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REPORT

OF THE

Medical Officer of Health

For the Year ending December 31st, 1923.

To the Public Health and Housing Committee of the

County Council of the County Palatine of Chester

and to the Members of the County Council.

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INTRODUCTION.

To the Chairman and Members of the Public Health and Housing Committee, of the Cheshire County Council.

MR. CHAIRMAN AND GENTLEMEN,

I beg to present you with my Report on the health of the Administrative County for the year 1923.

I would point to the steady though not great increase in the population which is now estimated to number 636,300, to the birth-rate, which shews a slight fall, to the death-rate which has further declined to II.I per thousand and to the infantile mortality which shews a slight but well maintained diminution. All these factors are matter for congratulation and indicate that the money spent on public health machinery is bringing in a good return.

For the first time it is possible to compare the cost of the various public health services of the County with other expenditure and I have selected the cost per head of the population from figures kindly supplied by the County Accountant. They are as under:—

		Pence.
Maternity and Child Welfare .		2.427
Venereal Diseases		0.218
Tuberculosis		4.783
General Public Health		0.711
Mental Deficiency		0.844
Medical Inspection of School Child	ren	2.623
Total		11.076

There are only nine other Counties in England and Wales where the total cost of these public medical services is lower than in Cheshire.

There is, of course, room for many improvements and advances and I feel confident from long experience that when these are in their proper turn brought to the notice of your Committee they will receive careful and generous consideration.

Once more I desire to place on record my sincere thanks to your Committee, to my brother officials and to all my colleagues both medical and lay for cheerfully accorded assistance at all times.

> I have the honour to be, Your obedient Servant,

> > MEREDITH YOUNG, County Medical Officer of Health.

43, Foregate Street, Chester, September, 1924.

REPORT OF THE

Medical Officer of Health,

For the Year ended December 31st, 1923.

Section I.—Area and Population.

Area.

In the Census Report of 1911 this is given as 640,823 acres and in the Preliminary Census Report 1921 as 640,791 acres.

Population.

The population of the Administrative County, as enumerated at the Census of 1911, was 597,771 and in the Preliminary Census Report of 1921 as 625,001, an increase of 27,230 in the decennial period.

This year the population is estimated as under: -

	Municipal Boro		173,780
	other Urban Di		 267,520
12	Rural Districts	 	 195,000
	Total	 	 636,300

The Registrar-General in a Memorandum published in March, 1924, states:—

The annual distribution of his returns of births and deaths and estimates of population for the past year affords the Registrar-General an opportunity of directing the attention of Medical Officers of Health and others using the returns to some points upon which experience has shown that misunderstandings tend to arise.

The numbers of births and deaths are those registered during the calendar year and are corrected for inward and outward transfers; they will differ therefore from uncorrected figures compiled locally either for the calendar year or for a period of fifty-two or fifty-three weeks.

The procedure followed in adjusting the local Census populations of 1921 in order to arrive at estimates of resident populations for that year which could suitably be used in connection with statistics of births and deaths classified according to area of residence is described in the Registrar-General's Annual Report for 1920.

The estimates of population as at 30th June, 1923, which are now provided have been based on the adjusted 1922 figures after allowance for the varying rates of natural increase as evidenced by the births and deaths in each area and of migration as indicated from other sources of information such as the changes in the numbers on the Parliamentary Register and the migration returns obtained by the Board of Trade and are supplied only for use in vital statistics.

The classification of some deaths is modified in the light of fuller information obtained from the certifying practitioner in response to special inquiries. The principal subjects of these inquiries are indicated in a table published in the annual reports of the Registrar-General; and this possible source of discrepancy between the returns of the Registrar-General and those compiled locally should be borne in mind, particularly in regard to the causes of death dealt with in that table.

The Registrar-General's estimate of the resident population is contained in column 2 of this table.

The figures for the several districts are as under: -

Municipal Boros (6)	ighs.	Population at Census, 1921.	Population supplied by Registrar General, 1924.	Area in Acres.	
Congleton		11764	12130	2572	
Crewe		46477	47410	2184	
Dukinfield		19493	19930	1407	
Hyde		33437	34030	3079	
Macclesfield		33846	34610	3214	
Stalybridge		25233	25670	3132	
		170250	173780	15588	

Urban Districts. (33)	Population at Census, 1921.	Population supplied by Registrar General, 1924.	Area in Acres.
Alderley Edge	3072	3058	678
Alsager	2693	2675	2241
Altrincham	20461	20920	1425
Ashton-upon-Mersey	7780	7939	1623
Bebington and Brom-			
borough	19110	19870	3446
Bollington	5094	5220	1291
Bowdon	2967	2914	850
Bredbury and Romiley	9169	9218	3990
Buglawton	1572	1739	2911
Cheadle and Gatley	11036	11220	5087
Compstall	944	948	903
Ellesmere Port and			
Whitby	13075	13900	3449
Hale	9285	9251	1288
Handforth	904	953	1311
Hazel Grove & Bramhall	10125	10290	5447
Hollingworth	2465	2480	2086
Hoole	5990	6034	334
Hoylake & West Kirby	17055	16580	1979
Knutsford	5411	5448	1760
Lymm	5288	5361	4374
Marple	6613	6564	3055
Middlewich	5116	5437	1082
Mottram in Longdendale	2882	2882	1084
Nantwich	7296	7458	703
Neston and Parkgate	5191	5232	3331
Northwich	18385	18770	1398
Runcorn	18393	19010	1274
Sale	16337	16410	2006
Sandbach	5843	6050	2694
Tarporley	2516	2507	6195
Wilmslow	8286	8300	5090
Winsford	10957	11200	5778
Yeardsley-cum-Whaley	1698	1682	1323
	263009	267520	81486

Rural Districts. (12)		Population at Census, 1921.	Population supplied by Registrar General, 1924.	Area in Acres.	
Bucklow			22149	22250	56806
Chester			13327	13590	34253
Congleton			13217	13440	40152
Disley			3024	2981	2466
Macclesfield			17047	17170	79494
Malpas			4464	4421	21405
Nantwich			25013	25390	98466
Northwich			24434	25110	54307
Runcorn			28929	29200	49117
Tarvin			13410	13410	56871
Tintwistle			2071	2048	13619
Wirral			24657	25990	36761
			191742	195000	543717
Administr	ative C	ounty	625001	636300	640791

Section II.—Births and Deaths.

Births.

The total number of births registered in the Administrative County during 1923 was 11,061, equal to a birth-rate of 17.3 per 1,000 of the estimated population. This is a decrease from last year, when the number of births was 11,395, giving a rate of 17.9. Comparative statistics are:

England and Wales	 19.7
105 Great Towns	 20.4
155 Smaller Towns	 19.8
London	 20.2
The highest birth-rates were: -	
Ellesmere Port U.D	 29.4
Runcorn U.D	
Middlewich U.D	 22.2
Buglawton U.D	 21.2
The lowest birth-rates were:—	
Bowdon U.D	 10.2
Alsager U.D	 11.5
Bredbury and Romiley UD	 11.7

The illegitimate births numbered 446, as against 481 in 1922. Sixty of these infants died under the age of one year.

Deaths.

The total number of deaths occurring in the Administrative County during 1923, was 7,101, equal to a death-rate of 11.1 per 1,000 of the estimated population. In 1922 the death-rate was 12.1. Comparative statistics are:—

	England and Wa	les	 	11.6
105	Great Towns		 	10.6
155	Smaller Towns		 	10.6
	London		 	11.2

The rates vary very considerably. The highest rates are recorded in the following districts:—

Tarporley U.D	 	19.5
Stalybridge M.B	 	15.7
Alderley Edge U.D.	 	14.7
Nantwich U.D	 	13.9
Compstall U.D	 	13.7

The lowest rates are recorded in the following districts:—

Bebington and Br	omb	orough	 8.1
Middlewich U.D.			 8.2
Wirral R.D.			 8.3
Hoole U.D.			 8.4
Chester R.D.			 8.8
Macclesfield R.D.			 9.0
Disley R.D.			 9.0
Buglawton U.D.			 9.0
Cheadle and Gatle			 9.0
Ellesmere Port U.	.D.		 9.8
Bowdon U.D.			 9.9

The figures for the past 11 years are as follows: -

_	*	-		
			Births.	Deaths.
1923	 		11,061	 7,101
1922	 		11,395	 7,691
1921	 		12.440	 7,197
1920	 		14,075	 7,246
1919	 		9,999	 8,066
1918	 		9,838	 8,903
1917	 		9,970	 7,278
1916	 		11,537	 7,730
1915	 		12,078	 8,286
1914	 		13,019	 7,816
1913	 		13,206	 7,867

Zymotic Diseases.

The total number of deaths from this special group of diseases in the Administrative County during 1923 was 203, equal to a zymotic death-rate of .31 per 1,000 of the estimated population.

Infantile Mortality.

Comp

Your Council commenced their scheme of Maternity and Child Welfare on the 1st April, 1916. The larger portion of the County comes within the scheme, but there are a number of districts which are responsible for their own schemes.

There have been 721 deaths of infants under one year in the Administrative County during 1923, a number equivalent to 65 per 1,000 of the recorded births. In 1922 there were 766 deaths, the rate being 67 per 1,000.

Particulars of the infantile death-rate for the last II years are as follows:—

	3 10110 110					Infantil	e
					D	eath-rat	te.
	1923				 	65	4
	1922				 	67	
	1921				 	79	
	1920				 	71	
	1919				 	83	
	1918				 	83 85	
	1917				 	86	
	1916				 	75 98	
	1915				 	98	
	1914				 	94	
	1913				 	104	
mpa	rative sta	atistics	are	:			
	England	and \	Wale:	S	 	69	
105	Great T	owns			 	72	
155	Smaller	Town	S		 	69	
	London				 	60	

The above rates have ruled highest in the following districts:—

Hollingworth U.D.	 	 121
Nantwich U.D.	 	 102
Dukinfield M.B.	 	 98
Macclesfield M.B.	 	 90

There were no deaths under one year in Alsager and Bowdon Urban Districts and Malpas Rural District.

Low rates were recorded in the following districts: -

Knutsford U.D.				9
Tarporley U.D.				21
Wilmslow U.D.				24
Buglawton U.D.				27 28
Tintwistle R.D.				28
Yeardsley-cum-Wha				30
Cheadle and Gatle				34
Hazel Grove and I	Braml	hall U.I	D	37
Ashton-upon-Merse	ey U	.D.		39

Tuberculosis.

The deaths recorded under this heading were as under: —

		Rural Distric	Total.
Pulmonary Forms Other Forms		74 32	
Totals	 382	 106	 488

Influenza.

This has been responsible for the deaths of 117 males and 82 females—a total of 199 persons. The disease has been most fatal at ages between 45 and 65 years. In a few districts the disease took the form of an epidemic on a small scale.

Pneumonia (all forms).

The death-rate from this group of diseases was a heavy one. In all 548 deaths were recorded, 334 in males and 214 in females. The figure is not quite so high as in 1922, when it was 556. There is a great need for the adoption of measures to control this serious loss of life. If a fraction of the money spent on Tuberculosis were spent on the hospital treatment or nursing of this disease I am convinced that a considerable reduction in its mortality would be achieved. The matter really needs bringing to the front in a practical manner. District Nurses do accomplish a great deal but after all there is a limit to the time they can devote to such cases having regard to their other responsibilities. What we need is a squad of highly

trained emergency nurses to attend to these cases and to other cases such as Influenza, Puerperal Fever, and Acute Rheumatism, to mention only three diseases where skilled nursing is the one thing that matters.

Respiratory Diseases.

These, exclusive of Tuberculosis, caused 643 deaths during the year. Many of the medical profession and the public at large have still to learn that the prevention and cure of virtually every disease of the respiratory tract—from the common cold to acute pneumonia—are both bound up inseparably with fresh and moving air. Fresh stagnant air is of little or no use—fresh air in movement is the desideratum. The rate of movement need only be gentle but it must be continual. This has been demonstrated beyond criticism by Prof. Leonard Hill and the Medical Research Committee.

Enteric (Typhoid) Fever.

The total number of deaths from this condition during 1923 was 13.

It is interesting to compare this figure with those for twenty or more years ago. We find that in the County the deaths from Typhoid Fever were as under in those days:—

Year.			No. o	f death	ıs.
1902	 	 		66	
1901	 	 		100	
1900	 	 		107	
1899	 	 		IOI	
1898	 	 		106	
1897	 	 		68	
1896	 	 		86	
1895	 	 		76	
1894	 	 		81	
1893	 	 		118	

The progress made in the control of this disease is thus apparent. Perseverance in the abolition of filthy privy-middens and in securing cleanliness of the house and its surroundings should before many years make Typhoid Fever a thing of the past.

Encephalitis Lethargica (Sleepy Sickness).

This disease caused 14 deaths during the year. These deaths occurred at all ages from one year onwards to 75.

The sporadic occurrence of this disease whilst not such as to occasion alarm does give rise to some uneasiness of mind because of its mysterious selection of victims. The most careful and detailed inquiries fail to elicit the source of infection and, in ignorance of this, precautionary methods have to be taken on a wholesale scale so that nothing may be missed. The disease presents itself in such different clinical varieties that the diagnosis is often missed or made at a late stage. In many cases the development of mental symptoms many months after a supposed case of Influenza causes a doubt as to whether the patient has not actually suffered from Encephalitis Lethargica instead of Influenza. As with other infectious diseases there are mild and severe varieties and it is the mild cases which, as ever, are the cause of most trouble because of their non-recognition. The disease when it occurs is being treated by the District Medical Officers of Health as one with very serious potentialities and no precaution is neglected however slight.

Hospital isolation has been secured for a few cases and it is expected that before long it will be available for all by the making of an Order under the Isolation Hospitals Act, 1893, declaring the disease an infectious one within the meaning of that Act.

Cancer (Malignant Disease).

The total number of deaths from malignant disease during 1923 was 790, as compared with 794 in 1922. The death-rate per 1,000 of the population works out at 1.24 as compared with a rate of 1.26 in 1922, shewing that the ravages of the disease are virtually undiminished.

There is nothing of any note to add to what has been previously said about this deplorable condition. I am more convinced than ever that diet is the factor to be principally considered. A reduction in the consumption of butcher's meat would, I feel sure, result in a considerable diminution of malignant disease. So would careful attention to the action of the bowels by lessening intestinal stasis (or stagnation) with its accompanying fermentation and absorption of the toxins formed during that process. In support of this theory, for theory it can only be at present, we have such notable advocates as Metchinkoff, McCarrison and Arbuthnot Lane.

It is often stated that the increase of Cancer is due to better medical diagnosis. I am no believer in this theory

and I regard it as refuted by the very fact that cancer of those parts of the body where the disease is readily accessible is and has for some time been on the increase.

The warning leaflet issued by your Council many years ago which gave the early signs and symptoms of Cancer, coupled with advice as to the imperative necessity of securing a medical opinion on suspicious growths at the earliest possible moment has not been the success we hoped. One can only put this down to public apathy which, in such matters, is one of the hardest things to overcome. In things such as Tuberculosis and Venereal Disease educative propaganda work has undoubtedly helped the campaign. Yet in the case of a disease which beats them hollow in the causation of death the general public does not appear to want to know anything about the matter.

A man who both spends and makes a fortune in advertising once told me that when he had a good thing he could make the public have it. We know that in the campaign against Cancer we have in education the best weapon known to medical science and it is surely our public duty to follow the example cited above and make the public have it.

Puerperal Sepsis (Child-bed Fever).

The deaths from this numbered 15 during the year as against 7 in 1922. There were over 11,000 births so that the incidence of the disease cannot be said to be high. At the same time it should be possible with the means now available to prevent the occurrence of a single case of this kind.

Congenital Debility and Premature Birth.

The deaths due to these combined causes numbered 338. The extension of ante-natal work should do much to lessen this figure which is undoubtedly too high. There is, however, still a great deal to be learned about the conditions affecting the life of the unborn child in spite of recent investigations.

Suicides and Deaths by Violence.

The number of suicides recorded during 1923 was 75 and the deaths from violence numbered 213.

Section III.-Infectious Diseases.

The following Tabular Statement prepared by the Registrar-General shews the number of cases of certain infectious diseases which were notified during the 52 weeks ended December 29th, 1923:—

ADMINISTRATIVE	0.000	rlet ver.		ph- ria.		eric er.		peral ver.		ry- elas.
AREA.	Cases.	Rate.	Cases	Rate.	Cases.	Rate.	Савев.	Rate.	Cases.	Rate.
BOROUGHS AND URBAN DISTRICTS:-	- 0	1 24	0	M	0	1 14	0	1 14	0	1 14
Alderley Edge	10	3.27	11	3.60	-	-	-,	- 0.07	- 1	0.37
Alsager Altrincham	37	1.50	14	0.67	-	_	1 -	0.37	8	0.38
Ashton upon Mersey	7	0.88	1	0.13	-	-	-	-	1 3	0.13
Bebington&Bromborough Bollington	63	3·17 5·94	6 2	0.38	-	_	_	_	1	0.19
Bowdon	4	1.37	1	0.34	-	-	-		-	0.54
Bredbury and Romiley Buglawton	13 27	1·41 15·53	7 2	0.76	_	_	2	1.15	5	0.24
Cheadle and Gatley	15	1.34	8	0.71	-	-	-	-	9	0.80
Compstall Congleton M.B	127	1.05	42 14	44·30 1·15	_		1	1.05	- 6	0.49
Crewe M.B	72	1.52	16	0.34	1	0.03	-	-	5	0.11
Dukinfield M.B Ellesmere Port & Whitby	56	2.81	7	0.35	6	0.30	1	0.05	21	1.05
Hale	11 5	0.79 0.24	12	0.86	2	0.55	- 1	- 0 07	-	0 29
Handforth	1	1.05	-	/-	-	-	-	-	-	-
Hazel Grove & Bramhall Hollingworth	10	0.97	4 2	0.81	2	0.81	-	_	-	_
Hoole	6	0.99	7	1.16	1	0.17	-	-	2	0.33
Hoylake and West Kirby Hyde M.B	71 112	4·28 3·29	11 29	0.66	3 2	0.08	1 3	0.09	6 9	0°36 0°26
Knutsford	24	4.41	7	1.58	-	-	-	-	2	0.37
Lymm	19	3.24	-	-	1	0.19	-4	0.10	4	0.75 0.35
Marple	97	2.80	8 2	0.30	7	0.50	-	0.12	12	0.12
Middlewich	6	1.10	61	11.22	-	-	1	0.18	4	0.74
Mottram in Longdendale Nantwich	1 5	0·35 0·67	1 2	0.35		-	-	_	-	_
Neston and Parkgate	9	1.72	14	2.68	-	-	-	-	-	-
Northwich	52 58	2·77 3·05	11	0.59	1	0.02	-	-	2	0.11
Sale	18	1.10	16 2	0.84	-	0.00	2	0.12	8 2	0.42
Sandbach	59	9.75	11	1.82	-	-	-	-	4	0.66
Stalybridge M.B Tarporley	18	0.70	7	0.52	-	_	1	0.04	9	0.35
Wilmslow	16	1.93	9	1.08	-			-	-	-
Winsford Yeardsley cum Whaley	65 8	5.80 4.76	23	2.05	2	0.18	-	-	3	0.27
RURAL DISTRICTS :									1	
Bucklow	31	1.39	31	1.39	1	0.04	1	0.04	2	0.09
Chestert	16	1.21	11	0.83	6	0.46	-	-	2	0.12
Congleton Disley	40 12	2.98	30	2.23	-	_	1	0.07	2 2 2	0.15
Macclesfield	106	6.17	12	0.70	3	0.17	2	0.12	4	0.53
Malpas	16 22	3·62 0·87	15	0.59	-	-	-	-	1	0.04
Northwich	107	4.26	23	0.92	-	-	1	0.04	7	0.58
Runcorn	105	3.60	15	0.51	2	0.07	-	-	4	0.14
Tintwictle	10	0.75	5	0.37	_	-	1	0.49	1	0.07
Wirral								W 10		

Enteric (Typhoid) Fever.

Included under this heading are Para-typhoid fevers. The disease has not been prevalent except in the form of isolated cases. Only 8 deaths are recorded from it during the year.

Scarlet Fever.

This disease has been mildly prevalent in most districts as the following statement shews:—

			-	No. of	
			Cas	es noti	fied.
Crewe M.B				72	
Hyde M.B				112	
Macclesfield M.B.				97	
Altrincham U.D.				37	
Bollington U.D.				32	
Alderley Edge U.D.				II	
Bebington and Bron	boro	ugh U	.D.	63	
Hoylake U.D.				71	
Knutsford U.D.				24	
Northwich U.D.				52	
Runcorn U.D.				58	
Sale U.D				23	
Sandbach U.D.				59	
Winsford U.D.				66	
Bucklow R.D.				33	
Congleton R.D.				40	
Macclesfield R.D.				108	
Northwich R.D.				107	
Runcorn R.D.				105	

The number of deaths from Scarlet Fever was only 8.

In Lymm I think there is no doubt that infection was disseminated from a certain farm where the disease was not recognised at first. The cases presented some difficulty in diagnosis as there was some similarity to streptococcal sore throat. The throat symptoms were more common and more severe than I have seen for many years and reminded one of the typical Scarlet Fever of 30 years ago. Inflammation of submaxillary glands was seen in most of the cases. There were, however, no fatal cases. The milk was infected by human sources. A veterinary examination failed to reveal any disease in the cattle at the affected farm.

The diminution in the virulence of this disease during recent years is well known. The researches of Drs.

George and Gladys Dick in America now point to a possibility of the disease being brought still more under control by the use of an antitoxin and by the employment of toxin-antitoxin mixtures.

The Dick test which is conducted on similar lines to the Schick test in diphtheria has already given very reliable results in the hands of several observers. If these possibilities develop into realities this disease should be robbed of its few remaining terrors.

Diphtheria.

This has been rather prevalent—quite a number of districts having had an unusual percentage of cases as the following figures demonstrate:—

		N	o. of
		Cases	s notified.
Crewe M.B	 		17
Hyde M.B	 		29
Altrincham U.D.	 		14
Alderley Edge U.D.			II
Compstall U.D.	 		42
Hoylake U.D.	 		II
Neston U.D.	 		14
Middlewich U.D.	 		61
Northwich U.D.	 		II
Sandbach U.D.	 		II
Winsford U.D.	 		25
Bucklow R.D.	 		
Congleton R.D.	 		29 28
Northwich R.D.	 		24
Runcorn R.D.	 		15

The outbreak, if such it can be termed, continued in Middlewich U.D. throughout the whole year. No milk supply was implicated and there appeared to be no connection between the cases except actual contact infection.

In Compstall U.D. there were two separate outbreaks but no definite cause is assigned for either of these. The absence of a water-carriage system may have assisted in the causation of the illness.

Pneumonia.

The infectivity of the lobar type of this disease from person to person is not sufficiently realised by most people. Those who are nursing it or coming in close contact with it should wear protective masks and should see that the sputum is disposed of as carefully for example as in cases

of Diphtheria and Tuberculosis. It is a disease which affects the poor and especially the badly-housed section of the community more than it does the well-to-do and well-housed. Cases nursed in a good hospital have a far better chance of recovery than those treated in a house with indifferent sanitary accommodation and surroundings. The practice of receiving such cases in Isolation Hospitals is one to be commended.

The extent of this disease may be judged from the following figures:—

		12-	1	No. of	
			Case	es notif	fied.
Hyde M.B				90	
Ellesmere Port U.I).			19	
Bebington and Bro	mboro	ough I	J.D.	39	
Bredbury and Romi	ley U	.D.		42	
Cheadle U.D.				26	
Hale U.D				12	
Hoole U.D				15	
Hoylake U.D				20	
Runcorn U.D.				86	
Winsford U.D				19	
Bucklow R.D.				28	
Nantwich R.D.				24	
Wirral R.D				29	

The deaths from Pneumonia (all forms) numbered 412 during the year.

Encephalitis Lethargica (Sleepy Sickness).

This disease is unfortunately becoming more common whether owing to better diagnosis or not it is difficult to say. It attacks people of all ages and seldom presents a really typical clinical picture in any two consecutive cases. The death-rate is usually a high one in young people but diminishes slowly as age advances. The disease has been reported from time to time in most districts but has not shewn any tendency to spread except in a very limited manner.

Bacteriological Examinations.

Specimens sent from the Public Health Department are dealt with by the Manchester University (Public Health Laboratory). Nineteen such specimens were sent during the year, viz.: 15 diphtheria, I typhoid fever and 3 special throat swabs from cases of suspected streptococcal infection.

The various Local Authorities have arrangements with different places and persons. In a few Boroughs a certain number of specimens are examined by the Medical Officer of Health. The Reports from the several districts shew that the following total specimens have been examined:—

			Total No. of Specimens examined. Exclusive of Specimens of Sputum done at Chester P.H. Department.
MUNICIPAL BOROUGE	us—	46.0	and the part of the same of th
Congleton		***	204 /215
Crewe	***		324 (315 examined in Municipal Labora-
Dukinfield			tory).
		***	Not stated.
Hyde Macclesfield			369 (in addition 49 examined locally).
Stalybridge			Not stated.
Starybridge		•••	Not stated.
URBAN DISTRICTS-			
Alderley Edge			22 (including Tuberculosis sent to Chester
Alsager			Nil.
Altrincham			38.
Ashton-upon-Merse			Nil.
Bebington and Bro			2.
Bollington			Not stated.
Bowdon			Not stated.
Bredbury and Rom	iley		4.
Buglawton			1.
Cheadle and Gatley			38.
Compstall			147.
Ellesmere Port			1.
Hale			22.
Handforth			Nil.
Hazel Grove and B	ramhall		Nil.
Hollingworth			
Hoole			39.
Hoylake and West	Kirby		13.
Knutsford	•••		
Lymm		***	17.
Marple			Not stated.
Middlewich			68.
Mottram-in-Longde	endale	• • • •	Not stated.
Nantwich Neston and Parkga			18.
Northwich	te	***	9.
Runcorn		***	50.
Sale		•••	16 (Plus Water Examinations).
Sandbach	***	***	Not stated.
Tarporley		***	Not stated. 6.
Wilmslow	•••	***	29.
Winsford		**	71.
Yeardsley-cum-Wh	alev		5.

RURAL DISTRICTS-			
Bucklow			79.
Chester			1.
Congleton			Not stated.
Macclesfield			23.
Malpas			Nil.
Nantwich			Not stated.
Northwich			40.
Runcorn			91.
Tarvin			Nil.
Tintwistle			Not stated.
Wirral			10.
T	otal		1770
1	otal		1773

It is not too much to say that if the public health is to be adequately guarded at all points and the medical practitioner furnished with the facilities necessary for prompt diagnosis these figures ought to be almost ten times as great as they are.

Section IV.-Venereal Diseases.

Facilities for free diagnosis and treatment of Venereal Disease are given at a number of Hospitals under agreement with your Council. Patients may also attend at any other Hospital and the cost is debited to us. The following return shews the number of cases treated at various Hospitals during 1923:—

T. 101-10-	Pers time	at Out-l sufferin	nding for Patient C g from:	otal attend- ances at Dut-Patient Clinic.	atient	san ute	
Institution.	Sy- philis.	Soft	Gonorr- hæa.	Non- Vener- eal con- ditions.	Total attend- ances at Out-Patient Clinic.	Number of In-Patient Days.	Doses of Salvarsan substitute given,
Liverpool Royal Infirmary	9		10	5	331	4	59
Liverpool David Lewis Northern Hospital	1		1		62	Nil.	18
Ancoats Hospital, Man-				7	439	Transport of	
chester Manchester Skin Hospital	21	=	6	10	578	23 6	74 100
St. Luke's Hospital, Manchester	11	1	22	7	365	117	70
Manchester Royal In-	37	_	28	5	640	Nil.	118
St. Mary's Hospital, Manchester Chester Royal Infirmary	5 28	=	3 28	7 3	302 1670	Nil. 144	90 441
Ashton-under-Lyne District Infirmary	24	2	6	7	45	45	416
Stockport Clinic	6	-	11	3	485	-	29
Warrington Infirmary	7	-	9	4	192	-	72
Birkenhead Infirmary	12	-	8	2	210	62	89
Bury Infirmary		Not	stated.		6	-	-
Seamen's Hospital, Greenwich	1	-	1		10	-	-
TOTALS	166	3	143	60	5335	401	1576

Comparing the figures just given with the 3 previous years we have the following:—

New ca	ises of S	Syphilis	:-			
	1920					313
	1921					232
	1922					210
	1923					166
	-					
New ca	ses of G	onorrh	ıœa:-	-		
	1920					183
	1921					181
	1922					127
	1923					143
Attand		Out D	ationt	Clinica		
Attenda	ances at	Out-F	attent	Cinnes	, . —	
	1920		***			6,693
	1921					7,521
	1922					6,560
	1923					5,335
D			1			
Doses	of Salva	rsan st	ibstitu	te adn	nnist	ered:-
	1920					2,099
	1921					2,291
	1922					1,940
	1923					1,576
	T D					
No. of	In-Patie	nt Day	s:—			
	1920					1,098
	1921					1,158
	1922					237
	1923					401

The decline in the number of new cases of Syphilis is marked: the decline in the case of Gonorrhœa is proportionately less.

The attendances at the Chester Royal Infirmary it will be noted are very considerably larger proportionately than in the majority of other Institutions.

The number of In-patient days spent at the several Institutions depends, of course, on the nature and extent of the infection. It shews a marked increase on the figures for the previous year.

Examination of Pathological Material.

		or	Other		
Institution.	Syphilis.	Gon	orrhœa.	Org	ganisms
Manchester University (from general Practitioner)	136				
*David Lewis Northern Hospital,	100		9		-
Liverpool	463		132		6
*Chester Royal Infirmary	353		120		_
*Ashton-under-Lyne District Infirmary	468		356		_
*Stockport Clinic	180		40		_
*Bury Infirmary	356		97		_

^{*} The figures given here are for all Hospital cases—not Cheshire alone.

Section V.—Maternity and Child Welfare.

Note.—This Section, with the exception of the introductory paragraph, has been written by Dr. Jean R. Shaw, Lady Assistant Medical Officer of Health.

Introductory.

My thanks are due to Dr. Jean R. Shaw for the untiring devotion to duty she has continued to shew in this many-sided work. In every branch of it individuality and close attention to detail are essential to success and Dr. Shaw has left nothing to chance in the pursuit of this.

Ante-natal work is developing though all too slowly and other branches of usefulness are growing. The midwifery service has been wonderfully improved of late but there are still a few areas where further improvement is desirable. The inspection of midwives—especially of the bona-fide type—is also capable of improvement, but I think very few cases of malpraxis, neglect or breach of the Rules of the Central Midwives Board escape attention.

The various Voluntary Committees have given the most hearty support at the several Centres and it is not too much to say that without their assistance we could not carry on the work that is done. They have continued to deserve our cordial and undiluted thanks for their splendid services.

Number of Midwives in Practice.

There were 362 midwives who notified their intention to practise in the County Area during the year 1923.

- 250 Actually practising: 181 trained; 69 untrained.
 - 29 Monthly Nurses.
 - 22 Midwives living outside the County Area.
 - 2 Died (I trained; I untrained).
 - 42 Have had no cases.
 - I Struck off the roll (trained).
 - 16 In Institutions.

The number of trained midwives practising in the County Area has increased only by eight this year and three more untrained midwives have taken cases. One of these has moved into Cheshire from an outside area. There is no doubt that part of the reduction in infantile mortality is due to the advent of the trained midwife; the risk of puerperal sepsis to the mother and the gynæcological complications which result therefrom are also diminished.

The County has at present six County midwives working at Nantwich, Lymm, Tarvin, Upton, Hollingworth and Scholar Green. The above midwives are granted £60 a year from the County and keep their own fees. The grant is given to enable a midwife to settle in an area where there is no trained midwife practising and is withdrawn when she has a practice sufficient to support herself.

Inspections.

On the whole the bags are well kept. Each midwife has more than one lining for each bag and carries her appliances in separate washable bags. All the nurses are advised to have two bags so that one can be kept for use as a labour bag, and the other for daily visiting.

The inspections have been carried out as in previous years by the Lady Assistant Medical Officer of Health, assisted by the Health Visitors. There have been 881 visits paid to midwives; 681 were formal inspections and the other 200 were paid to make enquiries re still-births, puerperal fever cases, infant deaths, &c.

Facts Ascertained on Inspec	tion.
-----------------------------	-------

	Ва	ıg.	Regi	ister.	Cha	rts.	Pers	son.	Home.		
	Trained.	Un- trained.									
Satisfactory	178	57	178	57	179	67	181	64	180	64	
Fair	3	10	3	10	2	2	-	5	1	5	
Unsatisfactory	-	2	-	2	-	-	-	-	-	-	

Twenty-six cannot take the temperature nor pulse of their patients.

Malpractice.

During 1923 one midwife was reported to the Central Midwives Board and has been struck off the roll. This midwife was trained but very unsatisfactory and she lost her certificate because she neglected a patient.

Notifications under C. M. B. Ruies.

Table showing number and nature of notifications received during 1923:—

Births, &c., Visitations by Health Visitors.

Under the Notification of Births Acts the visiting has been carried out as in previous years. All cases notified to the Chester Office have been written out on special forms and sent out daily to the Health Visitors of the district to which they belong. A considerable number of cases are not notified and particulars of these are obtained from the various Registrars. Very few parents seem to know there is an obligation on them to see that their child's birth is notified.

The number of visits to notified babies under one year has worked out at an average of 4.8 visits per child. This is below the average for 1922. It is disappointing to find the average number of home visits is slightly less in this most important branch of the Health Visitor's Child Welfare work. The work of the Health Visitors has grown so much during the last few years that unless the staff can be increased there is little likelihood of getting a better average.

Health visiting by Nurses has now been in force in Cheshire for 8 years. It can be truly said that each year their work among the mothers and children is more and more appreciated by them. It is such a help to mothers to have a woman visiting in her home who not only sympathises with her domestic trials and troubles but helps her to see daylight through them.

The following is a summary of visits paid by the Lady Assistant Medical Officer and Health Visitors during 1923:—

First visits to infants under I year	 6,742
Re-visits to children under I year	
(Ophthalmia, &c.)	 35,575
Re-visits to children over I year	 40,655
Still-births and death enquiries	 648
Visits to midwives	 881
Visits to expectant mothers	 1,372

Method of Feeding Babies.

The following table shows the method of feeding of children over 6 months and under one year old. There were 1,284 rural cases and 1,343 urban cases:—

	1923	18	16	20	20	20	22	22	25	26	26	26	27
AE.	1922	14	14	18	17	22	21	24	26	27	27	28	28
TIFICI	1921	15	15	18	17	20	21	23	24	24	35	25	26
AR	1920	14	19	16	25	19	53	23	31	24	33	25	34
	1919 1920 1921 1922 1923 % % % %	13	15	17	20	20	24	23	29	56	32	31	33
	100											-	
	1923	7	2	2	9	00	00	00	10	00	11	00	12
	1922	00	61	4	4	2	2	9	9	00	7	6	7
IXED.	1921	4	2	2	7	7	6	6	10	6	10	6	10
M	1920	63	4	က	2	4	9	7	9	7	7	00	00
	1919 1920 1921 1922 1923 % % % % %	es	63	က	4	9	9	7	9	00	9	6	7
-	-							-		-	-		1
	1923	80	77	75	74	72	70	70	99	70	73	99	61
	1922	83	84	78	79	73	74	70	89	99	99	63	92
BREAST.	1921	81	80	78	92	74	72	02	29	67	99	99	64
B	1920	84	77	81	70	77	92	70	63	69	09	29	58
	1919	84	83	80	92	74	70	70	99	99	62	63	99
		:	:	:	:	:	:	:	:	:	:	:	-
	17	18t Month— Rural	Urban	2nd Month- Rural	Urban	3rd Month- Rural	Urban	4th Month— Rural	Urban	5th Month— Rural	Urban	6th Month— Rural	Urban
1													

At the end of 6 months about 63.5 per cent. of the mothers were able to feed their babies entirely on breast, 10 per cent. had breast feeding and some form of artificial feeding and 26.5 per cent. were artificially fed. As reported last year for the first quarter of the year 1923 there was no free milk supplied to the mothers and babies as the grant of £1,500 was spent by December, 1922. This year to prevent such a contingency arising every case was specially investigated and only cases of extreme poverty were considered as eligible for free milk. The grant has been raised to £2,000. It is hoped that in every case when the total income, after deduction of the rent, amounts to 6/- or less per head, that a free supply of milk will be given for a child under 3 years of age or an expectant mother.

The method of feeding till six months old and health of child at 12 months is shown below (4,469 cases):—

		Good.	Fair	Poor.
Dunant	(Rural	 87	 íi	 2
Breast	Urban	 84	 13	 3
Mixed	f Rural	 68	 27	 5
Mixeu	Urban	 71	 22	 7
Artificial	{ Rural Urban	 61	 34	 5
Aitinciai	(Urban	 56	 35	 9

Health of Infants.

The illnesses from which the children between I and 2 years of age have suffered during the first year of life are shewn in the following table and ages at which they suffered from these illnesses:—

		Total	Birth 3 month to to 3 months. 6 months %		to months	6 months to 9 months.	9 months to 12 months.
Respiratory Diseases	505	25%	2 .		9	8	6
Convulsions		.9%	 . 4		.1	 •2	. 2
Diarrhœa						3	
Measles Whooping Cor		3% 10%				1	
			.5 .				

The winter has been a specially trying one for babies and consequently there have been more cases than usual of broncho-pneumonia and bronchitis. The majority of the cases of measles occurred in the beginning of the year; whooping-cough was prevalent in several districts during the spring and early summer.

Health of the Older Children.

In the following table the health of the children at 2 years, 3 years and those at 4 years who have been visited during 1923 is shown (method of feeding during first six months of life):—

									10.0	20.0		
	2	years	š.		3	years			Health. 4 years. 3057[children.			
	, ,											
	83	13	4		84	13	3		82	13	5	
	84	13	3		82	16	2		82	14	4	
	68	27	5		73	22	5		70	27	3	
	72	24	4		73	24	4		71	24	5	
	60	32	8		60	34	6		62	33	5	
.1.	62						6		61	31	8	
		4817 Good. % 83 84 68 72 60	Health 2 years 4817 child Good. Fair. % % 83 13 84 13 68 27 72 24 60 32	Health. 2 years. 4817 children. Good. Fair. Poor. % % % 83 13 4 84 13 3 68 27 5 72 24 4 60 32 8	Health. 2 years. 4817 children. Good. Fair. Poor. Good. % % % 83 13 4 84 13 3 68 27 5 72 24 4 60 32 8	Health. 2 years. 3 4817 children. 5039 Good. Fair. Poor. Good. % % % % 83 13 4 84 84 13 3 82 68 27 5 73 72 24 4 73 60 32 8 60	Health. 2 years. 3 years 5039 child 3 years 5039 child 600d. Fair. Poor. Good. Fair. % % % % % % % % % % % % % % % % % % %	Health. 2 years. 3 years. 5039 children. Good. Fair. Poor. Good. Fair. Poor % % % % % % % % % % % % % % % % % %	Health. 2 years. 3 years. 5039 children. 5039 children. Good. Fair. Poor. Good. Fair. Poor. G. % % % % % % % % % % % % % % % % % %	Health. 2 years. 3 years. 5039 children. 3057 Good. Fair. Poor. Good. Fair. Poor. Good. % % % % % % % % % % % % % % % % % % %	Health. 2 years. 3 years. 5039 children. 5039 children. Good. Fair. Poor. Good. Fair. Poor. Good. Fair. Poor. Good. Fair. Poor. 600d. Fair. 81 13 3 82 13 81 13 3 82 14 81 13 3 82 14 81 13 3 82 14 81 13 3 82 14 81 13 3 82 14 81 13 3 82 14 81 13 3 82 14 81 13 3 82 14 81 13 3 82 14 81 13 3 82 14 81 13 3 82 14 81 13 3 82 14 81 13 3 82 14 81 13 3 82 14 81 14 81 15 15 82 14 81 15 15 82 14 81 15 82 15 82 14 81 15 81 15 82 15	

There is no doubt that the continued unemployment and consequent poverty is having a very deleterious effect on the children from I—5 years of age—far more so than the war and rationing of food. In many homes the children have to live on a diet of little else than bread and tea. It is hardly surprising to learn that the mortality among toddlers is not being reduced but shows a slight tendency to increase.

The illnesses from which these children aged 2—3 years of age, 3—4 years of age and 4—5 years of age have suffered respectively are as follows:—

		2	years	3	years	4 years
Respiratory D	Diseases		8		6	 3
Measles			4		4	 3
Convulsions			1		.1	 -
Diarrhœa			3		1	 1
Whooping Co	ugh		6		6	 3
Chicken Pox			2		1	 1
Scarlet Fever			.1		.2	 .1

Of the children between 1—4 years who suffered from bronchitis 7 per cent. of them had repeated attacks.

Signs of rickets (early and late) were noted in 10 per cent. of the children between 1—4 years of age (7 per cent. slight, 3 per cent. marked).

Deaths of Infants under 1 year.

Table giving particulars of deaths of 204 children under I year and over ten days old:—

-	inder a jour uni	-		-							
			Method		10 days	3	months	6	months	91	nonths
			of		to	1000	to		to		to
		I	Feeding.	3	months	6	months	9	months	12	months
	Respiratory Diseases		Breast		9		0		0		10
	respiratory 2 rections		Artificial		4		0		10		8
4	Convulsions		Breast		12		9		1		3
			Artificial		3		Λ		6		5
	Marasmus		Daniel		2						1
	and women		Artificial.	•••	5		1		0		1
,	Whooping Cough		Breast	•••	2		5		1		3
	Whooping Cough		Artificial	•••	1		E		1		6
	Gastro Enteritis		Breast		î				1		_
	Castro Enternis		Artificial		4		1		1		_
	Measles		Breast		_			••			1
	measies		Artificial					**	1	•••	_
	Malformation		Breast	***	5	***	9	••	1		_
	manormation		Artificial		5		1			•••	_
	Maninaitia			•••	0	•••		••	9		1
	Meningitis		Breast	•••	-		1	**	0		3
	D-LUI-		Artificial	•••	1				4		0
	Debility		Breast		1						
			Artificial		6	•••	1 .				
	Icterus Neonatorum	•••			2	***	-				-
	Tubercular Glands		-						1 .		_
	Tubercular Meningiti	S			-						-
			Artificial		1		1		1		-
	Prematurity		Breast		3		-		-		-
	~		Artificial		4		-		-		-
	Cerebral Hemorrhage				1						-
	Overlain				1		-		-		-
	Suffocation				2		-		-		-
	Hemorrhage from Um	ibic	eulas		1		-				-
	Cretin				-				-		1
	Septic Poisoning				-		1 .		-		-
	Erysipelas				1				-		-
*	Enlarged Stomach pre	ssi	ng on Hea	rt	-		1 .		-		-
	* Inquests.										

Table giving some particulars of deaths of 119 children between 1 year and 5 years occurring during 1923:—

			2 years to 3 years.	3 years to 4 years.	4 years to 5 years.
Respiratory Diseases		20	Q years.	6	3
Conventaiona	***	5	1	_	_
Whooping Cough	***	7	6	2	1
Monales	***	11	0	4	100
Measles		11	4	_	_
Gastro-Enteritis		1	1	_	
Meningitis		8	5	6	1
Tubercular Meningitis		_	5	-	1
Tabes Mesenterica		1	1	-	
Diphtheria		1	2	-	2
Accidental Death—					
Drowning		1	1	_	2
Motor		_		1	_
Burnt or Scalded	1839	3	-	_	_
Cardina Diagona	•••	_	1		
Nanhvitia		1	-	of the second	
Tuboroulan Him	***	1	W 10 10 10		1
Marasmus		_	-		1
Carasilia I Talani	***	-	1		
Generalised Tuberculosis	***	1	_	-	_
				-	
		60	34	15	10

Table giving some particulars of deaths of 107 children aged 10 days or less (58 males, 49 females):—

Premature birth			36-18	births	attended	by Doctor.
Difficult labour			18 20	,,	,,	Midwife.
Atelectasis		***	20	,,,	"	Doctor.
	***	***	1		,,	Midwife.
Feebleness			15-5	,,,	"	Doctor.
_			10	,,	,,	Midwife.
Convulsions			13-8	,,	,,	Doctor.
			5	,,	,,	Midwife.
Pemphigus			4			Doctor.
Malformation			13-9	"	- 11	Doctor.
	***		4	"	31	Midwife.
Internal Hemorri	harra		1	,,	,,	Doctor.
	uage		1	,,,	"	
Meningitis		***	1 3	"	,,	Doctor.
Pneumonia	***	***	3	,,	,,	Doctor.

In three of the above cases the mother had been working in a factory and three other mothers had done cleaning and laundry work during pregnancy. Seven of the infants were of illegitimate birth. Among the above deaths there were six twin pregnancies, two of them survived. In 17 of the above cases the babies were first babies.

Still-births.

The following table gives some particulars of 118 still-births that have been enquired into (68 males and 50 females):—

History of Shock,	accident	or fright		11		Premature Full-time		6 5
Born before arrival	١			14		Premature Full-time		8
Malformation of C	hild			7				-
Placenta Prævia				4				-
Antepartum Hemor	rrhage			2				-
History of Ill-healt	h of Mot	her		5		Full-time	***	-
Malpresentation or	Difficult	Labour		25				_
No known cause				34		Premature		
						Full-time	***	5
Prolapse of Cord		***		6		Premature		1
						Full-time	***	5
Albuminuria			***	5	***	Premature		4
				100		Full-time	***	1
Hydramnios		***		2				
Eclampsia				1	***	Premature		
Cord round neck				2	***	Full-time	***	-

In five cases the still-births were illegitimate births. Thirty-one cases occurred in Primparae. In 7 cases there was a previous history of more than one miscarriage or still-birth and in 8 cases a history of one miscarriage or still-birth. In 5 cases of the 8 cases the still-birth occurred in the second pregnancy, so that the mother had not given birth to a live child. Of the 118 mothers ten of them worked in a factory and two others followed

other occupations. In the above still-births there were three twin pregnancies.

Expectant Mothers.

During 1923 there were 1,372 visits and re-visits paid to expectant mothers. Of the 305 cases that were visited during 1923 (the baby being born that year) the following are interesting points that have been noted: -

Health of Mother ...
$$71\%$$
 ... 72% ... 7%

Seven per cent. of the mothers were advised to seek medical aid, 1.5 per cent. of whom were advised on account of passing a scanty amount of urine; 22 per cent. suffered from constipation, 54 per cent. had carious teeth, and in 20 per cent. of the cases the teeth were noted to be in a very bad condition. Twenty-nine women had set or sets of artificial teeth.

92% Normal babies $\begin{cases} 77\% \text{ Breast.} \\ 23\% \text{ Artificial.} \end{cases}$

3% Not strong.
4% Still-born.
4% Miscarriages.
6% Died within ten days.

Among the 305 mothers three of them worked in factories. All three babies were normal but artificially fed.

Of the five primparae among the above all had normal babies, four fed naturally and one artificially.

Ophthalmia Neonatorum.

There have been notified 56 cases of inflammation of or discharge from the eyes in new born babies. Twentynine of these cases were only slight. The ages of the infants on the day of onset ranged from two days to eleven days; most of the cases occurred between the 3rd and 5th days.

In 16 of the cases the births were attended by doctors and 40 were attended by midwives. Four of the cases attended by midwives were reported by Health Visitors, who also notified the midwife and warned her of her neglect to notify.

Description of cases:—

Slight cases—One	eye affected	 	1
Both	eyes "	 	28
Severe "—One		 	6
Both	eyes "	 	21

Four of the severe cases were treated in hospital, and Nurse was engaged to attend four other cases. All the cases recovered without any scar or injury to the sight.

The number of cases of Ophthalmia has decreased by 13 this year. Each midwife is provided by the County with Collosol Argentum in a drop bottle. Since this drug has been in use the number of cases has steadily lessened.

Illegitimate Children.

Special enquiries have been made into the circumstances of 154 illegitimate children born in 1923 and living in Cheshire. Two of these children died. In 72 of the cases the mothers were unemployed and in 82 instances they were employed. One hundred and forty-two of the homes were found to be quite satisfactory and eleven fairly satisfactory, and in one case unsatisfactory. In this case the mother was a mill hand and the grand parents, aged 82 and 81 respectively and getting feeble, looked after the child. It is hoped to have the child placed under better guardianship at an early date.

The father was known to be contributing in 59 cases and in 14 cases it was impossible to ascertain. Sixty-five fathers made no contribution to the upkeep of their child. Ten of the fathers had married the mothers. Seventy-six of the babies were being cared for by the mother herself, 56 by the grandmother, nine by other relatives, seven cared for by neighbours, five were boarded out and one was adopted.

Maternity and Child Welfare Centres.

During 1923 Middlewich Urban District Council asked the County Council to take over its Maternity and Child Welfare work. The Urban Council specially asked that a Centre would be continued and that the home visiting be done by the County Health Visitor.

The new Centre at Sandbach is progressing satisfactorily and is now meeting twice monthly. The Doctor is able to attend only once a month. In May a small

Centre was opened at Owley Wood, near Weaverham, and Messrs. Brunner, Mond & Co. very kindly gave £10 towards its equipment. Through the courtesy of the Working Men's Club, Owley Wood, the Centre is held in the Club rooms. A small rent is charged. A Doctor attends the fortnightly meetings. The same Doctor attends the Northwich Rural Centre, so that one week he is at Parkfield, Northwich, and the next week at Owley Wood. It is hoped that in the near future it can be arranged that a Doctor will attend each week at Parkfield.

As explained before each of the 19 Centres, with the exception of Nantwich, have three rooms in use—a large room where the mothers assemble, have talks, tea, &c., a small room where from three to six are undressed, at a time, and weighed, and a Doctor's room.

With one exception a local Doctor attends each Centre for consultations on the weighing days. The arrangements for the work of the Centres have been the same as in the previous years.

The County is very fortunate in the band of voluntary workers, who do such good and faithful work at each of its Centres.

The Mothers' Welcome at Utkinton is still continuing to do excellent work among the mothers and babies of that village. It is maintained and run by a local lady. During the autumn of 1923 there was a very serious outbreak of diarrhœa in Utkinton. Nineteen children were affected, three under 1 year, ten under 5 years and six of school age. The children's symptoms resembled enteric rather than epidemic diarrhœa. The County Health Visitor stayed in the village and nursed these cases. Thanks to good nursing, and nourishment, &c., provided by the Centre lady all the cases recovered.

During 1923 the Cheshire Gold Cross Society met three times. As explained in a previous report the object of this Society is to bring the Voluntary Workers together to discuss difficulties arising in the work of the Centres and to exchange ideas. The Annual Meeting was held in Chester in June, 1923. At this meeting the work for the competitions was on view and the Shield and Pictures were presented to representatives of the winning Centres. Several of the Voluntary Committees brought the mothers who had competed by charabanc to Chester.

The Gold Cross Society's Shield which is competed for by the Centres annually was won in 1922-1923 by Marple Centre for the fourth year in succession.

Attendances at Centres.

	Hoylake (1 day per week).	Runcorn (2 days per week).	Sale (2 days per week).	Stalybridge (2 days per week).	Nantwich (1 day per week).	Utkinton (No Consultations).	Whaley Bridge(Fort- nightly).	Marple (Fort- nightly).	Heswall (Fort-nightly).	Congleton (1 day per week).
Consultations held	854	1014	1247	1898	844	-	341	497	521	612
Total Attendances made	2412	2502	4220	4909	1287	302	441	798	765	850
Average Attendance per Meeting	50	27	44	51	27	14	18	31	33	20
Attendances made by Ante-natal Mothers	1	-	41	-	-	-	-	-	-	-

	Dukinfield (2 days per week).	Owley Wood Fort- nightly).	Lymm (1 day per week).	Neston (1 day per week).	Northwich Rural (1 day, Consulta- tions Fort- nightly).	Bollington (Fort- nightly.	Disley (Fort- nightly).	Sandbach (Monthly).	Middlewich (1 day per week).
Consultations held	1219	173	642	635	499	285	212	156	74
Total Attendances made	3409	397	1153	1990	1399	385	237	305	121
Average Attendance per Meeting	36	22	25	42	28	18	11	18	4
Attendances made by Ante-natal Mothers	-	-	-	-	-	-	-	-	-

Section VI.-Miscellaneous.

Housing.

Building activity has been moderately well maintained as the following tabular statement shews. In the Wirral Rural District a very considerable number of houses have been built and there is a tendency to urbanisation in many parts of this area in consequence. Other districts where building has been going on at a fairly rapid rate are Cheadle and Gatley, Ellesmere Port and Whitby, Hale,

Hazel Grove and Bramhall, Hoylake and West Kirby, Neston and Parkgate, Sale, Wilmslow, Chester Rural District, Macclesfield Rural District, and Northwich Rural District.

Number of new houses built in Cheshire during 1923 either by private enterprise or as part of a Municipal Housing Scheme:—

District.

District.					
Congleton M.B.					_
Crewe M.B.					14
Dukinfield M.B.					14
Hyde M.B.					7
Macciesfield		1000			8
Stalybridge M.B.					8
Alderley Edge					10
Alsager U.D.				***	3
	***			***	
Altrincham U.D.			***		22
Ashton-on-Mersey	1 77				26
Bebington and Brom	borough U.	D.			78
Bollington U.D.			***		4
Bowdon U.D.		***	***	not	stated
Bredbury and Romil	ey U.D.				36
Buglawton U.D.					3
Cheadle and Gatley	U.D.				61
Compstall U.D.					Nil.
Ellesmere Port and	Whitby U	.D.			131
Hale U.D					52
Handforth U.D.					stated
Hazel Grove and Bra	mhall U.D				81
Hollingworth U.D.					Nil.
Hoole U.D.					
Hoylake and West K	irby II D	***			4
Knutsford U.D.	mby U.D.		***	***	59
Lymm U.D.			***		6
					6
Marple U.D.	***				24
Middlewich U.D.	TT T		***	***	1
Mottram-in-Longden	dale U.D.		***	***	2
Nantwich U.D.		***			1
Neston and Parkgate	e U.D.				38
Northwich U.D.		***		***	3
Runcorn U.D.					5
Sale U.D					39
Sandbach U.D.					7
Tarporley U.D.					Nil.
Wilmslow U.D.					45
Winsford U.D.					21
Yeardsley-cum-Whal	lev U.D.			***	
Bucklow R.D.					5
Chester R.D.			***	***	28
Congleton R.D.					49
Disley R.D.					18
Macclesfield R.D.	***			***	
			***	***	79
Malpas R.D.					1
Nantwich R.D.	***		***	***	34
Northwich R.D.					45
Runcorn R.D.	***		***		35
Tarvin R.D.				***	15
Tintwistle R.D.				***	1
Wirral R.D.					349

Milk Supply.

Very few Local Authorities have put into operation the full powers conferred by the Milk and Dairies (Amendment) Act. These powers should be brought to the notice of all Local Authorities for if fully enforced they would give the public a vastly greater security from impure milk than they have ever possessed before. Most of the farm-buildings I have inspected leave a great deal to be desired in the matter of cubic space, ventilation and, I regret to say, cleanliness. The vast majority of farmers are keen and willing to learn: they have, I think, got beyond the stage of turning down an improvement just because it was "new fangled." Their National Union has done much to educate them to higher standards and as time goes on it will do much more.

The fact that such a quantity of milk leaves Cheshire daily for a number of large towns should make all the Local Authorities in the County carry out very strictly their duties relating to the inspection of farms and dairies. Some Local Authorities are particularly active in this respect but many are distinctly lax. Very few of them have initiated any system by which tuberculosis in cattle can be detected.

The Medical Officer of Health of a large town may frequently find himself foiled when endeavouring to trace the source of an outbreak due to milk by the mere fact that the milk may be a mixture of that obtained from a score or more farms. It would be an immense help to him in protecting the public if he were able to rule out a number of farms known to be well inspected and carefully managed and so be able to concentrate on the known undesirable or suspicious ones. In the case of an outbreak reported recently in a Metropolitan Borough the suspected milk supply came from 100 different farms.

Water Supply.

The Borough of Macclesfield are commencing work to secure an additional supply, such work to include the construction of a new reservoir to impound river and spring water at Trentabank. An extension of the supply to Alsager has been completed.

In the Bollington Urban District a new pumping station has been opened with a borehole in the Millstone grit (depth 262 feet) delivering 10,000 gallons per hour into the reservoirs.

A scheme is in hand to improve the supply to the outlying parts of Bredbury and Romiley, where watermains are not available.

Buglawton Urban District has a new scheme in hand for the improvement of the supply. Havannah Village has now got a supply under pressure.

A chlorinating plant is shortly to be installed at the Knutsford Water Works. Samples are frequently taken for chemical and bacteriological analysis.

Some extensions of mains have been carried out in Marple Urban District. The only part of this district inadequately supplied is Dooley Lane.

Nantwich Urban District is endeavouring to obtain a supplementary and badly needed supply. A borehole sunk near the Mere proved unsuccessful.

In Northwich Urban District the new water scheme estimated to cost £50,000 has been commenced and is progressing well.

In Chester Rural District a supply has been carried to Mollington, where it was very badly needed.

The Tarvin Rural District Council have decided to purchase the Ashton Hayes private water undertaking to supply this parish and the adjoining parishes of Mouldsworth and Longley.

Winsford Urban District is short of water but a scheme is in hand for the purchase of Oakmere Lake to augment this and to supply other areas in the neighbourhood.

The new scheme at Fox Holme for the Yeardsleycum-Whaley Urban District is in hand.

Mobberley and Carrington, in the Bucklow Rural District, are still without an adequate supply.

In the Congleton Rural District Mow Cop and Mount Pleasant, Astbury, Cranage, Betchton and Hassall are still in need of an improved supply.

Audlem, Wrenbury and a number of other parishes in Nantwich Rural District are without a proper supply, but a comprehensive scheme to remedy this is in hand. A well-considered and comprehensive scheme for the supply of Acton, Anderton, Barnton, Crowton, Comberbach, Cogshall, Little Leigh, Weaverham and Winnington in the Northwich Rural District is in progress.

In the Runcorn Rural District some extensions of mains to Dutton and Bartington have been carried out. Antrobus, Seven Oaks, Higher and Lower Whitley, Crowley, Appleton (Eastern portion), Kingsley and part of Aston are still in need of a better supply.

Sewerage and Sewage Disposal.

In Crewe a new sewer has been constructed to convey the sewage from the Northern to the Southern outfall works and some additions have been made to the disposal works.

A scheme of sewage disposal is badly needed for the Compstall Urban District.

Handforth Urban District is also in need of an adequate system of sewerage and sewage disposal.

A similar remark applies to the Nantwich Urban District.

The outlying districts near Wheelock, Ettiley Heath and Cold Moss Heath, in the Sandbach Urban District, are without a proper system of sewers.

In the Chester Rural District Great Saughall and Mickle Trafford are in need of a sewerage system.

In the Tarvin Rural District complaints are still being received about the want of a sewerage system at Tattenhall. The disposal of the sewage from the Barrowmore Tuberculosis Colony needs careful attention as the effluent passes into a very small stream.

The three outfall works in the Malpas Rural District are not entirely satisfactory, but some improvement has been effected of late.

A new sewer 560 yards in length has been completed in Start Lane, Yeardsley-cum-Whaley.

Thurlwood and Mow Bank, in the Congleton Rural District, need attention in the matter of sewerage.

In Nantwich Rural District Broad Lane and Coppenhall ought to be properly sewered at an early date as the ditches are badly polluted here.

In the Northwich Rural District the scheme at Rudheath is near completion, and that at Moulton, which was not very satisfactory, has been greatly improved. The disposal works at Hartford need attention.

Kingsley, in the Runcorn Rural District, stands badly in need of a proper system of sewers and sewage disposal. Stretton in this district has been dealt with after some little delay.

In the Wirral Rural District a comprehensive scheme is proposed to deal with the sewage of Moreton, Irby, Newton, Saughall Massie, &c.

In other parts of the County coming under the jurisdiction of the Mersey and Irwell Joint Committee a good deal of work has been carried out by various Local Authorities.

Rivers Pollution.

There is little new to be said on this subject as the cases where serious pollution are taking place are reported from time to time to the Committee concerned.

In my opinion we are greatly hampered in dealing with industrial pollutions by the wording of the Rivers Pollution Acts, which confine us in taking action to cases where "the best practicable and reasonably available means" of preventing pollution are at hand. The precise meaning of these words has, so far as I know, never been elicited by judicial decision or by Departmental interpretation.

Present day methods of sewage disposal are based on physical, chemical and bacteriological findings and with these three sciences to assist it should not prove impossible to find, for example, a method of rendering ammonium sulphate spent-liquor (which is one of the very worst pollutions we have to deal with) non-polluting at a cost which the industry concerned could afford. A few abortive efforts have been made to deal with this particular pollution and then the problem has been abandoned as insoluble. Most manufacturers have, very naturally, now abandoned all except the crudest method of treating this trade waste and we are powerless to intervene.

As for the other sources of pollution I think a fair degree of success can be claimed. I always find manufacturers willing to accede to the suggestions I make, though District Councils, owing doubtless to the less responsible position of their individual members, are more difficult to persuade. Here it is only the knowledge that there is power behind one which enables one to carry the appropriate remedy through.

There are still many cases of pollution in which a remedy is possible to be dealt with and in these judicious pressure is being employed.

An Advisory Committee to deal with the pollution of the River Dee was formed some time ago and representations of a strong character were sent up to the Government Department concerned—particularly as to the pollution of this river by the crude sewage of Llangollen. So far as I am aware—and I am a member of that Advisory Committee—these representations might just as well have been dropped into the Dead Sea. This sadly weakens one's trust in Government support.

The following extracts from a paper entitled "Living Indicators of Intensity of Stream Pollution," by an American author (name unknown) are worthy of note and of preservation:—

"Fish themselves are not always the best indicators of the condition of a stream. Some fish are migratory, all are mobile and all have considerable ability to keep out of sight. Failure to catch fish does not prove that a condition of serious pollution exists. Absence, real or apparent, may be explained by over-fishing, invisibility, failure to take the hook, or the fish may have gone elsewhere on their own affairs and not on account of pollution. If fish placed in the polluted stream die at once, it may be presumed that the law has been violated; but ability of the fish to live, coupled with failure to find fish, requires further proof of adverse conditions. This proof may be afforded by a study of the natural stream condition and of the smaller animal and vegetable aquatic life present. These small animals and plants either cannot move or cannot move far, so that they show the average stream condition better than do the more active fish.

"Dead organic matter must be oxidized back into its original constituents before it can again serve as food for green plants. This action is finally brought about by the non-green plants-fungi, moulds, etc.-and by the bacteria. The process requires oxygen and gives up carbon dioxide, water and minerals. Decomposition of organic waste matter in a stream absorbs the oxygen in the water and until the process is completed, the water will contain less than the usual amount of oxygen. It takes time for decomposition processes to become active and only a definite quantity of oxygen can be absorbed by a given amount of waste, so the condition of serious pollution may be developed only at some distance below the point of entry of the waste and will continue only for a definite distance. A small volume of waste in a large stream will not exhaust the dissolved oxygen and there will be a fairly quick return to normal conditions. If the proportion of waste to water is high, there may be complete exhaustion of the oxygen and slow recovery. In this last case certain bacteria break up some of the material present without oxidizing it, producing foul-smelling gases and creating a This condition is called "septic" and a septic stream can support no animal or plant life that requires dissolved oxygen for respiration. It can support bacteria and air-breathing aquatic animals, such as rattail maggots. All smelly streams, however, are not septic.

"Fish requirements for dissolved oxygen vary with the species of the fish and the age of the individual. It has been said by one authority that few fish are found when the oxygen saturation is below 50 per cent. and none where it is below 30 per cent. These figures are perhaps high, for fish have been known to live where the dissolved oxygen was 1.5 parts per million, probably less than 20 per cent. saturation. Conditions favorable for the growth of fungi would tend also to favor the various fungus diseases to which fish are subject. Fish eggs deposited in organic sludge or in the zone of fungus growth would be destroyed in a short time.

"A stream polluted by organic wastes can be conveniently divided into three zones: zone of recent pollution, septic zone, and zone of recovery. Typical indicators of these three zones are, respectively: water fungi, rat-tail maggots, and bloodworms. There is no hard and fast line of demarcation between these zones and only a portion of the middle zone may be truly septic. The upper limit of the second and the lower limit of the other two corresponds approximately with 40 per cent.

saturation of oxygen, or about 3.5 parts per million at summer temperatures. If the volume of waste is great, all these zones will be found and the two last may extend over many miles. With a lesser volume of waste, the middle zone may not be found. A still smaller intensity of pollution may curtail or eliminate the last zone. Slight pollution may fail even to give the first, except perhaps over a small patch of stream Fish can live in the first zone and not infrequently are found there. They can also live in the third zone. If the second zone is present, there is good reason to believe that fish are injuriously affected. Although they might be able to penetrate for a short distance into that zone, they probably would not stay there, and certainly fish spawn could not develop in any such location. A septic stretch of stream would seem to be an effectual bar to the migration of fish up and down the stream.

"Zone of Recent Pollution. Where an organic waste enters a stream, it may at first merely cause turbidity. Ine organic material may still be fresh and it frequently is relished by fish, which, therefore, frequent the vicinity of the outfall. As decomposition processes become established, the typical water fungi appear. These form in dense masses, covering the stones of the bottom and clinging to submerged sticks and plants. In still water they may be in bulbous form, like summer clouds: where there is more current the masses are more shaggy or fleecy with jagged edges and points swaying in the current. Fragments are frequently detached by the current and carried downstream into the lower zones. While submerged, these plants have somewhat the appearance of cotton wool, though made up of gelatinous threads. The newly developed forms are frequently white, but the older parts tend towards an olive green or "putty" gray color, turning to a rusty brown in the oldest portions. These fungi feed on and disintegrate waste material and absorb oxygen. They persist until the oxygen saturation is pulled down to about 45 per cent., 4 parts per million at summer temperatures, when they die and in turn support the lower forms of fungo-bacteria. Near the lower limit of this zone, tubifex worms appear, working in the sludge, made up of wastes and decomposing fungi. Green plants are found in this zone, the larger and more highly organized forms in the upper portion, giving place to smaller and lower forms, which

finally become microscopic in size and visible only in masses. These last disappear as the lower limit is reached.

Fungus life in its lowest forms is "Septic Zone. plentiful at first, somewhat similar in appearance to that of the first zone, but having a more distinctly thread-like structure and tending to cream, pink or gray coloring, which may become very dark. Tubifex worms disappear and are replaced by the larvae of the sewage fly and the rat-tail maggot. As the oxygen continues to be absorbed the water moulds disappear, but may again recur if an intervening riffle re-oxygenates the Pools may become really septic, with no oxygen, black deposits and evolution of foul-smelling gases. Rat-tailed maggots are found all through this zone, except perhaps in the most septic parts. plants are absent, except where the microscopic forms start the work of regeneration at the lower end. Throughout this zone there is an accumulation of sludge, forming a pollution carpet, the condition of which as to oxygen is worse than that of the water. Fish may penetrate the upper and lower limits, but cannot live where conditions are the worst. At the end of this zone, where the work of decomposition and oxygen absorption is nearly completed, green plants start to appear and re-oxygenate the water.

"Zone of Recovery. Here there is usually an accumulation of sludge brought down from above, but it is usually brown rather than black. In this sludge the blood-worm, typical of this zone, flourishes. Tubifex may be found at the upper end. Green plants multiply and eventually the water becomes re-oxygenated and the clean water forms re-established. Certain fish, such as the sucker, stone roller, creek chub and shiner, are found in this zone, growing fat on bloodworms and on the bottom sludge. Game fish probably penetrate it from below in pursuit of these smaller fish and also eat blood-worms which are washed down into The lower limit of this zone is the lower reaches. marked by the increase in green plants, such as brook silks, mosses, water nets and tolerant rooted plants, which are powerful oxidizers of the water.

"Tolerant Forms. Some species of plants and animals are of little value as indicators of pollution because they are found in both clean and polluted waters. Snails, black fly larvae, water boatmen and similar

forms have a wide range and therefore are not good guides to water condition, except to the scientists who can distinguish between the different species of these animals.

"These biological indicators of the oxygen condition of a stream and of its availability for fish life, we feel, will be of material aid in determining the harm, if any, done by a given case of pollution. They are aids only. A solitary fragment of sewage fungus does not indicate wholesale destruction of fish life. An evil odour about a polluted stream may come from the factory and not from the wastes which it discharges into the stream. The finding of a few rat-tail maggots in an eddy does not indicate that the whole stream is septic and therefore a bar to fish migration. In the study of stream pollution, as in most other departments of life, an open mind and a little common sense are most valuable assets."

Refuse Removal and Disposal.

A fair degree of activity has been shewn in converting those foul and insanitary receptacles, privy-middens, to the water-carriage system. Some Authorities have displayed praiseworthy zeal in this matter and have adopted schemes for the wholesale abolition of these filthy structures. One of the best recent examples of this forward move is to be found in the Borough of Dukinfield. The task here is a big one but it is being undertaken on really progressive lines and the Corporation are to be congratulated on the bold policy they have adopted.

Some districts are hampered by an inadequate supply of water but when this difficulty is removed more progress should be made.

It is really remarkable that after the many years in which sanitation has been making progress there should still exist such a large number of these unhealthy abominations.

I quote a few instances where I think greater progress should be made in conversions to the water-carriage system:—

	Privy-mi	ddens
	at end of	1923.
Hyde M.B	151	
Macclesfield M.B	176	
Stalybridge M.B	541	
	227	
Bredbury and Romiley U.	D 280	
Cheadle and Gatley U.D.		
Hazel Grove and Bramhall		
Lymm U.D	670	
Marple U.D	216	
Mottram-in-Longdendale	U.D. 357	
C II I TTD	352	
	750	(cesspool
	3	privies)

No. of

The figures are not given in a number of Reports or even a worse state of affairs might have been revealed.

Blind Persons Act, 1920.

I have made inquiries into the administration of this Act by the five Home Teaching Societies in the County, and am satisfied that it is being carried out satisfactorily having regard to the funds available from private and public sources.

The number of blind persons on the registers of the Societies in respect of whom grant at the rate of £2 10s. od. per annum was paid during the quarter ending December 31st, 1923, was 435, distributed as under:—

Chester Area		 	202
Macclesfield Area		 	IOI
Stockport Area		 	17
Ashton-under-Lyne A	rea	 	103
Liverpool Area		 	12

These figures have increased by 30 since the date mentioned. Your Committee are also paying at the rate of £78 per annum—half the Salary of a Home Teacher in the Macclesfield district. Approximately £1,100 per annum is being spent at present by way of grant by your Council.

Home Teachers visit all cases and carry out general welfare work. Grants of clothing and bedding, convalescent treatment, provision of tools, have been made.

The earnings of blind persons vary very considerably—from 4/- to 10/- per week in the case of Home workers and from 1/6 to 3/- per week in the case of casual workers. The augmentation paid to these workers varies in different areas. For example the Ashton-under-Lyne Society grants 2/6 per week augmentation to home workers and 1/- a week to casual workers: the Macclesfield Society grant 50 per cent. of the earned wages by way of augmentation. In neither case does this augmentation bring the amount received by the blind person up to 15/- per week, which is generally regarded as the minimum they should receive.

The unemployable blind are dealt with by means of either permanent grants from the Societies or by special relief from Boards of Guardians. The grants from the Societies vary from 2/- to 15/- per week according to the needs of the grantees. The Guardians deal with each case on its merits, and at Stockport and Ashton-under-Lyne the principle adopted is to bring the income of the recipients up to 15/- per week.

Several applications have been received from Henshaw's Blind Institution, Manchester, for grants of £20 per annum for each blind person to enable them to pay an augmentation of 15/- per week to their workshops employees. The Secretary of the Institution states that the Ministry of Health gives a grant of £20 per annum, and that all the other Councils who send blind persons to their workshops give a grant equal to that received from the Ministry. He states that these two grants barely enable this augmentation to be paid when absences are taken into account and the Institution has to make up the grant out of their Charity Funds in many cases. Your Committee have made grants in several cases.

MEREDITH YOUNG, M.D., D.P.H.,

County Medical Officer of Health.

October, 1924.