

[Report 1907] / Medical Officer of Health, Eccles Borough.

Contributors

Eccles (Greater Manchester, England). Borough Council.

Publication/Creation

1907

Persistent URL

<https://wellcomecollection.org/works/tefgcgzd>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>



BOROUGH OF ECCLES.

ANNUAL REPORT

OF THE

Medical Officer of Health

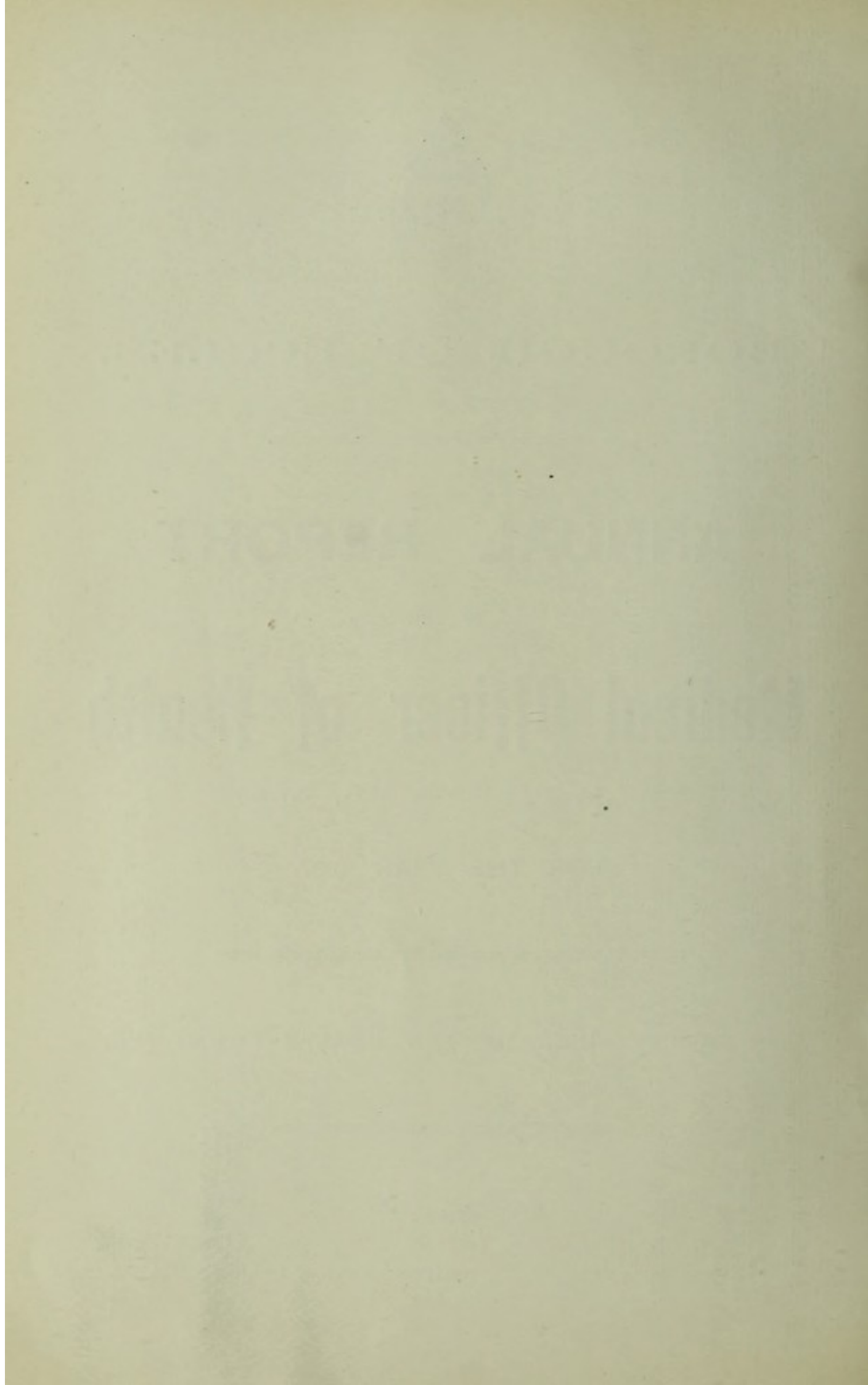
(W. M. HAMILTON, M.D., D.P.H.)

FOR THE YEAR 1907.

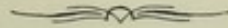
ISSUED BY ORDER OF THE HEALTH COMMITTEE.

Eccles :

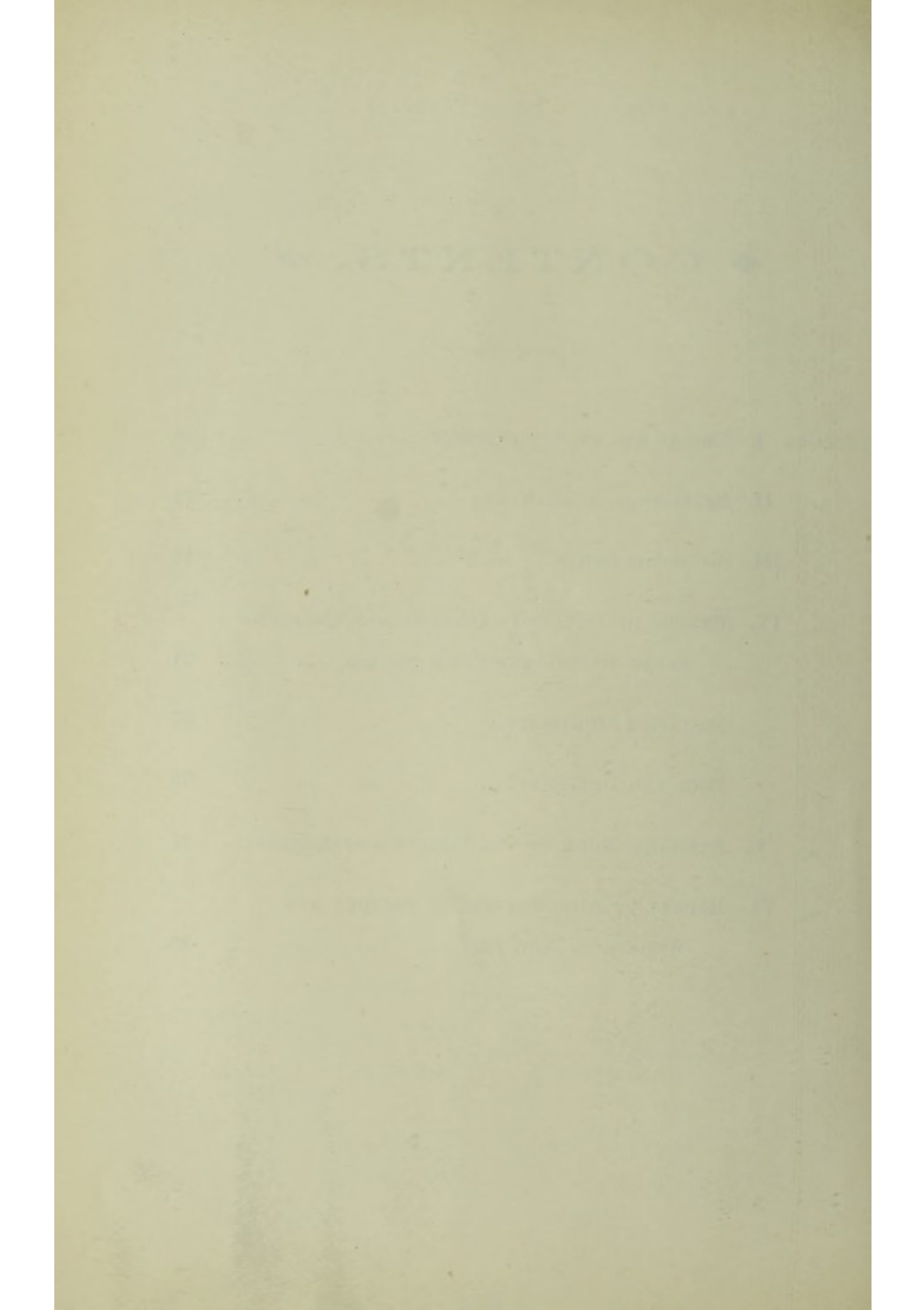
THOMAS BALL, PRINTER, "ADVERTISER" OFFICE, MARKET PLACE.



❖ CONTENTS. ❖



Section	I.—TRADE, &C., OF THE DISTRICT	...	...	...	10
„	II.—STATISTICAL SUMMARY ...	...	...	...	12
„	III.—VITAL STATISTICS	...	...	...	14
„	IV.—RECORD OF INFECTIOUS DISEASES AND MEASURES TAKEN TO PREVENT THEIR SPREAD	...	...	24	
	INFANTILE MORTALITY ...	...	...	...	57
	FOOD AND DRUGS ACT ...	...	...	...	75
„	V.—SANITARY WORK OF THE HEALTH DEPARTMENT...				77
„	VI.—REPORT ON ADMISTRATION OF FACTORY AND WORKSHOPS ACT, 1901	...	...	...	85



Annual Report of the Medical Officer of Health.

1907.

To the Chairman and Members of the Health Committee.

GENTLEMEN,

I have pleasure in submitting my Annual Report to record a further improvement in Sanitary Work. The organisation of the Department has worked well, and all the duties have been thoroughly and conscientiously carried out. The death rate, 15·0, is higher than last year, but the Infantile Mortality is lower, being 119 as compared with 139 for last year.

The birth rate is still low.

The work of privy Conversion is going on well, and with most satisfactory results to the health of the community. No privy-pit has been built since 1895. In 1901 powers were obtained to compel the conversion of privies into water closets. The Committee contributes 25s. per closet towards the conversion. Already £1,487 15s. 0d. has been paid for this work, and the expenditure has been amply justified in the reduction of Epidemic Diseases and especially cases of Diarrhœa and Enteric Fever. There still remains nearly 3,000 houses with privies, but it is hoped that in the near future these will be converted. The contribution of 25s. towards the conversion of the privies into water closets is an excellent investment for the Committee in addition to the saving of life and health. Each case of Infectious Disease costs, when isolated, thirty-shillings per week; as the conversions increase the incidence of infectious disease and the mortality decrease. This is well illustrated in the Irwell Ward. Here most conversions have been made, and all the insanitary property closed or demolished. In this ward the death rate has fallen from an abnormally high rate to a normal one.

The Cowsheds and Dairies have been thoroughly inspected during the year. It is probable that further legislation on this most important question will shortly be placed on the Statute Book. I dealt very fully with the subject last year, and pointed out that if a reduction of the Infantile Mortality is to be obtained a pure and clean milk supply is the *sine qua non*. At present your Committee allows 600 cubic feet per cow in old shippens ; 800 cubic feet per cow is insisted on in all new shippens. No provision is made for the grooming of the cattle ; the washing of the udder ; the cleansing of the hands of the milker ; or the sterilization of the milk cans. A large quantity of the milk consumed in this Borough comes by train. The Committee should have power to inspect the sources from which this milk comes, and to compel the milk to be brought in vans fitted with a refrigerating apparatus.

Infantile Mortality is dealt with in a special section.

The Administration of the Factories and Workshops Act has been thoroughly carried out. The supervision of the Common Lodging Houses and Houses let in Lodgings has been attended to.

School Medical Inspection has occupied a large amount of time ; this subject is dealt with in a special section.

The improvement in the Irwell Ward is most gratifying. Since the Committee decided to deal with the Insanitary Area the death rate has gone down from 27·0 per 1000 to 18·1, and the sickness rate has also decreased as shown by the notification of infectious disease. The new houses, 46 in number built in Lewis Street area to replace those pulled down are models of sanitary equipment, and are all tenanted.

Again I have to tender my thanks to the Chairman, Mr. Alderman Parr, and to the members of the Committee for their hearty support during the past year. I also have to express my appreciation of the excellent work done by Mr. Laskey, Chief Sanitary Inspector and Mr. Laws, Assistant Inspector.

I am,

Your obedient Servant,

W. M. HAMILTON.

HEALTH COMMITTEE.

Municipal year ended 1907.

Chairman—Alderman N. PARR, J.P.

Vice-Chairman—Alderman S. MELLOR, J.P., C.C.

THE MAYOR (Alderman J. SCHOFIELD, J.P.)

Alderman W. J. NUTTALL, J.P.

Councillor R. EVANS

„ T. H. GARDNER

„ C. N. HIGGIN

„ W. PEARSON

„ DR. G. SIDLEY

Municipal year ended 1908.

Chairman—Alderman N. PARR, J.P.

Vice-Chairman—Alderman S. MELLOR, J.P., C.C.

THE MAYOR (Alderman W. J. NUTTALL, J.P.)

Alderman W. PEARSON

Councillor R. EVANS

„ W. SCOTT FORBES

„ T. H. GARDNER

„ DR. J. ORR

„ „ G. SIDLEY

Meetings of the Health Committee held monthly on the Second Monday
following the Council Meeting, in the Town Hall.

THE UNIVERSITY OF CHICAGO
LIBRARY

LIBRARY COLLECTION

THE UNIVERSITY OF CHICAGO
LIBRARY

THE UNIVERSITY OF CHICAGO
LIBRARY

THE UNIVERSITY OF CHICAGO
LIBRARY

THE UNIVERSITY OF CHICAGO
LIBRARY

THE UNIVERSITY OF CHICAGO
LIBRARY

THE UNIVERSITY OF CHICAGO
LIBRARY

THE UNIVERSITY OF CHICAGO
LIBRARY

THE UNIVERSITY OF CHICAGO
LIBRARY

SECTION I.

TRADE, Etc., of the DISTRICT.

SECTION I.

TRADE, Etc., of the DISTRICT.

SECTION I.

TRADE, Etc. of the DISTRICT.

The Borough of Eccles is situate four miles West of Manchester. It extends from the Gilda Brook, the boundary of the Royal Borough of Salford, Westward for about two and three quarter miles. It is bounded on the West by Chat Moss, and on the South by the Manchester Ship Canal.

The area of the Borough is 2,008 acres, and the population, according to the last Census, 34,369—now estimated at 39,000.

The substratum rock is mainly red sandstone, considerable patches of the boulder clay remain in places. In the Peel Green or West end of the Borough—in Barton Road by the Bridgewater Canal and by the side of the Ship Canal are found beds of drift sand. At Monton Green and Slack Lane coal is found six feet from the surface, being overlaid by the boulder clay.

Ship Canal.—A few complaints as to the state of the Ship Canal were received during the year.

Open Spaces.—The Recreation Grounds have been used to a great and increasing extent by the public. The provision of music weekly in each ground has been a great inducement to keep the people in the open air. A new Recreation Ground for Winton was opened during the year, and will be beneficial to the West end of the Borough.

Baths.—31,075 persons used the Baths during the year. Of these 8,345 availed themselves of the arrangements made by the Baths Committee for free bathing.

Trade and Manufactures.—The cotton and iron trades provide the principal industries of the Borough, but there are also silk mills, metallurgical works, and other industries. One new engineering works has been established. Three new cotton mills have been erected.

Water Supply.—This is from the Manchester Corporation, and is excellent.

SECTION II.

STATISTICAL SUMMARY, 1907.

STATISTICAL SUMMARY. 1907.

SECTION II.

POPULATION estimated to the middle of the year	...	39,000
BIRTHS—Males, 522 ; Females, 497	... ..	1019
ANNUAL RATE of BIRTHS per 1000 of population	...	26'1
DEATHS Registered in the Borough — Males, 311 ; Females, 342	... ..	653
ANNUAL DEATH RATE per 1000 of the population, after deducting the Deaths belonging to out-districts, and adding Deaths of residents occurring outside district	... ..	15'0
ZYMOTIC DEATH RATE	... ..	1'5
INFANTILE MORTALITY (per 1000 Births)	... ..	119
EXCESS of REGISTERED BIRTHS over DEATHS...		366
DENSITY.—The Mean Density of the Borough per acre is equal to Persons per acre :—In BARTON WARD, 19'1 ; ECCLES WARD, 58'0 ; IRWELL WARD, 29'3 ; MONTON AND PARK WARD 11'6 ; PATRICROFT WARD, 39'7 ; WINTON WARD, 11'9.		19'4
AREA :—The total Area of the Borough of Eccles...	...	2008
RATEABLE VALUE	... ..	£160,179
NETT VALUE of a PENNY RATE	... ..	£607

England and Wales 1907.

BIRTH RATE	... ..	26'3
DEATH RATE	... ..	15'0
ZYMOTIC DEATH RATE	... ..	1'26
INFANTILE MORTALITY (per 1000 Births)	... ..	118

SECTION III.

VITAL STATISTICS.

SECTION III.

VITAL STATISTICS.

ESTIMATED POPULATION.—The census returns taken in April 1901 show that the population at that date was 34,369. The population has to be estimated to the end of June (middle of year); and I now estimate the population at 39,000.

Table shewing Acreage, Number of Houses, and Population of the various Wards at Census, and estimated at the end of June, 1907.

Ward.	Acreage	Census 1901.						Estimated June 1907.			Population.
		Dwelling-houses.			Population,			Dwelling-houses.			
		Inhabited	Uninhabited	Total.	Males.	Fe. males.	Total.	Inhabited	Uninhabited & lockup shops.	Total	
BARTON.....	378	1162	45	1207	2662	2754	5416	1686	68	1754	7227
ECCLES	106	1075	32	1107	2311	2609	4920	1413	121	1534	6146
IRWELL	167	1128	54	1182	2475	2664	5139	1126	72	1198	4902
MONTGOMERY and PARK	528	1132	68	1200	2214	3226	5440	1414	104	1518	6149
PATRICROFT ...	170	1329	41	1370	3320	3448	6768	1553	42	1595	6751
WINTON	659	1450	43	1493	3212	3474	6686	1801	49	1850	7825
TOTALS FOR THE BOROUGH	2008	7276	283	7559	16194	18175	34369	8993	456	9449	39000

BIRTHS.—The number of births registered in the Borough during the year was 1019 as against 1010 for 1906. Of these 522 were males, and 497 females; this gives a Birth rate of **26·1** per 1000 of the population, as against 26·2 for 1906; 25·3 for 1905; and 27·7 for 1904. There were 34 illegitimate births, being 3·3 per cent. of the total number of births.

DEATHS.—Of the 653 deaths registered as having occurred within the Borough, 311 were males, and 342 females; of these 91 were of persons belonging to outside districts. (*See table.*) Twelve deaths

longing to this Borough occurred at the Ladywell Sanatorium, and in Institutions in Manchester, Salford, and other places outside the borough. After correcting for the above, the death rate for the year was **15·0** per 1000 of the population, as against 13·8 for 1906.

Table of Births and Deaths belonging to various Wards.

Ward.	Total Deaths	Death rate per 1000	Births.	Birth rate per 1000
BARTON	107	14·8	225	31·1
ECCLES	95	15·4	131	21·3
IRWELL	90	18·1	143	29·1
MONTON & PARK ...	65	10·5	92	14·9
PATRICROFT	109	19·2	191	28·2
WINTON	119	15·2	237	30·4
TOTALS for the BOROUGH	585	15·0	1019	26·1

I append the following table shewing the mortality rates for England and Wales, and in the 218 towns, as compared with those of this Borough.

1907.	Annual rate per 1000 living			Deaths under one to 1000 Births.
	Births	Deaths.	Principal Epidemic Diseases.	
England and Wales	26·3	15·0	1·26	118
6 Great Towns.....	27·0	15·4	1·54	127
42 Smaller Towns	25·7	14·5	1·29	122
England and Wales, less the 218 Towns	25·6	14·7	0·91	106
Eccles	26·1	15·0	1·5	119

As before stated, 91 deaths of persons from outside districts occurred within the Borough. The following table indicates the localities to which they belong, and to which they have been allocated. The Medical Officers of Health of those districts have been supplied with the particulars of those deaths.

Place of Residence.				Place of Death.			No. of deaths
Stretford	...	...	...	Union Workhouse	...	...	29
Swinton	...	...	...	do	...	...	24
Worsley	...	...	...	do	...	...	9
Urmston	...	...	...	do	...	...	7
Irlam and Cadishead	...	...	...	do	...	...	5
Manchester	...	...	...	do	...	...	5
Barton Rural S.A.	...	...	...	do	...	...	6
Manchester	...	...	...	St. Joseph's Home	...	...	2
Oldham	...	...	...	do	...	...	2
Radcliffe	...	...	...	do	...	...	1
Barton Rural S.A.	...	...	...	Eccles & Patricroft Hospital	...	...	1
				Total	...	...	91

MORTALITY IN AGE GROUPS :—

Deaths under one year	...	...	...	...	121
„ over 1 year and under 5 years	...	...	...	...	72
„ „ 5 years and under 15 years	...	...	...	...	32
„ „ 15 years and under 25 years	...	...	...	...	24
„ „ 25 years and under 65 years	...	...	...	...	218
„ „ 65 years	...	...	...	...	118
Total	...	...	...	...	585

INFANTILE MORTALITY :—

The total number of deaths under one year was 121. This gives an infantile rate of 119 per 1000 births, as compared with 139 for 1906, and 111 for 1905.

*ZYMOTIC DEATH RATE :—

The total number of deaths due to the principal zymotic diseases was 59. This gives a rate of 1·5 per 1000 of population, as compared with 1·2 for 1906, and 1·26 for England and Wales.

Scarlet Fever.—Five deaths were due to this disease.

Measles.—Five deaths were due to this disease.

Enteric Fever.—Three deaths.

Diphtheria.—Eight Deaths, as compared with five for 1906.

Diarrhoea.—There were 14 deaths from this disease. All these deaths were under five years of age, as compared with 30 for last year.

* Small pox, Measles, Scarlet Fever, Diphtheria, Whooping Cough, Fever (Typhus, Enteric and Continued), and Diarrhoea.

Whooping Cough.—There were 21 deaths from this disease.

Erysipelas.—There was one death.

Acute Lung Diseases. Bronchitis, Pneumonia, and Pleurisy.—The deaths from these diseases numbered 115; giving a death rate of 2·9 per 1000, as compared with 2·4 for 1906.

Influenza.—There were two deaths from this disease.

Phthisis.—Thirty-nine deaths were attributed to this disease, the death rate from which was equal to 1·0 per 1000, as compared with 1·1 in 1906.

Inquests.—There were 21 inquests held during the year, as compared with 33 in 1906.

Total Deaths and Death Rates from all causes. Children under 5 years of Age. Zymotic and Pulmonary Diseases.
For the years 1876-1907.

Year	Total Deaths	Rate per 1000	Zymotic Diseases	Rate per 1000	Deaths under 5	Rate per cent.	Phthisis	Rate per 1000	Acute Chest Diseases	Rate per 1000
1876	423	25.4	66	3.9	158	37.5	53	3.1	100	6.0
1877	440	22.7	89	4.6	175	40.0	46	2.3	84	4.3
1878	443	22.2	68	3.4	196	44.2	49	2.4	90	4.5
1879	396	19.2	28	1.3	177	43.8	60	2.9	116	5.6
1880	437	20.5	87	4.0	176	43.7	59	2.7	96	4.5
5 years average	427	22.0	67	3.4	176	41.8	53	2.6	97	4.9
1881	383	17.4	56	2.5	155	40.4	66	3.0	70	3.1
1882	434	19.0	59	2.5	190	49.0	46	2.0	113	4.9
1883	371	15.7	53	2.2	173	47.0	45	1.9	90	3.8
1884	399	16.4	83	3.4	181	45.0	41	1.6	87	3.5
1885	419	16.6	54	2.1	157	37.0	46	1.8	91	3.6
5 years average	401	17.0	61	2.5	171	43.6	48	2.0	90	3.7
1886	419	16.1	47	1.8	186	44.1	40	1.5	93	3.5
1887	475	17.8	90	3.3	219	42.6	41	1.5	127	4.7
1888	437	15.9	54	1.9	183	41.8	49	1.7	100	3.6
1889	465	16.4	79	2.7	213	45.8	49	1.7	93	3.2
1890	603	20.8	50	1.7	218	36.1	50	1.7	142	4.9
5 years average	479	17.4	64	2.2	203	42.0	45	1.6	111	3.9
1891	683	22.3	94	3.1	292	42.7	43	1.4	143	4.7
1892	554	18.1	35	1.1	205	37.0	50	1.6	93	3.0
1893	608	18.6	82	2.5	247	40.6	39	1.2	113	3.5
1894	443	13.0	49	1.4	183	41.3	47	1.4	74	2.3
1895	552	16.2	104	3.1	239	41.4	54	1.6	97	2.9
5 years average	568	17.6	72	2.2	233	40.6	45	1.4	104	3.2
1896	551	15.7	104	3.0	221	40.1	50	1.4	76	2.2
1897	580	16.7	94	2.7	248	42.7	56	1.6	115	3.3
1898	573	16.6	114	3.2	232	40.0	44	1.2	95	2.7
1899	600	16.7	127	3.5	215	35.8	46	1.2	93	2.7
1900	619	17.0	91	2.5	220	35.5	38	1.0	107	2.9
5 years average	585	16.5	86	3.0	227	38.8	47	1.3	98	2.7
1901	570	16.5	94	2.7	217	38.0	43	1.2	94	2.7
1902	553	15.8	79	2.2	182	32.9	29	.8	90	2.5
1903	527	14.8	59	1.6	181	34.3	33	.92	94	2.6
1904	542	14.8	63	1.7	211	38.9	39	1.0	87	2.3
1905	511	13.4	42	1.1	177	32.6	35	.92	95	2.5
5 years average	540	15.0	67	2.0	193	35.3	35	.96	92	2.5
1906	534	13.8	47	1.2	189	35.3	43	1.1	94	2.4
1907	585	15.0	59	1.5	193	30.3	39	1.0	115	2.9

BOROUGH OF ECCLES.

Vital Statistics of Whole District during 1907 and previous years.

Year	Population estimated to middle of each year	Births		Total Deaths registered in the District.				Total Deaths in Public Institutions in the district	Deaths of non residents registered in Public Institutions in the district.	Deaths of residents registered in Public Institutions beyond the district.	Nett deaths at all ages belonging to the district	
				Under 1 year of Age		At all ages.					Number	Rate.
		Number	Rate	Number	Rate per 1000births registered	Number	Rate					
1	2	3	4	5	6	7	8	9	10	11	12	13
1897 ..	32620	960	29.4	168	186	609	18.6	79	31	2	586	17.7
1898 ...	33090	933	28.1	164	176	589	17.8	74	33	25	581	17.5
1899 ..	33560	918	27.3	139	151	614	18.2	85	48	34	600	17.8
1900 ...	34030	913	26.8	145	158	653	19.1	102	68	28	619	18.1
1901 ..	34500	931	26.9	153	164	595	17.2	96	52	32	575	16.6
1902 ..	35000	950	27.1	107	112	583	16.6	123	69	39	553	15.8
1903 ..	35600	1014	28.4	123	121	558	15.2	117	61	30	527	14.8
1904 ...	36400	1009	27.7	146	144	588	16.1	104	67	21	542	14.8
1905 ...	38000	965	25.3	107	111	571	15.0	139	86	25	511	13.4
1906 ...	38500	1010	26.2	141	139	597	15.5	127	86	23	534	13.8
Averages for Years 1897-1906	35130	960	27.3	139	146	595	16.9	104	60	26	562	16.0
1907 ...	39000	1019	26.1	121	119	653	16.7	145	91	23	585	15.0

Area of District in acres (exclusive of area covered by water)	2,008	} At Census of 1901
Total population at all ages	34,369	
Number of Inhabited Houses	7,276	
Average number of persons per house	4.7	

BOROUGH OF ECCLES.

Vital Statistics of separate Localities in 1907 and previous years.

Names of Localities	Whole District.				Barton Ward.				Eccles Ward.				Irwell Ward.				Monton Ward.				Patricroft Ward.				Winton Ward.			
	Population esti- mated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.
1897	32620	960	586	168	5119	168	91	35	4638	127	77	18	4837	106	103	30	5158	81	66	12	6478	187	144	33	6390	201	99	40
1898	33090	933	581	164	5197	149	88	27	4716	152	79	23	4915	139	89	32	5236	92	49	6	6558	209	152	31	6468	192	124	45
1899	33560	918	600	139	5275	171	85	19	4794	121	85	18	4993	134	115	31	5314	86	56	8	6638	211	163	32	6546	195	96	31
1900	34030	913	619	145	5353	163	117	23	4872	128	72	17	5071	165	135	39	5392	81	50	5	6718	194	109	23	6624	182	136	38
1901	34500	931	575	153	5431	131	97	29	4950	134	78	19	5149	147	130	35	5470	106	50	10	6798	199	104	27	6702	214	116	33
1902	35000	950	553	107	5536	169	88	15	5010	114	89	14	5155	154	107	23	5545	90	64	6	6926	209	116	23	6828	234	89	26
1903	35600	1014	527	123	5666	196	100	25	5140	114	70	12	5155	168	103	39	5665	119	57	5	7046	200	107	20	6928	217	90	22
1904	36400	1009	542	146	5852	182	82	23	5237	117	74	19	5235	163	96	28	5737	112	76	11	7205	210	114	31	7134	225	100	34
1905	38000	965	511	107	6835	190	92	21	5740	116	84	12	5190	132	72	17	6076	106	46	6	6720	209	113	27	7439	212	104	24
1906	38500	1010	534	141	6985	200	114	31	5890	136	78	14	5190	145	82	23	6126	95	59	7	6770	197	88	28	7539	237	113	38
Averages of years 1897-1906	35130	960	562	139	5726	172	95	25	5098	126	78	16	5089	145	103	29	5572	97	57	7	6785	202	121	27	6860	211	106	33
1907	39000	1019	585	121	7227	225	107	35	6146	131	95	24	4902	143	90	17	6149	92	65	3	6751	191	109	18	7825	237	119	24

BOROUGH OF ECCLES.

Causes of, and ages at, Death during the Year, 1907.

Causes of Death.	Deaths at the subjoined ages of "residents" whether occurring in or beyond the district.							Deaths at all ages of "residents" belonging to localities, whether occurring in or beyond the district.							Total Deaths whether of "residents" or "non-residents" in Public Institutions in the district.
	All ages	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upwards	Whole District.	Barton Ward	Eccles Ward	Irwell Ward	Monton Ward	Patricroft Ward	Winton Ward	
Small-pox															
Measles	5		4	1				5	2					3	
Scarlet Fever.....	5		3	2				5	2	1	1		1		
Whooping-cough	24	12	11	1				24	2	7	1		7	6	
Diphtheria including Membranous Croup ...	8		5	2		1		8		2	2			4	
Croup	1		1					1					1		
Fever. { Typhus															
{ Enteric	3			1	1	1		3					1	2	
{ Other continued															
Epidemic Influenza	2		1			1		2		1			1		1
Cholera															
Plague.....															
Diarrhœa	14	13	1					14	4	1	1		3	5	
Enteritis	4		2			1	1	4	1		1	1	1		
Puerperal Fever.....															
Erysipelas	1					1		1	1						
Other Septic diseases ...	3			2		1		3		1		1	1		3
Phthisis (Pulmonary Tuberculosis)	39		1	4	4	29	1	39	8	5	6	2	6	12	15
Other tubercular diseases	22	2	8	2	3	7		22	7	3	3	1	4	4	2
Cancer, malignant do.	32					23	9	32	8	2	3	7	2	10	10
Bronchitis	60	8	7	1		25	19	60	7	9	15	2	11	16	10
Pneumonia	55	16	13	4	2	12	8	55	10	11	7	4	9	14	5
Pleurisy															
Other diseases of Respiratory Organs ...	4			1		2	1	4	2		1		1		
Alcoholism															
Cirrhosis of Liver	13					12	1	13	5		2	3	3		2
Venereal diseases	1	1						1					1		
Premature birth.....	29	29						29	10	5	4	1	4	5	1
Diseases and Accidents of parturition	2					2		2			1		1		2
Heart diseases	53	1	1	2	3	30	16	53	7	7	6	12	14	7	17
Accidents	5	1		1	1	1	1	5	2	3					3
Suicides	2				1	1		2				1		1	
All other causes.....	198	38	14	8	9	68	61	198	29	37	36	29	37	30	74
All causes	585	121	72	32	24	218	118	585	107	95	90	65	109	119	145

SECTION IV.

RECORD OF INFECTIOUS DISEASES AND MEASURES TAKEN TO PREVENT THEIR SPREAD.

NOTIFICATION OF INFECTIOUS DISEASES.

The total number of cases notified during the year was 254, as compared with 269 for 1906.

Diseases.	1898		1899		1900		1901		1902		1903		1904		1905		1906		1907	
	Cases Notified.	Deaths.	Cases Notified.	Deaths.	Cases Notified.	Deaths.	Cases Notified.	Deaths.	Cases Notified.	Deaths.	Cases Notified.	Deaths.	Cases Notified.	Deaths.	Cases Notified.	Deaths.	Cases Notified.	Deaths.	Cases Notified.	Deaths.
Small Pox ...	...	...	...	...	...	...	...	...	4	...	14	2	...	...	...	...	...	...	...	...
Scarlet Fever ...	100	6	207	10	254	12	143	10	191	11	139	3	113	3	134	6	208	5	186	5
Diphtheria ...	36	7	88	24	131	17	78	12	108	21	126	23	32	7	30	6	28	5	83	8
Membranous Croup ...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...
Enteric Fever ...	66	10	46	10	29	6	54	9	33	4	16	3	36	8	17	4	22	4	13	3
Puerperal Fever ...	2	...	1	1	4	1	5	5	5	5	2	1	2	1	2	...	1	...	1	...
Measles ...	...	5	...	3	...	9	...	7	...	11	...	15	...	4	...	16	...	3	...	5
Whooping Cough ...	...	5	...	19	...	3	...	5	...	24	...	2	...	22	...	6	...	...	...	24
Diarrhoea and Dysentery ...	...	79	...	61	...	44	...	51	...	8	...	11	...	18	...	4	...	30	...	14
Erysipelas ...	43	1	17	2	23	1	14	2	33	3	21	2	19	...	27	1	9	2	20	1
Continued Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
Cerebrospinal do. ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
TOTAL ...	247	115	359	130	441	93	294	101	374	87	319	62	202	63	211	43	269	49	254	60

Monthly Return of Notification of Infectious Diseases.

1907			Scarlet Fever	Diphtheria	Enteric Fever	Puerperal fever	Erysipelas	Cerebro Spinal Fever.	Totals
January	...	...	29	...	3	...	2	...	34
February	...	...	11	1	...	...	3	1	16
March	...	...	18	4	1	1	2	...	26
April	...	...	19	7	...	...	1	...	27
May	...	...	18	1	1	...	1	...	21
June	...	...	13	5	1	...	3	...	22
July	...	...	13	3	...	...	3	...	19
August	...	...	1	1	...	...	2	...	4
September	...	...	21	2	1	...	...	...	24
October	...	...	15	2	4	...	1	...	22
November	...	...	14	1	1	...	...	...	16
December	...	...	14	6	1	...	2	...	23
Totals...	...	...	186	33	13	1	20	1	254

Borough of Eccles—Cases of Infectious Disease notified during the Year 1907.

Notifiable Disease	Cases Notified in Whole District.						Total Cases Notified in each Locality.						No. of Cases Removed to Hospital from each Locality.								
	At all ages.	At Ages—Years.					Total	Barton Ward	Eccles Ward	Irwell Ward	Monton Ward	Patricroft Ward	Winton Ward	Total	Barton Ward	Eccles Ward	Irwell Ward	Monton Ward	Patricroft Ward	Winton Ward	
		Under 1	1 to 5	5 to 15	15 to 25	25 to 65															65 and up-wards
Small pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria including Membranous croup	83	1	12	15	3	2	...	33	3	8	8	1	6	7	25	2	7	5	1	3	7
Erysipelas	20	...	...	2	3	14	1	20	7	4	1	4	...	4	2	2	...	...	...	...	...
Scarlet fever	186	...	34	128	20	4	...	186	36	28	30	27	32	33	41	5	10	8	6	6	6
Typhus fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric fever	13	...	1	2	2	8	...	13	2	1	2	...	4	4	8	2	1	...	...	2	3
Relapsing fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Continued fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal fever	1	...	...	...	...	1	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...
Plague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
CerebroSpinal Fever	1	...	...	...	...	1	...	1	...	...	...	1	...	...	1	...	...	...	1	...	...
Totals...	254	1	47	147	28	30	1	254	48	41	41	33	42	49	77	11	18	13	8	11	16

Isolation Hospital—Ladywell Sanatorium, Salford.

Distribution of Infectious Diseases into Wards.

Diseases.	Barton.		Eccles.		Irwell.		Monton and Park		Patricroft		Winton.		Total.	
	Total Notified.	Total Deaths.	Total Notified.	Total Deaths.	Total Notified.	Total Deaths.	Total Notified.	Total Deaths.	Total Notified.	Total Deaths.	Total Notified.	Total Deaths.	Cases Notified.	Deaths.
Small-Pox														
Scarlet Fever.....	36	2	28	1	30	1	27		32	1	33		186	5
Diphtheria and Membranous Croup	3		8	2	8	2	1		6		7	4	33	8
Enteric Fever.....	2		1		2				4	1	4	2	13	3
Puerperal Fever.....											1		1	
Measles		2										3		5
Whooping Cough.....		2		7		1		1		7		6		24
Diarrhoea and Dysentery.....		4		1		1				3		5		14
Erysipelas	7	1	4		1		4				4		20	1
Cerebro Spinal Fever							1						1	
Total	48	11	41	11	41	5	33	1	42	12	49	20	254	60

AMOUNT OF HOSPITAL ISOLATION OF INFECTIOUS DISEASES.—There were 77 cases of infectious diseases removed to hospital, being 30·3 per cent. of the total number of cases notified.

Scarlet Fever—cases notified—186,		removed	41,	per centage	22·0	
Diphtheria and	}					
Membranous Croup		do.	33,	do.	25,	do.	75·7
Enteric fever	do.	13,	do.	8,	do.	61·5
Puerperal fever	do.	1,	do.	0,	do.	Nil.
Erysipelas	do.	20,	do.	2,	do.	10·0
Cerebro Spinal Fever	do.	1.	do.	1,	do.	100·0

In 1906, 27·5 per cent. of notified cases were removed ; 38·0 per cent. 1905 ; and 32·6 per cent. in 1904.

NOTIFICATIONS FROM SCHOOLS.

Great assistance is given to the Health Department by the teachers in the Borough who have loyally supported us by giving early information of the presence of disease. The following notifications were received from Schools.

	1907	1906	1905	1904	1903
MEASLES	276	196	443	217	831
CHICKEN-POX	45	20	88	100	140
WHOOPING COUGH	405	...	39	315	29
MUMPS	3	20	84	137	71
ECZEMA	25	11	104	160	63
RINGWORM	21	11	54	76	16
OTHER DISEASES (Ophthalmia, Sore Throat, Influenza, etc.)	3	14	178	278	66
Totals	778	272	990	1283	1216

SCHOOL MEDICAL INSPECTION.

During the year a large amount of Medical Inspection has been done in the Schools. Many cases of sickness have been discovered. In three cases children have been found in attendance suffering from Infectious Diseases. (1) Scarlet Fever, Barton Wesleyan. In this case a child was found desquamating after Scarlet Fever, this case had caused three other cases. (2) Measles. A child was found in attendance at St. Andrew's, Barton Lane, covered with the measles rash. This child was sent home and the department was kept under observation for ten days subsequently. (3) Eccles Parish (Infants). In this School a child was discovered with the rash of Measles, and as in the case of the previous school the department was kept under observations.

Measles and Whooping Cough were very prevalent during the latter part of the year, and necessitated a large amount of medical supervision. The teachers were instructed to exclude every child with a cough. Frequent visits were paid to the affected schools. Whooping Cough proved very fatal in November and December 11 deaths being due to this disease, leaflets were distributed in every case pointing out the seriousness of this disease and advising precaution. This disease

is—with the exception of Small Pox—the most fatal infectious disease of childhood. Unfortunately there is no means of diagnosing the disease while the characteristic “Whoop” develops. The only measures we could adopt to check the epidemic were (1) Exclusion of every child with a cough. (2) Distribution of leaflets. (3) Frequent disinfection of the schools and cloak rooms with Chloros and Izal.

Many cases of defective eye sight with consequent eye strain symptoms (headache, backwardness, nervousness, and inability to concentrate attention to lesson) were discovered. In all cases the parents were written to and glasses advised. It is pleasing to report that in many cases this advice has been followed with great relief to the child. There are still some cases requiring glasses. At each visit a fresh reminder is sent to the parents.

Several cases of Adenoids and enlarged Tonsils had been treated during the year either by the family doctor or at the Hospital. In the early part of the year an examination of the teeth was made at several schools. The number of decayed and missing teeth was found to be very great. The Dental Association has kindly undertaken to do this work, and the members are now engaged at it.

In the numbers given below as school numbers both Mixed and Infant Departments are included.

All Saints' School.—This school has accommodation for 469, and an average attendance of 286. The closet accommodation is good, but the ashpit is at times offensive. It would be better if it were replaced by a bin. The yard is unpaved and in wet weather is very unhealthy, in dry weather it is very dusty. The teeth of the children were examined in February, only six were found to have a perfect set, 161 teeth were found to be missing, and 654 teeth were found to be carious or diseased. It was impressed on the children that daily brushing of the teeth is necessary. The following defective children were dealt with at subsequent visits :—Stammering 3, Pediculi 3, Myopia 2, Squint 2, Blepharitis 1, Adenoids 1, Enlarged Cervical Glands.

Barton Wesleyan.—This school has accommodation for 180, and an average attendance of 152. The large rooms are well lighted and ventilated; the play ground is flagged; the closets are clean, but the urinal for the Infants is rather small. In March I discovered a case

of Scarlet Fever desquamating in Standard I in this school; this case had caused three other cases. The girl was at once excluded, and the school disinfected, no further cases occurred in this school. The school was kept under observation for several days. No cases of note were found at any subsequent visit.

Clarendon Road.—As this school is being replaced by a new building it will be unnecessary to make any reference to its sanitary condition which is very bad. This school has an average attendance of 344. The results of my visits to this school have been particularly gratifying. Practically all the parents have followed the advice given and have had their children treated. I received a complaint in December that Ringworm existed in this school. I examined all the heads but could not find a single case.

Eccles Parish.—This school has accommodation for 790 and an average attendance of 502. In the early part of the year I had to complain of the state of the closets, but this has been set right. The school is well lighted and ventilated; the yard is part flagged. In February there was an epidemic of Ringworm which was dealt with successfully. During the examinations for Ringworms three cases of *Pediculi Capitis* were found. They were excluded and instructions sent to the parents how to deal with them. The teeth of the children at this school were examined in March and were found to be very defective. The number using a tooth brush was found to be very small. I impressed on the children the necessity of using a tooth brush twice daily. At another visit to this school I found that a child with a verminous head to whose parents I had written at my previous visit had had nothing done to it. I wrote again to the mother and at the same time reported the case to the Inspector for Cruelty to Children. At my visit in December to this school a child was found in attendance covered with the rash of Measles. It was excluded, and the school kept under observation for several days. The early symptoms of Measles were explained to the teachers, and they were instructed to exclude any child with a cough, running at the eyes or nose or feverish.

Godfrey Ermen Memorial.—This school has accommodation for 635 scholars and an average attendance of 487. The school buildings, closets and play ground are all that could be desired. The surplus land has been laid out in gardens, and under the supervision of the able head master, most useful and health-giving instruction in garden-

ing is given to the children. The Central Hall in this school is admirably adapted for teaching as it has plenty of light and ample ventilation. This school has been visited many times during the year. At my visit in January I found that four cases of defective sight had been greatly improved. Three of them had had glasses and the fourth was under medical treatment. Three cases of defective hearing, advised at my previous visit, were found improved. One had been treated at the Manchester Ear Hospital, and two by the family doctor. At this visit two cases of Myopia (right eye in each case); two cases of Conjunctivitis and one of Eczema were found in addition to the cases already reported on. In the month of May a severe epidemic of Measles occurred in this school. The cases and the contacts were rigidly excluded, disinfection was carried out and the epidemic was got under. This epidemic was followed by one of Whooping Cough. I considered it advisable to suspend one of the teachers in the Infants Department—here two children were suffering from the disease—for fourteen days. She made arrangements for nursing the children, whereby she did not come in contact with them; she was then allowed to resume work. This school was again inspected in September, when marked improvement was found in the cases previously inspected. I again inspected this school in October and found the following fresh cases:—Defective Hearing 3; Defective Sight 1; Tubercular Glands, 2; Defective Intelligence 1.

Holy Cross School.—This school has accommodation for 355 scholars and an average attendance of 287. The premises are fairly sanitary, more light and ventilation would be desirable; the closet accommodation is good, and the play ground though small is flagged and dry. In this school, four cases of *Pediculi Capitis*; one case of Squint, and one of Ulcer of the Cornea were found. On visiting the school the subsequent month, three of the cases *Pediculosis* were found to have had their heads cleansed, the remaining one was excluded and will be dealt with at my next visit.

Lewis Street Council.—This school has accommodation for 1030 children and an average attendance of 916. This is a new school and is perfect in every sanitary respect. The only defect to be noted is that the stairs and passages are very dirty owing to the unpaved condition of the play ground. The closet accommodation and lavatories are all that could be desired. The lighting and ventilation are excellent. The standard of cleanliness is high owing to the careful

supervision of the Headmaster and Staff. At my last visit I witnessed the "Fire Drill." This was admirably carried out. At the sound of the gong the whole nine hundred and odd children ran out in perfect order, got down the stairs and formed up at the far end of the yard in 56 seconds. I was anxious to see this carried out, as owing to the tortuous nature of the staircase I had fear that there might be an element of danger in it. The scheme has been admirably throughout. A teacher is stationed at the head of the staircase to steady the children and teachers at each bend of the stairs. The teachers followed the children out. This drill I am informed is practised twice monthly, so that should a fire occur the children would be out before they realised that there actually was a fire.

In the month of May several cases of Scarlet Fever occurred in this school; or as it then was "Green Lane" The school was inspected but no suspicious case could be found. The following month the school was again inspected and many cases dealt with and advice given as to treatment. This school was again inspected in October when the following new cases were found:—Defective Sight 28; Defective Hearing 3; Squint 4; Adenoids and Enlarged Tonsils 3; Spinal Curvature 1; Phthisis 1; Blepharitis 1; Pediculi 2. At this examination four children were found to have had glasses as the result of my last visit.

Monton Memorial.—This school has accommodation for 421 children and an average attendance 420. The accommodation in this school could be very much extended were the additional rooms upstairs utilized for school purposes. This would be a great advantage as the school is located in a rapidly growing district. The school premises are good and are kept very clean. On one occasion a blocked grid was found, this has been put right. The standard of cleanliness in this school is very high and the health and physique of the children is very good. As a matter of fact at my last visit there was not a defective child in the school. All the children found defective at my previous visit had been submitted to treatment by their family doctors or at the Hospital, and the school showed a clean bill of health. An examination of the teeth of the children in this school made in April showed that out of 327 children present in the mixed department there are 1,096 decayed or carious teeth and 681 teeth were missing. At a subsequent visit two cases of Eczema Capitis and one of Alopecia Areata were found, both of these cases have been

under treatment. The results of my last visit to this school have been given above. At one period of the year an unfounded rumour got out that Scarlet Fever was prevalent in this school. I immediately visited the school and examined all the children in attendance, and was, as the result of my two examinations, enabled to assure the parents who complained, that no case of Scarlet Fever existed in the school.

Patricroft National.—This school (mixed and infants) has accommodation for 859 children, the average attendance (December) is 606. Some of the rooms at this school are not all that could be desired. The lighting is bad; the play ground is small and as a result the children have to play in the street. The second story has two exits which makes it fairly safe in case of fire. The closets are clean and well flushed. The standard of health and cleanliness in this school is very good. Considering the large numbers in attendance the number of defective Children is small. Some of the class-rooms are rather over-crowded. An examination of the teeth of the scholars of this school, mixed department, made in April showed that in 449 children present there were 1,524 decayed or carious teeth, and 449 missing, an average of one per child. This school was again inspected in November when everything was found in good order and practically no sickness.

Peel Green Council.—The average attendance at this school is 258 (December). This school has been frequently visited. The premises are fair; the entrance has recently been cindered; the school is well ventilated, but some of the class-rooms are too small. However as it is the intention of the Council to build a fresh school it is unnecessary to comment on the sanitary condition of this school. The standard of cleanliness is good, the head teacher takes a particular interest in this. He holds the visits of the Medical Inspector as an incentive to the children to keep the hands and faces clean. At my visit in January, very great improvement was found from my previous visits, no less than 15 cases of Adenoids and Enlarged Tonsils advised at previous visits for treatment had been treated either by the family doctor or at the Hospital. Seventeen cases of Defective Sight and diseases of the external eye and eyelids had been treated. Three cases of defective hearing had been treated at the Ear Hospital. The verminous heads had been cleansed. Much credit is due to the Head Teacher for the energetic way he has followed up my instructions.

In the month of May, Whooping Cough became epidemic in this school. The children were examined, and the teachers instructed in the early signs of this disease. At the inspection in November the following fresh cases were found :—Myopia 8 ; Defective Speech 3.

St. Andrew's. Eccles.—(Mixed and Infants.) This school has accommodation for 748 scholars and an average attendance of 744 children. The premises are excellent in every way, the play ground is large and good, the closet accommodation is ample, clean and well looked after. In this school on my inspection, six children were found to have glasses owing to previous visits. The improvement was very marked and the general cleanliness was good. At another visit the following additional cases were found : Adenoids 4 ; Squint 2 ; Myopia 18 ; Defective Hearing 4 ; Enlarged Tonsils 6 ; Blepharitis 1 ; Ptosis 1. In all these cases instructions were given to the parents that the children required treatment. In October some cases of Diphtheria occurred in this school (mixed department). The children were systematically examined for slight cases of this disease ; the threatened epidemic was cut short and did not develope to the extent I had dreaded. An examination of the Infant Department in October disclosed the following cases : Eczema 1 ; Blepharitis 1 ; Adenoids 2 ; Enlarged tonsils 2 ; Squint 2 ; Myopia 2. In this school there was also an epidemic of Measles which necessitated a further examination of the scholars. In the following month (November) a case of a child covered with the rash of Measles was found. The school was visited frequently for the succeeding ten days, and several children said to have a rash and *no doctor in attendance* were visited at their own homes.

St. Andrew's, Monton.—The school premises here are good, the closets and urinals are satisfactory, the play ground though small is dry and covered with gravel. The ceilings require lime-washing. The average attendance (December) was 190. The standard of cleanliness is high. As the result of the examination in January the following cases were found, and the parents advised to get treatment from their own doctor :—Adenoids 5 ; Chorea 1 ; Myopia 7 ; Squint 1 ; Defective Hearing 6 ; Blepharitis 2 ; Conjunctivitis 1 ; Defective Intelligence 2 ; Debility 1 ; Defective Speech 1. Several of these cases have been inspected later in the year and found improved. In May eight cases of Ringworm were found in this school. These were dealt with and instructions given for treatment to those who were not under the family doctors. They were all excluded. At

a further examination in November, the following fresh cases were found:—Adenoids 3; Rickets 3; Otorrhœa 1; Squint 3; Blepharitis 2; Astigmatism 1; Pediculi Capitis 1 (excluded); Alopecia 1; Tubercular 1; Eczema 1. During the month of December this school suffered very much from Whooping Cough, more than 50 per cent. of the children in the Infant Department were affected. Frequent disinfection was carried out and the Head Master rendered me every assistance in combating the disease.

St. Mary's.—(Mixed and Infants.) Average attendance (December) 363. The play ground accommodation in this school is small. Most of the rooms are roomy and well ventilated. One class-room is quite unfit for teaching purposes, as its only source of light and ventilation is from the cloak-room. The supervision of the children by the Head Master and the Staff is most thorough, and every assistance has been given to me in my inspections. The teeth of the children in this school were examined in March. The result was as in the case of the other schools to show a large amount of diseased and carious teeth, of 250 children examined, 38 were found to have one tooth decayed, 36 two, 29 three, 26 four, 24 five, 14 six, 13 seven, 4 eight, 5 nine, 2 eleven, 2 twelve, 1 thirteen, 1 fourteen, and 1 sixteen. I found four children at this school at my visit in March who have had glasses provided as the result of my previous visits, with the result that the eye-strain had disappeared and they were able to see what was put on the black-board. Two children with Adenoids and Enlarged Tonsils had had them removed. Three children with Defective Hearing had been under treatment and were much improved.

St. Michael's.—Average attendance 188. This school is very clean and healthy. The play ground is large and there is plenty of air space. The rooms are well lighted and ventilated. In this school the following cases have been dealt with:—Squint 5; Pediculi 2; Myopia 6; Blepharitis 1. All these cases have been advised to seek treatment. I am sorry to say a subsequent examination showed little improvement in this school; two dirty heads had been cleansed and one child had glasses,

Beech Street Council.—This school has accommodation for 322, and an average attendance of 125 (December). This is only a temporary school, but the premises are most excellently lighted and ventilated. The play ground is of course in a state of transition and therefore cannot be criticised. The standard of health and cleanliness

is high, the children are clean and well nourished. In March there was an epidemic of Measles in this school. The school was visited and the children examined; the teachers were instructed in the prodromal symptoms of the disease, and were asked to exclude any child showing any of the symptoms. One child was found suffering from Tuberculosis and the parents was written to advising that the child should be taken to the Hospital. One child suffering from *Pediculi Capitis* was excluded for treatment. At the re-examination of this school in November a child was found suffering from ulcers on both Corneæ and suffering great pain. This child was at once sent home with a letter to the parents pointing out the necessity of immediate treatment. There was also one case of Eczema, and one of Tuberculosis.

St. Mark's, Winton.—This is purely an Infant School. The premises are sanitary, lighting and ventilation are good, and there is no over-crowding. The accommodation is for 206 children, and the average attendance is 133 (December). The children are clean and are well clothed. Examinations of the children discovered the following:—Adenoids 2; Squint 1; Ringworm 1; Eczema 1; Rickets 1; *Pediculi Capitis* 1. All these were advised as in the other schools.

Wellington Road (Infants).—This is only a temporary school. It is very well organised and contains a very good class of children. The Head Teacher has a good knowledge of Hygiene and on my inspection she had the cases made classified for me. The cases were:—Adenoids 3; Enlarged Tonsils 3; Defective Hearing 2; Defective Sight 8. The accommodation at this school is 177, the average for December was only 88 owing to the epidemic of Whooping Cough; this disease was very prevalent in the school during the later part of the year. At my visit in December I found one case of Squint and one of Alopecia Areata both of which were under treatment by the family doctor. The road leading to the school is in a very bad condition and has been reported to the Highways Department.

Printed forms as follows are furnished to each school to be filled up your Medical Inspector and sent to the parent.

Dear Sir or Madam.

*I have to-day examined your child.....and find
he (or she) is suffering from a defect of the Eyes, Ears, Throat,
Nose, Skin, Head.*

You should at once take your child to see your usual Medical Attendant for treatment.

(Signed) W. M. HAMILTON,

School Medical Inspector.

Date.....

Many other visits have been made to schools on the special request of the teachers, and to special scholars at the request of the Secretary for Education.

The Memorandum issued by the Board of Education on November 22nd is given in full below on account of its extreme importance. It has been described as "The Children's Charter of Health," it forms a landmark in the history of Public Health administration and foreshadows the immense advances in unification and associated completeness and efficiency which will shortly be realised in that administration.

MEMORANDUM ON MEDICAL INSPECTION OF CHILDREN IN PUBLIC ELEMENTARY SCHOOLS.

UNDER SECTION 13 OF THE EDUCATION (ADMINISTRATIVE
PROVISIONS ACT), 1907.

SCOPE AND PURPOSE OF THE ACT.

1. The Education (Administrative Provisions) Act, 1907, in so far as it concerns the medical inspection of school children, is the outcome of a steady movement of public opinion throughout the entire community. For some years past evidence has been accumulating that there exists in certain classes of the English people a somewhat high degree of physical unfitness which calls for amelioration, and as far as possible, for prevention. The Legislature resolved that to grapple effectively with this problem, or at least part of it, it was necessary first to improve the health conditions, both personal and in regard to environment, of the children of the nation. A consideration of the gravity of the need led to the conclusion that medical inspection of school children is not only reasonable but necessary as a first practical step towards remedy. Without such inspection we not only lack data, but we fail to begin at the beginning in any measure of reform. The reasonableness of such inspection, if it is conducted on sensible

lines leading to an improvement of the surroundings and physical life of the children, must become evident both to their parents and to the nation as a whole.

The Board desire therefore at the outset to emphasise that this new legislation aims not merely at a physical or anthropometric survey or at a record of defects disclosed by medical inspection, but at the physical improvement, and, as a natural corollary, the mental and moral improvement, of coming generations. The broad requirements of a healthy life are comparatively few and elementary, but they are essential, and should not be regarded as applicable only to the case of the rich. In point of fact, if rightly administered, the new enactment is economical in the best sense of the word. Its justification is not to be measured in terms of money but in the decrease of sickness and incapacity among children and in the ultimate decrease of inefficiency and poverty in after life arising from physical disabilities.

2. The section of the Education (Administrative Provisions) Act, 1907, which concerns medical inspection of school children (section 13) is as follows:—

“13.—(1) The powers and duties of a local education authority under Part III. of the Education Act, 1902, shall include—

- [(a) Power to provide for children attending public elementary schools, vacation schools, vacation classes, play centres, &c.]
- (b) The duty to provide for the medical inspection of children immediately before or at the time of or as soon as possible after their admission to a public elementary school, and on such other occasions as the Board of Education direct, and the power to make such arrangements as may be sanctioned by the Board of Education for attending to the health and physical condition of the children educated in public elementary schools.

Provided that in any exercise of powers under this section the local education authority may encourage and assist the establishment or continuance of voluntary agencies and associate with itself representatives of voluntary associations for the purpose.

(2) This section shall come into operation on the first day of January nineteen hundred and eight.

From this it will be seen that two main provisions are incorporated in the section, namely, first, the duty, laid upon all Local Education³ Authorities, of the medical inspection of children at a stated time and on such other occasions as the Board of Education may direct; and secondly, the power given to all Local Education Authorities of making arrangements, to be sanctioned by the Board, for attending to the health and physical condition of the children in elementary schools.

3. Almost all Local Education Authorities have taken steps of some kind in the promotion of school hygiene, and many have conducted some form of medical inspection. Hitherto, however, such inspection has been concerned only or chiefly with children selected from the school or class as being in some way obviously defective or diseased. The general routine, where such inspection has been practised, has been for a medical man to visit schools at intervals, make a sanitary survey of the buildings, and examine more or less thoroughly children presented to, or selected by, him. Such cases have, however, as a rule, been imperfectly followed up, and much of the advice given has been ignored or inappropriately applied. Much also has been left undone in the way of adapting the methods of teaching to the special physical needs of the children. Moreover, in many districts not only have serious defects of sanitation, such as bad lighting and lack of ventilation, injuriously affecting the children, been ignored, but even the means of preventing the extension of infectious diseases have been neglected in greater or less degree. The present Act is not intended to supersede the powers which have long been exercised by Sanitary Authorities under various Public Health Acts, but is meant to serve rather as an amplification and a natural development of previous legislation.

It is founded on a recognition of the close connexion which exists between the physical and mental condition of the children and the whole process of education. It recognises the importance of a satisfactory environment, physical and educational, and, by bringing into greater prominence the effect of environment upon the personality of the individual child, *seeks to secure ultimately* for every child, normal or defective, conditions of life compatible with that full and effective development of its organic functions,

its special senses and its mental powers which constitute a true education.

ORGANISATION.

4. The respective functions of the Board of Education and the Local Education Authorities are clearly defined by the Act. The duties thrown upon the Board consist in advising Local Education Authorities as to the manner in which they should carry out the provisions of the Act, and in supervising the work they are called upon to undertake; in giving such directions as may be necessary regarding the frequency and method of inspection in particular areas; and in considering and sanctioning such arrangements for attending to the health and physical condition of the children as may be submitted to them by individual Authorities. The Board will also collate the records and reports made by the Authorities and will present an annual report to Parliament.

The duty of carrying out the actual inspection has necessarily been entrusted by Parliament to the Local Education Authorities and not to the Board. Each Authority must therefore in due course appoint such Medical Officers or additional medical assistance as may be required for the purpose. Some time must inevitably elapse before all Authorities have their arrangements in working order, but it should be carefully borne in mind that, although the work is begun gradually, the initial organisation established by each Authority should admit of such expansion as will secure the thorough and efficient administration of the Act. In subsequent paragraphs some general guidance is given as to the minimum amount of inspection required.

5. In view of the varied influences which affect, directly or indirectly, the health of the children of the nation, it is manifestly of the highest importance that the administration of this Act should rest upon a broad basis of public health, and should not only secure for Local Education Authorities as much freedom as is consistent with adequate uniformity in the presentation of results for comparative purposes, but should also use to the utmost extent the existing machinery of Medical and Sanitary Administration, developing and supplementing it as required, rather than supplanting it by bringing into existence new agencies, partially redundant and possibly competing.

The Board view the entire subject of school hygiene not as a speciality or as a group of specialities existing by and of themselves, but as an integral factor in the health of the nation. The application of this principle requires that the work of medical inspection should be carried out in intimate conjunction with the Public Health Authorities and under the direct supervision of the Medical Officer of Health. The advantages of such unification of the Public Health services have already been recognised by the Inter-Departmental Committee on Medical Inspection and the Feeding of School Children, and also by the Local Government Board, who specifically require every Medical Officer of Health to report officially upon matters relating to the sanitary condition of all schools, including the "action taken (by the Sanitary Authority) in relation to the health of the scholars and for preventing the spread of infectious disease."

6. It is unnecessary to emphasise the objections to a dual jurisdiction in such matters as the sanitary control of school premises and the notification and prevention of the spread of infectious diseases in which the duties of the Medical Officer of Health and the School Medical Officer necessarily and obviously overlap. If they are to be effectively carried out the interests and activities of the School Medical Officer must extend over the whole external environment of the child. School hygiene cannot be divorced from home hygiene, and this in turn is intimately bound up with the hygienic conditions of the community. Efficiency and economy require, therefore, an organic relationship between the daily work of the school authority and of the authority responsible for the administration of the wider branches of public health, including the supervision of water and milk supplies, food, housing, and sanitation, inquiries into matters affecting infant mortality (including ante-natal influences), home visiting by men and women inspectors, sanitary and bacteriological investigations, the provision of hospital accommodation, disinfection, the cleansing of verminous persons, the notification of the prevalence or otherwise of diseases, such as phthisis, affecting the adult population, and the consideration of social factors, such as the occupation of the parents, or the health, habits, and physical conditions of the family, all of which have a bearing, direct or indirect, upon the children's health.

Conversely this organic relationship will provide increased opportunity and facilities for the Medical Officer of Health to study all

the conditions affecting the health of the community at all age-periods, and will bring him into closer touch with the personal hygiene of the population. While it is not expected that by establishing the necessary administration on the broad basis of public health all difficulties will be avoided, the Board are convinced that this is the only practicable method and that which is most likely to promote economy, harmony, and efficiency.

7. After careful consideration both of the present conditions of local sanitation, and of the developments most likely to serve the economical and efficient administration of this important branch of public work, the Board are of opinion that—

- (a) In county areas the County Council, which is the Local Education Authority, should instruct their County Medical Officer, who will be responsible for smooth and effectual administration, to advise their Education Committee and to supervise the new work, its actual execution being deputed wholly or partly to suitable medical colleagues or assistants (men or women), who either will be appointed specially for the purpose under him or will be local Medical Officers of Health, and to whom groups of schools may be allocated. Where no County Medical Officer has yet been appointed under the Local Government Act, 1888, it would seem that the new duties in regard to medical inspection of children now imposed on the County Council will render it inadvisable any longer to postpone such an appointment, since in no other way will the Council be able effectually to secure adequate control, economy, and efficiency in carrying out their new work, which must obviously be guided from the central county organisation.
- (b) In county boroughs the Town Council, which is at the same time both the Local Authority for Public Health, and also the Local Education Authority, should instruct their Medical Officer of Health to advise the Education Committee and should make him responsible for the new work or for the supervision of such medical assistance as is needed to carry it out. Where appointments of school medical officers already exist, the Board do not

suggest that they should be disturbed, provided always that the officers are competent and sufficient for the new duties and that the arrangements for supervision by the Medical Officer of Health are satisfactory.

- (c) In non-county boroughs and urbans districts which are Local Authorities for elementary education, the desirability of ultimately making similar arrangements separately or in combination with contiguous districts, should be kept in view, though for the time being some variation may be requisite in accordance with local needs and circumstances.

That is to say, generally speaking, the work of inspection should be supervised by the Medical Officer of Health of the Authority which appoints the Education Committee; and when the work is obviously more than he can undertake unaided, it should be entrusted to one or more medical officers working under his supervision. In some districts it would be found convenient for such officers to be local Medical Officers of Health holding office within the county; in others, they may be registered medical practitioners specially appointed for this purpose. Provided that the principal of co-ordination of the medical services is secured in practice, and that the requisite personal and professional qualifications for the new work at present it is clear that the functions of the school medical officer may be exercised by a medical officer of health, a poor law medical officer, a private practitioner, or as occasion requires, a skilled specialist. When it is necessary to appoint officers for the purpose of the Act it is extremely important that persons of suitable qualifications and experience should be selected, even though they may not be called upon to give the whole of their time to these duties, and it should be noted that there are many cases in which women are likely to be specially suitable. In making such appointments preference should be given to medical men and women who (1) have had adequate training in State Medicine or hold a Diploma in Public Health, (2) have had some definite experience of school hygiene, and (3) have enjoyed special opportunities for the study of diseases in children. The particular needs and circumstances of the area or group of schools concerned should received due consideration, and great care must be taken to see that school hygiene really forms an integral and fundamental part of public health administration of the district, and is not subordinated to other less important sanitary questions.

All school medical officers, whether they are holding statutory office as Medical Officers of Health in the area in which they are carrying out the new Act or not, must obviously work in close co-operation with the Sanitary Authorities throughout the county and must be kept informed as to the occurrence of notifiable diseases within their educational areas. This applies in a special degree to the County Medical Officer. It is imperative that the close inter-relation between school hygiene and general hygiene, particularly that of the home of the child, should be secured and maintained.

SUBSIDIARY AGENCIES.

8. The Board are convinced that the work of medical inspection cannot be properly accomplished by medical men without assistance. The teacher, the school nurse (where such exists), and the parents or guardians of the child must heartily co-operate with the school medical officer. In whatever way the system be organised, its success will depend, immediately and ultimately, upon the cordial sympathy and assistance of the teachers. Some Authorities will find that the teachers are able to undertake, without undue strain, a share of the work of furnishing data respecting each child, and even perhaps to carrying out some portion of the inspection; and it is clear that the successful application of the principles of Hygiene to school life will depend almost entirely upon their efforts. What the mother is in the home, the teacher is in the school. Experience shows that when the teachers understand the necessities and opportunities of the situation they are both willing and able to take their share. Their co-operation in the work already done in this direction has been beyond praise. The school nurse and health visitor are also important agents in school hygiene. They may serve as links between the school and the home, and can assist in recording the results of inspection, in securing and maintaining personal cleanliness, and in carrying out medical advice concerning simple complaints. They are also able to give counsel in the home, to visit the children at home or in school, and in many other ways to advance the cause of school hygiene. The Board are satisfied that this work offers a great field of valuable service for the school nurse, and they recommend that, wherever practicable, Education Authorities should secure, especially in rural districts, the benefit and true economy which may be thus obtained. It is essential, however, that the teacher, school nurse, or health visitor assisting in the administration of this Act should act strictly under the instruction and supervision of medical

authority. Nor must the influence which the parent can exercise by example and precept be neglected. One of the objects of the new legislation is to stimulate a sense of duty in matters affecting health in the homes of the people, to enlist the best services and interest of the parents, and to educate their sense of responsibility for the personal hygiene of their children. The increased work undertaken by the State for the individual will mean that the parents have not to do less for themselves and their children, but more. It is in the home, in fact, that both the seed and the fruit of public health are to be found. All-round co-operation between school medical officer, teacher, nurse, health visitor, and parent will prove both effective and economical, and the full utility of the Act will not be secured unless, in advising Local Education Authorities, the medical officer pays careful attention to considerations of expenditure and to the relative urgency of the reforms he proposes to undertake.

CHARACTER AND DEGREE OF MEDICAL INSPECTION.

9. From what has been said it will be clear that the fundamental principle of section 13 of the new Act is the medical examination and supervision not only of children known, or suspected, to be weakly or ailing, but of all children in the elementary schools, with a view to adapting and modifying the system of education to the needs and capacities of the child, securing the early detection of unsuspected defects, checking incipient maladies at their onset, and furnishing the facts which will guide Education Authorities in relation to physical and mental development during school life. It is evident that—although this work involves (a) medical inspection of school children at regular intervals, (b) the oversight of the sanitation of the school buildings, and (c) the prevention, as far as may be, of the spread of infectious and contagious diseases, including skin diseases—action in these three directions will be incomplete unless (d) the personal and home life of the child are also brought under systematic supervision. The home is the point at which health must be controlled ultimately.

The character and degree of medical inspection will depend on the standpoint from which the subject is viewed, the difficulty being of course to attain a due sense of proportion and uniformity, particularly as to fundamental points. Valuable to science though the findings of a more thorough and elaborate medical examination might be, it is the broad, simple necessities of a healthy life which

must be kept in view. It cannot be doubted that a large proportion of the common diseases and physical unfitness in this country can be substantially diminished by effective public health administration, combined with the teaching of hygiene and a realisation by teachers, parents, and children of its vital importance. The spread of communicable diseases must be checked; children's heads and bodies must be kept clean; the commoner and more obvious physical defects, at least, must be relieved, remedied, or prevented; schoolrooms must be maintained in cleanly condition, and they must be properly lighted, well ventilated, and not overcrowded; the training of the mental faculties must not be divorced from physical culture and personal hygiene. It is these primary requirements which must first receive attention.

10. The directions given in this circular as to the degree and frequency of inspection refer only to the *minimum* medical inspection, the effectiveness of which will in future be one of the elements to be considered in determining the efficiency of each school as a grant-aided school. They are not intended to exclude other medical work, which the Board trust will be undertaken by Local Education Authorities according to their abilities and opportunities. For example, the re-testing of the eyesight of every child periodically would be most valuable; an annual measurement of height and weight; the more frequent examination of particular children, especially of those suspected to be suffering from deficient nutrition or found to be defective at former inspections; careful anthropometric surveys or special inspections at various ages of school life; and similar investigations of a special nature undertaken in particular districts, come within the category of additional medical work wholly desirable where practicable, and calculated to advance school hygiene. Such work, however useful, should be looked upon as subsidiary to the main purpose of the Act.

11. A consideration of these matters has led the Board to the conclusion that as far as practicable the statutory medical inspection should, at entrance or at subsequent inspection, take account of the following matters:—

- (1) Previous disease, including infectious diseases.
- (2) General condition and circumstances—
 - (a) Height and weight.

- (b) Nutrition [good, medium, bad].
- (c) Cleanliness [including vermin of head and body].
- (d) Clothing [sufficiency, cleanliness, and footgear].
- (3) Throat, nose and articulation [mouth-breathing, snoring, stammering, tonsillar and glandular conditions, adenoids].
- (4) External eye disease and vision testing.
- (5) Ear disease and deafness.
- (6) Teeth and oral sepsis.
- (7) Mental capacity [normal, backward, defective].
- (8) Present disease or defect: [(a) Deformities or paralyses; (b) Rickets; (c) Tuberculosis (glandular, pulmonary, osseous, or other forms); (d) Diseases of skin and lymph glands; (e) Disease of heart or lungs; (f) Anæmia; (g) Epilepsy; (h) Chorea; (i) Ruptures; (j) Spinal disease; (k) Any weakness or defect unfitting the child for ordinary school life or physical drill, or requiring either exemption from special branches of instruction or particular supervision.

It is unnecessary to discuss here the advisability or otherwise of including in a minimum inspection the various points appearing in this summary, or to add that commonly the findings as to organic defects will be of a negative character, the positive facts of the inspection being relatively few, and in part obtainable by the trained teacher or school nurse. (*See par. 15*). Moreover, some of the above conditions will not require investigation in children on admission, when this takes place at or under five years of age. On the other hand, some defective children will require a more thorough examination than this minimum. Reasonable latitude must be allowed, and the summary must be taken only to indicate the points upon which the Board desire as much uniformity as possible in the minimum medical inspection, and must be adapted to the age-period. The Board propose to issue at an early date an examination form suitable to this inspection.

REGULATIONS.

12. The Board have decided under section 13 of the Act that *not less than* three inspections during the school life of the child will be necessary to secure the results desired.* The first inspection

* There will be special areas where the Board may from time to time require that the inspection should be at shorter intervals and of a more searching character, and also areas in which, owing to the largeness of size or population, some exception may have to be made in the early years by way of reduction of the burden per annum.

should take place at the time of, or as soon as possible after, admission to school; the second at or about the third year (say, the seventh year of age); and the third at or about the sixth year of school life (say the tenth year of age). A further inspection immediately before the departure of the child into working life would be desirable where practicable, and in some areas it may be best for this to take the place of the third inspection. Certain adjustments will be necessary in working out any standard in practice, as it will at once be evident that without such adjustment the first year (1908) would be unduly burdened with the inspection of the children newly admitted and of all the children already in school.

Provision should be made by each Authority, when the Act has been sufficiently long in operation to be in normal working, for the inspection in each year of (a) the children newly admitted; (b) the children in the school who in that year had matured for their second inspection; (c) those who had matured for their third inspection; and where practicable (d) those about to leave school might also be inspected. *But in the first year (1908) it may prove impracticable to attempt more than the inspection of the children newly admitted and those leaving school;* and in the second year (1909) the Board will be satisfied with the inspection of those newly admitted and those leaving, with the addition of children who have matured for their second inspection (which is perhaps the occasion of all others requiring the most thorough examination). Some such adjustment would tend to equalise the burden over successive years. It will be understood that the precise way in which the children are grouped in the school for medical inspection will vary according to the internal organisation and circumstances of each school. It may be most convenient, for instance, to carry out the inspection on an age basis rather than on a basis of period of school life. In subsequent years the Board may issue notice modifying the age periods for inspection in order to obtain facts respecting child physique at ages other than those included above.

The Board recommend that each Local Education Authority should encourage one or both of the parents of the child to be present at the first inspection, and to this end a notification should be sent to the parents as to the time and place at which it will take place. Whilst some trouble may be involved in inviting the parents, the Board believe that substantial gains would be secured, for by this

means misunderstandings will be avoided and prejudice will be disarmed. Moreover, the parent is able to facilitate examination and provide information, and the medical inspector's opinion could be given clearly and directly to the persons most nearly concerned.

13. The following further regulations should be observed :—

- (a) The inspection should be conducted in school hours and on school premises, and in such a way as to interfere as little as may be with school work. The examination of each child need not, as a rule, occupy more than a few minutes.
- (b) The convenience of the teaching staff and the circumstances of each school must receive consideration, and in these matters and in the actual examination the medical officer will no doubt exercise sympathy and tact, giving due thought to the personal susceptibilities of those concerned.
- (c) The facts revealed by inspection must be entered in a register kept at the school, the confidential nature of many of the entries being carefully respected. A copy of the entries should be transmitted with the child to any other school to which he or she may go.
- (d) Every School Medical Officer should make an annual report to the Local Education Authority on the schools and children under his superintendence, which should be printed for facility of reference and in order that a supply of copies may be available for distribution among the members of the Authority and other persons interested. The Authority should send two copies of the report to the Board of Education as soon as possible after the end of the year under review.
- (e) In order to secure effective bases for comparison of the work done in different parts of the country, one uniform year must be taken, the year to be adopted being in all cases the calendar year, in order to correspond with the annual period fixed for the closely related report of the Medical Officer of Health.
- (f) The report should be concerned chiefly with the conditions and circumstances affecting the health of the children in the Elementary Schools of the district.

(g) It should also contain statistical records of the number of children examined and of those re-examined or under medical supervision; the nature and results of the examination; the number of visits paid to classes; the number and character of the diseased conditions found at certain age periods; particulars as to blind, deaf, defective and epileptic children; the medical advice given both as to the prevention of conditions inimical to health and the remedy of diseased conditions that may be discovered, action taken, and so forth.

(h) In addition to such records it will be well, as far as practicable, to make systematic comparisons of the individual and collective measurements and characteristics of the children in each school with standard and local records, both as a means of determining the condition of health of particular children or classes, for guidance in future action, and as part of the anthropometric survey to which this Act should contribute in due time. This part of the work, however, must be kept in a secondary position while so much remains to be done in the elementary essentials of school hygiene. It is to those essentials, and the manner and degree in which they have been dealt with in his district, that each school medical officer should devote the major portion of his report.

AMELIORATION AND PHYSICAL IMPROVEMENT.

14. The aim of the Act is practical, and it is important that Local Education Authorities should keep in view the desirability of ultimately formulating and submitting to the Board, for their approval under section 13 (1) (b) of the Act, schemes for the amelioration of the evils revealed by medical inspection, including, in centres where it appears desirable, the establishment of school surgeries or clinics such as exist in some cities of Europe, for further medical examinations or the specialised treatment of ringworm, dental caries, or diseases of the eye, the ear or the skin. It is clear that to point out the presence of uncleanness, defect, or disease does not absolve an Authority from the consequent duty of so applying its statutory powers as to secure their amelioration and to prevent, as far as possible, their future recurrence or development. The subject of

specific medical treatment is, however, one which will require subsequent consideration in the light of the findings of medical inspection and the collateral, issues raised thereby, and it is clear that, speaking generally, and subject to the observations in the following paragraphs Local Education Authorities will be unable to formulate and submit for the Board's sanction any comprehensive scheme for the furtherance of this object until they have considered the results of their medical inspection in various directions.

15. In the meantime the authorities should take measures without delay, for dealing, through such agencies as are conveniently available, with what are commonly, thought in a sense, erroneously, regarded as minor ailments. To such ailments, measures of amelioration should immediately be applied. In a broad sense all such amelioration is "treatment." Indeed, properly administered, the Act must become something more than a mere record of disabilities and defects. It opens the way to new means of education and lays upon Education Committees duties involving "treatment" in a broad conception of the term. A few instances will make the matter clear. Thus in controlling ringworm it has been open to a Committee (a) to neglect the disease altogether; (b) to adopt a policy of exclusion from school of affected children; or (c) to supervise or carry out some method of amelioration. Up to the present many Authorities have followed the first course. It is intended that in future they should, according to their abilities, adopt the third. Verminous heads and bodies form another illustration of a common condition in which amelioration can be secured by school nurses. Further, a careful survey should be taken of all available facilities for the promotion of the bodily cleanliness of school children. Wherever such facilities exist they should be utilised to the utmost, and where they are absent the desirability, particularly in the more congested areas, of providing them, either in the schools themselves or at convenient centres, should be clearly recognised. It is of the utmost importance to remember that baths with the necessary accompaniments of soap, sponges, towels, &c., should be utilised, not merely for the immediate and obvious purpose of cleansing the bodies of the children, but also as a humanising influence and as the means of inducing habits and instincts of cleanliness and of inculcating practical lessons in the value of personal hygiene and in self-respect. The same is true of such other simple practical matters as the daily brushing and cleansing of the teeth, which is a subject well worth careful treatment in many of our elementary schools.

16. Practical amelioration is already undertaken by Local Education Authorities in checking the spread of infectious disease by exclusion of affected or susceptible children, supervision and medical examination of "contacts," disinfection of schoolrooms, and so on. Again, the modification of the teaching and work of the school and its adjustment to the physical capacity of the scholars is a form of "treatment" which, in the end, will bear much fruit. Thus the defective visual acuity of children, particularly young children, calls for early correction at the instance of the Education Authorities either alone or in conjunction with some voluntary society; but the rational treatment of some of the children will as a rule be an educational modification which avoids the necessity of spectacles, such modification for example, as will diminish the prevalence of the bad habit of working the eyes at near distance, or ensure the adoption of suitable type of letterpress for the reader's eyes. Antecedent even to the discovery of such visual defects should come the removal, as the result of medical inspection, of unsatisfactory conditions of school life which are a common cause of fatigue and of injured eyesight. Obviously such remedies are of greater importance to the eventful health of the community than the specific medical treatment of individuals.

17. Lastly, it must not be forgotten that Parliament itself has recognised the necessity of imposing some share of responsibility upon Education Authorities as to treatment in the broader sense in which the term is being used in this paragraph, by the special legislation provided in the Elementary Education (Blind and Deaf) Act, 1893, and the Elementary Education (Defective and Epileptic) Act, 1899. The powers conferred by these Acts are wide and furnish authorities with the means of placing needy cases under special treatment. The Board of Education have approved in various county boroughs arrangements under the last-named Act, and in other districts the subject is receiving attention. Nor must it be forgotten that in respect of defective nutrition considerable powers have been conferred on Local Education Authorities under the Education (Provision of Meals) Act, 1906. In all questions relating to the practicable means of amelioration and in some even affecting the arrangements for medical inspection, the Board are satisfied that the efficient local administration of the Act will depend in no small measure upon the good offices of School Managers, many of whom have already done so much in this sphere, and to whose interest and sympathy they cordially commend the new work.

18. This Circular is of a preliminary nature only, and concerns almost entirely the work of the new Act at its initiation. The Board recognise the importance of steady progress in these matters, and have at present under consideration the practicability of the further adaptation of educational methods to the physical and mental capacities of the normal and abnormal child, of special anthropometric and analogous investigations, and of improving the methods of dealing with infectious diseases in schools. Such questions as school ventilation, the curricula of infant departments, the training of crippled, feeble-minded, blind, deaf, or mentally deficient and epileptic children, special schools for other types of afflicted children, physical culture for pupil-teachers, the standard of medical examination for pupil teachers for training college students, and for teachers, and other kindred subjects are also receiving their careful attention. Further, the Board are urging the necessity of giving special instruction in the principles of hygiene to all students in every type of training college, so that they may be able to deal profitably with this subject in the schools. To deal rightly and effectually with these matters will take time. The Board are desirous that the administrative machinery necessary for the appropriate working out, in various localities, of these and allied questions shall be the outcome of real organic growth rather than a hasty attempt to impose one mechanical system upon all districts irrespective of their requirements or resources. And in all steps taken the progressive unification of the medical services and the needs and circumstances of each community must continually be borne in mind.

ROBERT L. MORANT.

BOARD OF EDUCATION,

WHITEHALL, LONDON, S.W.

22nd November, 1907.

The unification outlined in the above Memorandum has for years been advocated by the Medical Officers of Health Society. It is a good omen that the ideal of a co-ordinated and unified medical service for the public has been realized by the Board of Education and that in issuing this, the first document since its Medical Department was formed, the Board is acting in co-operation with the great central department concerned in administrative measures for improving the health of both children and adults—the Local Government Board. Thus an important step has been taken towards the constitution of a unified, central and national service of health.

The essence of success in local public health administration is that there should be no overlapping. Had the administration been placed under a fresh department, chaos, confusion, greatly increased expense and possibly friction would have been the result. It is a proof of the wisdom of the Board that it has recognised this and that it has insisted on the unification of the local medical administration concerned in public health work and the more special work relating to school hygiene. The circular printed above states: "This is the only practicable method and that which is most likely to promote economy, harmony and efficiency." In the last paragraph of the circular the policy of the Board is further emphasized "in all steps taken the progressive unification of the medical services. . . . must continually be borne in mind."

The Board of Education has taken a sound and far-seeing view of the kind of medical inspection required. It is prevention; the discovery and rectifying of the deficiencies at their commencement that is aimed at. If Local Authorities will face their great responsibility and their still greater opportunities for doing good of untold value preventive work on the widest basis is ready to their hands. It is gratifying that the Eccles Corporation practically lead the country in this matter and realized the enormous possibilities of this work and the great good obtainable by the supervision of schools. The children of the present day are the coming citizens of the country and it is our duty to see to it that they are turned out fully equipped both physically and mentally. It has been objected that too much is being put on Education Authorities; that matters of this sort have nothing to do with education. To this it may be answered that stoney ground produces no crop; that to spend money and time on the endeavour to educate a physically defective child *is* sowing your seed on stoney ground and is simply a waste of public money.

SCHEDULE OF REGISTER.

<i>Name</i> (Surname first)					<i>School</i>		
<i>Address</i>							
Date of Birth.	Measles.	Wh'ping Cough	Chicken Px.	Scarlet F.	Diphtheria	Other Illness.	
FAMILY HISTORY (if exceptional)					Speech		
					Standard Reg. Att.		
	I.	II.	III.	IV.	Mental Condition		
Date					Heart, etc.		
Age					Lungs		
Height					Nerv. Sys.		
Weight					Tubercule		
Head					Rickets		
Body					Deformity & Spinl. Dis		
Clothing Footgear					Com. Dis.		
Vision $\frac{R}{L}$					Other Dis.		
External Eye Dis							
Nutritn.							
Teeth					Directions to teachers		
Tonsils Glands					Notice to Parents		
Adenoids					M.O. Initl.		
Ear Dis.							
Hearing							

It has been urged that Infants cost the tax payer a large amount of money, and that the education they receive is unsuitable. There is no doubt that in the past there has been an endeavour to force work out of the undeveloped or non-existent organs. From my experience of the Infant Schools in this Borough, I am pleased to say that there is no ground for this complaint. I have not found many infant galleries, with rows of babies sitting for hours doing mechanical

lessons with bricks and chalks trying to copy what the teacher puts on the blackboard. Instead of trying to teach the finer movements necessary for sewing, knitting, &c. the system now is to develop the coarser movements. The British Medical Journal has repeatedly pointed out that the teacher of infancy is far more important than the University Professor, and that the wise handling of undeveloped children is of more importance than the elaborating of developed brains.

When the body is deformed and badly developed by cramped positions, when the sight is injured by fine work and the brain during its growing period strained and weakened it is too late to undo these evils. Many of the teachers in our Infant Schools have made a study and understand the child brain; they realize the importance of coarse movements as pointed out some years ago by Dr. Kerr, and the danger of fine work and the necessity of free movements as opposed to cramped, unnatural positions. Public money is well spent in the training of specially selected women as teachers in Infant Schools and the proper equipment of these schools with small movable tables and chairs, instead of benches, in an adequately sized room. Following the medical inspection there is thus a probability that instead of passing into a class of dullards and possibly ending in a school for defective children a physically and mentally healthy class of children will be passed into the mixed department and will have a chance to turn out useful citizens instead of filling our prisons and workhouses.

BOROUGH OF ECCLES.

INFANTILE MORTALITY during the year 1907.

Deaths from stated Causes in Weeks and Months under 1 Year of Age.

Cause of Death.		Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under 1 year.
All Causes.	Certified	24	9	7	5	45	12	7	7	5	9	8	6	9	7	6	121	
	Uncertified																	
Common Infectious Diseases	Chicken pox																	
	Measles																	
	Scarlet Fever																	
	Diphtheria including Membranous Croup									2	1	2	3	1	2	1	12	
	Whooping Cough.....																	
Diarrhœal Diseases.	Diarrhœa, all forms								2								2	
	Enteritis, Muco-enteritis						1				2					1	4	
	Gastro-enteritis.....																	
	Gastritis, Gastro-intestinal Catarrh		1	2		3	1		1	1	1						7	
Wasting Diseases.	Premature Birth	17	6	3	2	28		1									29	
	Congenital Defects	1				1											1	
	Injury at Birth																	
	Want of breast milk,starvation Atrophy, Debility Marasmus				1	1	5				1		1		1		9	
Tuberculous Diseases.	Tuberculous Meningitis									1							1	
	Tuberculous Peritonitis:																	
	Tabes Mesenterica																	
	Other Tuberculous Diseases												1				1	
Other Causes.	Erysipelas																	
	Syphilis						1										1	
	Rickets																	
	Meningitis (not Tuberculous)													1	1		2	
	Convulsions	3	1			4	1	1	1			1	1	1	1	2	12	
	Bronchitis						1	1			2	1		1	2		8	
	Laryngitis																	
	Pneumonia				1	1	1	1	1		2	4	1	4	1		16	
	Suffocation, overlying				1	1											1	
	Other Causes	3	2	1		6	2	2		2		1	1			1	15	
		24	9	7	5	45	12	7	7	5	9	8	6	9	7	6	121	

District (or sub-division) of Barton-upon-Irwell.

Births in the year { Legitimate 985 Population estimated to middle of 1907
 { Illegitimate 34 39,000

Deaths from all causes at all Ages 585

INFANTILE MORTALITY.

For several years I have called attention to this, the most serious blot on our sanitary administration. It has been stated that the infantile mortality is the index of the sanitary state of the district. I do not think this is true. The causes influencing infantile mortality are more individual than local. As I have pointed out on many previous occasions the cause of disease among infants is almost invariably improper feeding. Diarrhœa, Cholera Infantum, Atrophy, Gastro-enteritis, diseases of the stomach, inflammation of the stomach, inflammation of the bowels, dentition and convulsions are the primary and secondary results of bad and improper feeding. The Infantile Mortality for the year was 119.

Some time ago Dr. Niven referring to the Jewish population of Cheetham, stated: "They live in poor surroundings and their Infantile Mortality for a number of years has varied from 97-124."

The most prolific cause of death in infants under one year is Diarrhœa. It is established beyond question that a hot and dry summer causes a high death rate from this disease. This is undoubtedly due to milk contamination by exposure, flies and dust. It is not that the parent does not endeavour to buy good milk. It is because that in cold weather the bacterial growth in foods especially milk is inhibited. Milk is a medium in which bacteria rapidly multiply. All milk contains large numbers of bacteria which are harmless. When the milk gets impregnated by a pathogenic or disease producing bacillus by a fly which has been walking on a midden or a manure heap then the disease arises. During the year just ended the deaths from diarrhœa were few; due to the cold, wet summer. Unfortunately the Borough has been subjected to a very severe epidemic of Whooping Cough which has raised the infantile death rate very greatly. The problem of dealing with this disease is very difficult. The onset of the disease is insidious, the duration is prolonged, the advisability of excluding contacts is still a matter of discussion. The fatality of the disease in infants has been very great. In November there were 10 deaths under one year; in December, 4; and in the month of January, 11 deaths.

For upwards of three years a Ladies' Health Society has been doing good work in the borough. Twelve months ago a gentleman formerly on the Council made an offer to give £1 to the parent

of every child born on or after February 1st, 1907, which was alive twelve months after its birth. The Health Committee supplemented this by the offer of 1s. for the notification of the birth within 48 hours. Cards have been prepared of which copies are given below pointing out what should be done for the baby and what should not. All the information regarding these babies is recorded in a special register. Every mother in the borough receives a card immediately the return from the Registrar of Births comes in. Those in Eccles Ward also receive a promissory note to pay £1 at the end of twelve months. Hitherto the great difficulty in dealing with this question has been that as long a period as six weeks sometimes elapses before the birth of the child is registered and comes under the cognizance of the Health Department. A new Act has been placed on the statute book, entitled: "The Notification of Births Act." This Act which meets a long felt want on the part of Health Authorities at first sight seems to bear hardly on the medical practitioner; but on more careful reading it will be observed that these objections are founded on a misapprehension.

As regards the supposed *infringement of secrecy*, it will be noted that it is only obligatory to give "the necessary information of the birth," no definition of what is necessary being included in the Act. It does not follow that in all cases either the name or address of the parents will be demanded; it is for the medical officer of health receiving the notification to decide, in the first instance, what is or is not necessary; and in difficult cases he will be assuredly satisfied by a private explanation, where there is any danger or trouble arising from the infringement of secrecy.

As regards the *unpaid duty thrown by the Act on the medical practitioner*, it will be observed that: "A person shall not be liable to a penalty . . . if he satisfies the court that he had reasonable grounds to believe that notice had been duly given by some other person." A word, before leaving the house, to the husband, midwife, friend, or neighbour of the patient will justify the medical practitioner in doing nothing more. Besides, after all, it is only the medical officer of health who can know whether any particular notification has or has not been given him; and if he choose to take this view of the Act, the practitioner will never hear any more about it. All that is required, is tact in the medical officer of health, and confidence in his tact on the part of the practitioner. In other words, it corro-

borates the usual doctrine that we must all work in to the best of our ability with the medical profession in general in our districts.

It is impossible in a problem of the magnitude of this one to shew immediate results. Years must elapse before substantial improvement can be shewn. Still it cannot be too much insisted on that the admirable results shewn in the Monton Ward are within the reach of the other wards. More instruction in Hygiene must be given to girls and more encouragement of breast feeding must be given. The prohibition of mothers from work for at least six months after confinement should be made absolute. The population of a country is its most important asset, and with the rapidly declining birth rate it is most essential that the children we do get should be preserved.

BOROUGH OF ECCLES

FOR THE BABY.

THE GOLDEN RULE.

For the Life and Health of the Baby.

"Feed with the Mother's Milk :

The Mother's Milk is the natural food and the best."

For every baby fed on its Mother's Milk who dies before the age of three months, fifteen babies die who have been fed by other means.

Rules for the welfare of the Baby.

When the Mother cannot suckle the child it should be fed on new Milk and Water mixed in certain proportions according to age. At first half milk and half water, with a teaspoonful of cream and a little sugar. Then as the child grows older less water to be added.

The amount of food placed in the bottle each time the child is fed should not be more than enough to satisfy it for the time, beginning with two ounces and increasing as the child grows. Should any be left when the child is satisfied, it should be thrown away, the bottle and teat washed, and then kept in cold water until again wanted.

What to do.

Always feed the baby at regular intervals, every two hours at first, gradually lengthening the interval to three hours.

Always wash out the baby's mouth twice a day, night and morning.

Always keep the baby very clean.

Always bathe (or sponge all over) the baby once a day in warm water.

Always let the baby sleep in a cradle or cot ; a wicker basket makes a good cot (or even an empty packing case). But never let the baby sleep in the same bed with its mother.

Always use Fullers Earth to powder the baby, not starch or flour.

Always attend to the baby when it cries. The baby cries for one of three reasons—

- (1) The baby is hungry ;
- or (2) The baby is uncomfortable, or something hurts ;
- or (3) The baby is ill.

What not to do.

Never give the baby soothing syrups, fever powders, or anything of that sort.

Never give the baby bread, or sops, or gravy, or any other food, except milk, till it is more than seven months old.

Never give the baby skimmed milk, or milk that is not perfectly fresh and good.

Never use a feeding bottle with a long tube. Nobody can keep the inside of the tube clean.

Never use a "comforter" or dummy teat. It is most injurious.

Never carry the baby "sitting up" until it is five months old.

Never neglect to send for a Doctor if the baby is ill. Babies are soon overcome and easily die.

BOROUGH OF ECCLES.

As fully 80 per cent of the deaths of Infants are caused by improper feeding the Health Committee earnestly request each mother and nurse to carefully read this leaflet,

HOW INFANTS SHOULD BE FED.

The Instructions given below are only to be acted on when no directions have been given by a Medical Man.

1.—Infants should *be fed at the breast alone for a period of not less than 6 months or more than 10 months.* Any other form of Milk should not be given, except on the advice of a medical man.

2.—Infants should have the breast during the first 3 months, not oftener than every two hours during the day, and every four hours during the night. At the end of three months they should be suckled at longer intervals. When they are fretful or suffer from indigestion, it will often be found that they are being overfed, and diminishing their diet will put them right.

3.—The mother should, in order to supply wholesome milk to her child, partake only of plain and wholesome food, avoiding absolutely alcoholic stimulants, condiments, etc., and should lead a healthful life. If she suffer from sore nipples, they should be washed with warm water after every time the child has been fed, and glycerine or methylated spirit should then be applied to them.

4.—When from want of milk or other absolutely necessary cause a mother cannot suckle her infant, she should feed it on fresh cow's milk, prepared thus:—

(a)—*Diet up to age of 6 weeks.*—Half-a-pint of good fresh milk and one pint of water, with a small teaspoonful of white sugar, should be mixed and boiled, and then placed in a clean jug, covered with a clean cloth. Four tablespoonfuls of this should be placed in the feeding bottle each time it is used; and after each time the child has been fed, the bottle should be most thoroughly cleaned. The infant should not be fed oftener than every two hours during the day, and every four hours during the night.

(b)—*Diet for a Child 6 weeks to 3 months old.*—The milk may be gradually made stronger until one pint of cow's milk is added to one pint of water, and boiled and treated as above. The amount at each feeding should be increased until 8 tablespoonfuls are put into each bottle; the intervals between the meals being also increased.

(c)—*Diet for Child 3 to 6 months old.*—The strength of the milk may be increased until two pints of cow's milk are mixed with one pint of water, boiled and treated as above. About 8 tablespoonfuls should be given at each meal. The quantity however and the interval between the meals are to be increased as occasion requires, but it is necessary always to bear in mind the danger of overfeeding.

N.B.—Up to the age of 6 months no other food than milk should be used. On no account should bread and water "Pobbies," or other solids be given.

(d)—The Bottle used should be that known as the Boat-shaped Bottle. Bottles having a tube cannot be efficiently cleansed. The Bottle should be cleansed with water containing Bi-Carbonate of Soda, the Teat should be turned inside inside out and also cleansed.

5.—Table showing how much an Infant should be given at a time and how often.

	How often in Day.	How often in Night.	How much.	Strength.
From Birth to Four Weeks old	Every 2 hours.	Every 4 hours.	4 tablespoonfuls.	One-third milk.
From Four to Eight Weeks old	Every 2½ hours.	do.	6 tablespoonfuls.	One-half milk.
	Increasing gradually.			
From Three to Six Months old	Every 3 hours.	Twice.	8 to 16 tablespoonfuls.	Two-thirds milk to pure milk.
From Seven to Twelve Months old	Five meals a day—Three of 12 tablespoonfuls of pure milk and Two of 12 tablespoonfuls of milk thickened with baked flour, bread, or prepared food, and boiled.			

Diet of a Child from 12 to 18 Months old.

First meal, 7 a.m.—Bread and milk, or oatmeal or hominy porridge, with plenty of milk.

Second meal, 11 a.m.—Twelve tablespoonfuls of milk.

Third meal, 1-30 p.m.—Bread crumbs and gravy, or a lightly-boiled egg and bread and butter.

Fourth meal, 5-30 p.m.—Bread and milk.

Fifth meal.—Milk to drink.

All milk should be sweetened with sugar (milk sugar if possible).

6.—When condensed milk is used, mothers should be careful to get only the best brands, and the unsweetened milk should be preferred. They should carefully examine the labels on the milk tins, as by the Sale of Food and Drugs Act, all condensed milk not made from whole milk must have attached the words, "*Machine-made milk*," or the words, "*skimmed milk*," in legible characters.

7.—Infants should not be placed on the floor, as they are thus exposed to draughts and infectious dirt.

8.—They should be warmly clothed, but not with many clothes. Their clothing should not fit tight about the body, but cling loosely, so as to give free play to the lungs. The limbs should be covered equally with the body. Flannel should be worn next to the skin.

9.—Mothers are strongly warned against giving children teething powders, or soothing medicines to send them to sleep.

10.—When an infant continues to suffer from Indigestion or Diarrhœa, in spite of every care in feeding, the mother should consult a medical man, who will advise her how to act.

11.—It cannot be too strongly impressed upon mothers that young infants can be much more easily prevented from disease by careful dieting and management than they can be cured when disease actually occurs.

Copies of this leaflet can be obtained at the Health Office, Town Hall.

W. M. HAMILTON, M.D.

Town Hall, Eccles,

ECCLES LADIES' HEALTH SOCIETY.

Year ending December 31st, 1907.

In presenting their Third Annual Report the Committee of the Eccles Ladies' Health Society, desire to say that its labours continue on the same lines as heretofore.

The Health Visitor (Mrs. Irlam) has had upon her books 833 individual babies, and has paid 6,460 visits during the year. Leaflets, giving instruction on the proper feeding of infants have been printed, these have been distributed by the Health Visitor when calling at the homes of newly born infants. As soon as registration takes place the visitor calls to see the baby and endeavours to visit weekly for the first month, then afterwards monthly until the child is a year old, in all apparent cases of neglect she calls more frequently. The Committee are anticipating a decrease in the Infantile Mortality of the Borough through the adoption of the "Notification of Births Act" which requires registration of births within 36 hours, this will enable the Health Visitor to call and see the children earlier so that in cases of weakly infants she will be able to give special information, and render assistance to the mothers.

Mrs. Nanson (the Superintendent), has conferred weekly with the Health Visitor, going through the visiting lists and noting the circumstances of each case, saving during her absence from home, when this duty was kindly undertaken by Mrs. Hurrell, the president. The milk allowed by the Committee to bottle-fed babies or to nursing mothers is a great boon, and eagerly sought in homes where the pressure of poverty is unduly hard. During the last twelve months there has been only five weeks in which some expenditure on this item is not recorded, whilst in the Winter months, three, four, five, and for a short period six families have been concurrently helped in this manner. In five of these cases the distress was owing to the sickness of the bread-winner, whilst in another the serious illness of the mother herself was the cause. In eight cases help has been needed owing to the father being out of work. In nine cases it had to be given because of the low wages earned and the uncertainty of the work, the head of the family being only an unskilled labourer, this large class is in a chronic state of poverty and when any special

emergency arises real distress is immediately felt. Amongst eight of these families there are 45 children who must all be growing up more or less insufficiently clad and under fed. In two or three cases the help has been stopped after a short period when it became clear that the distress was owing to idleness or intemperance of either parent. Altogether we have had 28 families on our books during 1907, who have received one pint of milk daily for a period of four, five, six or seven weeks according to the need, whilst to twin babies in two families a double quantity has been allowed. The superintendent has attended fortnightly meetings of the Eccles Civic Guild Central Board in her capacity of representative of the Ladies' Health Society, which has had the effect of bringing dire cases of distress discovered by our Visitor before the notice of that association.

The Mothers' Meetings continue to be held weekly, during the year the following lectures have been given by some of the ladies of our Committee: Health; Prevention of Diarrhœa; Temperance; Functions of the Skin, etc., all of which were much appreciated. Mrs. Spary's lecture on Fire-guards the previous year impressed some of the mothers and was the means of encouraging many of them to purchase these useful articles; Mrs. Bethel presented a dozen to the Society and another dozen was purchased all of which have been sold to the women at a minimum cost. This goes to show that if the guards were obtainable at a smaller cost than 1s., more would be bought and some small thing would be done to prevent the terrible waste of life as it now exists. Materials to the value of £12 15s. 5d. have been sold in the year. There has also been a savings club before each holiday season and the women have saved and had returned to them £6 11s. 11d.

The Society in conjunction with the Sanitary Department advocates the use and disposes of boat shaped feeding bottles, loans lime brushes and sells carbolic soap. During the year 101 bottles have been sold and there have been 118 loans of lime brushes.

The most important event of the year is the record of the experiment inaugurated through the generosity of Ed. Potts, Esq., J.P., of the giving of a birthday gift of a sovereign to each of the children born in the Eccles Central Ward during the year. The experiment has not been sufficiently long to enable us definitely to trace any beneficial results in its effect upon the longevity of infantile life in that Ward. The scheme commenced February 1st,

1907, and during the 11 months out of 121 births 11 have died. It is pleasant to note the gratification with which the mothers have received the visits of the Health Visitor and Lady Superintendents and the delight it has given the parents to see their children so early acknowledged as citizens of the civic community.

It is gratifying to report fewer deaths among the children this year, the infantile death rate being 119 per 1,000 compared with 139 per 1,000 in 1906, whilst the average for the previous 10 years was 146.

Many of the deaths notified in 1907 were due to what might almost be described as an epidemic of Whooping Cough.

The Health Visitor has been untiring in her labours and much good work has been performed by her.

GRACE MELLOR,

Hon. Secretary.

CEREBRO-SPINAL FEVER.

In the early part of the year this disease was prevalent in an epidemic form in Glasgow, Belfast, and other parts of the country. Your Medical Officer was sent to Glasgow and after examining the cases under treatment there the following circular was issued to the medical practitioners in the borough:

CEREBRO-SPINAL MENINGITIS.

An acute case has these symptoms:—

A prodromal period lasting for an hour or two to 24 hours, (rarely longer) during which the child feels out of sorts, eats little, has some pains in the legs (a common prodrome) or has a mild headache, and is dull; a rigor may be present or absent, and may precede by a few hours the actual onset.

The attack commences with vomiting or retching, a symptom which is *never* absent; or it may be preceded by a sudden pain in the head. The vomiting may be prolonged and recurrent, and the headache so severe as to at once launch the patient into wild delirium.

Next follows the irritation stage with delirium, restlessness, nervous spasms, rigidity, screaming, frequency of micturition, and vomiting, and contracted pupils.

This stage may be absent or prolonged, and is followed by a comatose state, in which the child is quiet when not disturbed; breathing becomes rapid and stertorous, face flushed and cyanotic, and death occurs in 24 to 48 hours or longer.

Of the particular signs: stiffness of the head and Kernig's sign are the chief.

The knee jerks are active in most cases, no clonus, and Babinski's phenomena is absent.

The pupils are contracted and fixed at first, later dilated, and fixed or sluggish.

Squint is common.

Conjunctivitis is the rule.

There is commonly a general spastic condition, but convulsions are rare; in some cases Jacksonian Epilepsy has been present. A petechial rash has been frequent; comes out a few hours from onset as a rule, is distributed generally mainly on abdomen and legs, and consists of ragged subcuticular hæmorrhages of various size.

Herpes has been as a rule absent.

The other features are much as described above.

MILK SUPPLY.

Last year I drew attention to this important question. The conditions of the Cowsheads and Dairies inside the Borough have been supervised and with one or two exceptions they are sanitary and clean. It is unnecessary to point out the important place filled by milk as an article of diet. Unfortunately breast-feeding has gone out of fashion. Consequently cow's milk has had to take its place. Invalids and sick persons have to live on it. It forms the basis of the milk puddings we all eat, and is used in our tea and coffee. It is estimated that there are 4,100,000 milch cows in the Kingdom and the total yield of milk per annum amounts to about 1,800 million gallons, this representing at 4d. per quart a sum of £115,000,000. It will thus be seen that the problem of the milk supply is economically a most important one. Still from the standpoint of the Sanitarian it is imperative that it should be dealt with on the lines of making it pure and clean. Some years ago Professor Koch stated at the Congress on Tuberculosis in London that Tuberculosis in the cow did not produce consumption in the human subject. This statement has been proved to be entirely erroneous and it is to be hoped that in the promised legislation on this question the sale of milk from tubercular cows will be prohibited and the offence made punishable by cumulative fines.

Milk is the principal diet not only of the infant but of the young. It may be injurious in four ways: (a) It may be infected with pathogenic organisms, for example Tubercle, Enteric Fever, Diphtheria, Scarlet Fever, &c.

(b) It may contain filth (practically all the black sediment found in milk is excrement) which engenders a high bacterial content and is a source of gastro-intestinal disturbance.

(c) It frequently contains preservatives, most of which are injurious. This especially applies to train-borne milk.

(d) It is frequently of poor quality.

Under the Dairies, Cowsheds and Milkshops Order the conditions for a pure milk supply can be laid down: they are (a) pure water supply; (b) cleansing of vessels; (c) cleansing of hands of milkers; (d) ample air space for the cattle, at least 600 cubic feet; (e) lighting; (f) ventilation. The milking should be done without risk of contami-

nation by dust; the udders should be washed before the milk is drawn, and most important of all the milk if it has to be sent to a distance, should immediately the milking is completed, be cooled down to as low a temperature as possible so as to avoid the development of bacteria. The milk should also be passed through a strainer.

Some of the large cities *e.g.*, Manchester, and Liverpool, have obtained powers to inspect the farms from which their milk supply come. They can send their Inspectors to examine cattle, and if the animals are found diseased they prohibit the importation of the milk. The natural result is that the farmer has to seek other markets and Boroughs such as ours have to receive this milk.

I called attention last year to the method of conveyance of the milk by train, to the churning, tossing and general manipulating of the milk vessels. The present method of dealing with the milk brought by train is crude in the extreme. As Dr. Tanner Hewlett says, "The ordinary form of churn is a dirt, dust and germ trap." The ideal method of consigning milk to the consumers is in bottles. Many countries already do this, and there is no reason why it should not be enforced in this country. The distribution of milk to the consumer in this district is crude and most unsatisfactory. The milk float is driven round, a ladle is dipped in the churn, the lid of the churn is off thus exposing the milk to contamination, the milk is poured into the jug standing at the front door. This jug is invariably uncovered, thus getting contaminated by the dust. It is a frequent occurrence to see these jugs standing for hours outside the door. It should be obligatory to have the milk supplied in jugs with lids. All milk sold should have a temperature of not higher than 50° F. The New York Health Department regards milk with a higher temperature as contaminated and liable to seizure. There is no doubt that the method of dipping out the milk from the can at each house is a frequent source of contamination.

In a special report on a recent visit to the United States, C. H. Tattersall, D.P.H., Medical Officer of Health for Salford, gives a very explicit account of the manner in which the milk supply is controlled in the United States. The control of the milk supply is supervised by the Board of Health, who have discretionary power in giving permits for the sale of milk in the city. These permits are renewable annally, and can be cancelled by the Board at any time. There is no appeal against its decision. In some cases the milk comes as far as from

200 to 400 miles to some of the cities. The inspection of farms supplying the city is carried out by veterinary inspectors who have no legal standing outside the city, but if inspection is refused, the milk from that farm is not admitted to the city. If the farm is dirty the farmer is warned, and if no notice is taken, then his milk is prohibited to be sold in the city as in any other case.

In the different creameries the milk, as soon as it arrives, is at once stored in cans surrounded with ice, and it is shipped to the city in railway refrigerator trucks.

In the case of three farms, exceptionally ideal conditions appeared to prevail. The cans were cleansed before milking and the teats washed. The milkers wore clean white overalls and washed their hands before milking. The milk was at once cooled, sieved, bottled and packed in ice for transport. Most of the milk is sold in open cans, but some in bottles, a proportion of which is sent direct from the dairy. On arrival at the station the milk trains are met by inspectors. In Philadelphia and New York, if the milk has a temperature of over 55° it is at once destroyed without further question. No compensation is given.

If milk is proved to be wrong from a bacteriological point of view on three successive occasions the farmer is warned each time, and the milk is refused admittance to the city until the farmer can satisfy the Board that he has put everything right.

VACCINATION.

During the year there have been 802 successful vaccinations out of 1019 births.

During the past Session an Act was placed on the Statute Book affording increased facilities to the so-called conscientious objector. It is now permissible to make a declaration before any Commissioner for Oaths (of whom there are some 10,000 in the country) or before a Justice of the Peace. Sanitarians must regard this with the greatest apprehension. It will mean that the death rate from the epidemic of next Small Pox will be appalling. It will approach to something like the fatality of the disease in the 18th Century when 3,000 per million living in London died annually from the disease—at the latter part of the 19th Century, owing to Vaccination the mortality was 46 per million. The Health Committee bearing in mind its experience of Small Pox a few years ago unanimously passed a resolution of protest against any relaxation of the Vaccination Law.

Vaccination is simply Small Pox in a very mild form. When one has the disease in this altered and very mild form they are not ready to take it in the severe form. That is the whole theory of Vaccination. Further the mild form, *i.e.* Vaccination, is not catching, and the severe form is, to a very high degree. Could any better form of protection be desired against such a terrible and fatal disease. The substituted disease is mild, the inconvenience is slight, and the danger is practically nil.

These facts are so striking and so convincing that even in democratic France the public conscience has been awakened and a law has been passed compelling people to be *Vaccinated three times*.

It is true that cases of Small Pox occur after Vaccination. This is due to the pernicious practice of some medical men of making only one or two insertions of lymph. This practice should be made penal as it is owing to it that some discredit has fallen on Vaccination. Four or at the least three insertions of lymph should be compulsory, and the number of vesicles should be stated on the certificate. It should be pointed out that a hundred years ago, Small Pox was a disease of children, because the adults had mostly survived an attack in childhood, and that the object of compulsory Vaccination is to save the children. Germany by compulsory re-vaccination not only saves the children but the grown-up people as well.

It has been stated that sanitary improvements have made the disease less severe. This is not so. In the last epidemic of 1901 and 1902 in London, practically half the patients who were unvaccinated died, and in the epidemic in this Borough the two deaths which occurred were both unvaccinated men.

In Germany Small Pox is practically abolished and Small Pox epidemic entirely so. There, not only is Vaccination compulsory for infants but re-vaccination at twelve years of age is also compulsory.

Germany, then, is freer from Small Pox than any country in Europe. Can there be any doubt as to the reason? It is the simple result of efficient vaccination and re-vaccination. And why is it not as efficiently carried out in England? Just because, as was said by a writer on the subject in the early part of the last century, "Every free-born Englishman values himself chiefly on the unquestioned liberty of doing what is foolish and wrong."

But you will be told that the freedom of Germany from Small Pox is due to more perfect system of isolation. This statement has been shown to be absolutely false.

The British Government sent out a mission to ascertain the facts. It was found that *there is no isolation at all as we understand it in England*. They have *no* separate hospitals for Small Pox, as we have, a quarter of a mile from all hospitals and asylums, and half a mile from all populated places. The Small Pox cases are treated in pavilions within the general hospitals, and these hospitals are inside the towns. Besides this, the pavilions, when not required for Small Pox cases, are used for other infectious diseases. Neither in Berlin, Cologne, Frankfort-on-Main, Wiesbaden, Munich, Nuremburg, Dresden, Leipzig, nor Stuttgart are there any special Small Pox Hospitals. Cases when they occur are sent to these general hospital pavilions. "By the agency of compulsory vaccination and re-vaccination, therefore, the German nation is able to dispense with separate Small Pox hospitals altogether."

"*It is not necessary there,*" the report continues, "*to provide for Small Pox a separate site nor separate administration.*" Germany is in this way freed from great expense, not to speak of the suffering and inconvenience which fall upon the English nation. But all this could not be achieved in Germany unless the law of compul-

sory vaccination and re-vaccination were thoroughly carried out." As it is, the cases of Small Pox that do occur in Germany are chiefly among foreigners or German subjects who have been living in foreign countries.

It may, perhaps, be said that in this free country a man should be at liberty, if he likes, to expose himself to this terrible risk by refusing to be vaccinated. He bears the risk and will have to pay the penalty if he takes the disease. Be it so if this were all. But has he—can he have—the right to subject *his innocent children to this terrible risk* by refusing them the protection which vaccination gives?

SALE OF FOOD AND DRUGS ACT.

* Statement of Samples purchased in the Borough of Eccles by the County Police, during the year ending 31st December, 1907.

No. of Samples taken.	Nature of Sample.	Genuine.	Adulterated.	Amount of Fine and Costs.			Remarks.
				£	s.	d.	
24	Milk	24	One Dismissed on proof of warranty.
18	Butter	16	2	0	13	6	
3	Coffee	3	...	...	...	...
3	Mustard	3	...	...	...	...
6	White Pepper	6	...	...	...	...
1	Raspberry Jam...	1	In one of the cases of adulterated Butter, proceedings were taken for selling unlabelled Margarine and a fine of 2s. 6d imposed
5	Scotch Whiskey	5	...	...	...	...
2	Rum	2	...	...	...	...
1	Condensed Milk...	1	...	...	...	...
1	Syrup	1	...	...	...	...
2	Irish Whiskey ...	2	...	...	...	...
2	Ground Ginger ...	2	...	...	...	...
1	Sulphur	1	...	...	...	...
3	Beer	3	...	...	...	...
72		70	2	0	13	6	

* Kindly furnished by Mr. Superintendent Keys.

SECTION V.

SANITARY WORK OF THE HEALTH DEPARTMENT.

SECTION V.

Sanitary Work of the Health Department.

STAFF.

CHIEF INSPECTOR ...	...	...	C. W. LASKEY.
ASSISTANT INSPECTOR	...	...	G. LAWS.
CLERK...	...	...	S. MYLES.
DISINFECTOR...	...	...	W. CROMPTON.

District Inspection.—This was carried out as systematically as was possible having regard to the nature and amount of other work in which the inspectors were engaged, and 3490 items constituting nuisances were discovered and remedied.

Several important works of re-drainage and privy conversion were executed. Thus 358 not newly erected houses were entirely re-drained, 290 privy-pits were converted into 489 water closets, and 5 ash-pits were abolished.

Full details of the nuisances met with and remedied are given in the summary at the end of this section.

There were 5793 re-inspections of nuisances in course of abatement, and 4288 inspections of dwelling houses. In addition the common lodging houses, cowsheds, milkshops, slaughter-houses, bakehouses, etc., have been regularly inspected and full details of this branch of the work are to be found in the summary previously referred to.

Zymotic Diseases.—The visits paid in respect of cases of dangerous infectious diseases numbered 514, and those to houses infected with "school diseases" or Phthisis totalled 1057. Six schools premises, 384 rooms, 21 privy pits and 49 public library books were disinfected, and 48 Enteric Fever pails were removed and cleansed.

The walls of 220 infected rooms were stripped by occupiers, and it was only necessary to serve notices in 12 of these cases.

There were removed for disinfection 233 lots of bedding, etc.

Drainage Examinations.—Tests were applied to drains on 660 occasions, and 69 drains were uncovered for inspection. It was again found necessary to institute proceedings on account of defective workmanship. A fine of 20s. and costs was imposed.

Privy Conversions.—The number of water closets (489) provided in lieu of privies constituted a record. The number of privies and ashpits still remaining in the Borough is as follows :—

Ward.				Ashpits.	Privy pits.
BARTON	...	...	...	29	344
ECCLES	...	...	...	30	165
IRWELL	...	...	...	58	159
MONTON	...	...	...	121	229
PATRICROFT	...	...	...	38	328
WINTON	...	...	...	29	356
TOTAL				305	1581

Dairies, Cowsheds and Milkshops.----The 15 cowkeepers' premises were inspected 62 times, and 164 visits were paid to milkshops which number 61. It is unsatisfactory to have to report that in many instances the conditions are very far below the standard which should be aimed at in connection with the trade in milk, and additional powers for insisting upon rigorous measures of cleanliness should be granted without undue delay. Nine milkshops were found to require limewashing, and in seven cases sanitary defects were noted and remedied.

Bakehouses.---There are now 48 bakehouses on the register, and to these 170 visits of inspection were paid. In 18 cases limewashing was found to be necessary, and other defects were noted in another instance.

Slaughter-houses.---There are 16 slaughter-houses in the Borough and 87 visits of inspection were paid to them. In seven instances

limewashing was found to be necessary, and in seven other sanitary defects were recorded. These were mainly due to the accumulations of quantities of manure and to the non-removal of offal.

Common Lodging-houses.—The two registered common lodging-houses continue to be well kept. No cases of infectious disease were reported from these premises during the year.

Houses Let in Lodgings.—There are eight such premises registered and 48 visits of inspection were paid to these and five others which were not registered. In these latter cases the occupiers were warned, as the premises were unsuitable. There were breaches of the Bye-laws in six instances.

Smoke Observations.—There were 41 “timed” observations of mill and works’ chimneys. No proceedings were taken during the year.

Canal Boats.—Forty-five boats were inspected and in only one case was there an infringement of the Regulations, viz: an absence of the certificate of registration. A notice was served and the matter complained of was remedied.

The boats inspected had accommodation for 139 persons, but only fifty---45 males and five females were found in occupation.

No children were found on any of the boats, and there were no cases of sickness. The sanitary condition was good, and all the boats were found in a cleanly condition.

The boats inspected were engaged in coal traffic and the whole of the inspections were made at the Patricroft Coal Wharf.

Fried Fish Shops.—There are now 35 of these places on our register and there is to be noted a great improvement in their condition. The number of items forming the subject of complaint was eight as compared with 26 in the previous year.

Public Mortuary.—The mortuary was used for the reception of seven bodies, three of them being conveyed there for post mortem examinations.

Police Court Proceedings.—It was necessary to institute proceedings in three cases. Two for the purpose of requiring compliance

with statutory notices served for the abatement of nuisances and the third for the recovery of penalties owing to the improper repair of a drain.

In the first two cases orders were granted and the defendants were fined the costs. In the third case the defendant was fined twenty shillings and costs.

Workshops.—The total number of workshops now on the register is 117, and 289 visits of inspection were paid to them.

The “outworkers” premises registered numbered 19, and 47 visits of inspection were paid.

Diseases of Animals Acts.—There have been no cases of contagious disease reported under these Acts during the year.

Tabulated particulars of Nuisances dealt with, and of other
Work done by the Staff in the Sanitary Department,
during the Year ended December 31st, 1907.

	1907	1906	1905	1904
House Drains—taken up, cleansed & re-laid	662	552	481	372
„ slopstone waste pipes, disconnected from	3	1	...	3
„ bath „ „	2	1	...	..
„ lavatory „ „	1	...	..	...
„ privy drains „ „	295	240	210	170
„ downspouts „ „	125	73	111	142
„ ventilated	81	47	27	17
„ want of	7	2	2	10
Gully Traps—defective	515	445	365	227
„ want of	4	4	4	6
„ filthy	17	8	2	10
Soil Pipes—defective	9	5	2	13
„ „ ventilation of	8	4	11	12
„ bath and lavatory waste pipes disconnected from ..	...	1	..	2
„ downspouts disconnected from...	4	1	8	4
Water closets—defective ‘pan’	1	15	3	2
„ various defects in	93	41	33	13
„ inefficient flush to	1	...	6	5
„ insufficient in mills, etc. (No. of cases)...	6	1	7	7
Slop-water closets—defective	37	51	25	28
Defective privy pits	311	255	296	195
„ ashpits	32	37	45	30
„ ashtubs	11	158	132	158
„ paving of yards and passages ...	139	184	144	205
„ „ cellar floors, etc. ..	25	41	68	75
„ channelling	2	6	2	...
„ slopstone waste pipes ..	152	192	96	120
„ brickwork around slop waste pipes	101	109	53	100
„ eaves gutters and spouting ...	98	48	37	41
„ bath and lavatory waste pipes ...	...	...	3	11
„ roofs	41	17	17	19
„ manure middens ... ..	...	4	1	3
„ slopstones	2	10	4	5
„ urinals	4	3	1	1
Cesspools abolished	4	8	1	2
Dirty houses cleansed	52	30	35	11
„ van dwellings cleansed	1	3	...	1
Yards, etc., cleansed	65	20	14	12
Closets, filthy, cleansed	18	12	4	16
House premises, damp... ..	22	10	24	3
Houses overcrowded	7	5	4	1
Accumulations of manure and rubbish ...	67	53	21	23

	1907	1906	1905	1904
Buildings—obstructive to light and air, removed	55	9	11	10
Keeping fowls, etc., so as to cause nuisance	28	10	10	10
'Backing up' of sewage	2	2	.	...
Street gullies, defective... ..	19	3	6	2
Manholes—foul smells from ... ..	..	7	1	5
Sewers—defective	19	16	14	...
Waste of water	58	15	18	23
Want of manure middens	8	7	3	6
„ ashpit accommodation	132	...	...	...
Miscellaneous	41	40	82	88
Milkshops and cowsheds requiring lime- washing... ..	9	4	2	4
„ „ defects in	7	2	...	1
Bakehouses requiring limewashing	18	17	2	4
„ defects in... ..	1	4	2	14
Workshops requiring cleansing and lime- washing... ..	15	16	10	...
„ defects in remedied	22	19	7	4
Slaughter-houses requiring limewashing	7	4	3	6
„ „ defects in remedied	7	3	6	32
Houses let-in-lodgings				
Keeping Lodgers, in unregistered premises	5	...	...	...
Houses let-in-lodgings—Breach of Byelaws	6	...	...	...
Stables requiring limewashing	2	...	...	...
Fried fish shops requiring limewashing	2	12	...	...
„ „ „ defects in	5	10	...	...
„ „ „ accumulations of offal	1	4	...	...
Common lodging houses requiring lime- washing ... ..	...	1	...	...
Pigstyes requiring limewashing	5	8	...	...
„ defects in	2	12	...	...
Back to back houses converted into through dwellings ... ..	..	...	2	...
No. of privies converted into water closets... ..	287	240	195	137
„ water closets provided in lieu of privies	489	407	343	233
„ houses not newly erected provided with new drains	358	321	246	126
„ preliminary notices served	87	10	10	14
„ committee's „ „	141	82	18	67
„ complaints made under Sec 41 P.H.A.	23	14	18	6
„ notices served under do.	5	4	66	12
„ notices under Sec 5 of L.D.P. Act, 1890, requiring stripping and limewashing	12	26	3	4
„ reports made under Sec 36 P.H.A.	52	39	32	17
„ notices served do do	28	39	32	17
„ cases before the magistrates	3	4	...	9
„ letters written	1660	1885	1399	1405
„ letters received	1083	1118	889	850
„ visits in cases of zymotic diseases	514	555	388	308

	1907	1906	1905	1904
No. of visits in cases of phthisis...	48	76	78	59
„ „ other cases of sickness	1057	603	2468	2594
„ rooms disinfected	384	335	273	250
„ schools do	6	4	7	1
„ stables, etc. do		5	...	...
„ walls, etc., stripped and limewashed	220	200	149	181
„ re-inspection of nuisances...	57.3	5257	4888	4082
„ inspections of dwellings	4288	3804	3487	2879
„ „ slaughter houses	87	71	51	56
„ „ milkshops	164	145	152	134
„ „ of cowsheds...	62	79	72	16
„ „ common lodging houses	66	65	70	60
„ „ houses let in lodgings	48	51	48	30
„ „ bakehouses	170	161	124	198
„ „ workshops	289	259	212	133
„ „ outworkers' premises	47	43	18	24
„ „ stables and piggeries	102	89	34	70
„ „ van dwellings	99	110	205	171
„ „ canal boats	45	51	52	46
„ „ fried fish & other shops	182	124	180	41
„ cottage water closets inspected	1273	944	401	912
„ schools inspected...	6	8	2	12
„ owners seen re nuisances	349	303	288	210
„ smoke observations	41	40	40	29
„ 'tests' applied to drains	660	612	769	486
„ drains opened up for examination	69	102	178	155
„ typhoid pails removed, cleansed, etc.	48	68	82	168
„ privy pits and drains disinfected	21	56	19	36
„ books disinfected	49	56	..	..
„ Notices under Sec 93 Eccles Corpora- tion Act 1901	28	23	33	37
„ Certificates under Sec 93 E.C.A. 1901	28	23	33	37

SECTION VI.

REPORT ON THE ADMINISTRATION OF THE
FACTORY AND WORKSHOPS ACT, 1901.

FACTORY AND WORKSHOPS ACT, 1901.

Workshops and Workplaces.—The total number of workshops now registered is 117—26 more than in the previous year—and the number of rooms in use is 149. The businesses for which they are used are as follows :—

Bootmaking	...	...	25	Blacksmiths	...	...	2
Dressmaking	...	...	23	Wheelwrights	...	...	2
Millinery	...	...	18	Saddlers	...	...	2
Tailoring	...	...	17	Hosiers	...	...	1
Cabinet making	...	...	5	Goldbeating	...	...	1
Laundries	...	...	5	Basket making	...	...	1
Tin-plate working	...	...	3	Carriage building	...	...	1
Joiner work	...	...	3	Dry soap making	...	...	1
Cycle repairing	...	...	2	Herb beer brewing	...	...	1
Watch repairing	...	...	2	Picture framing	...	...	1
Rope making				...	...	...	1

All these premises have been regularly inspected, and the newly registered workshops have been measured up in order that the number in occupation may be properly regulated. The number of visits paid was 289.

There were in employment 168 adult males, 144 adult females, and 103 female and 20 male young persons, a total of 435.

In 15 cases the workrooms were found in need of whitewashing, and 22 other sanitary defects were noted and remedied. In 14 instances there was failure to affix the "Abstract."

Out-workers.---Lists of out-workers were received from Manchester (2) and Salford (1). Nineteen "out-workers" premises have been registered, and 47 visits of inspection were paid to them. They were all found in a satisfactory condition. There was one case of infectious disease, but it was unnecessary to make any order as the occupier and user was the sufferer.

Factories.---Two notices relative to closet accommodation were received from the Factory Inspector and the matters complained of were remedied.

BOROUGH OF ECCLES.

FACTORIES, WORKSHOPS, LAUNDRIES, WORKPLACES & HOMEWORK.

I.—INSPECTION.

Inspections made by Sanitary Inspectors.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories (including Factory Laundries) ...	289	3	Nil.
Workshops (including Workshop Laundries) ...			
Workplaces (Other than Outworkers' premises included in Part 3 of this Report) ...			
Total ...	289	3	Nil.

II.—DEFECTS FOUND.

Particulars.	Number of Defects.			
	Found.	Remedied.	Referred to H.M. Inspector.	Number of Prosecutions.
<i>Nuisances under the Public Health Acts:—</i>				
Want of cleanliness ...	15	15		
Want of ventilation ...	1	1		
Overcrowding...				
Want of drainage of floors ...	1	1		
Other Nuisances ...	20	20		
Sanitary accommodation {	insufficient ...	4	4	
	unsuitable or defective ...	3	3	
	not separate for sexes ...	5	5	
<i>Offences under the Factory and Workshop Act:—</i>				
Illegal occupation of underground bake-houses (s. 101) ...				
Breach of special sanitary requirements for bakehouses (ss. 97 to 100) ...	19	19		
Other offences (Excluding offences relating to outwork which are included in Part 3 of this Report) ...				
Total ...	68	68		

III.—HOME WORK.

NATURE OF WORK.	Outworkers' Lists, Section 107.		Inspections of Outworkers' premises.	Outwork in Infected Premises, Secs. 109, 110.	
	Addresses of Outworkers			Instances.	Orders made (S. 110).
	Received from other Councils.	Forwarded to other Councils.			
Wearing apparel—					
(1) Making, &c....	22	Nil	47	1	1
(2) cleaning and washing					
Total...	22	Nil	47	1	1

IV.—REGISTERED WORKSHOPS.

Class.								Number.
Workshops on the Register (s. 131) at the end of the year :—								
Important classes of workshops, such as workshop bakehouses may be enumerated here.	Bakehouses	...	...	...	...	...	...	48
	Dressmakers	...	...	...	...	...	...	23
	Bootmakers	...	...	...	...	...	...	25
	Millinery ...	...	...	...	...	...	...	18
	Tailoring...	...	...	...	...	...	...	17
	Laundries	...	...	...	...	...	...	5
	Other Workshops	...	...	...	...	...	...	29
Total number of workshops on Register...								165

V.—OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspector of Factories :—	
Failure to affix Abstract of the Factory and Workshop Act (s.133)	14
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)	2
Notified by H.M. Inspector	2
Report (of action taken) sent to H.M. Inspector	2
Other	
Underground Bakehouses (s. 101) :—	
Certificates granted during the year	Nil.
In use at the end of the year	Nil.

The following Extracts from the Report of the Sewage Farm are of interest:

Sewage Flow.—There has been but a slight increase in the flow of sewage to the Works; gaugings taken from February 19th to 26th inclusive giving an average flow of 1,400,000 gallons per day, as compared with 1,350,000 gallons last year.

Pumping and Treatment.—The pumping and treatment of the sewage have been carried on without intermission during the whole of the year, with the exception of about three days, when the new pumping plant was being connected up to the delivery mains.

Destructors.—The destructors have been in full working operation the whole of the year. All the steam required for pumping engines, &c., has been evaporated by the refuse destroyed, although its average calorific value this year has been very low, averaging only 1 lb., giving 145 I.H.P., at 20 lbs. of steam per H.P. per hour, Taking coal at 10s. per ton, with a calorific value of 7 lbs. per pound, this is equivalent to a saving of over £810 in fuel.

The working capacity of the destructors during the year averaged 31·86 tons per day of 24 hours. The whole of the ashpit refuse, dry ashes and trade refuse collected in the borough have been destroyed, and 1,260 tons have been carted from the tip, towards the cost of the latter the Cleansing Committee kindly allowed £2 per week for 14 weeks.

11,629 tons of refuse have been delivered during the year, and this has all been destroyed at a cost of 10·9d. per ton for labour, with the exception of the tins, bricks, bottles, &c., picked out. (See Table I).

The tins are collected by the Central Hall Mission, Manchester, and the broken glass (pale green cullet) is sold at 17s. 6d. per ton.

The bye-product from the destructors as clinker equals 33 per cent of the total refuse destroyed, and was disposed of as follows:

3,011 tons laid in contact beds and storm water filter.

500 tons sold to contractors, &c.

75 tons used in repairing roads, &c.

The amount realised by sale of clinker to Capital Works Account was £261 9s. 2d. for 3,011 tons, at 2s. 6d. per ton, to March 31st, and at 1s. 6d. per ton from 1st April. Fine cinders sold to Contractors and the Highways Committee realised £22 3s. 1d., and broken glass, £5 1s. 6d., the total receipts being £288 13s. 9d.

The water evaporated was 2,542,300 gallons.

Disinfector.—233 disinfections have been successfully carried out during the year. No recurrence of fever or complaint of damaged bedding or clothing has been reported. The income was £122 6s. 6d., the profit being over £58.

Settling Tanks.—The weight of sludge deposited during the year was estimated at 3,300 tons.

Contact Beds.—The four half-acre contact beds in working operation are giving satisfactory results, and are capable of treating 1,352,000 gallons of sewage per day, when filled three times in the twenty-four hours.

Sludge.—Part of the sludge has been utilized as manure upon the farm, and the remainder run into trenches six feet wide, fifteen inches deep, and seven feet apart. When full and partly dried these are covered over with soil, ploughed, worked and cropped in the ordinary way.

The receipts from farm produce, &c., realised £723.

TABLE I.

MONTHLY RECORD OF REFUSE DESTROYED AND
COST OF DESTRUCTION.

MONTH.	Ashpit Refuse.	Dry Ashes.	Fish Offal.	Carted from Tip.	Total of Tons Destroyed.	Cost of Labour per month.		
						£	s.	d.
1907.						43	9	10
January ...	Tns. Cwts. Qrs. 353 18 3	Tns. Cwts. Qrs. 469 6 0	Tns. Cwts. Qrs. 14 0 0	Tns. Cwts. Qrs. 98 9 3	Tns. Cwts. Qrs. 935 14 2			
February ...	404 16 2	437 14 1	7 15 3	22 2 3	872 9 1	40	2	0
March ...	395 17 0	486 10 3	10 19 2	12 2 1	905 9 2	49	11	4
April ...	452 13 2	453 5 2	16 6 0	18 17 1	941 2 1	42	19	7
May ...	436 5 2	442 17 2	18 6 3	76 11 1	974 1 0	45	19	11
June ...	521 3 2	395 17 3	17 17 2	120 14 0	1055 12 3	44	5	10
July ...	494 5 2	402 16 3	20 10 1	150 12 3	1068 5 1	45	11	9
August ...	410 15 1	398 14 1	19 6 1	274 4 2	1103 0 1	42	8	2
September	328 13 1	363 14 2	16 8 2	227 10 1	936 6 2	43	6	5
October ...	356 8 3	446 18 3	16 9 1	130 8 1	950 5 0	44	1	8
November .	336 11 0	454 18 2	14 9 2	100 18 1	906 17 1	42	12	11
December .	461 11 0	480 4 1	11 0 3	27 13 0	980 9 0	46	4	9
TOTAL.....					11629 12 2	£530	14	2

Annual cost in labour of destroping the Refuse, including cleaning out boiler flues, &c., is 10'9d. per ton, as compared with 11'6d. per ton last year.

TABLE No. II.

The Rainfall during 1907 upon the Eccles Corporation Sewage Farm, as registered by the rain gauge on the Settling Tanks, which is fixed at an altitude of 72 feet above the sea level, has been as follows :

MONTH. 1907.	Rainfall per month.	Days on which over ·01 fell.	Greatest fall.
January ..	1·290	16	·370
February ...	1·330	11	·390
March	2·410	13	·890
April	1·015	11	·210
May	3·450	19	·520
June	5·865	28	·650
July	4·043	19	·750
August ..	3·205	15	·790
September ...	0·770	6	·405
October...	3·045	19	·535
November ...	2·725	17	·500
December ...	2·650	17	·580
Total ..	31·798	191	

The following Table gives the Annual Rainfall on the Sewage Farm for the last Ten years :

Year.	Rainfall.	Year.	Rainfall.
1897	32·442	1902	25·903
1898	26·927	1903	41·138
1899	31·899	1904	26·450
1900	38·167	1905	27·193
1901	30·909	1906	32·425

TABLE No. III.

Effluents from the Treatment of Sewage.

Description of Sample.	Oxidizable Organic matter. Oxygen absorbed 4 hours test. Grains per gallon	Method of Treatment.	Remarks
Eccles Corporation. Apr. 9, 1907, 2-15 p.m. Fine weather	0.27	Tanks, filter and land.	Clear and colourless liquid. Light brown sediment. Sewage smell.
Eccles Corporation. July 3, 1907 11-35 a.m. Slight rain.	0.34	do.	Clear and colourless liquid. Little brown sediment. No smell.
Eccles Corporation. Sep. 10, 1907 12-45 p.m. Fine weather	0.59	do.	Brown turbid liquid. Brown flocculent sediment. Earthy smell.
Eccles Corporation. Dec. 12, 1907 1-20 p.m. Fine weather	0.30	do.	Clear and colourless liquid. Light brown flocculent sediment. No smell.

(Signed),

FRANK SCUDDER, F.I.C.,

For SIR HENRY ROSCOE,

Mersey and Irwell Joint Rivers Committee.

SANITARY LEGISLATION OF 1907.

Of the Acts which have been added to the Statute-book during the past year an unusually large number have some concern with Local Government and Public Health, several being of exceptional interest and value. Another year has passed without the long-wished-for and much-needed consolidation of the English Public Health Acts, but an important step towards that end has been taken by the passing of the Public Health Acts Amendment Act, 1907, whereby, after 1st January, 1908 Local Authorities will be enabled to acquire for themselves many of the most useful of the powers which the larger and richer authorities have already obtained by means of Local Acts. The need for improved supervision of our food supplies has also been recognised in the passing of the Public Health (Regulations as to Food) Act, whereby the Local Government Board have been empowered to make regulations as to the importation, preparation, storage, and distribution of articles of food. A dangerous defect in the existing law relating to this subject has, it is to be hoped, thereby been remedied, and under the special administration of the new Inspector of Foods, &c., branch of the Medical Department of the Local Government Board, this new Act ought to lead to a marked improvement in the quality and modes of distribution of our food supplies. There still remains for, it is hoped, early legislation the need for ensuring a cleaner and more wholesome milk supply to our towns; whilst the Sale of Food and Drugs Act, and the law of adulteration generally, urgently require amending and strengthening.

PUBLIC HEALTH ACTS AMENDMENT ACT.

This useful measure was introduced in the first instance by Mr. J. W. Wilson, with the object of enabling Local Authorities to obtain by a simple process of adoption many of the clauses which, having been introduced in Private Bills in recent years, have been accepted and allowed by Parliament. Some such legislation has more than once during recent years been advocated by the Police and Sanitary Regulations Committee of the House of Commons. During its detailed consideration by the Standing Committee of the House of

Commons to whom it was referred, it underwent considerable modification, and eventually it was practically taken over by the Government.

In its final form the Act is divided into ten "Parts." Many of its provisions are included in the Eccles Corporation Act, 1901.

PART II.—*Streets and Buildings*.—Secs. 15—33.—This Part deals with the deposit of plans with the Local Authority, the power of the Local Authority to vary the position or direction, and to fix the beginning and the end of new streets, the regulations of the crossings for cattle, &c., over footways, the height of chimneys, the paving of yards, &c., the repairing or enclosing of dangerous places, &c.

PART III.—*Sanitary Provisions*.—Secs. 34—51.—The clauses included in this Part will be specially welcomed by Local Authorities.

Sec. 34 provides that Sec. 41 of the Public Health Act, 1875, shall have effect as if for the words "(but not otherwise)" there were substituted the words "or where on the report in writing of their Surveyor or Inspector of Nuisances the Local Authority have reason to suspect that any such drain, water-closet, earth-closet, privy, ashpit, or cesspool is a nuisance or injurious to health."

By Sec. 35 it is provided, in extension of Sec. 91 of the Public Health Act, 1875, that for the purposes of that Act (1) any cistern used for the supply of water for domestic purposes so placed, constructed, or kept as to render the water therein liable to contamination, causing or likely to cause risk to health; (2) any gutter, drain, shoot, stack-pipe or down spout of a building which by reason of its insufficiency or its defective condition shall cause damp in such building or in an adjoining building; and (3) any deposit of material in or on any building or land which shall cause damp in such building or in an adjoining building so as to be dangerous or injurious to health, shall be deemed to be a nuisance within the meaning of the said Act.

Under Sec. 36 rain-water pipes are prohibited from being used as soil pipes.

Sec. 37 provides that water or stack-pipes shall not be used as ventilating shafts; and Sec. 38 will enable Local Authorities to

require old drains to be laid open for examination by the Surveyor before communicating with sewers.

Sec. 39 deserves to be quoted *in extenso*:--“(1) In this section, unless the context otherwise requires, the expression ‘closet accommodation’ includes a receptacle for human excreta, together with the structure comprising such receptacle and the fittings and apparatus connected therewith; the expression ‘pail closet’ means closet accommodation including a movable receptacle for human excreta; the expression ‘water-closet’ means closet accommodation used or adapted or intended to be used in connection with the water carriage system, and comprising provision for the flushing of the receptacle by means of a fresh water supply, and having proper communication with a sewer; the expression ‘slop-closet’ means closet accommodation used or adapted or intended to be used in connection with the water carriage system, and comprising provision for the flushing of the receptacle by means of slops or waste liquids of the household or rain-water, and having proper communication with a sewer; the expression ‘a sufficient water supply and sewer’ means a water supply and a sewer which are sufficient and reasonably available for use in, or in connection with, the efficient flushing and cleansing of, and the efficient removal of excreta from such number of proper and sufficient water-closets and slop-closets, or from such one or more of either class of closet as, in pursuance of this section, may be required to be provided in any particular case.

“(2) Within one month after the deposit of any plan by a person intending to erect a new building, the Local Authority, where there are a sufficient water supply and sewer, may by written notice to that person require the new building to be provided with such number of proper and sufficient water-closets and slop-closets, or with such one or more of either class of closet, as the circumstances of the case may render necessary.

“Any person who fails to comply with any requirement of the Local Authority under this sub-section shall be liable to a penalty not exceeding five pounds and to a daily penalty not exceeding forty shillings.

“(3) If, on the report of the Medical Officer or the Surveyor, or the Inspector of Nuisances, the Local Authority are satisfied that

sufficient closet accommodation has not been provided at or in connection with a building and the case is not one in which sufficient closet accommodation can be provided by the alteration of any existing closet accommodation in pursuance of this section, the Local Authority, where there are a sufficient water supply and sewer, may by written notice to the owner or owners of the building require the building to be provided with such number of proper and sufficient water-closets and slop-closets, or with such one or more of either class of closet, as the circumstances of the case may render necessary.

“If the owner or owners of the building fail to comply with any requirement of the Local Authority under this sub-section, the Local Authority may at the expiration of a time which shall be specified in the notice and shall not be less than fourteen days after the service of the notice, do the work required by the notice, and may recover summarily as a civil debt from the owner or owners the expenses incurred by the Local Authority in so doing.

“(4) The Local Authority, where there are a sufficient water supply and sewer, may by written notice to the owner or owners of a building require any existing closet accommodation (other than a water-closet or a slop-closet) provided at or in connection with the building to be altered, so as to be converted into a water-closet or slop-closet.

“If the owner or owners of the building fail to comply with any requirement of the Local Authority under this sub-section, the Local Authority may, at the expiration of a time which shall be specified in the notice and shall not be less than fourteen days after the service of the notice, do the work required by the notice.

“Where in pursuance of this sub-section any work of alteration is done by the Local Authority in default of the owner or owners in respect of a pail closet, the expenses of the work shall be borne by the Local Authority, and where in pursuance of this sub-section any work of alteration is done by the Local Authority in default of the owner or owners in respect of any existing closet accommodation other than a pail closet, one-half of the expenses of the work shall be borne by the Local Authority, and the remainder of the said expenses shall be borne by the owner or owners and shall be recoverable summarily as a civil debt.

"Every notice in pursuance of this sub-section shall state the effect of the sub-section.

"(5) Nothing in this section shall have effect with respect to a slop-closet, unless or until the Local Government Board have been satisfied by the Local Authority, and have by order declared that the circumstances of the district of the Local Authority are such as to render it necessary or expedient that this section shall have effect with respect to a slop-closet.

"Any order in pursuance of this sub-section shall be published in such manner as the Local Government Board direct."

Sec. 40 provides, as regards works carried out under the preceding sections, for the common benefit of two or more buildings, for the payment for the works by the several owners and for the charging and recovering of the cost as private improvement expenses.

Sec. 41 provides that any person duly authorised in writing by the Local Authority shall, on production of his authorisation, be admitted into any premises for the purposes of Sec. 39 of this Act, and the provisions of Secs. 102 and 103 of the Public Health Act, 1875, shall, with the necessary modifications, apply to his admission; whilst Sec. 42 makes provision for appeal to a Court of Summary Jurisdiction in the event of a person feeling aggrieved by proceedings under Sec. 39 of this Act.

Under Sec. 43 a Local Authority may require removal or alteration of urinals; and under Sec. 44 they may require urinals to be attached to inns, public-houses, &c.

Sec. 45 is another important section. It provides (1) "If the Medical Officer, Surveyor, or Inspector of Nuisances reports to the Local Authority that he has reasonable grounds for believing that any drains of any building are so defective as to be injurious or dangerous to health, the Local Authority may authorise their Medical Officer, Surveyor, or Inspector of Nuisances to apply the smoke or coloured water test, or other similar test (not including a test by water under pressure), to the drains, subject to the condition that either the consent of the owner or occupier of the building must be given to the application of the test, or an order of a Court of Summary Jurisdiction having jurisdiction in the place where the building is situated must be obtained, authorising the application of the test.

(2) "If on the application of the test the drains are found to be defective, the Local Authority may, by notice specifying generally the defect, require the owner of the premises to do all works necessary for remedying it within a reasonable time named in the notice, and if the owner fails so to do the work the Local Authority may themselves do the work, and the expense of so doing the work may either be recovered from the owner of the building summarily as a civil debt or may be declared by the Local Authority to be private improvement expenses, and may be recoverable accordingly.

(3) "The owner and occupier of any building shall give all reasonable facilities for the application of any test which has been consented to or authorised in pursuance of this section, and, if the owner or occupier fails to do so, he shall be liable, in respect of each offence, to a penalty not exceeding forty shillings, and a daily penalty not exceeding twenty shillings.

Provision is made by Sec. 46 for the filling up of cesspools or other filth receptacles; and under Sec. 47 Local Authorities will be empowered to provide and maintain public sanitary conveniences and lavatories.

Sec. 48 provides that if the Local Authority are required by the owner or occupier of any premises to remove any trade refuse (other than sludge), the Local Authority shall do so, and the owner or occupier shall pay to them for doing so a reasonable sum, to be settled in case of dispute by order of a Court of Summary Jurisdiction; and if any question arises in any case as to what is to be considered as trade refuse, that question may be decided on the complaint of either party by a Court of Summary Jurisdiction, whose decision shall be final.

By Sec. 49 a Local Authority may acquire power to require the provision of proper sinks or drains for buildings, and in the event of default by the owner or occupier themselves to make the provision.

Sec. 50 supplies a curious omission from the original Public Health Acts by giving an adopting Local Authority power to "provide and maintain an ambulance for use in any case of accident or other sudden or urgent disability."

Section 51 provides that (1) the words "any other trade, business, or manufacture, which the Local Authority declare by order confirmed by the Local Government Board, and published in such manner as the Board direct, to be an offensive trade," shall be substituted for the words "any other noxious or offensive trade, business, or manufacture," in Sec. 112 of the Public Health Act, 1875.

(2) The Local Authority may make by-laws with respect to any trade which is an offensive trade under Sec. 112 of the Public Health Act, 1875, as amended by this Act, whether established before or after the commencement of this Act, in order to prevent or diminish any noxious or injurious effects of the trade.

Infectious Diseases.—Secs. 52-68.—In this Part are collected a number of much-needed provisions for dealing with and preventing the spread of infectious disease.

Sec. 52 prohibits an infected person from carrying on his occupation or trade unless he can do so without risk of spreading infection; Sec. 53 will enable the Local Authority to require dairymen to furnish lists of all the farms, dairies, or places from which their supply of milk is, or during the last six weeks has been, derived; under Sec. 54 dairymen must, under penalty, notify cases of infectious disease existing amongst their employés; Sec. 55 prohibits the sending of infected clothes, &c., to any public wash-house or laundry unless they have been efficiently disinfected, and empowers the Local Authority to pay the expenses of disinfection of bedding, clothes, or other things; and Sec. 56 will enable a Local Authority, on the certificate of their Medical Officer of Health, to cause any filthy article in a dwelling-house to be cleansed, purified or destroyed at the Authority's expense. Under Sec. 57 a child who is, or has been, suffering from infectious disease, or who has been exposed to infection, must not attend school without certificate from the Medical Officer; and under Sec. 58 the principal of a school may be required to furnish a list of the scholars where a case of infectious disease has occurred in the school. Sec. 59 contains provisions as to libraries and library books. Sec. 60 provides that nothing in Sec. 132 of the Public Health Act, 1875, with respect to the recovery of the cost of maintenance in a hospital, shall require the Local Authority to recover the cost of maintenance from a patient who is not a pauper. Hitherto this point has

not been free from doubt, and it has been held by many that a Local Authority who failed to take steps to recover the cost of maintenance under Sec. 132 of the Act of 1875 were guilty of a neglect of duty. Sec. 61 will empower a Local Authority that has provided temporary shelter or house accommodation on the appearance of infectious disease in a house to remove from the premises to the temporary shelter persons who are not themselves sick. This is to apply not only to ordinary dwellings, but also to tents, vans, sheds, or similar structures used for human habitation, or any canal boat. Sec. 62 will extend Sec. 126 of the Public Health Act, 1875, which imposes a penalty on the exposure of infected persons and things, so as to include any person who causes or permits the sufferer to be so exposed. Sec. 63 prohibits the conveyance of infected persons in public vehicles, such as omnibuses; whilst Sec. 64 requires the owner or driver of a public vehicle in which a person suffering from infectious disease has been conveyed to give notice thereof to the Medical Officer, and imposes on the Local Authority the duty of disinfection of the vehicle. Sec. 65 will extend Sec. 124 of the Public Health Act, 1875, to apply to "all cases of persons suffering from any dangerous infectious disease, and being in or upon any house or premises where such persons cannot be effectually isolated so as to prevent the spread of the disease." Sec. 66 will provide a much simpler and more effective procedure for the cleansing and disinfecting of premises and infected articles than is authorised at present by the Act of 1875. By virtue of Sec. 67 a Local Authority adopting it and possessing a hospital will be empowered to provide nurses for attending patients who cannot be removed to the hospital owing to the want of accommodation, or in cases where removal would endanger the patient's health.

Sec. 68 will render unlawful the holding of a wake over the body of a person dying of infectious disease.

PART V.—*Common Lodging-houses*.—Secs. 69-75.—These provisions will give any Local Authority invested with them much increased power of control over common lodging-houses, and should facilitate their regulation and improve their sanitary arrangements.

PART. VI.—*Recreation Grounds*.—Sec. 76 and 77.—Invested with the powers of these sections, Local Authorities will be able to increase the benefit and pleasure to be derived from public parks

or pleasure grounds, as they will be empowered to set apart portions for games, provide apparatus for games, and recreations and charge for their use, provide or contribute towards the expenses of bands of music, provide and charge for the use of chairs or or seats, provide and maintain reading-rooms, refreshment rooms, &c.

A glance through the ninety-five sections of this very useful Act, almost all of which are designed to amend or strengthen provisions in the Public Health Act, 1875, will fully convince a sceptic of the pressing nature of the demand for a new General Act, consolidating and amending the Public Health Acts, whereby the whole law as to public health would be placed on an intelligent footing.

NOTIFICATION OF BIRTHS ACT.

This Act has been adopted by the Council.

The object of this Act, which will only be in operation where it has been adopted by the Local Authority with the consent of the Local Government Board, or has been declared to be in force by that Board, is to provide a speedy means whereby information of the birth of a child may be given to the Medical Officer of Health of the Local Authority, so that, if necessary, advice may be offered to the mother in regard to the nursing and nurture of the child. It is hoped that in some districts this procedure may lead to an appreciable reduction of the infantile mortality.

The adoption requires the consent of the Local Government Board, who also have to fix the date on which the resolution of adoption shall come into operation.

Sec. 3 of the Act enables the Local Government Board by order to declare the Act to be in force in the area of any Local Authority who have power to adopt it although it has not been so adopted, if they think this expedient, having regard to the circumstances of the area, and in that case the order of the Board will have the same effect for the purpose as a resolution of adoption duly passed by the Local Authority of the area and assented to by the Board.

In the case of every child born within an area in which the Act is in force, it will be the duty of the father of the child, if he is actually residing in the house where the birth takes place at the time of its occurrence, and of any person in attendance upon the mother at the time of, or within six hours after, the birth,

to give notice in writing of the birth to the Medical Officer of Health of the Local Authority who are acting in execution of the Act in the area in which the child is born.

The enactment will apply to any child born after the expiration of the twenty-eighth week of pregnancy, whether alive or dead.

The notice is to be given by posting a prepaid letter or post card addressed to the Medical Officer of Health at his office or residence, giving the necessary information of the birth within thirty-six hours after the birth, or by delivering a written notice of the birth at the office or residence of the medical officer within the same time. The Local Authority are required to supply without charge addressed and stamped postcards containing the form of notice to any medical practitioner or midwife residing or practising in their area who applies for them.

A person who fails to give the requisite notice of a birth will be liable on summary conviction to a penalty not exceeding 20s., but he will not be liable to a penalty if he satisfies the Court that he had reasonable grounds to believe that notice had been duly given by some other person.

The notification is to be in addition to, and not in substitution for, the requirements of any Act relating to the registration of births; and any Registrar of births and deaths whose sub-district or any part thereof is situate within any area in which the Act is in force is at all reasonable times to have access to the notices of births received by the Medical Officer of Health, or to any book in which those notices may be recorded, for the purpose of obtaining information concerning births which may have occurred in his sub-district.

Sub-section (3) of Sec. 2 makes it the duty of any Local Authority by whom the Act is adopted, as soon as the consent of the Local Government Board is given to the resolution of adoption, to bring the provisions of the Act to the attention of all medical practitioners and midwives practising in their area.

In bringing the provisions of this Act to the attention of Local Authorities the Local Government Board observed that in their opinion there is no occasion for imposing upon parents and others the obligation of notifying births unless steps are taken to carry

out the ultimate object of the measure, viz., the giving of advice and instruction to those who have charge of the infants, and in ordinary circumstances they would not be prepared to consent to the adoption of the Act, unless it appeared that arrangements had been made for this purpose. These arrangements would usually be best carried out by local agencies under the Medical Officer of Health. In exhorting the Local Authorities to consider the question of adopting the Act, the Board urged co-operation with any agency that may exist, so as to secure the successful operation of the Act.

The Act applies, with necessary adaptations, to Scotland and Ireland as well as to England and Wales.

PUBLIC HEALTH (REGULATIONS AS TO FOOD) ACT.

This very important little Act was passed to enable regulations to be made by the Local Government Board for the prevention of danger arising to public health from the importation, preparation, storage, and distribution of articles of food. The inadequacy of the existing law on this subject was disclosed when an effort was made, after the Chicago meat-packing scandals, to secure proper supervision, not only of our imported, but also of our home-produced food products. Moreover, under the existing law unwholesome food must be actually exposed for sale for human food before it can be seized and destroyed.

Under Sec. 1 of the new Act:—

(1) The power of making regulations under the Public Health Act, 1896, and the enactments mentioned in that Act, shall include the power of making regulations authorising measures to be taken for the prevention of danger arising to the public health from the importation, preparation, storage, and distribution of articles of food or drink (other than drugs or water) intended for sale for human consumption, and, without prejudice to the generality of the powers so conferred, the regulations may:—

(a) Provide for the examination and taking of samples of any such articles;

(b) Apply, as respects any matters to be dealt with by the regulations, any provision in any Act of Parliament dealing with

the like matters, with the necessary modifications and adaptations

(c) Provide for the recovery of any charges authorised to be made by the regulations for the purposes of the regulations or any services performed thereunder.

(2) For the purposes of regulations made under this Act, articles commonly used for the food or drink of man shall be deemed to be intended for sale for human consumption unless the contrary is proved.

(3) In the application of this Act to Scotland, Part IV. of the Public Health (Scotland) Act, 1897, shall be substituted for the Public Health Act, 1896.

Sec. 2 provides that all regulations made under this Act shall be laid as soon as may be before Parliament, and the Rules Publication Act, 1893, shall apply to such regulations as if they were statutory rules within the meaning of Sec. 1 of that Act, and that Act as so applied shall, notwithstanding anything in Sub-sec. 5 of Sec. 1 thereof, extend to Scotland, with the substitution of a reference to the *Edinburgh Gazette* for the reference to the *London Gazette*.

The Act received the Royal Assent on 28th August, 1907, but no regulations have yet (*December, 1907*) been made by the Local Government Board.

BUTTER AND MARGARINE ACT.

This measure, which was introduced in the House of Commons by Sir E. Strachey, as President of the Board of Agriculture and Fisheries, is the outcome of the report of the Select Committee on the Butter Trade, which was appointed by the House of Commons in March, 1906. Its object is to make further provisions with respect to the manufacture, importation, and sale of Butter and Margarine, and similar substances.

Sec. 1 provides for the registration of:—(a) Butter factories, that is to say, any premises on which, by way of trade, butter is blended, re-worked, or subjected to any other treatment, but not so as to cease to be butter; and (b) any premises on which there is manufactured any milk-blended butter, that is to say, any mixture

produced [by mixing or blending butter with milk or cream (other than condensed milk or cream), or on which there is carried on the business of a wholesale dealer in milk-blended butter.

Sec. 2 provides for the inspection of factories, and empowers any officer of the Board of Agriculture and Fisheries, or of the Local Government Board, to enter at all reasonable times any butter factory, and to inspect any process of manufacture, blending, re-working, or treatment.

Sec. 3 prohibits the keeping in a butter factory of any substance intended to be used for the adulteration of butter.

Sec. 4 limits to 16 per cent. the moisture permissible in butter and margarine, and to 24 per cent. the amount permissible in milk-blended butter: and Sec. 5 makes it an offence to import butter containing more than 16 per cent. of water, margarine containing more than 16 per cent. of water, or more than 10 per cent. of butter fat; milk-blended butter containing more than 24 per cent. of water; milk-blended butter, except in packages conspicuously marked with such name as may be approved by the Board of Agriculture and Fisheries for the purpose; butter, margarine, or milk-blended butter which contains a preservative prohibited by any regulation made under this Act, or an amount of a preservative in excess of the limit allowed by any such regulation.

Sec. 6 extends the power of making regulations under Sec. 4 of the Sale of Food and Drugs Act, 1899 (that is, the power given to the Board of Agriculture to make regulations for determining what deficiency in any of the normal constituents of genuine milk, cream, butter, or cheese, &c., shall raise a presumption that the article is not genuine), to making regulations as to the proportion of any milk-solid other than milk-fat in any sample of butter or milk-blended butter; and Sec. 7 empowers the Local Government Board to make regulations for prohibiting the use as a preservative of any substance specified in such regulations in the manufacture or preparation for sale of butter, margarine or milk-blended butter, or for limiting the extent to which preservatives may be used,

Sec. 8 provides for the marking of wrappers, &c. used in connection with margarine, and Sec. 9 provides for milk-blended butter being dealt with under such name or names as may be approved by the Board of Agriculture and Fisheries.

A new definition of "margarine" is prescribed in Sec. 13, namely, "any article of food, whether mixed with butter or not, which resembles butter, and is not milk-blended butter."

The Act is to be read with the Sale of Food and Drugs Act. It comes into operation on 1st January, 1908.

VACCINATION ACT.

This has already been dealt with.

EDUCATION (ADMINISTRATIVE PROVISIONS) ACT.

This Act "to make provision of the better administration by the Central and Local Authorities in England and Wales of the enactments relating to Education," comprises a number of clauses dealing with administrative proposals and difficulties. Sec. 1 gives Local Education Authorities considerable powers of purchase and appropriation of lands, mainly with the consent of the Local Government Board. By Sec. 3 the period for repayment of money borrowed by County Councils for the purposes of the Education Acts is extended from thirty years to sixty years. Sec. 4 give County Councils power to contribute towards capital expenditure incurred by non-County Boroughs or Urban Districts for the purposes of higher education.

This Act is fully dealt with in another place.

FACTORY AND WORKSHOP ACT.

This is an "Act to amend the Factory and Workshop Act, 1901, with respect to laundries, and to extend that Act to certain institutions and to provide for the inspection of certain premises."

Sec. 1 applies the Act of 1901 to "laundries carried on by way of trade or for the purposes of gain, or carried on as auxiliary to another business, or incidentally to the purposes of any public institution." Sec. 2 regulates the hours of employment of women and young persons in laundries; whilst Sec. 3 specifies certain special regulations to be complied with in laundries. Sec. 5 applies the Act to institutions carried on for charitable or reformatory purposes; and Sec. 6 provides for Government inspection of laundry premises.

This Act came into operation on 1st January, 1908.