[Report 1936] / School Medical Officer of Health, Bury County Borough.

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COUNTY BOROUGH OF BURY.

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1936,

BY

G. M. D. S. B. LOBBAN,

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

MEDICAL OFFICER OF HEALTH, SCHOOL MEDICAL OFFICER,

CHIEF TUBERCULOSIS OFFICER AND CHIEF VENEREAL

DISEASES OFFICER.

COUNTY BOROUGH OF BURY.

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Medical Officer of Health, School Medical Officer,

Chief Tuberculosis Officer and Chief Venereal

Diseases Officer.

BURY:

Printed at the "Times" Office, Cross Street.

1937.

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SUB-COMMITTEES OF THE HEALTH COMMITTEE.

Executive Sub-Committee:—Councillor Hartley, Councillor Heaton, Aldermen Bradley, Evans, Smith, and Turner and Councillors Aspinall, Crawshaw, Davenport, Duckworth, Hill, and Partington.

Abattoirs Sub-Committee:—Councillor Hartley, Councillor Heaton, Aldermen Battersby and Lees, and Councillors Ainsworth, Bottomley, Goodall, Hoyle, J. Whitehead, and O. L. W. Whitehead.

Tuberculosis Sub-Committee:—Councillor Hartley, Councillor Heaton, Aldermen Bradley and Turner and Councillors Goodall, J. Whitehead, and O. L. W. Whitehead.

Venereal Diseases Sub-Committee:—Councillor Hartley, Councillor Heaton, Alderman Evans, and Councillors Duckworth and Partington.

Maternity & Child Welfare Sub-Committee:—Councillor Hartley, Councillor Heaton, Aldermen Battersby, Evans, Smith, and Turner and Councillors Aspinall, Bottomley, Crawshaw, Davenport, Goodall, Hill, Hoyle, and O. L. W. Whitehead, together with Mrs. J. E. Fargher, Miss Hopkinson, Miss Johnstone, and Mrs. A. J. Kerr.

Bury and District Joint Hospital Board.—The Bury County Borough Council's representatives on the Board are:—His Worship the Mayor (Councillor T. Birch), Aldermen Bradley, Battersby, Lees, Lord, and Smith, and Councillor Hartley.

PUBLIC HEALTH DEPARTMENT,

TITHEBARN STREET,

BURY.

June, 1937.

To the Chairman and Members of the Health Committee.

LADIES AND GENTLEMEN,

I have the honour to present the Annual Report of the Public Health Department for the year 1936.

To form some idea of the quick growth of the department which has taken place in recent years and to assess some of the work which has been performed, it has been thought necessary to indicate by figures where the growth has been most rapid. Figures are given for the last four years in this preface concerning various matters of interest and statistics for the last twenty-five years are presented in the main body of the Report. The progress of Public Health in this County Borough can thus be noted.

Birth Rate.

During the last four years the birth rates have been as follows :—

1933	1934	1935	1936	
12.63	12.28	11.87	13.92	All per 1,000 population.

The birth rate for 1936, 13.92 per 1,000 population, was the highest since 1926, and the year under review was the first one since 1926 in which the births exceeded the deaths.

Death Rate.

The death rates during the last four years have been :—

1933	1934	1935	1936	
14.0	14.22	15.0	13.56	All per 1,000 population.

The death rate for 1936, 13.56 per 1,000 population, was the lowest since 1932.

Infantile Mortality.

The infantile mortality rates for the last four years have been :

1933	1934	1935	1936	
53.0	84.0	66.0	56.0	All per 1,000 total births.

The year 1933 provided the lowest rate of infantile mortality ever recorded in this town and the rate for 1936 provides the next lowest rate ever recorded.

Much attention has been attracted to the dramatic drop in the number of deaths of children under one year of age during the last twenty-five years. Twenty-five years ago the rate was 112 per 1,000 total births. That is, a quarter of a century ago, more than double the number of children under one year of age died than die to-day. That this is one of the tributes well deserved by the Public Health movement cannot be denied.

The number of deaths of infants under one month who die every year has not changed for a considerable number of years. The neo-natal rate, as it is called, has remained practically stationary. Some years will elapse before a real reduction takes place in this rate, since there are many difficult and complex problems concerning the causes of death under one month which have yet to be elucidated. Much thought and energy must be directed in the future to the problem.

Maternal Mortality.

The maternal mortality rates for the last four years were as follows :—

1933	1934	1935	1936	
6.32	10.25	6.65	4.57	All per 1,000 total births.

It is very pleasing to report that the rate for 1936, namely, 4.57 per 1,000 total births, shows a decrease when compared with the rates of previous years. Enough has been stated in previous reports concerning maternal mortality. A self-satisfied apathy has to be guarded against, however, and continuous efforts are being made to reduce the rate still lower. It appears that there always will be an irreducible minimum—a low rate under which it is impossible to reduce.

Cancer.

Vital statistics are mostly statistics of the dead and as a means of comparing a particular period under review with a similar preceding period they are useful. What are more required are the statistics of the living. Information regarding the amount of sickness in a community or country is much more useful than statistics concerning deaths. It is suggested in this report that the notification of cancer cases, together with information regarding the number of persons suffering from pre-cancerous conditions, might serve a useful purpose. Cancer has become a very urgent Public Health problem, and and there appears to be an upward trend in the number of cases. It is unwise to attempt to tackle the problem blindly, and until we are provided with more or less reliable statistics concerning those afflicted, real progress against the disease will be held up.

Chief Sanitary Inspector's Report.

To mention in this preface all the chief points where progress has been made in the sanitary inspectors' service would be redundant. The excellent report given by the Chief Sanitary Inspector indicates the amplified scope of this service, which has grown in recent years with a result that not only is a wider area covered with regard to the duties performed, but the duties themselves are more onerous and varied than heretofore.

The expansion has carried with it greater responsibilities, and the service has increased in importance in concurrence with its growth in the safeguarding of the Public Health of the people.

In common with the expansion of the other services of the Public Health department the work entailed in extending the sanitary inspectors' side has been carried out with much zeal, enthusiasm and painstaking effort.

Some points of interest may be mentioned here, however.

General Duties.

There has been a great increase in the number of visits by the sanitary inspectors in connection with general duties under the Public Health Acts, as the following table shows:—

	1933	1934	1935	1936
Number of visits made under the Public Health Acts ..	7,602	7,330	15,621	23,745

The number of inspections made by the sanitary inspectors under the Housing Consolidated Regulations 1925 has increased consequent upon additional work having been undertaken by this department in the effort to obtain healthier living conditions for the citizens of this County Borough, as this table indicates :—

	1933	1934	1935	1936
Number of inspections of dwelling-houses made under the Housing Consolidated Regulations, 1925..	104	306	1,140	2,257

The majority of this inspection work was performed in connection with slum clearance areas.

As you are aware, the housing of the working classes has received particular attention of the Legislature in recent years. At the end of 1934 I formulated a programme to deal with all the insanitary dwellings in this town. The programme was accepted and endorsed by your Council in the early part of 1935. As part of the programme I made an Official Representation to your Committee on 24th November, 1936, with respect to 271 dwelling-houses in Freetown Area. A Clearance Order was made by the Council with respect to this area, and the Order was subsequently confirmed by the Ministry of Health.

As another method of attack on the housing problem the reconditioning of existing houses has been brought into action, and from this point of view increased attention has been directed to this important part of the work. Reconditioning has proceeded apace in recent years, as this table shows :—

	1933	1934	1935	1936
Number of houses where reconditioning notices were served...	1	1	70	647

Overcrowding.

Under the 1935 Housing Act overcrowding has been treated as a separate and distinct problem. A survey concerning overcrowding in this County Borough was conducted by the Medical Officer of Health, the Chief Sanitary Inspector, and the Assistant Sanitary Inspectors. In addition it was found necessary to employ a temporary staff of one clerk and eight enumerators.

The survey required a considerable amount of reorganisation and was made in three periods. A commencement was made in January, 1936.

As a preliminary, house to house visitations were made to 15,174 houses in the Borough. In dealing with each house it had to be ascertained if it was occupied, (i) the number of families and persons in each family, (ii) the number of rooms occupied by each family. Empty houses had also to be recorded.

The second part of the survey consisted of a more detailed inspection involving the measurement of the floor area of all the rooms in which a possible case of overcrowding had been disclosed by the first part of the survey. Under the second part of the survey 1,445 houses were visited and the floor areas of the rooms measured. This second part was continued from the initial part and finished in March, 1936.

The third part of the survey commenced in June, 1936, and terminated in December of the same year. This part became necessary in order that the Local Authority might issue certificates to owners of houses of the permitted number of persons who may sleep at any one house, and involved further measurement. A total of 13,789 houses were visited for the purpose of measuring the floor areas of the rooms.

Milk Supply.

During the year under review the milk supply of Bury received particular attention. Inspections of cowsheds in 1936 have exceeded the number of inspections made in previous years. The number of inspections of dairies made in 1936 is also more than any number made in preceding years. An effect of this work both in the case of cowsheds and of dairies has been that twelve cowsheds have been altered, two cowsheds are being reconstructed, two new cowsheds and four new dairies have been built.

In 1936 more samples of milk were taken for examination regarding cleanliness and infection by tubercle bacilli than before.

The following table gives some indication of the increased attention devoted to this important part of the sanitary inspectors' duties:—

	1933	1934	1935	1936
Number of inspections made of Cowsheds...	173	214	132	598
Number of inspections made of Dairies	—	—	131	410
Number of samples of milk taken for examination re cleanliness	8	63	44	54
Number of samples of milk taken for examination re tubercle infection...	25	46	90	133

Food Supply.

Greater regard has been paid to inspections of Food Preparing premises and Meat Shops in the Borough.

In 1936, 166 inspections of Food Preparing premises were made and 149 inspections of Meat Shops were made. In both cases the numbers of inspections exceed those made in former years.

Under the Food and Drugs (Adulteration) Act, 1928, the number of samples taken in recent years are as given under:—

	1933	1934	1935	1936
Total number of samples of Food and Drugs taken	46	137	245	267

Shops Acts.

Under the Shops Acts 1912-1934 a great deal of work has been done in the year of report. Under the Acts attention has to be paid to such matters as closing hours, hours of employment of young persons, the lighting, heating and temperature of the premises, facilities for preparing meals, washing accommodation, and seating for female assistants, etc. The table given here shows the number of inspections made in recent years. The full register as required for the purpose of the Act is almost completed.

	1934	1935	1936
Number of inspections under the Shops Acts, 1912-1934	106	57	585

Tuberculosis.

	1933	1934	1935	1936
Number of attendances at the dispensary, including contacts	341	342	416	1,284
Contacts examined	13	76	39	125
Home Visiting by Tuberculosis Officers	43	137	184	226
Home Visiting by Health Visitors..	934	774	750	2,470
Consultations with medical practitioners	38	43	56	124
Number of sputum examinations made	43	94	91	201
Number of X-ray examinations ...	4	105	97	130

The above figures relate to work in connection with the Tuberculosis Dispensary at The Wylde. A glance will show the much increased attendances of actual cases of the disease, also of suspected cases and contacts at the dispensary.

This is all to the good and means that the general public are not so averse from being examined respecting infection as they were a few years ago. It also means that the net has been cast wider to bring sources of infection to our notice, and thus there is a greater chance of limiting the spread of the disease.

Very few people in industrial areas escape infection, and many more infected people remain well during their natural lives than those who suffer and die as a result of the infection. Tuberculosis is always preceded by infection, but infection with the tubercle bacilli is not invariably followed by the disease. There should not be any fear on the part of contacts, that is people who live in close touch with actual cases of tuberculosis, of being examined.

Coincident with increased attendances at the dispensary great activity was shown during the year by the Tuberculosis Officers and Health Visitors in visiting the homes of actual or suspected cases. Many more consultations took place in 1936 between the Tuberculosis Officers and the general practitioners than in any other year before. The numbers of sputum examinations and X-ray examinations made during the year were increased also.

Never before in Bury has so much work been done in connection with the Tuberculosis Dispensary. Roughly speaking the work has been quadrupled and the results of the augmented activity have been brought about by a definite and deliberate drive against the disease.

Infectious Diseases.

Small-Pox.—There were no cases of small-pox in the Borough during 1936.

Scarlet Fever.—In 1936 the number of cases of scarlet fever notified was 123. This was a decrease when compared with the number of cases which were notified in the two previous years. In 1935, 264 cases were notified, and in 1934 notification was made in 164 cases. In 1936 the number of cases removed to hospital was 108 and there was one death.

Diphtheria.—Compared with the figures of previous years, 1936 saw an increase in the number of cases of diphtheria, when 209 cases were notified. This compared unfavourably with the years 1935 and 1934, when the figures for notifications were 135 and 90 respectively. In 1936 all the cases with one exception were removed to hospital, and there were 14 deaths. In this report I have again repeated my injunction to parents and guardians to have the children under their care immunised against this disease.

Enteric Fever.—Two cases of enteric fever were notified in 1936, as compared with three cases in 1935, and no case in 1934. Both cases were removed to hospital and both recovered.

Cerebro-Spinal Fever.—One case of this disease was notified during 1936 against no case in 1935 and one case in 1934. The case was removed to hospital.

Pneumonia.—There were 79 cases notified in 1936, as compared with 139 cases in 1935 and 105 cases in 1934. There were 38 deaths of notified cases of Pneumonia in 1936, as compared with 63 deaths in 1935 and 39 in 1934.

Maternity and Child Welfare.

The year under review provided some records in this service, as have been provided in the other services.

The total attendances at the Welfare Clinics numbered 12,994 in 1936, as compared with 12,132 in 1935, 11,307 in 1934, and 12,062 in 1933.

New cases attending in 1936 were 579, against 525 in 1935, 532 in 1934, and 501 in 1933.

All the above figures for 1936 are the highest on record for this town.

A new clinic was constructed and equipped in the Tottington Road area. This clinic took the place of the Wood Street Clinic, The new clinic has acted as a Welfare Clinic and as a clinic for ante-natal and post-natal cases, and was opened by the Mayoress (Mrs. Morton) on 8th September, 1936.

Changes of Staff.

Dr. J. S. Drummond, the Deputy Medical Officer of Health, left Bury to take up the appointment of Medical Officer of Health of the Eastwood and Basford combined districts. He was succeeded by Dr. R. C. Holderness. Dr. Holderness then held the appointment of Deputy Medical Officer of Health for this County Borough. He in turn was appointed as Medical Officer of Health of the Borough of Loughborough. Dr. P. Morton, Assistant Medical Officer, resigned his appointment on 18th of August on the grounds of ill-health. Dr. Morton was succeeded by Dr. D. Desmond, who commenced duties here on 29th September, 1936.

Alderman Turner, who had for a long number of years been a member of the Public Health Committee, died on 24th June, 1936. Great regret was expressed at his passing. Alderman Turner was an untiring worker in the cause of Public Health. He was one who had a keen mind and had ever the will to do good to his fellow citizens. He was unsparing in his efforts to forward anything which he thought was for the improvement of this town.

In this short preface it is impossible to indicate all the points where advances have been made in Public Health in our County Borough. Anyone who reads the full report will realise that rapid and successful progress has been made and maintained during 1936 in practically every direction in the matters of Public Health.

The year 1936 stands out as a year of great achievement by the Public Health Department. Such achievement could not have been attained without the unsparing efforts of my staff, all of whom have worked with enthusiasm. It has been very pleasing to me to witness the full fruits which have developed through the reorganisation of this department, a task which I came to Bury to perform.

I desire to thank you for your kindness and support during the year, and I want to express my gratitude to all chief officials for their unfailing help, advice, and courtesy. I have been especially indebted to the Town Clerk, Mr. Moore, for his sage advice and for the time he so ungrudgingly granted me out of his very busy official life to discuss the many problems which arose through the rapid advance of my department. Mr. Moore has also been most enthusiastic concerning the improvement of the conditions of the citizens of this town, and has helped in no small measure to forward the advancements concerning the health of the inhabitants of Bury.

To all my staff my grateful thanks are given for their loyal and wholehearted help and to voluntary bodies, officials of institutions, and general practitioners my best thanks are due for their co-operation and assistance.

I am,

Ladies and Gentlemen,

Yours obediently,

G. M. D. S. B. LOBBAN.

STAFF.

PUBLIC HEALTH DEPARTMENT.

G. M. D. S. B. Lobban, M.B., CH.B., D.P.H., Medical Officer of Health, Chief Maternity and Child Welfare Officer, School Medical Officer, Chief Tuberculosis Officer, Chief Venereal Diseases Officer, Supervisor of Midwives.

J. Shaw Drummond, M.B., CH.B., D.P.H., Deputy Medical Officer of Health. Until 15th March, 1936.

R. Cautley Holderness, M.B., CH.B., D.P.H., Deputy Medical Officer of Health. Commenced duties on 16th March, 1936.

P. Morton, M.A., M.B., B.CH., D.P.H. Assistant Medical Officer of Health. Until 18th August, 1936.

D. Desmond, M.B., B.CH., D.P.H., Assistant Medical Officer of Health. Commenced duties on 29th September, 1936.

W. M. Martin, M.C., M.D., CH.B., D.P.H., D.C.O.G., Obstetric Consultant (Part time).

F. Kershaw L.D.S., Dental Surgeon (part-time with School Medical Service)

W. Packman, M.R.C.V.S., Veterinary Surgeon (part time).

T. R. Hodgson, M.A., F.I.C., Public Analyst (part time).

J. Eckersley (1, 2, 4, 5, 8), M.R.S.I., M.S.I.A., A.M.INST.P.C., Chief Sanitary Inspector, Chief Inspector under the Food and Drugs (Adulteration) Act, Marking Officer under the Merchandise Marks Acts, Inspector under the Shops Acts, the Rag Flock Act, the Diseases of Animals Acts, the Fertilisers and Feeding Stuffs Acts, the Poisons and Pharmacy Act, and Designated Officer under the Housing Consolidated Regulations. Surveyor under S. 22, P.H.A.A. Act, 1890.

H. Walton, (1, 2), Cert. R.S.I., Abattoirs Superintendent, Meat Inspector, Administrative Inspector under the Diseases of Animals Acts, Certifying Officer of Dead Weight Certification Centre.

H. Haworth (3, 2, 7), M.S.I.A., District Sanitary Inspector.

C. H. Wright (1, 2, 9), M.S.I.A., District Sanitary Inspector. Until 12th September, 1936.

F. Shacklock (1, 2, 3, 4, 6), M.S.I.A., District Sanitary Inspector.

A. J. Masi (1, 2), M.S.I.A., District Sanitary Inspector.

H. Mitchell (1), Cert. R.S.I., District Sanitary Inspector. Until 5th March, 1936.

R. Lord (1, 2), M.S.I.A., District Sanitary Inspector. Commenced 30th March, 1936.

J. Gaskell (1, 2), M.S.I.A., District Sanitary Inspector. Commenced 16th November, 1936.

L. Kay, Chief Clerk.

S. Pennington, C.M.B., C.S.M.M.G., Health Visitor.

B. Greenhalgh, C.M.B., Health Visitor.

E. Webster, S.R.N., C.M.B., Cert R.S.I., Health Visitor.

A. Hollingworth, S.R.N., C.M.B., Health Visitor.

E. Moran, C.M.B., New H.V.S. Cert., Joint Health Visitor and Venereal Diseases Clinic Nurse.

A. Haines, C.M.B., Dental Nurse (part-time with School Medical Service).

J. Melling, Male Orderly, V.D. Clinic.

Public Health Department, 3 Clerks and 1 typist.

Maternity and Child Welfare Department, 1 Clerk.

PUBLIC ASSISTANCE MEDICAL DEPARTMENT.

G. M. D. S. B. Lobban, M.B., CH.B., D.P.H., Medical Officer to the Public Assistance Committee.

H. Smith, M.B., D.P.H., District Medical Officer and Medical Superintendent, Jericho Public Assistance Hospital.

C. G. Lees, M.B., CH.B., District Medical Officer. Until 31st March, 1936.

E. Smalley, M.B., CH.B., District Medical Officer. Commenced 1st April, 1936.

PUBLIC VACCINATION.

H. SMITH, M.B., D.P.H., District Public Vaccinator.

C. G. LEES, M.B., CH.B., District Public Vaccinator. Until 31st March, 1936.

E. SMALLEY, M.B., CH.B., District Public Vaccinator. Commenced 1st April, 1936.

Two District Vaccination Officers.

INFECTIOUS DISEASES.

J. B. MORTON, M.B., CH.B., Medical Superintendent, Florence Nightingale Infectious Diseases Hospital, and Ainsworth Smallpox Hospital.

A. T. ELDER, M.B., CH.B., Assistant Medical Officer, Florence Nightingale Infectious Diseases Hospital, and Ainsworth Smallpox Hospital.
Bury and District Joint Hospital Board.

TUBERCULOSIS.

J. B. MORTON, M.B., CH.B., Medical Superintendent, Aitken Sanatorium, Holcombe.

A. T. ELDER, M.B., CH.B., Assistant Medical Officer, Aitken Sanatorium, Holcombe.
Bury and District Joint Hospital Board.

Certificate of the Royal Sanitary Institute for :—

1. Sanitary Inspector.
2. Meat and Food Inspector.
3. Sanitary Science as applied to Buildings and Public Works.
4. Smoke Inspector.
5. The Advanced Knowledge of the Administrative Duties of a Sanitary Inspector.
6. Sanitary Engineering Certificate.
7. Certificate of the Royal Sanitary Institute and Sanitary Inspectors' Examination Joint Board for Sanitary Inspectors.
8. Diploma of the Institute of Public Cleansing.
9. Member Institute of Hygiene.

SECTION 1.

STATISTICS & SOCIAL CONDITIONS OF THE AREA.

SOCIAL CONDITIONS.

Bury is an unique Lancashire industrial town in that it is not almost wholly dependent on a few staple industries, but has a wide range of industrial processes.

The chief industries are woollen manufacturing, engineering, cotton manufacturing, silk manufacture, paper making, slipper making, bleaching, tanning and brewing.

The mean altitude is 300 feet, the highest point being 765 feet and the lowest point being 223 feet above sea level.

Bury is a healthy town. There is a good acreage and plenty of room for the establishment of new industries and housing estates. The local rates and the transport facilities are attractive. Within the confines of the borough boundaries there are parts which are quite rural.

The extent of unemployment is about 3,275 persons on a monthly average during 1936, which is approximately 13.6 per cent. of the insured persons within the Borough.

GENERAL STATISTICS.

Area in Acres	7,245
Resident Population (Registrar-General's estimate) 1936	59,860
Number of Inhabited Houses, end of 1936	17,923
Rateable Value	£369,457
Sum represented by a penny rate	£1,425

In the following summary, extracts from the vital statistics of the year are given:—

		Total.	Male.	Female	Birth rate per 1000 of the population.
Live Births	Legitimate	801	380	421	13.92
	Illegitimate	32	18	14	

	Total.	Male	Female	Rate per 1000 total (live and still) births.
Still Births	41	25	16	47

			Death rate per 1000 of the population.	Standardized Death Rate
Deaths	812	404	408	13.56	13.69

Percentage of total deaths occurring in public institutions, 30.17.

Deaths from Puerperal causes:—	Deaths.	Rate per 1000 total births.
Puerperal Sepsis	1	1.14
Other Puerperal causes	3	3.43
Total	4	4.57

Death Rate of Infants under one year of age:—

All infants per 1,000 live births	56
Legitimate infants per 1,000 legitimate live births... ...	55
Illegitimate infants per 1,000 illegitimate live births	31

Deaths from Measles (all ages)	6
,, from Whooping Cough (all ages)...	1
,, from all forms of Tuberculosis	37

VITAL STATISTICS.

Population.—The Registrar-General's estimate of the population for the middle of 1936 is 59,860, or 60 more than estimated for the middle of 1935.

It has to be noted, however, that several new housing estates of private ownership have been developed in the borough in 1936.

The population at the 1931 census was returned as 56,182 (males 26,150, females 30,032).

Births.—The birth rate for 1936—13.92 per 1,000—is the highest recorded since 1926 (14.30). The total number of births recorded during the year was 833. The birth rates for the last twenty-five years are shown in the following table:—

BIRTH RATES, 1912-1936.

Year.	Number of Births.	Rate per 1,000 of Population
1912	1,230	20.81
1913	1,187	20.06
1914	1,162	19.62
1915	1,026	17.33
1916	900	15.47
1917	776	13.43
1918	728	12.73
1919	738	13.06
1920	1,118	19.66
1921	1,089	18.91
1922	949	16.53
1923	866	15.01
1924	883	15.54
1925	784	13.77
1926	816	14.30
1927	779	13.68
1928	744	13.02
1929	776	13.59
1930	735	12.87
1931	679	12.00
1932	728	12.74
1933	748	12.63
1934	738	12.28
1935	710	11.87
1936	833	13.92

The birth rate for England and Wales for 1936 was 14.8 per 1,000 population.

BIRTH RATE.

The birth rate for 1936 for this borough, 13.92 per 1,000 population, is the highest since 1926, also another fact worth recording is that 1936 is the first year since 1926 that the birth rate has exceeded the death rate.

Satisfactory as these facts are and bearing in mind that 1936 may not herald a real ascent in the birth rate and an era in which the births will in future exceed the deaths, it behoves us to be cognisant of the influences which conduce to a fall in birth rate.

For many years it has been taken for granted that the fall in the birth rate in this and other countries is largely the result of voluntary artificial restriction either of impregnations or of births.

As far as our knowledge goes there appears to be no need to alter that opinion.

It should be possible for married people to build up a spirit of self-sacrifice or rational foresight which would dispose towards having again larger families. A first baby or an extra baby is often weighed against a motor car or some other thing conducive to comfort though not absolutely essential to well-being, with the result that the luxury is preferred, although the baby is of more immediate and future value than the luxury. It would appear at present that by some the baby is regarded as a luxury and the motor car as a necessity.

Among the harmful conditions which tend to cause a low birth rate are such remuneration of labour as does not allow of raising a family decently, housing conditions, or conditions attached to employment, which are prohibitive of families or of more than one or two children ; the love of pleasure and a standard of dress, furniture and holidays higher than the family means reasonably allow are also quite potent causes of restrictions of a family.

Conditions of our present life and society which make it almost essential that certain individuals should remain childless in order to earn their living should be discouraged.

Nowadays much more care is available for the expectant mother, medical, dietetic, as regards her work in factories, etc., than formerly, but it is unfortunately the case that all expectant mothers do not avail themselves of that care. Ante and Post Natal Clinics are provided free, as also are the services of a specialist, and arrangements are made at most Welfare Clinics for the supply of milk and meals for women during pregnancy.

The diseases of pregnancy are being studied more deeply at the present time than at any other time, and more intensive investigation is being made concerning the causes damaging the life of the unborn infant.

It would here be opportune to advise that as a necessary corollary of ante-natal and post-natal work ought to come the services of a bacteriologist and pathologist and also of a biochemist, who should work in conjunction with maternity hospitals. Thereby, perhaps, many of the causes of still-births and abortions could be discovered and many of these unfortunate occurrences prevented. They are unfortunate occurrences, since each still birth and each abortion means a potential life lost.

There is a wide field for bacteriological, pathological and biochemical investigation, and not only would they have valuable contributions to make to the problem of the falling birth rate, but also to the allied problems of neo-natal mortality and maternal mortality.

DEATHS.

The death rate per 1,000 of the population for 1936 was 13.56. There were altogether a total of 1,065 deaths registered in the County Borough. Of these deaths, 308 were of persons not usually resident in the Borough. By excluding these deaths of non-residents, the number of deaths is reduced to 757, to which must be added 55 deaths of Bury residents which have occurred in other districts. The number of deaths belonging to the County Borough is thus 812.

Of the 812 deaths—

385, or 47.42%,	were of	persons of	65 years or over.
245, or 30.17%,	,,	,,	45 years to 65 years.
73, or 8.99%,	,,	,,	25 years to 45 years.
21, or 2.59%,	,,	,,	15 years to 25 years.
17, or 2.09%,	,,	children of	5 years to 15 years.
17, or 2.09%,	,,	,,	2 years to 5 years.
7, or 0.86%,	,,	,,	1 year to 2 years.
47, or 5.79%,	,,	infants under	1 year.

Naturally the larger proportions of deaths are in the older age groups, and on perusal of the above table from the deaths at ages of 65 years and over downwards to the deaths of infants under one year of age the numbers diminish until the deaths of infants under 1 year of age is reached, when the death rate again augments. This feature should be borne in mind whilst reading the report on infantile mortality.

Causes of Death.

Out of the 812 total deaths—

171, or 21.06%,	were due to	heart disease.
97, or 11.95%,	,,	cancer.
86, or 10.59%,	,,	other circulatory diseases.
55, or 6.77%,	,,	bronchitis.
41, or 5.05%,	,,	pneumonia.
32, or 3.94%,	,,	cerebral hæmorrhage.
32, or 3.94%,	,,	acute or chronic nephritis.
31, or 3.82%,	,,	violence.
29, or 3.57%	,,	congenital debility and malformation, including premature birth.

This above table is useful in many respects, as it shows the relative proportions of deaths due to main causes, and also brings out many illuminating points such as the high place which cancer holds as a cause of death and the high proportion of deaths which are due either to disease of the circulatory or of the respiratory systems. Deaths from violence have increased rapidly in post war years, and as the public are well aware most of the deaths are due to motor accidents. What many of the public are not aware of, however, is that a contempt of road traffic has been unconsciously developed in them. People still rush out from cover behind another vehicle to cross a busy street, and old people still meander in a crowded highway amidst a maze of traffic, although they are not in full possession in the highest degree of their faculties, nor are they agile enough to get out of difficulties. Many cyclists seem to be possessed of a madness to race other traffic or to take unnecessary risks in "cutting in." Some children still dash blindly across a main road from side streets or pavements. Many motorists would have been better never to have driven a car at all as they have neither the suitable temperament nor sufficiently quick reflexes to act safely in an emergency. With it all the appalling slaughter still continues.

If people would have patience and use the proper road crossings and drivers would proceed with caution through restricted areas, no doubt the toll of accidents would be less. Unfortunately the majority of people only use the proper crossings if they are within a stride or two of them; if not, they will not take the trouble to use them.

A speed limit for drivers is almost useless as a means of diminishing accidents unless it is allied to caution and anticipation and fitness in every way to deal promptly and successfully with a situation which threatens the occurrence of an accident.

People have grown contemptuous of road traffic through familiarity, since their nonchalant attitude quickly disappears if the same people happen to cross a railroad, although it is obvious that there is far less danger on the latter than on the roads or streets. It is clear also that our roads and streets cannot cope with our present-day motor traffic without the element of risk of fatality being always present.

The following table gives the number of deaths and the death rates for the last twenty-five years:—

DEATH RATES, 1912-1936.

Year.	Number of Deaths.	Rate per 1,000 of Population.
1912	838	14.18
1913	919	15.53
1914	964	16.28
1915	946	17.27
1916	902	16.87
1917	829	15.99
1918	976	19.13
1919	916	16.88
1920	821	14.55
1921	766	13.30
1922	857	14.93
1923	913	15.95
1924	833	14.66
1925	836	14.74
1926	729	12.82
1927	810	14.27
1928	791	13.90
1929	932	16.40
1930	762	13.41
1931	816	14.50
1932	770	13.47
1933	829	14.00
1934	855	14.22
1935	897	15.00
1936	812	13.56

INFANT MORTALITY.

The Infantile Mortality rate for the year under review was 56 per thousand births, and this figure is next to the lowest ever recorded in this borough, namely, 53 per thousand births in 1933. The corresponding rate 25 years ago, that is in 1912, was 112 per thousand births.

It has been said that infant mortality is the most sensitive index we possess of social welfare, and if the figure for 1936 means anything it means that social welfare has improved. In 1912 out of every nine babies born at least one died before he or she could walk or talk, but in 1936 the ratio has changed to one death out of every eighteen babies born. In other words the rate has been halved.

While conditions have greatly improved infantile mortality can be, and we hope, will be decreased further. Infantile mortality is still one of the chief public health problems. The causes are multiple and complex, and the chief specific influences are lack of ante-natal care, inadequate or unskilful attendances at delivery, unsuitable care of the baby directly after birth, artificial or unsuitable feeding, lack of cleanliness, bad housing conditions, imperfect hygiene and sanitation, lack of maternal care and communicable diseases.

There is a marked correlation between the low earnings of the fathers and high infantile mortality. There is a direct relation between lack of means and the kind of care available for both the mother during pregnancy and confinement and for the baby during his first year.

Public Health Authorities are awake to the consciousness of the situation, and everything is being done to lessen the needless sacrifice of infant life. It has to be remembered, however, that successful results in the attempt to lower the rate still further, as in any other undertakings, are purchaseable. A reduction will not come about by itself.

A high infantile mortality rate is the result of a sacrifice of the unfortunate as well as the unfit. A premature baby, for example, requires more ideal surroundings and care than a full term baby. Common-sense and intelligence in the daily care

provided by the mother have been shown to be the most important factors in preventing infantile mortality. Poverty and ignorance are, therefore, important underlying factors in this problem.

Although there has been a marked decline in the total infantile mortality, this improvement has taken place between the ages of one and twelve months. The deaths under one month have not shown such a marked decrease; in fact, the number has been almost stationary. These deaths are mostly due to congenital causes, so that improvement must be looked for in increased antenatal care, and investigation of the causes by such as pathologists, bacteriologists, biochemists and gynæcologists, and good results will be obtained by attacking the main causes by intelligence.

We must look to a future reduction in the whole infantile mortality rate when poverty and ignorance are abolished by social justice and education, and full use is made by expectant mothers of ante and post natal clinics, and the new service by municipal midwives is fully established. Other factors likely to produce a fall in the rate are medical supervision during infancy, better housing, cleanliness, a clean and safe milk supply, isolation from influenza, common colds, pneumonia and other respiratory infections. Mothers should see that their children obtain as much fresh air and sunshine as possible and that they are kept in hygienic surroundings.

The following table shows the number of deaths of infants below one year of age and the rate per 1,000 births in Bury during the past twenty-five years:—

Year.	Number of deaths below one year of age.	Rate per 1,000 births.
1912 ...	138	112
1913 ...	168	141
1914 ...	146	125
1915 ...	118	115
1916 ...	120	133
Average for 5 years...	—	**—125**
1917 ..	73	93
1918 ...	80	110
1919 ...	68	92
1920 ...	102	91
1921 ...	93	85
Average for 5 years...	--	**— 94**
1922 ...	78	82
1923 ...	88	101
1924 ...	63	71
1925 ...	63	80
1926 ...	62	76
Average for 5 years...	—	**—82**
1927 ...	62	79
1928 ...	67	90
1929 ...	61	79
1930 ...	51	69
1931 ...	48	71
Average for 5 years.	—	**—75**
1932 ...	62	85
1933 ..	40	53
1934 ...	62	84
1935 ...	47	66
1936 ...	47	56
Average for 5 years...	—	**—69**

It will be seen from the above table that there is a progressive reduction of the Infantile Mortality Rate during the last twenty-five years, when five year periods are considered.

Infantile Mortality in Various Wards.

	Infant Deaths.	Births.	Deaths per 1000 Births
Moorside Ward	8	163	49
East Ward	14	182	77
Church Ward	9	108	108
Redvales Ward	9	161	56
Elton Ward	7	178	39
Unsworth Ward	—	41	—
Whole Borough...	47	833	56

The table on page 41 shows the causes of death in the various age groups up to one year.

Uncertified Deaths.—Forty-seven deaths were the subject of a coroner's enquiry, and 17 deaths were registered without being certified by a doctor or the coroner.

CANCER.

In 1936 the deaths of fifty-two Bury residents above 65 years of age were ascribed as being due to malignant disease. Of the younger ages thirty-nine residents between the ages 45 years and 65 years, and six residents between the ages of 25 years and 45 years were victims from the same cause.

On perusal of the table on page 41 it will be seen that death was due to malignant disease in one out of every seven persons dying above the age of 65 years, in one out of every six persons dying between the ages of 45 years and 65 years, and in one out of every twelve persons dying between the ages of 25 years and 45 years.

Cancer is an immediate and formidable problem. It is needless to state that it has been of the utmost concern to the medical profession for many years. Scientific studies regarding the disease have been ardently pursued for a long period, and much improvement has been made in the diagnosis and treatment of cancer during the last twenty years, as a result.

The general public can help in seeking medical advice early and regard to the following preventive points is important:—

(1) If you see or feel a small lump on your body consult your doctor at once.

(2) Avoid chronic irritation, e.g., excessive smoking, jagged teeth, ill-fitting false teeth, and the practice of drinking fluids at high temperatures. The hot stem of a pipe may cause irritation of tongue or/and lip.

(3) If you notice unusual discharges or bleeding from the openings of the body consult your doctor at once.

(4) Consult your doctor re Chronic Indigestion.

(5) Remember the importance of the time factor (early treatment) in Cancer.

(6) Remember there may be no pain in the early stages. If the early stages of Cancer were as painful as toothache many lives would be saved.

(7) Cancer frequently develops in the region of a chronic ulcer (e.g., on lip or tongue), and it is important to see that such ulcers are properly cured.

So far as we know Cancer is neither infectious, contagious, a germ disease, nor hereditary; but it would be unwise to be dogmatic about any of these points.

Abnormalities of the breast, the womb, the mouth, the skin, and the rectum which give rise to obvious though slight signs and symptoms to the individual ought to be the subject for a doctor's investigation. Persistent stomach and intestinal troubles should never be neglected and a medical man's advice always sought, again no matter how slight the signs and symptoms are, if they are persistent there may be danger.

Almost fifty per cent. of cancers are preceded by a pre-cancerous condition or a chronic irritation.

Early cases of cancer if taken in time can be cured. Treatments of cancer patients by X-ray and radium are more and more supplanting surgery as a cure for cancer.

The costs and characteristics of radium and X-ray installations debar them from being installed at any but a small proportion of hospitals in this country, and these treatments cannot be adequate unless undertaken at fully equipped hospitals with full resources complete with full surgical and biological examination facilities.

The numbers of persons at present suffering in this country from cancer and pre-cancerous conditions are not known with any certitude. I am of the opinion that the compulsory notification of cancer now, together with a knowledge of the number of persons undergoing treatment for pre-cancerous conditions, would in their assessment assist in the orderly and concentrated attack on the disease, and the figures if published together with the number of cured cases would bring home to the public the need for early treatment.

The disease appears more common in civilised than in primitive communities. Undoubtedly cancer is a challenge to civilisation.

Full facilities are afforded at the Christie Hospital and Holt Radium Institute for the diagnosis and treatment of pre-cancerous and cancerous conditions. In certain cases where a person's income is insufficient to meet the fees incurred the local authority has power to defray part or whole of the expense.

At the Bury Corporation clinics a sharp look-out is made by the Medical Officers in order to note any pre-cancerous or cancerous conditions. The individuals in which they are found are advised as to the best course to obtain the appropriate treatment.

CANCER DEATH RATES, 1912-1936.

Year.	Number of Deaths. M.	F.	Total.	Death Rates per 1,000 population.
1912	15	27	42	0.71
1913	25	28	53	0.89
1914	22	47	69	1.16
1915	20	31	51	0.93
1916	30	34	64	1.19
1917	29	34	63	1.20
1918	33	33	66	1.21
1919	28	38	66	1.21
1920	35	36	71	1.26
1921	36	39	75	1.30
1922	42	47	89	1.55
1923	41	44	85	1.48
1924	46	52	98	1.72
1925	37	54	91	1.60
1926	41	27	68	1.20
1927	32	45	77	1.35
1928	34	51	85	1.49
1929	48	49	97	1.71
1930	38	44	82	1.44
1931	42	47	89	1.58
1932	45	48	93	1.63
1933	51	62	113	1.91
1934	38	56	94	1.56
1935	59	58	117	1.95
1936	39	58	97	1.62

The following table shows the age and sex distribution of all persons who were certified as having died of cancer in 1936. The table shows also the localisation of the disease.

DEATHS FROM CANCER, 1936.

Age and Sex Distribution and Localisation of Disease.

Lesion.	Sex		AGE																	
	M.	F.	0 to 5	5 to 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	60 to 65	65 to 70	70 to 75	75 to 80	80 to 85	85 and upwrds
Buccal Cavity ...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
Fauces	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mouth	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pharynx	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tongue	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tonsil	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Sites ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total Buccal Cavity ...	6	...	...	...	...	...	...	...	...	...	...	...	...	...	2	3	1	...	...	...
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Digestive Organs	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gall Bladder ...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Intestines ...	6	...	...	...	...	...	...	...	1	...	1	...	...	1	...	3	...	...	...	...
	...	11	...	...	...	...	...	...	...	...	...	...	1	...	4	1	2	2	1	...
Liver	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...
	...	5	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	1	...	...
Œsophagus ...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	1
	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
Pancreas... ...	3	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	1	...	...	...
	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
Rectum	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...
	...	4	...	...	...	...	...	...	...	...	...	...	...	...	1	2	1	...	...	...
Stomach ...	9	...	...	...	...	...	...	...	...	1	...	2	...	1	1	1	2	1	...	...
	...	9	...	...	...	...	...	...	...	...	...	...	...	2	...	3	3	1	...	1
Total Digestive Organs ...	26	...	...	...	...	...	...	...	1	1	2	2	...	2	2	7	6	1	1	1
	...	31	...	...	...	...	...	...	...	...	...	...	1	2	8	7	7	4	1	1

DEATHS FROM CANCER, 1936 – *continued.*

Lesion.	Sex		AGE																	
	M.	F.	0 to 5	5 to 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	60 to 65	65 to 70	70 to 75	75 to 80	80 to 85	85 and upwrds
Respiratory Organs	2	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...
Larynx	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
Lung	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mediastinum ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total Respiratory Organs ...	2	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...
	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
Female Genital Organs																				
Uterus	...	12	...	...	...	...	...	...	...	...	1	3	...	1	1	2	3	1	...	...
Ovary	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total Female Genital Organs	...	12	...	...	...	...	...	...	...	...	1	3	...	1	1	2	3	1	...	...
Breast	...	12	...	...	...	...	...	...	...	...	1	1	2	1	4	...	1	2	...	...
Male Genito-urinary Organs ...																				
Bladder	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kidney	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Prostate	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scrotum	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
Total Male Genito-urinary Organs ...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
Skin	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Other or Unspecified Organs ...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	1	.
	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
Total Males ...	39	...	...	...	...	...	...	...	...	1	1	2	2	3	2	7	10	7	1	2
Total Females ...	...	58	...	...	...	...	...	...	...	...	...	2	4	3	5	13	10	11	7	2
TOTAL both Sexes	97									1	1	4	6	6	7	20	20	18	8	4

Causes of, and Ages at Death during the Year 1936.

Causes of Death.	Nett Deaths at the subjoined Ages of Residents, whether occurring within or without the District.									Total Deaths whether of Residents or Non-residents in Institutions in the District.
	All ages.	Under 1 year.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.	
All Causes { Certified	795	45	7	17	17	21	72	240	376	553
All Causes { Uncertified	17	2	..	..	..	..	1	5	9	..
Enteric Fever	..	..	..	..	..	..	..	..	..	..
Measles	6	1	2	2	1	..	..	..	..	8
Scarlet Fever	1	..	..	..	..	1	..	..	..	3
Whooping Cough	1	1	..	..	..	..	..	..	..	..
Diphtheria	14	..	..	5	9	..	..	..	..	25
Influenza	11	1	..	..	..	1	2	4	3	1
Encephalitis Lethargica	2	..	..	..	..	1	..	1	..	1
Cerebro-Spinal Fever	..	..	..	..	..	..	..	..	..	1
Tuberculosis of Respirat'ry System	29	..	..	..	..	5	13	10	1	5
Other Tuberculous Diseases	8	1	..	1	1	1	3	1	..	10
Syphilis	3	1	..	..	..	..	..	2	..	3
General Paralysis of the Insane, Tabes Dorsalis	2	..	..	..	..	..	..	2	..	..
Cancer, Malignant Disease	97	..	..	..	..	..	6	39	52	62
Diabetes	12	..	..	..	..	1	2	6	3	13
Cerebral Hæmorrhage	32	..	..	..	..	..	..	10	22	61
Heart Disease	171	..	..	..	1	..	7	64	99	115
Aneurysm	3	..	..	..	..	..	..	1	2	2
Other circulatory Diseases	86	..	..	..	..	..	..	18	68	23
Bronchitis	55	2	..	..	..	..	6	9	38	8
Pneumonia (all forms)	41	7	3	2	1	2	6	14	6	39
Other Respir'tory Diseases	3	..	..	..	..	..	..	2	1	3
Peptic Ulcer	5	..	..	..	..	..	2	3	..	12
Diarrhœa, &c.	3	..	..	..	..	..	..	1	2	1
Appendicitis	3	..	..	1	..	..	2	..	..	3
Cirrhosis of Liver	3	..	..	..	..	..	..	2	1	5
Other Diseases of Liver, etc	8	..	..	..	..	..	2	2	4	2
Other Digestive Diseases	15	2	..	..	2	..	3	2	6	13
Acute & Chronic Nephritis	32	..	..	..	..	..	3	19	10	17
Puerperal Sepsis	1	..	..	..	..	1	..	..	..	2
Other Puerperal Causes	3	..	..	..	..	1	2	..	..	5
Congenital Debility and Malformation, including Premature Birth	29	28	1	..	..	..	..	..	..	23
Senility	18	..	..	..	..	..	..	..	18	..
Suicides	8	..	..	..	..	..	1	6	1	8
Other Deaths from Viol'nce	31	1	..	2	1	2	3	5	17	50
Other Defined Causes	60	2	1	4	1	5	9	16	22	39
Causes Ill-defined or Unknown	16	..	..	..	..	..	1	6	9	..
	812	47	7	17	17	21	73	245	385	553

INFANT MORTALITY, 1936.

Nett Deaths from stated causes at various Ages under One Year of Age.

CAUSE OF DEATH.	Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 1 month	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under 1 year.
All Causes { Certified	18	4	4	1	27	5	6	4	3	45
All Causes { Uncertified	2	..	..	..	2	..	..	..	..	2
Smallpox	..	..	..	..	..	..	..	..	..	..
Chicken-pox	..	..	..	..	..	..	..	..	1	1
Measles	..	..	..	..	..	..	..	..	..	..
Scarlet Fever	..	..	..	..	..	..	..	..	1	1
Whooping Cough	..	..	..	..	..	..	..	..	..	..
Diphtheria	..	..	..	..	..	..	..	1	..	1
Tuberculous Meningitis	..	..	..	..	..	..	..	..	..	..
Abdominal Tuberculosis	..	..	..	..	..	..	..	..	..	..
Other Tuberculous Diseases	..	..	..	..	..	..	..	..	..	..
Meningitis (not Tuberculous)	..	..	..	..	..	..	1	..	..	1
Convulsions	1	..	1	..	2	1	..	..	..	3
Laryngitis	..	..	..	..	..	..	..	..	..	..
Bronchitis	..	..	1	..	1	1	..	..	..	2
Pneumonia (all forms)	..	..	..	..	..	..	4	2	1	7
Diarrhœa and Enteritis	..	..	..	..	..	..	..	..	..	..
Gastritis	..	1	..	..	1	..	..	..	..	1
Syphilis	..	..	..	..	..	..	..	..	..	..
Rickets	..	..	..	..	..	..	..	..	..	..
Suffocation, overlying	..	..	..	..	..	..	..	..	..	..
Injury at Birth	..	..	..	..	..	..	..	..	..	..
Atelectasis	..	..	..	..	..	..	..	..	..	..
Congenital Malformations	5	1	1	..	7	..	..	..	..	7
Premature Birth	9	1	1	..	11	..	..	..	..	11
Atrophy, Debility & Marasmus	2	..	..	..	2	2	..	..	..	4
Other Causes	3	1	..	1	5	1	1	1	..	8
	20	4	4	1	29	5	6	4	3	47

Nett Births in the year { Legitimate.. 801 / Illegitimate.. 32

Nett Deaths in the year { Legitimate Infants .. 46 / Illegitimate Infants .. 1

Vital Statistics of Whole District during 1936 and Previous Years.

YEAR	Population estimated to middle of each Year.	BIRTHS. Nett. Number.	Rate	TOTAL DEATHS REGISTERED IN THE DISTRICT. Number	Rate	Transferable Deaths of Non-residents registered in the District.	Transferable Deaths of Residents not registered in the District.	NETT DEATHS BELONGING TO THE DISTRICT. Under 1 Year of Age. Number.	Rate per 1000 nett Births.	At all Ages. Number	Rate.
1930	56830	735	12·87	952	16·75	245	55	51	69	762	13·41
1931	56260	679	12·00	948	16·85	170	38	48	71	816	14·50
1932	57160	728	12·74	984	17·49	260	46	62	85	770	13·47
1933	59200	748	12·63	1031	17·42	248	46	40	53	829	14·00
1934	60100	738	12·28	1047	17·42	245	53	62	84	855	14·22
1935	59800	710	11·87	1125	18·81	280	52	47	66	897	15·00
1936	59860	833	13·92	1065	17·79	308	55	47	56	812	13·56

Area of District in acres (land and inland water) .. .. 7245.

Total population at all ages 56,182
Total families or separate occupiers 15,402
Average number of persons per house..... 3·71
} At Census of 1931.

SECTION 2.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

(I.) **Public Health Officers of the Authority.**—A list of these will be found on page 17 of the report.

(II.) **Laboratory Facilities.**—These are provided at the Broadfield Clinical Laboratory, Rochdale, and the work is performed by Dr. J. S. Pooley. Particulars of the examinations performed in 1936 are given on page 111 of this report. More detailed examinations—Wasserman reaction tests, biological tests, and examinations of water are performed at the Public Health Laboratory, Manchester.

At the Bury Venereal Disease Clinic, new laboratory facilities have been afforded, so that many more specimens of infective organisms, etc., have been examined than formerly.

Chemical investigations are made in the cases of milk and foodstuffs by the Borough Analyst, Mr. T. R. Hodgson.

(III.) **Ambulance Facilities.**

(a) For Infectious Cases.—There are two motor ambulances owned by the Bury Joint Hospitals Board for the transport of cases of infectious disease and tuberculosis.

(b) For Non-infectious and Accident Cases.—The Bury Corporation provides three motor ambulances for the removal of accident cases and cases of illnesses requiring hospital treatment.

(IV.) **Nursing in the Home.**—Home Nursing is not provided directly by the Council, but is carried out by the Bury Branch of the Queen Victoria's Jubilee Institute for Nurses. An arrangement has been entered into whereby, at the request of the Medical Officer of Health, one of the Association's Nurses visits and treats cases of Puerperal Fever, Puerperal Pyrexia, Ophthalmia Neonatorum, Measles and German Measles, Whooping Cough, Epidemic Diarrhœa, and Poliomyelitis. The charge to the Council for this visiting is as follows:—For cases of Puerperal Fever, Puerperal Pyrexia, and Ophthalmia Neonatorum, 1s. 6d. per visit; for cases of Whooping Cough, Epidemic Diarrhœa and Poliomyelitis, 6d. per visit; and for cases of Measles and German Measles £1 1s. per case.

Clinics and Treatment Centres. **TABLE B.**

The following is a list of clinics and treatment centres available for Bury patients during 1936:—

Name and Situation.	Times of Attendance.	By whom Provided.
Maternity and Child Welfare Centres:		
(a) Welfare Centre, The Wylde...	Monday and Thursday, 2-0 p.m. to 5-0 p.m., Friday 10-0 a.m. to 12-30 p.m.	Health Committee of Local Authority
(b) 166, Tottington Road, Elton	Wednesday, 2-0 p.m. to 5-0 p.m.	,, ,, ,, ,,
Ante-Natal and Post-Natal Clinics		
(a) Welfare Centre, The Wylde	Wednesday, 10-0 a.m to 12-30 p.m.	,, ,, ,, ,,
(b) 166, Tottington Road, Elton	Friday, 2-0 to 5-0 p.m.	,, ,, ,, ,,
School Clinics:		
(a) Minor Ailments Clinic, The Wylde.....	Monday to Saturday, 9-0 a.m. to 10-0 a.m.	Education Committee of Local Authority
(b) Dental Clinic, The Wylde	Monday to Friday, 9-30 a.m. to 12 noon, 2-0 p.m. to 5-0 p.m. (except during Dental Inspection in Schools). Saturday, 9-30 to 12-0 noon.	,, ,, ,, ,,
(c) Ophthalmic Clinic, The Wylde ...	Wednesday, 2-30 p.m. and Thursday, 2-30 p.m.	,, ,, ,, ,,
Tuberculosis Clinics:		
Tuberculosis Dispensary, The Wylde ...	Tuesday and Thursday, 10-0 a.m. to 12-30 p.m., Wednesday, 6-45 p.m. to 7-45 p.m. when necessary. Friday, 2-0 to 4-0 p.m.	Health Committee of Local Authority

Clinics and Treatment Centres—continued.

Name and Situation.	Times of Attendance	By whom Provided.
Venereal Disease Clinic :		
The Wylde	Females : Tuesday, 6-30 to 8-30 p.m., Thursday, 2-0 to 5-0 p.m., Friday, 8-30 to 9-30 p.m. Males : Tuesday, 8-30 to 9-30 p.m., Friday, 6-30 to 8-30 p.m., Saturday, 10-0 a.m. to 1-0 p.m. Irrigation, Males : Monday to to Friday, 6-30 to 8-30 p.m. except Tuesday, 8-30 to 9-30 p.m., Saturday, 10-0 a.m. to 1-0 p.m. Females : Monday, Wednesday and Saturday, 9-15 to 10-15 a.m., Tuesday, 6-30 to 8-30 p.m., Thursday, 2-0 to 5-0 p.m.	Health Committee of Local Authority
Artificial Light Clinic, The Wylde :		Health and Education Committees of Local Authority
(a) for School Children	Monday, 9-30 a.m. to 12-30 p.m.	
(b) for Maternity and Child Welfare Cases	Wednesday, 9-30 a.m. to 12-30 p.m.	,, ,, ,,
(c) for Tuberculosis Cases	Thursday, 9-30 a.m. to 12-30 p.m.	,, ,, ,,
Immunisation Clinic, The Wylde :		
(a) for School Children	Wednesday, 2-0 to 4-30 p.m.	,, ,, ,,
(b) for Pre-School Children	Monday, 9-30 a.m. to 12-30 p.m.	,, ,, ,,
Orthopædic Clinic :		Health and Education Committees of Local Authority by arrangement with the Lancashire County Council.
School Clinic, Whitefield	Thursday mornings.	

(VI.) **Hospitals, Public and Voluntary.**

The following is a list of hospitals used by inhabitants of Bury:—

Name and Situation.	Type.	No. of Available Beds.	Management.	Proportion of beds used by persons from Outside Bury Area.
(a) Within the Borough:				
Florence Nightingale Hospital, Bury.	Isolation ...	96	Bury & District Joint Hospital Board.	Approx. 40%.
Bury Infirmary, Bury.	General ...	143	Voluntary	Approx. 50%.
Jericho Institution Bury.	General ...	208	Public Assist'n'e Committee of Lancashire County Council	Approx. 54%.
(b) Outside the Borough:				
Aitken Sanatorium, Holcombe, near Bury.	Tuberculosis Sanatorium.	70	Bury & District Joint Hospital Board.	72% by Lanc'shire County Council Cases.
Ainsworth Smallpox Hospital, Ainsworth, near Bolton.	Smallpox ...	28	do.	Cases admitted as required.

In addition to the above, patients from Bury are admitted to Manchester institutions, principally: Manchester Royal Infirmary (General Medical and Surgical), Manchester and Salford Skin Hospital (Skin Cases), and St. Mary's Hospital (Maternity).

(VII.) **Local Government Act, 1929.**—The Jericho Institution of the late Board of Guardians has not been transferred to the Public Health Committee. It is administered by the Public Assistance Committee of the Lancashire County Council. Accommodation is available for the sick inhabitants of the area, as before.

(VIII.) **Poor Law Medical Out-Relief.**—The arrangements in operation for the provision of medical assistance to those in poor circumstances remain unchanged. Particulars of the two areas in which the Borough is divided for this service, the names of the

Medical Officers in charge, and a summary of the attendances made are shown below :—

Poor Law Medical Out-Relief during the Year 1936.

Area	Medical Officers.	Attendance at patients own houses.	Attendances at Surgery or M.O.'s house.	Medicine supplied without seeing patient.	Attendances at patients' houses and medicine supplied.	Attendances at Surgery and medicine.	Total.
No. 1	Dr. H. Smith ...	61	218	66	1	8	354
No. 2	Dr. C. G. Lees... and Dr. E. Smalley	229	41	77	123	256	726

(IX.) **Institutional Provision for the Care of Mental Defectives.**—The Lancashire Mental Hospitals Board, of which the Bury Council is a member, deals with the Lunacy and Mental Deficiency Services.

(X) **Legislation in Force.**

The following local Acts, general acts adopted, and Byelaws relating to the public health are in force :—

LOCAL ACTS.

Bury Corporation Act, 1909.

Bury Corporation Act, 1927.

Bury Corporation Act, 1932.

ACTS ADOPTED.

Public Health Acts Amendment Act, 1890. (March 5th, 1891; came into operation May 1st, 1891.)

Infectious Diseases (Prevention) Act, 1890. (August 2nd, 1900; came into operation October 1st, 1900.)

Housing of the Working Classes Act, 1890—Part III. (June 3rd, 1909.)

Notification of Births Act, 1907. (March 5th, 1908.)

Public Health Acts Amendment Act, 1907. Orders made, declaring certain Parts and Sections thereof to be in force in the Borough, by the Local Government Board on November 8th, 1909 (came into operation 1st January, 1910), and by the Secretary of State on October 13th, 1909.

Public Health Act, 1925. Certain sections thereof adopted on the 7th January, 1926, to come into operation on the 1st March, 1926.

Baths and Washhouses Acts, 1846 to 1899, adopted 4th February, 1926.

Local Government and Other Officers' Superannuation Act, 1922.

By-laws.	Date came into force.
Common Lodging-houses...	7th July, 1881.
Houses Let-in-Lodgings	24th September, 1898.
Abattoirs	5th October, 1916.
Offensive Trades	6th February, 1929.
Stables	1st July, 1936.
Transport or Exposure for Sale of Food...	1st Aug., 1936.

SECTION 3.

SANITARY CIRCUMSTANCES OF THE AREA.

HOUSING.

INSPECTION AND SUPERVISION OF FOOD.

PRODUCTION AND SUPERVISION OF MILK.

SANITARY CIRCUMSTANCES AND SANITARY INSPECTION OF THE AREA.

REPORT OF THE CHIEF SANITARY INSPECTOR.

To the Medical Officer of Health
for the County Borough of Bury.

I beg to submit to you, in accordance with Article 27 of the Sanitary Officers (Outside London) Regulations, 1935, my Report on the Sanitary inspection of the Area for the year 1936.

General Observations.

During the year under review the work of the Sanitary Inspector's Department has been directed towards two main objectives:—

(1) Carrying out the regular routine inspection of the district on the system outlined in the Report for 1934,

(2) The inspection of dwelling-houses included in the programme of clearance of insanitary dwellings adopted by the Council in 1935.

In addition, a Measurement Survey of all working-class houses in the Borough under the overcrowding provisions of the Housing Act, 1935, was undertaken during the year. For this purpose an extra temporary staff of nine male clerks and enumerators was engaged.

Increased attention has also been given during the year to inspections under the Shops Acts 1912 to 1934, and the statutory register of shops is nearing completion.

A scheme of ashpit conversion was adopted by the Council during the year, and inspections for this purpose were commenced in September.

It is interesting to note the quinquennial increase of the statutory duties of the Sanitary Inspector under the Housing Acts that has been taking place during the past fifteen years.

The Housing and Town Planning Act of 1919 produced a skeleton system of approach to clearance of insanitary dwellings.

The 1925 Act went further in providing for schemes to be submitted at the discretion of the Local Authority.

The 1930 Act, in the first place, imposed the duty on Local Authorities to submit a definite programme every five years. Later Local Authorities were required under this Act to submit a complete programme of slum clearance for their district.

The 1935 Act takes housing law a step further by providing a statutory standard of overcrowding for working-class dwellings.

From the above brief survey of the increase in the statutory duties in relation to housing, coupled with the demands made by the necessary preparation for public local enquiries, it will be appreciated that a large part of the time of the Sanitary Inspector's staff is occupied with one or other of the several duties under the Housing Acts.

Staff.

During the year several changes occurred in the staff of the Department.

Mr. H. Mitchell retired on superannuation in January, 1936, after 30 years' service in the Department.

Mr. C. H. Wright obtained an appointment with the County Borough of Blackpool and resigned in September. These vacancies were filled in March and November, 1936, when Mr. R. Lord, of Oldham, and Mr. J. Gaskell, of Derby, respectively were appointed District Sanitary Inspectors to your Council.

During the year your Sanitary Inspectors attended approved lectures on Smoke Abatement and Sanitary Science. I have pleasure in recording that Mr. F. Shacklock was successful at the examinations held by the Royal Sanitary Institute for the Certificate in Sanitary Science and the Certificate of Smoke Inspector.

Water Supply.

During the year six samples of water were obtained, three were submitted for chemical analysis, and three for bacteriological examination.

All the samples were found to be satisfactory.

Samples W.1 and 3. These samples were taken from a surface water pool which supplies the water to a dairy farm. The first was taken in summer time and the second in the winter season, after the adjoining land had received a dressing of manure.

Sample W.2. Was taken from a spring, which is the only water supply to a small group of cottages.

Drainage and Sewerage.

During the year the conversion of privy closets and waste water closets to the fresh water carriage system has continued in the manner reported in previous years.

To enable this work new sewers have been constructed in Webb Street, Back Crostons Road, Blackford Brow.

The following summary shows the work done during the year :—

	Primary Visit.	Re-visit.	Total.
Drainage inspected	713	87	800
Drainage tested	97	—	97
Drainage defective...	57	—	57
Drainage reconstructed	65	—	65
Cesspools	3	1	4
Sewers and street gullies... ...	32	3	35
Totals	967	91	1058

As far as it is found practicable, a smoke test is applied to all newly reconstructed house drainage during the work and on completion, and contractors and house owners are becoming more appreciative of the benefits of this service. It is hoped that in time this will lead to a demand for all drainage to be tested.

Closet Accommodation.

The provision of free sets of fittings (closet pedestal and cistern) by the Corporation in those cases where conversions are carried out on the informal notice of this department was continued during the year.

Number of sets of fittings supplied, 80.

The following table shows the Type and Number of Conveniences in the Borough at the 31st December, 1936:—

Number of Dwelling-houses	18566
,, Factories	240
,, Workshops and Lock-up Shops	472
,, Public Institutions and Places	132
,, Water Closets	17385
,, Waste Water Closets	2676
,, Privy Closets	522
,, Pail Closets	241
,, Tank Closets	4
,, Dry Ashpits	2331
,, Ashbins	12615

It is interesting to note that waste water closets will cease to be regarded in law as sufficient and satisfactory after the new Public Health Act, 1936, comes into force in October, 1937.

Table giving particulars of the Conversions during the past Five years.

	1932	1933	1934	1935	1936
Privy closets cleared away	2	—	2	—	—
Pail closets cleared away	—	—	—	1	—
Privy closets converted to fresh-water closets ...	25	66	8	53	23
Pail closets converted to fresh-water closets ...	2	—	16	1	3
Additional fresh-water closets provided	36	72	53	21	20
Waste-water closets replaced by fresh-water closets	27	32	44	38	64
,, ,, cleared away	—	—	17	—	—
Trough ,, replaced by fresh-water closets	—	—	—	—	—
Total number of fresh-water closets fixed in connection with old property	90	170	121	108	110
Privy middens altered and converted to dry ashpits	—	—	—	—	—
,, ,, ,, ashbins	13	34	5	53	23
Dry ashpits ,, ,, ashbins	19	32	27	2	61
Number of ashbins provided (galvanised iron) fixed	—	—	—	—	—
,, ,, ,, ,, portable	73	171	115	105	117
Number of cesspools abolished	—	—	—	—	—

Storage of Household Refuse.

Under this heading in the Report for 1935 (page 37) reference was made to the submission of a special report to the Health Committee with the object of arranging a scheme to abolish ashpits, of which there are a large number in the Borough.

In June, 1936, the Council approved a scheme for the conversion of ashpits and the provision of a separate dustbin to each dwelling-house in the Borough, the scheme to be spread over a period of four years. The first inspections for this purpose were made in September.

The following table shows the detail of this work during 1936:—

Number of ashpits abolished	61
,, ashbins substituted	92
,, additional ashbins provided	2
,, privy midden ashpits abolished	23
,, ashbins substituted	23

SANITARY INSPECTION OF THE DISTRICT.

1. Number and Nature of Inspections.

During the year 1936 the following inspections were made by sanitary inspectors to the premises detailed:—

Nature of Inspection.	Primary Insp'ns.	Re-inspections.	Total Visits.
Houses under Public Health Acts	863	2,208	3,071
Water Supply	14	3	17
Tents, Vans, Sheds	1	—	1
Houses Let in Lodgings	243	41	284
Common Lodging Houses	200	2	202
Schools	50	9	59
Entertainment Houses	19	5	24
Ashes Accommodation	1,134	511	1,645
Accumulations	24	7	31
Animals or Birds	36	14	50
Stable Premises	62	9	71
Yards, Courts, etc.	24	4	28
Piggeries	82	9	91
Drainage—Testing	97	—	97
Inspected	713	87	800
Defective	57	—	57
Reconstructed	65	—	65
Closets—Water	399	69	468
Pails or Privies	406	128	534
Cesspools	3	1	4
Urinals	78	4	82
Sewers and Street Gullies	32	3	35
Cowsheds	576	21	597
Milkshops and Dairies	402	8	410
Ice-Cream Premises	93	7	100
Meat Shops for Meat Inspection	150	2	152
Abattoir for Meat Inspection	34	—	34
Food Preparing Premises	166	60	226
General Food Premises	220	4	224
Markets	149	2	151
Merchandise Marks Acts	7,173	—	7,173
Fertilisers and Feeding Stuffs Act	10	—	10
Offensive Trades	59	—	59
Factories	45	19	64
Workshops	72	30	102
Bakehouses—Factory	38	7	45
Non-Factory	191	51	242
Outworkers	3	—	3
Shops Acts	570	15	585
Infectious Diseases	399	56	455
Disinfection	390	5	395
Smoke Abatement Observations	305	—	305
Premises Visited	19	—	19
Rivers Pollution Acts	5	1	6
Miscellaneous Visits	202	1	203
Interview—Owners, Tradesmen, etc.	485	—	485
Verminous Premises	214	126	340
Samples Food and Drugs	346	—	346
Rag Flock	5	—	5
Water	14	—	14
Milk—Pathological	67	—	67
Bacteriological	102	—	102
Housing inspections under the Regulations of 1925 and 1932	1,104	1,153	2,257
Housing Act—Overcrowding	795	19	814
Disinfestation	37	22	59
	19,042	4,703	23,745

2. Number of Notices Served.

To secure the abatement of nuisances and the removal of conditions dangerous to health, the following action was taken:—

Number of	informal notices served	471
,,	informal notices complied with ...	365
,,	statutory notices served	12
,,	statutory notices complied with ...	11

3. Complaints Received.

During the year 445 complaints were received relating to the following matters:—

Nature of complaint.	Number.
General Disrepair—Various...	25
Defective fireplace	13
,, rain-water pipe...	2
,, windows...	8
,, chimneys...	1
,, doors...	3
,, plasterwork ...	7
,, floors...	1
,, roofs	20
Dampness	39
Water closets	44
Choked drains	34
Insufficient ashes accommodation	5
Urinals	1
Privies and pails	3
Defective ashpits	39
Defective ashbins	65
Rats	4
Vermin	55
Foul and obnoxious odours	26
Accumulations	13
Dirty premises	15
Water supply	1
Obstructed light	2
Dangerous buildings	1
Animals or birds	2
Shops	1
Burning of refuse	3
Smoke nuisance	11
Surface drainage	1

Each complaint was investigated and any necessary action taken.

In addition the following complaints were referred to other Corporation departments:—

Borough Surveyor's Department.

Corporation Houses:—		
Choked drainage	9	
Defects	5	
Ashes accommodation	5	
Dampness...	4	
Burst water pipes	1	
	—	24
Sanitary accommodation in Schools...		1
Shed built without approval		1

Gas Department.

Grit from Gas Works	1
Defects	1

Cleansing Department.

Choked street gullies	1
Total	29

Many notices of complaint were received from informants who preferred to remain anonymous. These were all duly inquired into in the usual way, notices being served as found necessary.

4. Record of Nuisances Abated and Work Done.

During the year the total number of nuisances abated or defects remedied, either as a result of informal or statutory action, is as follows:—

1.	As a result of informal notice	1,636
2.	As a result of statutory notice	159
	Total	1795

Houses Let in Lodgings.

Bye-Laws dated 1898.

Housing Act, 1935.

At the end of 1936 there were 26 registered houses let in lodgings in the Borough.

The general standard of these houses, while being comparable with those found in many other towns, nevertheless falls short of modern requirements in several particulars. The buildings are generally not suitable for this special purpose, landings and passages are generally dark, facilities for preparing and cooking food are poor, and washing accommodation is insufficient when viewed from a modern standpoint. The adoption of more stringent by-laws would fail to remedy some of these defects, which are inherent in the type of building used—usually a fairly large private house nearing 100 years old converted for the purpose.

The provisions of the Housing Act, 1935, relating to Overcrowding now apply to these houses, cancelling the clauses in the By-laws relating to accommodation.

Particulars of Registered Houses Let in Lodgings and work done in 1936:—

No. of houses.	No. of rooms.	Accommodation available for adults.	Accommodation available for children.
26	179	275	3

Number of Notices served under Bye-Laws and Public Health Acts	3
Number of defects found	206
,, defects remedied	85
,, visits of inspection	284

Common Lodging Houses.

Bye-Laws under Section 80. *Public Health Act,* 1875.
Bury Corporation Act, 1909. *Section* 188.
Bury Corporation Act, 1932. *Sections* 172 *to* 174.

There are six registered common lodging-houses in the Borough. Following the survey reported in the Report for 1935 and subsequent renovations carried out they have been maintained in a satisfactory manner. The average number of persons living at these premises during the year has been found to be slightly increased over the number reported for 1935. There are still a fairly large number of beds standing vacant, and casuals received are about the same number as in the previous year.

The accommodation available is as follows:—

	Situation.	No. of Beds.	Accommodation available for:—
1.	24, Clerke Street	34	Males only.
2.	5, 7, 9 and 11, Clerke Street.	54	Males only.
3.	125, Princess Street	13	Males only.
4.	26 and 28, Clerke Street ...	72	Males and females.
5.	138, Princess Street	19	Males only.
6.	56, Union Square...	16	Males only.
	Total number of beds	208	

Tents, Vans, and Sheds.

Public Health Act, 1875.
Housing of the Working Classes Act, 1885.
Public Health Act, 1925.
Bury Corporation Act, 1932.

During the year under review the Borough has been entirely free from any inhabited tents, vans or sheds, other than those caravans arriving for the short periods of the Bury Fairs.

Canal Boats.

Canal Boats Acts, 1877 *and* 1884.
Canal Boats Regulations.

No registered canal boats came into the wharf at Bury Bridge during the year.

Rats and Mice.

Rats and Mice (Destruction) Act, 1919.

The Cleansing Superintendent is the appointed officer under the Act.

During the year a dairy farm premises were rat proofed under the supervision of this Department.

Offensive Trades.

Public Health Acts, 1875 *and* 1925.

Number of Premises on the Register 1st January, 1936 ...	18
,, ,, ,, 31st December, 1936...	18

Workshops	8
Factories	10

Notices served	7
Notices complied with	6
Number of inspections	59

List and classification of registered trades:—

Fellmongers, Tanners, and Leatherdressers	6
Tallow melters, Fat melters and Extractors	2
Knackers' Yard	1
Tripe boilers	2
Glue makers	1
Gut scrapers	1
Rag and bone dealers...	5
	18

The premises in all cases are maintained in compliance with the provisions of the Bye-Laws which are applicable to the particular trade carried on.

Smoke Abatement.

Public Health Act, 1875.

Public Health (Smoke Abatement) Act, 1926.

During the year a special Committee of the Council was formed to deal with Smoke Abatement and to be known as the Smoke Abatement Committee. The Council approved the Committee's recommendations that:—

(a) a Course of Lectures for Boilermen and Firemen be arranged, and that no charge be made for attendance at such Lectures, that teachers at the High School and Senior Schools be given a Course of instruction on Smoke Abatement by the Medical Officer of Health and the Chief Sanitary Inspector, and that lectures be given to school children on the importance of Smoke Abatement.

(b) That it be a recommendation to the Gas and Electricity Committees to consider the question of an intensive advertising campaign with regard to Smoke Abatement and the use of smokeless fuels.

(c) That consideration be given to purchasing a soot gauge and publishing the results of analyses.

It is hoped that the results of this educational campaign will contribute substantially to the cause of Smoke Abatement. The causes of atmospheric pollution are mainly due to excessive emissions of smoke from industrial plants and the inefficient combustion of solid fuels in domestic fireplaces.

In Bury there are 90 factory chimneys and 18,700 domestic chimneys contributing their quota of smoke to the atmosphere. The question of dealing with industrial plants cannot be approached on a general basis; each nuisance reported must be separately investigated to ascertain what peculiar circumstances are the cause of the nuisance. Domestic smoke does, however, present the opportunity for remedial measures on general lines. The difficulty appears to be lack of knowledge and the sentimental attachment of the average Englishman to the open fire.

The following table is taken from the Report No. 3 of the Fuel Research Board and is included in order to provide some information of the heating values of various types of grates and solid fuels which are easily obtainable under present conditions for use in domestic fireplaces.

Radiation Efficiency: Percentage of Total Heat of Fuel passed into the Room as Radiation.

	Percentage.
Ordinary open coal fire—old-fashioned type...	24
Open coal fire—barless type	20
Coke fire in barless grate	24½
Coal in same grate	21
Coke fires in a register grate	28½
Coal fires in same grate...	24
Low temperature carbonisation cokes	31 & 34
Coal in same grate	24
Anthracite in open grate	27
Coal in same grate	24

The time limit approved by the Council for the emission of black smoke is two minutes in the aggregate for a continuous period of 30 minutes.

Particulars of observations and work done during 1936:—

Number of 30 minute observations	307
Number of premises visited	19

Classification of all Observations taken.

TABLE I.

Premises.	Dense Black Smoke.	Moderate Smoke.	Little or no Smoke.
Factories	92.45 min.	3642.8 min.	3474.75 min.
Average per observation of factories.	.301 min.	11.865	17.833

Number of nuisances due to excessive black smoke	4
,, statutory notices served	6
,, statutory notices complied with	6

TABLE II.

No. in Smoke Register.	Period of emission in minutes.		
	Black Smoke.	Moderate Smoke.	Little or no Smoke.
1	2.5	26.5	1.0
2	4.0	25.0	1.0
3	5.0	15.25	9.75
4	2.5	12.5	15.0

Three observations were taken, in which the limit for the emission of black smoke was reached, but was not exceeded. In each case a verbal notice of the observation was given by the inspector concerned to the person in charge of the plant.

The Sanitary Staff make every endeavour to demonstrate a practical spirit of co-operation in carrying out their duties in relation to Smoke Abatement. The Minister of Health said in his circular to Local Authorities when introducing the Public Health (Smoke Abatement) Act, 1926, that it was desirable for all officers engaged in Smoke Abatement duties to be specially trained in this subject. Each inspector has accordingly attended the special classes arranged for Sanitary Inspectors on this subject at the Manchester College of Technology.

Item.	1934	1935	1936
No. of Observations	358	328	307
	Minutes	Minutes	Minutes
Total amount of Black Smoke Observed	245.66	186.25	92.45
Average amount of Black Smoke per Observation	0.687	0.570	0.301
Total number of Nuisances reported..	5.0	10.0	4.0

Rag Flock.

Rag Flock Acts, 1911 *and* 1928.
Rag Flock Regulations.

During the year a number of samples were taken at premises occupied by upholsterers. Two of the samples were taken from Rag Flock which was supplied under a warranty to be in the condition prescribed under the Act and Regulations. The remaining three samples failed to comply with the standard laid down, but after investigation by the Public Analyst these were found to be made from cotton material that had not been woven or fabricated. In view of this they could not be correctly described as Rag Flock under the Act, so no further action was taken.

Samples have been taken as follows:—

Sample No.	Place Taken.	Analyst's Report.	Action Taken.
R.F. 3	Upholsterer's Workshop.	Genuine.	—
R.F. 4	do.	WADDING. Soluble Chlorine 100 parts per 100,000.	The Public Analyst certified that these samples were not "rag flock" within the meaning of the Act.
R.F. 5	do.	WADDING. Soluble Chlorine 95 parts per 100,000.	
R.F. 6	do.	WADDING. Soluble Chlorine 85 parts per 100,000.	
R.F. 7	do.	Genuine.	

Disinfection for Infectious Disease.

Disease.	Rooms.	Visits.	No. of Cases.
Scarlet Fever	127	146	113
Diphtheria	220	272	204
Erysipelas	8	17	14
Tuberculosis	35	18	—
Para-Typhoid Fever ...	1	1	1
Measles	1	2	—
Cancer	3	4	—
Puerperal Fever	2	2	—
Puerperal Pyrexia	1	1	—
Other causes	4	4	—
Total	397	467	332

In addition to carrying out the disinfections which are enumerated above the sanitary staff have been called to various schools for this purpose.

Number of visits to schools for disinfection ... 21
Number of schools disinfected 8

DISINFESTATION OF VERMINOUS PREMISES.

Public Health Act, 1925.

The Council provide a disinfestation service free to all dwelling-houses, and the following table shows the work done during the year.

Various methods have been employed, including fumigation with sulphur, with two different kinds of proprietary fumigating blocks and several proprietary liquid sprays. In addition tenants are advised to use a soft soap and paraffin emulsion when cleaning infested rooms. The Corporation Housing Estate houses are disinfested under the supervision of the Borough Engineer's Department. I am advised by Mr. Chadwick, the Borough Engineer, that " paraffin spray " has been used with satisfactory results.

Tenants who unfortunately suffer infestation by bed bugs are given every assistance to relieve themselves of the pest, and are invited to co-operate by maintaining their houses in a thoroughly clean condition. This latter is an essential factor to the success of any process of disinfestation, and probably the only necessary precaution required against infestation by fleas.

		Rooms	
Houses	164	473	1st May, 1936, to
Business Premises	3	5	31st December, 1936
Total	167	478	

During the year 399 visits were made to verminous premises.

SANITARY ACCOMMODATION IN SCHOOLS.

During the year inspections were made of the sanitary accommodation in the Schools, and the following table shows the number and type of accommodation in the elementary schools in the Borough :—

School.	Urinals	Water Closets	Trough Closets	Pail Closets	Privies
Alderman Smith Council ...	1	11	—	—	—
St. Stephen's C. of E.	1	11	—	—	—
All Saints' C. of E....	2	14	—	—	—
Elton Council	2	27	—	—	—
Guardian Angels' R.C.	1	13	—	—	—
Chesham	2	8	—	—	—
St. John's C. of E.	2	2	12	—	—
St. Joseph's R.C.	2	21	—	—	—
St. Mark's C. of E.	—	2	17	—	—
Walmersley C. of E.	1	6	—	—	—
St. Paul's (Bell) C. of E....	1	—	9	—	—
St. Paul's (Huntley) C. of E.	1	8	—	—	—
East Ward Council	2	26	—	—	—
Birtle C. of E.	1	—	—	7	—
Church Central C. of E. ...	1	2	17	—	—
Holy Trinity C. of E.	1	3	13	—	—
George Street	1	1	12	—	—
St. Marie's R.C.	1	16	—	—	—
Clerke Street	1	8	—	—	—
St. Thomas's C. of E.... ...	1	22	—	—	—
St. Chad's C. of E.	1	—	11	—	—
Fishpool Council	1	14	—	—	—
St. Peter's C. of E.	1	11	—	—	—
St. George's C. of E.	1	10	—	—	—
Hollins	—	—	—	—	6
Total	29	236	91	7	6

During the year the sanitary accommodation at St. Joseph's School was reconstructed, trough closets being abolished and up-to-date water closets fitted in their stead.

Sanitary Inspection of Cinemas, etc.

During the year periodical inspections were made of the cinemas in the town, and where defects were found the management concerned readily carried out the necessary repairs.

Number of visits to Entertainment Houses	24
,, notices served and abated...	1

Public Conveniences.

The Council gave consideration to the Special Report on the sanitary condition of the Public Conveniences submitted by the Health Committee, referred to in the Report for 1935, and approved the Committee's recommendation to replace all iron urinals at the rate of one per year. The Council approved the construction of a new convenience for both sexes in the Crostons Road area and an additional new one in the Paradise Street area adjoining the new Fair Ground during the next financial year.

HOUSING.

Housing Acts, 1925-1930-1935.

Housing Consolidated Regulations.

General Observations.

The year 1936, at present under review, marked the beginning of a new epoch in Housing Administration. The new Housing Act which was placed on the Statute Book on 2nd August, 1935, placed a duty on the Local Authority to carry out a survey for overcrowding in the Borough. The survey in Bury was commenced on 16th December, 1935, and completed on 23rd March, 1936. In view of the important change thus effected in the administration of the Housing Acts in relation to working class dwellings the report of the survey was included in the Annual Report for 1935 (page 69-71), so that members of the Council would be in possession of details of the position as early as possible.

On the 26th June, 1936, the Housing Act, 1935 (Operation of Overcrowding Provisions) Order, 1936, was made by the Minister of Health specifying the " appointed day " for the purpose of Section 6 of the Act. This relates to the date six months after which certain entries and information must be placed in Rent Books. It places a duty on the Local Authority to supply owners with Certificates of the " permitted number of persons " who may sleep at any house. The Order prescribed 1st January, 1937, as the " appointed day " in respect of 46 County Boroughs, including the County Borough of Bury. The effect of this Order made necessary a further measurement survey to provide a record of the " permitted number of persons " for each working class dwelling in the Borough.

During the year work proceeded with the inspection of dwelling-houses in accordance with the programme accepted by the Council in March, 1935, reported in the last Annual Report. The chief items under this heading being the inspection and

preparation of the Freetown Clearance Area, and the Public Local Enquiry held by the Ministry of Health Inspector to enquire into the following Clearance Orders confirmed by Council on the 2nd January, 1936:—

Bambury Street No. 1.	Clearance Area Order.
Bambury Street No. 2.	Clearance Area Order.
Hill Street.	Clearance Area Order.
Wike Street.	Clearance Area Order.

These Orders were subsequently confirmed, without alteration, by the Minister of Health.

On the 14th September, 1936, the Medical Officer of Health submitted an Official Representation to the Health Committee in respect of two dwelling-houses, and an undertaking not to re-let the houses for human habitation was accepted from the owners.

On the 24th November, 1936, the Medical Officer of Health submitted an Official Representation to the Health Committee in respect of one Clearance Area comprising 271 dwelling-houses, which was confirmed by the Council at its meeting on the 22nd December, 1936.

During the year demolition was completed at the Albion Street, Irwell Cottages, and East Garden Street Clearance Areas, and was commenced at Bambury Street, No. 1 and No. 2, Hill Street, Livsey Street, and Doctors Lane Clearance Areas.

Clearance Areas.

Date confirmed by Council.	Area.	No. of Premises.	No. of Persons.
1/2/34.	Queen Street	27	105
1/2/34.	Pimhole	29	97
1/8/35.	Wood's Yard	10	29
1/8/35.	Doctors Lane	13	39
1/8/35.	Albion Street...	5	14
1/8/35.	Irwell Cottages	12	38
1/8/35.	Livsey Street...	11	33
1/8/35.	East Garden Street	13	41
2/1/36.	Bambury Street No. 1	9	20
2/1/36.	Bambury Street No. 2	32	89
2/1/36.	Hill Street	16	36
2/1/36.	Wike Street	13	24
22/12/36.	Freetown	271	761
	Totals for 13 areas dealt with under the Housing Acts, 1925-35, up to 31st December, 1936	461	1326

The following table shows the number of houses built within the Borough during the past 7 years. For this information we are indebted to the Borough Surveyor (John Chadwick, Esq., A.M.I.C.E.) :—

			Houses subsidised under Housing Acts.	
	Built by L.A.	Built by Private Enterprise.	Built by L.A.	Built by Private Enterprise.
1930	258	80 ...	258	—
1931	540	91 ...	520	—
1932	505	114 ...	505	—
1933	44	279 ...	44	—
1934	180	237 ...	164	—
1935	—	489 ...	—	—
1936	79	410 ...	79	—
	1,606	1,700 ...	1,570	—

Total number of houses built by Corporation at 31st December, 1936 2,191

During the year 14 houses were demolished for Private Improvement purposes.

Number of new houses erected during the year:—

(a) Total, including numbers given separately under (b) :

(i) By the Local Authority 79

(ii) By other Local Authorities ... ... *nil*

(iii) By other bodies and persons 410

(b) With State Assistance under the Housing Acts:

(i) By the Local Authority.

(a) For the purpose of Part II. of the Act of 1925 ... ... *nil*

(b) For the purpose of Part III. of the Act of 1925 ... ... *nil*

(c) For other purposes 79

(ii) By other bodies or persons ... ... *nil*

1. **Inspection of Dwelling-houses during the year:—**

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) 1967

(b) Number of inspections made for the purpose... 5328

(2) (a) Number of dwelling-houses (included under Sub-head (a) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 1104

(b) Number of inspections made for that purpose. 2257

(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation 273

(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 87

2. **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	199
Number of back-to-back houses made into through houses	10
Number of houses demolished	20

3. **Action under Statutory Powers during the Year:—**

A.—Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930:—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs.	87
(2) Number of dwelling-houses which were rendered fit after service of formal notices:—	
(a) by owners	*nil*
(b) by Local Authority in default of owners	*nil*

B.—Proceedings under Public Health Acts:—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	647
(2) Number of dwelling-houses in which defects were remedied after service of formal notices:—	
(a) by owners	38
(b) by Local Authority in default of owners	*nil*

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	*nil*
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	*nil*
(3) Number of dwelling-houses in respect of which an undertaking was accepted under Sub-Section (2) of Section 19	2

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

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ... ... *nil*

(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ... ... *nil*

4. Housing Act—Overcrowding.

A.—(1) Number of dwellings overcrowded at end of the year 217

(2) Number of families dwelling therein... 217

(3) Number of persons dwelling therein 1466½

B.—Number of new cases of overcrowding reported during the year ... ... *nil*

C.—(1) Number of cases of overcrowding relieved during the year 60

(2) Number of persons concerned in such cases... 370½

D.—Particulars of any cases in which dwelling-houses have again become overcrowded after Local Authority have taken steps for the abatement of overcrowding ... ... *nil*

Measurement Survey.

Commencing on the 15th June, 1936, a measurement survey was carried out of all the houses in the Borough which were included under the preliminary " A " survey completed earlier in the year. The actual survey was completed on 3rd December, 1936, but there still remained a considerable amount of clerical work incidental to the establishment of a proper record for this new service. For the survey nine temporary male enumerators were engaged.

The following is a detail of the work carried out, and to ensure clearness of representation some of the figures which were included in the last Overcrowding Report are repeated:—

Houses visited " A " or Preliminary Survey	15,174
,, ,, " B " Survey...	1,445
,, ,, on " Measurement " Survey... ...	13,789

During the progress of the Survey requests were received for certificates for houses which were over £17 rateable value. In the majority of instances particulars were obtained and certificates issued.

FACTORIES AND WORKSHOPS.

Public Health Acts, 1875 *and* 1890.

Factory and Workshops Acts, 1901-1907.

The Local Authority are responsible, through their appointed officers, for the inspection, proper sanitary condition, and the sufficiency of the sanitary accommodation in factories. These responsibilities are further extended in workshops and workplaces to include general conditions of cleanliness and sufficiency of air space for the number of persons employed.

The following tables show the inspections of factories, workshops, and workplaces, together with the defects found and remedied during the year:—

Inspections of Factories, Workshops, and Workplaces.

PREMISES.	NUMBER OF		
	Inspections	Written Notices	Prosecuted Occupiers
Factories ... ... (Including Factory Laundries)	64	4	—
Workshops ... ... (Including Workshop Laundries)	102	9	—
Workplaces ... ... (Other than Outworkers' Premises)	—	—	—
Total	166	13	—

Defects found in Factories, Workshops, and Workplaces.

PARTICULARS.	NUMBER OF DEFECTS.			Number of offences in respect of which prosecutions were instituted.
	Found.	Rem'di'd	Referred to H.M. Insp'ct'r	
Nuisances under the Public Health Acts:				
Want of Cleanliness	4	3	...	...
Want of Ventilation	2	...	...	...
Overcrowding	...	...	...	...
Want of Drainage of Floors	...	...	...	...
Other Nuisances	1	...	...	...
Sanitary Accommodation:—				
Insufficient	...	...	...	...
Unsuitable or defective	47	47	...	...
Not separate for sexes	...	...	...	...
Offences under the Factory and Workshops Acts (s. 101):—				
Illegal Occupation of Underground bakehouses	...	...	...	...
Other Offences (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	54	50	...	...

During the year two notices were received from H.M. Inspector of Factories referring to defects remediable under the Public Health Acts.

Outworkers.

During the year three lists of outworkers were received, one from a local firm and two from an outside Local Authority. The premises referred to in the lists were visited and found to be satisfactory, and were accordingly entered in the register.

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.

Milk and Dairies (Consolidation) Act, 1915.
Milk and Dairies (Amendment) Act, 1922.
Milk and Dairies Order, 1926.
Milk (Special Designations) Order, 1923 *and* 1934.

The division of responsibility for these duties which was in force in 1935 was removed at the beginning of the year under review, all the duties being transferred to the Chief Sanitary Inspector's supervision.

Applications from farmers to be licensed as Accredited Producers has been responsible in some measure for the increase in this work. In order to qualify as an Accredited Producer a dairy farmer must be in a position to produce clean milk regularly during the four seasons of the year. To enable this to be done, particularly during the winter season, shippons or cow houses must be provided with a reasonable standard of ventilation, lighting (both natural and artificial) and a suitably constructed and properly drained floor on which the cows can be accommodated and maintained in a clean condition.

Further the methods of production should comply with the provisions of the Milk and Dairies Order, 1926. In addition, the dairy should be of at least two compartments and equipped with a suitable sterilising outfit, and the milk must be kept separate at the place of production from any non-graded milk.

The cows in the herd must be clinically examined by the Corporation Veterinary Inspector four times per annum, marked for identification, and a register kept of all animals in the " Accredited " Herds.

During the year the Minister of Health in exercise of the powers conferred on him by Section 3 of the Milk and Dairies (Amendment) Act, 1922, issued a new Milk (Special Designations) Order, 1936, to come into operation on 1st June, 1936. The Order prescribed new designations for graded milks and abolished the existing designations " Certified," " Grade " A " (Tuberculin Tested) and Grade " A " and established in their stead " Tuberculin Tested " and " Accredited."

Maximum fees for various classes of licences were also prescribed, and your Council decided that all charges under the Order should be one-half of the maximum in each case.

Cowsheds, Dairies, and Milkshops.—The following is a summary of the particulars as recorded in the registers at 31st December, 1936:—

Number of persons registered as cowkeepers	55
,, ,, premises registered as cowsheds	89
,, ,, cowkeepers who are retail purveyors of milk	49
,, ,, premises registered as dairies	12
,, ,, persons registered as retail purveyors of milk—	
(a) with premises in the Borough...	23
(b) with premises outside the Borough ...	77
,, ,, persons or firms registered as wholesale traders:—	
(a) with premises in the Borough	6
(b) with premises outside the Borough...	8
Visits to Cowsheds	598
Visits to Dairies and Milkshops	410
Total visits	1008

During the year a number of dairies and cowsheds were surveyed and informal notices, together with detail specifications of the necessary alterations, were served on the occupiers, and copies were also forwarded to the respective owners.

Number of such notices and specifications served	9

One informal notice was served under Article 22 of the Milk and Dairies Order, 1926, re dirty conditions.

The following is a list of the improvements carried out at dairy premises during the year:—

Number of new cowsheds built	2
,, cowsheds which have been altered to comply with the Milk and Dairies Order, 1926 ...	12
,, new dairies built (for producers)	4
,, of reconstruction of cowsheds in hand but not completed	2
,, plans approved for reconstruction	1

Cleanliness.—During 1936, routine sampling of non-graded milk was continued, and 39 samples were examined for total bacterial count and coliform organisms.

The results of the examinations may be summarised as follows:—

Non-graded Milk. Bacteriological Condition.

Milk Produced in the Borough.		
Not more than 30,000 bacteria per c.c., and no coliform bacillus in 1/10th c.c.	Not more than 200,000 bacteria per c.c., and no coliform bacillus in 1/100th c.c.	More than 200,000 bacteria per c.c., and or coliform bacillus in 1/100th c.c.
11=47.8%	6=26.1%	6=26.1%

Milk Produced Outside the Borough.

3=18.75%	6=37.5%	7=43.75%

Total.

14=35.9%	12=30.8%	13=33.3%

Graded Milk. Bacteriological Condition.

Grade.	No. of Samples.	Below Standard	Above Standard
Grade A—Accredited...	7	—	7
Pasteurised	8	—	8
Total	15	—	15

Graded Milks.—The following licences were granted during the year 1936:—

	Approved 1936	Total on Register.
Licence to produce Grade A Milk ...	4	5
Supplementary Licence to Retail Certified Milk	1	1
Licence to Pasteurise, bottle and sell	1	1
Supplementary Licence to sell Pasteurised Milk	2	3

Veterinary Inspection of Dairy Cattle.

During the year the Veterinary Inspector, accompanied by the Chief Sanitary Inspector, visited all farms in the Borough and clinically examined all cows in milk (1,095) and obtained samples for pathological examination for the presence of Tubercle Bacilli. The following is a detail of this work carried out during the year:

Visits with Veterinary Inspector to farms... 68

Secondary visits with Veterinary Inspector re T.B. Samples 4

	Samples T.B. Negative.	Samples T.B. Positive.	Total.
Mixed samples taken at farm	58	1	59
Group samples taken at farm	29	2	31
Individual samples taken at farm	34	5	39
Samples taken during retail delivery	4	—	4
Total	125	8	133

As a result of these inspections five milk cows were certified by the Veterinary Inspector under Tuberculosis Order 1925, and referred to the Abattoir Superintendent for disposal.

MEAT AND OTHER FOODS.

Public Health Act, 1875.
Public Health (Meat) Regulations,
Bury Corporation Acts, 1909 *and* 1932.

The work of meat and food inspection in the town and in premises other than the Public Abattoir continued in accordance with the system outlined in the Report for 1935.

To give effect to the provisions of the new Bye-laws which came into operation on 1st August, 1936, all Stallholders on the Open Market were circularised in collaboration with the Markets Superintendent (Mr. P. H. Lawson).

The following is a list of food preparing premises inspected and recorded for the period ended 31st December, 1936:—

	During 1936.	Total.
Fried Fish premises	2	69
Butchers	1	19
Restaurants	1	6
General Food premises	1	5
Butchers' making-up premises	2	5
Potted Meat, etc., preparing premises	1	34
Grocer	—	5
Greengrocer	—	6
Fish	2	5
Tripe Shops	—	4
Ice Cream manufacturing premises	8	14
Bakehouses:—		
Factory	8	17
Workshop	17	84
Total	43	273

Number of visits to food preparing premises and shops... 166
,, visits to meat shops (not included above) ... 149
Total ... 315

The number of notices served during the year:—

Premises.	Served.	Defects Found.	Defects Abated.
Butchers' Shops	2	9	9
Fried Fish Shops	8	13	23
Other Food Shops	4	6	18
Bakehouses	27	53	69
Totals	41	81	119

Ice Cream Premises.

	1936.	Total.
Number of premises registered for the manufacture of Ice Cream	8	14
Number of persons registered as vendors of Ice Cream	18	36
Number of Inspections of premises, stalls, carts and barrows	100	—

Potted and Preserved Food, etc., Premises.

	1936.	Total.
Number of premises registered:—		
Retail	6	34
Wholesale	—	2

Markets.

There are two markets in Bury, a large covered permanent Market Hall and a weekly open market held every Saturday. In addition the open market is occupied several days during the week by not more than five or six food stalls for the sale of fish, black puddings, greengrocery, and confectionery. The number of food stalls is as follows:—

	Covered Market.	Open Market.
Butchers	2	12
Fruit	1	21
General Food	10	37
Fish	—	4
Restaurants	1	2
	14	76

Number of visits to Markets 149

The Market stalls are visited regularly during the week and at week-ends. During the year an improved water supply has been provided to the stalls. Stalls occupied for the sale of sweets and confectionery and fruiterers' stalls are greatly improved by the side screens required by new By-laws. The provision of a water tank and slab to stalls occupied by fish salesmen is desirable to assure that fish is sold under the cleanest condition possible.

Merchandise Marks Acts and Orders.

The Orders are issued by the Ministry of Agriculture and Fisheries. The primary object of the Orders is to enlist the aid of the general public to encourage British industry by ensuring that certain imported articles are marked in a conspicuous manner to distinguish them from a similar home-grown article.

The Orders do, nevertheless, serve a very useful purpose to the Sanitary Inspector when inspecting food.

These duties have called for a good deal of attention during the year in routine inspections, and the following is a list of work done :—

Total visits, including visits to market stalls and shops	7,173
Number of verbal notices to shopkeepers	10
,, verbal notices to stallholders	30
,, warning letters to stallholders	1

Agricultural Produce (Grading and Marking) Act.

No action was necessary under this Act during the year, as the sale of graded produce has not been established in this district.

Food and Drugs (Adulteration) Act, 1928.

Artificial Cream Act, 1929.

Regulations re Preservatives: Condensed Milk, Dried Milk, Milk, Butter.

Food Sampling and Analysis.

Table I., following, shows the number and nature of the samples of food and drugs obtained during the year under the Food and Drugs (Adulteration) Act, 1928, and submitted to the Public Analyst.

The Table also shows the result of the analyses.

The Sale of Milk Regulations, 1901, provide that unless milk contains a minimum of 3 per cent. fat and 8.5 per cent. solids not fat, it shall, until the contrary is proved, be deemed to have been adulterated. The average percentage composition of the milk examined in 1936 is as follows:—

Period.	No. of Samples.	Milk Fat. Per cent.	Solids not Fat Per cent.
1st Quarter	42	3.57	8.84
2nd Quarter	22	3.40	8.94
3rd Quarter	12	3.67	8.89
4th Quarter	36	3.77	8.99
1st January to 31st December, 1936	112	3.63	8.91

Public Health (Condensed Milk) Regulations.—Number of samples submitted to the Public Analyst, 10. All the samples were found to be genuine, and the labels complied with the regulations.

Public Health (Dried Milk) Regulations.—Number of samples submitted to the Public Analyst, 6. All the samples were found to be genuine.

TABLE I. **Samples Taken.**

ARTICLE	No. of Samples			No. Genuine			No. Adulterated		
	F'rm'l	Inf'r'l	Total	F'rm'l	Inf'r'l	Total	F'rm'l	Inf'r'l	Total
Aspirin	...	1	1	...	1	1	...	...	...
Baking Powder	...	1	1	...	1	1	...	...	...
Black Pudding	...	1	1	...	1	1	...	...	...
Boiled Ham	...	1	1	...	1	1	...	...	...
Borax	...	1	1	...	1	1	...	...	...
Bread	...	1	1	...	1	1	...	...	...
Biscuits	...	1	1	...	1	1	...	...	...
Butter	...	5	5	...	5	5	...	...	...
Coffee Essence	...	2	2	...	2	2	...	...	...
Citric Acid	...	1	1	...	1	1	...	...	...
Chicken and Ham Paste	...	1	1	...	1	1	...	...	...
Cornflour	...	1	1	...	1	1	...	...	...
Custard Powders	...	2	2	...	2	2	...	...	...
Cake	...	3	3	...	3	3	...	...	...
Crab (Tinned)	...	1	1	...	1	1	...	...	...
Coffee	...	5	5	...	5	5	...	...	...
Cocoa	...	2	2	...	2	2	...	...	...
Camphorated Oil	...	2	2	...	2	2	...	...	...
Cream of Tartar	...	1	1	...	1	1	...	...	...
Cheese	...	4	4	...	4	4	...	...	...
Chocolates	...	1	1	...	1	1	...	...	...
Cod Liver Oil and Malt	...	1	1	...	1	1	...	...	...
Cream	...	2	2	...	2	2	...	...	...
Condensed Milk	...	10	10	...	10	10	...	...	...
Eucalyptus Oil	...	1	1	...	1	1	...	...	...
Flour	...	3	3	...	3	3	...	...	...
Gin	5	...	5	5	...	5	...	...	...
Ground Ginger	...	1	1	...	1	1	...	...	...
Gregory Powder	...	1	1	...	1	1	...	...	...
Grape Fruit Crush	...	1	1	...	1	1	...	...	...
Ground Rice	...	1	1	...	1	1	...	...	...
Iodine Ointment	...	1	1	...	...	...	...	1	1
Jelly	...	1	1	...	1	1	...	...	...
Jam	...	2	2	...	2	2	...	...	...
Lard	...	2	2	...	2	2	...	...	...
Lemon Cheese	...	3	3	...	3	3	...	...	...
Lemon Squash	...	1	1	...	1	1	...	...	...
Lemonade Crystals	1	2	3	...	1	1	1	1	2
Liquorice Powder	...	1	1	...	1	1	...	...	...
Honey	...	1	1	...	1	1	...	...	...
Milk	112	...	112	109	...	109	3	...	3
Muffin	...	2	2	...	2	2	...	...	...
Mustard	...	2	2	...	2	2	...	...	...
Mint	...	1	1	...	1	1	...	...	...
Meat Pies	...	2	2	...	2	2	...	...	...
Margarine	...	2	2	...	2	2	...	...	...
Mincemeat	...	2	2	...	2	2	...	...	...
Mineral Waters	...	1	1	...	1	1	...	...	...
Crushed Linseed	...	1	1	...	1	1	...	...	...
Mercury Ointment	...	1	1	...	1	1	...	...	...
Ox Tongue	...	1	1	...	1	1	...	...	...
Pepper	...	2	2	...	2	2	...	...	...
Potted Meats	...	1	1	...	1	1	...	...	...
Puffed Wheat	...	1	1	...	1	1	...	...	...
Peas	...	2	2	...	2	2	...	...	...
Rice	...	1	1	...	1	1	...	...	...
Raspberry Vinegar	...	1	1	...	1	1	...	...	...
Rum	6	...	6	6	...	6	...	...	...
Sausage	...	6	6	...	5	5	...	1	1

Continued on page 91.

TABLE I.—(Continued).

SAMPLES TAKEN.

ARTICLE	No. of Samples			No. Genuine			No. Adulterated		
	F'rml	In'frl	Total	F'rml	In'frl	Total	F'rml	In'frl	Total
Sweets	...	11	11	...	11	11	...	...	...
Spirits of Nitre	...	2	2	...	1	1	...	1	1
Sago	...	1	1	..	1	1	...	...	...
Sultanas	...	1	1	...	1	1	...	...	...
Sausage Roll	...	1	1	...	1	1	...	...	...
Syrups of Figs	...	1	1	..	1	1	...	...	...
Sardines	...	1	1	...	1	1	...	...	...
Sauce	...	1	1	...	1	1	...	...	...
Salmon and Shrimp Paste ...	...	1	1	...	1	1	...	...	...
Tinned Cream	1	1	2	...	...	...	1	1	2
Tinned Salmon	...	2	2	...	2	2	...	...	...
Tinned Herring	...	1	1	...	1	1	...	...	...
Tonic Wine	1	...	1	1	...	1	...	...	...
Tartaric Acid	...	1	1	...	1	1	...	...	...
Tea	...	3	3	...	3	3	...	...	...
Tapioca	...	1	1	...	1	1	..	...	...
Vinegar	...	1	1	...	1	1	...	...	...
Whisky	7	...	7	7	...	7	...	...	...
Yeast	...	2	2	...	2	2	...	...	...
TOTAL	133	134	267	128	129	257	5	5	10

In addition 10 Samples of Condensed Milk and 6 of Dried Milk were taken under the Public Health (Condensed Milk) Regulations and Public Health (Dried Milk) Regulations respectively.

Artificial Cream Act, 1929.—No additional premises were registered under this Act during the year.

Number of registered premises 1

No samples were taken.

TABLE II.—Administrative action taken in respect of Samples reported by the Public Analyst not to be genuine or otherwise irregular.

No. of Sample		Article	Nature of Adulteration.	Action Taken.
Inform'l	Formal			
	15	Milk	Sample deficient of 6% of its fat.	Taken from dairyman in the course of delivery. See No. 22.
	22	Do.	,, ,, 7% ,,	Dairyman and farmer prosecuted in Police Court. Dairyman pleaded warranty and dismissed. Farmer convicted. See Table No. III.
65		Lemonade Crystals	Sample not genuine. Devoid of Citric Acid.	Formal Sample taken. No. 86.
	86	Do.	do. do.	Reported to Health Committee. Manufacturers warned by Town Clerk. Undertook to include 50% citric acid.
88		Tinned Rich Thick Cream..	Not genuine. Low fat content.	Formal Sample taken. No. 99.
	99	Do.	do. do.	Reported to Health Committee. Manufacturers written by Town Clerk. To alter label.
	96	Milk	Sample deficient of 17% of its fat.	"Appeal to cow" samples taken—genuine. Vendor prosecuted at Police Court and convicted. See Table No. III.
132		Sausage	Contained 265 parts per million of Sulphur Dioxide.	Reported to Health Committee. Vendor warned by Town Clerk.
180		Do.	Contained 135 parts per million of Sulphur Dioxide.	Marked in prescribed manner.
224		Sweet spirits of Nitre	Sample was deficient of 10% of its ethyl nitrite.	Formal sample to be taken.
237		Stainless Iodine Ointment	Sample was deficient of 54% of its iodine.	Formal sample to be taken.

Articles of Food examined for Preservative in accordance with the Public Health (Preservatives, etc., in Food) Regulations, 1925/6/7.

Food.	No. of Samples Examined.	Nature of Preservative.	Amount.		Remarks.
			Allowed.	Found.	
Milk	112	—	—	—	
Sausages	2	Sulphur Dioxide	450	—	
Sausages	1	,,	450	265	Not labelled in the prescribed manner.
Sausages	1	,,	450	135	Labelled in the prescribed manner.
Sausage Meat ..	1	,,	450	—	
Corn Flour... ...	1	,,	100	—	
Lemon Squash..	1	Sulphur Dioxide	350	—	
		Benzoic Acid	600	—	
Jam	2	Sulphur Dioxide	40	—	
Grape Fruit Crush...	1	Benzoic Acid	2000	—	
Jelly	1	Sulphur Dioxide	40	—	
Sauces	1	Benzoic Acid	250	—	
Coffee Essence..	1	,,	450	—	
Sultanas	1	Sulphur Dioxide	750	—	
Mineral Waters.	1	Sulphur Dioxide	70	—	
		Benzoic Acid	120	—	
Non-alcoholic Wines	1	Benzoic Acid	600	—	
		Sulphur Dioxide	350	—	

The Standards are in parts per million.

SHOPS INSPECTION.

Shops Acts, 1912 *to* 1934.

Shops Acts Regulations.

During the year 1936 greater attention was paid to inspections under Shops Acts than was found possible during the previous year. The principal objective for this increase was the need to establish a register as required for the purposes of the Act.

The following is a detail of the work done during the year :—

	1936.	Total.
Number of inspections made...	585	
Number of Shops recorded in the Register...	548	604

Verbal Notices under Shops Act.

Re Seats for Female Assistants	1
,, Ventilation	3
,, Cleansing of w.c.'s	1
,, Closing Hours	8
,, Failure to exhibit Forms—	
(1) Under 1912 Act	48
Re Exemption	1
Form H	18
Form F	16
Form K	38
	134

Written Notices Served.

	Found.	Abated.
Re Seats for Female Assistants	1	—
,, Temperature	1	—
,, Washing Accommodation	2	1
,, Ventilation	2	1
,, Accommodation for Meals	2	2
,, W.C. Accommodation	1	1
Re Failure to exhibit Forms—		
Form 1 under 1912 Act	6	5
Form F	4	4
Form H	1	1
Form K	5	3
	—	—
Total	25	18
	—	—

Fertilizers and Feeding Stuffs Act, 1926.

During the year 18 samples were taken for analysis under the above Act, of which 4 were Fertilisers and 14 Feeding Stuffs. All were found to be genuine.

The following table shows the samples taken :—

Article	Fertiliser or Feeding Stuff	No. of Samples
Barley Meal	Feeding Stuff	2
Bone Meal	,,	2
Bran	,,	1
Clay's Fertiliser	Fertiliser	1
Crushed Oats	Feeding Stuff	1
Fish Meal	,,	1
Flaked Maize	,,	2
Hoof and Horn Meal	Fertiliser	1
Indian Meal	Feeding Stuff	1
Linseed Meal	,,	2
Nitrate of Soda	Fertiliser	1
Sussex Ground Oats	Feeding Stuff	2
Peruvian Guano	Fertiliser	1

The following table shows the legal proceedings taken and the result of such during the year :—

TABLE No. III.

Acts, Bye-Laws, or Regulations under which proceedings were instituted.	Default or Offence.	Result.	Fines.	Costs.
Food and Drugs (Adulteration) Act, 1928.	Selling milk deficient of 6% of its fat.	Pleaded warranty—Dismissed.	£ s. d. —	£ s. d. —
do.	Giving a false warranty to dairyman prosecuted above.	Conviction.	5 0 0	—
Milk and Dairies Order, 1926.	Returning milk churns from dairy not cleansed and unsealed.	Conviction.	2 0 0	—
Food and Drugs (Adulteration) Act, 1928.	Selling milk deficient of 17% of its fat.	Conviction.	5 0 0	2 16 9
		Total	12 0 0	2 16 9

I thank you, Sir, for your support and encouragement during the year, and also wish to record my appreciation of the loyal support I have received from the Sanitary Inspectors and Clerical staff.

I am,

Yours faithfully,

JOSEPH ECKERSLEY,

Chief Sanitary Inspector.

SECTION 4.

PUBLIC ABATTOIRS.

MEAT INSPECTION.

CONTAGIOUS DISEASES (ANIMALS) ACTS.

PUBLIC ABATTOIRS.

REPORT OF SUPERINTENDENT AND MEAT INSPECTOR.

During 1936, work at the Public Abattoir continued to reflect improved trading conditions, and the number of animals slaughtered shows an increase of 6 per cent. over the previous year. Towards the end of the year, however, higher prices of live-stock and feeding stuffs began to cause a feeling of uncertainty to traders, and this has been somewhat accentuated during the early months of the current year.

H.M. Government propose to apply a duty of ¾d. per lb. on foreign beef imports, and, as approximately 50 per cent. of this country's supplies are imported, higher wholesale prices must be expected, especially if the Continent competes for supplies.

The Government's Live Stock Industry Bill supplants the Ottawa system of quotas, and it is to be hoped that the provisions of the Bill will be formulated so as to definitely stimulate the Beef Cattle Industry of this country.

The Bill aims at rationalising the industry and envisages a scheme for regional or centralised slaughtering and marketing, while the immediate policy appears to be that of closing markets considered redundant and setting up a number of experimental central slaughter-houses.

Bury Abattoir is well adapted for incorporation in such a scheme; situated, as it is, in the centre of the town, with railway siding and cattle dock attached, it has facilities and capacity for dealing with four times the present number of animals and could, in fact, supply the needs of a quarter million population.

The Abattoir is an approved Dead Weight Certification Centre under the Cattle Industry (Emergency Provisions) Act, 1934. This Act provides for the payment of a subsidy of 9s. 4d. per cwt., carcase weight, to producers of certain classes of fat cattle in the United Kingdom.

Under the Slaughter of Animals Act, 1933, there are 93 men licensed to slaughter in the County Borough. Section 1 of the Act having been adopted, all animals and pigs are stunned by electrically operated instruments; this method, having proved highly successful, has given general satisfaction.

NUMBER OF ANIMALS SLAUGHTERED AT THE ABATTOIR

DURING THE PAST 10 YEARS.

	Beasts.	Sheep and Lambs.	Pigs.	Calves.	Total.	Weight in Tons
1927	4256	25434	4760	541	34991	2123
1928	4170	24500	5586	472	34728	2151
1929	4138	23638	4998	453	33227	2072
1930	3930	19762	4239	389	28320	1882
1931	3606	19194	4635	426	27861	1796
1932	3494	22313	5186	478	31471	1880
1933	3542	25668	4655	437	34302	1904
1934	3424	25327	5026	634	34411	1912
1935	3721	22795	5607	608	32731	2000
1936	3897	23712	6291	784	34684	2126

Meat Inspection.

The various animals, carcases, etc., passing through the Abattoir have been carefully examined, both before and after slaughter.

The quality has been of a uniformly high standard.

During the year 1,246 carcases required special examination, of which number 418 were affected with Tuberculosis in varying degree, as set out in the table appended.

Bulls were affected in more or less degree to the extent of						1.72%
Steers	,,	,,	,,	,,	,,	1.43%
Heifers	,,	,,	,,	,,	,,	2.65%
Cows	,,	,,	,,	,,	,,	13.5 %
Pigs	,,	,,	,,	,,	,,	4.86%

The percentage of meat destroyed on account of Tuberculosis was :—

Beef 1.1%. Pork 0.88%.

It was found necessary to condemn and destroy (for causes other than Tuberculosis) the entire carcases and organs of :—

1 Beast,
10 Sheep,
8 Pigs,
3 Calves.

A large number of organs were condemned on account of parasitic infestation.

The amount of meat found to be unfit for human consumption was 43,271-lbs. (0.9%). This was destroyed at the Town's Yard, under supervision of the Cleansing Superintendent.

Table showing extent of Tuberculous Diseases and Weight of Diseased Meat Destroyed, year ending December 31st, 1936.

Kind of Animal.	Number Examined.	EXTENT OF TUBERCULOSIS IN ANIMALS EXAMINED.																OTHER DISEASES.	
		Of which were Tuberculous	Heads.	Thorax.			Abdomen.								Udders	Entire Carcases Condemned owing to Tuberculosis	Weight of Meat and Offal destroyed on account of Tuberculosis	Weight of Meat and Offal destroyed on account of other diseases.	Total Weight of Meat destroyed for all diseases.
				Lungs	Hearts and Pericardii	Serous Membranes	Livers	Stomachs	Spleens.	Kidneys	Intestines	Uteri	Serous Membranes	Mesenteries					
Beasts	Bulls ... 632 Oxen ...2578 Cows... 423 Heifers 264 3897	11 37 57 7 — 112	93	84	1	50	56	28	30	9	5	4	36	31	8	4 Bulls. 6 Oxen. 21 Cows. 4 H'fers — 35	lbs. 28069	lbs. 1491	lbs. 29560
Sheep ...	28712	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1347	1347
Pigs.....	6291	306	241	245	...	15	244	1	19	6	1	...	10	25	...	25 Pigs	10924	1253	12177
Calves...	784	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	187	187
	34684	418	334	339	1	65	300	29	49	15	6	4	46	56	8	60	38993	4278	43271

CONTACIOUS DISEASES (ANIMALS) ACTS.

The Regulation of Movement of Animals by licence, the tracing of animals suspected of contact with cases of disease and the promulgation of new Orders continues to throw an increasing amount of work on this department.

Foot and Mouth Disease.—No cases occurred in or near the confines of the Borough. Outbreaks in the South of England and Midlands, also one in South Lancashire, caused a certain amount of restriction on movement.

Swine Fever.—Two outbreaks of this disease were confirmed in the Borough, and in October the Regulation of Movement of Swine (Amendment) Order of 1936 came into force.

Anthrax.—Two cases were reported in the Borough, but were not confirmed.

Tuberculosis Order.—Six cases were reported, all of which were confirmed. These were dealt with in accordance with the Order. The market valuation of the cattle involved amounted to £44 10s. 0d. Compensation payable under the Order amounted to £13.

Warble Fly (Dressing of Cattle) Order of 1936.—Came into force during the year, and provides that every person in charge of cattle which are visibly infested with the maggot of the warble fly shall take measures to destroy the parasite, either by a Derris-Soap wash dressing or squeezing out the maggots and destroying them to prevent their escape alive. The success of this Order, in its present form, depends very largely on the willing co-operation of Agriculturists.

H. WALTON,

Superintendent and Inspector.

SECTION 5.

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

PREVALENCE AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

Infectious Diseases Generally.

Smallpox.—No case of Smallpox occurred in the borough during the year.

The following table gives particulars regarding vaccination during recent years:—

	Totals 1930	Totals 1931	Totals 1932	Totals 1933	Totals 1934	Totals 1935	Totals 1936
Births (during previous year)	874	864	838	882	930	929	940
Vaccinated	139	148	138	170	185	141	201
Insusceptible of Vaccination ...	3	—	2	3	2	1	2
Conscientious Objection Certificates	598	566	561	575	593	650	638
Dead, Unvaccinated ...	52	53	50	60	44	55	60
Postponed by Medical Certificate	8	11	12	15	16	10	18
Removal to districts known.....	24	26	29	22	22	23	27
Removal to districts unknown.....	12	14	17	27	19	17	26
Unaccounted for	38	46	29	22	49	32	58

	Year ending December 31st,						
	1930	1931	1932	1933	1934	1935	1936
Number of Births ...	874 ...	864 ...	838 ...	882 ...	930 ...	929 ...	940
Vaccinated	15.9 ...	17.1 ...	16.5 ...	19.3 ...	19.9 ...	15.2 ...	21.3
Con. objection Certs.	68.4 ...	65.5 ...	66.9 ...	65.2 ...	63.8 ...	70.0 ...	67.9
Unaccounted for ...	4.3 ...	5.3 ...	3.5 ...	2.5 ...	5.3 ...	3.4 ...	6.2

NOTE :—Births include all births registered in the Borough, i.e., before deduction of "outside" births and addition of inward transfers.

Scarlet Fever.

Cases ... ... 123 Deaths 1

The number of cases notified each quarter were as follows:—

First quarter, 1936	44	cases.
Second ,, ,, ...	34	,,
Third ,, ,, ...	23	,,
Fourth ,, ,, ...	22	,,

Of the 123 notified cases, 108 were removed to hospital for treatment. In the first quarter there was a preponderance of notified cases. The accommodation required at the infectious diseases hospital was sufficient.

Scarlet Fever is an acute streptococcal infection of the nasopharynx. It is characterised by a sudden onset with fever, sore throat, and a rash followed by peeling.

Some cases, however, never show a rash, and the first indication that a child has had Scarlet Fever is that the skin begins to peel. The symptom of sore throat may have been absent or so slight as to have escaped notice or comment. In other cases the only symptom has been a slight sore throat, with no rash and no obvious subsequent peeling. Other individuals again carry the infective organisms in the nose and throat without actually showing any signs or symptoms of the disease, and these carriers can act as sources of infection. Thus a number of missed cases and carriers, not having been isolated, have been at large to infect susceptible persons with whom they have come in contact.

The old theory that hospitalisation would stamp out the incidence of the disease has been exploded, and there is no evidence that it is an important factor in controlling an epidemic. Where a case of Scarlet Fever cannot receive proper isolation, medical attention and nursing at home, removal to an isolation hospital is necessary, as this course keeps down the mortality.

The majority of the cases of scarlet fever in Bury in 1936 was of the mild type, although all types of cases from the very mild to the severe were present.

Diphtheria.

Cases ... ... 209 Deaths 14

All cases were removed to hospital except one.

The number of cases of diphtheria during the last ten years, and the numbers of deaths from the disease during that period can be seen in the following table:—

	Cases	Deaths.	Case Mortality
1927	81	2	2.4
1928	94	7	7.4
1929	167	5	3.0
1930	46	—	—
1931	20	—	—
1932	31	1	3.2
1933	95	6	6.31
1934	90	10	11.1
1935	135	8	5.9
1936	209	14	6.7

There are several strains of the diphtheria bacillus, some of which cause a much more severe attack of diphtheria than others. This amounts in part for the number of fatal cases being increased in some years. The younger a child is, the more grave is the risk of fatality when the child is attacked by the disease. Modern medical science has placed in our hands a most powerful weapon in the prevention of attack by this disease. This weapon is active immunisation. The immunisation consists of three small, painless, harmless, and simple injections into the arm of a child. After the injections no ill effects happen. There is no scarring or sores left, and the child carries on in just the same way as before the injections; work, play, sleep and appetite are not interfered with. The injections act by making the blood able to resist the poisons

of the diphtheria germs. Practically all the harmful effects of the disease are due to these poisons. Nearly every child who has received immunisation treatment is completely protected against the dangers of diphtheria. At the present time of writing, not one of the many children who have received a full course of treatment has contracted diphtheria. However, amongst a very large number of children who undergo a course of immunisation an extremely small percentage may contract the disease. This is on account of some loss of protection due to the peculiarity of the child's body or blood. The attack of diphtheria in these children who form the small percentage contracting the disease is of a mild form, and the majority of the cases are nearly always trivial, showing that as a result of the injections—even in cases who have lost partial protection—the evil results of diphtheria are staved off. Immunisation against diphtheria was started at the Wylde Clinic in August, 1935, and so far 738 children have undergone a course of injections.

Some thousands of children die from diphtheria every year in this country. It is up to the parents and guardians in Bury to protect the children in their care from attack by the disease.

Facilities exist for immunisation at The Wylde Clinic, and enquiries can be made at the Clinic, the Public Health Offices, or from the school nurses or health visitors regarding making application for immunisation. The course of immunisation is painless, harmless, and free, and in practically every case grants protection against the disease. Every mother, father, or guardian should realise that it is their moral duty to have the children who are dependent upon them immunised.

The cause of the disease is known as are also its modes of transmission, and its spread can be checked, but what is of the greatest importance is that immunisation has been proved to be almost a specific preventive of the disease.

It is little consolation to those who have lost someone through the disease to say that the sad occurrence would not have happened

if the child had been immunised, but the warning ought to be repeated that any mother, father or guardian who neglects to have the children under their care immunised, carry a grave responsibility.

Diphtheria antitoxin, which is used where a case is suspected as having contracted the disease, and in actual cases, and which is quite distinct from the immunising material used to counteract contracting the disease, is supplied to medical practitioners free. A supply is kept at the Health Office and also at the Police Station so as to be available when the Health Office is closed.

Ward Distribution.

	Moorside.	East.	Church.	Redvales.	Elton.	Unsworth.	T'tl
Cases	50	39	13	29	61	17	209
Deaths	5	—	2	3	4	—	14
Removed to Hospital ...	49	39	13	29	61	17	208

Enteric Fever.

Cases ... ... 2 Deaths 0

There were two cases of typhoid fever which occurred in the Borough. Both cases recovered. Enquiries were made at length as to the sources of infection, but they proved inconclusive. Typhoid fever has almost disappeared from centres where there is good sanitation. Cases may occur sporadically from time to time, but in communities where public health is well ordered there is little chance of an epidemic occurring. Forty years ago the disease was common.

Pneumonia.

Cases ... ... 79 Deaths 41

Pneumonia attacks persons of all ages, and is the most prevalent and fatal of all acute diseases. It is an infectious disease, but the infecting organism may be in different guises, making the condition all the more difficult to treat. If the organism causing the infection were known early on in the disease, probably many more cases would be saved. Pneumonia often follows some other disease in the very young and very old, where its incidence is most marked. Organisms causing the disease are most likely carried around by "carriers." These are persons who, although not suffering from the disease themselves infect other persons. A fresh case of pneumonia can be regarded as a focus for the spread of infection, and from that point of view the case, if effectually isolated in hospital soon enough would not be so liable to spread infection, through fewer persons coming in contact with it. As a measure of prevention, a method of effective immunisation against the disease is being developed, and in this way most safety lies. At the present, careful medical treatment, nursing, and isolation seem to be the only methods of reducing the incidence and mortality.

Measles.

Measles is not a notifiable disease, so the number of cases which occurred in 1936 cannot be assessed. There were six deaths in 1936 ascribed to measles. Measles is a highly communicable disease and is spread by sneezing and coughing before the eruption on the skin of the sufferer shows itself. It is practically impossible to control an epidemic of measles, since many of those affected, in the pre-eruptive stage, appear to have nothing more the matter with them than a cold, and during this stage, before the diagnosis of measles is made, infect many others with whom they come in contact. During an epidemic period different schools seem to act as reservoirs of the disease.

If all cases of measles were admitted to an isolation hospital during an epidemic it would be impossible to make provision for them since so many occur at the same time.

Measles has become a mild disease, or the population has become immune to its more severe forms.

Cases where the home conditions do not allow of proper attention and nursing, or where the patient develops complications such as pneumonia, are sent to hospital.

Influenza.

The term influenza is very vague, as it is applied to common colds, acute catarrhal inflammations, short febrile attacks of unknown origin, and to gastro-intestinal disorders. This shows that the disease is protean in character. In great pandemics which sweep the world from time to time there is a high mortality owing to the great number of cases. Influenza itself probably never kills. Pneumonia or some other complication is the cause of death. Commonly the disease has a sudden onset, with fever lasting about three days and depression. This, however, is no clear-cut clinical picture of the disease, and there is no sure criterion by which it can be separated from other kindred maladies.

Towards the latter end of 1936 cases appeared in Bury in young adults who worked in Manchester. They in turn infected members of their family about the same age. In turn the disease was spread in Bury to young adults in factories, warehouses, shops, etc., and a little later school children became infected. Towards the end of the epidemic the older adults suffered from the complaint.

School children did not appear greatly affected whilst infected. In young adults the infection was more severe, and in the older age groups of 45 years and upwards there was a greater tendency for complications, such as lung trouble, to set in.

There was a total of eleven deaths due to influenza in Bury in 1936.

The number of deaths each year due to influenza during the last ten years is given as follows :—

1927	34	1932	14
1928	8	1933	42
1929	37	1934	4
1930	16	1935	17
1931	30	1936	11

During the epidemic of 1918, 146 deaths were caused in that year through attacks of the disease, and subsequent complications such as pneumonia.

Cases of influenza are best nursed in the home if the home conditions are suitable. If removed to hospital, there is more chance of complications ensuing.

Hospital Accommodation.

The hospital accommodation available for cases of infectious diseases whether notifiable or not notifiable is sufficient, and is utilised to the best advantage.

School Notifications of Disease.

The School Medical Officer and the School Nurses visit each school from which intimations of infectious diseases are sent to the Public Health Office.

Bacteriological Examinations.

The following are the particulars of the specimens bacteriologically examined during the year :—

	Positive.	Negative.	Doubtful.	Total.
Swabs for Diphtheria... ...	62	... 471	... 1	... 534
Blood for Typhoid Fever ...	—	... 10	... —	... 10
Sputum for Tuberculosis ...	59	... 287	... —	... 346
Faeces for Typhoid Fever ...	3	... 6	... —	... 9
Miscellaneous Examinations	—	... 10	... —	... 10

Disinfection.

The disinfection of clothing, bedding, etc., which has been exposed to infection, is carried out by the Bury and District Joint Hospital Board at the Florence Nightingale Hospital. Infected premises are dealt with by the Health Department.

A summary of disinfection carried out during the year will be found on page 69.

Fluid disinfectant in bottles suitably labelled with instructions for use is supplied on application to occupiers of houses in which a case of infectious disease has occurred. Disinfectant is also supplied by the Health Department for use in the Elementary and Secondary Schools.

Table A.—Incidence of Notifiable Infectious Diseases (excluding Tuberculosis), Age Grouping, Ward Distribution, Cases Removed to Hospital and Deaths during the Year 1936.

NOTIFIABLE DISEASES.	Total Cases Notified in Whole District.													Total Cases Notified in each Ward.						Total Cases remov'd to Hospit'l	Deaths of Notifi'd Cases.
	At all Ages.	At Ages																			
		Under 1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	Over 65	Moor-side.	East.	Church.	Redv'le	Elton.	Unswth		
Smallpox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria	209	..	2	7	12	18	72	60	16	14	5	3	..	50	39	13	29	61	17	208	14
Erysipelas	23	..	1	..	..	..	1	..	..	6	1	7	7	5	8	3	1	4	2	8	1
Scarlet Fever	123	..	..	4	14	7	56	24	5	10	3	..	..	31	31	15	22	21	3	108	1
Typhoid Fever	2	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	1	1	..	2	..
Ophthalmia Neonatorum	7	7	..	..	..	..	..	..	..	..	..	..	..	1	2	1	1	2	..	1	..
Puerperal Fever	5	..	..	..	..	..	..	..	..	5	..	..	..	1	3	..	1	..	..	3	2
Puerperal Pyrexia	3	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	2	..	1	1	..
Pneumonia	79	5	3	2	2	2	4	2	4	16	4	24	11	13	11	9	13	29	4	..	38
Poliomyelitis	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
Cerebro-Spinal Fever	1	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..
Totals	453	13	6	13	28	29	133	86	25	54	14	34	18	102	94	41	71	118	27	332	56

In addition the following not notifiable cases were removed to hospital:—
Measles ..... 2 Anthrax ..... 3 Meningitis 1
One case of Measles died in hospital.

Table B.—Total Deaths from Infectious Diseases (notifiable and not notifiable) during the year 1936.

Disease.	Deaths at All Ages.	Deaths at Age Periods:—											
		Undr 1	1—2	2—3	3—4	4—5	5—10	10—15	15—20	20—35	35—45	45—65	Over 65
Scarlet Fever ...	1	...	...	...	...	...	...	...	1	...	...	...	...
Diphtheria and MembranousCroup	14	...	...	...	1	5	6	2	...	...	...	...	...
Measles	6	1	2	...	1	1	1	...	...	...	...	...	...
Whooping Cough	1	1	...	...	...	...	...	...	...	...	...	...	...
Influenza.....	11	1	...	...	...	...	...	...	1	2	1	3	3
Puerperal Fever & Puerperal Pyrexia	1	...	...	...	...	...	...	...	...	1	...	...	...
Pneumonia.....	41	7	3	2	...	...	1	...	2	6	5	9	6
Totals.....	75	10	5	2	2	6	8	2	4	9	6	12	9

Table C.—Showing the number of cases of Infectious Disease notified from 1917 to 1936.

DISEASE.	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
Smallpox	..	..	..	..	..	..	..	..	..	..	..	51	6	2	..	..	..	..	..	..
Scarlet Fever....	85	50	27	76	138	185	139	132	177	121	160	90	121	102	56	42	61	164	264	123
Diphtheria and Membran'us Croup	165	114	115	74	49	46	56	50	69	66	81	94	167	46	20	31	95	90	135	209
Enteric Fever....	7	5	7	1	1	1	4	1	..	..	..	3	4	4	..	..	1	..	3	2
Continued Fever.	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..
Puerperal Fever..	4	2	3	6	7	7	3	1	4	3	6	3	7	5	4	5	7	10	7	5
*PuerperalPyrexia	..	..	..	..	..	..	..	..	..	..	6	3	6	4	5	5	4	8	6	3
Erysipelas	18	16	28	25	20	22	28	20	29	28	31	25	24	30	26	20	25	23	31	23
†Chickenpox	103	138	97	190	237	181	189	331	359	367	270	309	402	547	252	347	62	..	..	..
Poliomyelitis	..	..	..	1	..	..	..	1	..	..	1	1	..	..	..	1	..	..	..	1
Cerebro-Spinal Fr	..	..	.	..	..	..	..	..	..	1	1	1	..	..	..	..	..	1	..	1
Encephalitis Lethargica	..	..	..	1	2	..	3	11	3	1	3	..	3	3	1	..	..	..	..	..
Ophthalmia Neonatorum.	21	6	11	12	14	17	6	8	13	9	11	7	11	7	6	10	12	8	13	7
‡Pneumonia ...	..	..	149	53	45	160	205	108	161	107	164	91	159	122	113	77	99	105	139	79
‡Malaria	..	..	23	10	2	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..
‡Dysentery	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
TOTALS... .	403	331	462	449	515	619	633	664	815	703	735	678	910	872	483	539	367	410	598	453

† Notifiable on March 29th, 1916, to March 31st, 1933. ‡ Made notifiable Mar. 1st, 1919.

* Made notifiable on October 1st, 1926.

SECTION 6.

TUBERCULOSIS.

Incidence and Death Rates.

In 1936 forty-eight cases of Pulmonary Tuberculosis and twenty-two cases of other tuberculous diseases were notified. Notification of tuberculosis in Bury was efficient.

The following table shows the number of new cases and deaths from Tuberculosis during the year:—

AGE PERIODS.	NEW CASES during 1936.				Deaths during 1936.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	Male	Female	Male	Female.	Male	Female.	Male	Female
0—1 year.	—	—	—	—	—	—	—	1
1—5 years.	1	1	1	1	—	—	1	—
5—10 ,,	2	1	4	—	—	—	1	—
10—15 ,,	—	—	—	2	—	—	—	—
15—20 ,,	1	—	—	—	1	1	—	—
20—25 ,,	4	5	—	4	—	3	—	1
25—35 ,,	6	3	2	—	3	4	1	—
35—45 ,,	4	2	—	1	4	2	—	1
45—55 ,,	12	—	—	2	6	—	—	—
55—65 ,,	5	—	—	4	4	—	2	—
65 and upwards	1	—	—	1	1	—	—	—
Totals	36	12	7	15	19	10	5	3

The death rate recorded for Respiratory or Pulmonary Tuberculosis for 1936 was 0.48 per 1,000 persons living, and is next to the lowest ever recorded in the borough. The lowest rate was 0.45 per 1,000 recorded in 1932. The death rate for non-respiratory or other tuberculous diseases was 0.14 per 1,000 for 1936, and this rate is also the next to the lowest ever recorded in Bury. The lowest rate was 0.13 per 1,000 in 1931.

The following table gives the numbers of cases notified and the death rates per 1,000 for each year for the last twenty-five years :—

TUBERCULOSIS 1912-1936.

Year	Pulmonary Tuberculosis		Other Tuberculous Diseases	
	No. of cases notified	Death rate per 1,000 pop.	No. of cases notified	Death rate per 1,000 pop.
1912 ...	91	1·30	48	0·44
1913 ...	124	1·01	59	0·32
1914 ...	99	1·09	30	0·39
1915 ...	120	1·39	26	0·33
1916 ...	105	0·91	33	0·39
Average for 5 years...	**—108**	**——1·14**	**—39**	**——0·37**
1917 ...	91	1·44	28	0·17
1918 ...	98	1·27	25	0·31
1919 ...	69	0·89	17	0·37
1920 ...	68	0·83	28	0·25
1921 ...	52	0·89	40	0·22
Average for 5 years...	**—75**	**——1·06**	**—27**	**——0·26**
1922 ...	43	0·61	36	0·26
1923 ...	53	0·94	18	0·09
1924 ...	72	0·79	26	0·14
1925 ...	72	0·97	32	0·19
1926 ...	63	0·59	41	0·23
Average for 5 years...	**—60**	**——0·78**	**—30**	**——0·18**
1927 ...	70	0·81	47	0·21
1928 ...	62	0·72	23	0·14
1929 ...	47	0·65	32	0·16
1930 ...	52	0·60	26	0·23
1931 ...	42	0·76	20	0·13
Average for 5 years...	**—54**	**——0·71**	**—29**	**——0·17**
1932 ...	45	0·45	16	0·18
1933 ...	40	0·51	21	0·15
1934 ...	52	0·63	29	0·20
1935 ...	34	0·48	25	0·16
1936 ...	48	0·48	22	0·14
Average for 5 years...	**—44**	**——0·51**	**—22**	**——0·16**

Five-year averages are indicated in the table since such periods can be considered fair ones for comparison. On perusal of the table it can be seen that the average number of cases notified and the average death-rate for the last five years are the lowest recorded for both pulmonary tuberculosis and other tuberculous diseases.

It can also be observed that the death rate from tuberculous diseases in general has been halved during the last quarter century. There has also been a big fall in the number of cases notified. Allowing for the fallibility of statistics this shows that the disease is being overcome. To what is this due? The institution of Tuberculosis Dispensaries, the segregation and isolation of infective patients in sanatoria and hospitals to limit the spread of the infection have played a part in the reduction. Other factors such as the improved general nutrition of the people in recent years and the better control in dangerous trades of dust and injurious materials which when inhaled pre-dispose to the disease have helped to combat the spread of the disease and reduce the death rate.

Satisfactory as the decrease is so far, much remains to be done to lower the rates still further.

Improved environmental conditions of the people such as is now resulting from slum clearance and the decrowding of overcrowded families will certainly aid in the further reduction.

Since tuberculosis is a disease in the main part associated with poverty, general improvement in economic factors will always be a potent factor in raising the standard of living and reducing the Tuberculosis rate. During the late war the death rate from Tuberculosis doubled in certain towns in Germany. This was due to malnutrition of the inhabitants consequent upon the lack of essential foodstuffs.

Many cases of Tuberculosis of the bones and joints can be avoided if pasteurised milk or milk from tuberculin tested cows is used.

As to how Bury compares with the rest of the country regarding the disease in general can be seen from the following table :—

Annual Death Rate from Tuberculosis (all forms), Bury and England and Wales, 1927-36.

Year.	Rate per 1,000 population. Bury.	England and Wales.
1927	1.02	0.97
1928	0.86	0.93
1929	0.81	0.96
1930	0.83	0.89
1931	0.89	0.89
1932	0.63	0.83
1933	0.66	0.82
1934	0.83	0.76
1935	0.64	0.71
1936	0.62	0.69

The annual death rate is again below that of England and Wales.

THE TUBERCULOSIS DISPENSARY.

Premises.—The Tuberculosis Dispensary is situated at The Wylde and is a consultative centre, a sorting house and an advisory centre. A certain amount of treatment is given by artificial light therapy in the treatment of tubercular glands.

The premises are so situated that there is very little interference from noise and as quiet greatly aids the correct interpretation of chest signs by the Tuberculosis Officer this is satisfactory. The rooms are well ventilated, adequately lit and heated.

Staff.—The staff in 1936 consisted of Dr. G. M. Davidson Lobban, Chief Tuberculosis Officer, and Dr. J. S. Drummond, until March 15th, and Dr. R. C. Holderness from March 17th as Clinical Tuberculosis Officers.

Sessions.—Three dispensary sessions were held weekly during 1936, as follows:—

Tuesday, 10-0 a.m. to 12-0 a.m.

Thursday, 10-0 a.m. to 12-0 a.m.

Friday, 2-0 p.m. to 4-0 p.m.

An evening session (Wednesday, 6-30 to 8-0 p.m.) is held when necessary for the convenience of patients who are unable to attend during the day.

Contacts.—Tuberculosis being undoubtedly a contact disease, most cases obtain the disease from others who have it; in pulmonary cases it is most important that as many contacts as possible should be examined. In fact all contacts ought to undergo examination in order to satisfy themselves and their relatives that they are free from the infection. It was found, in previous years, that these cases were very reluctant to be examined. In most cases the aversion arose principally through the fear the contacts had of the disease being discovered. In 1936 one hundred and twenty-two contacts were examined. This was the highest number of contacts examined in Bury in one year, and the success which has attended this matter has been due mostly to the increased willingness which has been shown by the contacts themselves to undergo examination. The following table gives the number of contacts examined during the last ten years:—

Year.	Number of Contacts Examined.
1927	43
1928	33
1929	14
1930	8
1931	11
1932	3
1933	13
1934	76
1935	39
1936	122

Contacts are examined by the ordinary methods. The tuberculin skin reaction test, which is quite harmless, painless and easy of application, is also included as a routine test.

Home Visits.—The Tuberculosis Officer and the Tuberculosis Nurse visit the homes of cases and contacts. This is necessary in order to get a true picture. During 1936 patients in unsuitable houses were given accommodation where environmental conditions were improved.

The Tuberculosis Officer also examined cases frankly unfit for removal and contact cases who were reluctant to attend the Dispensary at their own homes. In 1936 one half-day session per week has been given to home visiting by the Tuberculosis Officers. In 1936 two hundred and twenty-six visits were paid by Tuberculosis Officers to cases in their own homes.

Sputum Examinations.—The examination of a patient's "spit" is one of the fundamental principles in tuberculosis work. A single specimen is not of much value. Repeated sputum examinations of a patient saves much valuable time and may mean a great deal of difference to his or her future welfare. During the year under review 201 specimens of sputum were examined.

X-Ray Examinations.—For an early diagnosis of a case of Tuberculosis an X-ray examination is essential. X-rays reveal the condition much earlier than ordinary examinations by even the most competent physicians. The earlier the condition is revealed the much better chance there is of a cure. One hundred and thirty X-Ray examinations were made in 1936.

Treatment of Tuberculosis.—Institution treatment is given to cases of Pulmonary Tuberculosis at the Bury and District Joint Hospital Board's Institution (the Aitken Sanatorium at Holcombe, near Bury), and at the Jericho Hospital. Children suffering from Pulmonary Tuberculosis are sent to the Liverpool Open-air Hospital for Children, Leasowe, the Oubas House Children's Sanatorium, near Ulverston (for girls only), and Shelf Sanatorium, Halifax.

Cases of Non-Pulmonary Tuberculosis are treated at the Bury Infirmary, the Manchester and Salford Hospital for Diseases of the Skin, and the Robert Jones and Agnes Hunt Orthopædic Hospital. Non-pulmonary cases are also sent when necessary to

the Manchester Royal Infirmary, and in special instances to the Papworth Village Settlement, near Cambridge. Beds for male adults suffering from Non-pulmonary Tuberculosis may also be used at the Wrightington Hospital, near Wigan.

The number of patients treated at the various institutions, together with the patient days during 1936, are as follows:—

Institutions.	No of patients (Undischarged at end of 1935 and admitted during 1936).	No of patient days.
Aitken Sanatorium	41	5,750
Bury Infirmary	14	206
Agnes Hunt and Robert Jones Orthopædic Hospital, Oswestry	8	780
Jericho Hospital	1	30
Liverpool Open-air Hospital for Children, Leasowe...	3	665
East Lancashire Tuberculosis Colony, Great Barrow, near Chester...	1	366
Wrightington Hospital, near Wigan ...	1	57
Papworth Village Settlement	1	366
Manchester and Salford Hospital for Skin Diseases:— Out-patients ... 7 Out-patient attendances ... 86.		

The number of patients receiving sunlight treatment during the year was as follows:—

Institution.	No of patients.	No. of attendances.
The Wylde, Sunlight Clinic	31	507
The Bury Infirmary	4	193
The Manchester and Salford Hospital for Skin Diseases	1	97

After Care.

This is a very important branch of the work. Patients are given additional nourishments. In 1936 nine patients were granted extra nourishments by the Corporation. In all, nine grants were made, comprising altogether 215 gallons of milk and 619 eggs.

Patients discharged from sanatorium are kept in touch by our nurses and the tuberculosis officer by visitation at their homes. The patients also attend the dispensary for regular examinations. Employers were got in touch with regarding finding discharged patients suitable occupation. Various house owners were approached in order to obtain improved accommodation for persons who had completed their sanatorium treatment.

We have to thank the Bury Charity Organisation Society, whose Secretary has supplied the following information :—During 1936 the Society has helped 10 tuberculosis patients by grants of food, clothing, etc. In five cases nourishments have been provided free, in three cases clothing has been given, in one case clothing and nourishment, and in one case a bath-chair was loaned.

Domiciliary Treatment.

Panel doctors recommend insured persons unable to undergo sanatorium treatment and cases discharged from sanatorium or hospital for domiciliary treatment. The doctors give the recommendation to this office in the first instance, and subsequently send quarterly reports on the patients' condition. In 1936 fifty-nine persons received domiciliary treatment, and at the end of the year fifty-two insured persons were still receiving treatment. One hundred and forty-two quarterly reports were sent in regarding the patients under domiciliary treatment.

Public Health (Prevention of Tuberculosis) Regulations, 1925.

No case of Tuberculosis among employers in the milk trade was notified during the year, no action in this respect, therefore, being necessary.

Public Health Act, 1925, Section 62.

It has not been necessary in any case to apply for an order for compulsory removal to hospital during the year.

TUBERCULOSIS SCHEME. Form T. 145.

(A.) Return showing the work of the Dispensary during the year 1936.

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	27	8	1	1	1	7	3	2	28	15	4	3	50
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	1	1	—	1	3
(c) Non-tuberculous	—	—	—	—	—	—	—	—	9	5	9	8	31
B.—Contacts examined during the year:													
(a) Definitely tuberculous	—	—	2	1	—	—	—	—	—	—	2	1	3
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Non-tuberculous....	—	—	—	—	—	—	—	—	24	31	32	35	122
C.—Cases written off the Dispensary Register as													
(a) Recovered	—	3	—	—	1	5	4	4	1	8	4	4	17
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous	—	—	—	—	—	—	—	—	32	36	41	43	152
D.—Number of Cases on Dispensary Register on Dec. 31st:													
(a) Definitely tuberculous	65	39	6	4	18	34	20	14	83	73	26	18	200
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	1	1	—	1	3

1.	Number of cases on Dispensary Register on January 1st	202	
2.	Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years.....	8	
3.	Number of cases transferred to other areas, cases not desiring further assistance under the Scheme, and cases "lost sight of."	19	
4.	Cases written off during the year as Dead (all causes)	28	
5.	Number of attendances at the Dispensary (including Contacts)	1284	
6.	Number of Insured Persons under Domiciliary Treatment on the 31st December.....	52	
7.	Number of consultations with medical practitioners:—		
	(a) Personal.....	19	
	(b) Other	105	
8.	Number of visits by Tuberculosis Officers to Homes (including personal consultations)	226	
9.	Number of visits by Nurses or Health Visitors to homes for Dispensary purposes	2470	
10.	Number of		
	(a) Specimens of sputum, &c., examined	201	
	(b) X-ray examinations made in connection with Dispensary work..	130	
11.	Number of "Recovered" cases restored to Dispensary Register and included in A (a) and A (b) above	2	
12.	Number of "T.B. plus" cases on Dispensary Register on Dec. 31st.	49	

(B.) Number of Dispensaries for the Treatment of Tuberculosis

Provided by the Council ... ... One
Provided by Voluntary Bodies ... ... None

(C.) Number of Beds available for the Treatment of Tuberculosis on the 31st December in Institutions belonging to the Council.

Bury is the predominant partner of the Bury and District Joint Hospital Board, which owns the Aitken Sanatorium for the treatment of tuberculosis. In addition other beds are retained for this purpose as follows:—

Name of Institution.	For Pulmonary Cases.		For Non-Pulmonary Cases.		Total.
	Adults.	Children under 15	Adults.	Children under 15	
The Aitken Sanatorium, Holcombe.....	20	—	—	—	20
Bury Infirmary	—	—	1	1	2
The Robert Jones and Agnes Hunt Orthopædic Hospital, Oswestry	—	—	1	1	2
The Manchester& Salford Hospital for Diseases of the Skin	—	—	when required	when required	—
The Liverpool Open-Air Hospital for Children, Leasowe	—	1	—	1	2

(D.) Return showing the extent of Residential Treatment during the year 1936.

		In Institutions on January 1st.	Admitted during the Year.	Discharged during the Year.	Died in the Institutions.	In Institutions on December 31
Number of doubtfully Tuberculous cases admitted for observation.	Adult Males ...	—	—	—	—	—
	Adult Females.	—	—	—	—	—
	Children.....	—	—	—	—	—
	Total ...	—	—	—	—	—
Number of Patients suffering from Pulmonary Tuberculosis.	Adult Males ...	9	19	8	8	12
	Adult Females.	5	10	5	5	5
	Children.....	—	—	—	—	—
	Total...	14	29	13	13	17
Number of Patients suffering from Non-Pulmonary Tuberculosis.	Adult Males ...	2	7	7	—	2
	Adult Females.	1	7	6	—	2
	Children.....	5	8	10	—	3
	Total...	8	22	23	—	7
Grand Total.....		22	51	36	13	24

Return showing the immediate results of treatment of definitely tuberculous patients discharged during the year 1936 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 Total.
			Under 3 months but exceeding 28 days			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
		Not quiescent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Died in Institution	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Class T.B. plus Group 1.	Quiescent	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	1
		Not quiescent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Died in Institution	..	..	..	1	..	..	..	1	..	..	..	..	1	1	..	2
	Class T.B. plus. Group 2.	Quiescent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Not quiescent	1	..	..	1	..	..	2	..	..	..	..	..	4	..	..	4
		Died in Institution	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	1
	Class T.B. plus. Group 3.	Quiescent	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	1
		Not quiescent	..	1	..	..	1	..	.	..	..	..	..	..	..	2	..	2
		Died in Institution	3	3	..	..	..	..	2	1	..	1	..	..	6	4	..	10
Totals (Pulmonary)			4	4	..	3	2	..	6	2	..	1	..	..	14	8	..	22
Non-Pulmonary Tuberculosis.	Bones and Joints.	Quiescent	..	1	..	..	..	..	1	..	..	..	..	1	1	1	1	3
		Not quiescent	..	.	..	..	..	..	..	..	..	..	..	1	..	..	1	1
		Died in Institution	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Abdominal.	Quiescent	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	1
		Improved, not quiescent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Died in Institution	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Other Organs.	Quiescent	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
		Improved, not quiescent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Died in Institution	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Peripheral Glands.	Quiescent	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	1
		Improved, not quiescent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Died in Institution	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals (Non-pulmonary)			1	1	..	..	1	..	1	..	1	..	..	2	2	2	3	7

SECTION 7.

VENEREAL DISEASES.

VENEREAL DISEASES.

During the year the staff at the Venereal Diseases Clinic consisted of the following:—Dr. G. M. D. S. B. Lobban, Chief Venereal Diseases Officer; Dr. J. S. Drummond, who held the post of Senior Assistant Medical Officer until the middle of March, and was then succeeded by Dr. R. C. Holderness in the same position; Dr. P. Morton, who acted as Junior Assistant Medical Officer until September, and thereafter the latter post was held by Dr. D. Desmond. Nurse Moran continued to act as Clinic nurse, and Mr. H. Ireland as Pathological Assistant; Mr. Melling as male Orderly and Mrs. Melling as female Orderly.

In 1936 owing to the reconstructed, extended and re-equipped clinic and the increased number of sessions introduced, the facilities available for treatment were much improved in comparison with previous years. After a full year of working under the new conditions it can be reported that the clinic is a definite success.

The clinic sessions in 1936 were as follows:—

Males.	Females.
Tuesday, 8-30 to 9-30 p.m.	Tuesday, 6-30 to 8-30 p.m.
Friday, 6-30 to 8-30 p.m.	Thursday, 2-0 to 5-0 p.m.
Saturday, 10-0 a.m. to 1-0 p.m.	Friday, 8-30 to 9-30 p.m.

Intermediate clinics for males and females are held every week-day.

The number of new cases in 1936 was 233, and showed a decrease of 55 compared with the number of new cases in 1935. Out-patient attendances were much increased in 1936 and showed a total of 13,968, and this was 2,613 higher than the previous year and has constituted the highest number of attendances since the clinic was opened. The average yearly out-patient attendances for the last five years were 9,257, and the average number of new cases annually for the same period was 255.

For a considerable number of years now the number of new cases attending the clinic annually in Bury has not diminished to any great extent. From this one could deduce that, generally, the spread of Venereal Disease has not decreased in this district.

According to a recent Report by the New York Commission on the methods of prevention and control of syphilis and gonorhœa in Scandinavian countries and Great Britain, syphilis was believed to have decreased substantially in this country, although gonorrhœa had possibly increased. The outstanding feature of the Report was that syphilis had become a rare disease in Denmark.

The Danes require that all cases of syphilis and gonorrhœa be reported (not by name unless delinquent), and that all infected persons must take treatment. These are legal requirements. There is also power to hospitalise individuals infected with syphilis. The latter is an important practical measure, as persons who are sources of infection can be segregated from the community, and thus further infection by them prevented. As a result of these measures syphilis has become a rare disease in Denmark.

The Danish medical profession is public spirited, and there exists in Denmark full co-operation between general practitioners, specialists, and Public Health authorities.

It is obvious that syphilis will not be practically eliminated in this country as it has been in Denmark, until some legal control of Venereal Diseases is established here. General practitioners in this country do not as a rule desire to treat venereal diseases, but usually refer such cases to clinics.

We are closely akin to the Danish people in civilisation, moral standards, and ethics, but the general public here are not so well educated concerning venereal diseases.

It is far too optimistic to hope that educating the general public will have the effect of stamping out these social diseases, and it is certain that the diseases will not die out of themselves.

The Danish system of compulsory notification and treatment has been tried over a considerable number of years and has proved to be a success, especially in respect of the decrease of syphilis.

Is it not necessary, therefore, that a similar system be brought into operation here? If we really have at heart the ultimate eradication of a great social evil I think the answer must be "Yes."

The medical practitioners of the town and surrounding districts are aware of the new facilities provided for the diagnosis and treatment of Venereal Diseases at the Clinic.

The number of medical practitioners qualified to receive free supplies of arsenobenzene compounds for use in their private practice was four.

During the year pathological specimens were sent to the Public Health Laboratory, Manchester, for examination as follows :—

	(a) For the Wasserman Test (i.) Blood.	(ii.) C.S.F.	(b) For Gonococcus
From the Venereal Diseases Clinic	667	—	... 189
,, medical practitioners in the Borough	50	—	... —
,, Bury Infirmary...	90	3	... —
,, Jericho Institution...	36	3	... —
,, Ante-Natal Clinic	11	—	... —

The following tables give full particulars of the work carried out under the Venereal Diseases Scheme :—

1.—**New Cases, Consultations, Intermediate Attendances, and Pathological Examinations at Venereal Diseases Clinic, 1932-36.**

Year	New Cases.	Consultations by Medical Officer at Clinic.	Attendances at Clinic for intermediate treatment.	Pathological specimens examined by M.O. at Clinic.
1932	243	4040	2556	0
1933	231	4459	2173	72
1934	282	5859	1830	364
1935	288	7786	3569	618
1936	233	8026	5942	797

VENEREAL DISEASES.

RETURN relating to all persons who were treated at the Treatment Centre at Bury during the year ended the 31st December, 1936.

	Syphilis.		Soft Chancre.		Gonorrhœa.		Conditions other than Venereal		Total.		Totals
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	
1. Number of cases on 1st January under treatment or observation	121	62	2	..	74	30	54	13	251	105	356
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	4	2	..	..	7	..	..	..	11	2	13
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	9	1	..	..	..	..	..	..	9	1	10
,, Secondary	2	4	..	..	..	..	..	..	2	4	6
,, Latent in first year of infection	..	3	..	..	..	..	..	..	..	3	3
,, All later stages	7	6	..	..	..	..	..	..	7	6	13
,, Congenital	2	3	..	..	..	..	..	..	2	3	5
Soft Chancre	..	..	2	..	..	..	..	..	2	..	2
Gonorrhœa, first year of infection	..	..	..	..	92	12	..	..	92	12	104
,, later	..	..	..	..	..	1	..	..	..	1	1
Conditions other than Venereal	..	..	..	..	..	..	67	22	67	22	89
4. Number of cases dealt with for the first time during the year under report known to have received treatment for the same infection, or to have been under observation at other Centres	3	2	1	..	2	1	..	..	6	3	9
Totals of Items 1, 2, 3 and 4	199	108	5	..	206	55	82	31	492	194	686
5. Number of cases discharged after completion of treatment and final tests of cure	18	1	1	..	52	6	57	29	128	36	164
6. Number of cases which ceased to attend before completion of treatment and were, on first attendance, suffering from —											
Syphilis, Primary	12	4	..	..	..	..	..	..	12	4	16
,, Secondary	6	2	..	..	..	..	..	..	6	2	8
,, Latent in first year of infection	1	2	..	..	..	..	..	..	1	2	3
,, All later stages	15	13	..	..	..	..	..	..	15	13	28
,, Congenital	1	5	..	..	..	..	..	..	1	5	6
Soft Chancre	..	..	..	..	..	..	..	..	..	..	..
Gonorrhœa, first year of infection	..	..	..	..	31	8	..	..	31	8	39
,, Later	..	..	..	..	2	1	..	..	2	1	3
7. Number of cases which ceased to attend after completion of treatment but before final tests of cure	10	9	1	..	28	7	..	..	39	16	55
8. Number of cases transferred to other Centres or to Institutions, or to care of private practitioners	1	1	..	..	3	1	..	..	4	2	6
9. Number of cases remaining under treatment or observation on 31st December	84	46	3	..	59	21	64	6	210	73	283
Totals of Items 5, 6, 7, 8 and 9	148	83	5	..	175	44	121	35	449	162	611

RETURN relating to VENEREAL DISEASES—Continued.

	Syphilis.		Soft Chancre.		Gonorrhœa.		Conditions other than Venereal.		Totals.		Totals
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	
10. Number of cases in the following stages of Syphilis included in Item 6 which failed to complete one course of treatment,											
Syphilis, Primary	5	..	..	..	..	..	..	..	5	..	5
,, Secondary	2	..	..	..	..	..	..	..	2	..	2
,, Latent in first year of Infection	..	2	..	..	..	..	..	..	..	2	2
,, All later stages	4	2	..	..	..	..	..	..	4	2	6
,, Congenital	..	2	..	..	..	..	..	..	..	2	2
11. Number of attendances;											
(a) for individual attention of the Medical Officer	2172	1955	11	..	2563	715	468	142	5214	2812	8026
(b) for intermediate treatment, e.g., irrigation, dressing	77	46	..	..	4365	1244	186	24	4628	1314	5942
Total attendances	2249	2001	11	..	6928	1959	654	166	9842	4126	13968
12. In-patients :—											
(a) Total number of persons admitted for treatment during the year	..	..	..	..	..	..	..	..	..	..	..
(b) Aggregate number of "in-patient days" of treatment given	..	..	..	..	..	..	..	..	..	..	..

	Under 1 year		1 and under 5 years.		5 and under 15 years.		15 years and over.		Totals.	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
13. Number of cases of Congenital Syphilis in Item 3 above, classified according to age periods	2	..	..	..	..	2	..	1	2	3

	Arsenobenzene Compounds.	Mercury.	Bismuth.
14. (a) Names of chief preparations used in treatment of Syphilis	Stabilarsan-Sulphostab. Novostab.	..	Chlorostab
(b) Total number of injections given (out-patients and in-patients)	1724	..	1647

RETURN relating to VENEREAL DISEASES—Continued.

	Microscopical		Culture for Gonorrhoea	Serum.		Cerebro-Spinal Fluid.	Others for diagnosis of Venereal Disease.
	For Syphilis	For Gonorrhoea.		For Syphilis.	For Gonorrhoea.		
5. Pathological Work:—							
(a) Number of specimens examined at, and by the Medical Officer of, the Treatment Centre	31	766	..	..	..	..	..
(b) Number of specimens from patients attending at the Centre sent for examination to an Approved Laboratory	..	..	..	670	247	..	..

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

ame of County or County Borough (or Country in the case of persons residing elsewhere than in England and Wales):—	Bury.	Lanc'sh're C.C.	Rochdale.	Bolton.	Manch'er	Bla'kburn	Salford.	Nott'ham	Hereford C.C.	Total.
. Number of cases from each area included under the following headings in Item 3:—										
Syphilis	17	20	..	..	..	..	..	..	..	37
Soft Chancre.....	1	1	..	..	..	..	..	..	..	2
Gonorrhœa	63	38	2	1	1	..	..	..	..	105
Conditions other than venereal.....	42	43	2	1	..	..	..	1	..	89
Total.....	123	102	4	2	1	..	..	1	.	233
. Total number of attendances of all patients residing in each area.....	8993	4546	374	29	18	4	2	1	1	13968
. Aggregate number of "In-patient days" of all patients residing in each area.....	..	..	..	..	..	..	..	..	..	..

SECTION 8.

MATERNITY AND CHILD WELFARE.

MATERNITY AND CHILD WELFARE.

Health Visiting.—There are five lady Health Visitors, four of whom are detailed to special areas. The fifth confines her visits to infectious diseases and tuberculosis, and is in attendance in rotation along with the other Health Visitors at the Maternity and Child Welfare Clinics.

Upon the notification of a birth under the Notification of Births Act, 1907, a Health Visitor calls at the home as soon as possible to make enquiries regarding environment, food, etc. Should no doctor be in attendance, advice is given regarding general hygiene. Subsequent visits are made at intervals until the child attains school age. The frequency of the visits diminishes as the child grows older. At the age of five the child comes under the supervision of the School Medical Officer.

The total number of births notified under the Act, as adjusted by transferred notifications, was 780 (live births 740; still births 40), or 89.2 per cent. of the total live and still births registered. The number of notifications received from midwives was 414, and from doctors, parents, and institutions 366.

Infant Welfare Centres.

These were held at the Central Clinic at The Wylde throughout the year, at a branch centre at Wood Street School, Elton, up to the 2nd day of September, and thereafter at a new centre at Tottington Road to which the Wood Street centre was transferred.

The new centre was opened by the Mayoress, Mrs. Morton, on the 8th of September, in the presence of a large number of members of the Town Council, along with mothers and welfare workers.

The Tottington Road centre, situated in very pleasant surroundings, is placed at a convenient point to serve the district of Elton.

After several months of working it can be pronounced a success since there has been an increased number of new cases attending and the total attendances have also increased monthly.

The centre consists of a building of two storeys. It is well furnished and has up-to-date equipment. The ground floor, which is used for welfare cases, consists of a waiting room, which can accommodate sixty persons, a registration office, a weighing centre, and a bar for dispensing dried milk foods, and teas. Adjoining and communicating with the bar is a room for the voluntary workers. Communicating with the waiting room, but separated by the hall, is the doctor's room.

Upstairs ante and post-natal cases are given advice. Here there is a waiting room, a record room, a dressing room containing three cubicles, a consulting room, and a room for giving informal lectures to the mothers.

In the ample grounds of the Centre is situated a substantial brick building specially built as a garage for over sixty prams.

There are four sessions weekly for welfare cases, three at The Wylde and one at the Tottington Road Centre. For ante and post-natal cases there are two sessions weekly, one at each centre.

A child on its first visit to a Welfare Centre is seen by the Medical Officer of the Clinic, and subsequently at three-weekly intervals, or at shorter intervals should the Medical Officer or the Health Visitor consider it necessary. The children are weighed weekly, and records of the health of the child are kept. Advice regarding feeding and minor disorders is given. Cases requiring medical treatment are referred to their private doctor, as no treatment is undertaken at the clinics. The following tables give particulars of clinic sessions and attendances:—

	The Wylde.	Wood Street and Tottington Road.	Total.
Number of sessions held...	145	49	194
Number of new cases during year:—			
Under one year	362	123	485
Over one year	68	26	94
Total number of children attending during year:—			
Under one year	290	103	393
Over one year	630	209	839

Total attendances made :—

Under one year	5307	1259	6566
Over one year	4877	1551	6428
Number of Doctor's Consultations	4480	1125	5605
Average attendance per session ...	70	57	—

Table of Clinic Attendances during last ten years.

Year.	Sessions held.	Infants Attending. Under 1 Yr.	1-5 Yrs.	Total Attendances.
1927	144	810		6,374
1928	144	956		7,040
1929	146	986		7,605
1930	143	951		7,477
1931	144	337	601	7,244
1932	143	367	647	9,777
1933	147	359	822	12,062
1934	150	309	809	11,307
1935	184	338	831	12,132
1936	194	393	839	12,994

Certain cases requiring special treatment are referred to other departments or special clinics, namely :—

Dental.—63 patients have made 78 attendances.

Ophthalmic and Ear, Nose and Throat.—A few cases have been referred to the Consultants of these departments.

Orthopædic.—Arrangements are in force for cases to be referred to Lancashire County Council's Orthopædic Clinic at Whitefield. In-patient treatment is provided under the scheme if necessary at the Biddulph Orthopædic Hospital, and at Ancoats Hospital, Manchester.

Cases dealt with during 1936:—

NEW CASES:—

First consultations with surgeon	14
Second or subsequent consultations with surgeon ...	5

OLD CASES:—

Consultations with surgeon	14
Total	33

Analysis of new cases:—

Knock-knees...	5	C.T.E.V. Deformity ...	1
Bow-legs...	5	Abduction of Hip	1
Rickets	2		
		Total...	14

Total attendances (old and new cases) 108

Two children received in-patient treatment at Biddulph Orthopædic Hospital, and one child received in-patient treatment at Ancoats Hospital.

Sunlight Treatment:—

Diagnosis.	No. of children receiving U.V.R. Treatment.	Attendances.
Rickets...	15	205
Malnutrition	14	203
Anæmia	76	1014
Debility after infectious disease	6	28
Debility and underweight	13	65
Bronchitis	11	97
Backwardness	1	8
Blepharitis...	1	3
Knock-knees	1	5
Alopecia	1	17
	139	1645

Voluntary Workers.—A word of appreciation is due to the band of Voluntary Workers for their assistance and interest in the centres. By the arrangements for the sale of milk foods, proprietary medicines, etc., and in preparing tea for the mothers they render invaluable assistance.

The voluntary workers also have a fund from which they make grants, in deserving cases, of milk, cod liver oil and malt, proprietary milk food, etc. In addition, when necessary, babies are sent to the Babies' Hospital, Burnage, Manchester, and parents are given travelling expenses to take children to hospitals.

Ante-Natal Clinics.—Two ante-natal clinic sessions are held weekly, one at The Wylde and one at Tottington Road Clinic, Elton. Expectant mothers are sent to these clinics by their own doctors, midwives, are sent by a health visitor, or come independently.

During 1936 the number of expectant mothers attending was 101 and 318 attendances were made. There were 21 primiparas and 80 multiparas. The number of mothers attending shows an increase of 28 over last year's figure.

Cases where a second opinion is considered desirable, or institutional treatment considered necessary, are referred to Dr. W. M. Martin at the Bury Infirmary, who is the Obstetric Consultant to the Maternity and Child Welfare Department. Number of cases referred was eight.

Cases were also referred to the Dental and Sunlight Departments as follows:—

DENTAL.

18 patients have made 30 attendances.

SUNLIGHT.

4 patients with Anæmia made 26 attendances.

Post-natal cases are seen in conjunction with ante-natal cases. Six post-natal cases were referred to the dentist and they made 17 attendances. Sixteen post-natal patients made 195 attendances at the Sunlight Clinic.

Milk Assistance Scheme.—The Corporation has arranged for the provision of free milk (fresh and dried) to necessitous cases in which the family income, according to the number of persons, comes within a prescribed scale. Free milk is only supplied to persons who attend the Welfare Centres, and in all cases careful enquiries are made and statements as to income verified before a grant is made.

		Cow's milk.	Dried milk.
Number of applications for grants received ...	163		
,, ,, ,, refused ...	10		
,, ,, granted free supply...	153	40	113
Approximate quantity	3,176 gallons	...	7,967 packets.
Approximate cost	£256	...	£567

The amount of dried milk sold at cost price during the year at the Welfare Centres was 6,493 packets to the value of £463.

Midwives.—The number of midwives registered as practising in the Borough was 27, and an additional 11 in practice at the Jericho Hospital. With the exception of the latter group visits were periodically made to their homes by the Assistant Medical Officer and by the Health Visitors to inspect case records, appliances, methods of practice, etc. The number of these visits was 77.

During the year there were five instances in which a midwife was compensated for loss of a previously booked case owing to removal to hospital.

The number of medical aid forms received from midwives in accordance with the rules of the Central Midwives' Board was 167.

Maternity and Nursing Homes.—One Maternity Home and one Joint Maternity and Nursing Home are registered in the Borough under the Nursing Homes Registration Act, 1927. These Homes were inspected regularly during the year. Exemption from registration, under Section 6 of the 1927 Act, has been granted in the case of one Voluntary Institution (Bury Infirmary).

Maternal Mortality.—Four women residents of the Borough died through puerperal causes out of the eight hundred and thirty women residents who bore children in 1936. The maternal mortality rate was 4.57 for 1,000 total births for the year under review, whilst the corresponding rate for 1935 was 6.65 and for 1934 10.2, both for 1,000 total births.

In the Ministry of Health circular No. 1622 of 7th May, 1937, it is stated that " the number of women who die in childbirth in this country is relatively small, and it can be said that motherhood here has reached a comparatively high level of safety; the young married woman can be told with confidence that if she is in normal health and will take ordinary and sensible precautions which her doctor or the medical staff at the Ante-Natal Clinic advise, the risk she will run in childbirth need be no matter for anxiety."

Of the four Bury women residents who died through puerperal causes three attended Ante-Natal Clinics at a Hospital, but not frequently enough, and one neglected seeking ante-natal advice. None of them attended the Corporation Ante-Natal Clinics.

Now it cannot be said that infrequent and irregular attendances at Ante-Natal Clinics constitute taking ordinary and sensible precautions. The neglect to seek any ante-natal advice is deplorable.

Neglect on the prospective mother's own part in not going early enough, frequently enough, and long enough to obtain advice from her own doctor or the doctor at the Ante-Natal Clinic is, in nearly every case, the cause of disaster.

Let the advice be repeated to expectant mothers, GO EARLY, ATTEND REGULARLY, AND CONTINUE ATTENDING FOR ADVICE from your own doctor or from the doctor at the Ante-Natal Clinic, as by doing so safety can be established and the expectant woman's own confidence established also.

Complicated Cases of Labour.—An agreement has been in force since June, 1920, under which cases of complicated labour are treated at the Bury Infirmary. Under this agreement during the year 1936, twenty-six patients were treated at the Institution, as compared with ten in the previous year.

Puerperal Fever and Puerperal Pyrexia.—Five cases of Puerperal Fever were notified. Two of these cases died—one at St. Mary's Hospital, Manchester, and one at the Jericho Hospital. Three of the cases occurred in hospitals and two at home. Two were removed to the Florence Nightingale Isolation Hospital for treatment. Three cases of Puerperal Pyrexia were notified, and there were no deaths. All three cases occurred at home. Two remained at home for treatment, and one was removed to the Florence Nightingale Hospital.

Ophthalmia Neonatorum.—Seven cases of Ophthalmia Neonatorum were notified during the year, the rate per 1,000 live births being 8.4, as compared with 18.3 per 1,000 births in 1935. The following table gives further particulars:—

Cases.	Notified.	Treated.		Vision Unimpaired.	Vision Impaired	Total Blindness.	Deaths
		At Home.	At Hospital				
7	7	5	2	7	..	..	..

Instruction in Mothercraft.—During school term, two sessions weekly are held at the Wylde Clinic, where instruction is given by the Senior School Nurse of the Education Department. During the year there were 300 attendances. The arrangement with the Education Committee continues and girls in the last term at school attend in groups of not more than 30 at a time, each group attending for a period of six weeks, and they come from all the senior elementary schools.

Children Act, 1908, and Children and Young Persons Act, 1932.

The duties and powers under Part 1 of the Children Act, 1908, as amended by Part V. of the Children and Young Persons Act, 1932, are administered by this department.

The principal regulations are that notice must be given at least seven days before receiving the child, and the age of the child in respect of whom notice must be given is 9 years. In the case of a child being received in an emergency, which makes it impossible for the statutory notice to be given, the Authority must be notified at the earliest possible moment, not later than 12 hours after the emergency.

It is the duty of the local authority to appoint infant life protection visitors to visit from time to time to satisfy themselves as to the proper nursing and maintenance of such infants, or to give necessary advice on directions thereon.

The following is a summary of the work during 1936:—

1. Number of Foster Parents on the Register—	
(a) at the beginning of the year	6
(b) at the end of the year	7
2. Number of Children on the Register—	
(a) at the beginning of the year	6
(b) at the end of the year	7
(c) who died during the year	0
(d) on whom inquests were held	0
3. Number of Visitors at the end of year who were:—	
I. (a) Health Visitors	4
(b) Female, other than Health Visitors	0
(c) Male	0
II. Number of persons or societies authorised to visit under the proviso to Section 2 (2) of the Act of 1908	0
4. Number of cases in which proceedings were taken during the year	0
5. Number of cases in which the local authority has given a sanction during the year under (a), (b), and (c) of Section 3	0
6. Number of orders obtained during the year under Section 67 of the Act of 1932	0

Boarding-out of Children.—The Council's administrative scheme under the Local Government Act, 1929, made Maternity and Child Welfare a declared service; therefore duties under the Order were imposed upon this department.

The following table shows the position at the end of the year:

	Male.	Female.
Number on Register, January, 1936	2	5
Number added during the year	1	0
Number deducted during the year	0	1
Remaining on Register, December, 1936	3	4

SUMMARY OF WORK OF THE HEALTH VISITORS.

VISITS AND ATTENDANCES.	No.
First Visits to notified births	732
Re-visits to infants under one year of age	3534
Re-visits to children over one and under five years	5022
Visits to expectant mothers	144
Re-visits to expectant mothers	299
Visits re deaths of infants under one year of age	38
Re-visits during the summer diarrhœa season	2443
Visits re infectious diseases (school notifications) :—	
Measles, Whooping Cough, Chicken-pox, etc.	1057
Visits re Ophthalmia Neonatorum	20
Visits re Puerperal Fever and Puerperal Pyrexia	8
Visits to houses in which cases of Tuberculosis have been notified	62
Re-visits to houses in which cases of Tuberculosis have been notified	2563
Visits to Midwives	77
Visits and enquiries re applications under milk assistance scheme	1578
Visits and enquiries re applications for extra nourishments under Tuberculosis Scheme	23
Visits re disinfection	24
Visits to Boarded-out and Nursed-out Children	55
Visits and enquiries re Medical and Hospital Fees	68
Visits for other causes	116
Attendances at Clinics :—	
Infant Welfare Centres	336
Ante-Natal Clinics	97
Sunlight Clinics	153
Immunisation Clinics	49
Tuberculosis, Morning Clinics	125
,, Evening Clinics	5
Total Visits	17863
Total Attendances at Clinics	765

SECTION 9.

MISCELLANEOUS.

FATIGUE.

Fatigue is defined as a weariness or exhaustion from exertion of body or mind. Sir James Paget, a surgeon who flourished at the end of the last century, said, " You will find fatigue has a larger share in the promotion and transmission of disease than any other single causal factor you can name."

Physical weariness occasioned by physical exertion may bring on a healthful sleep during which time the toxins or poisons which have accumulated in the muscles and the blood through exertion are neutralised and eliminated. If the physical exertion, however, produces exhaustion it takes a considerably longer time than an ordinary rest of a night's sleep to neutralise and eliminate the toxins which have much increased than in the case of weariness.

Mental weariness begotten of the strain, stress, conflicts and anxieties of life is a much more difficult thing to remedy than physical weariness or exhaustion, and has becomes in its lesser or greater degrees the curse of modern civilisation, whilst mental fatigue has become its tragedy.

Both mental weariness and mental fatigue produce toxins which are not so readily neutralised and got rid of as those which are manufactured by physical exertion. Furthermore, these toxins are more slowly cumulative in and take a much longer time to expel from the system than in the case of physical fatigue.

There is a connection between physical and mental fatigue, and there is no doubt that excessive and continued physical fatigue affects the mind just as excessive and continued mental fatigue affects the body.

The causes of fatigue are manifold and are well known to many of us—excess of work, worry, noise, monotony, harmful working conditions, uncongenial surroundings and underfeeding; some of us may have experienced one of them at least some time or other.

A feature of modern industry is the speed up of work, and it is becoming more and more evident that humane conditions of employment are essential to counteract fatigue.

Fatigue results in a lessened ability to work, and in a greater predilection to become the victim of disease. It thus affects industrial economics and public health.

Too long continued hours with insufficient breaks for rest and intake of nourishment and too short holidays without sufficient time for recuperation have their repercussions in diminished output, spoiled work, and lost time due to ill-health.

Anxiety and worry are equivalents for fear, and the strain which has become such a feature in the modern world appears to be increasing rather than decreasing. To counteract this present-day fear should be the desire of all rather than we should become the prey of it. A return to reasonable conditions of life happily appears to be the desire of the majority of the people in this country. A keenness for the open air and for the country has lately manifested itself, and a desire to live as well as earn a livelihood has become more apparent.

Noise in daily life has become a serious problem and has far reaching effects on the nervous system. As we have been seeking more and more to force the pace, so has noise increased. One might well ask the question whether it is more sane to regress to a slower tempo of life with less noise, than to rush, caught up in the present-day hustle, with its cacophony of noise and blind seeking after we often know not what.

Monotony either of performing a physical or mental task, in its irksomeness, wearies the mind and body. It has been found in certain industries that a change-over in duties of batches of workers, together with reasonable rest periods, has been beneficial as far as output and the general well-being of employees are concerned.

Another type of monotony is due to the continued sameness of surroundings, especially if they are depressing and uncongenial surroundings, and the inhabitants belong to the unfortunate class which cannot afford a holiday.

Harmful working conditions conduce to economic loss and sickness, and sensible employers are quite aware of this and much has been done and is being done to banish these conditions.

Uncongenial drab surroundings and comfortless dwellings, through their lack of change of colour, their uninteresting outlook, and their sheer discomfort, contribute in no small measure towards the fostering of fatigue, which results in irritability and ill-health. This is an important point since fatigue definitely predisposes to disease. Uncongenial and drab surroundings are unhealthy as they are unhappy surroundings. Comfortless dwellings are unhealthy, as their inhabitants are never at ease in them.

Underfeeding and poverty often go hand in hand, but not always. It is possible to be underfed through taking the wrong sort of diet, or by taking too infrequent meals.

It is contended by scientific workers that fatigue in industry is mainly a matter of not keeping the nutritional resources of the body at a uniform level. To counteract fatigue a more frequent intake of food during the working period would be necessary to keep the nutritional resources, which are really fuel to perform work, at a more constant level. Nowadays the principle meals are modest affairs in comparison with the ones indulged in by our grandparents, and benefit would be derived if present-day workers partook of a more frequent food intake. Working efficiency is at its highest when carbohydrates or sugars are being used. An ideal efficiency restorative and sustainer would be a mixture of sugar and milk. Sugar becomes quickly available to the body, as fuel and milk is easily digested and is sustaining. There are other restoratives such as tea with milk and sugar, and sweet biscuits, snacks, etc.

In this machine age we have become more conscious of fatigue than ever before, and in the present-day world mental stress has been greatly increased. The alleviation of fatigue and mental stress is a very present problem, and concern with nutrition and rest would lead to a return to first principles in the prevention of disease.

SEWAGE DISPOSAL.

I am indebted to Mr. J. Bolton, Sewage Works Manager, for the following information regarding sewage disposal during 1936:

The major portion of the sewage of the Borough and Tottington is treated at the Sewage Works at Blackford Bridge. Smaller works are situated at Walshaw, Unsworth, Foxley, and Kilner Croft, the latter three being in the added area of Unsworth. Work has so far advanced on the Hollins intercepting sewer that it has enabled the Hollins works to be practically abandoned. This intercepting sewer is part of a scheme to convey the whole of the sewage from the added area to the main works at Blackford Bridge.

The sewage of Bury is of a complex nature, consisting in addition to the ordinary domestic sewage, of trade waste waters from tanneries, fellmongers, wool-scouring, hatters, breweries, wineries, and crude gas liquor. Trade in many of these industries has shown a still further improvement during the year, and consequently there has been a marked increase in trade waste waters which has had its effect on the difficulties experienced in treating the sewage.

The trouble in treating the trade waste waters from a firm of calico printers mentioned in last year's report has been experienced throughout the year, and it has been found necessary to treat the trade waste waters at the source. Plans have been prepared for this work, and it is hoped to carry out the scheme in the near future.

During the past year part of the scheme of extensions sanctioned by the Ministry of Health has been completed and put into operation. This consists of a primary screen for dealing with stormwater over six times the dry weather flow, separating weirs for diverting volumes in excess of three times the dry weather flow, and a battery of eight cones on the Simplex Aeration process.

The volume of sewage dealt with in the complete plant was 1,240,414,000 gallons, being an average of 3,389,102 gallons per day. In addition to this volume 149,404,000 gallons of stormwater have been treated in the stormwater tanks, making a grand total treated of 1,389,818,000 gallons. In the final oxidation process 622,415,000 gallons have been treated in the " Simplex " bio-aeration plant, and 617,999,000 gallons have been dealt with on the percolating beds.

The sludge digestion plant has completely failed to function owing to the resins and waxes present in the trade waste waters, and there is no hope of this plant being brought into commission again until these substances have been removed from the sewage.

The effluent is under the jurisdiction of the Mersey and Irwell Joint Committee, whose inspectors frequently visit the works. During the year eleven samples of the effluent have been taken, eight of these have been classed satisfactory, and three slightly unsatisfactory. Since the completion of a portion of the extensions the general effluent at the main works has improved, but a satisfactory effluent cannot be maintained until further extensions are completed.

IRWELL VALLEY WATER BOARD.

MONTHLY RAINFALL AT WORKSHOP YARD, PARSONS LANE BURY, 1909 to 1936.

	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
January..	2·86	5·65	1·59	4·87	4·95	2·98	6·22	3·47	3·63	3·79	5·35	5·02	7·37	4·76	4·62	3·74	3·37	5·85	5·31	13·07	2·44	5·81	6·50	5·62	2·79	4·11	2·10	4·65
February.	2·67	4·27	5·02	1·71	1·73	2·64	5·04	4·75	1·53	5·87	1·19	4·75	0·50	5·26	6·84	1·33	7·45	4·63	2·25	6·33	1·32	0·47	6·23	0·13	3·81	0·56	4·89	2·29
March ..	3·39	0·88	2·11	6·46	5·02	5·93	1·89	2·37	2·99	2·13	7·06	3·74	3·64	3·30	2·17	1·75	2·41	2·86	6·09	3·09	1·52	3·32	0·44	2·82	2·97	2·83	1·65	2·61
April	3·63	2·71	2·93	1·00	4·96	1·96	1·83	3·59	1·88	1·04	2·59	5·01	1·70	2·53	3·81	2·28	2·96	1·92	3·21	1·04	1·29	2·34	3·48	4·23	2·10	2·64	3·57	0·95
May	2·35	3·30	2·46	3·13	3·39	2·55	1·53	2·78	1·58	3·13	2·11	7·22	2·67	2·03	4·30	5·57	4·52	3·33	1·90	1·58	3·50	2·48	2·89	5·05	2·20	3·19	1·16	0·75
June	2·69	3·31	3·04	5·95	2·58	1·56	2·75	3·13	2·40	1·87	1·67	3·16	0·44	2·68	0·91	2·32	0·06	2·43	4·74	7·23	1·36	1·81	5·51	0·79	2·16	1·97	3·74	3·84
July	6·83	4·14	0·22	5·34	1·17	4·89	4·51	2·02	2·31	3·98	2·07	8·17	1·89	4·91	5·04	4·57	1·99	2·28	3·04	2·33	3·83	5·89	5·07	4·47	3·12	2·59	1·91	4·28
August ..	3·24	6·05	2·47	7·58	2·98	3·46	5·62	3·30	6·64	3·64	3·87	2·73	6·07	5·04	6·02	7·09	5·43	5·24	7·27	6·26	5·86	7·13	6·57	1·18	1·90	4·06	1·63	2·56
Septemb'r	2·65	0·21	4·03	1·76	2·06	4·77	0·61	2·78	2·48	12·53	1·88	3·02	1·47	4·57	4·70	4·62	4·53	4·15	6·41	0·74	2·13	3·97	3·92	4·89	1·38	3·59	7·20	5·43
October..	5·68	3·58	3·74	5·50	2·01	2·74	1·95	8·52	9·17	4·39	2·76	1·66	2·83	0·62	6·34	5·60	5·35	4·23	4·63	5·95	7·04	6·49	2·59	8·60	4·85	6·18	9·08	5·13
November	1·52	5·43	4·50	3·57	5·05	5·90	2·31	3·10	5·35	2·87	3·74	1·97	3·17	3·83	7·64	2·70	3·08	6·36	4·39	7·17	8·81	6·53	8·61	3·46	2·17	1·95	4·86	6·26
December	8·01	4·33	7·25	5·34	2·90	6·49	8·36	3·34	2·41	10·10	7·05	3·86	7·10	5·56	5·25	5·44	3·26	2·32	1·48	3·65	8·22	4·23	2·61	2·36	0 75	6·46	3·60	3·62
Total..	45·52	43·86	39·36	52·21	38·80	45·87	42·62	43·15	42·37	55·34	41·34	50·31	38·85	45·09	57·64	47·01	44·41	45·60	50·72	58·44	47·32	50·47	54·42	43·60	30·20	40·13	45·39	42·37