent of the Burnley Joint
Hospital Board, 1931.**

TABLE shewing the Notifications of the Four Principal Infectious Diseases in the areas of the Constituent Authorities, and the numbers isolated, together with the percentage isolated:—

Authority	Scarlet Fever	Enteric Fever	Ery- sipelas	Diph- theria	Total
BURNLEY BOROUGH—					
Total Notified	194	3	56	86	339
Total Isolated	133	3	2	75	213
Percentage Isolated ...	68·0	100·0	3·6	87·2	62·5
BURNLEY RURAL DISTRICT—					
Total Notified	64	1	8	6	79
Total Isolated	23	2*	—	2	27
Percentage Isolated ...	36·0	—	—	33·0	34·2
BRIERFIELD URBAN DISTRICT—					
Total Notified	25	—	2	11	38
Total Isolated	21	—	—	7	28
Percentage Isolated ...	84·0	—	—	63·6	73·7
PADIHAM URBAN DISTRICT—					
Total Notified	8	—	4	—	12
Total Isolated	9†	—	—	—	9
Percentage Isolated ...	100·0	—	—	—	75·0

† 1 Notified in 1930, and admitted to hospital at beginning of 1931.

* 1 Admitted as Enteric Fever, diagnosed as Encephalitis Lethargica.

POLICE COURT PROCEEDINGS, 1931.

APPENDIX 6

Date of Decision.	Act, Bye-law or Regulation under which Proceedings taken	Offence	Result
Jan. 7th	Food and Drugs (Adulteration) Act, 1928, Section 2	Selling milk deficient in fat	Fine £2. Costs £1/1/-
Jan. 14th	Public Health Act, 1875, Sections 91-96	Nuisance, dampness	Withdrawn. Costs 3/6. Work done.
April 15th	Foot and Mouth Disease, Infected Area Order	Removing cattle without a licence	Fine £1. Costs £1/1/-
April 29th	Do.	Do.	Fine £2. Costs £1/1/-
May 20th	Milk and Dairies Order	Exposing milk vessels to contamination	Fine 10/-
June 10th	Foot and Mouth Disease, Infected Area Order	Not slaughtering within 3 days after arrival at the Abattoirs	Fine £3. Costs £2/2/-
June 10th	Do.	Do.	Fine £1. Costs £1/1/-
July 15th	Public Health Act, 1875, Sections 91-96	Nuisance, accumulation of manure	Adjourned on promise to remove. Costs 3/6
Dec. 9th	Food and Drugs (Adulteration) Act, 1928, Section 2	Selling adulterated cinnamon	Dismissed on Warrant
Dec. 23rd	Food and Drugs (Adulteration) Act, 1928, Section 2	Selling milk deficient in fat	Fine £1, including Costs

Table shewing the Medical Examinations carried out during the year 1931
for the various Corporation Departments, etc.

Examinations of Corporation Employees under the Workmen's Compensation Act ...	346
For employment in the Tramways Department	40
For Superannuation purposes	85
For claims for compensation by persons other than Corporation employees ...	5
For the Ministry of Pensions in respect of Tuberculous Ex-Servicemen ...	11
	<hr/>
	487
	<hr/>

MINISTRY OF HEALTH RETURNS.

Form M.C.W. 96 (Rev.)

MATERNITY AND CHILD WELFARE.

Return (1) showing the arrangements made for maternity and child welfare by the Council and by Voluntary Associations providing maternity and child welfare services in respect of which the Council pay contributions under Section 101 of the Local Government Act, 1929, or otherwise; and (2) giving particulars of the work done during the year 1931.

1. POPULATION OF THE AREA SERVED BY THE COUNCIL:—98,259 (Census, 1931).
2. NUMBER OF BIRTHS NOTIFIED IN THAT AREA DURING THE YEAR UNDER THE NOTIFICATION OF BIRTHS ACT, 1907, AS ADJUSTED BY ANY TRANSFERRED NOTIFICATIONS:—
 - (a) Live Births—1295. (b) Still births—68. (c) Total—1363.
 - (d) By midwives—539. (e) By doctors and parents—364.
 - (f) Institutions—460.
3. HEALTH VISITING.
 - (i) Number of officers employed for health visiting at the end of the year:—
 - (a) by the Council—1 Superintendent and 8 Health Visitors.
 - (b) by Voluntary Associations ... Nil.
 - (ii) Equivalent of whole-time services devoted by the whole staff to health visiting (including attendance at infant welfare centres):—
 - (a) in the case of Health Visitors employed by the Council ... 50%
 - (b) in the case of Health Visitors employed by Voluntary Associations Nil.
 - (iii) Number of visits paid during the year by all Health Visitors:—

(a) To expectant mothers ...	First visits	402
	Total Visits	724
(b) To children under 1 year of age ...	First visits	1245
	Total visits	7342
(c) To children between the ages of 1 and 5 years ...	Total visits	12067
4. INFANT WELFARE CENTRES.
 - (a) Number of Centres provided and maintained by the Council ... 6
 - (b) Number of Centres provided and maintained by Voluntary Associations ... Nil.
 - (c) Total number of attendances at all Centres during the year:—
 - (i) By children under 1 year of age ... 9035
 - (ii) By children between the ages of 1 and 5 years ... 5935
 - (d) Average attendance of children per session at all Centres during the year ... 42.6
 - (e) Total number of children who attended at the Centres for the first time during the year—
 - (i) Children under 1 year of age ... 863
 - (ii) Children between the ages of 1 and 5 years ... 445

(f) Percentage of notified live births represented by the number in	66.6
(e) (i)	

5. ANTE NATAL CLINICS (WHETHER HELD AT INFANT WELFARE CENTRES OR AT OTHER PREMISES):—

(a) Number of Clinics provided and maintained by the Council ...	3
(b) Number of Clinics provided and maintained by Voluntary Associations ...	Nil.
(c) Total number of attendances by expectant mothers at all Clinics during the year ...	2800
(d) Average attendance of expectant mothers per session at all Clinics during the year ...	16.0
(e) Total number of expectant mothers who attended at the Clinics during the year ...	556
(f) Percentage of total notified births (live and still) represented by the number in (e) ...	40.7

6. MATERNITY HOMES AND HOSPITALS.

I.

	Separate maternity institutions provided by the Council.	Institutions (with maternity wards) transferred to the Council under Part I of the Local Government Act, 1929	Institutions provided by Voluntary Associations and subsidised by the Council
Number of Institutions ...	1	1	—
Number of maternity beds (exclusive of isolation and labour beds) ...	21	15	—
Total number of women admitted to these beds during the year ...	371	95	—

II.

Number of women (if any) sent by the Council during the year to other Maternity Institutions ...	Nil.
--	------

7. HOMES AND HOSPITALS FOR SICK OR AILING CHILDREN UNDER 5 YEARS OF AGE.

I.

	Separate institutions provided by the Council for these cases	Institutions (with accommodation for these cases transferred to the Council under Part I of the Local Government Act, 1929	Institutions provided by Voluntary Associations and subsidised by the Council
Number of Institutions ...	1	1	—
Number of beds provided for such children ...	24	52	—
Total number of children admitted to these beds during the year ...	97	191	—

II.

Number of such children (if any) sent by the Council during the year to other Institutions ... Nil.

8. CONVALESCENT HOMES.

- (a) Number of convalescent institutions with accommodation for expectant or nursing mothers or children under 5 years of age:—
- (i) provided by the Council ... Nil.
 - (ii) provided by Voluntary Associations ... 1
- (b) Number of beds for such cases in convalescent institutions:—
- (i) provided by the Council* ... Nil.
 - (ii) provided by Voluntary Associations ... 2

*The Moorland Home of the Burnley League of Social Service.
(Farmhouse with accommodation for 2 Nursing Mothers).

- (c) Total number of cases admitted to the beds included in (b) during the year. (accompanied by 54 children) ... 40

*Each Nursing Mother admitted for 1 week only. Nursing Mothers may be accompanied by one infant and one other young child.

- (d) Total number of such cases sent by the Council during the year to other convalescent institutions ... Nil.

9. HOMES FOR MOTHERS AND BABIES.

- (a) Number of such homes:—
- (i) provided by the Council ... Nil.
 - (ii) provided by Voluntary Associations ... Nil.
- (b) Number of beds in homes:—
- (i) provided by the Council ... Nil.
 - (ii) provided by Voluntary Associations ... Nil.
- (c) Total number of cases admitted to these homes during the year:—
- (i) expectant mothers ... Nil.
 - (ii) mothers and babies ... Nil.
 - (iii) babies ... Nil.
- (d) Total number of such cases sent by the Council during the year to other homes for mothers and babies ... Nil.

10. DAY NURSERIES.

- (a) Number of day nurseries:—
- (i) provided by the Council ... Nil.
 - (ii) provided by Voluntary Associations ... Nil.
- (b) Number of places for children under 5 years of age in the nurseries:—
- (i) provided by the Council ... Nil.
 - (ii) provided by Voluntary Associations ... Nil.
- (c) Total number of attendances of children at these nurseries during the year:—
- (i) whole day ... Nil.
 - (ii) half-day ... Nil.

11. INFECTIOUS DISEASES.

Disease.	Number of cases notified during the year.	Number of cases visited by officers of the Council.	Number of cases for whom home nursing was provided by the Council.	Number of cases removed to hospitals.
(1) Ophthalmia Neonatorum ...	15	14	7	3 removed. 1 Notified from Hospital.
(2) Pemphigus Neonatorum ...	—	—	—	—
(3) Puerperal ... Fever	7	—	—	7 in Hospital when notified.
(4) Puerperal ... Pyrexia	17	9	—	2 Removed. 6 Notified from Hospital.
(5) Measles and German Measles (in children under 5 years of age)	509	497	—	4 Notified from Children's Hospital afterwards removed to Isolation Hospital 8 Notified from Municipal Hospital.
(6) Whooping Cough (do.) ...	178 cases found by Health Visitors. (231 visits paid)	178	—	—
(7) Epidemic Diarrhoea (do.)	9 cases found by Health Visitors (14 visits paid)	9	—	—
(8) Poliomyelitis (do.)	—	—	—	—

12. HOME NURSING.

- (a) Number of nurses employed at the end of the year for the nursing of expectant mothers and children under 5 years of age, maternity nursing, or the nursing of puerperal fever:—

- (i) by the Council ... Nil.
(ii) by Voluntary Associations—Council requisitions service of a nurse when required from Local Nursing Association.

- (b) Total number of cases attended during the year by these nurses 7

13. MIDWIVES.

- (a) Number practising in the area served by the Council for maternity and child welfare at the end of the year 20+10 in Maternity Hospital and 5 in Municipal Hospital.

- (b) Number:—

- (i) employed by the Council ... Nil.
(ii) directly subsidised by the Council ... Nil.
(iii) employed by Voluntary Associations ... Nil.

(c) Number of cases attended by midwives during the year:—									
(i) as midwives	...	...	...	...	...	...	...	...	424
(ii) as maternity nurses	...	...	...	...	...	...	...	...	237
(iii) In Institutions	...	...	...	...	...	...	...	...	460
(d) Number of cases during the year in which the Council paid or contributed to the fee of a midwife									
...	...	...	...	...	...	...	...	...	Nil.

14. MATERNAL DEATHS.

(a) Number of women who died in, or in consequence of, childbirth in the area served by the Council for maternity and child welfare during the year:—					
(i)	from sepsis.	...	...	3	(outward transfer 1)
(ii)	from other causes	...	...	7	(outward transfer 1)
(b) Number of these cases which died:—					
(i)	at home	...	...	1	
(ii)	in institutions	...	...	9	(outward transfer 2)

MATERNITY AND CHILD WELFARE.

RETURN RELATING TO MATERNITY HOSPITALS AND HOMES MAINTAINED OR SUBSIDISED
BY THE COUNCIL DURING THE YEAR 1931.

1. Name and Address of Institution.—Bank Hall Maternity and Children's Hospital.
2. Number of Maternity Beds in the Institution (exclusive of Isolation and Labour Beds).—21.
3. Number of Maternity Cases admitted during the year.—371.
4. Average duration of stay. —14·4 days, including Antenatal Treatment.
12·9 days for confinement.
5. Number of cases delivered by—

(a) Midwives	...	...	303
(b) Doctors	...	...	54
6. Number of cases in which medical assistance was sought by a Midwife in emergency—84.
7. Number of cases notified as—

(a) Puerperal Fever	...	...	1
(b) Puerperal Pyrexia	...	...	9
8. Number of cases of Pemphigus Neonatorum—None.
9. Number of Infants not entirely breastfed while in the Institution—9.
10. (a) Number of cases notified as Ophthalmia Neonatorum—1.
(b) Result of treatment in each case—Vision not impaired.
11. (a) Number of Maternal Deaths—5.
(b) Cause of death in each case.
 1. (a) Inversion of Uterus.
(b) Retained and partially adherent placenta.
(c) Primary uterine inertia and fatty degeneration of placenta.
(d) Chronic Anæmia.
 2. (a) Puerperal Septicæmia.
(b) Operation (Cæsarean Section) for obstructed labour.
(c) Contracted Pelvis.
 3. (a) Pulmonary Tuberculosis.
(b) Parturition (Forceps).
 4. (a) Coma.
(b) Toxæmia of pregnancy.
(c) Toxic hyperemesis due to parturition.
 5. (a) Cardiac failure.
(b) Obstructed labour.
(c) Cæsarean Section.
(d) Contracted Pelvis.
(e) Influenza.
12. Number of Fœtal Deaths—

(i) Stillborn	...	...	...	24
(ii) Within 10 days of birth	...	...	...	14

(b) Cause of death in each case, and results of post-mortem examination (if obtainable).

(i) Prematurity	4	(ii) Prematurity	7
Congenital Malformations ...	4	Atelectasis	1
Macerated Fœtus	3	Asphyxia Neonatorum ...	2
Toxæmia of Mother	3	Convulsions	1
Obstructed Labour	5	Cerebral Hæmorrhage ...	1
Diabetes of Mother	1	Hydrocephalus spina bifida...	1
Antepartum Hæmorrhage ...	3	Hyperpyrexia—complete	
Breech in primipara	1	suppression of urine ...	1
	—		—
Total ...	24	Total ...	14
	—		—

No. P.M. performed.

MATERNITY AND CHILD WELFARE.

RETURN RELATING TO MATERNITY HOSPITALS AND HOMES MAINTAINED OR SUBSIDISED BY
THE COUNCIL DURING THE YEAR 1931.

1. Name and Address of Institution—Primrose Bank Institution, Burnley.
2. Number of Maternity Beds in the Institution (exclusive of Isolation and Labour Beds)—15
3. Number of Maternity Cases admitted during the year—95.
4. Average duration of stay—15 days.
5. Number of Cases delivered by—

(a) Midwives	...	...	67
(b) Doctors	...	...	28
6. Number of cases in which medical assistance was sought by a Midwife in emergency—9.
7. Number of Cases notified as—

(a) Puerperal Fever	...	...	1
(b) Puerperal Pyrexia	...	...	0
8. Number of Cases of Pemphigus Neonatorum—None.
9. Number of Infants not entirely breastfed while in the Institution—6.
10. (a) Number of Cases notified as Ophthalmia Neonatorum—1.
 (b) Result of treatment in each case—Satisfactory—cured. Vision Normal.
11. (a) Number of Maternal Deaths—None.
 (b) Cause of Death in each case.
12. (a) Number of Fœtal Deaths—

(i) Stillborn	...	...	...	4
(ii) Within 10 days of birth	...	...	...	4

 (b) Cause of death in each case, and results of post-mortem examination (if obtainable).

(i) Stillborn, 1.	Had been in labour several days outside. R.O.P. fixed. Forceps.
,, 1.	Prolapsed cord, not pulsating on admission.
,, 1.	Ruptured uterus. Cæsarean section. Child in abdominal cavity.
,, 1.	Prematurity—had been dead for some time.
(ii) 1	Died 4 days—prematurity.
1	Died day of birth—prematurity, 3½ lbs.
2	Twins. 3 and 3½ lbs., died in a few hours—prematurity.

TUBERCULOSIS.

Form T. 137.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

Summary of Notifications during the period from the 28th December, 1930, to the 2nd January, 1932, in the County Borough of Burnley, (to which this return relates).

Age-periods.	Formal Notifications.												Total Notifications
	Number of Primary Notifications of new cases of Tuberculosis.												
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total (all ages)	
Pulmonary Males ...	—	—	—	—	3	3	16	9	16	11	—	58	73
„ Females ...	—	—	1	—	4	7	9	7	4	2	—	34	49
Non-pulmonary Males ...	—	6	8	3	2	2	5	—	—	1	1	28	31
„ „ Females ...	1	5	1	2	1	4	1	1	1	—	1	18	23

PART II.

SUPPLEMENTAL RETURN.

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by formal notification.

Age Periods.	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total Cases
Pulmonary Males	—	—	—	—	—	—	—	1	2	—	—	3
„ Females ...	—	—	—	1	—	3	1	—	—	1	—	6
Non-pulmonary Males ...	—	—	1	—	—	—	2	—	—	1	—	4
„ Females ...	—	—	2	—	—	1	—	1	—	—	—	4

The source from which information as to the above-mentioned cases was obtained should be stated below:—

Source of Information.	No. of Cases.	
	Pulmonary.	Non-pulmonary.
Death Returns { from local Registrars	3	3
transferable deaths from Registrar General	1	1
Posthumous Notifications	1	—
"Transfers" from other areas (other than transferable deaths)	4	4
Other Sources if any (specify)	—	—

PART III.

NOTIFICATION REGISTER.

Number of cases of Tuberculosis remaining at the 31st December, 1931, on the Registers of Notifications kept by the Medical Officer of Health of the County Borough.	Pulmonary			Non-Pulmonary			Total Cases
	Males	Females	Total	Males	Females	Total	
	218	168	386	104	102	206	
Number of cases removed from the Register(s) during the year by reason inter alia of:—							
1. Withdrawal of notification	4	2	6	3	—	3	9
2. Recovery from the disease	9	9	18	13	22	35	53
3. Death	44	37	81	15	7	22	103

TUBERCULOSIS.

Form T. 145.

(C) Number of beds available for the treatment of Tuberculosis on the 31st December in Institutions belonging to the Council.

NAME OF INSTITUTION:—PRIMROSE BANK POOR LAW INSTITUTION.

No definite number of beds specifically assigned for the treatment of Pulmonary and Non-Pulmonary Tuberculosis.

(D) Return showing the extent of Residential Treatment and Observation during the year in Institutions (other than Poor Law Institutions) approved for the treatment of Tuberculosis.

		In Institu- tions on Jan. 1st.	Admitted during the year	Discharged during the year	Died in the Institut tions	In Institu- tions on Dec. 31st.
Number of doubtfully tuberculous cases admitted for observation	Adult males	—	1	1	—	—
	Adult females	—	—	—	—	—
	Children	—	27	27	—	—
	Total	—	28	28	—	—
Number of definitely tuberculous patients admitted for treatment	Adult males	21	44	39	3	23
	Adult females	32	52	50	8	26
	Children	7	20	19	1	7
	Total	60	116	108	12	56
GRAND TOTAL		60	144	136	12	56

(E) Return showing the extent of Residential Treatment provided during the year in Poor Law Institutions for persons chargeable to the Council.

		In Institu- tions on Jan. 1st.	Admitted during the year	Discharged during the year	Died in the Institu- tions	In Institu- tions on Dec. 31st.
Number of patients suffering from pulmonary tuberculosis admitted for treatment.	Adult males	2	26	17	9	2
	Adults females	1	11	9	2	1
	Children	—	5	3	1	1
	Total	3	42	29	12	4
Number of patients suffering from non- pulmonary tuberculosis admitted for treatment	Adult males	4	6	1	1	8
	Adult females	—	1	—	—	1
	Children	2	6	5	1	2
	Total	6	13	6	2	11
GRAND TOTAL		9	55	35	14	15

(F) Return showing the results of observation of doubtfully tuberculous cases discharged during the year from Institutions approved for the treatment of Tuberculosis.

Diagnosis on discharge from observation.	FOR PULMONARY TUBERCULOSIS.						FOR NON-PULMONARY TUBERCULOSIS.						TOTALS		
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Non-tuberculous	1	—	—	—	—	11	—	—	2	—	—	4	1	—	17
Doubtful	—	—	—	—	—	5	—	—	—	—	—	4	—	—	9
TOTALS	1	—	—	—	—	16	—	—	2	—	—	9	1	—	27

(G) Return showing the immediate results of treatment of definitely tuberculous patients discharged during the year from Institutions approved for the treatment of Tuberculosis.

Classification on admission to the Institution.				Condition at time of discharge.	Duration of Residential Treatment in the Institution.													Grand Totals		
					Under 3 months			3—6 months			6—12 months			More than 12 months			Totals			
					M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.		F.	Ch.
PULMONARY TUBERCULOSIS.	Class T. B. minus.	Quiescent	—	1	1	1	5	1	2	3	—	1	1	—	4	10	2	16		
		Not quiescent	2	3	—	—	2	—	—	2	—	—	—	—	2	7	—	9		
		Died in Institution ...	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1		
	Class T.B. plus. Group 1.	Quiescent	—	—	—	3	1	—	—	—	—	—	2	—	3	3	—	6		
		Not quiescent	1	—	—	3	2	—	2	2	—	—	1	—	6	5	—	11		
		Died in Institution ...	—	—	—	—	2	—	—	—	—	—	—	—	—	2	—	2		
	Class T.B. plus. Group 2.	Quiescent	2	1	—	—	—	—	1	1	1	2	—	—	5	2	1	8		
		Not quiescent	2	3	—	6	2	—	3	6	—	—	1	—	11	12	—	23		
		Died in Institution ...	1	3	—	1	—	—	—	—	—	—	1	—	2	4	—	6		
	Class T.B. plus. Group 3.	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
		Not quiescent	3	3	—	1	3	—	1	1	—	1	—	—	6	7	—	13		
		Died in Institution ...	1	—	—	—	—	—	—	1	—	—	—	—	1	1	—	2		

[illegible]

PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (a) the condition at the end of 1931 of all patients remaining on the Dispensary Register; and (b) the reasons for the removal of all cases written off the Register. The Table is arranged according to the years in which the patients were first entered on the Dispensary Register as definite cases of pulmonary tuberculosis, and their classification at that time.

Condition at the time of the last record made during the year to which the Return relates	Previous to 1926										1926				1927				1928				1929				1930				1931					
	Class T. B. minus			Class T. B. +			Class T. B. minus			Class T. B. +			Class T. B. minus			Class T. B. +			Class T. B. minus			Class T. B. +			Class T. B. minus			Class T. B. +			Class T. B. minus			Class T. B. +		
	Group 1	Group 2	Group 3	Total (Class T. B. plus)	Group 1	Group 2	Group 3	Total (Class T. B. plus)	Group 1	Group 2	Group 3	Total (Class T. B. plus)	Group 1	Group 2	Group 3	Total (Class T. B. plus)	Group 1	Group 2	Group 3	Total (Class T. B. plus)	Group 1	Group 2	Group 3	Total (Class T. B. plus)	Group 1	Group 2	Group 3	Total (Class T. B. plus)	Group 1	Group 2	Group 3	Total (Class T. B. plus)				
Disease Arrested	Adults	M.	6	2	2	—	4	1	—	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
		F.	4	1	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
	Children		2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
			20	7	10	5	22	7	1	4	5	8	5	2	—	7	10	2	7	1	10	6	3	4	2	9	4	8	9	17	9	8	9	8	25	
Disease not Arrested	Adults	M.	11	4	3	—	7	6	4	4	4	1	—	1	5	1	5	1	7	12	4	5	3	12	11	2	9	2	13	10	4	4	5	13		
		F.	5	1	2	1	4	1	—	—	—	—	—	—	—	—	3	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—			
	Children		1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
			49	16	19	8	43	16	1	9	10	14	6	4	10	22	3	12	2	17	21	7	9	5	21	18	10	19	2	31	19	12	13	13	38	
Discharged as Recovered	Adults	M.	16	3	—	—	3	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
		F.	18	2	2	—	4	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
	Children		27	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
			88	21	23	3	47	20	5	9	14	10	4	3	7	15	2	5	—	7	6	1	2	—	3	7	—	6	—	6	1	—	—	—		
Lost sight of, or otherwise removed from Dispensary Register	Adults	M.	12	15	31	9	55	8	3	7	1	11	5	5	13	2	20	2	1	7	4	12	3	3	7	6	16	1	4	7	5	16	—	3	2	5
		F.	10	6	17	2	25	4	—	8	1	9	4	—	8	3	11	3	3	7	4	14	2	2	8	4	14	2	1	7	3	11	2	1	—	1
	Children		3	—	2	—	2	—	—	1	1	—	—	—	—	1	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
			174	47	75	14	136	36	9	25	2	36	19	9	24	6	39	21	6	19	8	33	12	6	17	10	33	10	5	20	8	33	3	1	3	2	6
(a) Remaining on Dispensary Register on 31st December.	Total Written off Dispensary Register		309	89	104	23	170	53	16	3	46	29	15	38	4	40	42	6	21	10	50	22	12	26	15	54	28	15	30	10	64	22	13	16	15	44
			309	89	104	23	170	53	16	3	46	29	15	38	4	40	42	6	21	10	50	22	12	26	15	54	28	15	30	10	64	22	13	16	15	44
(b) Not now on Dispensary Register and reasons for removal therefrom.			309	89	104	23	170	53	16	3	46	29	15	38	4	40	42	6	21	10	50	22	12	26	15	54	28	15	30	10	64	22	13	16	15	44
			309	89	104	23	170	53	16	3	46	29	15	38	4	40	42	6	21	10	50	22	12	26	15	54	28	15	30	10	64	22	13	16	15	44

Supplementary Annual Return showing in summary form (a) the condition at the end of 1931 of all Patients remaining on the Dispensary Register; and (b) the reasons for removal of all cases written off the Register.

Condition at the time of the last record made during the year to which the Return relates	Previous to 1926				1926				1927				1928				1929				1930				1931																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
	Bones and Joints		Peripheral Glands		Total		Bones and Joints		Peripheral Glands		Total		Bones and Joints		Peripheral Glands		Total		Bones and Joints		Peripheral Glands		Total		Bones and Joints		Peripheral Glands		Total																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
(a) Remaining on Dispensary Register on 31st December.	Disease Arrested	M.	F.	Adults	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
				Children	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
	Disease not Arrested	M.	F.	Adults	3	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
				Children	5	—	2	2	9	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
(b) Not now on Dispensary Register and reasons for removal therefrom.	Discharged as Recovered	M.	F.	Adults	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
				Children	6	2	5	4	17	—	1	1	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
	Lost sight of, or otherwise removed from Dispensary Register	M.	F.	Adults	24	16	11	55	106	2	2	11	17	32	7	5	6	13	31	2	4	3	10	19	4	2	1	5	12	2	1	8	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—</

(a) Remaining on Dispensary Register on 31st December.

(b) Not now on Dispensary Register and reasons for removal therefrom.

REGISTRAR GENERAL'S SHORT LIST.

CLASSIFICATION OF CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE
COUNTY BOROUGH OF BURNLEY (Civilians only), DURING 1931.

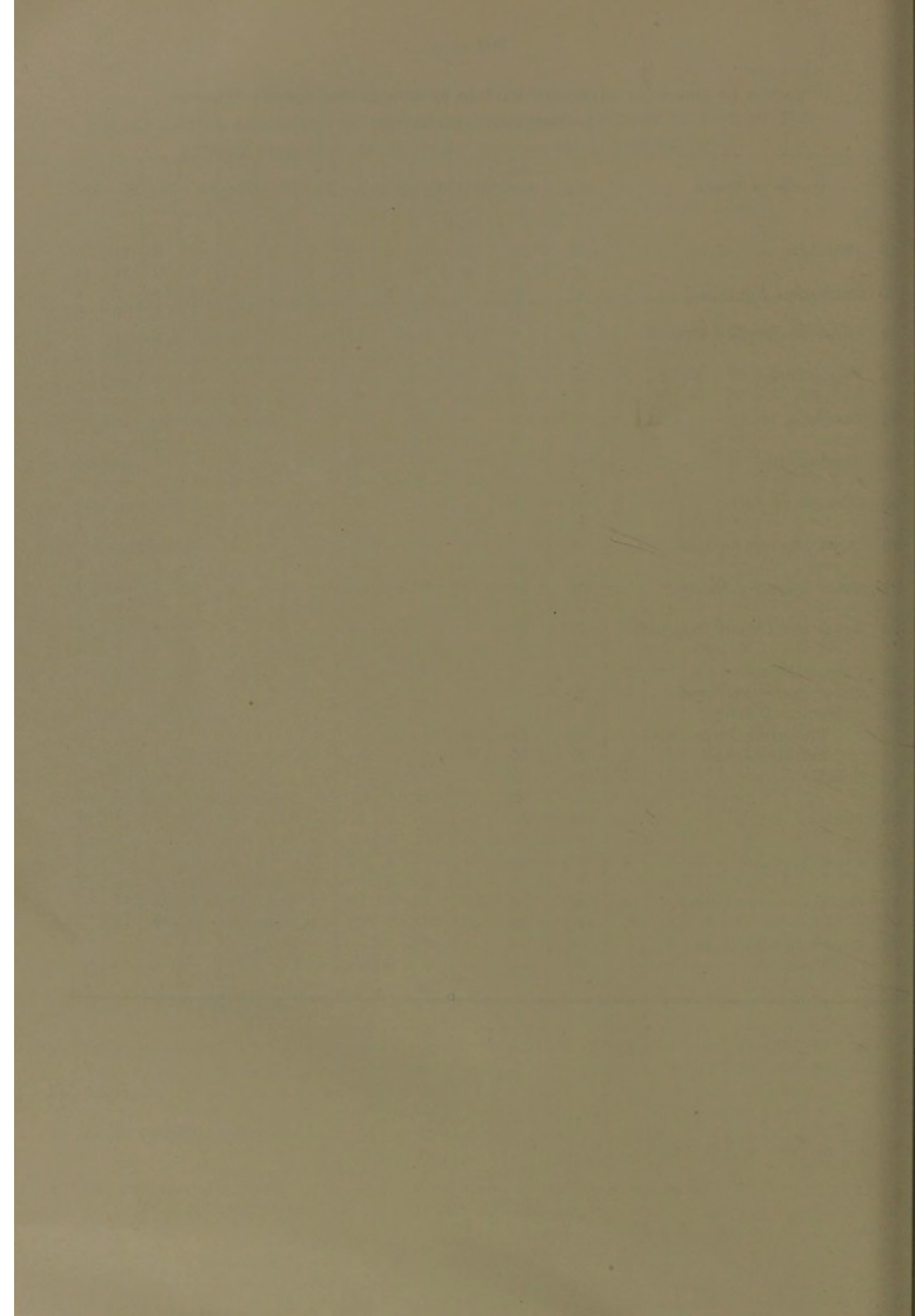
Deaths under 1 Year:—

	Legit.	Illegit.
M	61	7
F	40	2

Causes of Death.	Sex.	All Ages.	0—1—2—5—15—25—35—45—55—65—75—											
			0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—	
ALL CAUSES	M	696	68	14	15	22	25	26	55	92	130	159	90	
	F	715	42	8	17	9	29	29	47	95	123	202	115	
1 Typhoid and Paratyphoid Fevers	M	1	—	—	—	—	—	—	—	—	—	1	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	
2 Measles	M	4	—	2	2	—	—	—	—	—	—	—	—	
	F	2	1	1	—	—	—	—	—	—	—	—	—	
3 Scarlet Fever	M	—	—	—	—	—	—	—	—	—	—	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	
4 Whooping Cough	M	9	5	3	1	—	—	—	—	—	—	—	—	
	F	8	2	3	3	—	—	—	—	—	—	—	—	
5 Diphtheria	M	2	—	—	1	1	—	—	—	—	—	—	—	
	F	2	—	—	2	—	—	—	—	—	—	—	—	
6 Influenza	M	27	1	—	1	—	2	1	3	7	4	4	4	
	F	33	1	—	1	—	1	1	6	3	7	8	5	
7 Encephalitis Lethargia	M	4	—	—	1	—	—	—	—	2	1	—	—	
	F	2	—	—	—	—	1	1	—	—	—	—	—	
8 Cerebro-spinal Fever	M	—	—	—	—	—	—	—	—	—	—	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	
9 Tuberculosis of Respiratory System	M	40	—	—	—	—	7	7	9	11	4	2	—	
	F	34	—	—	1	—	10	9	5	5	3	1	—	
10 Other Tuberculosis Diseases	M	12	—	1	1	5	—	3	1	—	1	—	—	
	F	4	—	—	2	1	—	—	1	—	—	—	—	
11 Syphilis	M	7	2	1	—	—	—	—	2	1	—	1	—	
	F	1	1	—	—	—	—	—	—	—	—	—	—	
12 General Paralysis of the Insane, Tabes Dorsalis	M	4	—	—	—	—	—	—	1	—	1	2	—	
	F	1	—	—	—	—	—	—	—	—	—	1	—	
13 Cancer, Malignant Disease	M	67	—	—	—	—	1	1	3	11	20	25	6	
	F	91	—	—	—	—	1	2	7	23	18	33	7	
14 Diabetes	M	9	—	—	—	—	2	—	—	1	3	2	1	
	F	17	—	—	—	—	—	—	—	3	6	6	2	
15 Cerebral Hæmorrhage, etc.	M	28	—	—	—	—	—	—	1	1	6	12	8	
	F	28	—	—	—	—	—	—	—	4	5	11	8	
16 Heart Disease	M	171	—	—	—	1	1	—	7	24	38	61	39	
	F	208	—	—	1	2	5	7	12	20	40	69	52	
17 Aneurysm	M	2	—	—	—	—	—	—	—	—	2	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	
18 Other Circulatory Diseases	M	31	—	—	—	—	—	—	—	1	7	14	9	
	F	31	—	—	—	—	—	—	1	1	10	13	6	

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE COUNTY BOROUGH
OF BURNLEY.—(Continued).

[illegible]





COUNTY BOROUGH OF BURNLEY.

Local Education Authority.

Medical Officer's Report 1931

D. C. LAMONT, M.B., Ch.B., D.P.H.,
School Medical Officer.

Education Committee.

FOR THE MUNICIPAL YEAR 1931-32

IS CONSTITUTED AS FOLLOWS:—

HIS WORSHIP THE MAYOR (ALDERMAN R. PLACE, J.P.)

*ALDERMAN W. BUCHANAN (Chairman).

*ALDERMAN H. LEES, J.P.

ALDERMAN L. THORNER.

*COUNCILLOR MRS. M. BROWN, J.P.

*COUNCILLOR J. BESTWICK.

COUNCILLOR R. BROADLEY, J.P.

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COUNCILLOR G. DUXBURY.

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COUNCILLOR W. A. HARTLEY.

COUNCILLOR J. H. HEAP.

*COUNCILLOR J. LYNCH.

*COUNCILLOR L. RIPPON.

*COUNCILLOR F. ROBINSON (Vice-Chairman).

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REV. R. W. CROOK, M.A., B.D.

A. A. BELLINGHAM, ESQ.

*Members of the Special Services Sub-Committee.

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COUNTY BOROUGH OF BURNLEY.

EDUCATION DEPARTMENT.

Medical Officer's Report
for the Year 1931.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

SIR, LADIES AND GENTLEMEN,

I have the honour to present to you my report on the work of the School Medical Service for the year 1931. The report is drawn up on similar lines to those of previous years and under the heads suggested in a Memorandum issued by the Board of Education. No extension of the medical services available for the school children of Burnley has been witnessed during 1931.

Despite the trade depression in the town, the health and general physique of the school child, viewed from the aspect of the statistics of the findings at routine medical inspection, maintained a level equal to that of previous years. However, much has yet to be done to ensure a healthy and vigorous physique which is the necessary foundation for a sound adolescence and useful adult life. I have indicated in this report some lines on which future extension of the services should be based. You have already approved of an extension of the Orthopædic After-care and I would draw your attention to the section of the report dealing with dental treatment.

Visual defects in school children show no diminution, and additional sessions have had to be held to deal with the waiting list of cases requiring Specialist opinion.

Short reports of enquiries into stammering and rheumatism are included.

Except for an increase in the incidence of measles in the early part of the year, infectious disease was not unduly prevalent.

One is conscious of the fact that more might be done by the medical and nursing staff to inculcate the ideals of personal hygiene in the school child, but the staff is already fully occupied with existing routine duties and have not the necessary time for extensive health propaganda work in the schools. The influence of correct dietary is being recognised as of importance in preventing dental caries and one would welcome the opportunity of stimulating the interest of parents in this aspect of preventive medicine.

My thanks are due to all members of the Education Committee for their support during my first year as their School Medical Officer, and to the Staff of the School Medical Department for their loyal co-operation.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

D. C. LAMONT,

School Medical Officer.

GENERAL INFORMATION.

SCHOLARS.

Number of Elementary School Children on roll on the 31st December, 1931, 13,209. Average attendance during year, 11,834.

TEACHERS.—Elementary Schools.

Men, 89 ; Women, 294. Total, 383.

SCHOOLS.

Elementary.

Number of Council Schools	...	...	...	15
Number of Non-Provided Schools	...	...	...	13
Number of Departments in charge of Head Teacher:—				
Mixed only	...	...	...	17
Boys only	...	...	...	2
Girls only	...	...	...	2
Mixed and Infants	...	...	...	6
Infants only	...	...	...	20

Secondary.

The Grammar School for Boys.

The High School for Girls.

Special Schools 5

School for the Blind and partially blind, School for the Deaf, the Open Air School and 2 Schools for Mentally Defective children.

SCHOOL CLINIC.

The School Clinic premises are in Elizabeth Street, and consist of a waiting room, office for clerical staff, School Medical Officer's consulting room, dental treatment room and Orthopædic Clinic. The Tuberculosis Dispensary is housed in the same building.

The total number of attendances at the various Clinics was 40,697.

The School Clinic was open on 297 days.

The work of the school medical services is hampered considerably by the inadequacy of the Clinic premises. The waiting room accommodation is inadequate; there is no separate dental waiting room; the lack of a dental recovery room is a serious disadvantage; there is no separate accommodation, apart from the consulting room, for the undressing and dressing of patients; the Orthopædic Clinic premises, although large, are underground, badly ventilated and badly lighted, necessitating the use of artificial light continuously during the day, and the office accommodation is inadequate. More commodious premises for school medical purposes are required, preferably in a new building specially built for the purpose. If this is impracticable, the accommodation could be considerably improved by inclusion of the rooms on the first floor of the Old Technical School, at present occupied as offices of the National Health Insurance Committee.

LIST OF SCHOOL CLINICS.

NAME.	PURPOSES.	WHERE HELD	TIMES.
Inspection Clinic.	Special examination of cases referred by Teachers, Attendance Officers and School Nurses.	Elizabeth Street.	Monday, 2-0 p.m. Tuesday, 9-30 a.m. Wednesday, 2-0 p.m. Thursday, 9-30 a.m.
Dental Clinic.	Dental Treatment.	Elizabeth Street.	Every Week-day by appointment.
Ophthalmic Clinic.	Prescription of Spectacles.	Elizabeth Street.	By appointment only.
Nose and Throat Clinic.	Examination by Specialist Officer of Children suffering from Enlarged Tonsils and/or adenoids.	Elizabeth Street.	Arranged as required.
Nose and Throat Clinic.	Operative Treatment of Adenoids and Enlarged Tonsils.	Victoria Hospital.	Arranged as required.
Orthopædic Clinic.	Treatment of Crippling and Deformities.	Elizabeth Street.	Thursday, 1-0 p.m.
Minor Ailments, Clinic.	Treatment of Minor Diseases of Skin, etc.	Elizabeth Street.	Every Week-day at 8-45 a.m.
Ultra-Violet Light Clinic.	Treatment of Debilitated Children, etc.	Bank Hall Children's Hospital.	Wednesday, and Friday at 9-30 a.m.
Cleansing Station.	Treatment of Scabies and Cleansing of Verminous Cases.	Basket Street.	Arranged as required.

REPORT.

STAFF.

The Staff consists of:—

- The Medical Officer of Health, who is the School Medical Officer ;
- The Deputy Medical Officer of Health and Tuberculosis Officer, who acts as Assistant School Medical Officer ;
- Two Assistant Medical Officers of Health (ladies), who act as Assistant School Medical Officers ;
- One Ophthalmic Surgeon (part time) ;
- One whole-time Dentist ;
- Three Health Visitors acting as School Nurses ;
- One Dental Nurse ;
- Four Clerks.

The School Medical Officer undertakes chiefly the administrative duties connected with the School Medical Service. He is also responsible for certifying mentally defective children for admission to Special Schools. The Deputy Medical Officer examines all children recommended for admission to the Open Air School, arranges for their admission, and is responsible for the clinical supervision of the children in attendance at the Open Air School. He also carries out the routine medical inspection of Secondary School boys.

One of the Lady Assistant Medical Officers is wholly occupied in the work of the School Medical Department, but relieves the other Assistant Medical Officers during holidays. The Second Lady Assistant Medical Officer carries out chiefly Maternity and Child Welfare work, but is occupied on school medical work for two sessions per week.

The part-time Ophthalmic Surgeon holds two sessions per week for the examination and following-up of school children suffering from eye diseases and vision defects. During the year under review, it has been necessary for the Eye Specialist to hold a considerable number of extra sessions in order to cope with the large waiting list of children with vision defects.

The whole-time Dental Surgeon allocates 10 sessions per week to the dental inspection and treatment of school children, one session per week to treatment of pregnant and nursing mothers and children of pre-school age, and one evening session per week to the treatment of tuberculous persons.

CO-ORDINATION WITH OTHER HEALTH SERVICES.

Records are kept by the Health Visitors of all children born in Burnley. These children are visited by the Health Visitors at intervals up to the time they go to school, and the histories thus obtained are filed. When a child therefore enters school at 5 years of age the corresponding record from the file is passed from the Maternity and Child Welfare Department to the School Clinic, and thus the examining Medical Officer has access to a history of each child from its birth. Records relating to the routine medical examination, dental examination, examination by the Ophthalmic Surgeon, if any, and special examinations and inspections whenever they occur, are kept so that at the end of the child's school life there is a complete medical record from birth to leaving school.

THE SCHOOL MEDICAL SERVICE IN RELATION TO THE PUBLIC ELEMENTARY SCHOOLS.

School Hygiene and Sanitary Accommodation.—There are 9 schools of fairly modern construction and built by the Local Authority. The rest of the schools, 19 in number, are either rented by the Authority or are "non-provided."

A number of the rented and non-provided schools are old and therefore do not conform to the modern conception of hygienic school buildings. The floors are worn and therefore difficult to keep clean. The windows in some of these older schools are badly arranged, with the result that natural lighting is not as efficient as it should be. In a number of the schools the artificial lighting could be improved.

Many of the schools are comparatively old and situated in localities closely surrounded by dwellings and other buildings. Consequently the amount of playground space is limited and several of the schools do not have as much surrounding free air-space as is desirable.

The sanitary arrangements in the older schools do not conform to modern ideals. A survey of the out-offices of the schools shows the following:—

SANITARY ACCOMMODATION.

SCHOOL.	Average Attendance on 31-3-31 Boys Girls	WATER CLOSETS.				URINALS.				Ashpit or Bins	Remarks
		Pedestal W.C.'s with separate flush	Pedestal W.C.'s auto flush	Trough Closets No. of seats flushed By hand automatic	Stalls with sparge pipes	Stalls without sparge pipes	Com'on urinals with sparge pipes	Com'on urinals without sparge pipes			
St. Peter's, Mixed ...	116 145	—	13	—	—	5	—	1	6 bins		
Heasandford, Mixed ...	230 243	3	15	—	—	—	—	1	8 bins		
Heasandford, Infants ...	136 123	2	8	—	—	—	—	1	—		
Heasandford, Special ...	30 18	2	5	—	—	—	—	1	1 bin		
Lane Head, Mixed & Infants ...	96 112	—	8	—	—	3	—	1	2 bins		
Abel Street, Mixed & Infants ...	421 389	3	14	—	—	—	—	3	6 bins		
St. Andrew's, Mixed & Infants ...	163 187	—	10	—	—	4	—	—	3 bins		
St. John's, Mixed & Infants ...	160 181	1	—	—	—	7	—	—	4 bins		
St. Thomas', Mixed & Infants ...	137 126	1	—	8	—	3	—	—	1 ashpit Dec. 1931		Ashpit was abolished in 1932.
Red Lion Street, Mixed & Infants ...	137 145	1	—	15	—	5	—	—	2 bins	"	"
Pickup Croft, Infants ...	70 53	1	4	—	—	—	—	1	10 bins	"	Ashpit abolished during 1931.
St. Mary's, Boys, Girls & Infants ...	415 434	2	12	5	—	5	—	—	2 bins		
Fulledge, Infants ...	148 155	3	—	9	—	4	—	1	6 bins		
St. Stephen's, Mixed & Infants ...	209 246	1	—	11	—	2	—	—	9 bins		
Burnley Wood, Mixed & Infants ...	421 436	3	30	—	—	—	—	2	8 bins		
Todmorden Road, Sen. & Junr. ...	300 315	4	25	—	17	—	—	1	1 ashpit		
Healey Wood, Mixed & Infants ...	137 120	3	—	9	—	8	—	—	2 bins		
Wood Top, Mixed & Infants ...	131 153	1	11	—	—	8	—	—	11 bins		
Coal Clough, Mixed & Infants ...	547 512	4	28	—	—	—	—	1	2 bins		
Coal Clough, Special ...	49 16	1	6	—	—	—	—	2	6 bins		
Hargher Clough, Mixed & Infants ...	297 297	4	21	—	—	—	—	—	3 bins		
Holy Trinity, Boys ...	211	—	—	4	—	7	—	—	3 bins	...	(Ashpits abolished during 1931. 3 pedestal closets have common cistern hand flushed).
Holy Trinity, Girls & Infants ...	127 364	—	3	—	—	10	—	1	1 open ashpit	...	
Back Lane, Mixed & Infants ...	80 65	—	—	6	—	—	—	1	3 bins		
Whittlefield, Infants ...	113 108	1	9	—	—	—	—	1	6 bins		
Stoneyholme, Mixed & Infants ...	377 414	3	27	—	—	—	—	2	2 bins		
St. Augustine's, Mixed & Infants ...	35 49	—	—	—	—	—	—	1	5 bins		
St. Mary Magdalene's, Mix. & Inf. ...	261 296	20	—	—	—	—	—	2	10 bins		
Lionel Street, Mixed & Infants ...	392 377	35	—	—	—	—	—	2	3 bins		
Habergham, Mixed & Infants ...	68 83	—	21	—	—	—	—	2	6 bins		
Rosegrove, Mixed & Infants ...	295 290	4	28	—	—	—	—	2	1 bin		
Deaf School ...	12 8	3	—	—	—	—	—	1	1 ashpit Dec. 1931		Ashpit was abolished in 1932.
Blind School ...	7 11	3	—	—	2	—	—	—	3 bins		
Open Air School ...	60 60	15	—	—	—	—	—	1	6 bins		
Grammar School ...	389	4	4	—	7	—	—	—	8 bins		
High School, etc. ...	343	33	—	—	9	—	—	—			

(Ashpits abolished during 1931. 3 pedestal closets have common cistern hand flushed).

The foregoing table shows the types and number of sanitary conveniences in each school. Pedestal water closets flushed by hand are generally available only for the use of teachers. Only in St. Mary Magdalene, Lionel Street, the Open-Air and the High Schools are separately flushed pedestal water closets available for children. In the majority of the other schools having pedestal water closets, flushing is automatic. Opinions differ as to whether automatic or hand-flushing is preferable in elementary schools. Hand-flushing of W.C's. trains the child in the intelligent and proper use of out-offices, whereas automatic flushing tends to breed carelessness, which may be reflected in the neglect of sanitary accommodation in the child's own home, leading to choked drains and subsequent nuisances.

It will be seen that 12 schools (4 Council and 8 Non-Provided) have old-fashioned trough closets, which are much less hygienic than the separate pedestal W.C's. In Back Lane School, St. Thomas's School and Red Lion Street School the trough closets are controlled by a tap and plug, the plug having to be released and the tap turned on before the contents of the trough can be carried away. This method of flushing out-offices is most unhygienic and cannot be too strongly condemned.

In schools in which the walls of the out-offices are built of ordinary bricks, lime-washing is undertaken twice each year. In other schools, where the out-offices are of glazed bricks or good faced Accrington bricks, lime-washing is not necessary, but the walls should be thoroughly washed down at least twice each year.

Number of closets prescribed by the English Regulations:—

Number of children	...	...	30	50	70	100	150	200	300	400
No. of closets respectively:—										
Boys	...	...	1	2	2	3	3	4	5	6
Girls	...	...	3	4	5	6	8	10	14	18

A comparison of these prescribed standards with the actual number of closets for children in the schools, as set out in the foregoing table, shows that the closet accommodation is adequate in most of the schools and in several the number is above the standard prescribed. The following schools fall short of the standard:—St. Andrew's, Holy Trinity (Girls and Infants), St. Mary's and St. Stephen's.

The single-stall type of urinal gives greater privacy, which is desirable, and 17 schools have this type of urinal. In 23 schools urinals not divided into separate stalls are found. In 4 schools both types are present. In only 4 of the schools, which have the separate-stall type of urinals, are the latter fitted with sparge pipes and in only one of the schools having common urinals

without separate stalls are sparge pipes fitted. The absence of sparge pipes is, in my opinion, very undesirable, as urine does not get flushed away but tends to stagnate in the urinal trough and give rise to objectionable odours.

Although the cleanliness of schools is generally satisfactory, there are one or two instances where greater attention could be paid with advantage to the internal cleansing and a higher standard attained. In some of the older schools the wooden floors are worn and consequently the surfaces are not smooth, tend to harbour dirt and are difficult to keep clean. In my opinion the cleaning of the floors could be carried out more efficiently by the use of a disinfectant sweeping preparation which will remove the dirt without raising dust. On the visits of the Medical Officer to the schools it was observed frequently that the supply of towels and soap for the use of children appeared to be insufficient.

Unfortunately too many of the schools still possess the old-fashioned long desks, which tend to foster round shoulders, flat chests, and other postural defects in the children occupying them.

Accommodation for Refuse in the Schools.—During 1931, ashpits were abolished and ashbins provided at Pickup Croft and Holy Trinity Girls' Schools. Early in 1932, similar action was taken in respect of Red Lion Street School, St. Thomas' School and the Blind School, leaving Back Lane and Healey Wood Schools still to be dealt with. It is most desirable that ashbins should be substituted for ashpits at these schools at an early date.

Sanitary Supervision.—345 visits were paid by the Sanitary Staff to schools. 20 defects were noted. 2 existed at the beginning of the year. 20 were remedied, leaving 2 still to be dealt with. These latter were the defective ashpit of St. Thomas' School and a defective closet drain at St. Peter's School.

MEDICAL INSPECTION AT THE SCHOOLS.

Three groups of school children have been examined in accordance with the Board of Education (Special Services) Regulations, which provides for the medical inspection of all children in public elementary schools as soon as possible in the twelve months following

- (a) their first admission ;
- (b) their attaining the age of 8 years ; and
- (c) their attaining the age of 12 years.

Each elementary school has been visited once for this purpose.

Head teachers are given notice at every routine examination that they may submit any special cases not falling in the above code groups, whom they desire the Medical Officer to see.

All children in the code groups and special cases who have a defect requiring treatment or are to be kept under observation, are re-examined at the schools after a suitable interval has elapsed.

The following table shews the number of children inspected under the various groups during the year, with a comparison for 1930. There was an increase in the number of new entrants and a decrease in the number of other children inspected.

Code Groups.

				Total	
Entrants:				1931	1930
Age 3 years ...	25	...	15	40	53
„ 4 „ ...	178	...	145	323	288
„ 5 „ ...	443	...	403	846	679
„ 6 „ ...	88	...	106	194	179
„ 7 „ ...	45	...	39	84	75
	779	...	708	1487	1274
				Total	Total
Intermediates:				1931	1930
Age 8 years ...	588	...	613	1201	1307
„ 9 „ ...	126	...	132	258	335
	714	...	745	1459	1642
				Total	Total
Leavers:				1931	1930
Age 12 years ...	351	...	399	750	794
„ 13 „ ...	71	...	71	142	227
„ 14 „ ...	4	...	3	7	29
„ 15 „ ...	1	...	—	1	—
	427	...	473	900	1050
Others ...	40	...	48	88	187
Total Routine Inspections	1960	...	1974	3934	4153

Other Inspections.

No. of Special Inspections:				1931		1930
At Schools	...	...	...	424	.....	749
At School Clinic	...	...	...	2924	.....	2893
				-----		-----
				3348	.....	3642
				-----		-----
No. of Re-Inspections:						
At Schools	...	...	...	3464	.....	4093
At School Clinic	...	...	...	1731	.....	1917
				-----		-----
				5195	.....	6010
				-----		-----

Details of the numbers examined at the various Schools appear in the Appendix.

Visits of the Medical Officer.

Appended below is the number of visits paid to the Elementary Schools.

For Routine Medical Inspection: Morning 156 ; Afternoon 81— 237

For " Following up " Defects: ,, 14 ; ,, 1 — 15

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REVIEW OF THE FACTS DISCLOSED BY MEDICAL INSPECTION.

Routine Inspection.

The following is a summary of the defects found in 1931 compared with the previous year:—

				1931		1930	
				No.	%	No.	%
1.	Total Number of children inspected at routine inspection	3934	...	—	...	4153	...
2.	Number of children suffering from						
	Malnutrition	21	...	0.5	...	2	...
	Uncleanliness	417	...	10.6	...	644	...
	Skin Disease	170	...	4.3	...	199	...
	External Eye Disease	92	...	2.3	...	132	...
	Defective Vision						
	(including Squint)	711	...	18.1	...	753	...
	Ear Disease	120	...	3.1	...	85	...
	Nose and Throat Disease	1007	...	25.6	...	858	...
	Enlarged Glands	572	...	14.5	...	352	...
	Defective Speech	49	...	1.2	...	34	...
	Defective Teeth	2132	...	54.2	...	1867	...
	Heart Disease	210	...	5.3	...	312	...
	Anæmia	99	...	2.5	...	101	...
	Lung Disease (Non-T.B.)	195	...	5.0	...	237	...
	Tuberculosis:						
	Pulmonary Definite	—	...	—	...	—	...
	„ Suspected	4	...	0.1	...	13	...
	Non-Pulmonary	13	...	0.3	...	9	...
	Diseases of Nervous System	50	...	1.3	...	63	...
	Deformities	447	...	11.4	...	614	...
	Other Defects and Diseases	655	...	16.6	...	793	...

The percentage of children found to require treatment, excluding uncleanliness and dental disease, was 33.4 in the Entrants Group, 37.5 in the Intermediate Group, and 35.6 in the Leavers' Group; the percentage for the total code groups being 35.0, a decrease of 7.1% on last year's figure.

A list of the defects found in the various code groups appears in the Appendix to the report.

Uncleanliness.—As compared with 1930, the percentage of children who were unclean at routine inspection is lower—10·6 as against 15·5.

Of the 417 children, 317 had unclean heads, chiefly nits, and 100 were noted to have dirty bodies. At special inspections in schools 21 were noted as being unclean.

The routine cleanliness surveys by the school nurse are a better guide as to the conditions obtaining in the various schools. During the year 47 visits were paid to 33 of the schools, and 17,232 children were inspected. In 183 instances the nurse found vermin and general uncleanliness, and advised exclusion of the children from school. On the basis of these inspections 1·1% of the children seen shewed evidence of infestation, as against 0·5% in 1930. In 1,388 instances children were found with nits only.

During the year under review an alteration was made in the method of supervising children found to be unclean. After the routine cleanliness surveys by the school nurses, notices are sent to the parents of children found to be verminous. These notices give advice as to the best means of getting rid of the vermin. Where necessary, this is followed up by personal visits by the nurses to the homes. The children found to be verminous are again inspected after a short interval and, if found to be still verminous, a more strongly worded notice is sent to the parents. When desirable, children are cleansed at the Public Health Department Cleansing Station in Basket Street. Since the inception of this method in June, 333 first notices and 25 second notices were sent to parents.

Minor Ailments.—Under this heading are included Skin Diseases, External Eye Diseases, etc. The figures are 6·6% as compared with 8·0% in 1930. These diseases are referred to under their respective headings.

Nose and Throat Defects.—Unhealthy conditions of the Nose and Throat were recorded in 1,007 or 25·6% of the children examined at routine inspections: an increase of 4·9% on the 1930 figures. Included are 703 where the tonsils were enlarged (18·0%) and 35 where adenoids were present. Both conditions were found in 60 cases. There were 209 other conditions.

At the special examinations 420 Nose and Throat Defects were noted. These included 204 cases of enlarged tonsils, 37 of adenoids, and 32 with enlarged tonsils and adenoids. There were 147 other conditions.

Tuberculosis.—Authoritative medical opinion views pulmonary tuberculosis, as seen in the adult, as comparatively uncommon in the child of pre-school and school age. The results of school medical inspection bear this out,

as during 1931 and the previous year no definite cases of lung tuberculosis were discovered in children attending elementary schools. In 1931, ten children only were found to have signs which made the inspecting officer suspect a tuberculous infection of the respiratory system. These were referred to the Tuberculosis Officer for supervision.

At both routine and special inspections 15 children were found to suffer from non-pulmonary forms of tuberculosis. Of these, 7 were cases of tuberculosis gland disease, 3 had tuberculous skin disease, 5 had tuberculous lesions of the bones and joints, of which two were tuberculous hip disease.

Skin Disease.—At the routine examinations 170 cases of skin disease, including ringworm, were discovered, the percentage being 4.3, as compared with 4.8 last year.

The diseases noted were:—Ringworm 4, Scabies 3, Impetigo 28, Other Diseases 135.

At special examinations 469 skin affections were revealed. These included 79 cases of Ringworm (Head 29, Body 50), 9 cases of Scabies, 261 with Impetigo, and other conditions 120.

External Eye Diseases.—92 cases of inflammatory conditions of the external eye were noted at routine inspections, and 253 cases at special examinations. 318 were referred for treatment and 27 were kept under observation. The cases included Keratitis 11, Blepharitis 118, Conjunctivitis 86, Corneal Ulcers 11, Corneal Opacities 4, other conditions 115.

Defective Vision.—A routine vision test of all children in the Intermediate and Leaver Groups is carried out. The Entrant group, however, are not examined for visual acuity at routine examinations, as the majority do not know the letters of the alphabet. If defective vision is suspected in entrants, special vision test cards are used.

The total number of children found to have defective vision during the year was 916. Of these 634 were discovered during routine inspection in the schools, 27.6% being in the Intermediate age group (aged 8 and 9 years), and 21.2% in the Leavers. In addition, 203 children who underwent routine medical inspection had errors of vision corrected previously and were wearing suitable glasses,—there being 16 Entrants, 65 Intermediates and 113 Leavers, and 9 not coming under the code groups.

The remaining 282 cases of defective vision were found at special examinations.

In 604 cases the defective vision was sufficiently severe as to necessitate their being referred to the Ophthalmic Specialist Officer. The remaining 312 were kept under observation.

The very large number of children who are found to have defective vision is a matter of considerable importance. For a number of years this number has shown no tendency to diminish. All the factors contributing to vision defects are not easily determined. The influence of adequate and suitable lighting of classrooms is of the utmost importance. Although no tests have been carried out in the Burnley schools, I am of opinion that the natural lighting of many of the older schools is unsatisfactory. When these schools were built the influence of good lighting was not appreciated, or, if appreciated, was ignored. Such unsatisfactory lighting can but conduce to a relatively high incidence of visual defect amongst the school children.

It is important that children, after being supplied with glasses, should continue to wear them. In September, the school nurses investigated cases still in attendance at school who had previously been supplied with glasses. Of 502 such children, 97 were not wearing their glasses. In 6 instances the glasses were lost, in 47 broken, and 44 neglected to wear them. Broken or lost glasses were replaced.

Ear Disease and Hearing.—The chief causes of defective hearing in school children are chronic middle ear disease, wax in the ears, adenoids and enlarged tonsils. The most common cause is chronic middle ear disease, which frequently originates from inflammatory processes in the nose and throat, such as accompany measles, scarlet fever and other infectious diseases. 71 children were found to have defective hearing. No children, at the time of inspection, suffered from acute middle ear disease, but 238 had other forms of ear disease.

Dental Defects.—2,132, or 54·2% of the children submitted to routine medical inspection, were found by the medical officers to have dental defects. In addition 196 cases were found in the course of special inspections. All these were referred to the dental clinic or to private dentists for treatment. All children are submitted once a year to a more searching dental inspection by the school dentist, but there is an advantage in the medical officers also referring cases for dental treatment. The figures for dental disease as revealed by medical inspection, although showing a similarity to the findings of the dentist, do not give an accurate record of the prevalence of dental caries, as the medical officers only deal with specific age groups, whereas the dentist inspects all children over six years of age. The prevalence of dental disease is further dealt with on page 43.

Deformities and Crippling Defects.—501, or 6·8%, of the children inspected (both routine and special) during 1931 suffered from postural defects or deformities. 215 of these were deformities caused by rickets and 20 were cases of spinal curvature. Unfortunately rickets is still prevalent amongst pre-school children in Burnley, and the resulting deformities, such as bow leg, knock knee, bossing of the skull and rickety chest are too evident in school children. A survey of the children in the schools reveals many cases of round shoulders, flat chests and other postural defects, with the result that many children walk badly and do not fully expand their chests. In my opinion very many elementary school children require much training in physical culture to enable them to hold themselves in a good posture, breathe properly and walk with a proper gait. The replacement of old fashioned long desks, where these exist, by up-to-date desks and the height of the seats and desks graded to the sizes of the children will do much to improve their posture.

Particulars of the orthopædic scheme and the treatment and after-care of crippling defects for the year are given on page 34.

Defective Speech.—In the course of medical examination during 1931, 86 children had defective speech. In several the underlying causative factor was mental deficiency; in others the defective speech was associated with other conditions such as adenoids and enlargement of the tonsils. A large proportion of these children stammered. In the latter half of the year one of the Assistant Medical Officers paid special attention to the ascertainment of stammering, and a short report of her findings appears on page 72.

Heart Disease.—Heart defects are classified under the headings Organic Disease, Functional Disease and Anæmia.

Anæmia was present in 3·2% of all the children examined; functional heart disease in 3·5% and organic heart disease in less than 1%. The incidence of both functional disease and anæmia is relatively high. The fact that three out of every 100 children are anæmic is due probably to various causes. Want of proper variety of vitamin containing foods, although not necessarily an insufficiency of food, lack of sunshine during the year and bad housing conditions are, no doubt, all causative factors.

Although the incidence of organic heart affections is low, the supervision and after-care of such cases as are found is of the utmost importance. This type of heart disease is permanent, often progressive, a frequent cause of grave disability and the commonest cause of death in later life. It frequently originates as a complication of acute rheumatism, and, although an organically diseased heart cannot be restored to the normal, it is possible by careful treat-

ment and supervision to reduce its incidence and prevent progression of the condition once established. In the prevention of this condition attention must be paid to the rheumatic manifestations which so frequently originate it and by careful ascertainment, supervision and prompt treatment of children suffering from rheumatic disease in any form, post-rheumatic carditis may be prevented. With this end in view one of the assistant medical officers paid special attention to the incidence of rheumatism during the second half of the year. No attempt was made to establish a separate "Rheumatic Clinic" as is done in some towns. Such a clinic, to be effective, would require the services of a physician of recognised consultant status, bed accommodation set aside especially for rheumatic children in a hospital and special classes, preferably in a residential school. A short report by Dr. Catlow on the incidence of rheumatism is given on page 66.

Clothing and Footgear.—The examining Medical Officer at routine inspections noted that in 39 instances children were insufficiently clad or their footgear was defective. 6 had dirty clothing. At the special examinations 24 had defective clothing or footgear, and 1 had dirty clothing.

Necessitous cases requiring new footgear were reported to the Clog Fund Sub-Committee.

Height and Weight.—The following table shews the averages compared with 1930 of the children examined at routine inspection.

Average Height and Weight of Children Age 5 Years.

	Boys			Girls		
	1930	1931		1930	1931	
Number Inspected	346	443	...	333	403	...
Average Height in inches	42.3	42.6	...	41.8	41.6	...
Average Weight in pounds ...	40.4	40.9	...	39.0	39.0	...

Average Height and Weight of Children Age 8 Years.

	Boys			Girls		
	1930	1931		1930	1931	
Number Inspected	674	588	...	633	613	...
Average Height in inches	48.3	48.2	...	48.1	47.9	...
Average Weight in pounds ...	53.3	54.1	...	51.7	51.8	...

Average Height and Weight of Children Age 12 Years.

	Boys			Girls		
	1930	1931		1930	1931	
Number Inspected	400	351	...	394	399	...
Average Height in inches	55.2	55.7	...	55.6	55.7	...
Average Weight in pounds ...	73.8	77.1	...	74.0	75.6	...

THE INSPECTION CLINIC.

Inspection Clinics are held at the School Clinic on Monday afternoon, Tuesday morning, Wednesday afternoon, Thursday morning. Cases for special investigation are examined on Saturday morning.

To this Clinic children absent on account of sickness, who have not been certified by private medical practitioners as unfit to attend school, are sent by the Attendance Officers. The Assistant Medical Officer also examines children sent by the teachers when they want advice as to the condition of the child which does not allow of waiting until the Medical Officer next visits the school. Children are also referred for examination by parents and school nurses. Consultations with parents are held regarding defects found in the course of routine medical inspection. The Assistant Medical Officer reviews from time to time cases undergoing daily treatment by the school nurses for minor ailments.

In this way practically the whole of the children who are suffering from any ailment are kept under constant supervision. In some cases the private medical practitioner refers children to the Clinic.

During the year 2,924 children attended the Inspection Clinic.

2,243 of the inspected children had defects of a minor nature that exclusion from school was not necessary, but in 681 cases certificates of exclusion from school for varying periods were granted. The defects of the children who were referred for treatment and who were excluded from school are given below:—

Malnutrition	...	...	1	Enl. Cervical Glands (Non-T.B.)	...	71
Def. Clothing and Footgear	...	...	1	Heart Disease	...	39
Defective Teeth	...	...	41	Anæmia	...	50
Uncleanliness	...	...	18	Respiratory Diseases	...	108
Ringworm	...	...	35	Deformities	...	6
Impetigo	...	...	89	Nervous Diseases	...	18
Scabies	...	...	8	T.B. Non-Pulmonary	...	2
Other Skin Diseases	...	...	26	Other Defects and Diseases	...	427
Eye Defects	...	...	60			
Ear Defects	...	...	22			
Nose and Throat Diseases	...	...	111			
				Total	...	1133

273 of the children who were excluded from school received their treatment under the Authority's scheme. The rest were kept under observation and received their treatment otherwise. In 190 cases children were recommended to consult their own medical man.

The total number of attendances at the Inspection Clinic was 4,655.

Miscellaneous Inspections.—In addition to the inspections of children at the Clinic for defects, consultations, etc., the following examinations were made:—

Examination of children regarding fitness to attend the	
Hest Bank Camp School	730
Examination of contacts of cases of infectious disease	181
Examination of children for admission to the Thursby	
Convalescent Home, St. Annes	182
Examination of children for admission to the Cinderella	
Home, Rossall	32
Examination of children regarding fitness for Juvenile	
Employment	2
Special examinations by the Chief School Medical	
Officer for Mental Deficiency, etc.	15
Special inspections by Nurses	487

FOLLOWING UP.

When the Medical Officer finds a child suffering from some defect which requires attention, the parent, if present, is informed. If the parent is not present a written notice of the defect is made out and passed to the Head Teacher to send to the parent.

The defects are classified as those requiring treatment and those which require to be kept under observation only. "Follow-up" records are completed in respect of each child found to have a defect. Where defects are found which require treatment, the notices to the parent are followed, when necessary, by personal visits of the school nurses to the homes. The parents are interviewed and the necessity for securing appropriate treatment is stressed, with instructions in all cases as to how such treatment may be secured. Where treatment may be obtained under the Authority's scheme the parents are informed. The school nurses continue to follow up these children with defects requiring treatment at monthly intervals, by visits to the schools or further visits to the homes, until the defects are remedied.

Children with defects requiring either treatment or observation are followed up also by the Assistant Medical Officer at each visit made to the schools, and as a result of these re-inspections by the Medical Officer, further notices may be sent to the parents or further domiciliary visits made by the nurses.

During the year under review the method of following up defects was re-organised to enable more frequent supervision of the cases by the nurses. This has resulted in an increased number of domiciliary visits. In 1931, 1,624

home visits for vision defects were made, as compared with 670 in 1930 ; 772 home visits for adenoids and enlarged tonsils, as compared with 293 in 1930. The total home visits by nurses in 1931 numbered 4,872, as compared with 2,826 in 1930.

The following shews the amount of work done.

No. of visits by the Medical Officer to schools:—

For re-inspection (i.e. to follow up children with defects):

Morning 14, Afternoon 1—15.

Visits by the Nurse to homes on account of

Dental Defects	...	...	...	...	1407
Defective Vision	...	...	...	...	1624
Enl. Tonsils and Adenoids	...	...	...	...	772
Orthopædic Cases	...	...	...	...	208
Other Defects	...	...	...	...	861—4872
Defects followed up by the Nurses in the schools	...	...	...	...	2376
					7248

INFECTIOUS DISEASE.

Review of the action taken to detect and prevent the spread of Infectious Disease.

The School Medical Officer receives, as Medical Officer of Health, notification of all cases of the notifiable Infectious Diseases occurring in the Borough and the necessary exclusion certificates under Article 53(b) of the code are forwarded to the School Attendance Department. A list of houses where there are cases of infectious disease is also sent daily to this Department.

The legally notifiable diseases amongst school children notified to the Medical Officer of Health were as follows:—

Disease.	No. of Notifications.	Deaths.
Scarlet Fever	128	—
Diphtheria and Membranous Croup	57	1
Pulmonary Tuberculosis	1	—
Other forms of Tuberculosis	12	6
Measles	375	—
Primary and Influenzal Pneumonia	55	2
Encephalitis	1	—
Poliomyelitis	1	1
Enteric Fever	1	—
Cerebro Spinal Fever	1	—

With the exception of Tuberculosis, all cases notified by medical practitioners are visited by the Infectious Diseases Inspector. Tuberculosis cases are visited by the Tuberculosis Nurse.

Measles was the only infectious disease which was prevalent in epidemic form amongst school children. 375 school children, chiefly in the Infants' Departments, developed measles. The epidemic, which commenced in the latter months of 1930, continued during the first four months of 1931.

Scarlet Fever was of a mild type, but diphtheria, although not unduly prevalent, manifested itself in a more severe form towards the end of the year. Fortunately only one death occurred from diphtheria.

Towards the end of the year several cases of diphtheria occurred in quick succession in one school. A special investigation, in which 129 swabs from throats were examined, revealed four children to be carriers of the disease. After isolation of these carriers was effected no further cases occurred.

No schools were closed by order of the Medical Officer of Health during the year.

In accordance with the memorandum on closure of and exclusion from school issued by the Board of Education in 1927, 2 certificates, covering periods of low attendance, were issued. The total number of weeks to which certificates relate was 2. In both instances the illness causing the low attendance was measles.

The following table gives the incidence of infectious disease in the various schools.

INFECTIOUS DISEASES.

Notifiable Diseases occurring in the Elementary and Secondary Schools of the Borough.

SCHOOL	Scarlet Fever		Diphtheria and Croup		Measles		Pneumonia		Non-Pul. Tuberculosis		Other Diseases	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Abel Street	5	4	1	—	36	19	2	—	—	—	—	—
Back Lane	1	—	—	—	—	—	—	—	—	—	—	—
Burnley Wood	1	1	1	1	—	2	—	—	1	—	—	—
Coal Clough	6	14	2	1	1	—	1	1	2	—	—	—
Fulledge	2	2	—	—	2	7	1	1	—	—	—	—
Habergham	—	—	—	—	1	3	—	1	—	—	—	—
Hargher Clough	8	11	—	1	5	2	—	1	1	—	—	—
Healey Wood	—	—	1	1	—	1	2	—	—	—	—	1
Heasandford	3	2	—	2	64	50	2	1	1	1	—	—
Holy Trinity	3	3	—	—	1	—	2	1	2	—	—	—
Lane Head.....	—	—	1	—	6	11	—	—	—	—	—	—
Lionel Street	3	5	4	9	4	2	—	1	—	—	—	—
Pickup Croft	—	3	3	—	—	—	1	—	—	—	—	—
Red Lion Street	—	1	1	3	9	—	—	—	—	—	—	—
Rosegrove	4	1	1	4	8	6	—	—	—	—	—	—
St. Andrew's	5	2	—	—	6	17	1	—	—	—	—	—
St. Augustine's	—	1	—	—	1	7	—	—	—	—	—	—
St. John's	1	—	—	—	17	21	2	2	—	—	—	—
St. Mary's	3	1	—	4	1	5	2	4	—	—	—	—
St. Mary Magdalene's ...	2	2	—	2	—	—	3	—	1	—	—	—
St. Peter's	2	2	—	1	8	3	1	1	—	—	—	—
St. Stephen's	2	1	—	1	1	1	2	1	1	—	—	—
St. Thomas's	—	3	—	3	—	3	1	1	—	—	—	—
Sandygate	—	—	—	—	—	—	1	—	—	—	—	—
Stoneyholme	2	5	2	1	1	—	4	5	—	—	—	—
Todmorden Road Junior ..	—	2	—	—	1	—	—	—	—	—	—	1
Whittlefield	2	3	1	2	23	13	1	—	—	—	—	—
Wood Top	—	3	—	1	—	—	—	—	—	1	—	—
Coal Clough Special	—	—	—	—	—	—	—	—	—	—	—	—
Heasandford Special	—	—	—	—	—	—	—	—	—	—	—	—
Blind	—	—	—	—	—	—	—	—	—	—	—	—
Deaf	—	—	—	—	—	—	—	—	—	—	—	—
Open Air	—	—	—	—	—	—	—	—	—	—	—	—
Todmorden Road Central ..	—	—	—	—	1	—	1	—	—	—	—	—
Grammar	—	—	2	—	2	—	—	—	1	—	—	—
High	—	1	—	—	—	—	—	—	—	—	—	—
Others	—	—	—	—	2	1	4	—	—	—	2	—
TOTALS	55	73	20	37	201	174	34	21	10	2	2	2

Head Teachers are requested to inform the School Medical Officer of cases of sickness amongst school children coming to their notice. Comparatively few such cases have been reported, as will be seen from the following table. The teachers of some schools have not reported any cases.

Infectious Diseases Notified by Teachers during 1931.

SCHOOL	Measles	Whooping Cough	Mumps	Scarlet Fever	Diphtheria and Croup	Chicken Pox	Other Diseases
Abel Street	55	2	—	3	—	4	—
Back Lane	—	—	—	—	—	—	—
Burnley Wood	1	11	—	1	—	—	—
Coal Clough	—	4	28	6	—	—	—
Fulledge	—	—	—	—	—	—	—
Habergham	—	—	—	—	—	—	—
Hargher Clough	—	—	—	2	—	—	—
Healey Wood	—	2	—	—	2	1	1
Heasandford	—	—	—	—	—	—	—
Holy Trinity	1	—	—	4	1	—	—
Lane Head	—	—	—	—	—	—	—
Lionel Street	1	2	—	1	—	—	—
Pickup Croft	—	—	—	—	—	—	—
Red Lion Street	—	—	—	—	—	—	—
Rosegrove	—	—	—	2	—	—	1
St. Andrew's	—	—	—	2	—	—	—
St. Augustine's	—	—	—	—	—	—	—
St. John's	—	—	—	—	—	—	—
St. Mary's	—	—	—	1	—	—	—
St. Mary Magdalene's	—	—	—	2	2	—	1
St. Peter's	29	2	—	1	—	—	1
St. Stephen's	—	—	—	1	1	2	—
St. Thomas's	—	—	—	—	—	—	—
Sandygate	—	—	—	—	—	—	—
Stoneyholme	—	—	—	—	—	—	—
Todmorden Road Junior ...	—	—	—	—	—	—	—
Whittlefield	25	8	4	4	—	—	1
Wood Top	—	—	—	—	—	—	—
Coal Clough Special	—	—	—	—	—	—	—
Heasandford Special.....	—	—	—	—	—	—	—
Blind	—	—	—	—	—	—	—
Deaf	—	—	—	—	—	1	—
Open Air	—	—	—	—	—	—	—
Todmorden Road Central ...	—	—	—	—	—	—	—
Grammar	—	—	—	—	—	—	—
High	—	—	—	1	—	1	—
TOTALS	112	31	32	31	6	9	5

Infectious Illnesses of Children prior to entering School.—It was found that, during the pre-school life of the entrants

59.4%	had suffered from	Measles.
4.6%	„ „	Scarlet Fever.
1.5%	„ „	Diphtheria.
18.6%	„ „	Whooping Cough.
10.8%	„ „	Chickenpox.

181 children were examined as to their fitness to re-enter school after having had an infectious disease or being a "contact."

Vaccinal Condition of School Children.—Only 28% of the children who were medically inspected on entering school were found to be vaccinated. The large number of unvaccinated children in the community is a source of anxiety to your medical staff, who are responsible for the control of an epidemic of smallpox, should such occur. With modern methods, vaccination in infancy is harmless, causes little or no inconvenience, and is a definite protection against smallpox.

MEDICAL TREATMENT.

The Local Authority provides treatment for the following defects.

At the School Clinic:—

Minor Ailments: Daily.

Dental Defects: Monday morning and afternoon, Tuesday afternoon, Wednesday morning and afternoon, Thursday afternoon, Friday morning and afternoon and Saturday morning.

Visual Defects: Friday. (Monday and Wednesday afternoons by appointment).

Additional sessions held when necessary.

Orthopædic: Thursday.

At Victoria Hospital:—

Operative Treatment of Enlarged Tonsils and Adenoids.

Children found, either in the schools or at the clinics, to have minor ailments, defects of vision, dental defects, orthopædic defects or adenoids and enlarged tonsils are advised, in the first place, to consult their own regular medical attendants. A large number, however, elect to have treatment under the Local Authority's Schemes. The amount of treatment given at the various clinics showed a steady increase for several years. In 1931, the total attendances approximated that of the previous year.

The following table shows how the work of the advisory and treatment clinics has expanded during the last nine years.

CLINIC ATTENDANCES.

Year.	Minor Ailments.	Ophthalmic.	Dental.	Inspection.	Nose and Throat.	Orthopædic.	Miscel'ous.	Total.
1923 ...	9,947 ...	1,034 ...	1,412 ...	5,164 ...	— ...	— ...	— ...	17,557
1924 ...	10,433 ...	1,323 ...	2,254 ...	4,705 ...	— ...	— ...	— ...	18,715
1925 ...	16,769 ...	3,029 ...	2,261 ...	4,623 ...	— ...	— ...	— ...	26,682
1926 ...	18,570 ...	3,583 ...	3,156 ...	3,900 ...	— ...	— ...	— ...	29,209
1927 ...	18,550 ...	3,326 ...	3,672 ...	4,032 ...	209 ...	14 ...	— ...	29,803
1928 ...	20,297 ...	3,329 ...	4,670 ...	4,305 ...	721 ...	464 ...	— ...	33,786
1929 ...	20,364 ...	2,981 ...	4,288 ...	4,111 ...	573 ...	775 ...	2,118 ...	35,210
1930 ...	24,028 ...	4,451 ...	5,013 ...	4,810 ...	580 ...	974 ...	1,324 ...	41,180
1931 ...	21,989 ...	5,571 ...	5,262 ...	4,655 ...	318 ...	1,203 ...	1,699 ...	40,697

Minor Ailments.—1,756 cases were treated by the School Nurses, as compared with 1,773 in 1930. This number includes 152 who were under treatment at the beginning of the year.

The following gives details of the number of cases and their attendances.

Diseases	No. of Cases under treatment 1/1/31	Number of New Cases		Total No. of cases dealt with	No. of Attendances
		Referred Inspection Clinic	Referred School Medical Inspection		
SKIN:—					
Ringworm: Head	18	22	1	41	2,470
Body	2	42	2	46	787
Impetigo	12	175	11	198	1,879
Sore Head	8	68	5	81	835
Other Skin Diseases	13	67	11	91	1,287
Scabies	—	2	—	2	18
EYE:—					
Belpharitis	10	62	10	82	1,637
Conjunctivitis	7	55	5	67	738
Iritis	—	—	—	—	—
Keratitis	1	7	—	8	111
Corneal Ulcer	3	8	—	11	125
Other Eye Conditions	3	33	7	43	230
EAR:—					
Other Ear Diseases	23	118	24	165	3,690
Otitis Media	—	—	—	—	—
MISCELLANEOUS, e.g., Minor Injuries, Bruises, Sores, etc. ...					
	52	779	90	921	8,182
	152	1,438	166	1,756	21,989
		1,604			

36 children suffering from scabies were given sulphur baths, and their clothes were disinfected at the Corporation Cleansing Station.

28 children under school age, who were in attendance at the Infant Welfare Centres, were referred to the School Clinic for the treatment of minor ailments.

In addition to the minor ailments dealt with at this Clinic, it was ascertained that 867 cases were treated otherwise. These were

Ringworm: Scalp	...	...	...	...	9
Body	...	...	...	...	5
Scabies	...	...	...	...	9
Impetigo	...	...	...	...	35
Other Skin Diseases	...	...	...	...	187
Minor Eye Defects	...	...	...	...	137
Minor Ear Defects	...	...	...	...	75
Miscellaneous	...	...	...	...	410
					—
					867
					—

Enlarged Tonsils and Adenoids.—The Local Authority inaugurated a scheme for the operative treatment of enlarged tonsils and adenoids in May, 1927. Dr. Snowball, the nose and throat surgeon for Victoria Hospital, entered into an agreement to deal with these cases referred to him by the School Medical Officer, and the Victoria Hospital Board of Management agreed to afford him facilities to carry out operative treatment at the Hospital. The Victoria Hospital also deals with cases apart from the above scheme.

Generally non-surgical conservative methods are given a trial before cases are submitted to the rhinologist. Dr. Snowball examines all cases referred to him at the clinic and selects cases for operation. Before operation all cases are examined at Victoria Hospital to detect any physical condition which may contra-indicate operation and directions are sent from the hospital to the parents as to the preliminary preparation of the patients for operation. Unfortunately, owing to the shortage of beds in Victoria Hospital, it is not possible to arrange for in-patient treatment of these children before and after operation. The school nurses follow up these cases by personal visits to the homes after operation.

The difficulty of obtaining in-patient treatment preliminary to and after operation may probably be overcome in the future by utilising beds in the Municipal Hospital. When physical separation of the Municipal Hospital from Primrose Bank Institution is completed and the hospital becomes regarded more as a general hospital by the public, the question of bed accommodation for operation cases of tonsils and adenoids should be considered.

It is most important that faulty breathing and faulty posture produced by unhealthy tonsils and adenoids should be corrected immediately after operation by remedial exercises. A few of these cases are treated by the part-time orthopædic nurse, but as she only attends on one half-day per week and has to give treatment to a large number of orthopædic cases in addition, it is obviously impossible for all post-operative tonsil cases to have the necessary daily exercises. Sanction is being sought at present from the Board of Education for the employment of a whole-time specialist nurse for orthopædic after-care and remedial exercises, and if one is appointed, this necessary after-care can be more adequately undertaken.

INSPECTION.—During the year the Specialist Medical Officer examined 62 cases (61 Elementary, 1 Secondary).

	Elementary.	Secondary.	Total.
Advised operative treatment ...	57	1	58
Advised other forms of treatment...	1	—	1
Not advised treatment ...	2	—	2
Deferred ...	1	—	1

TREATMENT.—The total number of attendances of elementary school children at the nose and throat clinic was 317, 254 being for treatment. 50 children received treatment under the Authority's scheme, of whom 47 underwent operation and 3 had conservative treatment. In addition, it was ascertained that 657 children had treatment apart from the Authority's scheme, 179 of whom were submitted to operation.

Skin Diseases.—The majority of cases of skin diseases were treated at the Minor Ailments Clinic. A scheme is in operation with the Manchester and Salford Skin Hospital, whereby cases of ringworm of the scalp, which require X-Ray treatment, are treated there at a cost to the Authority of £1 1s. 0d. per case. During 1931, 6 cases were referred to Manchester.

The treatment of ringworm of the scalp by local applications, is unsatisfactory by reason of the length of time taken in effecting a cure and by the prolonged period of infectivity with the risk of the infection being passed to others. Children who do not respond to treatment by the local application of ointments, etc., are referred to the Skin Hospital. An extended use of the X-Ray method of treatment will effect a reduction in the period of treatment, with resulting diminution of the time children are absent from school, and help to stamp out ringworm infection amongst the school population.

External Eye Disease.—Most of these defects are treated at the Minor Ailments Clinic. Particulars are given on page 29.

VISUAL DEFECTS.—The part-time Ophthalmic Surgeon (Dr. Snowball) devotes two sessions per week to refraction work. When necessary to cope with the waiting list additional sessions are arranged. During the year Dr. Snowball held 145 sessions, and examined 734 new cases. Of this latter number 28 were secondary school children. 641 children (of whom 25 attended secondary schools) were prescribed spectacles. In 8 instances the glasses already worn were found to be suitable and in 84 cases glasses were not advised.

In all 940 new cases, of whom 39 were in secondary schools, had their defective vision investigated. It is occasionally found that children who may have obtained glasses through other channels, have glasses which do not conform to their refractive errors, and it is not infrequently necessary to give new prescriptions or recommend that the glasses be discarded.

Prior to the examination by the Ophthalmic Surgeon, children are given a course of atropine drops for several days by the school nurses. This necessitated children making 2,838 attendances at the clinic.

Parents are advised, after children have obtained glasses, to present them again at the clinic so that the Ophthalmic Specialist may see that the glasses conform to the prescriptions issued. 759 children (of whom 34 were secondary school children) attended for this purpose during the year.

In addition to 734 new cases, the Ophthalmic Surgeon re-examined 456 children, who had at some time previously been supplied with glasses, to ensure that the latter were still suitable. Consequent on these re-examinations it was necessary to recommend new glasses for 195 children, 1 child to have an operation also, and 3 to cease wearing glasses.

The total number of attendances made by school children at the Ophthalmic Clinic, including preliminary preparation of the eyes by the nurses, was 5,571.

Children who were recommended but did not attend the Ophthalmic Clinic were followed up by the school nurses, and the following information in respect of them was obtained.

	Elementary School Children.	Secondary School Children.
Obtained prescriptions from own doctor or optician	40	2
Promised to see own doctor or optician	18	3
Parents indifferent	17	—
Left school or not traced	22	—
Cases being still followed up at end of year	98	6

Parents have shown willingness to co-operate in the treatment of visual defects, and, as a result of careful following-up by the nurses, only 17 parents were classed as "indifferent" as compared to 140 in the previous year.

The number of children who actually obtained glasses during the year was 694 (of whom 24 were scholars in Secondary Schools). Of these 632 were obtained through the Education Authority's scheme.

A considerable number of children who are examined at the Ophthalmic clinic suffer from Myopia (short-sightedness). Children with a severe degree of myopia cannot derive benefit from education in an ordinary Elementary School and should receive instruction in a special class. Such a class was established a few years ago at the school for the Blind. The object of the myope class is to adapt educational methods to eye-defect. With this end in view close work is reduced to a minimum, oral instruction being substituted for written as far as possible. A black-board fixed at the correct distance from the eye is substituted for the copy-book for such writing as is done by the child, the optimum use being made of natural and artificial light. At present there are five children suffering from severe myopia in attendance.

Squint.—125 new cases of squint were found, a reduction of 43 on the previous year's figure. With the exception of 14, all were referred to the Ophthalmic Clinic for further examination and treatment. Squint continues to be a common form of eye defect and one in which it is of the utmost importance to give treatment as early as possible after the onset. Many cases of squint arise during the pre-school life of the child and the squint is already well established on a child's entrance to school. It would be an advantage if a scheme was in operation for the treatment of squint in young children attending the Infant Welfare Clinics.

The vision of the squinting eye is invariably impaired in greater or less degree and in untreated cases of long standing the impairment may amount to definite blindness in the affected eye. The child with squint is under a considerable handicap in his educational progress and there is a real difficulty in treating squint cases which are in attendance at elementary schools. One method of correcting the squint is by covering up the good eye and making the child use the affected eye only. As, however, the affected eye generally has impaired vision, the child is at a disadvantage in school.

THE ORTHOPÆDIC CLINIC.

The scheme for the ascertainment, treatment and supervision of orthopædic defects came into operation in December, 1927. It includes the care of all crippled children up to 16 years of age, and therefore embraces those coming under the Maternity and Child Welfare, Tuberculosis and School Medical Services. Children are referred by the medical officers in charge of these various services to the Orthopædic Specialist Officer.

The Clinic is held in the Elizabeth Stret premises. The Orthopædic Specialist attends one session per month and the orthopædic nurse one session per week. The present scheme is part of a larger County Council scheme and has the advantage that the work can be carried out economically. However, in my opinion, there are disadvantages in the scheme, which were the subject of a report by me to the Public Health and Special Services Sub-Committees in August, 1931. The following are extracts from my report:—

“ The present arrangements allow for the attendance of the orthopædic nurse only one half-day per week. The nurse has to travel back and fore from Manchester, and is only available for about three hours each week. I do not think that this gives sufficient time for all the necessary orthopædic clinic treatment such as massage, electrical treatment, remedial exercises, etc., to be carried out. Moreover, not being always in the town, she does not get into personal contact with the parents or the children. She does not have the opportunity of following up the cases, seeing them from day to day, getting to know the parents and winning their confidence, or familiarising herself with the home conditions.

The present scheme does not ensure that we get cases sufficiently early at the present time, owing to the nurse attending only once per week and the doctor once per month. Only the grosser deformities can be dealt with, and insufficient attention is being given to the early stages of crippling defects. In my opinion there is still a considerable amount of rickets in Burnley. It is most desirable that all developmental crippling defects should be taken in hand in the very early stages, and continuous and prolonged treatment be given to prevent these minor degrees of deformity developing into major ones. It should be our aim to concentrate particularly on the early degrees of rickets and other developmental defects in the very young children attending the Infant Welfare Centres and endeavour to rectify these defects before the children reach school age. With the limited services of the Orthopædic Specialist Nurse at present available this ideal cannot be attained. The only orthopædic after-care which is being given at present by the Orthopædic Nurse is remedial exercises to groups of children and the application of plaster cases, splints, etc. The remedial exercises are given to small classes of children, and individual

exercises to special cases is not possible. To be effective these remedial exercises should be given separately to each individual child whenever possible, and massage and other treatment for the correction of postural or crippling defects should be given, if possible, daily or several times per week.

The treatment indicated above should also be combined in suitable cases with artificial light treatment and if necessary in-patient treatment in a children's hospital. The artificial sunlight treatment and the in-patient treatment are available at Bank Hall Hospital, but owing to the Orthopædic Specialist Nurse only coming to Burnley for one half-day per week, the necessary co-operation between her and the other members of the Health Department staff cannot be effectively carried out.

The cases at present on the register of the Orthopædic Clinic have frequently to wait long periods before they can be again reviewed by the Orthopædic Surgeon. The average length of time between periodical examinations by the Orthopædic Surgeon of those cases at present attending the Centre is $7\frac{1}{2}$ months.

SUGGESTIONS FOR EXTENSION OF THE SCHEME.

In order to more adequately cope with the waiting list and to ensure that cases shall be ascertained earlier and intermediate treatment given more adequately, I would suggest that the scheme be extended in the following way:—

An Orthopædic Specialist Nurse to be appointed by the Burnley Corporation to give full-time attention to the treatment of Burnley orthopædic cases. I think it is preferable that the Burnley Corporation should provide its own Orthopædic Nurse rather than that the County Council should be asked to provide further services of an Orthopædic Nurse, as such a nurse appointed by the Burnley Corporation will be under the direct control of the Medical Officer of Health, would be resident in Burnley, would work in close co-operation with the other Health Visitors and the Assistant Medical Officers. She would be able to give full-time attention to the treatment of orthopædic defects (massage, electrical treatment, remedial exercises, postural exercises, etc.). She would be able to get in close touch with her cases and come in personal contact with parents, and by co-operating with the other members of the staff, would be able to ascertain children suffering from defects in their early stages. Her cases would continue to be referred to the Orthopædic Surgeon when he pays his periodical visits for consultation. She would also co-operate with the County Council Orthopædic Nurse, and there would be an advantage in this, in that difficult cases who required the application of plaster, splints, etc., could be carried out better by these two nurses working together

on one half-day per week. This is evident from the fact that at the present time the Orthopædic Nurse frequently has difficult plaster cases to apply, and has to have the help of one of the present nurses employed in routine school medical duties, with the consequent interruption of the latter.

I would also suggest that the County Council be asked to arrange for the Orthopædic Surgeon to attend more frequently than one half-day per month."

Following on the above report it was decided that a full-time Orthopædic Nurse should be appointed and that arrangements be made for the Surgeon to attend on two sessions per month instead of one. At present sanction from the Board of Education for this extension of the scheme is being awaited.

The following tables summarise the work of the Orthopædic Clinic:—

No. of sessions attended by Orthopædic Surgeon ...	...	12
" " " " Nurse ...	...	33

		School Medical Cases	Child Welfare Cases	Tuberculosis Cases	Total
Number of Individual Children who attended the Clinic ...	Old Cases	96	5	27	128
	New Cases	64	11	18	93
Total ...		160	16	45	221

	School Medical Cases	Child Welfare Cases	Total
Cases Recommended Admission to Orthopædic Hospital ...	24	4	28

Cases referred to Consultant Orthopædic Surgeon at Ancoats.

	School Medical Cases	Child Welfare Cases	Tuberculosis Cases	Total
For X-Ray Examination ...	9	—	6	15
For Manipulations ...	1	—	—	1
For Osteoclasis ...	—	1	—	1
For further Diagnosis ...	1	—	—	1
Total ...	11	1	6	18

The treatment recommended by the Surgeon is as follows:—

(Included in this table are School Children, Child Welfare Cases
and Tuberculosis Cases).

No. of children recommended	Radiant Heat...	...	...	...	1
"	"	"	Sunlight Treatment	...	2
"	"	"	Hospital Treatment	...	7
"	"	"	Massage	...	1
"	"	"	Stretchings	..	3
"	"	"	Sole plates	...	1
"	"	"	Splints and Calipers	...	22
"	"	"	Adaptions to boots	...	11
"	"	"	Spinal Tracings	...	4
"	"	"	Plasters	...	12
"	"	"	Strappings	...	2
"	"	"	X-Ray at Burnley	...	7
"	"	"	Wedges	...	17
"	"	"	Remedial and Postural Exercises	...	38
"	"	"	Back Brace	...	2
"	"	"	Manipulations	...	2
"	"	"	Operative Treatment	...	7
"	"	"	Electrical Tests	...	2

The following Table shows the Defects from which the 221 Cases Examined by the Orthopædic Surgeon were suffering.

OLD AND NEW CASES EXAMINED BY THE ORTHOPÆDIC SURGEON DURING 1931.

DEFECTS.	NEW CASES.				OLD CASES.				Grand Total
	School Children	Tuber- culosis Cases	Child Welfare Cases	Total No. New Cases	School Children	Tuber- culosis Cases	Child Welfare Cases	Total No. Old Cases	
INFANTILE PARALYSIS:									
Upper Limb ...	—	—	—	—	3	—	—	3	3
Lower Limb ...	6	—	—	6	8	—	—	8	14
Upper and Lower Limbs	—	—	—	—	2	—	—	2	2
SPASTIC PARALYSIS:									
Monoplegia ...	—	—	—	—	1	—	—	1	1
Quadriplegia ...	—	—	—	—	1	—	—	1	1
Paraplegia ...	—	—	—	—	4	1	—	5	5
Hemiplegia ...	5	—	1	6	3	—	—	3	9
BIRTH Palsy ...	—	—	—	—	1	—	—	1	1
CONGENITAL DEFORMITIES:									
Deformity of Spine ...	—	—	—	—	1	—	—	1	1
Multiple Congenital Deformities ...	—	—	—	—	1	—	—	1	1
Deformity, both feet ...	1	—	—	1	—	—	—	—	1
Torticollis ...	4	—	—	4	3	—	—	3	7
Metatarsus Varus ...	—	—	—	—	1	—	—	1	1
Talipes Equino-varus ...	2	—	2	4	1	—	—	1	5
Adducted Foot ...	1	—	—	1	—	—	—	—	1
Dislocation, Hip ...	2	1	—	3	2	—	—	2	5
Sprengel's Shoulder ...	1	—	—	1	—	—	—	—	1
TRAUMATIC DEFORMITIES:									
Amputations ...	1	—	—	1	—	—	—	—	1
Volkman's Ischemia ...	—	—	—	—	—	1	—	1	1
OTHER DEFORMITIES:									
Claw Foot ...	—	—	—	—	1	—	—	1	1
Pes Varus ...	1	—	—	1	1	—	—	1	2
Scoliosis ...	2	2	—	4	4	—	—	4	8
Kypho-lordosis ...	2	—	—	2	1	1	—	2	4
Pes Planus ...	—	—	—	—	1	—	—	1	1
Pes Cavus ...	—	—	—	—	2	—	—	2	2
Kyphosis ...	1	—	—	1	1	—	—	1	2
Dorsal Kyphosis ...	1	—	—	1	—	—	—	—	1
Hammer Toe ...	1	—	—	1	1	—	—	1	2
Pseudo-Coxalgia ...	1	—	—	1	2	—	—	2	3
Pronated Feet ...	2	—	—	2	—	—	—	—	2
Lordosis ...	3	—	—	3	—	—	—	—	3
Hallux Valgus ...	1	—	—	1	—	—	—	—	1
RICKETS:									
Genu Varum ...	12	—	3	15	20	—	3	23	38
Genu Valgum ...	8	—	3	11	18	1	2	21	32
INFLAMMATIONS:									
Arthritis ...	—	3	—	3	3	4	—	7	10
Osteomyelitis ...	—	1	—	1	2	1	—	3	4
Traumatic Synovitis ...	—	2	—	2	—	1	—	1	3
TUBERCULOSIS, ACTIVE:									
Hip ...	—	—	1	1	—	—	—	—	1
Spine ...	—	2	—	2	—	3	—	3	5
Ankle ...	—	1	—	1	—	1	—	1	2
Osteitis ...	—	—	—	—	—	1	—	1	1
Sacro-iliac Joint ...	—	—	—	—	—	1	—	1	1
TUBERCULOSIS, ARRESTED:									
Knee ...	—	1	—	1	—	6	—	6	7
Spine ...	1	2	—	3	1	1	—	2	5
Ankle ...	—	—	—	—	1	—	—	1	1
Ilium ...	—	—	—	—	—	1	—	1	1
OTHER DEFECTS ...	5	3	1	9	5	3	—	8	17
TOTALS ...	64	18	11	93	96	27	5	128	221

No. of Individual Children Treated or Kept under Supervision by the Orthopædic Nurse, 1931.

DEFECTS.	NEW CASES.				OLD CASES.				Grand Total
	School Children	Tuber- Culosis Cases	Child Welfare Cases	Total No. New Cases	School Children	Tuber- culosis Cases	Child Welfare Cases	Total No. Old Cases	
INFANTILE PARALYSIS:									
Upper Limb	—	—	—	—	3	—	—	3	3
Lower Limb	3	—	—	3	8	—	—	8	11
Upper and Lower Limbs	—	—	—	—	2	—	—	2	2
SPASTIC:									
Quadriplegia	—	—	—	—	1	—	—	1	1
Paraplegia	—	—	—	—	4	1	—	5	5
Hemiplegia	5	—	—	5	3	—	—	3	8
CONGENITAL DEFORMITIES:									
Deformity of Spine ...	—	—	—	—	1	—	—	1	1
Multiple Congenital Deformities ...	—	—	—	—	1	—	—	1	1
Torticollis	2	—	—	2	3	—	—	3	5
Metatarsus Varus ...	—	—	—	—	1	—	—	1	1
Talipes Equino-varus ...	1	—	2	3	1	—	—	1	4
Dislocation, Hip ...	2	—	—	2	2	—	—	2	4
TRAUMATIC DEFORMITIES:									
Amputations	1	—	—	1	—	—	—	—	1
Volkman's Ischemia ...	—	—	—	—	—	1	—	1	1
OTHER DEFORMITIES:									
Pes Varus	1	—	—	1	1	—	—	1	2
Scoliosis	1	1	—	2	6	2	—	8	10
Kypho-lordosis	2	—	—	2	1	1	—	2	4
Pes Planus	—	—	—	—	1	—	—	1	1
Pes Cavus	—	—	—	—	1	—	—	1	1
Kyphosis	1	—	—	1	2	—	—	2	3
Dorsal-Kyphosis ...	1	—	—	1	—	—	—	—	1
Hammer Toe	1	—	—	1	1	—	—	1	2
Pseudo-Coxalgia ...	1	—	—	1	1	—	—	1	2
Pronated Feet	2	—	—	2	—	—	—	—	2
Lordosis	3	—	—	3	—	—	—	—	3
Pigeon Toes	—	—	—	—	1	—	—	1	1
RICKETS:									
Genu Varum	4	—	2	6	10	—	4	14	20
Genu Valgum	5	—	3	8	14	—	2	16	24
INFLAMMATIONS:									
Arthritis	—	1	—	1	1	1	—	2	3
Osteomyelitis	—	1	—	1	1	—	—	1	2
Traumatic Synovitis ...	—	1	—	1	—	1	—	1	2
TUBERCULOSIS, ACTIVE:									
Spine	—	—	—	—	—	1	—	1	1
Ankle	—	—	—	—	—	1	—	1	1
Osteitis	—	—	—	—	—	1	—	1	1
TUBERCULOSIS ARRESTED:									
Knee	—	1	—	1	—	6	—	6	7
Spine	—	1	—	1	1	—	—	1	2
Ankle	—	—	—	—	—	1	—	1	1
OTHER DEFECTS	3	1	—	4	2	2	—	4	8
TOTALS	39	7	7	53	74	19	6	99	152

WORK CARRIED OUT BY THE ORTHOPÆDIC NURSE, 1931.

	NEW CASES.				OLD CASES.				Grand Total
	School Children	Tuber- culosis Cases	Child Welfare Cases	Total No. New Cases	School Children	Tuber- Culosis Cases	Child Welfare Cases	Total No. Old Cases	
Supervision of Cases ...	4	5	2	11	27	6	2	35	46
Cases under Treatment ...	35	2	5	42	47	13	4	64	106
TOTALS ...	39	7	7	53	74	19	6	99	152

Total attendances at the Orthopædic Clinic and Ancoats Hospital:—

Referred from	Attendances at Orthopædic Clinic	Attendances at Ancoats Hospital	Total Attendances
School Clinic ...	930	11	941
Tuberculosis Clinic ...	180	6	186
Child Welfare Clinic ...	93	1	94
Total ...	1203	18	1221

12 of the above attendances were made by Secondary School children. 462 attendances were for remedial exercises and stretchings. 352 examinations were made by the Orthopædic Surgeon and 851 treatments were given by the Orthopædic Nurse.

Hospital Treatment of Orthopædic Cases at Biddulph Orthopædic Hospital during 1931.

	School Children	Child Welfare Cases
Remaining in Hospital, 1st January, 1931	6	—
Admitted during the Year ...	8	—
Discharged during the Year ...	8	—
Remaining in Hospital, on 31st Dec. 1931...	6	—
Average duration of Stay (in days) of those discharged during 1931 ...	170·1	—

Cases of crippling due to tuberculosis received hospital treatment through the Tuberculosis Scheme.

The results of treatment at Biddulph Orthopædic Hospital during 1931 are as follows:—

Defect	No. of Cases Treated	Cured	Improved
Arthritis of Hip	1	—	1
Pes Cavus	1	—	1
Torticollis	1	1	—
Hammer Toe	1	1	—
Pseudo Coxalgia	1	—	1
Rickets	3	1	2
Total	8	3	5

There appears to be some difficulty in obtaining beds in Biddulph Orthopædic Hospital for children under 5 years of age. At the end of 1931 two infant welfare cases suffering from rickets were on the waiting list for two years and another for 9 months. School children with orthopædic defects have been waiting for admission for periods of 19 months, 14 months, 13 months, 12 months, 10 months, 9 months and shorter periods.

The fact that at the end of 1931, 24 children were on the waiting list for Biddulph Orthopædic Hospital and that only 8 children were admitted during the year indicates a necessity for additional hospital beds for orthopædic cases.

Provision of Splints, Surgical Boots, etc., for Children attending the Orthopædic Clinic.—The following have been supplied:—

Night Splints	24
Calipers	8
Calipers repaired and lengthened	7
Thomas' Walking Splint repaired	1
Boots wedged, raised with cork, tubes, fitted with T straps, etc.	13
Thomas' Peg Leg	1
Spinal Tracings	5
Plaster Cases	26
Surgical Appliances, Irons, etc.	54

Disposal of Cases during the year.

No. of children discharged from Clinic	...	...	...	46
" " for whom treatment was refused by parents	...	...	...	5
" " not advised treatment	...	...	...	7
" " referred to own doctor	...	...	...	1
" " received treatment otherwise	...	...	...	2
" " left school or left town	...	...	...	6
" " deceased	...	...	...	2

No. of children remaining on the register of the Orthopædic Clinic on 31st December, 1931	Child		
	School Children.	Welfare Cases.	Tuberculosis Cases.
...	145	15	53

THE WORK OF THE SCHOOL DENTAL DEPARTMENT.

A whole-time dentist is employed. He holds 8 sessions each week for treatment and 2 sessions weekly at the schools for routine dental inspection.

The present scheme, which commenced in 1922, provides for the primary inspection of children aged 6 years and for their re-inspection yearly throughout school life. Parents of children are notified of any defect requiring treatment and are advised to consult their own dentist, or, if they so desire, to send the children to the School Dental Clinic.

Inspection.—82 half-days were devoted to inspection during the year. Inspection and re-inspection was confined to elementary school children of age groups 6 to 14 years inclusive, together with a few aged 15 years. 7,851 were examined in the schools and 5,876 or 74·8% had defective teeth as against 70% in 1930.

The following gives the number of elementary and special school children examined in each age group, together with the number with defective teeth.

Age Group	Total	Number Inspected		Not requiring Treatment		Number with defects requiring Treatment	
		Boys	Girls	Boys	Girls	Boys	Girls
6 years ...	976	475	501	160	150	315	351
7 " ...	975	480	495	128	124	352	371
8 " ...	1045	488	557	108	118	380	439
9 " ...	1153	602	551	108	123	494	428
10 " ...	1569	707	862	178	215	529	647
11 " ...	874	409	465	116	114	293	351
12 " ...	674	341	333	88	77	253	256
13 " ...	508	222	286	57	89	165	197
14 " ...	87	47	40	10	13	37	27
15 " ...	18	10	8	4	2	6	6
Total ...	7879	3781	4098	957	1025	2824	3073

In addition to these routine school inspections, 1,545 children were dentally inspected at the clinic, and 3,678 cases attended the clinic to have appointments made for dental treatment.

Treatment of Dental Defects.—372 treatment sessions were held at the school clinic, and 4,377 cases were dealt with as against 4,165 in 1930. 1,530 were cases specially referred by the assistant school medical officer or teachers.

The dental treatment given is summarised as follows:—

	Attend- ances of Children	Fillings		Extractions		Anæsthetics Administered		Other Operations.		
		Perm'nt Teeth	Temp. Teeth	Perm'nt Teeth	Temp. Teeth	General	Local	Scalings	Dressings	T'm'ts
Elementary Scholars ...	5224	2066	49	569	3759	4	4264	28	36	541
Secondary Scholars ...	38	17	—	11	4	2	13	—	1	8

“Following up” of Dental Defects.

The parents whose children have not attended the Dental Clinic as the result of having been notified of the need of dental treatment, are interviewed by the School Nurse.

During the year 7,506 children were notified as requiring treatment as a result of being dentally inspected, and the following gives the after-history of the cases:—

Attended School Dental Clinic ...	...	...	...	4,357 Elem. 20 Sec.
Received treatment from own dentist ...	...	...	...	412
Promised to attend own dentist ...	...	...	...	349
Parents indifferent ...	...	...	...	1,245
Treatment not advised ...	...	...	...	3
Left school or could not be traced ...	...	...	...	25
Left town ...	...	...	...	16
Deceased ...	...	...	...	2
Remaining to be followed up at the end of the year ...	...	...	...	1,077

Adequacy of the Dental Scheme.

The following report gives briefly the history of the dental scheme, a review of the work carried out since its inception eighteen years ago, and suggestions for dealing more effectively with dental caries in the school population.

The dental service for school children came into operation in May, 1914. Prior to that an insignificant number of school children were treated at the surgery of a private dentist.

With the opening of the dental clinic in Elizabeth Street in May, 1914, four dental surgeons practising in Burnley were appointed as part-time officers. They each gave a half day's service per alternate week in the clinic, equivalent to the service of one dentist for one day each week. Part of this time was employed in dental inspection of children in the schools and part in treatment of children at the clinic. At the outset only children aged 7 years were inspected. During the period 1914 to 1919, this arrangement held, the dentists in addition to inspecting and treating children aged 7 years, also in each subsequent year re-inspected those inspected in previous years. Consequently each succeeding year showed an increase in "following-up" of these cases. In 1920, only two part-time dentists were employed but they gave additional time to school dentistry, the total time being equivalent to that of one dentist for $1\frac{1}{2}$ days per week. This allowed for more dental inspection and treatment. In 1922, in addition to children aged 7 years and upwards being inspected and treated, inspection and treatment of children aged 6 years was undertaken. In 1924 the dental staff employed was 3 part-time dentists giving 4 half days per week, equivalent to the services of one dentist fully employed for 2 days per week. This extension enabled routine inspection of children aged 6 years to be carried out systematically in addition to following-up of those previously found to have dental defects. The increased time available also allowed for a greater number of children to be dentally treated. As, however, systematic inspection and treatment of all children in elementary schools could not be undertaken with such a limited dental service, the part-time service was replaced by that of a whole-time dentist in 1927. The definite advantage of this step has been demonstrated during the last 5 years by the marked increase in the work carried out. The dentist spends two half days per week on dental inspection in the elementary schools and the remainder of the week carrying out dental treatment at the clinic.

In 1925 steps were taken, in accordance with recommendations issued by the Ministry of Health, to provide dental treatment for pregnant and nursing mothers and tuberculous persons. Such treatment of nursing and pregnant mothers is limited to those who require it to ensure a healthy pregnancy and healthy nursing period, and in the case of tuberculous cases it is limited to those who require dental treatment to ensure that they may derive full benefit from Sanatorium treatment and in whom it will conduce to recovery. Pregnant and nursing mothers and dental cases requiring general anæsthesia, are generally treated on Saturday forenoons and a special evening session is held weekly for the treatment of tuberculous cases.

In the case of maternity and tuberculous cases, extractions, fillings and other conservative measures are carried out by the clinic dentist, but where dentures are required, an arrangement is made with a private dental practitioner. The maternity and tuberculous cases are assessed to pay part cost of dentures, according to their incomes. In some instances National Health Insurance Societies contribute towards cost of dentures.

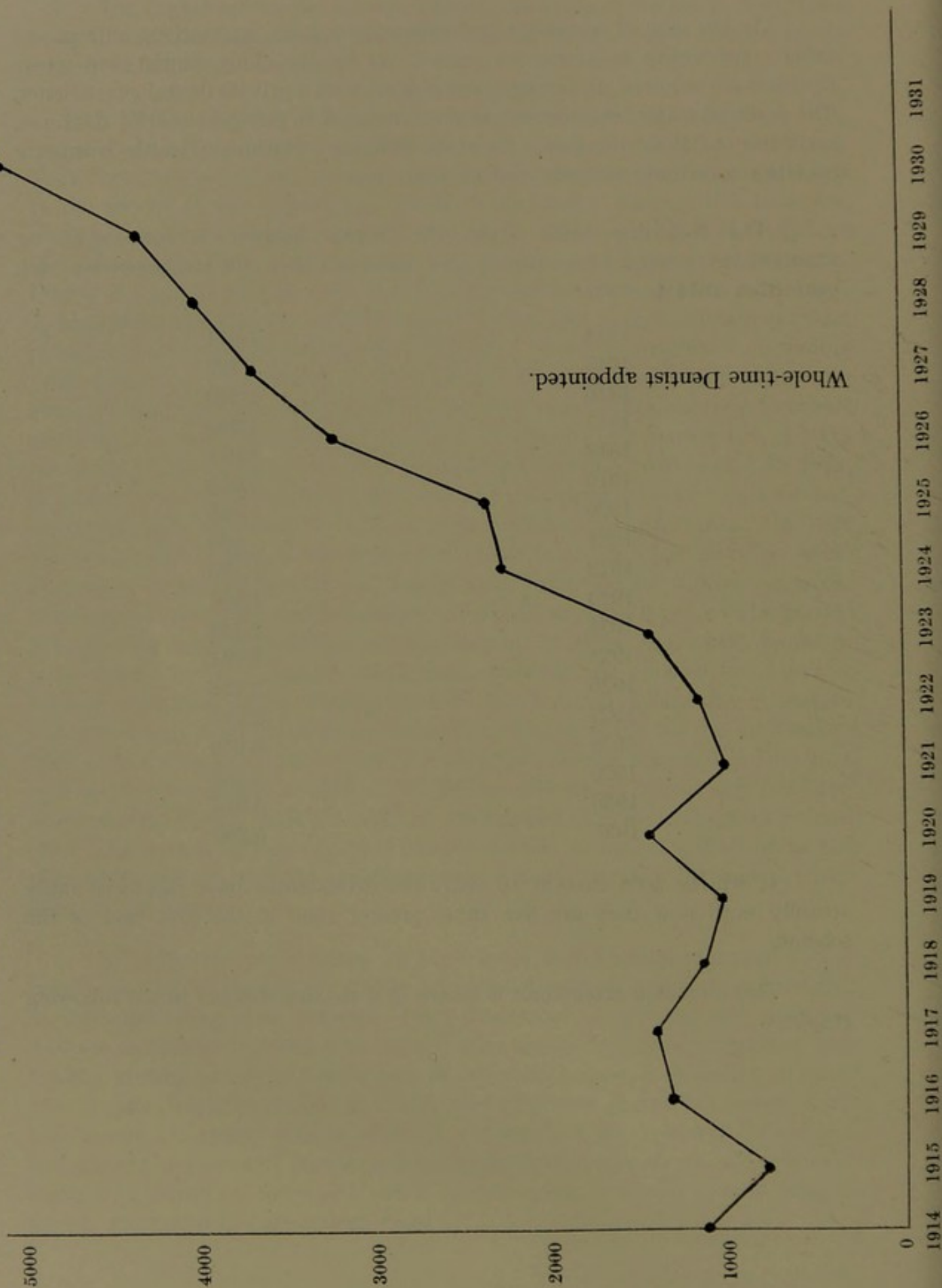
The following table gives the TOTAL ANNUAL ATTENDANCES OF ELEMENTARY SCHOOL CHILDREN AT THE DENTAL CLINIC for treatment for each year from 1914 to 1931.

1914	...	...	...	...	1,071
1915	...	...	...	...	722
1916	...	...	...	...	1,280
1917	...	...	...	...	1,359
1918	...	...	...	...	1,071
1919	...	...	...	...	1,003
1920	...	...	...	...	1,366
1921	...	...	...	...	988
1922	...	...	...	...	1,183
1923	...	...	...	...	1,407
1924	...	...	...	...	2,254
1925	...	...	...	...	2,261
1926	...	...	...	...	3,156
1927	...	...	...	...	3,672
1928	...	...	...	...	3,976
1929	...	...	...	...	4,288
1930	...	...	...	...	5,013
1931	...	...	...	...	5,262

It will be seen that in 18 years the attendances have increased fairly steadily until now they are five times greater than in the first year of the scheme.

This increased attendance is shown in a striking manner in the following graph:—

ATTENDANCES OF SCHOOL CHILDREN AT DENTAL TREATMENT CLINIC, 1914-1931.

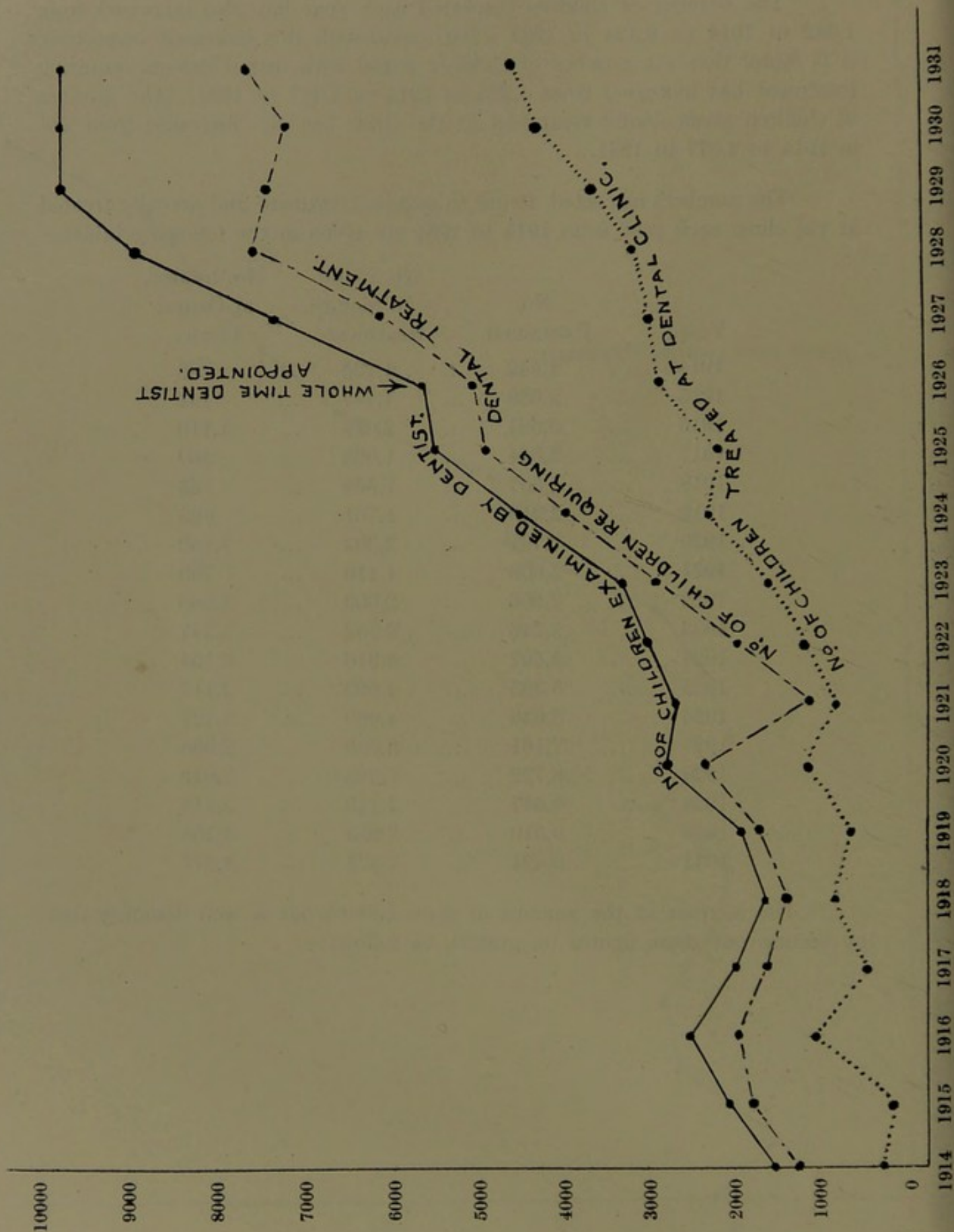


The number of children inspected each year has also increased from 1,542 in 1914 to 9,424 in 1931. *Pari passu* with this increased inspection, it is found that the number of children found with dental defects requiring treatment has increased from 1,225 in 1914 to 7,427 in 1931. The number of children given dental treatment at the clinic has also increased from 286 in 1914 to 4,377 in 1931.

The numbers inspected, found to require treatment and actually treated at the clinic each year from 1914 to 1931 are given in the following table:—

Year.	No. Examined.	No. found to require treatment.	No. treated at Dental Clinic.
1914	1,542	1,225	286
1915	2,089	1,777	141
1916	2,561	2,012	1,119
1917	2,024	1,668	490
1918	1,557	1,368	753
1919	2,013	1,761	666
1920	2,761	2,304	1,152
1921	2,608	1,116	760
1922	2,906	2,003	1,066
1923	3,246	2,752	1,347
1924	4,507	3,916	2,154
1925	5,355	4,693	2,117
1926	5,636	4,989	2,727
1927	7,161	6,089	2,966
1928	8,722	7,385	3,042
1929	9,547	7,119	3,418
1930	9,510	7,035	4,165
1931	9,424	7,427	4,377

The increase in the amount of work carried out is well demonstrated by setting out these figures on graphs, as follows:—



The foregoing table and graph, in addition to showing the increase of the dental work for school children, also illustrates several facts. In the first place it is seen that despite the extension during the last 17 years of dental supervision, the number of children found to require treatment bears a fairly steady ratio to the numbers inspected up to the year 1927. During the last 4 years the proportion of children with sound sets of teeth appears to increase. This increase of healthy mouths, however, is more theoretical than real, as will be shown later. The number of children who received treatment at the dental clinic, although it has shown a very marked increase, particularly during the last 5 or 6 years, has not kept pace with the numbers inspected and found to require treatment. It will be seen that in 1931, out of 9,424 children inspected, 7,427 were found to require treatment, and 4,377 children were actually treated. Thus, apart from the comparatively small number of 412 children who received dental treatment at their own expense from private dentists, we find that 2,638 children who required dental treatment in that year did not receive it. Certainly a number of parents are indifferent and ignore the notices sent to them pointing out the desirability of having their children treated by the dentist. But quite apart from that, it is impossible for one dentist, giving his whole time to the work, to undertake all the preventive treatment which is found to be necessary for all the elementary school children in Burnley schools. The apparent increased proportion of healthy mouths during the last few years is due to the fact that the dentist, having much larger numbers of children to inspect and treat, must necessarily limit the number of children whom he records as requiring treatment to those with obvious and often advanced dental caries and pass over those with very early signs of dental caries. Such a position is unsatisfactory, as it is most undesirable, although inevitable with only one dentist to leave children with slight dental defects until these defects progress to a more advanced stage.

Another very serious defect in the school dental scheme is the impossibility, with only one dental officer, to carry out inspection and treatment of the teeth of children when they enter school at the age of 5 years. Entrants to school have their first or temporary set of teeth and it is not until several years later that they lose all their temporary teeth, to be replaced by the permanent teeth. It is found that a very large proportion of children entering school at the age of five years, have already advanced caries of their temporary teeth. By the time they are seen and treated, this caries is still more advanced, with the result that the dental disease may be too advanced to permit of conservative treatment, such as fillings, and much extraction work has to be carried out. The effect of advanced dental caries in temporary teeth, apart from the toothache which it causes, and extraction of temporary teeth, is to interfere with the free and natural development of the underlying permanent teeth. The permanent teeth do not grow uniformly and their position in the gums is

irregular, with the result that the child in later years has an ugly irregular set of badly shaped teeth, which in their turn become prone to further dental caries.

In a dental clinic the aim must be to conserve the natural teeth and prevent dental decay. To carry out this ideal, the clinic must be sufficiently staffed to allow for every child with early dental caries to be seen and treated. It is to be borne in mind that conservative treatment, e.g., fillings, scalings, etc., cannot be done hurriedly and a much longer time must be devoted to each child than for extractions.

The following figures show the numbers of fillings and extractions carried out during the last 6 years for school children.

Year	Fillings.			Extractions.			Other Operations.			
	Temp- orary Teeth	Per- manent Teeth	Total Fillings	Temp- orary Teeth	Per- manent Teeth	Total Extrac- tions	Temp- orary Teeth	Per- manent Teeth	Total other Opera- tions	
1931	49	2083	2132	3763	580	4343	177	437	614	
1930	31	1971	2002	3641	490	4131	102	319	421	
1929	20	2045	2065	2982	367	3349	1054	386	1440	
1928	378	1540	1918	5793	481	6274	2229	380	2609	Full-time Dentist appointed.
1927	229	1135	1364	6097	571	6668	1665	369	2034	
1926	24	528	552	5404	497	5901	1509	65	1574	Part-time Dentist.

The above figures illustrate the large numbers of temporary teeth that are being extracted, because the disease is so far advanced when the child is seen, in comparison to extractions of permanent teeth, and the very small numbers of temporary teeth (in comparison to permanent teeth) that are being filled. It is imperative that conservative dental treatment should be available for every child as he enters school and also that the complete dental scheme should include facilities for the treatment of very young children of pre-school age to a much greater extent than is possible at present. It may be argued that the one dentist at present employed should concentrate more on the younger children in the schools. If this were done, it would mean that the older children would receive less treatment, and children would leave school and enter industry with progressively decaying teeth, which would ultimately lead to pyorrhœa and probably complete artificial dentures and so nullify the whole principle of conserving the natural teeth, which is the basic principle

of school dental hygiene. Again, it may be argued that more parents should be encouraged to obtain private dental treatment. Conservative treatment (fillings, etc.), when obtained privately is expensive and the average working man cannot afford it. Our present dental scheme, as administered at present with the limited staff available, aims at sending out from the schools as many children of school leaving age as possible with reasonably hygienic dentitions. It is impossible, without a greatly increased staff, to make every child, at school leaving age, completely dentally fit. An increase of staff would, however, enable more children to be treated in early years and save many teeth which in the later years of school life have now to be extracted. The school dentist calculates that, if he had a whole-time dentist to share the work of the dental clinic, several thousands more fillings of both temporary and permanent teeth could be undertaken, with a corresponding decrease in extractions. He points out that the minimum time for filling of one tooth with slight decay is 15 minutes. With teeth having decay extending down to the roots, fillings take a much longer time, but owing to the large number of children to whom the dentist has to attend, the necessary time cannot be given to deep root fillings, so generally such teeth have to be extracted.

Again the Board of Education require a doctor to be present when a child is given an anæsthetic for dental treatment. At present anæsthetics are given at times convenient for both the dentist and the assistant school medical officer. With an additional dentist, a definite session could be set aside for anæsthetic cases.

The greatest benefit from an additional dentist would be the inspection and treatment of children immediately they enter school at the age of 5 years.

In order that the work of the dental clinic may be carried out as expeditiously as possible, all children receiving treatment are given appointments. These appointments are generally made 2 or 3 weeks in advance. There are, however, always a certain number of children who are brought by parents to the dental clinic when they have toothache, without appointments. In other cases, the parents may have refused to give consent to dental treatment previously but later change their minds and bring children without previous appointments being made. It is impossible for the dentist to see these cases without disorganising his routine of appointments. An endeavour is made to attend to such "casual" cases after all children having appointments for each session are dealt with, but it necessitates mothers and children waiting for a lengthy period. Routine dental inspection and treatment of dental defects in children attending secondary schools are not undertaken by the school dentist. A few secondary school pupils attend the clinic annually as "casuals," but no systematic supervision of secondary school children is possible without additional

staff. During 1930, the assistant medical officers found over 200 children in the secondary schools who required dental treatment, of whom no doubt a certain proportion would have attended private dentists. If another dentist were available secondary school children, numbering 800, could be seen annually and systematically followed up to ensure that when they left the secondary schools they did so with a sound set of teeth.

That dental caries continues to be very prevalent amongst children is shown by the fact that during the last two years, the dentist in his inspection of children's teeth in the schools has found 74% of all the children to have some degree of dental caries. If the dentist, in making his inspection, examined each tooth minutely with a probe for the small early foci of caries, this percentage would probably be about 90%. This high incidence of dental disease is not peculiar to Burnley. For the whole elementary school child population of England and Wales the percentage was 68.8. After the dental scheme being in operation for 17 years, it is disappointing to find such a high percentage of dental caries. This again, however, is the general experience throughout the country. The Chief Medical Officer of the Board of Education states that "there is no evidence of any decrease in the incidence of dental disease among the entrants."

Of those Burnley school children found to require treatment only 59% are actually being treated at the clinic. This is due partly to indifference to the care of the teeth exhibited by parents and older children, and partly due to insufficient dental staff. The former is not surprising as dental disease in its early stages does not give rise to pain or disfigurement. This indifference is gradually being overcome, but with a sufficient dental staff educative propaganda work, with the co-operation of the teachers, could be undertaken in the schools.

The present school dentist treats approximately 4,000 children per annum. This compares very favourably with the average output of whole-time school dentists throughout the whole country, which is approximately 2,300 children yearly. The Chief Medical Officer of the Board of Education states that this latter is a high figure and that to give a really adequate service, including the cutting out of fissures, conservative work on certain temporary teeth and the use of orthodontic measures on occasion, inspection and treatment of 1,500 children would represent a full year's work. The fact that during the last few years an average of 3,000 children per annum who require dental treatment do not receive it, is ample justification for an increase in the dental staff.

I am of the opinion that there is sufficient dental work in connection with elementary and secondary school children, pre-school children and pregnant

and nursing mothers to keep two whole-time dentists fully employed. With an additional dentist, another dental attendant will also be required.

The shortage of accommodation in the school clinic premises is a drawback. If an additional dentist is employed, it will be an advantage to obtain possession of the part of the school clinic premises in Elizabeth Street, at present occupied by the Clerk to the National Health Insurance Committee, for use as additional school clinic rooms. If this is not possible, it will still be possible to utilise one of the existing clinic rooms for a dual purpose.

With an additional dentist, additional equipment will also be required.

OPEN-AIR EDUCATION.

School Camp.—A permanent school camp is established and owned by the Education Authority at Hestbank, near Morecambe. This school is not a special school under Part V. of the Education Act, 1921. Children from the elementary schools who do not have an opportunity of obtaining a holiday out of town during the summer vacation are sent to Hestbank. The school has accommodation for 50 children. Only children of 11 years of age and over are sent. They are in charge of specially selected teachers, who continue the educational instruction of the children in the camp. Full use is made of study in the open air, such as nature study. The school was opened on 1st April and closed on 2nd October. Children are sent for a fortnight; boys in the earlier period, girls during the warmer months and again boys in the later period. During 1931, 650 children were admitted.

All children are medically inspected by the assistant medical officers before proceeding to Hestbank. This entailed the examination of 730 children.

The school camp consists of two dormitories, sleeping accommodation for teaching staff, covered playground, class room, dining room, kitchen and accommodation for caretaker and domestic staff. The grounds are spacious and sheltered.

Convalescent Home.—A Convalescent Home at Lytham St. Annes, built by the late Sir John Thursby, has accommodation for 12 children of each sex, and is provided for the children of Burnley and the surrounding district. It was open for the reception of children from 28th March to 30th October. During this period 315 children were admitted, 181 (100 boys and 81 girls) being Burnley school children. Practically all the Burnley children are selected by the assistant school medical officers and immediately prior to their admission they are examined regarding cleanliness and freedom from infectious disease. Boys aged 4–10 years and girls aged 4–12 years are admitted for periods of 1 to 3 weeks.

The Burnley League of Social Service has a holiday home at a farm house on the moors a few miles from Burnley, which is open during the summer months, with accommodation for 12 poor boys.

Day Open-air School.—The Local Authority possesses a Day Open-air School which was established in 1918.

The school is situate in the grounds adjoining Bank Hall Hospital, and is built to accommodate 120 children. Approval for this number has been obtained from the Board of Education.

All the classrooms are built so that one side, completely of glass, can be thrown wide open. A large covered verandah adjoins all the classrooms, so that the children can be taught in the open-air all the year round and yet be sheltered from the prevailing winds. The school is also provided with a large covered platform, where the children rest on canvas stretcher beds during part of the day. The school is equipped with 14 shower baths, each child being given a weekly bath during the summer months. Attached to the school is a dining-room and kitchen.

The children for attendance at this school are selected by the Assistant School Medical Officer who is also the Tuberculosis Officer, from those whose attendance at an elementary school is in most cases very irregular on account of their physical condition. This officer also acts as medical officer in charge of the school, which he visits twice weekly.

The routine of the school is as follows:—School opens at 9-0 a.m.; the children have breakfast on arrival. Lessons at 9-30 a.m., dinner at 12-15; rest hour in winter from 1 to 2 o'clock, summer 1 to 3 o'clock; lessons; tea 4-15. In winter the school is dismissed at 4 p.m. and at 5-15 p.m. in summer.

During the year 37 children were admitted for the following reasons:—

Tuberculous Diathesis	...	...	...	...	8
Chronic Bronchitis	...	...	...	...	10
Anæmia	...	...	...	...	8
General Debility	...	...	...	...	6
Peritonitis	...	...	...	...	1
Heart Disease	...	...	...	...	2
Neurasthenia	...	...	...	...	2

37

The average number on the roll was 120, and the average attendance was 107.

The School Nurse attends periodically for cleanliness inspection. 117 routine medical inspections were made.

35 children were discharged during the year and the following table gives details respecting them.

All the children in the school were dentally inspected during the year.

Sex	Age on Ad- mis'n	Length of stay	Average weight of normal child at similar age	Weight on ad- mission	Weight on discharge	Gain in weight	Average gain in weight of normal child at that age	Reason for Admission	Reason for Discharge
	years	yrs. mths	lbs.	lbs.	lbs.	lbs.	lbs.		
M	10	3 11	67	53	94	41	23	Tub. Diathesis	Age limit.
M	12	1 8	77	68½	91½	23	12	Tub. Diathesis	do.
M	10	3 11	67	55	100	45	23	Anæmia	do.
M	8	5 7	55	50	95	45	33	Tub. Diathesis	do.
M	7	2 10	50	46½	63	16½	16	Anæmia	Restoration of Health.
M	9	1 5	60	39	60	21	9	Chronic Bronchitis	do.
M	7	4 2	50	44½	64	19½	23	Chronic Debility	do.
M	6	2 10	44	41	56	15	15	Neurasthenia	do.
M	7	3 2	50	50	71	21	19	Chronic Bronchitis	do.
M	9	2 10	60	55½	69	13½	16	Chronic Bronchitis	do.
M	7	3 2	50	36	53½	17½	18	Debility	do.
M	9	3 10	60	46	64	18	21	Tub. Diathesis	do.
M	10	3 8	67	53	75½	22½	21	Anæmia	Age limit.
M	8	5 5	55	43	66	23	32	Tub. Diathesis	do.
M	9	4 2	60	56	84	28	24	Tub. Diathesis	do.
M	8	0 10	55	37	43	6	5	Tub. Diathesis	Transferred to Special School for Mentally Defective Children. Temporarily Discharged.
M	9	2 2	60	57	70	13	12	Chronic Bronchitis	do.
F	9	4 7	55	43	77	34	37	Chronic Bronchitis	Age limit.
F	12	1 6	76	67	87	20	15	Rheumatic Heart	do.
F	8	1 9	52	52½	64½	12	8	Chronic Bronchitis	Restoration of Health.
F	10	1 9	62	57½	75½	18	12	Debility	do.
F	8	4 2	52	50	87	37	26	Tub. Diathesis	do.
F	10	1 10	62	63	83	20	13	Chronic Bronchitis	do.
F	7	2 8	47	38	50	12	12	Chronic Anæmia	do.
F	7	2 8	47	43	60	17	12	Tub. Diathesis	do.
F	9	2 10	55	44	63	19	20	Chronic Anæmia	do.
F	7	2 2	47	43	56	13	9	Tub. Diathesis	do.

DISCHARGES FROM THE OPEN-AIR SCHOOL DURING THE YEAR 1931—*continued.*

Sex	Age on Admis'n	Length of stay	Average weight of normal child at similar age	Weight on admission	Weight on discharge	Gain in weight	Average gain in weight of normal child at that age	Reason for Admission	Reason for Discharge
	years	yrs. mths	lbs.	lbs.	lbs.	lbs.	lbs.		
F	9	1 2	55	61	69	8	7	Tub.	Restoration of Health
F	7	3 2	47	45	64	19	15	Diathesis	do.
F	7	3 10	47	45	71	26	19	Bronchitis	do.
								Tub.	do.
								Diathesis	
F	9	4 10	55	47	76	29	40	Anæmia	Age limit.
F	8	5 2	52	47½	82½	35	37	Debility	do.
								following	
								Bronchial	
								Pneumonia	
F	7	1 1	47	33	39	6	5	Anæmia	Left Town.
F	9	4 11	55	47	78	31	40	Tub.	Age limit.
								Diathesis	
F	9	4 4	55	48	82	34	35	Anæmia	do.

PHYSICAL TRAINING AND PLAYING FIELDS.

There is no Organiser of Physical Training employed.

The Board of Education Syllabus of Physical Training (1919) is used in the schools.

School Sports.—Organised competitions take place each year in respect of football and cricket for the boys and basket-ball for the girls. Galas are held for swimming and certificates awarded to encourage the scholars.

The Education Committee have made provision for Playing Fields within the Borough as follows:—

Elementary Schools.**CHERRY FOLD.**

There is Playing Field accommodation for organised school games, complete with dressing accommodation and Groundsman's house, at Cherry Fold, used by the children from Elementary Schools only. This Playing Field, which is situate on the Corporation bus route, meets the needs of older scholars of a large number of schools in the vicinity. Further, all the competitive games and sports' competitions for boys and girls in the Borough, which are played outside school hours, are held at Cherry Fold. Provision is made for 6 football pitches, 6 cricket pitches, and about 8 net-ball pitches.

WALSHAW.

The Education Committee rent 2 football pitches for the winter season at Walshaw Farm. These meet the needs for boys' organised games in the Burnley Lane schools.

QUEEN'S PARK.

Girls from the Burnley Lane and Fulfilled district schools attend Queen's Park in the summer for net-ball during the organised games hour.

LOCKYER AVENUE.

The Education Committee own a site in Lockyer Avenue, suitable for Playing Fields, but this has only been used experimentally pending a scheme for improvement in lay-out, drainage, etc. A few schools from the West end part of the town have used Lockyer Avenue for football, but only during the very dry period of the winter season.

Secondary Schools.

The Grammar School loan a large field at Walshaw Farm and a Playing Field for football during the winter season. This provides for a large number of pitches which meets the needs of the school for winter games.

TURF MOOR AND ST. ANDREW'S CRICKET FIELDS.

The Grammar School rent the Turf Moor and St. Andrew's Cricket Fields for certain times during the summer season for the playing of cricket.

TOWNELEY.

Arrangements have been made for the temporary release of a portion of the Towneley Fields (which has been allocated to Elementary Schools for the purpose of Playing Fields), for the use of the High School for Girls. About 5 hockey pitches have been laid out.

PROVISION OF MEALS.

The total number of necessitous school children requiring to be fed was 721.

Both breakfasts and dinners are provided. During the year a total of 281,669 meals were supplied (122,531 Breakfasts and 159,138 Dinners). The number of meals supplied in 1930 was 209,508.

The arrangements are in the hands of the Special Services Sub-Committee, and the cases are selected by the application of a scale approved by the Board taking into consideration income and number in family.

Head Teachers and the Assistant School Medical Officer select children for free meals. The dietary has been approved by the School Medical Officer. Free meals are supplied at two Municipal Kitchens maintained by the Local Authority, and at the premises of private catering firms.

THE PROVISION OF MILK DURING SCHOOL HOURS.

Although the amount of malnutrition in school children is not great and is met by the provision of free meals, there are many children who do not appear to have a sufficiency of fresh vitamin containing foods. In the present state of unemployment the efforts of the mother of a family must of necessity be directed more towards supplying a sufficiency of food of the less expensive variety and consequently there is a danger of children getting too much starchy food, e.g., white bread, potatoes, etc., and too little fresh milk, fresh vegetables, fresh fruit and fresh eggs. Fresh milk unfortunately plays too little part in the dietary of the school child. A praiseworthy effort has been made by the head teachers of a number of schools to provide milk for scholars. These teachers have made arrangements to supply milk during the forenoon interval. The children are charged about 3d. per week and are given a cup of milk daily. In 17 schools a dried malted milk is used ; in a few other schools fresh milk. The slight profit that is made enables the teachers to supply milk free to a few necessitous cases. In a number of schools no provision is made for the issue of milk. In my opinion more benefit would accrue if a scheme were in operation for the issue of milk at a small charge in all the schools and not left to the enthusiasm of individual head teachers. The issue of fresh milk is, in my opinion, of infinitely greater value than a dried preparation.

COD LIVER OIL AND MALT.

Necessitous children, recommended by the medical officers, receive cod liver oil and malt free from the school clinic. This is taken to the school and supplied by the teachers to the children according to the instructions of the medical officers.

SCHOOL BATHS.

Wash Baths are not provided at any of the Elementary Schools. They are installed in the two Special Schools for the Mentally Defective, at the Open Air School and in the new Nursery School, which was opened on 26th February, 1932.

The Baths Committee provide facilities by allowing the Elementary School children the use of the Public Swimming Baths. The Education Committee arrange for the attendance of classes of children usually during school hours. 68,932 attendances were made at the three Swimming Baths, compared with 51,677 last year. In addition 16,371 attendances were made by school children on Saturday mornings.

SCHOOL JOURNEYS.

Children in attendance at the Open Air School and the Special Schools for Mentally Defectives, who live at a considerable distance from the schools, are supplied with passes to travel on the Corporation tramcars or omnibuses. Children from the more distant elementary schools are given, when necessary, tickets to enable them to travel on tramcars or omnibuses between the schools and the clinic.

CO-OPERATION OF PARENTS.

As in former years, teachers, on being advised of the date when routine medical inspection is to take place, send written notices to the parents of the entrants, inviting them to be present at the examination. Written notices had not been sent to parents when Intermediates and Leavers were to be examined, but the children were instructed verbally to inform their parents. Consequently a considerable number of parents attended for the "entrant" examinations, but few when older children were being examined. In the latter part of 1931, arrangements were made so that teachers would invite by written notice parents for the examination of children in all the age groups. This should help materially in bringing more parents into personal contact with the examining medical officer and ensure that advice given will be followed out.

1,034 parents or relatives were present when medical examinations took place, as compared with 859 in the previous year.

CO-OPERATION OF TEACHERS.

The head teachers have greatly facilitated the work of routine medical inspection by supplying information concerning infectious diseases and bringing to the notice of the medical officers special cases requiring supervision. Their help in referring cases for treatment to the clinic has obviated much following-up by the school nurses. The wishes of the teachers as regards date and time of medical inspection have been met as far as possible in order to reduce to a minimum interference with school routine.

CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

The school attendance officers have been in close touch with the School Medical Department throughout the year. Lists of cases of infectious disease, contacts of infectious disease and children excluded from school by the medical

staff are sent daily to the Education Office for the information of the attendance officers. The attendance officers refer children absent on account of illness, who for various reasons have not received exclusion certificates from private medical practitioners, to the clinic for examination regarding fitness to return to school.

CO-OPERATION OF VOLUNTARY BODIES.

THE NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN.

This Society, through its local Inspector, continues to be of value to the School Medical Department in assisting in the investigation of difficult cases and warning parents who neglect to provide necessary treatment for their children or keep their children free from vermin. The Society's Inspector has worked in close touch with the school medical staff and numerous consultations have been held. The Inspector has supervised cases referred to him by your staff in which home environment militated against the health and social welfare of the children. In two cases, where children were persistently verminous, the Society was instrumental in obtaining new clothing and bedding. I would like to express the thanks of the members of your staff for the unfailing help which we have received from this Society and their Inspector.

Burnley League of Social Service.	} See under "Convalescent Homes."
Thursby Convalescent Home.	

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Full statistical details regarding blind, deaf, defective and epileptic children will be found in Table 8.c.M., required by the Board of Education, in the Appendix.

Blind and Partially Blind Children.—The Day School for the Blind, Tarleton House, has accommodation for 20 scholars. At the end of 1931, there were 21 children attending, of whom 16 were Burnley children, the remainder being sent by neighbouring authorities.

Of the Burnley children there were

Totally Blind: 2 boy and 5 girls.

Partially Blind: 3 boys and 6 girls.

The staff of the school consists of a headmaster and a female assistant.

Medical and dental inspection of the pupils was carried out during the year.

The after-care of blind children is dealt with by the Special Services Sub-Committee. A scheme for the further instruction of blind young persons over 16 years of age is in operation at Tarleton House, where workshops are maintained. Blind girls are trained in knitting by machinery, etc., and blind youths in basketry, boot repairing, etc.

7 technical pupils were in attendance at the workshop at the end of the year, 3 being Burnley pupils.

Deaf Children.—The Local Authority possesses a Day School for the Deaf. At the end of 1931, 13 children were receiving instruction in this school, of whom 8 were Burnley children, all totally deaf.

The staff of the school consists of a head teacher and one assistant.

Medical and dental inspection of the pupils was carried out during the year.

The after-care of deaf children is undertaken by the Burnley Oral Society, of which the Headmistress of the Deaf School is a member.

Mentally Defective Children.—The method of ascertainment of mentally defective children is as follows. Twice yearly on given dates the head teachers of all the elementary schools report the names of children in their departments whom they consider to be mentally retarded or deficient. A written report on the form recommended by the Board of Education is submitted in respect of each child. The Director of Education and the School Medical Officer examine these children in the schools in the presence of the parents. The School Medical Officer recommends such as are considered to be mentally deficient but not incapable of receiving benefit from instruction in a special school for admission to special schools. Other cases are ascertained by the medical officers in the course of routine and special inspections.

There are two Special Day Schools owned by the Local Authority in the Borough. They are separate buildings within the precincts of ordinary elementary schools at Coal Clough and Heasandford. Each school has accommodation for 65 scholars. The staff at each school consists of a headmistress and three female assistants.

At the end of 1931, the number of children attending the Special Day Schools was 112: 77 boys and 35 girls. The number of these classified as feeble-minded was 58—38 boys and 20 girls. A number of the children in the Special

Schools are, in my opinion, merely dull and backward. As there are no special classes in any of the elementary schools for dull and backward children and as such backward children cannot receive the necessary individual attention in elementary schools, they are most suitably taught in the Special Schools and are found to progress satisfactorily under the individual instruction they receive.

19 children were admitted and 15 were discharged during the year. The reasons for discharge are as follows:—

							Boys.		Girls.
Granted permission to leave as suitable work									
obtained	...	...	...	...	...		3	...	4
Left school at age of 16	...		...	...	...		4	...	1
Left town	...	...	...	...	...		1	...	1
Died	...	...	...	...	...		1	..	—
							—		—
							9	..	6
							—		—

The children in the Special Schools were medically and dentally inspected during the year.

Mentally Defective Children not in Special Schools are supervised by the Central Lancashire Association for Mental Welfare. This Association also conducts an Occupation Centre in Burnley.

The Ladies' After-Care Committee visit the homes of children in the two Special Schools and continue the supervision of these children after they leave the Special Schools. The following is a summary of the after-histories of cases discharged from the Special Schools during the last few years:—

DISCHARGES FROM DAY SPECIAL SCHOOLS FOR MENTAL DEFECTIVES.

	Sex.	Age on Leaving.	Date Left.	Reason for Leaving.	After-History.
1	M	15	11/2/27	—	1931—Joined travelling show. Now unemployed.
2	M	15½	31/3/27	Work in paper mill	1929—Unemployed.
3	M	15½	31/3/27	Left town	Lost sight of.
4	M	15¼	31/7/27	Work obtained	Weaver.
5	M	15¼	31/7/27	Work in heald factory	1930—Unemployed.
6	M	16	31/7/27	Work in cotton mill	1928—Died.
7	M	15¾	30/9/27	Learn to weave	1929—Still working.
8	M	15½	30/9/27	Work in cotton mill	1931—Still working.
9	M	14¼	21/10/27	Work obtained	Not known.
10	M	14¼	21/10/27	Work obtained	Not known.
11	M	15¼	22/12/27	Working in brewery	1931—Working satisfactorily—Brick Works.
12	M	15½	31/3/28	Work as errand boy	Now working in foundry.
13	M	15¾	31/3/28	Work obtained	Working in coal mine.
14	M	15½	30/9/28	Work in cotton mill	Working as tenter.
15	M	14	30/9/28	Work in cotton mill	Working as tenter.
16	M	14½	30/9/28	Work in cotton mill	Weaver—still working.
17	M	14¾	30/11/28	Work in warehouse	Unemployed.
18	M	14¼	21/12/28	Work obtained	1932—Died of meningitis.
19	M	14½	21/12/28	Work in mill	Now working in coal mine.
20	M	15	1/2/29	Work in coal mine	Now coal carting.
21	M	14¾	1/2/29	—	Not known.
22	M	14¼	27/3/29	Apprentice plumber	1931—Apprentice shoemaker.
23	M	14½	28/3/29	—	1930—Admitted to Institution under Order, M.D. Act, 1913, Section 8.
24	M	14½	28/3/29	Work in mill	1931—Has been in 6 situations since leaving school. Now in Public Assistance Institution.
25	M	14¾	28/3/29	Work in coal mine	Has worked in cotton mill. Now unemployed.
26	M	15¼	28/3/29	Work at pit head	1930—Still working.
27	M	16	28/3/29	Over school age	1930—Obtained work at pit head.
28	M	8	3/5/29	Died of Diphtheria	—
29	M	12¾	23/8/29	Transferred to Elementary School	Left town. Lost sight of.
30	M	15	30/9/29	Work in glass works	1931—Unemployed.
31	M	15	30/9/29	Work in coal mine	1931—Working as weaver.
32	M	15½	30/9/29	Delivering milk	1931—Unemployed.
33	M	14	31/3/30	Work obtained	1930—Unemployed.
34	M	14¼	31/3/30	Left town	Lost sight of.
35	M	14¾	31/3/30	Work in glass works	—
36	M	10½	2/5/30	Left town	Lost sight of.
37	M	11½	29/9/30	Accidental death	—
38	M	16	30/9/30	Over school age	Unemployed.

DISCHARGES FROM DAY SPECIAL SCHOOLS FOR MENTAL DEFECTIVES—*Continued.*

	Sex.	Age on Leaving.	Date Left.	Reason for Leaving.	After-History.
39	M	14½	30/9/30	Work obtained	Not known.
40	M	16	30/9/30	Work obtained	Not known.
41	M	14½	9/10/30	Work at pit head	Still working.
42	M	7	10/10/30	Left town	Lost sight of.
43	M	14½	13/3/31	Work in cotton mill	Unemployed. Only worked a few weeks.
44	M	16	31/3/31	Over school age	"Very nervous. No one will employ him."
45	M	14	17/4/31	Work obtained	Not known.
46	M	15	12/6/31	Delivering milk	Now unemployed.
47	M	15½	26/6/31	Work in cotton mill	Still working.
48	M	11½	26/9/31	Left town	Lost sight of.
49	M	16	18/12/31	Over school age	Unable to work owing to Epilepsy.
50	F	16	30/9/28	Work as dressmaker	1931—Died of heart disease.
51	F	15	30/6/29	Laundry work	Fingers injured at work, Nov., 1929.
52	F	15	2/8/29	Domestic servant	Not suitable. Later worked in paper mill satisfactorily. Left town. Lost sight of.
53	F	15½	31/8/29	Orthopædic Hospital treatment	At home. A cripple.
54	F	14½	30/9/29	Work in mill	Weaver.
55	F	7½	11/10/29	Died of Pneumonia	—
56	F	14½	21/12/29	Work in mill	Working regularly.
57	F	14½	21/12/29	Work obtained	Employed in Rope Works.
58	F	16	21/12/29	Over school age	Helping at home.
59	F	14	18/1/30	—	Out of work.
60	F	15	28/2/30	—	Helps at home.
61	F	14½	31/3/30	Housework	Helps parents in egg and yeast business. Speech affected and cripple.
62	F	16	31/3/30	Over school age	Out of work. Needs care in Institution. Has been in Public Assistance Institution.
63	F	14	9/5/30	Work obtained	Working in Spinning Mill.
64	F	14½	30/9/30	—	In Training Home.
65	F	15½	17/10/30	Work in mill	Not working. Health broken down.
66	F	14½	13/3/31	Work obtained	Weaver.
67	F	15½	18/12/31	Work obtained	Learning weaving in mill.
68	F	15½	18/12/31	Work obtained. Spinning Mill	Now out of work.
69	F	16	18/12/31	Over school age	Reported to L.A. for Mental Deficiency. Should be in an Institution.

Physically Defective Children.

PULMONARY TUBERCULOSIS.—Definite and suspected cases of Pulmonary Tuberculosis in school children are referred to the Tuberculosis Officer (who is also an assistant school medical officer) at the Tuberculosis Dispensary. Arrangements for sanatorium or other suitable treatment of definite cases is made through the Tuberculosis Scheme.

NON-PULMONARY TUBERCULOSIS.—Definite and suspected cases are referred to the Tuberculosis Officer, who arranges for institutional treatment for suitable cases. Cases of crippling due to tuberculosis are referred to the Orthopædic Clinic. Facilities are available, through the Tuberculosis Scheme, for the treatment by a radiologist of tuberculous lesions of the skin and glands by means of X-Ray and actino-therapy. 21 school children (7 cases of lupus and 14 cases of tuberculous glands) received treatment by the radiologist.

Delicate Children.—390 were classified as “delicate,” of whom 114 were in attendance at the Open Air School, 2 were at no school or institution, and the remainder attended elementary schools.

During the summer months of 1931, the Public Health Committee utilized the Burnley Joint Hospital Board's Smallpox Hospital at Crown Point for the treatment of cases of “closed” and suspected pulmonary tuberculosis and non-pulmonary tuberculosis in school children. The hospital was open for this purpose from 4th May to 1st November. The hospital was staffed and victualled by the Joint Hospital Board, and arrangements were such that the hospital could be vacated at very short notice, should smallpox occur in the town. 42 cases were received into the hospital, as follows:—

		Non-							
		Pulmonary.	Pulmonary.	Observation.		Total.			
Males	... ..	—	...	8	...	14	...	22	
Females	... ..	2	...	5	...	13	...	20	

SPECIAL ENQUIRIES.

Dr. E. Catlow, one of the Assistant Medical Officers, has made special enquiries during the latter half of the year into the incidence of rheumatism and stammering amongst school children. Her reports are submitted in the following pages.

Enquiry into Rheumatism in School Children.

JUNE, 1931, TO FEBRUARY, 1932.

(by DR. ELSIE CATLOW).

The object of this enquiry was to discover, and study, all cases or suspected cases of Rheumatism, or its sequelæ, as met during the course of ordinary School Medical Inspection or in consultation at the School Clinic.

In many cases parents and teachers showed a keen interest in the children, and were willing and anxious to act upon any help or advice given.

A register was kept. ONE HUNDRED and TWELVE CHILDREN had records of present or past rheumatic infection. I have scrutinised each record personally, and compiled a partial analysis, which will be found below. The list, so far, probably represents less than one half the cases occurring in the school population, yet the facts revealed form yet further valuable confirmation of the urgent need to regard even the slightest manifestations of rheumatism as of very serious import in their bearing on the future health and welfare of the individual child.

Of the 112 cases 62·5% were girls and 37·5% boys. Amongst 5,161 children examined, boys and girls were almost equal in number. An analysis of the number is given below. Hence the above preponderance of cases amongst girls is remarkable, but it is interesting to note that it is not shown in the attack rate of rheumatic fever. The investigation would need to be carried on over a number of years to confirm this apparent susceptibility of girls. One hopes to continue the work in 1932.

The scrutiny reveals a Rheumatism incidence of 2·15%. This includes many mild cases as shown in the tables, but in view of the possible crippling sequelæ in even very slight cases, one cannot afford to neglect these so-called mild cases.

I have divided the cases roughly into four groups:—

- I. Cases with a definite history of RHEUMATIC FEVER.
- II. Cases with a history of CHOREA (St. Vitus's Dance).

III. Cases of MUSCULAR and ARTICULAR RHEUMATISM with NO rheumatic fever.

IV. Cases in which the only indication of rheumatism given by the patient was "GROWING PAINS."

I. Cases with Definite History of Rheumatic Fever.

Number	Severe Heart Affections	Mild Heart Affections	Much Enlarged Tonsils	Enlarged Tonsils	Had Operation for Adenoids and Tonsils	Nervous Manifestations
Girls 12	5	1	1	5	0	0
Boys 12	3	2	0	2	1	2
Total 24 (21.4%) ...	8	3	1	7	1	2
Percentage	33.3%	12.5%	4.1%	29.1 %	4.1%	8.2%

II. Cases with a Definite History of Chorea (St. Vitus Dance).

Number	Severe Heart Affections	Mild Heart Affections	Much Enlarged Tonsils	Enlarged Tonsils	Had Operation for Adenoids and Tonsils	Nervous Manifestations
Girls 19	2	3	1	2	2	4
Boys 5	0	2	0	1	0	3
Total 24 (21.4%) ...	2	5	1	3	2	7
Percentage	8.2%	28.3%	4.1%	12.5%	8.2%	29.1%

III. Cases with a History of Muscular or Articular Rheumatism.

Number	Severe Heart Affections	Mild Heart Affections	Much Enlarged Tonsils	Enlarged Tonsils	Had Operation for Adenoids and Tonsils	Nervous Manifestations
Girls 25	3	4	1	4	2	11
Boys 15	1	4	0	3	2	1
Total 40 (35.7%) ...	4	8	1	7	4	12
Percentage	10%	20%	2.5%	17.5%	10%	30%

IV. Cases with History of Growing Pains.

Number	Severe Heart Affections	Mild Heart Affections	Much Enlarged Tonsils	Enlarged Tonsils	Had Operation for Adenoids and Tonsils	Nervous Manifestations
Girls 14	3	4	1	4	1	3
Boys 10	0	7	0	3	2	1
Total 24 (21.4%) ...	3	11	1	7	3	4
Percentage	12.5%	45.8%	4.1%	29.1%	12.5%	16.6%

V. Total Cases—112.

Number	Severe Heart Affections	Mild Heart Affections	Much Enlarged Tonsils	Enlarged Tonsils	Had Operation for Adenoids and Tonsils	Nervous Manifestations
Average Percentage	16%	26.66%	3.7%	22.1%	8.7%	20.9%

Number of Children Examined at Routine Medical Inspection.

June, 1931 to 13th February, 1932.

Number Examined.	Boys ...	1,262
	Girls ...	1,281
		<u>2,543</u>

Number of Children Examined at Routine Follow-up Inspection.

Number Examined.	Boys ...	712
	Girls ...	771
		<u>1,483</u>

Number of Children Examined at Follow-up Inspections. (Re-Examinations).

Number Examined.	Boys ...	418
	Girls ...	433
		<u>951</u>

Number of Children Examined at Special Inspections.

Children presented by Teachers.

Number Examined.	Boys ...	92
	Girls ...	92
		<u>184</u>

Details of age of onset of symptoms were obtained as far as possible. These are shown below, with the first condition manifested.

Onset.—FIRST CONDITION OF RHEUMATISM, 1ST ATTACK.

Age	1st Attack—Rheumatism		1st Attack—Chorea		Total
	Girls	Boys	Girls	Boys	
2	1	0	0	0	1
3	2	1	0	0	3
4	2	2	0	0	4
5	5	3	0	1	9
6	4	2	2	2	10
7	8	4	2	0	14
8	9	7	2	1	19
9	4	6	4	0	14
10	6	6	1	0	13
11	4	2	3	0	9
12	5	5	3	0	13
13	3	0	0	0	3

The most dangerous ages appear to be between five and ten years, when the onset most frequently occurs.

VII. Distribution of Cases of Rheumatism in various Schools.

SCHOOL	GIRLS	BOYS	TOTALS
Abel Street—Mixed, Infants	5	0	5
Back Lane—Mixed, Infants	1	2	3
Burnley Wood—Mixed, Infants	6	4	10
Coal Clough—Mixed, Infants, Girls	8	4	12
Fulledge—Infants	0	1	1
Habergham—Mixed, Infants	0	0	0
Hargher Clough—Mixed, Infants	5	3	8
Healey Wood—Mixed, Infants	5	2	7
Lane Head—Mixed, Infants	2	1	3
Heasandford—Mixed, Infants	1	2	3
Lionel Street—Mixed, Infants	5	2	7
Pickup Croft—Infants	1	0	1
Red Lion Street—Mixed, Infants	1	0	1
Rosegrove—Mixed, Infants	2	4	6
St. Andrew's—Mixed, Infants	1	1	2
St. Augustine's—Mixed, Infants	1	1	2
St. John's—Mixed, Infants	1	1	2
St. Mary's—Boys, Girls, Infants	8	3	11
St. Mary Magdalene's—Mixed, Infants	2	2	4
St. Peter's—Mixed, Infants	1	2	3
St. Stephen's—Mixed, Infants	0	0	0
Stoneyholme—Mixed, Infants	1	2	3
Todmorden Road—Junior and Central —	5	3	8
Sandygate—Boys	0	1	1
Holy Trinity—Girls and Infants	5	0	5
Wood Top—Mixed, Infants	2	1	3
High School—Secondary	1	0	1
TOTAL	70	42	112
PERCENTAGE	62·5	37·5	

Practically every school in the town is affected. One noted, also, that very few of the rheumatic children were neglected, dirty or ill-clad or members of large families, so that this infection does not necessarily imply overcrowding or neglect.

The most significant fact brought out by these tables is that in those children complaining of "growing pains" alone—regarded by many parents as almost a natural phenomenon—more than half suffered from some detectable heart abnormality. All forms were included—alteration in sounds, rhythm or when such symptoms as heart pain or breathlessness on exertion occurred.

Severe heart affections imply definite valvular disease requiring medical treatment and restricted school activities. Mild heart affections indicate conditions requiring general care, frequent supervision by school medical officers, but no restriction of normal activities. The severer forms are most frequent after rheumatic fever.

Thus, a proportion of the children showed that the rheumatic poison was beginning to affect the heart although, as judged by the ordinary citizen, i.e., by "growing pains," the actual rheumatism was scarcely discernible. The cases of chorea appeared, relatively, to show less cardiac involvement.

The outstanding fact, which must be brought home to parents of all classes, is that pains in the limbs—especially if recurrent—are of the utmost significance, and should be regarded as danger signs requiring urgent attention. "Growing pains" are NOT normal, NOT unavoidable, and if they occur, medical advice is essential as to present treatment and future care.

I would commend the following precautions to all—parents or teachers—concerned in the care of rheumatic children.

- (1) Ample rest.
- (2) Woollen clothing, especially stockings.
- (3) Long stockings.
- (4) Good water-tight foot gear—a sound investment.
- (5) Avoidance of damp.
- (6) Provision of extra stockings and slippers in wet weather.
- (7) Drying of damp clothing.
- (8) Dry and heated cloakrooms.
- (9) Treatment of catarrh—nasal and throat.
- (10) Dry housing.
- (11) Forbearance when nervous symptoms are manifest.
- (12) Early medical treatment.

Enquiry into Stammerers in Burnley Schools.

JUNE, 1931—DECEMBER, 1931.

(by DR. ELSIE CATLOW).

At Routine School Medical Inspection, and all special visits to schools, definite enquiries have been made with a view to determining the number of stammerers in elementary schools. Each child was seen and carefully tested. In no case was a definite defect of the soft or hard palate or mouth found.

The cases were divided into two classes:—

- (1) SLIGHT—where the disability was present intermittently and the child could converse fairly readily when the first strangeness was overcome, i.e., some control and mastery was attained by the child.
- (2) SEVERE—where conversation was distressingly difficult and much tact and patience was required to enable the child to speak at all.

DEGREE	BOYS	GIRLS	TOTAL
Slight	30	10	40
Severe	11	4	15
PERCENTAGE ...	74·5	25·5	Total 55

CONDITIONS FOUND ASSOCIATED WITH STAMMERING.

(1) Extremely nervous or excitable	...	...	6	} Total 10
(2) Enlarged tonsils and adenoids	...	...	8	
(3) Had operation for tonsils and adenoids	...	...	2	
(4) Defective vision	...	...	...	6
(5) Squint ... ..	...	...	...	1
(6) Enuresis (bed wetting)	...	...	...	1
(7) Spinal curvature	...	...	...	1
(8) Left handedness	...	...	...	1
(9) Enlarged thyroid	...	...	...	1
(10) Mental Deficiency	...	...	...	2

No cases of brothers or sisters were noted. The preponderance of boys is remarkable.

Very few cases have been missed, as I found the Head Teachers very willing to assist in the enquiry. Hence 55 children in a school population—in June, 1931—of 12,306, appear to be very few. Stammering, however, is such a great handicap to a child's educational progress and mental and social development that the matter calls for urgent attention.

Enquiries were made as to what—if anything—was actually being done for these children. The teachers were mostly very sympathetic, but no systematic training was given. One Head Teacher was particularly interested and supervised the children personally. He encouraged intoning, speaking in monotones, breath control and aimed at speech production with minimum muscular effort. Even in this case the training was spasmodic, being given just as the opportunity offered.

The following recommendations were given to the teachers and children:—

- (1) Regular breathing exercises.
- (2) Correction of defects, e.g: squint, enlarged tonsils.
- (3) Reading aloud in short phrases.
- (4) Practise of vowel sounds gradually introducing consonants. (The latter cause more difficulty).
- (5) Intoning.
- (6) Monitorial duties to encourage self-confidence and a sense of responsibility.
- (7) Encouragement to participate in games and social activities.

All this is really inadequate and one would earnestly welcome some scheme whereby a teacher specially trained to deal with speech defects might help these children. She would thus fit them to deal infinitely better with the difficulties in school life, but most of all, allow them to take their true place in the world. These children are often superior in intelligence and any systematic training would be amply repaid by results.

SECONDARY SCHOOLS.

There are two Secondary Schools in the Borough, the Grammar School for Boys, and the High School for Girls. Both are provided by the Authority. In the case of the Grammar School, there is a small endowment. The average attendance in Secondary Schools during 1931 was Boys, 400 ; Girls, 349.

Todmorden Road Central School (provided) takes pupils up to 15 years of age. The parents of children in this school must give an undertaking to leave their children in the school for three years or until they reach 15 years of age, whichever is the later. For school medical inspection purposes, the Central School is considered as an elementary school, and the statistics of medical and dental inspection and treatment are included in those for Elementary Schools.

MEDICAL INSPECTION OF SECONDARY SCHOOL PUPILS.

In previous years all the children in the Grammar School and High School were given a full medical inspection annually. In 1931, however, the following procedure was carried out.

FULL MEDICAL INSPECTION.

- (1) All the new admissions who had not been examined during the year at an elementary school.
- (2) All new admissions from other towns.
- (3) All pupils aged 15 years.
- (4) Any other older pupils who missed the 15 year old inspection in previous years.

GENERAL SURVEY.—All the remaining pupils in the school.

ROUTINE MEDICAL INSPECTION. NUMBERS INSPECTED.

Ages	9	10	11	12	13	14	15	16	17	18	19	Total
Boys ...	—	6	66	80	58	56	67	45	20	8	—	406
Girls ...	—	10	75	66	55	54	58	42	20	3	—	383
Totals ...	—	16	141	146	113	110	125	87	40	11	—	789

			Full Routine Inspection.		General Survey.		Special Inspections
Boys	...	...	232	...	174	...	2
Girls	...	...	170	...	213	...	10

Following-up.—Written notices are sent to parents through the Principal of the school when defects requiring treatment are found. The school nurses do not follow-up defects in Secondary School pupils by visits to the homes as in the case of Elementary School children. The Principals of the Secondary Schools assist by following-up defects and reporting cases, when necessary, to the School Medical Officer.

FINDINGS OF MEDICAL INSPECTION.

Tables giving the numbers inspected, defects found and treatment given, as required by the Board of Education, are appended to this report.

Uncleanliness.—The standard of cleanliness in the Secondary Schools continues to be high, only 6 cases in which the head was unclean being found.

Minor Ailments.—Of the 20 cases of skin disease discovered, none were found to be contagious. Only 3 pupils had external eye diseases.

Tonsils and Adenoids.—82 (or 10%) of the pupils had enlarged tonsils. 31 required treatment and the remainder were noted for observation. 2 had enlarged tonsils and adenoids. 14 other pupils had unhealthy conditions of the nose and throat.

Dental Disease.—In the course of routine medical inspection, the Medical Officers found 246 children (31% of the whole) who required dental treatment. Routine inspection by the Authority's dentist is not undertaken.

Visual Defects.—243 (30%) of the pupils had defective vision. In 99 the defect was so pronounced as to require treatment. 2 cases of squint were noted. 154 pupils were wearing suitable glasses.

Diseases of Circulation.—Of 45 cases of disordered function of the heart only 3 were organically diseased. 41 pupils were anæmic.

Respiratory Diseases.—Of 20 cases, none was found to be definitely tuberculous.

Crippling and Deformities.—Of 76 cases recorded, 13 were due to rickets. The remainder were mainly postural defects, such as spinal curvature and round shoulders, which could be remedied to a great extent by remedial exercises.

Height and Weight.—Records of the Height and Weight of the pupils were made, and the following shews the averages for each age group.

Average Height and Weight of Pupils at the High School for Girls.

	1931 Number Inspected.	Average Height.		Average Weight.	
		1931 inches.	1930 inches.	1931 lbs.	1930 lbs.
Age 10 years	10	54.4	—	76.5	—
Age 11 years	75	56.1	56.2	77.6	75.0
Age 12 years	66	58.1	58.3	83.6	87.2
Age 13 years	55	60.9	61.5	98.6	98.3
Age 14 years	54	62.0	62.2	105.7	110.6
Age 15 years	58	62.8	63.3	116.3	113.5
Age 16 years	42	63.7	63.3	115.9	114.9
Age 17 years	20	63.1	64.5	129.6	115.4
Age 18 years	3	64.3	—	117.5	—

Average Height and Weight of Pupils at the Grammar School for Boys.

Age 10 years	6	54.3	—	72.5	—
Age 11 years	66	55.4	56.0	74.0	76.2
Age 12 years	80	56.8	57.5	78.0	79.7
Age 13 years	58	58.8	59.5	85.1	90.3
Age 14 years	56	61.3	61.5	93.0	99.1
Age 15 years	67	63.6	64.0	105.6	112.5
Age 16 years	45	66.3	65.4	122.2	120.0
Age 17 years	20	67.9	—	130.0	—
Age 18 years	8	68.0	—	141.9	—

Infectious Disease.—During the year no action was necessary beyond the exclusion of a few pupils and 3 contacts.

Medical Treatment.

All the treatment clinics (minor ailments, dental, orthopædic and ophthalmic) are at the disposal of Secondary School pupils, whether paying or free place pupils. The arrangements for recovering the cost of treatment are the same as for children attending Elementary Schools.

208 or 26.4% of the pupils had defects (apart from uncleanness and defective teeth) which required treatment. The majority of the defects were treated privately, but more use was made of the facilities for treatment at the

School Clinic than in the previous year. 28 pupils received treatment through the Authority's scheme for defective vision, 20 for dental defects, one each for crippling and throat defects and 34 attended for glasses inspection. 10 attended the clinic for special examination.

MISCELLANEOUS.

Medical Examination of Prospective Teachers.—The names of 24 Secondary School pupils, who were recommended for appointment as Student Teachers, were referred to the School Medical Officer to ascertain if they were physically fit. Four were found to have defective vision and were examined by the Ophthalmic Surgeon.

Municipal College and School of Art, and Evening Continuation Classes.—No medical inspection or treatment of pupils attending these classes is undertaken by the Education Authority.

Licensing of Children for Entertainments.—2 children were granted medical certificates permitting them to take part in an entertainment at a local theatre.

Employment of Children and Young Persons.—No requests for medical certificates, under the Bye-laws for Regulating the Employment of Children and Young Persons, were received by the School Medical Officer.

Deaths of School Children.—31 children between 5 and 15 years of age died during the year. Of these 1 died of Diphtheria, 1 of Poliomyelitis, 6 of Non-Pulmonary Tuberculosis, 1 of Heart Disease, 1 of Encephalitis, 6 of Respiratory Diseases, 3 of Meningitis, 4 of Appendicitis, and 3 were Accidental Deaths.

Nursery School and Classes.—A Nursery School was in course of construction during the year and was formally opened on 28th February, 1932. The school has been built on the grounds of the former Holy Trinity Vicarage in Accrington Road. It has accommodation for 160 young children. There are 4 play rooms, each having two sides almost completely of glass, which opens directly on to a covered verandah. The central portion contains kitchen, stores, scullery, teachers' and doctors' rooms. The lavatories are furnished with baths. Panel ceiling heating is installed and cooking is by electricity.

Several infant schools have children aged 3 and 4 years in attendance. During 1931, 25 boys and 15 girls aged 3 years and 178 boys and 145 girls aged 4 years were medically inspected.

The programme of educational development allows for the establishment in the near future of nursery class rooms in Abel Street and Rosegrove Infants' Schools. The accommodation in each class will be probably for about 30 infants.

Arrangements have been made for the Assistant School Medical Officer to visit the Nursery School fortnightly, for a Health Visitor to attend three days per week, and for the children to be weighed and measured monthly. A suitable dietary for the children has been drawn up by the School Medical Officer.

Health Propaganda in Schools.—In September the travelling exhibition of the Dental Board of the United Kingdom was utilised to educate school children in oral hygiene. The demonstrator spent several days going round schools with the exhibits and addressing children. Arrangements were made for a similar demonstration in March, 1932, and for health talks and the display of health films to school children during Health Week in 1932.

Charges for Treatment.—The Board of Education require the Local Authority to make a charge for medical treatment where the income of the parents will allow of such charge. The following charges were decided upon:—

- (a) For each attendance at the Clinic for treatment of minor ailments, 1d.
- (b) For each attendance for Dental Treatment, 6d.

During the year the amount collected was £21 18s. 10d.: £20 8s. 0d. for Dental Treatment and £1 10s. 10d. for minor ailments. The total amount collected in 1930 was £23 14s. 2d.

RECOVERY OF THE COST OF MEDICAL TREATMENT.

Scales of Necessity.

Adults over 16 years.	Meals.		Clogs.		Spectacles.	
	s.	d.	s.	d.	s.	d.
1	6	6	6	6	8	1½
2	6	0 each	6	0 each	7	6 each
3	5	8 „	5	8 „	7	1 „
4	5	4 „	5	4 „	6	8 „
5	5	0 „	5	0 „	6	3 „
6	4	6 „	4	6 „	5	7½ „

Children under 16 years of age.	Meals.				Clogs.				Spectacles.			
	s.	d.			s.	d.			s.	d.		
1	5	6	...	...	5	6	...	...	6	10½		
2	5	0	each	...	5	0	each	...	6	3	each	
3	4	8	„	...	4	8	„	...	5	10	„	
4	4	4	„	...	4	4	„	...	5	5	„	
5	4	0	„	...	4	0	„	...	5	0	„	
6	3	6	„	...	3	6	„	...	4	4½	„	

Plus an addition for each family of 2/- for one child, 3/- for two children, 4/- for three children, and 5/- for four children.

Scales to be applied after rent has been deducted.

In special cases where the family income is within the scale of necessity the Education Committee will provide glasses free.

In exceptional cases requiring special treatment, parents must make their own terms with the doctor.

Medical and Dental Treatment.

	s.	d.
One adult and one child	25	0
„ two children	30	0
„ three children	35	0
„ four children	40	0
„ five children	45	0
„ six children	50	0
Two adults and one child	35	0
„ two children	40	0
„ three children	45	0
„ four children	50	0
„ five children	55	0
„ six children	60	0
Three adults and one child	45	0
„ two children	50	0
„ three children	55	0
„ four children	60	0
„ five children	65	0
„ six children	70	0

If more than three adults, family not considered necessitous unless members be unemployed. Each case specially considered.

Scale to be applied after rent has been deducted.

Orthopædic Treatment.

Income per head per week after deduction of rent.						Weekly Payments by parents towards cost.
Under	8/-	...	...	...	...	Nil.
	8/-	...	...	...	...	2/8 per week
	9/-	...	...	...	...	3/6 "
	10/-	...	...	...	...	5/- "
	11/-	...	...	...	...	5/6 "
	12/-	...	...	...	...	6/- "
	13/-	...	...	...	...	6/6 "
	14/-	...	...	...	...	7/- "
	15/-	...	...	...	...	7/6 "
	16/-	...	...	...	...	8/- "
	17/-	...	...	...	...	8/6 "
	18/-	...	...	...	...	9/- "
	19/-	...	...	...	...	9/6 "
	20/-	...	...	...	...	10/- "
	22/-	...	...	...	...	11/- "
	24/-	...	...	...	...	12/- "
	26/-	...	...	...	...	13/- "
	28/-	...	...	...	...	14/- "
	30/-	...	...	...	...	15/- "
	35/-	...	...	...	...	17/6 "
	40/-	...	...	...	...	20/- "

Operative Treatment of Tonsils and Adenoids.

Under	8/-	...	...	...	...	Nil.
	8/-	...	...	...	...	1/-
	9/-	...	...	...	...	2/-
	10/-	...	...	...	...	3/-
	11/-	...	...	...	...	4/-
	12/-	...	...	...	...	5/-
	13/-	...	...	...	...	6/-
	14/-	...	...	...	...	7/-
	15/-	...	...	...	...	8/-
	16/-	...	...	...	...	9/-
	17/-	...	...	...	...	10/-
	18/-	...	...	...	...	12/-
	19/-	...	...	...	...	14/-
	20/-	...	...	...	...	16/-

Operative Treatment of Tonsils and Adenoids—Continued.

Income per head per week after deduction of rent.	Total Payment by parents towards cost.
22/-	18/-
24/-	20/-
26/-	22/-
28/-	24/-
30/-	26/-
35/-	28/-
40/-	30/-

COST OF SCHOOL MEDICAL SERVICE

For the Year ended March 31st, 1931.

EXPENDITURE.	£	s.	d.
Salaries	3018	0	0
Payment to Hospitals, etc.	34	8	5
Printing, Stationery, etc.	177	18	9
Drugs, Materials, and Apparatus	740	6	6
Upkeep of Premises	65	17	8
Rent, Rates, etc.	180	0	0
Fuel, Light and Cleaning	160	15	6
Conveyance of Children	103	16	10
To Lancashire County Council for Treatment of Children at the Biddulph Orthopædic Hospital	640	1	3
	5121	4	11
RECEIPTS.			
From Parents towards Cost of Treatment at Biddulph Hospital	74	0	3
From Parents for Treatment at School Clinic, etc.	35	0	4
Sale of Nit Combs	3	10	0
	112	10	7
Net Expenditure	5008	14	4

The rateable value of the Borough in 1930-31 was £557,977 (the product of a rate of 1d. in the £ being £2,169). The net cost of medical inspection and treatment in both elementary and secondary schools for the twelve months ended March 31st, 1931, was £5,008 14s. 4d., compared with £4,187 16s. 3d. in the year 1930. The Government grant was half the net expenditure, hence the net cost to the rates was £2,504 7s. 2d.

The cost of the School Medical Service for 1931 per child on the school rolls was 7/7.26 gross and 3/8.63 net, and the cost as a decimal part of a penny rate was 2.30 gross and 1.15 net.

BOARD OF EDUCATION.

MEDICAL INSPECTION RETURNS, YEAR ENDED 31st DECEMBER, 1931.

Elementary Schools.

Table I.—Return of Medical Inspections.

(a) ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections:—

Entrants	...	...	...	...	...	1,487
Intermediates	1,459
Leavers	900
Total						3,846

Number of other Routine Inspections	...	88
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(b) OTHER INSPECTIONS.

Number of Special Inspections	3,348
Number of Re-Inspections	5,195
Total			8,543

Table II. (A)—Return of Defects found by Medical Inspection in 1931.

DEFECT OR DISEASE	ROUTINE INSPECTIONS		SPECIAL INSPECTIONS	
	No. of Defects		No. of Defects	
	Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment	Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment
Malnutrition	18	3	2	—
Uncleanliness: Head	317	—	135	—
Body	88	12	45	—
Skin—Ringworm: Scalp	1	—	29	—
Body	3	—	50	—
Scabies	3	—	9	—
Impetigo	28	—	261	—
Other Diseases (Non-Tuberculous) ...	121	14	120	—
Eye: Blepharitis	30	6	81	1
Conjunctivitis	11	3	72	—
Keratitis	—	—	11	—
Corneal Ulcers	—	—	11	—
Corneal Opacities	3	1	—	—
Defective Vision (excluding Squint) ...	347	287	257	25
Squint	69	8	42	6
Other Conditions	25	13	74	3
Ear: Defective Hearing	22	21	15	13
Otitis Media	—	—	—	—
Other Ear Diseases	47	30	161	—
Nose and Throat: Enlarged Tonsils only ...	150	553	120	84
Adenoids only	22	13	22	15
Enl. Tonsils and Adenoids ...	44	16	28	4
Other Conditions	118	91	142	5
Enlarged Cervical Glands (Non-Tuberculous) ...	50	522	177	25
Defective Speech	35	14	11	26
Teeth—Dental Diseases	2132	—	196	—
Heart and Circulation:				
Heart Disease: Organic	21	5	45	—
Functional	13	171	64	5
Anaemia	45	54	136	1
Lungs: Bronchitis	10	1	46	—
Other Non-Tuberculous Diseases	87	97	133	—
Tuberculosis:				
Pulmonary: Definite	—	—	—	—
Suspected	4	—	6	—
Non-Pulmonary: Glands	6	—	1	—
Spine	—	—	—	—
Hip	1	—	1	—
Other Bones and Joints ...	3	—	—	—
Skin	3	—	—	—
Other Forms	—	—	—	—
Nervous System: Epilepsy	2	3	5	—
Chorea	2	—	8	—
Other Conditions	17	26	20	2
Deformities: Rickets	30	176	8	1
Spinal Curvature	8	3	4	5
Other Forms	123	107	26	10
Other Defects and Diseases	456	199	1497	30
Totals	4515	2449	4071	261

(B)—Number of Individual Children found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP	NUMBER OF CHILDREN		Percentage of Children found to require Treatment
	Inspected	Found to require Treatment	
CODE GROUPS:			
Entrants	1487	497	33.4
Intermediates	1459	547	37.5
Leavers	900	320	35.6
Total (Code Groups)	3846	1364	35.0
Other Routine Inspections	88	39	44.3

Table III.—Return of all Exceptional Children in the Area.

	Boys	Girls	Total
BLIND (including partially blind).			
(i) Suitable for training in a school for the totally blind—			
At Certified Schools for the Blind	1	3	4
At Public Elementary Schools	—	—	—
At other Institutions	—	—	—
At no School or Institution	—	—	—
(ii) Suitable for training in a school for the partially blind—			
At Certified Schools for the Blind or Partially Blind ...	7	8	15
At Public Elementary Schools	—	—	—
At other Institutions	—	—	—
At no School or Institution	—	—	—
DEAF (including deaf and dumb and partially deaf)—			
(i) Suitable for training in a school for the totally deaf or deaf and dumb—			
At Certified Schools for the Deaf	6	1	7
At Public Elementary Schools	—	—	—
At other Institutions	—	—	—
At no School or Institution	—	—	—
(ii) Suitable for training in a school for the partially deaf—			
At Certified Schools for the Deaf or Partially Deaf ...	—	—	—
At Public Elementary Schools	—	—	—
At other Institutions	—	—	—
At no School or Institution	—	—	—
MENTALLY DEFECTIVE.			
Feeble-minded—			
At Certified Schools for Mentally Defective Children ...	38	20	58
At Public Elementary Schools	—	—	—
At other Institutions	1	3	4
At no School or Institution	5	3	8
Notified to the Local Mental Deficiency Authority during the year ...	—	—	—
EPILEPTICS.			
Suffering from severe epilepsy—			
At Certified Schools for Epileptics	1	—	1
At Certified Residential Open Air Schools	—	—	—
At Certified Day Open Air Schools	—	—	—
At Public Elementary Schools	1	—	1
At other Institutions	3	2	5
At no School or Institution	3	—	3
Suffering from epilepsy which is not severe—			
At Public Elementary Schools	3	2	5
At no School or Institution	—	—	—

Table III.—Return of all Exceptional Children in the Area.—continued.

	Boys	Girls	Total
PHYSICALLY DEFECTIVE.			
Active pulmonary tuberculosis (including pleura and intrathoracic glands—			
At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
At Certified Residential Open Air Schools	—	—	—
At Certified Day Open Air Schools	—	—	—
At Public Elementary Schools	—	—	—
At other Institutions	—	—	—
At no School or Institution	—	1	1
Quiescent or arrested pulmonary tuberculosis (including pleura and intrathoracic glands—			
At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board—	—	—	—
At Certified Residential Open Air Schools	—	—	—
At Certified Day Open Air Schools	—	—	—
At Public Elementary Schools	3	4	7
At other Institutions	—	—	—
At no School or Institution	—	—	—
Tuberculosis of the peripheral glands—			
At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
At Certified Residential Open Air Schools	—	—	—
At Certified Day Open Air Schools	—	—	—
At Public Elementary Schools	11	10	21
At other Institutions	—	—	—
At no School or Institution	2	1	3
Abdominal tuberculosis—			
At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
At Certified Residential Open Air Schools	—	—	—
At Certified Day Open Air Schools	1	—	1
At Public Elementary Schools	1	3	4
At other Institutions	—	—	—
At no School or Institution	1	—	1
Tuberculosis of bones and joints (not including deformities due to old tuberculosis—			
At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	3	—	3
At Public Elementary Schools	4	3	7
At other Institutions	—	—	—
At no School or Institution	—	—	—
Tuberculosis of other organs (skin, etc.)—			
At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	—	—
At Public Elementary Schools	4	1	5
At other Institutions	—	—	—
At no School or Institution	—	1	1

Table III.—Return of all Exceptional Children in the Area.—continued.

	Boys	Girls	Total
Delicate Children, i.e., all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School—			
At Certified Residential Cripple Schools	—	—	—
At Certified Day Cripple Schools	—	—	—
At Certified Residential Open Air Schools	—	—	—
At Certified Day Open Air Schools	55	59	114
At Public Elementary Schools	139	135	274
At other Institutions	—	—	—
At no School or Institution	1	1	2
Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life—			
At Certified Hospital Schools	3	3	6
At Certified Residential Cripple Schools	—	—	—
At Certified Day Cripple Schools	—	—	—
At Certified Residential Open Air Schools	—	—	—
At Certified Day Open Air Schools	1	—	1
At Public Elementary Schools	22	34	56*
At other Institutions	—	—	—
At no School or Institution	—	—	—
Children with heart disease, i.e., children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school—			
At Certified Hospital Schools	—	—	—
At Certified Residential Cripple Schools	—	—	—
At Certified Day Cripple Schools	—	—	—
At Certified Residential Open Air Schools	—	—	—
At Certified Day Open Air Schools	2	2	4
At Public Elementary Schools	19	22	41
At other Institutions	—	—	—
At no School or Institution	—	2	2

* Should be receiving Special School Education—Boys 15, Girls 24 — 39.

Exceptional Children in the Area Suffering from Multiple Defects.

Attending certified school for Mental Defective Children.

	Boys	Girls	Total
Feeble-minded and severe Epilepsy	1	1	2
Feeble-minded with Epilepsy (not severe)	1	1	2
Feeble-minded with Crippling	2	3	5

Attending certified school for the Deaf.

Totally Deaf and Dumb with Crippling	1	—	1
---	---	---	---

At no school or institution.

Feeble-minded with Crippling	1	—	1
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TABLE IV.—Return of Defects treated during the Year ended
31st December, 1931.

ELEMENTARY SCHOOLS.—TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS, FOR WHICH SEE GROUP V.)

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin :			
Ringworm—Scalp	41	9	50
Body	46	5	51
Scabies	2	9	11
Impetigo	279	35	314
Other Skin Diseases	91	187	278
Minor Eye Defects (external and other, but excluding cases falling in Group II.) ...	211	137	348
Minor Ear Defects	165	75	240
Miscellaneous (e.g., Minor injuries, bruises, sores, chilblains, etc.)	921	410	1331
Total	1756	867	2623

TABLE IV.—contd.

GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS
TREATED AS MINOR AILMENTS—GROUP I.)

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital apart from the Authority's Scheme.	Otherwise	Total.
Errors of refraction (including Squint) ..	706	19	21	746
Other Defect or Disease of the eyes (ex- cluding those recorded in Group I.) ...	—	—	—	—
Total	706	19	21	746

Total number of children for whom spectacles were prescribed—

(a) Under the Authority's Scheme 616

(b) Otherwise 40

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme 632

(b) Otherwise 38

In addition 444 children attended the Ophthalmic Clinic re the suitability of the glasses they obtained previously. 188 of these were given re-prescriptions.

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.

Received Operative Treatment.			Received other forms of treatment.	Total number treated.
Under the Authority's Scheme in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
47	179	226	481	707

GROUP IV.—DENTAL DEFECTS.

(1) Number of children who were—

(a) Inspected by the Dentist:

Routine Age Groups	{	Aged 5	...	—	}	Total ...	7,879
		" 6	...	976			
		" 7	...	975			
		" 8	...	1,045			
		" 9	...	1,153			
		" 10	...	1,569			
		" 11	...	874			
		" 12	...	674			
		" 13	...	508			
		" 14	...	87			
		" 15	...	18			
Specials	1525
Grand Total						...	9,404

(b) Found to require treatment ... 7,407

(c) Actually treated ... 4,357

(2)	Half-days devoted to	{	Inspection	82	}	Total	...	454	
					Treatment	372					
(3)	Attendances made by children for treatment	5,224	
(4)	Fillings	{	Permanent Teeth	2,066	}	Total	...	2,115
					Temporary Teeth	49					
(5)	Extractions	{	Permanent Teeth	569	}	Total	...	4,328
					Temporary Teeth	3,759					
(6)	Administration of General Anæsthetics for Extractions	4	
(7)	Other Operations	{	Permanent Teeth	429	}	Total	...	605
					Temporary Teeth	176					

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(1) Average number of visits per School made during the year by the School Nurses.	{		4 Visits paid to 4 Special Schools.		{		43 Visits paid to 29 Elementary Schools.	
(2) Total number of examinations of children in the Schools by the School Nurses	...	...	...	...	...	...	...	17,232
(3) Number of individual children found unclean	...	...	...	...	...	...	...	183
(4) Number of children cleansed under arrangements made by the Local Education Authority	...	...	...	...	...	...	...	9
(5) Number of cases in which legal proceedings were taken —								
(a) Under the Education Act, 1921	...	...	...	...	...	...	...	—
(b) Under School Attendance Bye-Laws	...	...	...	...	...	...	...	—

MEDICAL INSPECTION RETURNS.**Secondary Schools.**Table I.—**Return of Medical Inspections.**(a) **ROUTINE MEDICAL INSPECTIONS.**

Number of Code Group Inspections	789
Total	789

Number of other Routine Inspections	...	—
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(b) **OTHER INSPECTIONS.**

Number of Special Inspections	12
Number of Re-Inspections	—
Total ...	...	...	12

Table II. (A)—Return of Defects found by Medical Inspection in 1931.

DEFECT OR DISEASE	ROUTINE INSPECTIONS		SPECIAL INSPECTIONS	
	No. of Defects		No. of Defects	
	Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment	Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment
Malnutrition	—	—	—	—
Uncleanliness: Head	6	—	—	—
Body	—	—	—	—
Skin—Ringworm: Scalp	—	—	—	—
Body	—	—	—	—
Scabies	—	—	—	—
Impetigo	—	—	—	—
Other Diseases (Non-Tuberculous) ...	18	2	—	—
Eye: Blepharitis	—	—	—	—
Conjunctivitis	2	—	—	—
Keratitis	—	—	—	—
Corneal Opacities	—	—	—	—
Defective Vision (excluding Squint) ...	94	144	5	—
Squint	1	1	—	—
Other Conditions	—	1	—	—
Ear: Defective Hearing	—	1	—	—
Otitis Media	—	—	—	—
Other Ear Diseases	5	—	—	—
Nose and Throat: Enlarged Tonsils only ...	31	51	—	—
Adenoids only	—	—	—	—
Enl. Tonsils and Adenoids	1	—	1	—
Other Conditions	6	8	—	—
Enlarged Cervical Glands (Non-Tuberculous) ...	—	63	—	—
Defective Speech	—	6	—	—
Teeth—Dental Diseases	246	—	—	—
Heart and Circulation:				
Heart Disease: Organic	1	2	—	—
Functional	4	38	—	—
Anaemia	9	32	—	—
Lungs: Bronchitis	1	—	—	—
Other Non-Tuberculous Diseases ...	7	12	—	—
Tuberculosis:				
Pulmonary: Definite	—	—	—	—
Suspected	1	—	—	—
Non-Pulmonary: Glands	—	1	—	—
Spine	—	—	—	—
Hip	—	—	—	—
Other Bones and Joints	—	—	—	—
Skin	—	—	—	—
Other Forms	—	—	—	—
Nervous System: Epilepsy	—	—	—	—
Chorea	—	—	—	—
Other Conditions	1	2	—	—
Deformities: Rickets	4	9	—	—
Spinal Curvature	12	1	—	—
Other Forms	25	25	1	—
Other Defects and Diseases	38	38	4	—
Totals	513	437	11	—

(B)—Number of Individual Children found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP	NUMBER OF CHILDREN		Percentage of Children found to require Treatment
	Inspected	Found to require Treatment	
CODE GROUPS:			
Total	789	208	26·4

Table IV.—Return of Defects Treated during the Year ended 31st December, 1931.

TREATMENT TABLE.—SECONDARY SCHOOLS.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS, FOR WHICH SEE GROUP V.)

Disease or Defect	Number of Defects treated, or under treatment during the year		
	Under the Authority's Scheme	Otherwise	Total
SKIN:			
Ringworm—Scalp	Nil.	Nil.	Nil.
Ringworm—Body			
Scabies			
Impetigo			
Other skin disease			
MINOR EYE DEFECTS (External and other, but excluding cases falling in Group II.)			
MINOR EAR DEFECTS			
MISCELLANEOUS (e.g., minor injuries, bruises, sores, chilblains, etc.)			
Total			

GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS
TREATED AS MINOR AILMENTS—GROUP I.)

Defect or Disease	Number of Defects dealt with.			
	Under the Authority's Scheme	Submitted to refraction by private Practitioner or at hospital, apart from the Authority's Scheme	Otherwise	Total
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report).	28	—	2	30
Other Defects or Disease of the the Eyes. (excluding those recorded in Group I).	—	—	—	—
Total	28	—	2	30

Total number of children for whom spectacles were prescribed—

(a) Under the Authority's Scheme	25
(b) Otherwise	2

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme	—
(b) Otherwise	24

In addition 12 pupils attended the Ophthalmic Clinic re the suitability of glasses obtained previously. 7 of these were given re-prescriptions.

Table IV.—continued.

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.				
Received Operative Treatment			Received other forms of Treatment	Total number treated
Under the Authority's Scheme, in Clinic or Hospital	By Private Practitioner or Hospital, apart from the Authority's Scheme	Total		
1	—	1	—	1

GROUP IV.—DENTAL DEFECTS.

(1)—Number of Children who were—

(a) Inspected by the Dentist:

Specials 20

(b) Found to require treatment 20

(c) Actually treated 20

(2) Half-days devoted to { Inspection — } Total ... —
 { Treatment — }

(Included in Elementary Return).

(3) Attendance made by children for treatment 38

(4) Fillings { Permanent teeth 17 } Total ... 17
 { Temporary teeth — }

(5) Extractions { Permanent teeth 11 } Total ... 15
 { Temporary teeth 4 }

(6) Administrations of general anæsthetics for extractions 2

(7) Other Operations { Permanent teeth 8 } Total ... 9
 { Temporary teeth 1 }

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

- (1) Average number of visits per school made during the year by the School Nurses
 (2) Total number of examinations of children in the Schools by School Nurses
 (3) Number of individual children found unclean
 (4) Number of children cleansed under arrangements made by the Local Education Authority Nil.
 (5) Number of cases in which legal proceedings were taken—
 (a) Under the Education Act, 1921
 (b) Under School Attendance Byelaws

APPENDIX II.

Table shewing the Physical Condition of Children Examined at Routine Medical Inspection during 1931.

Disease or Defect.	ELEMENTARY SCHOOLS.					Second-ary Pupils	Total
	En-trants	Inter-mediates	Leavers	Other Ages	Specials		
Number of Children Examined ...	1487	1459	900	88	424	789	5147
Malnutrition ...	8	8	4	1	—	—	21
Uncleanliness: Head ...	100	153	58	6	9	6	332
Body ...	15	59	24	2	12	—	112
Clothing ...	2	4	—	—	1	—	7
Defective Clothing and Footgear ...	17	17	5	—	20	—	59
SKIN—							
Ringworm: Head ...	—	1	—	—	—	—	1
Body ...	1	1	1	—	2	—	5
Scabies ...	3	—	—	—	1	—	4
Impetigo ...	14	12	2	—	11	—	39
Other Skin Diseases ...	53	59	20	3	9	20	164
EYE:							
Blepharitis ...	17	16	3	—	14	—	50
Conjunctivitis ...	4	9	1	—	7	2	23
Keratitis ...	—	—	—	—	—	—	—
Corneal Opacities ...	—	2	2	—	—	—	4
Corneal Ulcers ...	—	—	—	—	—	—	—
Defective Vision ...	17	402	191	24	15	238	887
Squint ...	35	32	10	—	4	2	83
Other Conditions ...	15	16	6	1	13	1	52
EAR:							
Defective Hearing ...	16	16	11	—	7	1	51
Otitis Media ...	—	—	—	—	—	—	—
Other Conditions ...	25	28	22	2	14	5	96
NOSE AND THROAT:							
Enlarged Tonsils only ...	299	245	141	18	17	82	802
Adenoids ...	24	6	4	1	8	—	43
Enlarged Tonsils and Adenoids ...	46	11	2	1	4	1	65
Other Conditions ...	116	62	29	2	41	14	264
Enlarged Cervical Glands ...	308	205	56	3	21	63	656
Defective Speech ...	21	19	7	2	34	6	89
Defective Teeth ...	887	848	366	31	33	246	2411
HEART AND CIRCULATION:—							
Heart Disease: Organic ...	8	6	10	2	1	3	30
Functional ...	74	70	35	5	6	42	232
Anæmia ...	40	44	14	1	11	41	151
LUNGS—							
Bronchitis ...	10	1	—	—	—	1	12
Others (Non-T.B.) ...	122	41	15	6	4	19	207
TUBERCULOSIS—							
Pulmonary: Definite ...	—	—	—	—	—	—	—
Suspected ...	—	3	1	—	—	1	5
Non-Pulmonary: Glands ...	2	3	1	—	—	1	7
Spine ...	—	—	—	—	—	—	—
Hip ...	—	1	—	—	—	—	1
Bones and Joints ...	2	—	1	—	—	—	3
Skin ...	1	2	—	—	—	—	3
NERVOUS SYSTEM—							
Epilepsy Minor ...	2	—	1	1	—	—	4
Major ...	—	—	1	—	—	—	1
Other Nervous Conditions ...	21	18	2	—	4	3	48
Mentally Deficient ...	—	2	—	—	—	—	2
Chorea ...	1	1	—	—	—	—	2
DEFORMITIES—							
Rickets ...	92	62	48	4	2	13	221
Spinal Curvature ...	3	3	5	—	—	13	24
Other Forms ...	49	76	96	9	11	50	291
OTHER DEFECTS AND DISEASES ...	241	235	114	20	123	76	809
TOTALS ...	2711	2799	1309	145	459	950	8373
No. of individual children having defects... ..	1344	1329	659	77	406	655	4470

APPENDIX III.

Table shewing Number of Children Examined at each Elementary School.

SCHOOL.	Entrants	Inter- mediates	Leavers	Other Ages	Special Cases	Totals
Abel Street	97	92	79	8	25	301
Back Lane	22	16	11	—	7	56
Burnley Wood	161	77	20	1	20	279
Coal Clough	129	126	78	11	33	377
Fulledge	81	20	—	—	3	104
Habergham	21	19	11	—	—	51
Healey Wood	37	35	7	1	11	91
Hargher Clough	56	73	1	1	16	147
Heasandford	105	80	53	6	30	274
Lane Head.....	9	24	14	1	5	53
Lionel Street	68	81	58	5	23	235
Pickup Croft	27	16	—	—	10	53
Red Lion Street	14	26	19	1	7	67
Rosegrove	90	54	85	5	15	249
St. Andrew's	42	28	32	2	16	120
St. Augustine's	8	11	4	—	3	26
St. John's (Ivy St.)	40	40	19	6	9	114
St. Mary's	79	107	74	6	48	314
St. Mary Magdalene's ...	44	57	52	7	5	165
St. Peter's	54	54	24	5	16	153
St. Stephen's	43	46	39	1	15	144
St. Thomas's	34	37	—	2	18	91
Stoneyholme	91	127	52	7	39	316
Todmorden Road	—	68	68	3	11	150
Holy Trinity	54	47	34	2	22	159
Sandygate	—	33	28	4	11	76
Whittlefield	45	37	—	—	5	87
Wood Top	36	28	38	3	1	106
TOTALS	1487	1459	900	88	424	4358





