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COUNTY BOROUGH OF BURY.



ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1937,

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.



1938.



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TABLE OF CONTENTS.

	Page
Section 1. Statistics and Social Conditions of the Area ...	17
„ 2. General Provision of Health Services in the Area	43
„ 3. Sanitary Circumstances of the Area, Housing, Inspection and Supervision of Food, Production and Supervision of Milk	51
„ 4. Public Abattoirs, Meat Inspection, Contagious Diseases (Animals) Acts	97
„ 5. Prevalence of and Control Over Infectious and Other Diseases	105
„ 6. Tuberculosis	117
„ 7. Venereal Diseases	133
„ 8. Maternity and Child Welfare	141
„ 9. Miscellaneous	155

HEALTH COMMITTEE, 1937.

Chairman - Councillor HARTLEY.

Deputy-Chairman - Councillor HEATON.

HIS WORSHIP THE MAYOR (Councillor J. WHITEHEAD),	Councillor BOTTOMLEY,
Alderman BATTERSBY,	„ CRAWSHAW,
„ BRADLEY,	„ DAVENPORT,
„ EVANS,	„ DUCKWORTH,
„ LEES,	„ GOODALL,
„ SMITH (J.),	„ HARDMAN,
„ HOYLE	„ HILL,
Councillor AINSWORTH,	„ SMITH (F.),
„ ASPINALL,	„ R. TAYLOR,
„ BLAKE,	„ WHITEHEAD, O. L. W.

Meetings.—The Monday in each month immediately preceding the 16th day before the Council, at 10-0 a.m.

SUB-COMMITTEES OF THE HEALTH COMMITTEE.

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

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

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

Venereal Diseases Sub-Committee:—Councillor Hartley, Councillor Heaton, Aldermen Evans and Hoyle and Councillors Davenport and Duckworth.

Maternity & Child Welfare Sub-Committee:—Councillor Hartley, Councillor Heaton, Aldermen Battersby, Evans, Smith, and Hoyle and Councillors Aspinall, Blake, Bottomley, Crawshaw, Davenport, Goodall, Hill, 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 J. Whitehead), Aldermen Battersby, Bradley, Lees, Lord, and Smith, and Councillor Hartley.

June, 1938.

LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the Health of the County Borough of Bury for the year 1937.

This Report has been drawn up in accordance with the instructions laid down in the Ministry of Health's Circular No. 1650, dated 4th October, 1937.

It is an ordinary report and not a survey report. This preface is meant to draw attention to the more outstanding features.

Birth Rate.

The birth rate for the year 1937 was 13.0 per 1,000 of the population. This rate, with the exception of the birth rate in 1936—13.92 per 1,000 population—is the highest birth rate since 1929, when the birth rate was 13.59 per 1,000 population. Nevertheless the birth rate for 1937 for this County Borough was less than the birth rate of England and Wales, which was 14.9 per 1,000 for the same year.

Death Rate.

The death rate for the year under review, 15.46 per 1,000 of the population, was the highest since 1929, when the death rate was 16.40 per 1,000 population. There was an outbreak of influenza which did not amount to an epidemic, but caused 57 out of the total 922 deaths recorded in 1937.

It is again noteworthy the high place which Cancer maintains as a killing disease. Heart disease is the leading principal cause of mortality, with cancer second. Cancer as a killing disease is likely to remain in its present high place unless methods of its prevention and cure are discovered. The deaths occurring from cancer nowadays are four times as many as occurred sixty years ago. No doubt this is now due to more accurate diagnosis and the increased longevity of people than formerly. Nevertheless cancer is an immediate and formidable problem.

Infantile Mortality.

The year 1937 showed the next to the lowest infantile mortality rate ever recorded in this town—55 per 1,000 live births. The lowest rate ever recorded was 53.0 per 1,000 live births in 1933.

Twenty-five years ago the rate was 141 per 1,000 live births.

Chief Sanitary Inspector's Report.

In this report the chief points to note are the completed reconditioning of 195 houses during the year, and in this respect I may add that in about 100 other houses reconditioning was commenced during the year, and this is now completed.

The overcrowding records and register were completed at the beginning of the year, and between 50 per cent. and 60 per cent. of houses notified as overcrowded at the end of the overcrowding survey were decrowded by the end of 1937. Part of the overcrowded families found adequate accommodation in Corporation houses and part found the required accommodation in other houses. With regard to the latter it is interesting to note that the majority took the trouble to ascertain at the Public Health Department whether the proposed required accommodation was suitable in every way before entering into tenancy. A small matter like this shows the confidence and co-operation which exists between the general public and the Public Health Department.

As in former years a good deal of time was devoted in the Sanitary Inspector's Department to the preparation for clearance inquiries. On the 20th of October, 1937, I made official representations with respect to 228 unfit dwelling-houses, chiefly in the Mosses area. Clearance Orders were made by the Council and the Orders were subsequently confirmed by the Ministry of Health after a Local Enquiry was held.

Twenty-five houses were demolished during the year without the service of formal notices. Between pages 72 and 73 will be found reproductions of photographs of part of a Clearance Area and of part of a Corporation Housing Estate to which the inhabitants of the Clearance Area were removed.

Increased attention was paid during the year to sanitary conditions at factories and workshops ; a total of 462 visits were made by Sanitary Inspectors in 1937, as against 166 in 1936.

As a result of intensive work during the years 1934-1937 inclusive in connection with the supervision of milk produced in the Borough, it was found in 1937 that 63 per cent. of the samples of milk taken for cleanliness was equal to the highest standard, 28.8 per cent. was equal to the accredited milk standard, and only 8.2 per cent. fell below the accredited standard. The results are very encouraging, but what is required is a 100 per cent. clean and at the same time a 100 per cent. safe milk. This means that milk be produced under the most hygienic conditions and subsequently pasteurised and then retailed to the public at a reasonable price. It is computed that about one-third of the milk consumed at the present time in the Borough is pasteurised.

An important part of a sanitary inspector's work is concerned with the inspection of food for human consumption. During 1937 the sanitary inspectors made 750 visits to food shops and food preparing premises to ensure that food was prepared and stored under hygienic conditions.

Infectious Diseases.

Small-Pox.—No case of small-pox occurred within the Borough during the year.

Vaccination.—In the year 1890 the percentage of children successfully vaccinated in Bury was 92 per cent. Since that time the numbers have fallen, with variations, to the present percentage of between 14 per cent. and 20 per cent.

The law concerning vaccination in this country has a true Hibernian flavour, since any parent who wishes his offspring to escape vaccination can declare that he conscientiously believes that vaccination will be prejudicial to the child's health, and by doing so obtain a certificate of exemption. Whether the parent actually believes that vaccination will be prejudicial to the health of the child is another matter. All that is required is to make a declaration.

Assuming that all parents decided to avail themselves of such simple means by which to enable their children to escape, then the compulsory part of the law concerning vaccination would become a complete absurdity, which it very nearly now is.

No one should decry vaccination, since it has been proved time and again that it undoubtedly protects against small-pox.

After the introduction of vaccination in this country small-pox rapidly declined and many lives were saved as a result.

The law as it now stands serves no useful purpose, and compulsory vaccination should be used only in those cases which actually come in contact with a case of small-pox and have been directly exposed to small-pox infection. In addition power should be given to control strictly the movements of such contacts.

Scarlet Fever.—The number of cases of scarlet fever notified in the Borough during 1937 was 74. The number of cases notified in 1933, 1934, 1935, and 1936 were 56, 164, 264, and 123 respectively. The majority of cases in 1937 was of a mild type and one death only occurred.

Diphtheria.—As with scarlet fever, there was a reduction in the number of cases of diphtheria occurring in 1937 in comparison with recent preceding years. This can be seen if the table in the main body of the Report is consulted.

Immunisation against diphtheria will fully and effectively protect 98 out of every 100 children immunised. The process of immunisation is simple and painless. Why parents should hesitate to have their children protected against such a deadly disease passes comprehension.

It is too much to expect, but if practically every child in Bury were immunised the number of cases of diphtheria and the number of deaths from this terrible disease would diminish to vanishing point.

Enteric Fever.—One case of paratyphoid B fever was notified in 1937. It was clear that the patient did not contract the disease in the Borough.

It may be opportune here to mention that a case at first suspected to be suffering from enteric fever, but later proving not to be so occurred in the small semi-isolated community at Nangreaves. As soon as the case came to the notice of the Health Department a visit was made to Nangreaves and investigations made. Several cases were found to be suffering from mild enteritis. All the cases had obtained water from a common well. This well was at once closed. All the cases recovered quickly. The cause of the enteritis remained undiscovered, although it was suspected to be of bacterial origin. The whole community of Nangreaves were supplied in a short time by the laying of a pipe from the Irwell Valley Water Board supplies. For some years there has been close co-operation between the Public Health Department and the Irwell Valley Water Board, and the ready response by the latter body in effecting a pure water supply to the community at Nangreaves at the recommendation of the Health Committee was much appreciated.

Tuberculosis.

The number of new cases, excluding contacts, examined at the Tuberculosis Dispensary during 1937 was 74, and the number of contacts examined during the year was 49. Including contacts the total number of attendances at the Dispensary was 1,024. As already indicated in previous reports the attendances at the Dispensary have increased in recent years, not that there are more cases of tuberculosis occurring, but patients and contacts have shown more readiness to attend the clinic. In the main body of the report a plea is made for moderation in all things and for the need of rest and regularity as a preventative of tuberculosis.

Venereal Diseases.

Owing to the increased number of clinics and the alterations of the times of the clinics the number of attendances at the clinics have augmented. The total attendances in 1933 were 6,632; in 1937 the total attendances were 14,706. The number of new cases which attended in 1937 was 274, in 1933 the number was 231.

Maternity and Child Welfare.

In common with other clinics the attendances at Welfare Clinics have increased in recent years. In 1933 the total attendances were 12,062, and in 1937 the attendances were 13,944.

It is generally agreed that if the same amount of progress is maintained not only in the Welfare Clinics, but as has been evidenced at every other clinic under the Corporation control, that fresh premises will be required at an early date. The new Welfare Clinic built in Tottington Road has eased the situation a little, but more accommodation is required. I am glad to record, therefore, that at a recent meeting of the Health Committee it was agreed to erect three new clinics, all being of a combined nature, in different parts of the town.

Municipal Midwives.

The working of a very important Act came into being during the year, that of the Midwives Act of 1936. The object of the Act is to secure a domiciliary service of salaried midwives under control of local supervising authorities as an important step in the improvement of the maternity service and in the campaign for reducing maternal mortality. The original scheme under the Act and submitted to the Council made provision for six midwives to be engaged. Three midwives were engaged as a commencement for reasons given in the main body of the Report. So far the working of the scheme has been a success, and the popularity of the new service is spreading.

Air-Raid Precautions.

In September, 1937, I drew up a suggested scheme for Air-Raid Precautions which was made the basis of the scheme for the Corporation.

Changes of Staff.

Since I became Medical Officer of Health of your County Borough a little over four years ago, three of my assistant Medical Officers have become Medical Officers of Health on their own account, and one Assistant Medical Officer has become a Deputy Medical Officer of Health.

Alderman Hoyle, who had been a member of the Health Committee for many years, died in February, 1938, after a short illness. Alderman Hoyle was a very valuable member of the Health Committee and his passing was universally regretted.

In concluding I wish to express my thanks for the generous support which you have accorded me during the year, and I want to express my gratitude to all Corporation officials, from whom I have always received unfailing help, advice and courtesy, and to all general practitioners for their help and co-operation.

To all my staff my grateful thanks are given for their loyal and wholehearted work during the year.

Last but not least I must thank members of voluntary bodies and officials of institutions in this town and other districts.

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.
- R. CAUTLEY HOLDERNESS, M.B., CH.B., D.P.H., Deputy Medical Officer of Health. Until 21st March, 1937.
- J. S. B. MACKAY, M.A., M.B., CH.B., D.P.H., Deputy Medical Officer of Health. Commenced duties 10th May, 1937.
- D. DESMOND, M.B., B.CH., D.P.H., Assistant Medical Officer of Health.
- 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.

F. SHACKLOCK (1, 2, 3, 4, 6), M.S.I.A., District Sanitary Inspector.
Until 20th February, 1937.

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

R. LORD (1, 2, 4), M.S.I.A., District Sanitary Inspector.

J. GASKELL (1, 2, 4), M.S.I.A., District Sanitary Inspector.

H. J. ROSE (9, 10), M.S.I.A., District Sanitary Inspector. Commenced
duties 3rd May, 1937.

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.

Certificate for :—

1. Sanitary Inspector, Royal Sanitary Institute.
2. Meat and Food Inspector, Royal Sanitary Institute.
3. Sanitary Science as applied to Buildings and Public Works, Royal Sanitary Institute.
4. Smoke Inspector, Royal Sanitary Institute.
5. The Advanced Knowledge of the Administrative Duties of a Sanitary Inspector, Royal Sanitary Institute.
6. Sanitary Engineering Certificate, Royal Sanitary Institute.
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. Sanitary Inspector, Royal Sanitary Association of Scotland.
10. Meat Inspector, Royal Sanitary Association of Scotland.

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.

E. SMALLEY, M.B., CH.B., District Medical Officer.

PUBLIC VACCINATION.

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

E. SMALLEY, M.B., CH.B., District Public Vaccinator.

Two District Vaccination Officers.

INFECTIOUS DISEASES.

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

C. L. 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.

C. L. ELDER, M.B., CH.B., Assistant Medical Officer, Aitken Sanatorium, Holcombe.

Bury and District Joint Hospital Board.

SECTION 1.

STATISTICS & SOCIAL CONDITIONS OF THE AREA.

SOCIAL CONDITIONS.

Bury is a unique Lancashire industrial town in that it is not wholly dependent on a few staple industries, but has a wide range of industrial processes. Although textile industries have been to the forefront for many years in the town, Bury is not and has never been an exclusively textile town.

The chief industries of Bury are engineering, paper making, woollen manufacturing, cotton manufacturing, bleaching, dyeing, calico printing, slipper making, tanning, and brewing.

The town is to the north of and in close proximity to Manchester, the distance being by road or rail only nine miles.

To the north and north-east of Bury lies high moorland; some points four or five miles from the centre of the town rising to heights of 1,200 to 1,500 feet above sea level.

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

The atmosphere of Bury is humid, the annual rainfall being above that of the country as a whole.

Bury has been and is justly known as one of the cleanest industrial towns in Lancashire. It is a healthy town and there is plenty of room in it for the establishment of new industries and housing estates. The local rates and the transport facilities are attractive.

The extent of unemployment in the borough has fallen in recent years, and was 2,737 persons on a monthly average during 1937, which is approximately 11.4 per cent. of the insured persons within the borough.

GENERAL STATISTICS.

Area in Acres	7,434
Resident Population (Registrar-General's estimate) 1937...	59,620
Number of Inhabited Houses, end of 1937	18,440
Rateable Value	£370,857
Sum represented by a penny rate	£1,454

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... ..	751	408	343	13.00
	Illegitimate	24	14	10	

	Total.	Male	Female	Rate per 1000 total (live and still) births.
Still Births	35	18	17	43

			Death rate per 1000 of the population.	Standardized Death Rate
Deaths	922	461	461	15.46
				15.61

Percentage of total deaths occurring in public institutions, 31.67.

Deaths from Puerperal causes:—

	Deaths.	Rate per 1000 total births.
Puerperal Sepsis	1	1.23
Other Puerperal causes	5	6.17
Total		7.40

Death Rate of Infants under one year of age:—

All infants per 1,000 live births	55
Legitimate infants per 1,000 legitimate live births... ..	56
Illegitimate infants per 1,000 illegitimate live births ...	42
Deaths from Measles (all ages)	1
„ from Whooping Cough (all ages)	1
„ from all forms of Tuberculosis	39

VITAL STATISTICS.

Population.—The Registrar-General's estimate of the population for the middle of 1937 is 59,620. The population at the 1931 census was returned as 56,182 (males 26,150, females 30,032).

Births.—The birth rate for 1937—13.00 per 1,000—is lower than last year, but excepting the latter is the highest recorded since 1929 (13.59). The total number of births recorded during the year was 775. The birth rates for the last twenty-five years are shown in the following table:—

BIRTH RATES, 1913-1937.

Year.	Number of Births.	Rate per 1,000 of Population
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
1937	775	13.00

The birth rate for England and Wales for 1937 was 14.9 per 1,000 population.

THE FALLING BIRTH RATE.

The question of the falling birth rate has been a topic aired by various Medical Officers of Health in their Annual Reports, and for some years has been a never failing evergreen revived from time to time by the general Press. Generations of the public have become habituated to the cries of "The Declining Birth Rate," "Are we becoming a nation of old men?" blazoned forth in the Press, and to monotonous and regular announcements by the Registrar-General each year that "this is the lowest rate since registration began." It would appear that the latter is the theme in the swan song of a dying nation, although it is very occasionally varied by a more cheerful note when the rate rises a few points, but the note is such a small, sporadic and infrequent one that the main theme remains the same.

As the decrease in the birth rate has been progressive in this country for the last sixty years, it appears almost as a phenomenon that we still survive as a nation. It is agreed by the majority of the general public that largely owing to Public Health Measures the chances of an infant surviving until the adult stage are infinitely much greater, and that adults are living much longer than formerly. It is agreed again that there must be something in Public Health Measures, and that, therefore, our survival is not such a phenomenon as we first thought. Albeit there are the more intelligent (or more morose) members of the general public who contemplate that as a result of the progressive decrease in the birth rate we shall become a nation of decrepit old dodderers doing nothing else but getting in each other's way, and it will be left to us old dodderers who survive to reflect that Public Health Measures have not done us so much good after all.

The number of explanations of the falling birth rate given from time to time are legion—the decrease of parental responsibility consequent upon a greater love of pleasure and a demand for a higher standard of living; the invasion of the professional pursuits by women; "all this new fangled education"; the fear of painful childbirth has been fairly prominent. We have been told by preachers and others that moral degeneration has been rife. The pious outlook, but wholly impracticable one from a nation's point of view of its continued existence, that the most worthy desire to give the fewer children born a better chance than the many had, in earlier days, brings a round of respectful applause. Sentimentalists have bespattered their writings with tears, whilst they solemnly advised mothers to have just a few children rather than the family should increase until it became a rabble of neglected starvelings, or deserving of some such equally opprobrious or even stronger epithet. "Over populationists" insist that a lower birth rate actually increases the productive capacity of the nation, and some biologists have rushed to the rescue with the statement that a decrease in the birth rate is a certain portent of the advance of civilisation. In fact the explanations are only limited by the ingenuity of the inventors.

When everybody has run himself out of breath or ceased from mildly insulting for the most part perfectly innocent and respectable people either with unwanted advice or inquiry, there remains the fact that it is common knowledge that there is a deliberate artificial restriction of births and for various practical reasons. The chief reasons are the increased cost of living due to wasteful methods of production and distribution of foods and materials necessary for present day living, exorbitant rents for working-class dwellings, the severe strain to which the middle class are subject to in order to keep up with their obligations, especially in these days of high taxation, and to a lesser degree, the desire for increased leisure and pleasure (not unwarranted), and latterly to the fear of war.

In this article it will be attempted to advance with some reasons that it is desirable to have an increased population, so far as it is consistent with the improvement of life as a whole. Let it be said at once that an unlimited increase of births is not advocated. For instance, too frequent and repeated pregnancies may affect the health of the mother, and there is also to consider the fact that the possession of a very large family might militate against the welfare of the children. But it is held that a declining birth rate would be inimical to the best interests of the State and that an increased birth rate would, consistent with a rising standard of health, wealth, leisure, education and happiness, be an asset to the nation as a whole. Also by certain reforms, both social and economic, it might be possible to improve the population concurrently with its increase.

Under healthy conditions, human life is valuable and desirable, but this depends on its inborn character and its environment. For instance, it may be subject to excessive pressure in one way or another, such as being compelled to live in unnatural localities, or the means of subsistence may be restricted either for a large class or for the whole community. Certain classes of communities may accept almost without demur impositions placed upon them, whilst others may stoutly reject them. However, it can be assumed that unless the normal or desirable standard of living is definitely lowered in any country by reason of its size, constitution, or geographical position, an increase of population in any given country is all to the good.

In this country the aggregate of wealth (with occasional temporary set-backs) has been increasing more quickly than the population. This is due to our productive powers and to the more or less free access afforded to imports from other countries. It is unfortunate that so many acres of arable land have been abandoned in this country, that waste land has not been cultivated, or that the best use has not been made of soil under cultivation, from the point of view that a number of the unemployed could be absorbed and the means of subsistence could be more abundantly provided.

A better distribution of wealth, in its widest sense, could be facilitated by improved organisation, legislation and education, thereby enabling the growing volume of wealth to maintain an increasing population at a higher social, physical and intellectual level.

The rises of prices throughout the world, which have been in evidence lately, of food and raw materials for industries, could be countered by a much fuller development of the natural resources of our colonies, which require an increase of population and adequate finances at the present moment.

That the world's population is depleting its natural resources to such an extent as to dry them up has no foundation, since there are vast stores of natural resources still untapped, and when this tapping comes to pass it would no doubt be found that an increase of the world's population could be maintained at a much higher standard of living. It may be assumed, then, that any country with almost unlimited natural resources at its disposal could subsist with a higher standard of living than that which now obtains, and this especially pertains to our own country.

All action which might tend to disrupt the home or to weaken the sense of parental responsibility should be avoided by the State, since it is in the best interests of the State, as far as it is practicable, to remove all physical, economic, and social conditions which impose a burden upon parenthood. This seems warranted, since there is more sense of the duty in parenthood when more hope is perceived.

As to whether marriage and parenthood can be regarded as a personal and social obligation or where there are medical reasons against marriage and parenthood it is considered unnecessary to discuss fully the wider issues here.

For the present purpose all that seems necessary is to assert that the present limitation of families is not in the general interest, and that such conditions should be encouraged as will make the present restriction unnecessary in the particular interests of either parents or children.

It is desired to avoid political partisanship since there are acute differences of opinion as to the necessary changes in economic or social conditions or public opinion and in general custom which would tend to promote an increase in the birth rate, and general measures such as would be approved by most commonsense people are forwarded here.

A reasonable living wage has been advocated for some years by all parties. It might be added that even now every worker does not receive a reasonable living wage be he ever so diligent, apt, and trustworthy. Greater regularity of employment and security of income appear to be required, together with holidays with pay.

In order that children could obtain a better start in life at 14 years or 16 years, State-aided insurance could be instituted whereby a sum is laid aside and later withdrawn for the child's benefit on reaching school-leaving age. A contribution of, say, one penny per week could be returned with an added sum.

National Health Insurance should be extended to cover persons not at present entitled to receive its benefits such as small shopkeepers and workers independent or otherwise with incomes up to £300 per annum.

The whole family should be included under the scheme, and it should embrace specialist and also ancillary services, such as orthopædic, ophthalmic, etc. Included in the scheme should be all hospitals which could be taken over by the State.

There is a fairly substantial remission in the tax of parents for each child now, but this could be pursued still further and possibly increased.

A good, cheap educational system above the standard of elementary schools could be extended to include scholarships and adequately aided education for children of large families.

Housing accommodation for large families should be available without charging excessive rents.

The natural resources of this country and more especially of the Dominions could be developed to a fuller extent than they are at present. Agricultural land at present lying waste or abandoned could be put under cultivation.

Instead of surplus food being destroyed, as it now is, it could be sold at a cheap rate or canned or preserved so that a cheap means of supporting life be made available.

The present expensive methods of distribution of foodstuffs and materials necessary for even a simple livelihood should be overhauled and a cheaper and more rational system introduced.

That the fear of the pain in and the possible dire consequences of childbearing have been impressed upon women there remains no doubt. Propaganda in various ways to reassure women that childbirth can be relieved of most of its pain and that the risks attendant on childbirth are relatively few and need give rise to very little anxiety requires to be broadcast.

In short, a well-informed and intelligent public opinion should be advanced regarding the whole matter in all its aspects.

DEATHS.

The death rate per 1,000 of the population for 1937 was 15.46. There were altogether a total of 1,220 deaths registered in the County Borough. Of these deaths, 362 were of persons not usually resident in the Borough. By excluding these deaths of non-residents, the number of deaths is reduced to 858, to which must be added 64 deaths of Bury residents which have occurred in other districts. The number of deaths belonging to the County Borough is thus 922.

Of the 922 deaths—

462, or 50.11%, were of persons of 65 years or over.			
288, or 31.24%,	„	„	45 years to 65 years.
78, or 8.46%,	„	„	25 years to 45 years.
18, or 1.95%,	„	„	15 years to 25 years.
13, or 1.41%,	„	children of 5 years to 15 years.	
9, or 0.98%,	„	„	2 years to 5 years.
11, or 1.19%,	„	„	1 year to 2 years.
43, or 4.66%,	„	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 922 total deaths—

256, or 27.77%,		were due to heart disease.
112, or 12.15%,	„	cancer.
63, or 6.83%,	„	other circulatory diseases.
58, or 6.29%,	„	bronchitis.
57, or 6.18%,	„	influenza.
53, or 5.75%,	„	pneumonia.
39, or 4.23%,	„	cerebral hæmorrhage.
28, or 3.04%,	„	acute or chronic nephritis.
25, or 2.71%,	„	violence.

Heart Disease.—During the year under review 256 deaths were attributed to heart disease. As in previous years heart disease has caused the greatest number of deaths.

A large proportion of the cases of heart disease have been probably due to early rheumatic affection, although the fact has to be borne in mind that the heart muscle in elderly people in many cases degenerates and becomes diseased. However, with respect to the cases which die at a comparatively early age, early rheumatic infection has been most likely the original cause. Early rheumatic infection in a child is very insidious and often ignored; often slight pains in the joints, the first symptom of the trouble, go overlooked. Recurrent tonsillitis or sore throat may be the only manifestation and may possibly lead to heart trouble, which is not discovered until it is too late to remedy the mischief. That there is a good deal of rheumatic infection in young adults arising thus I am sure. Again symptoms such as pains in the limbs are usually ignored. A periodic and regular survey by the family doctor would save a good deal of lives and a good deal of crippling.

The time may not be far distant when health departments and hospitals all over the country have special clinics for the diagnosis of rheumatism, with subsequent treatment of the affection at appropriate centres.

Apart from the deaths which are caused through rheumatism the amount of crippling which is effected by it is incalculable. It is indeed high time that local authorities should consider ways and means of combating a scourge which causes a high mortality and untold misery.

Cancer.—Cancer, with 112 deaths, is next in the list to heart disease as a killing disease. The rise in the death rate in recent years due to cancer has been viewed with alarm by the public. Even allowing for the fact that the diagnosis and treatment of the disease are more accurate and effective nowadays, that the proportion of the population liable to be affected (i.e., after 50 years of age) is increasing, the fact remains that more cases of cancer are occurring and being recognised than formerly.

In this and previous Annual Reports it is pointed out that Cancer is an immediate and formidable problem, and that notification of the disease should be made compulsory, in order to assess the number of cases to assist in an orderly and concentrated attack upon the disease. Further investigation of the disease may reveal many more types than we are at present aware of, and this may help in revealing the cause of the disease.

Bronchitis.—Deaths from bronchitis (58) occupies a prominent position in the list of the causes of death and is next to cancer as a single cause of mortality. It is suspected that a few of the deaths attributed to bronchitis are due to tuberculosis. Bronchitis is a very common affection in this country, and especially in this part of Lancashire. An acute attack of bronchitis commonly occurs at the change of seasons and may recur yearly. Chronic bronchitis follows repeated attacks of acute bronchitis, or it may be associated with kidney disease, heart disease, or other lung affections such as pneumonia. No one is immune from an attack of bronchitis. It is a serious affection in old people and in children and should never be treated lightly. In children it may follow teething and specific fevers or may be associated with rickets. A neglected chill is a common cause of the infection.

Influenza.—During 1937, 57 deaths were due to influenza. There was a slight outbreak of this disease, and although not amounting to an epidemic the affected cases showed symptoms of more gravity than those affected in recent years. Most of the cases occurred during the months of February and March. There appears to be no specific cure for influenza in this country, although some Continental countries have claimed to have produced a serum which is said to be effective in making a rapid recovery. Cases of influenza should be isolated to prevent the spread of infection.

Pneumonia.—In the year under review 53 deaths were caused through all forms of pneumonia. As has been pointed out in previous Annual Reports pneumonia is the most prevalent and fatal of all acute diseases. It is a disease more of towns than of the country, and the more overcrowded a town is the higher is the death rate from this affection.

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

DEATH RATES, 1913-1937.

Year.	Number of Deaths.	Rate per 1,000 of Population.
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
1937	922	15.46

INFANTILE MORTALITY.

The Infantile Mortality rate for 1937 was 55 per 1,000 births and is next to the lowest ever recorded in this borough. The lowest rate recorded was 53 per 1,000 births in 1933. That the figure is a low one this year is most gratifying.

The Infantile Mortality figure is a very instructive and important index of the sanitary condition of a town. Twenty-five years ago the rate was 141 per 1,000 births, and dealing with the matter in the Annual Report for that year the then Medical Officer of Health remarked that the increase was due chiefly to the large number of deaths from diarrhoea, there having been 37 deaths of children under one year of age from this disease alone. It was thought then that the frequent removal of household refuse bore an important part in the prevention of summer diarrhoea. In other words, there was less chance of flies breeding and thus infecting infants' food with the organisms which caused the diarrhoea. Most of the infants who died were fed with the bottle.

The fact that improved methods of scavenging has an important bearing in lowering the death rate from diarrhoea has been borne out by the abolishment of ashpits with the substitution of ashbins in recent years, as I think this sanitary measure has helped a great deal in reducing the number of deaths, since there have been very few deaths from diarrhoea in the latter years. Another factor which no doubt has played its part has been the reduction of stable refuse in the town. This has come about by the displacement of the horse by the motor vehicle. Twenty-five years ago, in 1913, when the population of Bury was much the same as it is to-day, there was only one Health Visitor for the whole town. This was wholly inadequate. The number of Health Visitors became four in 1917. Special visits are made by them to the homes of the babies to advise mothers regarding the feeding and care of the infants and general hygiene. This work, together with advice given to mothers at the Welfare Clinics, has helped in no small way to reduce the infantile mortality rate.

Premature births, malformations and other defects which quickly put an end to a child's existence still play the major part in the infantile mortality figures, as these factors did twenty-five years ago, but generally speaking the figures are less nowadays, and this is bearing in mind that the total births were more numerous a quarter of a century ago than they are to-day.

There will always be some premature births, and also malformations and other defects which will quickly prove fatal, but it is hoped that the causes of these disasters will be tracked down and suitable remedies applied. It is thought that specific disease in the parent is the cause of many infantile deaths, and there are some cogent reasons for thinking that malnutrition of the mother has some bearing on the subject. I think if future mothers are adequately fed throughout their lives and properly developed by leading an active life with plenty of outdoor exercise that the infantile mortality figure will diminish appreciably. By adequately fed I mean by receiving pure and healthful foods.

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.

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.
1913	168	141
1914	146	125
1915	118	115
1916	120	133
1917	73	93
Average for 5 years...	—	— 121
1918	80	110
1919	68	92
1920	102	91
1921	93	85
1922	78	82
Average for 5 years...	—	— 92
1923	88	101
1924	63	71
1925	63	80
1926	62	76
1927	62	79
Average for 5 years...	—	— 81
1928	67	90
1929	61	79
1930	51	69
1931	48	71
1932	62	85
Average for 5 years.	—	— 79
1933	40	53
1934	62	84
1935	47	66
1936	47	56
1937	43	55
Average for 5 years...	—	— 63

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... ..	7	...	146	...	48
East Ward... ..	12	...	184	...	65
Church Ward	8	...	135	...	59
Redvales Ward	9	...	126	...	71
Elton Ward	6	...	137	...	44
Unsworth Ward	1	...	47	...	21
	—		—		—
Whole Borough... ..	43	...	775	...	55
	—		—		—

The table on page 40 shows the causes of death in the various age groups up to one year.

Uncertified Deaths.—Fifty-one deaths were the subject of a coroner's enquiry, and 16 deaths were registered without being certified by a doctor or the coroner.

CANCER.

In 1937 the deaths of fifty-two Bury residents above 65 years of age were ascribed as being due to malignant disease. Of the younger ages fifty residents between the ages of 45 years and 65 years, and ten residents between the ages of 25 years and 45 years were victims from the same cause.

On perusal of the table on page 39 it will be seen that death was due to malignant disease in one out of every eight 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 eight 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, 1913-1937.

Year.	Number of Deaths.		Total.	Death Rates per 1,000 population.
	M.	F.		
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
1937	61	51	112	1.88

The following table shows the age and sex distribution of all persons who were certified as having died of cancer in 1937. The table shows also the localisation of the disease.

DEATHS FROM CANCER, 1937.

Age and Sex Distribution and Localisation of Disease.

Lesion.	Sex		AGE																			
			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 upwards		
	M.	F.																				
Buccal Cavity	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Fauces	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Mouth	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	
Pharynx	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	
Tongue	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	
Tonsil	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Other Sites	...	5	...	...	...	...	...	...	...	...	1	...	...	1	...	1	1	1	...	...	...	
Total Buccal Cavity	...	9	...	...	...	...	...	...	...	...	1	...	...	1	1	2	3	1	...	...	...	
Digestive Organs	...	2	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	
Gall Bladder	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	
Intestines	...	7	...	...	...	...	...	1	...	...	...	...	...	1	1	2	1	1	...	...	...	
Liver	...	8	...	...	...	...	...	...	...	...	...	...	...	3	...	...	2	2	1	...	...	
Esophagus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Pancreas...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	
Rectum	...	5	...	...	...	...	...	...	...	...	...	...	...	3	1	1	...	...	...	...	...	
Stomach	...	11	...	...	...	...	...	...	...	...	...	...	...	2	2	4	1	2	...	...	...	
Total Digestive Organs	...	36	...	...	...	...	...	1	1	...	...	...	...	11	5	7	4	6	1	...	...	
	...	22	...	...	...	...	...	...	...	1	1	3	...	4	6	3	...	4	...	...	...	

DEATHS FROM CANCER, 1937—continued.

Lesion.	Sex		AGE																	
			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 upwards
	M.	F.																		
Respiratory Organs																				
Larynx ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lung ...	5	...	...	...	...	...	...	1	...	1	...	...	1	1	1	...	...	...	...	...
Mediastinum ...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Total Respiratory Organs	5	...	...	...	...	...	...	1	...	1	...	...	1	1	1	...	...	...	...	...
Female Genital Organs																				
Uterus ...	...	6	...	...	...	...	...	...	...	...	...	1	1	1	2	1	...	...	...	...
Ovary ...	...	2	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...
Total Female Genital Organs	...	8	...	...	...	...	...	...	...	...	...	1	2	1	2	2	...	...	...	...
Breast ...	...	10	...	...	...	...	...	1	...	...	1	...	1	3	...	...	4	...	...	...
Male Genito-urinary Organs																				
Bladder ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kidney ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Prostate ...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	1	...	...
Scrotum ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total Male Genito-urinary Organs	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	1	...	...
Skin ...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
Other or Unspecified Organs ...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...
Total Males...	...	61	...	...	...	...	...	2	1	1	1	...	1	14	8	12	10	10	1	...
Total Females	...	51	...	...	...	...	...	1	...	1	3	5	3	9	10	5	8	5	1	...
TOTAL both Sexes	112	...	...	...	...	...	...	3	1	2	4	5	4	23	18	17	18	15	2	...

Causes of, and Ages at Death during the Year 1937.

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	906	41	11	9	13	18	80	297	437	638
Uncertified ..	16	2	..	..	..	..	..	7	7	..
Enteric Fever	..	..	..	..	..	..	..	..	..	..
Measles	1	..	1	..	..	..	..	..	..	..
Scarlet Fever.....	1	..	..	..	1	..	..	..	..	3
Whooping Cough	1	..	..	1	..	..	..	..	..	1
Diphtheria	6	..	..	2	8	..	1	..	..	13
Influenza	57	1	..	..	..	..	4	24	28	15
Encephalitis Lethargica..	2	..	..	..	..	..	..	1	1	1
Cerebro-Spinal Fever	3	..	1	..	1	1	..	..	..	3
Tuberculosis of Respirat'ry System	30	..	..	..	..	4	15	11	..	8
Other Tuberculous Diseases	9	1	2	1	..	1	..	4	..	10
Syphilis	1	..	..	..	..	..	1	..	..	2
General Paralysis of the Insane, Tabes Dorsalis..	5	..	..	..	..	..	1	4	..	..
Cancer, Malignant Disease	112	..	..	..	..	..	10	50	52	68
Diabetes	13	..	..	..	..	..	3	..	10	9
Cerebral Hæmorrhage....	39	..	..	..	..	..	..	29	10	58
Heart Disease	256	..	..	..	..	..	10	80	166	180
Aneurysm	3	..	..	..	..	..	..	2	1	..
Other circulatory Diseases	63	..	..	..	..	..	2	10	51	14
Bronchitis	58	4	..	1	1	1	2	14	35	11
Pneumonia (all forms) ..	53	11	5	3	1	1	7	11	14	75
Other Respir'tory Diseases	10	1	..	..	..	..	2	4	3	..
Peptic Ulcer	1	..	..	..	..	..	..	1	..	5
Diarrhœa, &c.	1	..	..	..	..	..	..	..	1	2
Appendicitis	3	..	..	..	..	..	1	2	..	7
Cirrhosis of Liver.....	1	..	..	..	..	..	..	1	..	2
Other Diseases of Liver, etc	3	..	..	..	..	..	..	2	1	3
Other Digestive Diseases..	14	..	1	..	1	1	..	7	4	8
Acute & Chronic Nephritis	28	..	..	..	..	..	3	15	10	12
Puerperal Sepsis	1	..	..	..	..	..	1	..	..	1
Other Puerperal Causes....	5	..	..	..	..	4	1	..	..	8
Congenital Debility and Malformation, including Premature Birth	21	21	..	..	..	..	..	..	..	31
Senility	17	..	..	..	..	..	..	..	17	3
Suicides	3	..	..	..	..	..	1	1	1	1
Other Deaths from Viol'nce	25	..	1	..	3	4	2	6	9	55
Other Defined Causes	65	4	..	1	2	1	11	22	24	28
Causes Ill-defined or Unknown	11	..	..	..	..	..	2	3	6	1
	922	43	11	9	13	18	80	304	444	638

INFANT MORTALITY, 1937.

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	15	3	..	..	18	6	8	5	4	41
	Uncertified	2	..	..	..	2	..	..	..	..	2
Smallpox.....		..	..	..	..	..	..	..	..	..	..
Chicken-pox		..	..	..	..	..	..	..	..	..	..
Measles		..	..	..	..	..	..	..	..	..	..
Scarlet Fever.....		..	..	..	..	..	..	..	..	..	..
Whooping Cough		..	..	..	..	..	..	..	..	..	..
Diphtheria		..	..	..	..	..	..	..	..	..	..
Tuberculous Meningitis		..	..	..	..	..	..	1	..	..	1
Abdominal Tuberculosis.....		..	..	..	..	..	..	..	..	..	..
Other Tuberculous Diseases		..	..	..	..	..	..	..	..	..	..
Meningitis (not Tuberculous)		..	..	..	..	..	..	..	..	1	1
Convulsions		1	..	..	..	1	..	2	..	..	3
Laryngitis		..	..	..	..	..	..	..	..	..	..
Bronchitis		..	..	..	..	..	2	..	2	..	4
Pneumonia (all forms)		..	1	..	..	1	1	3	3	3	11
Diarrhoea and Enteritis		..	..	..	..	..	..	..	..	..	..
Gastritis		..	..	..	..	..	..	..	..	..	..
Syphilis		..	..	..	..	..	..	..	..	..	..
Rickets		..	..	..	..	..	..	..	..	..	..
Suffocation, overlying		..	..	..	..	..	..	..	..	..	..
Injury at Birth		3	..	..	..	3	..	..	..	..	3
Atelectasis		..	..	..	..	..	..	1	..	..	1
Congenital Malformations		3	..	..	..	3	..	..	..	..	3
Premature Birth		6	2	..	..	8	..	..	..	..	8
Atrophy, Debility & Marasmus..		1	..	..	..	1	3	..	..	..	4
Other Causes		3	..	..	..	3	..	1	..	..	4
		17	3	..	..	20	6	8	5	4	43

Nett Births in the year { Legitimate.. 751
 { Illegitimate.. 24

Nett Deaths in the year { Legitimate Infants .. 42
 { Illegitimate Infants .. 1

Vital Statistics of Whole District during 1937 and Previous Years.

YEAR	Population estimated to middle of each Year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.		Transfer- able Deaths of Non- residents registered in the District.	Transfer- able Deaths of Residents not registered in the District.	NETT DEATHS BELONGING TO THE DISTRICT.					
		Nett.		Number	Rate			Under 1 Year of Age.		At all Ages.			
		Number.	Rate					Number.	Rate per 1000 nett Births.				
											Number.	Rate.	
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
			—										
1937	...	...	59620	775	13.00	1220	20.46	362	64	43	55	922	15.46

Area of District in acres (land and inland water) .. 7245. }
 Total population at all ages56,182 }
 Total families or separate occupiers15,402 } At Census of 1931.
 Average number of persons per house..... 3.71 }

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 14 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 1937 are given on page 113 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 Diarrhoea, 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 Diarrhoea and Poliomyelitis, 6d. per visit; and for cases of Measles and German Measles £1 1s. per case.

Clinics and Treatment Centres.

The following is a list of clinics and treatment centres available for Bury patients during 1937:—

Name and Situation.	Times of Attendance.	By whom Provided.
Maternity and Child Welfare Centres :		
(a) Welfare Centre, The Wylde... ..	Monday and Tuesday, 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 and Friday, 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	Thursday, 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.	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, 5-30 to 7-0 p.m., Thursday, 2-0 to 5-0 p.m., Friday, 7-30 to 8-30 p.m. Males : Tuesday, 7-0 to 8-30 p.m., Friday, 5-30 to 7-30 p.m., Saturday, 10-0 a.m. to 1-0 p.m.	Health Committee of Local Authority
Artificial Light Clinic, The Wylde : (a) for School Children (b) for Maternity and Child Welfare Cases (c) for Tuberculosis Cases	Irrigation, Males : Monday to Friday, 5-30 to 7-30 p.m. except Tuesday, 7-0 to 8-30 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, 5-30 to 7-30 p.m., Thursday, 2-0 to 5-0 p.m. Monday, 9-30 a.m. to 12-30 p.m. Wednesday, 9-30 a.m. to 12-30 p.m. Thursday, 9-30 a.m. to 12-30 p.m.	Health and Education Committees of Local Authority " " " "
Immunisation Clinic, The Wylde : (a) for School Children (b) for Pre-School Children	Wednesday, 2-0 to 4-30 p.m. Monday, 9-30 a.m. to 12-30 p.m.	" " " "
Orthopaedic Clinic : School Clinic, Whitefield	Thursday mornings.	Health and Education Committees of Local Authority by arrangement with the Lancashire County Council.

(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 1937.

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 ...	99	183	74	21	55	432
No. 2...	Dr. E. Smalley...	63	29	38	37	286	453

(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) **Local Acts, By-laws, etc., 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.)

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.

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 1937.

General Observations.

The activities of the Sanitary Inspector's Department during the year 1937 have been mainly directed towards consolidation of the plan of work laid down in 1934, when the reorganisation of the Department was undertaken.

The main objects of the plan are:—

- (1) A regular and systematic inspection of the district under the provisions of the Public Health Acts.
- (2) The inspection of dwelling-houses in accordance with the Council's programme of clearance and reconditioning of insanitary dwellings.
- (3) The sampling and investigation of all drinking water supplies not derived from the town's mains.
- (4) The completion of a Register of the shops in the Borough.

During the year considerable progress has been made with the conversion of ashpits under the scheme adopted by the Council in 1936.

The consolidation and amendments of public health law provided by the new Public Health Act, 1936, which became operative on October 1st, 1937, provided improved powers to the Local

Authority for the conversion of the obsolete and insanitary waste water closets to the more hygienic fresh-water flushing type of closet. A good start has been made, in which we have had the willing co-operation of the owners of property in this work of improvement.

In addition the improved provisions relating to water supplies contained in the Act of 1936 have enabled one portion of the Borough, which hitherto was supplied from shallow wells, to have a supply arranged for from the mains of the Irwell Valley Water Board. The installation of this supply was proceeding at the end of the year under review.

The programme adopted by the Council under the Housing Act continues to occupy a large part of the time of the staff of this department. In my report for the year 1936 attention was drawn to the demands made upon the time of the Sanitary Inspector's staff in carrying out the requirements of the programme adopted by the Council under the Housing Acts in 1935. During the year under review improved progress has been made with the Housing Clearance programme, and in addition increased attention has been given to the repair and reconditioning of working-class dwelling-houses. This has resulted in a considerable increase in the demands on the time of the Department spent in the operation of the Housing Acts.

Whilst a good deal of thought and care and money is being expended by Local Authorities with the object of improving the Housing conditions of the working classes, it appears to many of us intimately connected with this work that ultimate success depends upon the efficient and certain eradication of that household pest, commonly referred to as the bed bug, from the effects of tenants before they leave a verminous building for a new Council house.

This is not a pleasant subject for discussion, and until a few years ago was seldom heard of outside the confines of a Public Health Office. It is, nevertheless, a very important factor which demands the particular attention of Housing Authorities if they are to achieve the success that their splendid house-building programmes merit.

Staff.

During the year three changes have occurred in the staff of the Department. In January, 1937, Mr. F. Shacklock obtained an appointment with the City of Manchester. Mr. H. J. Rose, District Sanitary Inspector, City of Glasgow, was appointed to this vacancy in May, 1937.

In November, 1937, Mr. Harold Haworth was appointed Deputy Chief Sanitary Inspector to the County Borough of Dewsbury, and in December, 1937, Mr. A. J. Masi was successful in his application for the post of Deputy Chief Sanitary Inspector to the Borough of Rugby.

The members of the staff have attended approved lectures on Smoke Abatement and Sanitary Science during the year.

I have pleasure in recording that Mr. R. Lord and Mr. J. Gaskell have obtained the special certificate for Smoke Inspector, and Mr. J. Clark has obtained the statutory qualifying certificate of a Sanitary Inspector.

Water Supply.

During the year the system of water sampling commenced in 1936 was continued, it having been decided that, so far as the financial estimates would permit, samples of water should be taken from those dairy farms and dwelling-houses within the Borough which obtained their supply other than from the town's mains, that is from well and spring water.

To enable the position to be more clearly appreciated, the following table has been included:—

Number of dairy farms in the Borough	57
Number of dairy farms supplied by Town's mains	18
Number of dairy farms supplied by Town's mains and spring or well water	5
Number of dairy farms supplied from spring or well water	34
Number of dwelling-houses in the Borough supplied from springs or well water	70

During the year 29 samples of water were obtained for chemical analysis and bacteriological examination; the details of these are given in the following table:—

No.	Sample.	Analysis.	Report.
W1a	Tap from Well in Dairy.	Chemical and Bacteriological.	High B. Coli. Count. Unsuitable for drinking water and dairy purposes. Result: Well reconstructed and suitable cover provided.
W2a	Tap on Town's Main	Do.	Satisfactory.
W3a	Tap from Well in Dairy.	Do.	High Bacteria and B. Coli. count. Unsuitable for drinking water and dairy purposes. Result: A new well was constructed and provided with suitable covers.
W4a	Tap from Well in Dairy.	Do.	Satisfactory.
W1	Pump.	Bacteriological.	High B. Coli. Count. Unsuitable for drinking water. Result: Arrangements made to supply town's water. In the meantime water to be boiled before use.
W2	Pump Boiler House.	Do.	High B. Coli. and Bacteria Count. Unsuitable for drinking water. Result: As for sample W.1.
W3	Pump.	Do.	High Bacteria Count. Staphelous aureus found. Unsuitable for drinking water. Result: Well was closed immediately following the receipt of this report.
W4	Tap in Dairy.	Do.	High Bacteria Count. Result: Tenants advised to boil water before personal use. Steam sterilisation of all dairy utensils carried out daily.
W5	Well water from Farm.	Do.	High Bacteria Count and B. Coli. Unsuitable for drinking water. Result: Owners notified to provide supply from town's main. Tenant advised to boil water before personal use.
W6	Tap in Dairy.	Do.	Satisfactory.
W7	Tap in Dairy.	Do.	Satisfactory.
W7a	Field Drain emptying into Mill Reservoir causing a nuisance.	Do.	High B. Coli. Count. Gross pollution. Result: Inquiries were made in respect to the effluents from septic tanks at adjacent properties.
W8	Piped Supply from Well.	Chemical and Bacteriological.	High B. Coli and Bacteria Counts. Supply under observation and further samples will be taken. Meanwhile supply can be used. Result: Owner occupier of farm advised to boil water before personal use. All dairy utensils steam sterilised daily.
W9	Cistern tap from Spring.	Do.	Suspicious. Supply may continue to be used. Further samples to be taken.
W10	Tap in Farm Yard from Well.	Do.	Unsuitable for drinking and dairy purposes. Result: Use of this supply for these purposes is discontinued.
W11	Tap on Town's Main.	Do.	Total Count and B. Coli. Count are excessively high for a filtered water. Result: Report forwarded to I.V.W. Board for their attention.
W12	Tap in Dairy.	Do.	B. Coli. Count high. Further samples to be taken. Result: Occupier advised to boil water before personal use. All dairy utensils steam sterilised daily.
W13	Tap in Dairy.	Do.	Satisfactory.

Since 1934 attempts have been made to arrange for a suitable water supply to be provided to the 50 dwelling-houses at Nangreaves, without success. In September of this year a suspected case of typhoid was reported at Nangreaves, and Samples No. W.1, 2 and 3 were taken from the Nangreaves public supply of well water. The tenants were advised to boil this water before use, and arrangements were made between the property owners and the Irwell Valley Water Board for the provision of town's water to the houses and for drinking water in the Mill. As mentioned previously, this work was in progress at the end of the year.

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.

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

	Primary Visit.	Re-visit.	Total.
Drainage inspected	987	139	1126
Drainage tested	72	—	72
Drainage defective... ..	35	—	35
Drainage reconstructed	76	—	76
Cesspools	7	3	10
Sewers and street gullies... ..	15	—	15
Totals	1192	142	1334

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, 294.

The following table shows the Type and Number of Conveniences in the Borough at the 31st December, 1937:—

Number of Dwelling-houses	18440
„ Factories	242
„ Workshops and Lock-up Shops	472
„ Public Institutions and Places	132
„ Water Closets	17677
„ Waste Water Closets	2412
„ Privy Closets	499
„ Pail Closets	244
„ Tank Closets	4
„ Dry Ashpits	1754
„ Ashbins	13671

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

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

	1933	1934	1935	1936	1937
Privy closets cleared away	—	2	—	—	1
Pail closets cleared away	—	—	1	—	—
Privy closets converted to fresh-water closets ...	66	8	53	23	18
„ „ „ pail closets	—	—	—	—	4
Pail closets converted to fresh-water closets ...	—	16	1	3	1
Additional fresh-water closets provided	72	53	21	20	24
Waste-water closets replaced by fresh-water closets	32	44	38	64	249
„ „ cleared away	—	17	—	—	15
Trough „ replaced by fresh-water closets	—	—	—	—	—
Total number of fresh-water closets fixed in connection with old property	170	121	108	110	292
Privy middens altered and converted to dry ashpits	—	—	—	—	—
„ „ „ dustbins	34	5	53	23	23
Dry ashpits „ „ dustbins	32	27	2	61	577
Number of portable covered dustbins provided...	171	115	105	117	1056
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 following table shows the detail of this work during 1937 :—

Number of ashpits abolished	577
„ ashbins substituted	1033
„ additional ashbins provided... ..	0
„ privy midden ashpits abolished ...	23
„ ashbins substituted	23
„ notices served to abolish ashpits...	471
„ notices to abolish ashpits complied with	383

DISINFESTATION OF VERMINOUS PREMISES.

Public Health Act, 1936.

The Council provide a disinfestation service free to all dwelling-houses.

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.

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.

During the year 289 houses were reported as being verminous and were disinfected. 326 visits were made by inspectors for this purpose.

SANITARY INSPECTION OF THE DISTRICT.

1. Number and Nature of Inspections.

During the year 1937 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	828	1,489	2,317
Water Supply	19	8	27
Tents, Vans, Sheds	1	—	1
Houses Let in Lodgings	199	41	240
Common Lodging Houses	249	7	256
Schools	93	15	108
Entertainment Houses	10	—	10
Ashes Accommodation	2,067	4,023	6,090
Accumulations	25	6	31
Animals or Birds	8	—	8
Stable Premises	34	4	38
Yards, Courts, etc.	25	3	28
Piggeries	67	—	67
Drainage—Testing... ..	72	—	72
Inspected	987	139	1,126
Closets—Water	901	117	1,018
Pails or Privies	160	155	315
Cesspools	7	3	10
Urinals	45	2	47
Sewers and Street Gullies	15	—	15
Cowsheds	912	1	913
Milkshops and Dairies	545	1	546
Ice-Cream Premises	59	1	60
Meat Shops for Meat Inspection	149	—	149
Abattoir for Meat Inspection	71	—	71
Food Preparing Premises	194	11	205
General Food Premises	109	—	109
Markets	145	—	145
Cold Stores	2	—	2
Merchandise Marks Acts	7,503	—	7,503
Fertilisers and Feeding Stuffs Act... ..	11	—	11
Offensive Trades	89	—	89
Factories	56	11	67
Workshops... ..	85	23	108
Bakehouses—Factory	69	10	79
Non-Factory	181	27	208
Outworkers	1	—	1
Shops Acts	883	58	941
Infectious Diseases... ..	242	41	283
Disinfection	287	—	287
Smoke Abatement Observations	400	—	400
Premises Visited	46	—	46
Rivers Pollution Acts	13	—	13
Miscellaneous Visits	349	—	349
Interview—Owners, Tradesmen, etc.	968	—	968
Vermineous Premises	235	91	326
Samples—Food and Drugs	331	—	331
Rag Flock	7	—	7
Water... ..	19	—	19
Other Visits	4	—	4
Milk—Pathological	169	—	169
Bacteriological	88	—	88
Housing inspections under the Regulations of 1925 and 1932	573	1,560	2,133
Housing Act—Overcrowding	59	2	61
Miscellaneous Visits... ..	1,993	48	2,041
	22,659	7,897	30,556

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	455
„ informal notices complied with	404
„ statutory notices served	39
„ statutory notices complied with	36

3. Complaints Received.

During the year 408 complaints were received relating to the following matters:—

Nature of complaint.	Number.
General Disrepair—Various... ..	36
Defective fireplace... ..	9
„ rain-water pipe	2
„ windows	6
„ chimneys	2
„ doors	3
„ plaster-work	7
„ floors	2
„ roofs	10
Dampness	20
Water closets	30
Choked drains	10
Insufficient ashes accommodation	10
Privies and pails	5
Defective ashpits	26
Defective ashbins	67
Rats	3
Vermin	67
Foul and obnoxious odours	27
Accumulations	20
Dirty premises	9
Water supply	3
Dangerous buildings	1
Animals or birds	7
Shops	1
Burning of refuse	4
Smoke nuisance	9
Surface drainage	1
Overcrowding	3
Miscellaneous	8

Each complaint was investigated and any necessary action taken.

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

Choked water closets	2
Emptying of cesspools	1
Choked drainage	2
Defects at Corporation houses	16
Ashes accommodation	1
Choked street gullies	2
Smells from street gullies	2
Untrapped street gullies	1
Smells from sewers	1
Accumulations	2
Dangerous buildings	1
	31

The following complaints were referred to the Irwell Valley Water Board:—

Missing stop tap to water main	1
Water supply	3
Total complaints	35

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	1,509
2. As a result of statutory notice	54
Total	1,563

Houses Let in Lodgings.

Bye-Laws dated 1898.

Housing Act, 1936.

At the end of 1937 there were 25 registered houses let in lodgings in the Borough.

In all cases in this Borough, the houses, which are let in lodgings, were formerly dwelling-houses of the better class, which, through age and circumstances of the migration of the population from the centre of the town, have become unsuitable for their original purpose. The consequent adaptation for their present use has failed to render the houses suitable to be let in lodgings when measured by modern standards.

One registered house was demolished as the result of informal action during the year, and was removed from the register.

Particulars of Registered Houses Let in Lodgings and work done in 1937 :—

No. of houses.	No. of rooms.	Accommodation available for	
		adults.	children.
25	171	322	4

Number of Notices served under Bye-Laws and Public

Health Acts 14

Number of defects found 23

„ defects remedied 45

„ visits of inspection 240

No. 12, John Street, was demolished during the year and removed from the register.

Common Lodging Houses.

Public Health Act, 1936.

Bury Corporation Act, 1909. Section 188.

Bury Corporation Act, 1932. Sections 172 to 174.

There are six registered common lodging-houses in the Borough. 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, 1936.

Housing of the Working Classes Act, 1885.

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.

Public Health Act, 1936.

Canal Boat 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 officer appointed under the Act and the official Rat Catcher is a member of his Department.

When the Rat Catcher investigates a complaint of rats and he has reason to suspect that the means of entry to the premises by the rats is by the drains, the matter is referred to this Department. During the year under review a considerable amount of work has been carried out in this connection.

Offensive Trades.

Public Health Acts, 1936.

Number of Premises on the Register 1st January, 1937 ...	18
" " " 31st December, 1937...	19
Workshops	8
Factories	11
Notices served	2
Notices complied with	0
Number of inspections	89

List and classification of registered trades :—

Fellmongers, Tanners, and Leatherdressers	7
Tallow melters, Fat melters and Extractors	2
Knackers' Yard	1
Tripe boilers	2
Glue makers	1
Gut scrapers	1
Rag and bone dealers	5
	—
	19
	—

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

During the year one new offensive trade was registered.

Stable Premises.

Following the adoption of new by-laws to control the sanitary condition of stables a commencement has been made with a register of these premises.

From my observations during a general survey of the stables in the district there appears to be a fairly good general standard.

In the following table particulars are given of the action taken during the year :—

Number of Stable Premises	30
„ „ „ Improved under By-laws..	2
„ Notices served	6
„ Visits	38

Smoke Abatement.

Public Health Act, 1936.

The tables given below indicate the increased attention which has been paid to this subject during the year under review. Close contact over a number of years with this problem increasingly emphasises the difficulties which beset a complete solution of the problem. One becomes more convinced as experience is extended that a permanent solution cannot well be achieved without co-operation and education of all the interests involved. In Bury the Corporation Gas and Electricity Departments are doing much to help in the solution of the smoke nuisance from domestic premises in particular.

The following table is taken from the Report No. 3 of the Fuel Research Board and is again 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 1937 :—

Number of 30 minute observations	400
Number of premises visited	46

Classification of all Observations taken.

TABLE I.

Premises.	Dense Black Smoke.	Moderate Smoke.	Little or no Smoke.
Factories	156.75 min.	4845.25 min.	6998 min.
Average per observation of factories.	.391 min.	12.113 min.	17.495 min.

Number of nuisances due to excessive black smoke	17
„ statutory notices served	12
„ statutory notices complied with... ..	11
„ statutory notices (Sec. 92/103) served	4
„ „ „ „ abated	4

Particulars of Smoke Nuisances reported.

TABLE II.

No. in Smoke Register.	Period of emission in minutes.		
	Black Smoke.	Moderate Smoke.	Little or no Smoke.
92	3.5	12.5	14.0
62	3.0	10.5	16.5
92	5.5	16.5	8.0
92	5.5	19.0	5.5
92	3.5	16.0	15.5
81	3.5	16.0	10.5
92	5.5	19.0	5.5
92	12.5	15.5	2.0
92	3.5	17.5	9.0
68	2.5	9.0	18.5
92	3.0	14.0	13.0
87	2.5	18.0	9.5
10	2.75	9.25	18.0
92	4.75	20.5	4.75
92	3.5	16.25	10.25
91	2.5	19.0	8.5
81	3.0	16.5	10.5

Considerable difficulty was experienced with one chimney, from which there was a continuing nuisance. Numerous observations were taken of this chimney, and at one period one notice was served on the result of six observations.

Considerable alteration and additions have been made to the plant concerned, with much improved smoke emissions as a result.

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.	1935	1936	1937.
No. of Observations	328	307	400
	Minutes	Minutes	Minutes
Total amount of Black Smoke Observed	186.25	92.45	156.75
Average amount of Black Smoke per Observation	0.570	0.301	0.391
Total number of Nuisances reported..	10.0	4.0	17.0

Rag Flock.

Rag Flock Acts, 1911 and 1928.

Rag Flock Regulations.

During the year one sample was taken at premises occupied by upholsterers.

Sample No.	Place Taken.	Analyst's Report.	Action Taken.
R.F. 8	Upholsterer's Workshop.	Genuine.	—

Samples of wadding used by other upholsterers within the borough have been taken previously, and these materials have been found not to be "rag flock" within the meaning of the Act.

Premises where rag flock is made for use in slipper manufacture have been visited regularly during the year.

Disinfection for Infectious Disease.

Disease.	Rooms.	Visits.	No. of Cases.
Scarlet Fever	82	110	77
Diphtheria	112	132	99
Erysipelas	5	12	11
Tuberculosis	15	18	—
Para-Typhoid Fever "B"	1	3	1
Typhoid Fever	1	1	1
Cerebro-Spinal Fever ...	1	1	1
Cancer	2	2	—
Acute Poliomyelitis... ..	1	1	1
Pemphigus Neonatorum..	1	1	—
Scabies	1	2	—
Total	222	283	191

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 ... 71

Number of schools disinfected 32

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 10

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 during the next financial year, and an additional new convenience has been constructed in Paradise Street adjoining the New Fair Ground during the year.

Number of inspections of public conveniences by
sanitary inspectors 47

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. ...	2	13	—	—	—
All Saints' C. of E....	2	16	—	—	—
Elton Council ...	3	27	—	—	—
Guardian Angels' R.C. ...	2	5	—	—	—
Chesham ...	2	9	—	—	—
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. ...	2	—	—	9	—
Church Central C. of E. ...	1	2	15	—	—
Holy Trinity C. of E. ...	1	3	13	—	—
George Street ...	2	1	12	—	—
St. Marie's R.C. ...	1	16	—	—	—
Clerke Street ...	1	3	8	—	—
St. Thomas's C. of E....	1	3	19	—	—
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	9	—	—	—
Hollins ...	1	—	—	—	6
Total ...	35	206	118	9	6

During the year the sanitary accommodation at St. George's School was converted from an automatic flushing system to a separate flush for each water closet.

HOUSING.

Housing Act, 1936.

Housing Consolidated Regulations.

General Observations.

In the report for 1936 attention was drawn to the extended application of the law relating to the houses of the working classes by the operation of the Housing Act, 1935, particularly in regard to the provisions dealing with overcrowding in dwelling-houses.

Section 6 of that Act (now re-enacted as Section 62 of the Housing Act, 1936) provides for the insertion in rent books of the " Permitted number " of persons who may occupy the house in accordance with the standards given in the Act, and requires the Local Authority to provide the necessary certificates of information for this purpose. Up to the end of the year certificates in respect of 7,218 houses were issued from this department. One certificate was granted during the year authorising the temporary use of a dwelling-house by persons in excess of the permitted number.

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 Mosses Nos. 1 and 2, Bird Hall, Ainsworth Road (Starling), Castle Road, and Pleasington Clearance Areas, and the Public Local Enquiry held by the Ministry of Health Inspector to enquire into the Freetown Clearance Order confirmed by Council on the 22nd December, 1936 :—

This Order was subsequently amended and confirmed by the Minister of Health. One house used as a lock-up shop was excluded from the Order.

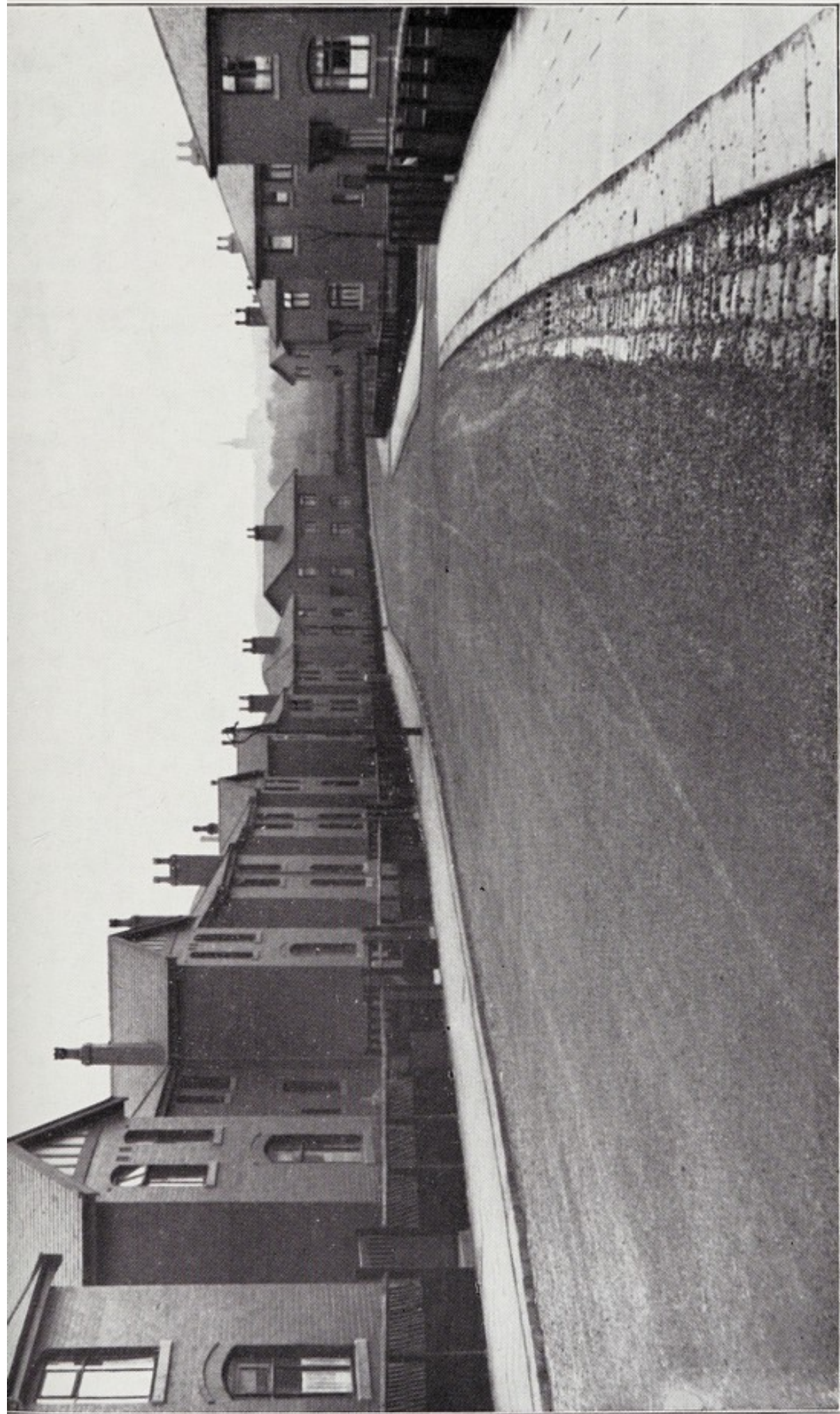
The Medical Officer of Health submitted Official Representations to the Health Committee in respect of six dwelling-houses, and demolition orders were made by the Council on the 6th May, 1937.



A Narrow Court in the Freetown Clearance Area







Brandlesholme Road Housing Estate, Holme Avenue

On the 20th October, 1937, the Medical Officer of Health submitted an Official Representation to the Health Committee in respect of five Clearance Areas comprising 228 dwelling-houses, which were confirmed by the Council at its meeting on the 28th October, 1937.

During the year demolition was completed at Banbury Street, No. 1 and No. 2, Hill Street, Wike Street, Livsey Street, and Doctors Lane Clearance Areas, and was commenced at Freetown Clearance Area.

Statistics.

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
28/10/37.	Mosses No. 1	212	623
28/10/37.	Bird Hall... ..	5	12
28/10/37.	Ainsworth Road (Starling) ...	2	4
28/10/37.	Castle Road	5	17
28/10/37.	Pleasington	4	6
Totals for 18 areas dealt with under the Housing Acts, 1925-36, up to 31st December, 1937		689	1988

The following table shows the number of houses built within the Borough during the past 8 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.
1930	...	...	...	258	80
1931	...	...	...	540	91
1932	...	...	...	505	114
1933	...	...	...	44	279
1934	...	...	...	180	237
1935	...	...	...	—	489
1936	...	...	...	79	410
1937	...	...	...	75	219
				1,681	1,919
				...	1,645
					—

Total number of houses built by Corporation at
31st December, 1937 2,266

During the year 11 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 75
- (ii) By other Local Authorities *nil*
- (iii) By other bodies and persons 219

(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 75
- (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) | 1401 |
| (b) Number of inspections made for the purpose... | 4450 |
| (2) (a) Number of dwelling-houses (included under Sub-head (a) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 | 573 |
| (b) Number of inspections made for that purpose. | 2133 |
| (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation | 519 |
| (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 | 882 |

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	195
Number of back-to-back houses made into through houses	<i>nil</i>
Number of houses demolished	25

3. Action under Statutory Powers during the Year:—

A.—Proceedings under Sections 9, 10, and 16 of the Housing Act, 1936:—

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

B.—Proceedings under Public Health Acts :—

- | | |
|---|------------|
| (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied | 3 |
| (2) Number of dwelling-houses in which defects were remedied after service of formal notices :— | |
| (a) by owners | 2 |
| (b) by Local Authority in default of owners | <i>nil</i> |

C.—Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—

- | | |
|--|------------|
| (1) Number of dwelling-houses in respect of which Demolition Orders were made | 6 |
| (2) Number of dwelling-houses demolished in pursuance of Demolition Orders | 14 |
| (3) Number of dwelling-houses in respect of which an undertaking was accepted under Sub-Section (2) of Section 11 | <i>nil</i> |

D.—Proceedings under Section 12 of the Housing Act, 1936 :

- | | |
|--|------------|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made | <i>nil</i> |
| (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit | <i>nil</i> |

4. **Housing Act—Overcrowding.**

- | | |
|--|-----|
| A.—(1) Number of dwellings overcrowded at end of the year | 112 |
| (2) Number of families dwelling therein | 112 |
| (3) Number of persons dwelling therein | 813 |
| B.—Number of new cases of overcrowding reported during the year | 1 |

C.—(1) Number of cases of overcrowding relieved
during the year 105

(2) Number of persons concerned in such cases... 653½

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*

During the year clerical work and records in connection with measurement survey of all the houses in the Borough were completed. A survey was taken of the existing overcrowded houses, as a result of which it was found that 105 cases of overcrowding had been relieved.

Requests have been received for certificates for houses which were over £17 rateable value. In the majority of instances particulars were obtained and certificates issued.

Number of certificates given for houses over £17
rateable value since the time of survey 29

FACTORIES AND WORKSHOPS.

Public Health Acts, 1936.

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)	146	4	—
Workshops (Including Workshop Laundries)	316	17	—
Workplaces (Other than Outworkers' Premises)	—	—	—
Total	462	21	—

Defects found in Factories, Workshops, and Workplaces.

PARTICULARS.	NUMBER OF DEFECTS.			Number of offences in respect of which prosecutions were instituted.
	Found.	Rem'd'd	Referred to H.M. Insp'ct'r	
Nuisances under the Public Health Acts:				
Want of Cleanliness	13	13	...	...
Want of Ventilation	...	...	...	...
Overcrowding	...	...	...	...
Want of Drainage of Floors	...	...	...	...
Other Nuisances	28	24	...	...
Sanitary Accommodation:—				
Insufficient	3	1	...	...
Unsuitable or defective	16	12	...	...
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	60	50	...	...

Outworkers.

During the year four lists of outworkers were received, three from a local firm and one 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.

Milk Supply.

Milk and Dairies (Consolidation) Act, 1915.

Milk and Dairies (Amendment) Act, 1922.

Milk and Dairies Order, 1926.

Milk (Special Designations) Order, 1936.

The standard of milk production at the farms continues to be well maintained, as shown by the fact that 63 per cent. of samples obtained from non-graded milk produced in the Borough were equal to the standard of cleanliness prescribed for the highest grade of milk. Two additional licences to produce accredited milk have been granted during the year.

Inquiry was made into the reasons for the unsatisfactory reports upon the four samples of accredited milk. One was found to be due to a breakdown of the sterilising plant, and in the other three cases our inquiries failed to establish the precise cause. Further samples were obtained from these farms and were found to be satisfactory. One of the four samples reported to be unsatisfactory was also examined by the "plate count" method and was found to comply with the standard prescribed for Certified Milk under the old regulations.

The procedure followed in the sampling of milk is in all respects similar to that described in previous reports. In view of the changes introduced by the operation of the Milk (Special Designations) Order, 1936, as from the 1st June, 1936, the bacterial purity of raw (i.e. untreated) milk is estimated by the methylene blue reduction test. In order to facilitate the change of method to farmers and dairymen samples were also examined by the microscopical and plate count test formerly in use. In this way the comparisons of the results of both tests on a sample enabled the producer to appreciate more readily the merits of the methylene blue reduction test.

Cowsheds, Dairies, and Milkshops.—The following is a summary of the particulars as recorded in the registers at 31st December, 1937:—

Number of persons registered as cowkeepers...	57
„ „ premises registered as cowsheds ...	98
„ „ cowkeepers who are retail purveyors of milk	57
„ „ premises registered as dairies in connection with farms ...	57
„ „ premises registered as dairies in connection with dairy premises ...	10
„ „ premises registered as dairies in connection with milk bar ...	1
„ „ premises registered as dairies in connection with milkshops ...	9
„ „ persons registered as retail purveyors of milk— (a) with premises in the Borough...	98
(b) with premises outside the Borough ...	64
„ „ persons or firms registered as wholesale traders:— (a) with premises in the Borough ...	35
(b) with premises outside the Borough...	8
Visits to Cowsheds ...	913
Visits to Dairies and Milkshops ...	546
Total visits ...	1459

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 ... 5

One informal notice was served and complied with 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 ...	1
„ of reconstruction of cowsheds in hand but not completed	2

Cleanliness.—During 1937, routine sampling of non-graded milk was continued, and 81 samples were obtained for examination.

The results have been 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.
46=63.0%	21=28.8%	6=8.2%

MILK PRODUCED OUTSIDE THE BOROUGH.

2=25%	3=37.5%	3=37.5%
-------	---------	---------

TOTAL.

48=59.2%	24=29.6%	9=11.1%
----------	----------	---------

Graded Milk. Bacteriological Condition.

Grade.	No. of Samples.	Below Standard	Above Standard
Accredited	22	4	18
Pasteurised	6	—	6
Total	28	4	24

Graded Milks.—The following licences were granted during the year 1937 :—

	Approved 1937	Total on Register.
Licence to produce Accredited Milk ...	6	8
Supplementary Licence to Retail Certified Milk	1	1
Licence to Pasteurise, bottle and sell	1	1
Supplementary Licence to sell Pas- teurised Milk	4	4

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 (1,083) 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... .. 155

Secondary visits with Veterinary Inspector re T.B.

Samples 7

	Samples T. B. Negative.	Samples T. B. Positive.	Total.
Mixed samples taken at farm	98	7	105
Group samples taken at farm	32	5	37
Individual samples taken at farm	53	5	58
Samples taken during whole- sale delivery and pas- teurising process	8	—	8
Total	191	17	208

As a result of these inspections 5 milk cows were certified by the Veterinary Inspector under the 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.

The following is a list of food preparing premises inspected and recorded for the period ended 31st December, 1937:—

	During 1937.	Total.
Fried Fish premises... ..	23	92
Butchers' Shops	36	55
Cafes, Restaurants, Coffee Houses, etc....	13	19
General Food premises	6	11
Butchers' making-up premises	—	5
Potted Meat, etc., preparing premises ...	1	35
Grocers' Shops	46	51
Confectioners' shops and premises... ..	53	53
Greengrocers' shops and premises	34	40
Fish shops and premises	6	11
Tripe shops and premises	6	10
Ice Cream manufacturing premises	6	20
Sweets Shops, etc.	13	13
Total	243	415

Number of visits to food preparing premises and shops...	314
„ visits to meat shops (not included above) ...	149
„ visits to bakehouses	287
	750

The number of notices served during the year:—

Premises.	Served.	Defects found.	Defects abated.
Butchers' Shops	1	4	6
Fried Fish Shops... ..	2	2	3
Other Food Shops	4	8	8
Bakehouses... ..	12	33	26
Totals	19	47	43

Ice Cream Premises.

	1937.	Total.
Number of premises registered for the manufacture of Ice Cream	5	18
Number of persons registered as vendors of Ice Cream	11	54
Number of Inspections of premises, stalls, carts and barrows	67	—
Number of samples obtained... ..	7	
,, ,, satisfactory... ..	6	
,, ,, unsatisfactory... ..	1	

The sample reported to be unsatisfactory was obtained from a supply manufactured outside the Borough, and the Local Authority concerned was supplied with a copy of the report of the examination.

Potted and Preserved Food, etc., Premises.

	1937.	Total.
Number of premises registered :—		
Retail	1	35
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	145
------------------------------------	-----

The Market stalls are visited regularly during the week and at week-ends. 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 of food are marked in a conspicuous manner to distinguish them from a similar home-grown article.

During the year 121 contraventions of the Act were reported, and it appears that the majority of these are due mainly to the forgetfulness of shopkeepers and salesmen.

On one of the cases reported proceedings were subsequently taken in the Borough Police Court resulting in a conviction and fine.

The following is a list of the work done :—

Total visits, including visits to market stalls and shops	7,503
Number of verbal notices to shopkeepers	5
„ verbal notices to stallholders	113
„ warning letters to stallholders	1
„ „ „ shopkeepers	2

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.

ADULTERATION, Etc.

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 1937 is as follows :—

Period.	No. of Samples.	Milk Fat. Per cent.	Solids not Fat Per cent.
1st Quarter	38	3.52	8.83
2nd Quarter	39	3.36	8.86
3rd Quarter	24	3.54	8.94
4th Quarter	32	3.45	8.94
1st January to 31st December, 1937	133	3.47	8.89

Public Health (Condensed Milk) Regulations.—Number of samples submitted to the Public Analyst, 4. 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		
	Frm'l	Inf'r'l	Total	Frm'l	Inf'r'l	Total	Frm'l	Inf'r'l	Total
Albanoids	...	1	1	...	1	1	...	...	...
Almond Toffee	...	1	1	...	1	1	...	...	...
Bi-carbonate of Soda	...	2	2	...	2	2	...	...	...
Biscuits	...	2	2	...	2	2	...	...	...
Beer	4	...	4	4	...	4	...	...	...
Black Pudding	...	1	1	...	1	1	...	...	...
Black Currant Jelly	...	1	1	...	1	1	...	...	...
Borax	...	1	1	...	1	1	...	...	...
Boracic Powder	...	2	2	...	2	2	...	...	...
Boiled Sweets	...	1	1	...	1	1	...	...	...
Brandy	2	...	2	2	...	2	...	...	...
Bread	...	3	3	...	3	3	...	...	...
Butter	...	5	5	...	5	5	...	...	...
Calomel Ointment	...	1	1	...	1	1	...	...	...
Camphorated Oil	...	2	2	...	2	2	...	...	...
Carbolic Ointment	...	1	1	...	1	1	...	...	...
Castor Oil	...	2	2	...	2	2	...	...	...
Cheese	...	7	7	...	6	6	...	1	1
Chutney	...	1	1	...	1	1	...	...	...
Chocolate Dried Milk	...	1	1	...	1	1	...	...	...
Chocolate Laxative	...	1	1	...	1	1	...	...	...
Cod Liver Oil	...	1	1	...	1	1	...	...	...
Cocoa	...	1	1	...	1	1	...	...	...
Cheese and Biscuit Snack... ..	...	1	1	...	1	1	...	...	...
Condensed Milk	...	4	4	...	4	4	...	...	...
Coffee Essence... ..	...	1	1	...	1	1	...	...	...
Cocktail Crystals	...	1	1	...	1	1	...	...	...
Cornflour	...	3	3	...	3	3	...	...	...
Cream	...	1	1	...	1	1	...	...	...
Cream Buns	...	3	3	...	3	3	...	...	...
Cream of Tartar	...	3	3	...	3	3	...	...	...
Currants	...	1	1	...	1	1	...	...	...
Dried Apricots	...	1	1	...	1	1	...	...	...
Dried Prunes	...	1	1	...	1	1	...	...	...
Dried Milk	...	5	5	...	5	5	...	...	...
Dripping	...	1	1	...	1	1	...	...	...
Egg and Butter Toffee	...	1	1	...	1	1	...	...	...
Epsom Salts	...	2	2	...	2	2	...	...	...
Flour	...	3	3	...	3	3	...	...	...
Formaline & Mint Lozenges	...	1	1	...	1	1	...	...	...
Fruit Cake	...	1	1	...	1	1	...	...	...
Gin	2	...	2	2	...	2	...	...	...
Glauber Salts	...	1	1	...	1	1	...	...	...
Gravy Browning	...	1	1	...	1	1	...	...	...
Gregory Powder	...	1	1	...	1	1	...	...	...
Ground Ginger	...	1	1	...	1	1	...	...	...
Ground Rice	...	2	2	...	2	2	...	...	...
Honey	...	1	1	...	1	1	...	...	...
Ice Cream	...	3	3	...	3	3	...	...	...
Iodine Liquid Plaster	...	1	1	...	1	1	...	...	...
Jam	...	2	2	...	2	2	...	...	...
Lard	...	2	2	...	2	2	...	...	...
Lemon Cheese	...	1	1	...	1	1	...	...	...
Lemon Churd	...	1	1	...	1	1	...	...	...
Lemonade Powder	...	1	1	...	1	1	...	...	...
Margarine	...	6	6	...	5	5	...	1	1
Marmalade	...	1	1	...	1	1	...	...	...
Meat Pies	...	2	2	...	2	2	...	...	...
Mercury Ointment	...	1	1	...	1	1	...	...	...

Continued on page 89.

TABLE I.—(Continued).

SAMPLES TAKEN.

ARTICLE	No. of Samples			No. Genuine			No. Adulterated		
	F'rml	Inf'rl	Total	F'rml	Inf'rl	Total	F'rml	Inf'rl	Total
Milk	132	1	133	117	...	117	15	1	16
Mincemeat	...	3	3	...	3	3	...	...	...
Mustard	...	1	1	...	1	1	...	...	...
Oatmeal	...	1	1	...	1	1	...	...	...
Olive Oil	...	1	1	...	1	1	...	...	...
Orange and Halibut Liver Oil Pastilles	...	1	1	...	1	1	...	...	...
Pepper	...	1	1	...	1	1	...	...	...
Pickles	...	2	2	...	2	2	...	...	...
Pork and Beans	...	1	1	...	1	1	...	...	...
Potted Meat	...	1	1	...	1	1	...	...	...
Rice	...	1	1	...	1	1	...	...	...
Red Indian Germ Ointment	...	1	1	...	1	1	...	...	...
Rum	2	...	2	2	...	2	...	...	...
Sago	...	1	1	...	1	1	...	...	...
Sardines	...	1	1	...	1	1	...	...	...
Sauce	...	2	2	...	2	2	...	...	...
Sausages	...	3	3	...	1	1	...	2	2
Sultanas	...	1	1	...	1	1	...	...	...
Suet	...	1	1	...	1	1	...	...	...
Sweets	...	2	2	...	2	2	...	...	...
Syrup	...	1	1	...	1	1	...	...	...
Syrup of Horehound	...	1	1	...	1	1	...	...	...
Tincture of Iodine	...	1	1	...	1	1	...	...	...
Tinned Cream	...	2	2	...	2	2	...	...	...
Tinned Peas	...	2	2	...	2	2	...	...	...
Tinned Soup	...	1	1	...	1	1	...	...	...
Treacle	...	1	1	...	1	1	...	...	...
Vaseline	...	1	1	...	1	1	...	...	...
Vinegar	...	1	1	...	1	1	...	...	...
Whisky	2	...	2	2	...	2	...	...	...
Yeast	...	1	1	...	1	1	...	...	...
TOTAL	144	138	282	129	133	262	15	5	20

The 6 samples of Dried Milk and 4 samples of Condensed Milk were also examined under the Public Health (Dried Milk) Regulations and Public Health (Condensed 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 Inform'	Sample Formal	Article.	Nature of Adulteration.	Action Taken.
15		Margarine ..	Margarine 100%. Not marked in prescribed manner.	Reported to the Health Committee. Resolved: That the Town Clerk send a letter of warning.
	46	Milk	Added water 2%.	"Appeal to cow" samples taken—Bolton P.H.D., 465,466. Genuine. Vendor prosecuted at Police Court and convicted. See Table No. III.
	53	Milk	Deficient in fat 3%	Reported to the Health Committee. Resolved: That the Town Clerk send a letter of warning.
	72	Sausage	Contained 75 parts per million of Sulphur Dioxide.	Reported to the Health Committee. Resolved: That the Town Clerk send a letter of warning.
	82	Milk	Deficient in fat 7%.	Sample taken in course of delivery. No. 92. Deficient in fat 1%. "Appeal to cow" samples taken, Nos. M.D.A. 95 and 957a. Deficient in fat 18% and 14% respectively.
				Reported to the Health Committee. Resolved: That the Town Clerk send a letter of warning.
	102	Milk	Deficient in fat 8%.	"Appeal to cow" samples taken. Nos. 105 and 106. Genuine. Farmer prosecuted at Police Court and convicted. See Table No. III.
	124	Milk	Deficient in fat 6%.	"Appeal to cow" samples taken, Nos. 125, 126, 127, 128. Nos. 125/127 deficient in fat 5%, 6%, 4% respectively. No. 128 genuine.
				Reported to the Health Committee. Resolved—That the Town Clerk send a letter of warning.
	167	Milk	Deficient in fat 2%.	Reported to the Health Committee. Resolved: That the Town Clerk send a letter of warning.
222		Milk	Deficient in fat 80%.	Formal samples taken. Genuine.
256		Sausage	Contained 115 parts per million of Sulphur Dioxide.	Article labelled correctly.
257		Cheese	Cheese made from milk partially deprived of its fat.	Formal sample taken. Genuine.
	261	Milk	Deficient in fat 2%.	Reported to the Health Committee. Resolved: That the Town Clerk send a letter of warning.
	273	Milk	Deficient in fat 9%.	Sample taken in course of delivery, No. 276. Genuine.
				Reported to the Health Committee. Resolved: That the Town Clerk send a letter of warning.
	275	Milk (Horlicks' Drink).	Milk used in preparation of drink 11% deficient in fat.	Sample of milk taken "in course of delivery," No. 277. Genuine.
				Reported to the Health Committee. Resolved—That the Town Clerk send a letter of warning.

**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.	
Beer	4	Sulphur Dioxide	70	—	
Butter	5	—	—	—	
Cheese	7	—	—	—	
Coffee Essence..	1	Benzoic Acid	450	—	
Cornflour	3	Sulphur Dioxide	100	—	
Cream	1	—	—	—	
Dried Fruit ...	2	Sulphur Dioxide	2000	—	
Ice Cream	3	—	—	—	
Jam, Jelly, Marmalade ...	4	Sulphur Dioxide	40	—	
Lemon Churd ...	1	—	—	—	
Margarine	6	—	—	—	
Meat Pie	2	—	—	—	
Milk	133	—	—	—	
Mincemeat	3	—	—	—	
Pickles	2	Benzoic Acid	250	—	
Pork and Beans.	1	—	—	—	
Potted Meat ...	1	—	—	—	
Sardines... ..	1	—	—	—	
Sauce... ..	2	Benzoic Acid	250	—	
Sausages	1	Sulphur Dioxide	450	75	Sausages not labelled. Warning letter sent to Vendor by Town Clerk.
Sausages	1	Sulphur Dioxide	450	115	Sausages labelled.
Sultanas... ..	1	Sulphur Dioxide	750	—	
Syrup	3	Sulphur Dioxide	70	—	
Tinned Cream...	2	—	—	—	
Tinned Peas ...	2	—	—	—	

The Standards are in parts per million.

SHOPS INSPECTION.

Shops Acts, 1912 to 1936.

Shops Acts Regulations.

During the year continued attention was given to inspections of shops enabling the statutory register of shops to be completed by the end of the year.

It is pleasing to report that the majority of shopkeepers have readily responded to the additional requirements contained in the Act of 1934. The main difficulty encountered in the administration of these Acts has been with regard to the provision relating to the maintenance of a reasonable temperature in shops. The divergence of opinion on this clause has occurred mostly upon the interpretation of the word "reasonable," by which word the Act indicates the extent of the temperature to be maintained.

The following is a detail of the work carried out:—

	1937.	Total.
Number of inspections made	941	
Number of Shops recorded in the Register... ..	715	1319

Verbal Notices under Shops Act.

Re Cleansing of w.c.'s	1
„ Washing Accommodation	1
„ Closing Hours	1
„ Hours of Employment—Young Persons	3
„ Failure to exhibit Forms—	
(1) Under 1912 Act	76
Re Exemption	2
Form H	27
Form E	2
Form F	26
Form K	45
Form J	2
Form VII. (Sunday Trading)	14
	—
	200
	—

Written Notices Served.

	Found.	Abated.
Re Temperature	6	1
„ Washing Accommodation	2	1
„ W.C. Accommodation	2	1
„ Closing Hours	5	5
„ Hours of Employment—Young Persons	16	16

Re Failure to exhibit Forms—

Form I under 1912 Act	11	9
Form F	11	9
Form H	9	10
Form K	6	4
Form J	1	1
Form VII. (Sunday Trading)	2	1
	—	—
Total	71	58
	—	—

Fertilizers and Feeding Stuffs Act, 1926.

During the year 13 samples were taken for analysis under the above Act, of which 5 were Fertilisers and 8 Feeding Stuffs. All were found to be genuine.

The following table shows the samples taken :—

Article	Fertiliser or Feeding Stuff	No. of Samples
Alfalfa Meal	Feeding Stuff	1
Barley Meal	„	2
Bone Meal	„	1
Bone Meal	Fertiliser	1
Indian Meal	Feeding Stuff	1
Linseed Cane Meal	„	1
Sussex Ground Oats	„	2
“ Sangral ” Fertiliser	Fertiliser	1
Sulphate of Ammonia	„	1
Superphosphate	„	1
Vegetable 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 adulterated by the addition of 2% added water	Conviction.	£ s. d. 1 0 0	£ s. d. 1 11 6
The same.	Selling adulterated milk. 8% deficient in fat.	Conviction.	1 0 0	1 11 6
Merchandise Marks Act, 1926.	Sale of imported tomatoes in contravention of S. 5 Merchandise Marks Act, 1926.	Conviction.	1 0 0	—
Total£			3 0 0	3 3 0

During 1936 an owner of property instituted an action for damages of £100 against the Corporation, the Chief Sanitary Inspector, and a District Sanitary Inspector alleging their negligence in requiring certain drainage to be reconstructed unnecessarily. After a prolonged hearing extending over five sittings of the County Court, commencing in October, 1936, and finishing in February, 1937, judgment was given in favour of the defendants to the action with costs.

In concluding this Report I desire to express my best thanks to you, Sir, for the encouragement, advice and support which I have received during the course of my duties. I also wish to record my appreciation of the loyal service given at all times by the District Sanitary Inspectors and the 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.

Following upon four years of low prices and good trade, a sudden change developed in the early part of last year, which later on became very pronounced, with the result that consumption of home-killed meat for the year fell by 12.0 per cent. from that of the previous year.

During 1937 wholesale prices have risen rapidly and traders, unable to pass on this increase to the consumer at once, naturally tried to protect their own interests by restricting purchases of livestock in the hope that retail prices would in due course adjust themselves to a more profitable level.

The wholesale price of all meat for the year showed an average advance of $12\frac{1}{2}$ per cent. over that of the previous year.

It is sometimes said that smaller families, smaller joints, changing habits, and increased purchasing of prepared or cooked foods are combining to produce a downward trend in the meat consumption of this country, but neither local nor national statistics entirely confirm this view. My own observation points to the close connection between meat consumption and the price level or purchasing power; consumption increases when the price of meat falls, and vice-versa. The housewife buys in terms of money rather than weight; a method of computation adopted by the Ministry of Food when the sale of meat was controlled during the later years of the last war.

The difficulty of the trade last year was not unconnected with quotas and tariffs on imported meat, and subsidies on home-produced; it was one of readjustment to a change in the Government policy framed to lift the essential industry of agriculture from depression on to a sound basis, and also to give greater national security, in the event of war, by increasing our own production.

The fat cattle subsidy scheme, introduced in 1934, was incorporated in the Livestock Industry Act of 1937, which came into operation on 1st August; the Abattoir continuing under Licence of the Cattle Commission as a Dead Weight Certification Centre with the Superintendent acting in the capacity of Certifying Officer.

Under this scheme animals are examined on receipt of written application from the producer, and those found to be eligible are divided into two grades—" Ordinary " and " Quality "—the corresponding rates of subsidy in respect of animals certified being :—

Ordinary grade, home-bred, 1d. per lb., dressed carcase weight.		
do.	imported, $\frac{1}{2}$ d.	do.
Quality grade, home-bred, 1 $\frac{1}{2}$ d.		
do.	imported, 1d.	do.

The subsidy is immediately paid to the producer by the Cattle Commission on receipt of certificate from the Certifying Officer.

The Act also provides for the establishment of a number of experimental factory abattoirs, and envisages an extension of existing marketing schemes towards rationalisation of the whole meat industry, with centralised slaughtering and marketing.

Several schemes have been tried out during the past three years and have met with a fair degree of success. These include " Meat Marking," to ensure public recognition of quality, and " Sales of fat stock direct from farm to the Abattoir," where Government agents accept responsibility for grade, weight, and payment to the farmer.

Although meat traders are not unanimous in supporting the Government plans as revealed at present, there is growing recognition of the fact that, with an official policy of quotas and subsidies, some control over marketing methods is inevitable, if undue fluctuations in available supplies and prices are to be avoided.

The Cattle Commission recently carried out a survey of the Public Abattoirs in this country, with particular reference to capacity and suitability for a system of centralised distribution in

the event of a national emergency, and the Bury Abattoir is listed as being well adapted for supplying the needs of an area much greater than that of the County Borough.

Under the Slaughter of Animals Act, 1933, there are 94 men licensed to slaughter in the County Borough. Section 1 of the Act having been adopted, all small animals are stunned by electrically operated instruments and cattle by the captive bolt.

NUMBER OF ANIMALS SLAUGHTERED AT THE ABATTOIR
DURING THE PAST 10 YEARS.

	Beasts.	Sheep and Lambs.	Pigs.	Calves.	Total.	Weight in Tons
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
1937	3746	20214	4675	715	29350	1893

Meat Inspection.

The various animals, carcasses, 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 1,123 carcasses required special examination, of which number 402 were affected with Tuberculosis in varying degree, as set out in the table appended.

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

Beef 1.07%. Pork 0.94%.

Bulls were affected in more or less degree to the extent of 1.12%					
Steers	„	„	„	„	1.7 %
Heifers	„	„	„	„	1.55%
Cows	„	„	„	„	16.4 %
Pigs	„	„	„	„	5.64%

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

- 1 Beast,
- 10 Sheep,
- 13 Pigs,
- 4 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 39,942-lbs. (0.93%). This was destroyed at the Town's Yard, under supervision of the Cleansing Superintendent.

Carcases Inspected and Condemned.

	Cattle, excl'ding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	3209	537	715	20214	4675
Number inspected.....	3209	537	715	20214	4675
All Diseases except Tuberculosis.					
Whole carcasses con- demned	1	—	4	10	13
Carcases of which some part or organ was condemned.....	340	15	2	334	2
Percentage of the number inspected affected with disease other than Tuber- culosis	10·6%	2·8%	0·84%	1·7%	0·32%
Tuberculosis only.					
Whole carcasses con- demned	4	24	—	—	23
Carcases of which some part or organ was condemned.....	46	64	—	—	241
Percentage of the number inspected affected with Tuber- culosis.....	1·56%	16·4%	—	—	5·64%

Table showing extent of Tuberculous Diseases and Weight of Diseased Meat Destroyed, year ending
December 31st, 1937.

Kind of Animal.	Number Examined.	EXTENT OF TUBERCULOSIS IN ANIMALS EXAMINED.														OTHER DISEASES.						
		Of which were Tuberculous	Heads.	THORAX.			ABDOMEN.							Entire Carcasses 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	Udders			
Beasts	Bulls ...	706	8	92	115	1	54	47	22	23	18	10	5	33	25	8	... Bulls.	lbs.	lbs.	lbs.		
	Oxen ...	2181	37														2 Oxen.					
	Cows ...	537	88														24 Cows.					
	Heifers	322	5														2 H'fers					
		3746	138														— 28			26397	2715	29112
Sheep ...	20214	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1396	1396		
Pigs.....	4675	264	251	195	...	15	188	1	21	7	...	...	...	7	19	...	23 Pigs	8779	436	9215		
Calves...	715	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	219	219		
	29350	402	343	310	1	69	235	23	44	25	10	5	40	44	8	51		35176	4766	39942		

CONTAGIOUS DISEASES (ANIMALS) ACTS.

Under the above Acts and Orders the regulation of movement of animals by licence and the tracing of animals suspected of contact with cases of disease continues to increase.

Foot and Mouth Disease.—No cases occurred in or near the confines of the Borough. Outbreaks in the Midlands and South of England caused a certain amount of movement restriction during the last six months of the year.

Swine Fever.—Three cases of this disease were reported in the Borough, and the Regulation of Movement of Swine Order remained in force throughout the year.

Anthrax.—One case was discovered in a carcase at the Abattoir; steps were immediately taken to protect the workmen and the carcase and organs were disposed of in accordance with the Anthrax Order.

Tuberculosis Order.—Ten 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 £66. Compensation payable under the Order amounted to £21 15s.

Warble Fly (Dressing of Cattle) Order of 1936.—All farmers and stock feeders in the Borough have been supplied with a copy of the above Order with explanatory circular of the best measures of dealing with cattle visibly infested with the maggot of the warble fly. The success of this Order 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 1931	Totals 1932	Totals 1933	Totals 1934	Totals 1935	Totals 1936	Totals 1937
†Births (during previous year)	864	838	882	930	929	940	1087
Vaccinated	148	138	170	185	141	201	154
Insusceptible of Vaccination ...	—	2	3	2	1	2	1
Conscientious Objection Certificates	566	561	575	593	650	638	761
Dead, Unvaccinated ...	53	50	60	44	55	60	58
Postponed by Medical Certificate	11	12	15	16	10	18	10
Removal to districts known.....	26	29	22	22	23	27	13
Removal to districts unknown.....	14	17	27	19	17	26	25
Unaccounted for	46	29	22	49	32	58	65

	Year ending December 31st,						
	1931	1932	1933	1934	1935	1936	1937
Number of Births ...	864	838	882	930	929	940	1087
Vaccinated ...	17.1	16.5	19.3	19.9	15.2	21.3	14.17%
Con. objection Certs.	65.5	66.9	65.2	63.8	70.0	67.9	70.0 %
Unaccounted for ...	5.3	3.5	2.5	5.3	3.4	6.2	5.9 %

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

Scarlet Fever.

Cases 74 Deaths 1

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

First quarter, 1937	...	...	...	...	...	...	13 cases.
Second	„	„	...	...	...	...	16 „
Third	„	„	...	...	...	...	15 „
Fourth	„	„	...	...	...	...	30 „

Of the 74 notified cases, 62 were removed to hospital for treatment. In the last 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 1937 was of the mild type, although all types of cases from the very mild to the severe were present.

Diphtheria.

Cases 97 Deaths 6

All cases were removed to hospital.

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
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
1937	97	 6	 6.2

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 803 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	15	12	22	20	21	7 97
Deaths	1	—	2	1	2	— 6
Removed to Hospital...	15	12	22	20	21	7 97

Enteric Fever.

Cases 1 Deaths 0

There was one case of paratyphoid fever which occurred in the borough in 1937. The case was that of a visitor from London who developed the disease soon after his arrival in Bury. According to the incubation period of the disease and the history of the patient's movements the infection must have been contracted in London.

The case was promptly sent to the infectious diseases hospital as soon as a diagnosis was made and all contacts of the case in Bury were examined. The Medical Officer of Health of the district in London where the patient resided was informed with a view of tracing the source of infection, but the results of the inquiries proved inconclusive. The case made a good recovery.

Pneumonia.

Cases	115	Deaths	53
--------------	-----	---------------	----

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 1937 cannot be assessed. There was one death in 1937 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.

There was a total of fifty-seven deaths due to influenza in Bury in 1937.

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

1928	8	1933	42
1929	37	1934	4
1930	16	1935	17
1931	30	1936	11
1932	14	1937	57

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...	34	200	—	234
Blood for Typhoid Fever ...	1	6	—	7
Sputum for Tuberculosis ...	35	191	—	226
Fæces for Typhoid Fever ...	—	5	—	5
Miscellaneous Examinations.	—	4	—	4

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 70.

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 1937.

NOTIFIABLE DISEASES.	Total Cases Notified in Whole District.													Total Cases Notified in each Ward.					Total Cases removed to Hospital	Deaths of Notified Cases.		
	At Ages																					
	At all 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	Moorside.	East.	Church.	Redvile.	Elton.	Unsworth.			
Smallpox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	15	12	22	20	21	7	..	..
Diphtheria.....	97	..	1	5	4	5	38	32	4	7	..	1	..	15	12	22	20	21	7	97	6	
Erysipelas	20	..	..	..	..	..	..	..	1	1	6	8	4	2	6	4	4	3	1	5	..	
Scarlet Fever	74	..	1	3	2	9	39	9	3	7	..	1	..	8	10	14	19	18	5	62	1	
Para-Typhoid Fever	1	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	1	..	
Ophthalmia Neonatorum	9	9	..	..	..	..	..	..	..	..	..	..	..	3	3	..	1	2	..	1	..	
Puerperal Fever	2	..	..	..	..	..	..	..	..	2	..	..	..	..	1	1	..	..	..	..	..	
Puerperal Pyrexia	6	..	..	..	..	..	..	..	..	6	..	..	..	1	1	..	4	..	..	1	..	
Pneumonia	115	4	2	2	1	2	7	3	4	16	18	33	23	22	15	18	20	34	6	..	31	
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Cerebro-Spinal Fever	3	..	..	..	..	..	..	1	2	..	..	..	..	..	..	2	..	1	..	3	2	
Totals.....	337	13	4	10	7	16	84	45	14	40	24	43	27	51	49	61	68	79	19	170	40	

In addition the following not notifiable cases were removed to hospital:—

Anthrax 1 Suspected Poliomyelitis 1 Suspected Typhoid Fever 1.

Table B.—Total Deaths from Infectious Diseases (notifiable and not notifiable) during the year 1937.

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 Membranous Croup	6	...	...	...	1	1	8	...	...	1	...	...	...
Measles	1	...	1	...	...	...	...	...	...	...	...	...	...
Whooping Cough	1	...	...	...	1	...	...	...	...	...	...	...	...
Influenza.....	57	1	...	...	...	...	...	...	...	...	4	89	18
Puerperal Fever & Puerperal Pyrexia	1	...	...	...	...	...	...	...	...	1	...	...	...
Pneumonia.....	53	11	5	2	1	1	1	1	...	4	4	9	14
Cerebro-Spinal Fever	2	...	...	...	...	...	...	1	1	...	...	...	...
Totals.....	122	12	6	2	8	2	5	2	1	6	8	48	27

Table C.—Showing the number of cases of Infectious Disease notified from 1918 to 1937.

DISEASE.	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Smallpox	..	..	..	..	..	..	..	..	..	..	51	6	2	..	..	..	..	..	..	..
Scarlet Fever....	50	27	76	138	185	139	132	177	121	160	90	121	102	56	42	61	164	264	123	74
Diphtheria and Membran'us Croup	114	115	74	49	46	56	50	69	66	81	94	167	46	20	31	95	90	135	209	97
Enteric Fever....	5	7	1	1	1	4	1	..	..	..	3	4	4	..	..	1	..	3	2	1
Continued Fever..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..
Puerperal Fever..	2	3	6	7	7	3	1	4	3	6	3	7	5	4	5	7	10	7	5	2
*Puerperal Pyrexia	..	..	..	..	..	..	..	..	..	6	3	6	4	5	5	4	8	6	3	6
Erysipelas	16	28	25	20	22	28	20	29	28	31	25	24	30	26	20	25	23	31	23	20
†Chickenpox	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	3
Encephalitis Lethargica	..	..	1	2	..	3	11	3	1	3	..	3	3	1	..	..	..	..	..	..
Ophthalmia Neonatorum.	6	11	12	14	17	6	8	13	9	11	7	11	7	6	10	12	8	13	7	9
†Pneumonia	..	149	53	45	160	205	108	161	107	164	91	159	122	113	77	99	105	139	79	115
†Malaria	..	23	10	2	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..
†Dysentery	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
TOTALS.....	331	462	449	515	619	633	664	815	703	735	678	910	872	483	539	367	410	598	453	327

† Notifiable on March 29th, 1916, to March 31st, 1933.

‡ Made notifiable Mar. 1st, 1919.

* Made notifiable on October 1st, 1926.

SECTION 6.

TUBERCULOSIS.

TUBERCULOSIS.

Incidence and Death Rates.

In 1937 forty-one cases of Pulmonary Tuberculosis and thirty-three 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 1937.				Deaths during 1937.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	Male	Female	Male	Female.	Male	Female.	Male	Female
0—1 year.	—	—	1	—	—	—	1	—
1—5 years.	—	—	5	6	—	—	1	2
5—10 „	—	—	4	4	—	—	—	—
10—15 „	—	1	2	—	—	—	—	—
15—20 „	1	2	—	—	2	1	1	—
20—25 „	2	6	4	2	—	1	—	—
25—35 „	2	6	1	1	4	6	—	—
35—45 „	7	4	1	—	3	2	—	—
45—55 „	4	2	1	1	5	1	2	1
55—65 „	2	1	—	—	5	—	1	—
65 and upwards	—	1	—	—	—	—	—	—
Totals	18	23	19	14	19	11	6	3

The death rate recorded for Respiratory or Pulmonary Tuberculosis for 1937 was 0.50 per 1,000 persons living. The lowest rate yet recorded was 0.45 per 1,000 recorded in 1932. The death rate for non-respiratory or other tuberculous diseases was 0.15 per 1,000 for 1937. The lowest rate was 0.09 per 1,000 in 1923.

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 1913-1937.

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.
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
1917	91	1·44	28	0·17
Average for 5 years...	—108	—1·17	—35	—0·32
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
1922	43	0·61	36	0·26
Average for 5 years...	—66	—0·90	—29	—0·28
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
1927	70	0·72	47	0·21
Average for 5 years...	—66	—0·80	—33	—0·17
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
1932	45	0·45	16	0·18
Average for 5 years...	—49	—0·63	—23	—0·17
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
1937	41	0·50	30	0·15
Average for 5 years...	—43	—0·52	—25	—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 death-rate for the last five years is 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.

It is obvious that the death rate would be reduced if the incidence of the disease is reduced. One method of reducing the incidence is to increase the physical fitness of the population. Although tuberculosis will attack the biggest and strongest of us, it is when the big and the strong are out of condition and under par that the disease is able to get a hold. History after history of tuberculosis patients shows the following course:—Unfit feeling, cold or influenza supervenes, the normally expected recovery does not take place, cough, phlegm, weariness, etc., ensue. The starting point is the unfit feeling.

At the present moment there is an apparent increase in the incidence of pulmonary tuberculosis in the age group 20—30 years, and this is more marked amongst the female sex. This may be due to the increased amount of employment amongst women in this age group. Increased employment with much overtime work increases the earning power, increased earning power allows for more entertainment; a succession of late nights means lying in bed in the morning till the last minute, then a rush to get dressed, eating an insufficient breakfast at the same time; a hard day's work, then the night's entertainment, and so the vicious circle goes on until something gives way with a variety of unpleasant results. The result being discussed here is pulmonary tuberculosis, which ensues when the unfit person is exposed to infection.

That there should be employment is excellent, that there should be a variety of entertainment is necessary, that there should be

" keep fit " classes with abundance of physical exercises is highly beneficial; but two of life's most urgent necessities are being neglected at the present time by all ages—rest and regularity.

The fundamentals of treatment of all cases of pulmonary tuberculosis are rest, fresh air, and good food, and of these the most important is rest. A sound argument, therefore, is that if rest is good treatment it is good prevention.

National fitness is at present very much a matter of public importance, but at the moment all stress is being laid on physical exercises and the organisation of keep-fit classes. This is a very laudable object, but it is obviously bad policy to demand an outpouring of physical energy from individuals who are under-slept and under-rested, and, following from this, underfed because of lack of time and lack of appetite.

The " Fitter Britain " Campaign will assuredly reduce the incidence of pulmonary tuberculosis, but among the essentials for a fitter nation are a sufficiency of rest, ample fresh air and good food.

Improved environmental conditions of the people such as is now resulting from Slum Clearance and the decrowding of overcrowded families will certainly aid in a further reduction of the incidence of and therefore the death rate from tuberculosis. These improved environmental conditions will help to provide the sufficiency of fresh air which need not always be obtained by walking 20 miles or cycling 100 miles every Sunday.

Regularity is almost completely forgotten about in this present age of rush. It is being forgotten that the body is not only a wonderful but a delicate piece of mechanism which can get very easily upset by any departure from routine. Regularity means more or less the practice of moderation and the benefits ensuing from such moderation are obvious.

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, 1928-37.**

Year.	Bury.	Rate per 1,000 population, England and Wales.
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
1937	0.65	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 1937 consisted of Dr. G. M. Davidson Lobban, Chief Tuberculosis Officer, and Dr. R. C. Holderness until March 21st, and Dr. J. S. B. Mackay from May 10th as Clinical Tuberculosis Officers.

Sessions.—Two dispensary sessions were held weekly during 1937, as follows:—

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

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

In addition U.V.L. sessions are held on Tuesday afternoon and Thursday morning.

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 is notifiable as an infectious disease, therefore every individual who has been in association with a person suffering from tuberculosis in any form should be examined as a contact. A case of pulmonary or lung tuberculosis may be the means of infecting several individuals, and the resulting disease may take several different forms—it may in one individual result in a case of pulmonary tuberculosis, in a second tuberculosis of the bones and joints, in a third as tuberculosis of some of the organs such as tuberculous peritonitis or abdominal tuberculosis.

All these explanations have been set out to show the necessity of contacts being examined. In the cases of diphtheria and small-pox, all contacts hurry to be examined, but when it comes to tuberculosis there is the utmost reluctance for contact examination. It must be admitted that this reluctance is not so strong nowadays as in previous years, but still too many contacts do not present themselves for examination.

To be diagnosed as suffering from tuberculosis is not now a sentence of death; in fact the decline in the death rate from tuberculosis is common but welcome knowledge. The percentage of cures is steadily increasing, but delay in being diagnosed and correctly treated reduces the chances of cure very considerably. Methods of treatment have advanced very considerably since 1918, but all the advances are mostly directed towards the early case, and the most successful way of diagnosing the early case is by contact examination.

To be examined as a contact is not an ordeal—it is a simple medical examination thoroughly performed, and where necessary backed up by X-ray examination. It does not of necessity inconvenience the person examined in any way, because it can be performed at the person's convenience either at home or at the clinic. If the individual is working and unable to get time off there are evening clinics held at intervals to accommodate such persons.

Contacts of cases of tuberculosis must realise it is for their own benefit to be examined, and should demand an examination rather than have to be persuaded to be examined.

The following table gives the number of contacts examined during the last ten years :—

Year.	Number of Contacts Examined.
1928	33
1929	14
1930	8
1931	11
1932	3
1933	13
1934	76
1935	39
1936	122
1937	49

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 1937 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 1937 one half-day session per week has been given to home visiting by the Tuberculosis Officers. In 1937 one hundred and two 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 196 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. Fifty X-Ray examinations were made in 1937.

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, 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, if required, be used at the Wrightington Hospital, near Wigan.

The number of patients treated at the various institutions, together with the patient days during 1937, are as follows:—

Institutions.	No of patients (Undischarged at end of 1936 and admitted during 1937).	No of patient days.
Aitken Sanatorium	42	7,386
Bury Infirmary	11	349
Agnes Hunt and Robert Jones Orthopædic Hospital, Oswestry	6	1,238
Jericho Hospital	5	121
Liverpool Open-air Hospital for Children, Leasowe	3	600
East Lancashire Tuberculosis Colony, Great Barrow, near Chester	1	365
Halifax Sanatorium, Halifax... ..	2	237
Papworth Village Settlement	1	365
Manchester and Salford Hospital for Skin Diseases	1	37
Out-patients ... 9	Out-patient attendances ...	93.

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

Institution.	No of patients.	No. of attendances.
The Wylde, Sunlight Clinic	27	572
The Bury Infirmary	3	149
The Manchester and Salford Hospital for Skin Diseases	1	1

After Care.

This is a very important branch of the work. Patients are given additional nourishments. In 1937 fourteen patients were granted extra nourishments by the Corporation. In all, sixteen grants were made, comprising altogether 277 gallons of milk and 941 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 1937 the Society has helped 10 tuberculosis patients by grants of food, clothing, etc. In all the cases nourishments have been provided free, and in some instances clothing has also been given.

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 1937 fifty-two persons received domiciliary treatment, and at the end of the year fifty insured persons were still receiving treatment. Ninety-five 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 1937.

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	16	17	—	1	3	1	9	5	19	18	9	6		52
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	2	1	3	1		7
(c) Non-tuberculous	—	—	—	—	—	—	—	—	5	4	3	3		15
B.—CONTACTS examined during the year :														
(a) Definitely tuberculous	1	—	—	—	—	—	—	—	1	—	—	—		1
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	—	—	—	—		—
(c) Non-tuberculous.....	—	—	—	—	—	—	—	—	6	10	17	15		48
C.—CASES written off the Dispensary Register as														
(a) Recovered	2	—	—	—	2	3	—	—	4	3	—	—		7
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)	—	—	—	—	—	—	—	—	11	14	20	18		63
D.—NUMBER OF CASES on Dispensary Register on Dec. 31st :														
(a) Definitely tuberculous	59	45	5	5	21	32	22	17	80	77	27	22		206
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	2	1	3	1		7
1. Number of cases on Dispensary Register on January 1st	203													
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	4													
3. Number of cases transferred to other areas, cases not desiring further assistance under the Scheme, and cases "lost sight of."	14													
4. Cases written off during the year as Dead (all cause)	33													
5. Number of attendances at the Dispensary (including Contacts)	1024													
6. Number of Insured Persons under Domiciliary Treatment on the 31st December.....	57													
7. Number of consultations with medical practitioners :—														
(a) Personal.....														22
(b) Other														79
8. Number of visits by Tuberculosis Officers to Homes (including personal consultations)														102
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes														2521
10. Number of														
(a) Specimens of sputum, &c., examined														196
(b) X-ray examinations made in connection with Dispensary work..														50
11. Number of "Recovered" cases restored to Dispensary Register and included in A (a) and A (b) above														1
12. Number of "T.B. plus" cases on Dispensary Register on Dec. 31st.														51

(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 1937.**

		In Institutions on January 1st.	Admitted during the Year.	Discharged during the Year.	Died in the Institutions.	In Institutions on December 31st
Number of doubtfully Tuberculous cases admitted for ob- servation.	Adult Males ...	—	—	—	—	—
	Adult Females.	—	—	—	—	—
	Children.....	—	3	—	—	3
	Total ...	—	3	—	—	3
Number of Patients suffering from Pul- monary Tubercu- losis.	Adult Males ...	12	10	4	8	10
	Adult Females.	5	16	5	5	11
	Children.....	—	1	—	—	1
	Total...	17	27	9	13	22
Number of Patients suffering from Non- Pulmonary Tubercu- losis.	Adult Males ...	2	1	2	—	1
	Adult Females.	2	1	1	—	2
	Children.....	3	11	10	—	4
	Total...	7	13	13	—	7
Grand Total.....		24	40	22	13	29

Return showing the immediate results of treatment of definitely tuberculous patients discharged during the year 1937 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.																		
		Under 3 months but exceeding 28 days			3-6 months.			6-12 months.			More than 12 months.			TOTALS.			GRAND TOTAL.			
		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	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Class T.B. plus, Group 2.	Quiescent.. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Not quiescent	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	1	..
		Died in Institution	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1	..	2	..
	Class T.B. plus, Group 3.	Quiescent.. ..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	1	..
		Not quiescent	..	..	..	..	..	..	..	..	1	..	..	1	..	..	2	..	2	..
		Died in Institution	..	..	1	1	..	3	2	..	1	..	..	1	..	..	6	3	..	9
	Totals (Pulmonary)		..	..	..	1	1	..	4	2	..	2	1	..	3	3	..	10	7	..
NON-PULMONARY TUBERCULOSIS.	Bones and Joints.	Quiescent	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	1	..
		Not quiescent	..	..	..	2	..	1	..	..	..	..	..	..	..	2	..	1	..	3
		Died in Institution	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Abdominal.	Quiescent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		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	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	1	..
		Died in Institution	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Totals (Non-pulmonary)		..	..	..	2	1	3	..	..	..	..	..	..	1	..	2	1	4	..

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. R. C. Holderness, who held the post of Senior Assistant Medical Officer until the middle of March, and was then succeeded by Dr. J. S. B. Mackay in the same position; and Dr. D. Desmond, who acted as Junior Assistant Medical Officer. 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 1937, 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 1937 were as follows:—

Males.	Females.
Tuesday, 7-0 to 8-30 p.m.	Tuesday, 5-30 to 7-0 p.m.
Friday, 5-30 to 7-30 p.m.	Thursday, 2-0 to 5-0 p.m.
Saturday, 10-0 a.m. to 1-0 p.m.	Friday, 7-30 to 8-30 p.m.

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

The number of new cases in 1937 was 274, and showed an increase of 41 compared with the number of new cases in 1936. Out-patient attendances were also increased in 1937 and showed a total of 14,706, which was 738 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 10,870, and the average number of new cases annually for the same period was 261.

The number of new cases of Venereal Diseases attending the clinic has increased in 1937, and from this it can be inferred that Venereal Disease in Bury and district is on the increase. Since the public attitude towards Venereal Disease has not altered the number of cases which do not attend the clinic and thus remain untreated probably remains much the same as in former years.

As to the cause of the increase of Venereal Disease most Venerealogists and public health authorities would blame the laws of the country or the lack of them. In this country Venereal Disease is not a notifiable disease, and the incidence of venereal disease in Great Britain is high in comparison to other European countries where the disease is notifiable.

It is possible in this country to take legal action to have a case of diphtheria removed to hospital, but one cannot take legal action to have a woman who is heavily infected with venereal disease and who parades the streets spreading infection, removed from the streets unless it can be proved that she was soliciting. Evidently in many districts this is very difficult to prove.

The argument against compulsory notification is that secrecy would be lost, but this need not be so since no names need be mentioned in connection with treatment. On no account would an infected individual be treated as a social outcast. Along with compulsory notification in order to obtain its full benefit would be the compulsory treatment of infected individuals until cured.

Throughout the country it is found that the men will attend regularly and continue to do so until cured. It is indubitably the infected female who is delinquent as to treatment. The infected females who parade the streets disseminating venereal diseases act as reservoirs of infection and should be segregated by legal measures.

More mental and physical suffering is caused by syphilis than by any other disease. Syphilis helps to fill our mental institutions, jails and workhouses. About one-tenth of mental patients owe their suffering to syphilitic infection. Syphilis lowers the standard of health and decreases economic efficiency. Besides being responsible for many cases of cardio-vascular trouble, it decreases the expectancy of life. Half of the abortions and miscarriages are due to it. Many homes have been broken up through it. It affects about eight persons out of a hundred in the total population. Yet it is not only curable, but it is preventable.

That there is an indifferent attitude taken up by most of the public towards gonorrhœa is true owing to the mistaken belief that the disease has no serious consequences. It causes chronic disease

of the bladder, the joints, and the generative organs. It is a frequent cause of sterility, and is responsible for a share of blindness. It is a frequent cause of disruption of home ties. Its actual prevalence is unknown, but its incidence is much higher than that of syphilis. It is curable and preventable.

Gonorrhœa is the great preventer of life, and syphilis is the great destroyer.

There are numerous cases of untreated Venereal Diseases where the infection has been inherited from the parents—this applies to syphilis and these cases are known as congenital syphilitics. Nothing is more tragic than the birth of a syphilitic baby. Where a newly-born baby is infected with Gonorrhœa through the mother blindness may ensue, and nothing is more pathetic than a blind baby. Yet such is the law of the country that the parents cannot be compelled to have the child treated in the case of syphilis or in the case of gonorrhœa or syphilis to attend for treatment themselves. This state of affairs must continue until there is fresh legislation concerning the whole matter.

The result of the lack of adequate legislation is that throughout this country there is a considerable ignorance concerning Venereal Disease. Because of this ignorance the infected person is regarded as a social outcast, and so he or she tends to conceal the infection, with unfortunate consequences to the sufferer and others. Compulsory notification would awaken public interest in Venereal Disease, awakened interest would create knowledge, and with knowledge would come a healthier and saner outlook. Venereal Disease in many ways has been the Cinderella of national public health measures, and the blame for the spread of the disease cannot be wholly laid on the infected individual, but on the lack of adequate legislation. Compulsory notification is almost inevitable and will come to pass despite the hypocritical smug complacency and insincerity with which the problem of Venereal Diseases is regarded in this country in many quarters.

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 the Kobra Test	(c) For Gonococcus Test
From the Venereal Diseases Clinic	608	—	2
„ medical practitioners in the Borough	35	—	—
„ Bury Infirmary	109	6	1
„ Jericho Institution	33	—	1

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, 1933-37.

Year	New Cases.	Consultations by Medical Officer at Clinic.	Attendances at Clinic for intermediate treatment.	Pathological specimens examined by M.O. at Clinic.
1933	231	4459	2173	72
1934	282	5859	1830	364
1935	288	7786	3569	618
1936	233	8026	5942	797
1937	274	7995	6711	918

VENEREAL DISEASES.

**RETURN relating to all persons who were treated at the Treatment Cent
at Bury during the year ended the 31st December, 1937.**

	Syphilis.		Soft Chancre.		Gonorrhœa.		Conditions other than Venereal		Total.	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
1. Number of cases on 1st January under treatment or observation.....	84	46	3	..	59	21	64	6	210	73
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.....	2	6	..	..	2	1	..	..	4	7
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	13	3	..	..	..	..	..	..	13	3
„ Secondary	..	3	..	..	..	..	..	..	..	3
„ Latent in first year of infection ..	1	1	..	..	..	..	..	..	1	1
„ All later stages	12	3	..	..	..	..	..	..	12	3
„ Congenital	2	2	..	..	..	..	..	..	2	2
Soft Chancre	..	..	..	..	..	..	..	..	..	..
Gonorrhœa, first year of infection	..	..	..	..	114	17	..	..	114	17
„ later	..	..	..	..	5	..	..	..	5	..
Conditions other than Venereal	..	..	..	..	..	..	76	22	76	22
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	..	..	..	9	..	..	..	12	..
Totals of Items 1, 2, 3 and 4.....	117	64	3	..	189	39	140	28	449	131
5. Number of cases discharged after completion of treatment and final tests of cure	3	..	..	..	48	6	68	18	119	24
6. Number of cases which ceased to attend before completion of treatment and were, on first attendance, suffering from —										
Syphilis, Primary	20	3	..	..	..	..	..	..	20	3
„ Secondary	3	4	..	..	..	..	..	..	3	4
„ Latent in first year of infection ..	1	5	..	..	..	..	..	..	1	5
„ All later stages	6	12	..	..	..	..	..	..	6	12
„ Congenital	..	..	..	..	..	..	..	..	..	..
Soft Chancre	..	..	3	..	..	..	..	..	3	..
Gonorrhœa, first year of infection	..	..	..	..	65	11	..	..	65	11
„ Later	..	..	..	..	2	..	..	..	2	..
7. Number of cases which ceased to attend after completion of treatment but before final tests of cure	26	20	..	..	..	..	..	..	26	20
8. Number of cases transferred to other Centres or to Institutions, or to care of private practitioners	4	4	..	..	12	4	..	..	16	8
9. Number of cases remaining under treatment or observation on 31st December	54	16	..	..	62	18	72	10	188	44
Totals of Items 5, 6, 7, 8 and 9 ..	117	64	3	..	189	39	140	28	449	131

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	
Number of cases in the following stages of Syphilis included in Item 6 which failed to complete one course of treatment,											
Syphilis, Primary	4	..	..	..	..	..	..	..	4	..	4
„ Secondary	..	..	..	..	..	..	..	..	..	..	..
„ Latent in first year of Infection ..	..	..	..	..	..	..	..	..	..	..	..
„ All later stages	..	4	..	..	..	..	..	..	..	4	4
„ Congenital	..	..	..	..	..	..	..	..	..	..	..
Number of attendances ;											
(a) for individual attention of the Medical Officer.....	2087	1578	..	..	3022	782	404	122	5513	2482	7995
(b) for intermediate treatment, e.g., irrigation, dressing	..	..	..	..	5584	1076	49	2	5633	1078	6711
Total attendances	2087	1578	..	..	8606	1858	453	124	11146	3560	14706
Out-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	
Number of cases of Congenital Syphilis in Item 3 above, classified according to age periods	..	..	..	..	1	2	1	..	2	2	
) Names of chief preparations used in treatment of Syphilis.....	Arsenobenzene Compounds.				Mercury.				Bismuth.		
	Novarsenobillon. Sulphostab.				..				Chlorostab. Bismostab.		
Total number of injections given (out-patients and in-patients)	1310				..				1227		

RETURN relating to VENEREAL DISEASES—Continued.

	Microscopical		Culture for Gonorrhoea	Serum.		Cerebro- Spinal Fluid.	Other diagno- Vene Dise
	For Syphilis.	For Gon- orrhoea.		For Syphilis.	For Gon- orrhoea.		
15. Pathological Work:—							
(a) Number of specimens examined at, and by the Medical Officer of, the Treatment Centre	38	840	..	..	..	..	..
(b) Number of specimens from patients attending at the Centre sent for examination to an Approved Laboratory	..	..	..	616	293	..	..

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

Name of County or County Borough (or Country in the case of persons residing elsewhere than in England and Wales):—	Bury.	Lancashire C.C.	Rochdale.	Bolton.	Blackburn					1
A. Number of cases from each area included under the following headings in Item 3:—										
Syphilis	19	20	1	..	..	..	..	..	..	..
Soft Chancre	..	..	..	..	..	..	..	..	..	..
Gonorrhoea	77	57	1	..	1	..	..	..	..	..
Conditions other than venereal	47	49	..	2	..	..	..	..	..	..
Total	143	126	2	2	1	..	..	..	..	..
B. Total number of attendances of all patients residing in each area	9831	4532	301	1	41	..	..	..	..	1
C. 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 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 Public Health Act, 1936 (Section 203), 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 736 (live births 707, still births 29), or 90.9 per cent. of the total live and still births registered. The number of notifications received from midwives was 402, and from doctors, parents, and institutions 334.

Infant Welfare Centres.

These were held at the Central Clinic at The Wylde and at 166, Tottington Road, Elton. The latter centre, situated in very pleasant surroundings, is placed at a convenient point to serve the district of Elton. After over one year of working it can be pronounced a success, since the total attendances have increased monthly.

This 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 five sessions weekly for welfare cases, three at The Wylde and two 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. Tottington Road.		Total.
Number of sessions held...	145	67	212

Number of new cases during year :—

Under one year ...	341	104	445
Over one year ...	74	31	105

Total number of children attending during year :—

Under one year ...	281	84	365
Over one year ...	648	220	868

Total attendances made :—

Under one year ...	5432	1610	7042
Over one year ...	5199	1703	6902

Number of Doctor's Consultations 4830 1439 6269

Average attendance per session ... 73 49 61

Table of Clinic Attendances during last ten years.

Year.	Sessions held.	Infants Attending.		Total Attendances.
		Under 1 Yr.	1-5 Yrs.	
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
1937	212	365	868	13,944

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

- Dental.**—(a) Ante-Natal : 8 patients made 14 attendances.
 (b) Post-Natal : 5 patients made 12 attendances.
 (c) Pre-school : 24 children made 40 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 1937 :—

NEW CASES :—

First consultations with surgeon	15
Second or subsequent consultations with surgeon ...	3

OLD CASES :—

Consultations with surgeon	23
	—
Total	41
	—

Analysis of new cases:—

Knock-knees... ..	3	Birth Palsy	1
Bow-legs	7	Distorted Toes	1
Valgus feet	2	Pronated feet	1
		—	
		Total... ..	15

Total attendances (old and new cases) 169

One child received in-patient treatment at Biddulph Orthopaedic Hospital, and one child received in-patient treatment at Ancoats Hospital.

Sunlight Treatment.—The number of children who received U.V.R. Treatment was 108. These children made a total of 1,304 attendances. The diagnosis of the children attending was:—

Debility and underweight	56
Anæmia	16
Rickets	12
Bronchitis	10
Debility	6
Glands	4
Cardiac disease... ..	1
Bronchial catarrh	1
Asthma	1
Malnutrition	1
—	
108	
—	

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 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 1937 the number of expectant mothers attending was 109 and 333 attendances were made. There were 19 primiparas and 90 multiparas. The number of mothers attending shows an increase of 8 over last year's figure.

Dr. W. M. Martin, who is the Obstetric Consultant at the Bury Infirmary, has now been appointed as Gynæcological Consultant to the Municipal Ante-Natal Clinics. He visits each clinic monthly to deal with special cases.

During the year ten patients were referred for institutional treatment at Bury Infirmary.

In addition expectant mothers attend the Ante-Natal Clinics at the Bury Infirmary and Jericho Hospital. During 1937 the number of expectant mothers who attended these Clinics was 254, and 1,271 attendances were made. Also 165 mothers made 168 post-natal attendances.

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

DENTAL.—9 Ante-Natal Patients made 15 attendances, and 7 Post-Natal Patients made 10 attendances.

SUNLIGHT.—9 Ante-Post Natal Patients made a total of 154 attendances.

Milk and Meals Assistance Scheme.—The Corporation has arranged for the provision of free milk (fresh and dried) and free meals to expectant mothers in necessitous cases where the family income, according to the number of persons, comes within a prescribed scale. Free milk and meals are 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.

1. Milk :

Number of applications for grants received... 177

„ „ „ refused ... 24

Cow's Dried
milk. milk.

„ „ granted free supply... 153 66 87

Approximate quantity ... 3,421 gallons ... 7,134 packets.

Approximate cost... £267 ... £520

The amount of dried milk sold at cost price during the year at the Welfare Centres was 9,438 packets to the value of £702.

2. Meals :

The number of expectant mothers who received free meals was thirteen, and a total of 282 dinners were served to them during the year.

Midwives.—The number of midwives registered as practising in the Borough was 26, and an additional 9 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 68.

During the year there were three 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 144.

Municipal Midwives.—Under the Midwives Act, 1936, Local Authorities were required to establish a service of salaried midwives.

To quote a circular from the Ministry of Health would be apt at this point. In this circular it states that “the principal object of the Act is to secure the organisation throughout the country of a domiciliary service of salaried midwives under control of local supervising authorities as an important step in the improvement of the maternity service and in the campaign for reducing maternal mortality.”

“The Act provides for the establishment by local authorities of a salaried midwives’ service; the payment by those authorities of compensation to midwives who voluntarily retire from practice, and to those who are required to retire owing to old age or infirmity; the payment by the Exchequer of grants towards the cost of the new service, and towards the amounts expended in compensation; the prohibition of maternity nursing by unqualified persons in any area by order of the Minister as soon as he is satisfied that the new service in that area is adequate.”

Proposals were drawn up for the establishment of a service of salaried midwives in Bury. These proposals were submitted to the Council on 7th January, 1937, and received its assent. In the proposals it was stated that only three midwives need be engaged by our local authority at the beginning of the service. This cautious step was required since there were 23 independent practising midwives in the borough, at that time more than enough to serve the needs of a town the size of Bury.

In the proposals, however, it was made clear that additional municipal midwives would have to be engaged as the service grew, and that ultimately the number required would be five at a minimum.

The proposals were submitted to the Ministry of Health, and it was agreed, after some discussion, that three municipal midwives be engaged in the first instance.

Time has proved that it was wise to engage only three midwives at the inception of the scheme. The three midwives engaged commenced duties on 1st September, 1937. As was expected, they made slow progress, and the number of cases at which they were employed in 1937 were as follows:—

Engaged as midwives	12
Engaged as maternity nurses	4
Engaged at other cases—ante and post natal, premature births, abortions, etc.	6

At the time of writing, however, this position is—

Engaged as midwives	69
Engaged as maternity nurses	13
Engaged at other cases—ante and post natal, premature births, abortions, etc.	19

Since the municipal midwives have been in the Corporation's employ they have been required to assist at the municipal ante and post natal clinics and were advised to attend the maternity block at Jericho Hospital for instruction by Dr. Martin, the obstetrician appointed by the Bury Corporation.

So far the scheme has been a success, and owing to the increased numbers of cases booked by the municipal midwives the time is not far distant when an increase to their staff will have to be made.

It must, of course, be clearly understood that the services of the salaried midwives are not necessarily free, but payment will be expected in accordance with financial ability. However, a scale of income with appropriate charges is in force, and in fact there have been a number of cases where the services were rendered free of charge.

The three midwives' names, addresses, telephone numbers, and the districts served by each are:—

	Tel. Nos.
For BURY NORTH. Nurse M. H. Cunliffe, 5, Chestnut Avenue, Bury.	... Bury 1706.
For BURY SOUTH. Nurse M. Boyd, 68, Heywood Street, Bury.	... Bury 1703.
For BURY WEST. Nurse V. Page, 7, Fenton Street, Bury.	... Bury 1711.

And the charges are:—

£2 5 0 as a midwife.
£2 5 0 as a maternity nurse.
10 0 for attention at other cases.

The number of independent midwives in Bury who received compensation was three.

Maternity and Nursing Homes.—One Joint Maternity and Nursing Home is registered in the Borough under the Public Health Act, 1936 (Section 187). This Home was inspected regularly during the year. Exemption from registration, under Section 192 of the 1936 Act, has been granted in the case of one Voluntary Institution (Bury Infirmary).

Maternal Mortality.—Six women residents of the Borough died through puerperal causes out of the eight hundred and ten women residents who bore children in 1937. The maternal mortality rate was 7.40 for 1,000 total births for the year under review, whilst the corresponding rate for 1936 was 4.57 and for 1935 6.65, 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 six women residents who died through puerperal causes two attended Ante-Natal Clinics at a Hospital, two sought advice from their own doctors, and two 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 1937, twenty patients were treated at the Institution, as compared with twenty-six in the previous year.

Puerperal Fever and Puerperal Pyrexia.—Two cases of Puerperal Fever were notified. One of these cases died at Bury Infirmary, and the other was treated at the Jericho Hospital. Six cases of Puerperal Pyrexia were notified, and there were no deaths. Three cases occurred at home, and three at Bury Infirmary. One was removed to the Florence Nightingale Hospital for treatment.

Ophthalmia Neonatorum.—Nine cases of Ophthalmia Neonatorum were notified during the year, the rate per 1,000 live births being 11.6, as compared with 8.4 per 1,000 births in 1936. The following table gives further particulars :—

Cases.	Notified.	Treated.		Vision Unimpaired.	Vision Impaired.	Total Blindness.	Deaths
		At Home.	At Hospital				
9	9	4	5	8	..	..	1

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.

Child Life Protection—Public Health Act, 1936.

(Section 206 to 220).

The duties and powers under the above, which make provision for the supervision of children who are nursed for gain apart from their parents, 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 1937:—

1. Number of Foster Parents on the Register—	
(a) at the beginning of the year	7
(b) at the end of the year	9
2. Number of Children on the Register—	
(a) at the beginning of the year	7
(b) at the end of the year	9
(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 Children's Act, 1908, and the proviso to Section 209 (2) of the Public Health Act, 1936	
	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 of the Children's Act, 1908, and Section 210 of the Public Health Act, 1936	0
6. Number of orders obtained during the year under Section 67 of the Act of 1932, and Section 212 of the Public Health Act, 1936...	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, 1937... ..	3	4
Number added during the year... ..	0	0
Number deducted during the year... ..	0	1
Remaining on Register, December, 1937 ...	3	3

SUMMARY OF WORK OF THE HEALTH VISITORS.

VISITS AND ATTENDANCES.

No.

First Visits to notified births	716
Re-visits to infants under one year of age	3988
Re-visits to children over one and under five years	5577
Visits to expectant mothers	154
Re-visits to expectant mothers	367
Visits re deaths of infants under one year of age	34
Re-visits during the summer diarrhoea season	3142
Visits re infectious diseases (school notifications) :—	
Measles, Whooping Cough, Chicken-pox, etc.	1010
Visits re Ophthalmia Neonatorum	13
Visits re Puerperal Fever and Puerperal Pyrexia	4
Visits to houses in which cases of Tuberculosis have been notified	77
Re-visits to houses in which cases of Tuberculosis have been notified	2712
Visits to Midwives	68
Visits and enquiries re applications under milk and meals assistance scheme	1579
Visits and enquiries re applications for extra nourishments under Tuberculosis Scheme	49
Visits re disinfection	29
Visits to Boarded-out and Nursed-out Children	68
Visits and enquiries re Medical and Hospital Fees	69
Visits re Ministry of Labour Cost of Living Inquiry	30
Visits for other causes	119
Attendances at Clinics :—	
Infant Welfare Centres	344
Ante-Natal Clinics	72
Sunlight Clinics	170
Immunisation Clinics	33
Tuberculosis, Morning Clinics	84
,, Evening Clinics	4
Total Visits	19805
Total Attendances at Clinics	707

SECTION 9.

MISCELLANEOUS.

SEWAGE DISPOSAL.

I am indebted to Mr. J. Bolton, Sewage Works Manager, for the following information regarding sewage disposal during 1937:

Nearly the whole of the sewage of the Borough and Tottington is treated at the sewage works at Blackford Bridge. A minor quantity is treated in small works which are situated at Walshaw, Unsworth, Foxley and Kilner Croft, the latter three being in the added area of Unsworth.

A scheme has been prepared for an intercepting sewer to collect the sewage of Hollins and Unsworth. The Hollins portion is complete, and the Parrs Brook sewer has been constructed in part, the intention being to carry this forward to Parrs Lane, and when this is completed the three small works will be abandoned, and the whole of the sewage treated at the main works.

In addition to the sewage of the town, a number of trade waste waters from dyers, tanneries, fellmongers, wool-scouring, hatters, breweries, wineries, and crude gas liquor are admitted to the sewers. Unfortunately, there has been a decline in trade in many of these industries, and consequently the sewage generally has been of a weaker character.

The trouble in treating the trade waste waters at the sewage works from a firm of calico printers mentioned in last year's report has been overcome by installing a separate purification plant on the trader's premises, and this has enabled the sludge digestion plant to function properly, and the results are now quite as satisfactory as they were previous to the resinous wastes entering the sewers.

During the year a further section of the scheme of extensions sanctioned by the Ministry of Health has been proceeded with, the whole of the constructional work is completed ready for the installation of the machinery, and when this is complete it will increase the capacity of the works by 500,000 gallons per day.

The volume of sewage dealt with in the complete plant was 1,195,049,000 gallons, being an average of 3,274,107 gallons per day. In addition to this volume 87,172,000 gallons of stormwater have been treated in the stormwater tanks, making a grand total of 1,282,221,000 gallons. In the final oxidation process 639,445,000 gallons have been treated in the Simplex bioaeration plant, and 555,604,000 gallons have been dealt with on the Percolating beds.

The effluent is under the jurisdiction of the Mersey and Irwell Joint Committee. During the year twelve samples of the effluent have been taken; of these nine have been classed satisfactory and three unsatisfactory.

IRWELL VALLEY WATER BOARD.

MONTHLY RAINFALL AT WORKSHOP YARD, PARSONS LANE BURY, 1910 to 1937.

	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	1937
January..	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	3.48
February.	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	6.03
March ..	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	1.56
April	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	2.36
May	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	2.14
June	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	1.82
July	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	2.15
August ..	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	2.50
September	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	1.61
October ..	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	2.08
November	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	2.15
December	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	2.84
Total...	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	30.72

INDEX.

	Page
Abattoirs	98—103
Agricultural Produce (Grading and Marking) Act	86
Ambulance Facilities	44
Bacteriological Examinations	113
Births, including still births	19, 21—24
Canal Boats	64
Cancer	34—38
Chief Sanitary Inspector's Report	52—95
Child Life Protection	151, 152
Clinics and Treatment Centres	45, 46
Closet Accommodation and Conversions	57, 58
Common Lodging Houses	64
Contagious Diseases (Animals) Acts	104
Deaths	25—29
Disinfection	70, 113
Disinfestation of Verminous Premises	59
Drainage and Sewerage	56
Factories and Workshops	78, 79
Fertilisers and Feeding Stuffs Act, 1926	96
Food and Drugs (Adulteration) Act, 1928, etc.	87—91
Health Committee and Sub-Committees	5, 6
Health Visitors, Summary of Work	153
Hospitals	47
Houses Let in Lodgings	63
Housing	72—77
Ice Cream Premises	85
Infant Mortality	32—33, 40
Infant Welfare Centres	142—144
Infectious Diseases—prevalence of and control over	106—116
Laboratory Facilities	44
Legal Proceedings	94
Local Acts, By-laws, etc., in force	48—49
Local Government Act, 1929	47
Markets	85
Maternal Mortality	150
Maternity and Child Welfare	142—152
Maternity Homes and Nursing Homes	150
Meat and other Foods	84, 85, 101
Mental Defectives, Institutional Provision for	48
Merchandise Marks Acts and Orders	86
Midwives	147—149
Milk Supply, etc.	80—83
Notification of Births	142
Nursing in the Home	44
Offensive Trades	65