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Borough of Chorley.

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Medical Officer of Health's  
Annual Report.

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1911.



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CHORLEY,

FEBRUARY, 1912.

TO THE CHORLEY TOWN COUNCIL.

GENTLEMEN,

Since my last Annual Report to your Council the Census of the Population of your Borough has been taken, and the result has proved less than I anticipated.

The population on April 1st, 1911, was 30,317, and the number of inhabited houses was 6,555, with an average number of persons per house of 4.625. At the Census of 1901 the average number of inhabitants of each house was 4.8, and, calculating upon this average, the population at the Census would have been 31,464, closely approximating the population which I estimated for 1910, viz, 31,500.

I have had to revise the Birth and Death rates, in view of the revelation of the Census, and wish to draw your attention to this fact, so that you may understand why the figures in this Report do not correspond with those given in the Reports of 1910 and the four previous years.

I commence my Report as usual with the Vital Statistics, which I regret to say are not so favourable as they have been for several years, and compare especially badly with those of 1910.

The number of Births registered in the Borough during 1911 was seven hundred and fourteen (714), three hundred and sixty-one (361) of which were those of Males, and three hundred and fifty-three (353) of Females.

Upon the estimated population on July 1st of 30,400, I calculate the Birth rate for the year at 23.45 per thousand.

This Birth rate is considerably lower than that obtaining in 1910, viz, 26.01, and than the average of the preceding decade (1901-1910), viz, 27.5 per thousand, and is markedly the lowest Birth rate that I have had to report to you.

The Birth rate of 1911 throughout England and Wales was 24.4 per thousand, that is, 0.7 per thousand lower than that obtaining throughout the country in 1910, and was the lowest on record.

The Birth rate in Chorley in 1911 was consequently one (1) per thousand less than the average Birth rate of England and Wales.

In the preceding decade (1901-1910) the average Birth rate throughout the country was 2.8 above that of 1911, whilst the average Birth rate in Chorley in the same period was 3.8 higher than that of 1911. Thirty-six (36) of the Births were registered as illegitimate, and six hundred and seventy-eight (678) as legitimate, that is to say, five per cent. of the Births were illegitimate, as compared with three per cent. in 1910.

In Table I. (Local Government Board Tables), at the end of this Report, I give the number of Births and the Birth rate for 1911 and the five preceding years.



In my Report for 1910 I was able to state that, whilst the Birth rate was the lowest then on record, the Death rate also was the lowest that I had had to report to you.

I regret that I cannot give you as favourable a report upon the Death rate for 1911 as I did in my Report for 1910.

Five hundred and one (501) Deaths were registered as occurring in Chorley during 1911, yielding the Death rate of 16.48 per thousand.

The Death rate of 1911 in England and Wales was 14.6 per thousand per annum, 1.1 per thousand above that obtaining in 1910, but a decrease of 0.8 for the decade 1901-1910.

The Death rate in Chorley (registered Deaths) was 1.8 per thousand higher than the average Death rate for England and Wales.

Whilst the Death rate throughout England and Wales in 1911 was 0.8 per thousand less than the average Death rate for the country in the decade (1901-1910), that of Chorley in 1911 was nearly the same as the average rate for the Borough during that period.

This marked increase in the Mortality occurred chiefly in the third Quarter of the year, during the very hot summer, and to a less extent in the fourth Quarter, whilst the first and second Quarters of 1911 yielded a considerably lighter Mortality than has been the average during the last ten years. This you will see from Table A, in which are given the Deaths registered in each Quarter of 1911 and the ten preceding years, and the average number of Deaths in each Quarter of a year for that decade (1901-1910).

TABLE A.

Year.	First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.	Totals.
1911	117	104	142	138	501
Average for Decade 1901-1910.	133.5	115.1	96.1	127.7	472.4
1910	125	92	89	121	427
1909	127	120	87	167	501
1908	140	112	105	111	468
1907	149	129	91	125	494
1906	115	116	110	141	482
1905	138	115	119	114	486
1904	140	114	70	131	455
1903	117	122	103	122	464
1902	141	119	81	121	462
1901	143	112	106	124	485

Compared with the Mortality in 1910, the number of Deaths in 1911 was higher in every Quarter except the first, which yielded an unusually few number of Deaths for the first Quarter of a year.

By direction of the Local Government Board, I am this year required to include amongst the Deaths of Residents not only the Deaths of Residents occurring in Public Institutions, such as Hospitals, Workhouses, etc., outside the Borough, but also the Deaths of all persons who, "having a fixed or usual residence" in Chorley, have died somewhere outside your district, and also to exclude from the Deaths of Residents any Deaths of persons whose usual or fixed place of residence is not in Chorley.

As far as I have been able to ascertain, the Deaths of twenty-one (21) persons not usually resident in Chorley have occurred during the year, whilst twenty-six (26) persons usually resident in the Borough have died in some other locality. Consequently the nett number of Deaths of Residents in 1911 was five hundred and six (506), two hundred and forty-six (246) Males and two hundred and sixty (260) Females, and the Death rate of Residents was 16.64 per thousand.

In comparing the Death rates of Residents for the previous five years detailed in Table I. (Local Government Board Tables), it must be borne in mind that up to 1911, only the Deaths of Residents occurring in Hospitals, etc., and not in private houses outside the Borough were included amongst the Deaths of Residents, and that in consequence the Death rates of Residents in the previous years would have been probably slightly higher if all Deaths of Residents, and not only those of Residents dying in Hospitals, etc., outside your Borough had been included.

In Table B I give the number of Deaths of Residents in 1911 under the Ward in which they died or had their usual residence—and also the Deaths occurring in the Workhouse in the case of Chorley Residents or of those who had no settled abode. In the same Table I give the similar statistics for the five preceding years, and also the average number of Deaths occurring in each Ward and the Workhouse (Chorley Residents or Casuals) during the previous five years.

**TABLE B.**

Year.	North Ward.	South Ward.	East Ward.	West Ward.	Workhouse, Chorley Residents.	Totals.
1911	73	125	156	124	28	506
Average for Five Years, 1906—1910.	84.2	103.2	125.0	114.2	32.0	458.6
1910	64	104	112	101	30	411
1909	90	107	140	121	29	487
1908	83	97	129	119	29	457
1907	102	119	118	110	28	477
1906	82	89	126	120	44	461



You will notice that the increased Mortality in 1911, as compared with the average of the five preceding years, is very marked in the East Ward and South Ward, and, to a less extent, in West Ward, whilst in North Ward and in the case of Chorley Residents in the Workhouse, there was a decrease in the number of Deaths in 1911, when compared with the average number of Deaths in these localities.

In comparison with 1910, the number of Deaths of Residents in each of the Wards is greater in 1911, and the greatest increase obtained in East Ward.

As you will see in Table III. (Local Government Board Tables) I am now directed to make additional Age Groups to those which have been previously required.

But in order to compare with similar statistics in the previous five years I have, in Table C, arranged the Deaths in 1911 under the formerly used Age Groups, and also given the average number of Deaths in each group during the previous five years.

**TABLE C.**

Year.	1 Under 1 year.	2 1 and under 5 years.	3 5 and under 15 years.	4 15 and under 25 years.	5 25 and under 65 years.	6 65 years and upwards.	Totals.
1911	122	78	19	16	158	113	506
Average for Five Years, 1906-1910.	115.0	55.0	15.6	16.6	157.2	99.2	458.6
1910	104	46	13	18	148	82	411
1909	114	64	13	23	166	107	487
1908	115	46	20	8	164	104	457
1907	131	64	22	19	147	94	477
1906	111	55	10	15	161	109	461

You may notice from the above Table that during 1911 there were more Deaths than the average for the preceding five years in each of the Age Groups, with the exception of Nos. 4 and 5, in which the number closely approached the average. The most marked increase was in No. 2 Group—children between one and five years of age—and the next largest increase was in No. 6—persons of sixty-five years of age and upwards.

As compared with 1910—more Deaths occurred in 1911 in all the groups except No. 4—and the greatest increase was in children between two and five years and old people over sixty-five.

TABLE D.

Causes of Death.	No. of Deaths, 1911.	Average for Five Years, 1906-1910.	No. of Deaths, 1910.	No. of Deaths, 1909.	No. of Deaths, 1908.	No. of Deaths, 1907.	No. of Deaths, 1906.
Enteric Fever ...	2	2.8	1	5	4	1	3
Measles ...	20	13.2	2	28	1	23	12
Scarlet Fever ...	17	1.0	1	2	1	...	1
Whooping Cough ...	1	7.0	5	2	16	7	5
Diphtheria and Croup ...	12	6.2	7	9	2	7	6
Influenza ...	3	2.6	1	2	4	3	3
Phthisis Pulmonalis ...	26	29.2	35	30	31	26	24
Other Tubercular Diseases ...	11	12.8	14	9	11	19	11
Cancer ...	19	17.4	19	14	18	17	19
Bronchitis ...	27	37.0	30	47	33	31	44
Pneumonia and Broncho-Pneumonia ...	49	45.2	26	69	32	52	47
Other Respiratory Diseases ...	6	4.4	5	7	2	4	4
Diarrhoea and Enteritis ...	47	21.4	23	12	26	18	28
Alcoholism and Cirrhosis of Liver ...	4	3.2	3	5	2	3	3
Puerperal Fever ...	1	1.4	4	...	...	2	1
Premature Birth ...	9	12.8	13	13	11	15	12
Diseases of Pregnancy and Parturition ...	1	1.8	...	1	4	1	3
Violent Deaths... ..	13	12.2	8	17	15	12	9
Suicides... ..	4	3.6	3	4	3	3	5
All other causes ...	234	223.4	211	211	241	233	221
Totals ... ..	506	458.6	411	487	457	477	461

In the above Table (Table D) I arrange the Deaths of Residents in 1911 under the respective causes to which they were due, and compare them with the average number of Deaths due to the same cause in the preceding five years (1906-1910), and with the number of Deaths from each cause in each of these five years. Compared with the average of the five years (1906-1910) there was a decided increase in the number of Deaths due to Measles, Scarlet Fever, Diphtheria, Diarrhoea, and Causes not specified; whilst the number of Deaths due to Phthisis Pulmonalis and to Lung Diseases were somewhat below the average. A similar result occurs if you compare the number of Deaths due to each cause in 1911 and 1910, except that the Deaths from Lung Diseases in 1911 were more instead of less than those due to these causes in 1910.

The Infantile Mortality, that is, the proportion between the number of Deaths under one year of age and the number of Births registered, was,



in 1911, one hundred and seventy-one (171) per thousand, which was far in excess of that recorded in 1910, viz, one hundred and thirty-three (133), the lowest on record. The very low Birth rate and the somewhat increased number of Deaths under one year of age account for this increased Infantile Mortality, which is exactly the same as that obtaining in the Borough in 1907.

The average Infantile Mortality for the five years preceding 1911 was one hundred and forty-five (145) per thousand Births.

The Infantile Mortality throughout England and Wales in 1911 was one hundred and thirty (130) per thousand Births, as compared with one hundred and six (106) in 1910.

The Infantile Mortality in Chorley in 1911 was thirty-eight (38) per thousand higher than in 1910, whilst throughout England and Wales the increase was only twenty-four (24) per thousand.

In Table I. (Local Government Board Tables) the Infantile Mortality for 1911 and each of the preceding five years is given, and in Table IV. the causes of Deaths of Infants under one year of age are detailed, together with the various ages in weeks and months at which they occurred.

Shortly to summarise the latter Table, eight (8) Deaths of Infants were due to Infectious diseases, viz, five (5) to Measles, two (2) to Diphtheria, and one (1) to Whooping Cough; twenty-nine (29) to Diarrhoeal Diseases, one (1) to Tubercular Disease, forty-seven (47) to Congenital Debility, Premature Birth, etc., and thirty-seven (37) to other causes, fourteen (14) of which were due to Pneumonia.

Twenty (20) Infants died under one week old, ten (10) between one and four weeks, and the remainder, ninety-two (92) between one and twelve months old.

The Infantile Mortality of Legitimate Infants in 1911 was one hundred and sixty-six, whilst that of Illegitimate Infants was two hundred and fifty per thousand.

Four (4) Deaths of Infants were uncertified, three (3) of which were under one week of age and the fourth was one month old.

The Zymotic Death rate in 1911 was unusually high, viz, 2.96 per thousand. The Zymotic Death rates for the previous five years were as follow:—

1910	...	...	...	...	1.29
1909	...	...	...	...	1.95
1908	...	...	...	...	1.73
1907	...	...	...	...	1.93
1906	...	...	...	...	1.92
Average for five years (1906-1910)—					1.76.

The Zymotic Death rate in Chorley in 1911 was more than half as much again as the average Zymotic Death rate for the preceding five years, and more than twice as much as the rate in 1910.



I may remark that the Zymotic Death rates given here for the five years preceding 1911 are not the same as those which I gave you in my Annual Reports for those years, the differences being due partly to the fact that now I have included Enteritis amongst the seven principal Zymotic Diseases, and partly to a somewhat overestimated population for those years which the census of 1911 has brought to light.

The chief causes for this heavy Zymotic Death rate are the epidemics of Measles and Scarlet Fever, and the unusual prevalence of Diarrhoea and Enteritis during the very hot weather in summer and early autumn. Two (2) Deaths occurred from Typhoid Fever, twenty (20) from Measles, seventeen (17) from Scarlet Fever, twelve (12) from Diphtheria and Croup, one (1) from Whooping Cough, and forty-seven (47) from Diarrhoea and Enteritis.

The Zymotic Death rate throughout England and Wales in 1911 was 1.88 per thousand, nearly double the Zymotic Death rate for the country which obtained in 1910.

The number of cases of Infectious Diseases notified to me during 1911 was three hundred and nineteen (319). This is a considerably larger number than has ever been notified to me during any year since your Council adopted the Notification of Infectious Diseases Act (1890).

Excluding one (1) case of Ophthalmia Neonatorum and thirteen (13) cases of Phthisis Pulmonalis notified under the Tuberculosis Regulations, 1908 and 1911, there were three hundred and five (305) cases of the scheduled Notifiable Infectious Diseases reported. In 1903 two hundred and eighty-four (284) cases were notified, and in five other years there were more than two hundred (200) notifications.

The average number of cases reported during the twenty years previous to 1891 in which the Notification of Infectious Diseases has been compulsory was one hundred and fifty-nine (159), only about half the number reported in 1911.

This great increase has been largely due to an epidemic of Scarlet Fever, and two hundred and twenty-nine (229) cases of this Disease have been notified. I shall refer to this epidemic in a later portion of my Report.

Diphtheria and Membranous Croup have also been unusually prevalent in the Borough, more than twice as many cases having been reported in 1911 than has been the average for the previous five years.

I have arranged in Table E the number of cases of each Infectious Disease notified to me in 1911 under the Ward in which they occurred, and compared the total number of each Infectious Disease in 1911 with similar totals for the preceding five years, 1906-1910. Under the heading, "Other Notifiable Diseases," are included cases of Ophthalmia Neonatorum and Pulmonary Tuberculosis—the former disease having been declared by you compulsorily notifiable in 1910—and the latter by direction of the Local Government Board under the Tuberculosis Regulations, 1908 and 1911.







**SMALLPOX.**—No case of Smallpox has been notified to me since 1903, and in case of this disease being introduced into the Borough the Joint Hospital Board have arranged with the Blackburn Corporation for the reservation of ten beds in the Finnington Hospital, Houghton.

Again I feel compelled to express regret at the neglect of Vaccination which I have reason to believe is increasing in your Borough as well as throughout the country. I believe that a terrible penalty will be incurred at some future date through this failure to use preventive measures.

**SCARLET FEVER.**—This disease has been unusually prevalent throughout the whole year. Two hundred and twenty-nine (229) cases have been reported to me during the year, the highest number of notifications since the adoption of the Notification of Infectious Diseases Act. Thirty-nine (39) cases were reported in the first Quarter of 1911, fifty-five (55) in the second, seventy-one (71) in the third, and sixty-four (64) in the last Quarter. The lowest number notified in any month was twelve (12)—January and March—and the highest thirty-two (32)—October.

Twenty-four (24) cases were reported from North Ward, seventy-three (73) from South Ward, eighty-five (85) from East Ward, and forty-seven (47) from West Ward.

One hundred and ninety-nine (199) cases were removed to the Isolation Hospital, and in thirty (30) cases isolation at home was endeavoured to be secured.

Unfortunately during the greatest prevalence of Scarlet Fever in the Borough, there was a similar prevalence of the disease in two other of the constituent districts under the Joint Hospital Board, viz, Chorley Rural District and Leyland, and in consequence all the cases that would have been otherwise sent to the Isolation Hospital could not be received there for lack of beds, and I had to select to be left at their homes such cases as I thought most likely to be isolated more completely than others. Eighty-seven (87) per cent. of the cases were treated at the Isolation Hospital, and thirteen (13) per cent. at home.

Seventeen (17) Deaths were due to Scarlet Fever, giving a percentage of 7.4 Deaths amongst the cases notified. Twelve (12) of these fatal cases died in the Isolation Hospital, and five (5) at home. The disease was in a great majority of instances of a mild type, but there were also an unusual number of very severe cases, and in some instances complicated by the presence of other diseases.

The greatest number of cases notified, previously to 1911, occurred in 1903, when two hundred and fourteen (214) cases were reported, and the least number reported in one year was eighteen (18) in 1908, whilst the average number for the twenty years since the adoption of the Infectious Diseases Notification Act was ninety-two (92). I have again to report to you that in more than one instance children suffering from Scarlet Fever



and in an infectious condition have been found going about the streets, and thus spreading the infection. In one case a boy who was "peeling" from Scarlet Fever returned to his work at a baker's, and unfortunately died subsequently from Scarlatinal Inflammation of the Kidneys.

It cannot be too strongly urged upon the parents and guardians of children, not only for the sake of others, but for that of the children themselves that, in every case of a feverish attack accompanied by sore throat and a rash, medical advice should be obtained. Many cases of permanent and ultimately fatal kidney disease result from the preliminary neglect of a mild and perhaps unrecognised attack of Scarlet Fever.

I have also found that it is quite a common practice when a child is suffering from an Infectious Disease for the neighbours and friends not only to visit the infected house, but also bring one or more children with them into the room in which the sufferer is. I fully appreciate the spirit of kindness and the intention to help that often animates these people, but must protest against the practice as one of the most potent causes of spreading infection. Many a time in my visits to infected houses on receipt of notifications, I have seen several people, young children included, collected round the patient, and it is not to be wondered that the spread of infection occurs. I do not want to stop, if I could, the kindly help of a neighbour to a mother worn out with long nursing, but I would like that all children should be kept away from an infected house, and that all empty visits of curiosity or gossip should cease.

In the great majority of houses infected with Scarlet Fever only one case occurred, and this, I think, was due to the speedy removal of the cases and to the isolation imposed in those houses where the cases were allowed to remain at home. As a general rule, I believe that the directions given to the parents of the patients remaining at home were conscientiously carried out.

All the houses were disinfected upon removal of each case to the Hospital, or upon the termination of the case at home. The clothes, bedding, etc., were disinfected at the same time. I must here again impress upon the parents the absolute necessity of permitting all the clothes that have been in an infected room to be sent to the Disinfector. Occasionally people keep back some article which they fear will be injured in the process of disinfection and, as a result, we sometimes have cases that I attribute to such failure of disinfection.

**DIPHThERIA AND MEMBRANOUS CROUP.**—I regret to say that Diphtheria has been unusually prevalent during 1911. Forty (40) cases were notified to me, viz, four (4) in the first Quarter, two (2) in the second, twelve (12) in the third, and twenty-two (22) in the fourth Quarter; eight (8) cases each in October and November, and six (6) in December.

These cases were distributed throughout the Wards as follows:—Three (3) in North Ward, nine (9) in East Ward, and fourteen (14) in South and West Wards respectively.



Owing to the great number of Scarlet Fever cases admitted into the Isolation Hospital, both from Chorley and two of the other constituent districts comprised under the Joint Hospital Board, it was found impossible to send as many cases to Hospital as would have been desirable, and only five (5) cases of Diphtheria were removed there.

Twelve (12) Deaths occurred from this disease, giving a Case Mortality of thirty (30) per cent.

By your directions I have kept at the Sanitary Inspector's Office a constant supply of Diphtheritic Antitoxin for the use of any Medical Practitioner who will apply for it.

In several cases the disease was so rapidly fatal that I did not receive any notification till after the death of the patient.

With the exception of the free supply of Antitoxin, you have made no arrangements under the Diphtheria Regulations Memorandum of the Local Government Board.

**TYPHOID FEVER.**—Eighteen (18) cases of Typhoid Fever were notified in 1911. Unlike Scarlet Fever and Diphtheria the great majority of these cases occurred in the first half of the year, eight (8) cases having been reported in each of the first and second Quarters and two (2) in the third Quarter.

From North Ward I received six (6) notifications, four (4) from South, two (2) from East, and six (6) from West Ward. Six (6) cases were removed to the Isolation Hospital, all of which recovered.

Two (2) Deaths resulted from Typhoid Fever, giving the Case Mortality of eleven (11) per cent.

Though the number of notifications of Typhoid Fever does not compare favourably with that obtaining in 1910, viz, nine (9), it is less than the number reported in 1909, viz, twenty-nine (29) and than the average number of notifications received in the twenty years since the adoption of the Infectious Diseases Notification Act, viz, 32.5.

With few exceptions, only one case of Typhoid Fever occurred in any one house, and we visited each house to find out any sanitary defect or other cause for the disease, but generally we found nothing to account for the occurrence.

Where the case was not removed to Hospital, full instructions were given to the householders for disinfecting; and after the case terminated disinfection of the house, clothing, and bedding was carried out as usual.

**MEASLES.**—This disease began to be prevalent in the late spring and early summer, and the first locality attacked was Moor-road and adjacent streets. In May there was an epidemic of Measles at Coppull, for which I had to recommend the closure of a School.



Several of the children at All Saints' School were attacked, and probably but for the near advent of the holidays I would have recommended to you to close that School.

After the holidays I received from the Teachers of several Schools reports of cases of Measles, and in October I recommended the closure of Hollinshead-street and St. James's Schools (infant departments), and early in December of the same department of the Parish School.

During the year I received reports from the Teachers of two hundred and twenty-six (226) cases of Measles, four (4) in first Quarter, twenty-two (22) in second, fifty-seven (57) in third, and one hundred and forty-three (143) in the last Quarter of the year; and in a great proportion of these cases we visited the houses of the children so reported. Where there had been no medical attendant I examined the children, and gave a few directions so as to prevent the spread of the disease, and in one instance I found a case reported as Measles to be one of Scarlet Fever, which was subsequently removed to the Isolation Hospital.

Twenty (20) Deaths resulted directly from Measles, and I believe that a considerable proportion of the thirty (30) Deaths from Pneumonia and Broncho-pneumonia were indirectly due to Measles.

There is still very great carelessness amongst the parents and guardians of children suffering from Measles, both in allowing the well and ill children to freely mix together and thus spread the infection, and also in permitting children not sufficiently recovered to go outside with the frequent result of subsequent bronchial and lung disorders and in some cases death.

I was glad, however, to find on my visits to these cases that a larger proportion than I expected were being attended by a Medical Practitioner.

DIARRHŒA AND ENTERITIS.—The large number of forty-seven (47) Deaths were certified from these diseases, of which twenty-nine (29) were in infants under one year of age, and nine (9) in infants between one and two.

Five (5) Deaths were registered from Diarrhœa in the first Quarter, three (3) in the second, thirty (30) in the third, and nine (9) in the fourth Quarter.

Of the thirty (30) Deaths in the third Quarter of the year, none occurred in July, sixteen (16) in August, and fourteen (14) in September.

In my Report for the Quarter ending September 30th I drew your attention to the excessive number of Deaths from Diarrhœal diseases. I gave the opinion that this Mortality was greatly due to the baneful action of the House Fly, and by your directions handbills were distributed throughout the town calling the attention of the householders to the injurious effect of allowing the House Fly to poison with impunity the food supplies of the inhabitants of the town, and especially that given to infants and young children. I think the full statistics of the year



corroborate this view, and that it may be considered as an established fact that the House Fly is a potent disseminator of Diarrhœal disease.

The Mosquito is now everywhere acknowledged to be the cause of Malarial and other Tropical diseases, and the destruction of the breeding places of the Mosquito has rendered several places habitable by white men which used to be death traps to them.

In addition to the destruction of the House Fly which was urged so strongly in the handbill distributed throughout the town, it is equally if not more necessary to prevent the production of flies as far as possible by removing all collections of manure, garbage, etc., as speedily as possible, and by the destruction by fire of all animal or vegetable refuse. From the commencement of summer special care should be taken in this matter, and I believe that the result would well compensate for the trouble and small expense incurred.

As a corroborative proof that hot weather is not the chief cause of the prevalence of Diarrhœal diseases, you will notice that no Deaths occurred from these diseases in July, which, you will remember, was perhaps the hottest month experienced for many years.

Of course, I do not assert that the House Fly is the only cause of Diarrhœal diseases, but that it is the most active spreader of such diseases.

I strongly recommend all householders to have all articles of food kept under coverings which, while allowing free access of air, are impervious to the passage of insect life. This is more especially necessary in the case of milk and other foods which are intended for the use of infants and young children.

**OPHTHALMIA NEONATORUM.**—This disease was included amongst the Compulsorily Notifiable Diseases in 1910. Only one (1) case was reported to me in 1911.

**PULMONARY TUBERCULOSIS.**—In Table II. (Local Government Board Tables) you will notice that cases of Consumption reported to me by the Poor Law Medical Officers (Tuberculosis Regulations, 1908) and by the Hospital Medical Officers (Tuberculosis Regulations, 1911) are included.

Five (5) persons receiving Poor Law Relief, and eight (8) persons attending some Hospital, or In-patients in some Sanatorium were certified as suffering from Phthisis.

Of these thirteen (13) cases two (2) were resident in North Ward, four (4) in South, three (3) in East, and four (4) in West Ward.

These cases were visited by me, and some plain directions were given, both verbally and on a printed card, with the view of preventing the spread of infection amongst the other inmates of the house, etc.

By the New Regulations (Tuberculosis Regulations, 1912) all cases of Phthisis are now included in the list of diseases compulsorily notifiable to the Medical Officer of Health.



This action has been taken by the Local Government Board for two reasons: firstly, to prevent the spread of infection from a consumptive patient to others, whether of the same household or fellow-workers in a factory or elsewhere, and, secondly, in order to find out and remove, as far as possible, the predisposing causes which facilitate the catching of the infection, such as unhealthy, dark, and ill-ventilated dwellings, defective nutrition, etc, etc.

Whilst fully appreciating the great reduction in the prevalence of Consumption during the last twenty or thirty years, there still remains a great deal to be done before this terrible disease is stamped out of existence.

But it is reassuring to recognise that Consumption is not the incurable disease that it was formerly and almost universally believed to be, and that when appropriate means are used at the early stages of the disease the life of a Consumptive person can not only be prolonged by the care and skill of the friends and medical attendants for a greater or less number of years, but that he can be completely and permanently cured.

But in order to secure a cure it is necessary to adopt efficient means at the earliest possible period after the disease has been detected, and the longer delay, the less probability there is of cure or amelioration. The more generally it is known that Consumption is an infectious disease, and that it is not necessarily a fatal one, the better it would be both for the patient himself and for his relatives and friends.

The Medical Officer of Health, upon receipt of a notification of Phthisis, is required to visit the house in which the Consumptive resides, or send a trained assistant, both for the purpose of giving such directions as to the spread of infection as he may think necessary, and also to find out whether there is any predisposing cause apparent, and, if so, to endeavour to remove such cause. In such a visit care will have to be taken not to cause any injury to the Consumptive person with regard to his employment or occupation, and tact and discretion will have to be employed that the susceptibilities of the patient, his friends, or others may not be wounded.

I recommend you to provide me with handbills or short pamphlets containing some easily understood directions with regard to the spread of infection, and some hints about ventilation, etc., for the use of the patients.

These can be distributed to the notified cases either by myself or by the medical attendant of the patient.

I also recommend you to procure Spit-bottles, or other suitable apparatus, for the use of the poorer Consumptives, with a view to prevent the spread of infection in the houses or workshops where Consumptives are living or working.

The infection of Pulmonary Tuberculosis is chiefly caused by the dried spittle of a Consumptive patient being inhaled by the persons living in the same room or house in which the patient resides. When the spittle



is dried the tubercle germs can be easily inhaled by healthy people, and can then, especially in the more susceptible and predisposed, induce Pulmonary Tuberculosis. It is highly necessary, therefore, that all the spittle of a Consumptive should be received into a vessel that can be regularly emptied and disinfected, and the spittle be destroyed by fire.

As many Consumptives can go out of doors, visit their friends, and mix with the general public, it is highly desirable that they should be provided with some means of preventing them from being a source of infection to others.

The common practice of expectorating in the streets, railway carriages, etc., is one that ought to be very strongly deprecated.

In cases of doubt whether Consumption is present or not, I recommend you to allow me, on application from the medical attendant in any doubtful case amongst the poorer classes, to send a specimen of the sputum for Bacteriological Analysis.

Disinfection of the rooms in which Consumptives live may also be required, and will be carried out when considered necessary.

By your orders, during 1911 I have caused the rooms in which people have died of Phthisis to be thoroughly disinfected. At the end of my Report you will notice a copy of a return that I have been required to send to the Local Government Board, which deals with Sanatorium or Hospital accommodation for Phthisis.

As you know, the Corporation have not provided any such accommodation, and at present it is out of their power to do so, as such duty is solely within the power of the Joint Hospital Board.

If, however, that Board divests itself of the sole right of providing Hospital accommodation by the procuring of a Provisional Order to that effect, as recommended by the Local Government Board, it will then be necessary for you to make some arrangements either for the Borough alone, or in conjunction with one or more Sanitary Authorities.

This matter will require careful and serious consideration, and, until a Provisional Order is applied for, you cannot take any steps.

The provision of a Tuberculosis Dispensary, though very suitable for large towns, is, I venture to think, at present unnecessary in a town of the size of Chorley.

**HOUSING AND TOWN PLANNING ACT.**—Under the provisions of this Act your Sanitary Inspector was appointed by you in 1910 Inspecting Officer to visit and report upon the condition of the houses in the Borough. During 1911 he inspected and reported upon one hundred and ninety-two (192) houses, and I accompanied him to almost every house. The results of these inspections are given in Table F, and I am glad to acknowledge the willingness of the owners of the property in general to remedy the defects in the houses visited when they had been pointed out to them.



The records of these Inspections are kept on cards on which are detailed the condition of each house as regards—

1. Water supply.
2. Closet accommodation.
3. Drainage.
4. Light, Ventilation, Cleanliness, and freedom from dampness.
5. Condition of yards and outhouses.
6. Arrangements for ashes and refuse deposits.
7. Any other defect rendering the house dangerous or injurious to health.

A notice of any defective condition found on inspection is sent forthwith to the owner, and if no action is taken in a reasonable time, the matter is brought under the consideration of your Sanitary Committee, and Statutory notices are issued by the Town Council.

At the meetings of the Sanitary Committee the cards of the recent inspections are submitted to the members, and on the completion of the repairs the cards are endorsed with this information.

I have seen no necessity as yet to recommend you to issue a closing order in the case of any house.

You have passed Plans for the erection of eighty-seven (87) dwelling-houses during the year.

**TABLE F.**

Number of Houses inspected ... ..	192
Number of Houses considered more or less unfit for habitation ... ..	153
Number of Houses recommended to Council for Closure	0
Number of Closing Orders made ... ..	0
Number of Houses in which defects were remedied without the making of Closing Orders ... ..	142
Number of Houses which were put into habitable state after the issue of Closing Order ... ..	0
Number of Houses demolished... ..	0
Number of Informal notices served ... ..	149
Number of Statutory notices served ... ..	83
Defects in drainage found ... ..	21
Houses insufficiently lighted ... ..	6
Houses insufficiently ventilated ... ..	100
Houses in dirty condition ... ..	70
Yards in dirty condition ... ..	35
Defective flagging in kitchens ... ..	52
Defective bedroom floors ... ..	24
Defective stairs ... ..	15
Defective roofs ... ..	19
Defective plaster ... ..	15
Other defects causing dampness ... ..	24
Defective closet accommodation ... ..	8

With the exception of eleven of the Houses amongst the last visited, and upon the owners of which notices have not yet been served, all the above-mentioned defects have been remedied.

**WATER SUPPLY.**—In my Report for 1910 I described fully the source and condition of the Water supply to the Borough, and, as there has been no alteration during 1911, it would be tedious to you for me to reiterate at any length.

There is still some lack of pressure in the higher portions of the town, Heapey-road, etc., and the main on Eaves-lane requires to be enlarged.

During the year the mains passing through a considerable portion of the town have been much improved by the Liverpool Corporation workmen boring these pipes and thus removing a great quantity of deposit (gravel, rust, etc.).

There have been fewer complaints about the colour, etc., of the water in 1911 than in the previous year, and during the hot and dry weather in summer the supply was maintained quite as well as could be expected.

The Liverpool Corporation have given your Inspector and myself the privilege of visiting and inspecting the gathering ground, reservoirs, and filters after notice to the Water Office. We shall avail ourselves of this privilege.

In 1911 the main in Northgate was extended to the Canal Mill, Botany, and the adjacent cottages, and at the date of writing this Report the Liverpool Corporation Workmen are engaged in laying mains to supply Redbank, Tinklers Barracks, and Hall-i'-th-Wood Farm.

There remain very few houses now which are not provided with the public water supply, nearly all of which houses are so situated that the water could not be conveyed to them.

**MILK SUPPLY.**—On the Register there are forty-six (46) Cowkeepers and Purveyors of Milk, and in addition from the surrounding villages a considerable number of Farmers bring milk and sell in the Borough.

The condition of the Cowsheds has been much improved during the last few years, and your Inspectors frequently visit the buildings of the Cowkeepers on the Register in order to see whether the Dairies and Cowsheds Regulations are being properly carried out.

Two (2) cases of overcrowding and four (4) cases of other defects in Shippens were discovered, and have been remedied, and two (2) new Shippens have been erected in 1911.

There has been no action taken by you during the year as to the Veterinary Examination of Cows which may be Tuberculous, or as to the disposal of Tuberculous Cows.



The County Police have taken several samples of Milk during the year, but have not found any sample so adulterated as to warrant prosecution of the purveyors.

SLAUGHTER-HOUSE.—I am very glad in this Report to state that the alterations of the Slaughter-house have been practically completed, and that we have now an Abattoir quite sanitary and up to date.

The provision of the large cooling house, into which the carcasses are immediately conveyed after being dressed, prevents any possibility of contamination of these carcasses from the blood, dung, etc., of other animals in the process of slaughtering, and also the meat can be kept in a cool place until it is required by the butchers.

It is now no longer necessary to keep doubtful or diseased carcasses amongst others, as you have provided accommodation for any suspected meat in a separate chamber.

To make these alterations of the Slaughter-house complete there remain still the necessity of increased lairage accommodation, and the alteration of the present gut dressing house or the erection of a new one. You have been lately considering these requirements, and have directed the Sanitary Inspector to prepare plans.

Two tanks have recently been ordered by you for the purpose of removing from the Slaughter-house every day all the manure, offal, etc. This refuse will be put directly into one of these covered tanks instead of being placed on the midden, and will be removed by the contracting farmer each day, and the empty tanks will be thoroughly washed out and cleansed on their return at the Town's Yard. This is a great improvement upon the old system.

All the carcasses in the Slaughter-house are examined by your Inspectors, and in case of any doubt I am sent for and inspect the carcasses.

During 1911 the number of carcasses inspected was as follows:—Cattle 1,602, Calves 272, Sheep 7,817, Pigs 1,217.

I found it necessary to condemn as unfit for human consumption the following:—Three (3) Cattle, five (5) Sheep, and one (1) Calf, Stirk, and Pig each.

The weight of the meat so condemned was two thousand one hundred and thirty-three (2,133) pounds, and in addition the offal or portions of the offal of ninety (90) Cattle, three (3) Pigs, and seventy-five (75) Sheep were destroyed in those cases where some disease was present, but not sufficient in our opinion to render the meat unfit for food.

FOOD AND DRUGS.—Fifty-eight (58) samples of food have been taken by the County Police during 1911, and these samples have been submitted to the County Analyst. I give the particulars as follows:—Butter 15, Milk 11, Lard 8, Sugar 6, Tea 4, Coffee 4, Flour 2, Pepper 2, Yeast 2, Whisky 2, Cheese 1, Ginger 1.



No prosecution was undertaken by the County Authorities in respect of any of these samples.

SEWERAGE.—The sewers are generally well constructed and sufficient for the drainage of the town, and during 1911 you have laid 9 in. sewers in Trinity-road, Regent-road, Alker-street, Vine-street, Hope-street, Garfield Terrace, Queen's-road, St. James's-street, Canterbury-street, and several streets off Eaves-lane, etc.

The water-closet and yard drains are systematically examined and cleaned out by your men, and in 1911 23,494 water-closets and drains and 43,132 yard drains have been attended to.

In those cases where there is a complete blockage of the drain which cannot be forced by your men, notice is served on the owners to relieve the blockage, and this work is generally entrusted to your Surveyor at the cost of the owner.

Your Surveyor's men have attended to three hundred and ninety-six (396) private drains during 1911.

The Sewage Disposal Works at Common Bank have been much improved during 1911. Ten filter beds have been constructed in 1911, with a superficial area of 1,660 square yards, in addition to the fifteen filters with an area of 2,100 square yards hitherto in use, and this added means of filtration will, I believe, render the filtering space ample for a long period. Also a storehouse has been built to contain Bauxite used in the precipitation of the crude sewage, and other improvements have been made.

The Redbank district still remains without any system of sewage disposal. You have devoted much time to the consideration of this question, and sent plans and estimates to the Local Government Board, but the sanction of that Board has been withheld up to the present time.

I consider this to be a very urgent question, and, I trust, that in the ensuing year it will not be lost sight of, as this increasingly populated district is entirely without efficient means of sewage disposal.

At different times the whole of the main sewers of the town have been flushed during the year.

SCAVENGING.—The house and trade refuse is removed by the men under the charge of your Sanitary Inspector, and is satisfactorily carried out. The refuse is taken to the Destructor and there consumed, and I give below the amounts of refuse dealt with during 1911.

	Tons.	Cwts.	Qrs.
House refuse ... ..	6693	3	1
Trade refuse... ..	112	2	3
Fish ... ..	105	6	2
	<hr/>	<hr/>	<hr/>
Totals	6910	12	2



The Fish Guano Plant is doing satisfactory work and yielding a substantial profit.

I think that the Scavenging of the streets might be improved by the erection of bins for the reception of horse manure and sweepings in appropriate places in the main thoroughfares, and by the employment of two or three youths with hand brushes and light carts to sweep up and convey this refuse to the bins, which might be emptied every day into a cart and taken to a farm.

**PUBLIC CONVENIENCES.**—The urinals and water-closets in Park-road and Market Place, which have received your sanction, have not yet been constructed, though the foundations of those in Park-road have been laid. I recommend that this work should be carried out at the earliest opportunity.

**LODGING-HOUSES.**—Two (2) Model Lodging-houses and two (2) private ones are on the Register. These are periodically visited, and we have no complaint to make in reference to their condition.

**OFFENSIVE TRADES.**—The following is the list of premises occupied by persons engaged in offensive trades:—

Tallow melters	...	...	...	...	2
Tanners	...	...	...	...	2
Gut dressers	...	...	...	...	1
Tripe, etc., boilers...	...	...	...	...	7

Your Inspectors visit these premises from time to time, and every endeavour is used to carry on these occupations with as little smell and nuisance as possible.

I have the same remarks to make as I gave in my last Report about the Dacca Twist Company's Oilcloth Works. Though the Company have provided means for preventing the oily vapour from being discharged into the air, on many occasions there has been a very disagreeable smell, both near and at a considerable distance from these works. This could be obviated, I believe, by the workmen if they regularly used the means provided. There is no doubt that the improvement since the erection of the shafts and the use of the steam jets has been great, and I see no reason why this should not be continuous.

**FACTORIES AND WORKSHOPS.**—I give in the Home Office Table appended to this Report a list of the number of Workshops, etc., registered in the Borough, and of the various defects found upon the visits of your Officers, all of which have been remedied except one, which was discovered only at the end of the year, and which I will report to you unless it is altered within a reasonable time.

Your Inspectors visit the Workshops at intervals and generally find no cause for complaint.

**SCHOOLS.**—As I remarked in my last Report, the Elementary Schools in the town are, with one or two exceptions, in a satisfactory condition.

As School Medical Officer I have frequent opportunities of visiting and inspecting the Schools, and I recommend that they should be more frequently thoroughly washed and cleaned. In some Schools this is carried out oftener than others.

The Head Teachers at your request send me reports of the cases of Infectious Diseases amongst children attending their Schools. This is of great assistance to me.

I give below the number of each Infectious Disease reported from each School.

SCHOOLS.	Scarlet Fever.	Measles.	Diphtheria.	Chicken- pox.	Mumps.	Ring- worm.	Other Diseases.	Totals.
Parish ... ..	9	39	...	...	3	1	...	52
St. George's ... ..	18	44	1	7	2	5	4	81
St. Peter's .. ...	...	2	...	2	...	...	...	4
St. James's ... ..	13	46	...	2	6	3	2	72
All Saints ... ..	...	24	...	13	..	...	...	37
St. Mark's ... ..	...	...	...	...	...	...	1	1
St. Mary's ... ..	6	1	...	...	2	1	2	12
Sacred Heart ... ..	24	16	2	1	1	2	2	48
Weldbank ... ..	2	20	4	1	...	1	...	28
Hollinshead Street... ..	1	22	...	2	2	...	...	27
Wesleyan ... ..	8	12	...	4	...	1	...	25
Totals ... ..	81	226	7	32	16	14	11	387

DISINFECTION.—All houses infected with Scarlet Fever, Diphtheria, Typhoid Fever, etc., have been fumigated and sprayed with Formaldehyde, and the bedding, clothing, etc., from the infected rooms taken to the Steam Disinfector at the Town's Yard. The number of houses disinfected in 1911 was two hundred and sixty-two (262), and six thousand and forty-six (6046) articles of clothing, bedding, etc., were thoroughly disinfected by your apparatus.

NOTIFICATION OF BIRTHS ACT.—In common with many of the surrounding authorities you have not adopted this Act.

I have recommended the Education Authority to secure the services of a School Nurse, and if she were appointed it would be possible to combine with her duties as School Nurse the further duty of visiting mothers with new-born children.

Unless you see your way to the appointment of a School Nurse and Health Visitor, I cannot recommend you to adopt this Act.



The ordinary work of the year has been carried on with efficiency and zeal by your Sanitary Inspector and his Assistant and Clerk.

I give in Table G the usual list of sanitary defects remedied and nuisances abated; most of these have been attended to after notice from your Inspectors simply, and the remainder after Statutory notice given by you.

**TABLE G.**

Stoppages of water-closets removed ... ..	789
Stoppages of yard drains removed ... ..	559
Defective house drains repaired ... ..	7
Defective water-closets repaired ... ..	69
Defective downspouts and slopstones repaired ... ..	22
Defective yards and passages remedied ... ..	18
Dilapidated houses improved ... ..	24
Poultry, etc., kept so as to be a nuisance removed ...	4
Insufficient ventilation in dwelling-houses improved...	20
Insufficient closet accommodation remedied ... ..	5
Defective or overcrowded shippens remedied... ..	6
Defective manure receptacles remedied ... ..	4
Other nuisances abated... ..	34
Total	1561

I have the honour to be,

Gentlemen,

Your obedient Servant,

JAMES A. HARRIS.

**TABLE I.**  
Vital Statistics of whole District during 1911 and previous years.

Year.	Population estimated to Middle of each Year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NETT DEATHS BELONGING TO THE DISTRICT.			
		Number.	Rate.	Number.	Rate.	of Non-residents Registered in the District.	of Residents Registered in the District.	Under 1 Year of Age	At all Ages.		
1	2	3	4	5	6	7	8	Number.	Rate per 1000 Births Registered	Number.	Rate.
1906	28650	791	27.61	482	16.82	23	2	111	140	461	16.09
1907	29000	765	26.38	494	17.03	19	2	131	171	477	16.45
1908	29300	829	28.30	468	15.97	17	6	115	139	457	15.60
1909	29700	796	26.80	501	16.87	21	7	114	143	487	16.40
1910	30030	781	26.01	427	14.22	23	7	104	133	411	13.69
1911	30400	714	23.45	501	16.48	21	26	122	171	506	16.64

Area of District in acres (exclusive of area covered by water), 3,613; Total population at all ages, 30,317; Number of inhabited houses, 6,555; Average number of persons per house, 4.625, at Census of 1911.



**TABLE II.**  
Cases of Infectious Disease notified during the Year 1911.

Notifiable Disease.	No. of Case Notified.								Total cases notified in each locality (e.g. Parish or Ward) of the District.				Total Cases Re-moved to Hospital.
	At all Ages.	Under 1 year.	1 to 5 years.	5 to 15 years.	15 to 25 years.	25 to 45 years.	45 to 65 years.	65 years and upwards.	North Ward.	South Ward.	East Ward.	West Ward.	
Diphtheria (including Membranous Croup)...	40	2	19	16	3	...	...	...	3	14	9	14	5
Erysipelas ...	17	...	1	...	2	3	9	2	2	4	9	2	...
Scarlet Fever ...	229	...	65	152	9	3	...	...	24	73	85	47	199
Enteric Fever ...	18	...	3	7	4	2	2	...	6	4	2	6	6
Puerperal Fever ...	1	...	...	...	...	1	...	...	1	...	...	...	...
Under Tuberculosis Regulations, 1908	5	...	...	...	...	2	2	1	...	2	1	2	...
Under Tuberculosis Regulations, 1911	8	...	...	...	1	7	...	...	2	2	2	2	...
Others ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum ...	1	1	...	...	...	...	...	...	...	...	...	1	...
Totals ...	319	3	88	175	19	18	13	3	38	99	108	74	210

Isolation Hospital: Chorley Joint Hospital, Heath Charnock.  
Total available beds, 36. Number of Diseases that can be concurrently treated, 4.

**TABLE III.**  
Causes of, and Ages at, Death during the Year 1911.

CAUSES OF DEATH.	DEATHS AT THE SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT.										Total Deaths whether of "Residents" or "Non-Residents" in Public Institutions in the District			
	All Ages.	Under One Year.	1 and 2		2 and 5		5 and 15		15 and 25			25 and 45	45 and 65	65 and upwards
			Under 1	Under 2	Under 2	Under 5	Under 5	Under 15	Under 15	Under 25				
All causes { Certified ... Uncertified ...	495 11	118 4	42 ...	36 ...	19 ...	16 ...	54 2	98 4	112 1	...	...	...	...	
Enteric Fever ...	2	...	...	...	...	...	2	...	...	...	...	...	...	
Measles ...	20	5	10	5	...	...	...	...	...	...	...	...	...	
Scarlet Fever ...	17	1	1	9	7	...	...	...	...	...	...	...	...	
Whooping-cough ...	1	1	...	...	...	...	...	...	...	...	...	...	...	
Diphtheria and Croup ...	12	2	2	6	2	...	...	...	...	...	...	...	1	
Influenza ...	3	...	...	...	...	...	1	1	1	...	...	...	...	
Phthisis (Pulmonary Tuberculosis) ...	26	...	...	...	1	6	13	6	...	...	...	...	1	
Tuberculous Meningitis ...	2	...	1	...	1	...	...	...	...	...	...	...	...	
Other Tuberculous Diseases ...	9	1	2	1	...	...	3	2	...	...	...	...	3	
Cancer, Malignant Disease ...	19	...	...	...	...	...	2	11	6	...	...	...	1	
Bronchitis ...	27	2	2	...	...	...	2	7	14	...	...	...	4	
Broncho-Pneumonia ...	12	5	1	1	...	1	1	1	2	...	...	...	...	
Pneumonia (all other forms) ...	37	9	7	7	...	1	3	9	1	...	...	...	2	
Other Diseases of Respiratory Organs ...	6	3	...	1	...	...	...	2	...	...	...	...	...	
Diarrhoea and Enteritis ...	47	29	9	...	2	...	1	3	3	...	...	...	1	
Cirrhosis of Liver ...	4	...	...	...	...	...	1	3	...	...	...	...	...	
Nephritis and Bright's Disease ...	8	...	...	...	...	...	4	2	2	...	...	...	1	
Puerperal Fever ...	1	...	...	...	...	...	1	...	...	...	...	...	...	
Other Accidents and Diseases of Pregnancy and Parturition ...	1	...	...	...	...	...	1	...	...	...	...	...	...	
Congenital Debility and Malformation, including Premature Birth ...	47	47	...	...	...	...	...	...	...	...	...	...	...	
Violent Deaths, excluding Suicide ...	13	2	1	...	2	1	2	5	...	...	...	...	5	
Suicides ...	4	...	...	...	...	...	...	1	...	...	...	...	...	
Other Defined Diseases ...	129	9	6	6	4	4	14	45	41	...	...	...	10	
Diseases ill-defined or unknown ...	59	7	...	...	...	1	4	4	43	...	...	...	3	
	506	122	42	36	19	16	56	102	113	44	65	21		



TABLE IV.  
**INFANT MORTALITY DURING THE YEAR 1911.**  
 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 one year
All Causes—										
Certified ... ..	17	1	5	4	27	21	24	23	23	118
Uncertified ... ..	3	...	...	...	3	1	...	...	...	4
{ Measles ... ..	...	...	...	...	...	...	...	2	3	5
{ Diphtheria and Croup ... ..	...	...	...	...	...	...	1	...	1	2
{ Whooping-cough ... ..	...	...	...	...	...	...	...	1	...	1
{ Diarrhoea ... ..	...	...	...	...	...	1	5	5	3	14
{ Enteritis ... ..	...	...	...	1	1	2	3	4	5	15
Abdominal Tuberculosis ... ..	...	...	...	...	...	...	...	1	...	1
{ Congenital Malformations ... ..	2	...	...	...	2	...	...	...	...	2
{ Premature Birth .. ..	7	1	...	...	8	1	...	...	...	9
{ Atrophy, Debility, and Marasmus ... ..	8	...	3	2	13	11	7	4	1	36
Syphilis ... ..	...	...	...	...	...	1	...	...	...	1
Meningitis ( <i>not Tuberculous</i> ) ... ..	...	...	...	...	...	...	2	...	1	3
Convulsions ... ..	...	...	...	...	...	3	1	...	...	4
Laryngitis ... ..	...	...	...	...	...	...	...	2	...	2
Bronchitis ... ..	...	...	...	...	...	...	2	...	...	2
Pneumonia (all forms) ... ..	...	...	...	...	...	2	3	2	7	14
Suffocation, overlying ... ..	...	...	2	...	2	...	...	...	...	2
Other causes ... ..	3	...	...	1	4	1	...	2	2	9
	20	1	5	4	30	22	24	23	23	122

Nett Births in the year : Legitimate, 678 ; Illegitimate, 36.    Nett Deaths in the year of : Legitimate Infants, 113 ; Illegitimate Infants, 9.

### Inspection of Factories, Workshops, and Workplaces.

Including Inspections made by Sanitary Inspector or Inspector of Nuisances.

	Inspections.	Written Notices.
Factories (including Factory Laundries).....	No record.	2
Workshops (including Workshop Laundries) .....	„	2
		—
		4

### Defects found in Factories, Workshops, and Workplaces.

Nuisances under the Public Health Acts :—	Found.	Remedied.
Want of Cleanliness.....	1	1
Want of Ventilation.....	1	1
Other Offences .....	2	1
	—	—
Total.....	4	3

### Home Work.

Nature of Work.	Lists received from Employers.			
	Sending twice in the year.		Sending once in the year.	
	Lists.	Workmen.	Lists.	Workmen.
Wearing Apparel.....	2	2	1	2

### Registered Workshops.

Workshops on the Register (s. 131) at the end of the year :—	No.
Workshops .....	160
Bakehouses.....	52
Laundries .....	4
Rag Sorters .....	3
	—
Total.....	219

### Other Matters.

Matters notified to H.M. Inspector of Factories :—

Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (s. 5)—	
Notified by H.M. Inspector.....	2
Reports (of action taken) sent to H.M. Inspector.....	2
Other.....	1

Underground Bakehouses (s. 101) :—

In use at end of the year.....	3
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**PHTHISIS.****Sanatorium and Hospital Accommodation.**

There is no Sanatorium or Hospital Accommodation for the treatment of Phthisis. The Guardians of the Poor have occasionally sent Phthisical Patients (Paupers) to a Sanatorium at Sandgate, at a charge of £1 1s. 0d. per week—last year three cases—and one was sent to Horsforth, at £1 10s. 0d. per week. All early or intermediate cases.

Have the Council or any private body provided a Dispensary. If so, give particulars? No.





