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COUNTY BOROUGH



OF HUDDERSFIELD.

ANNUAL REPORT


OF THE

Medical Officer of Health,

CHIEF SCHOOL MEDICAL OFFICER,
MEDICAL SUPERINTENDENT OF
HOSPITALS, CHIEF TUBERCULOSIS
OFFICER, AND MEDICAL OFFICER
TO THE MENTAL DEFICIENCY
COMMITTEE.

FOR THE YEAR
1934.

JOHN M. GIBSON, B.A., M.D., B.Ch., D.P.H.,
Fellow of the Society of Medical Officers of Health,
Member of the Royal Sanitary Institute, and Member of
the British Medical Association.



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COUNTY BOROUGH OF HUDDERSFIELD.

Committees, 1934-35.**Health Committee and Public Assistance Committee :**

Chairman : COUNCILLOR F. I. BUTTERWORTH, J.P.

Deputy Chairman : COUNCILLOR J. BARLOW.

His Worship the Mayor (Alderman A. Hirst, J.P.)

The Chairman of the Finance Committee (Alderman W. Dawson, J.P.)

Councillor A. Berry.	Councillor R. F. Ireland.
" J. F. Best.	" J. W. B. Johnson.
" J. Cantwell.	" H. Johnson.
" D. Crawshaw.	" J. F. Pilkington.
" J. J. Crossley.	" L. Taylor, J.P.
" J. F. Gent.	" T. W. Woodhead, M.Sc., F.L.S.
" J. W. Hirst, M.R.C.S., L.R.C.P.	" T. Wrigley.

Conversion Sub-Committee :

Chairman : COUNCILLOR F. I. BUTTERWORTH, J.P.

Deputy Chairman : COUNCILLOR J. BARLOW.

His Worship the Mayor (Alderman A. Hirst, J.P.)

Councillor J. W. Hirst, M.R.C.S., L.R.C.P. Councillor J. F. Pilkington.
 Councillor L. Taylor, J.P. Councillor T. Wrigley.

Maternity and Child Welfare Sub-Committee :

Chairman : COUNCILLOR LAW TAYLOR, J.P.

Deputy Chairman : COUNCILLOR J. W. B. JOHNSON.

His Worship the Mayor (Alderman A. Hirst, J.P.)

Councillor J. Barlow.	Councillor T. Wrigley.
" F. I. Butterworth, J.P.	Mrs. M. Blamires, M.B.E., J.P.
" J. Cantwell.	Mrs. K. J. Broadbent.
" J. W. Hirst, M.R.C.S., L.R.C.P.	Miss Irving, J.P.
" J. F. Pilkington.	Miss Shaw.
" T. W. Woodhead, M.Sc., F.L.S.	Mr. J. Bland.

Health (Houses) Sub-Committee :

Chairman : COUNCILLOR F. I. BUTTERWORTH, J.P.

Deputy Chairman : COUNCILLOR J. BARLOW.

His Worship the Mayor (Alderman A. Hirst, J.P.)

Councillor A. Berry.	Councillor Law Taylor, J.P.
" J. Cantwell.	Mrs. L. Beaumont.
" J. F. Gent.	Mrs. Mary Brook.
" J. W. Hirst, M.R.C.S., L.R.C.P.	Mrs. Lilian Haigh.
" H. Johnson.	Mr. J. R. Littlewood.
" J. W. B. Johnson.	Mr. Joshua Heap.
" J. F. Pilkington.	Mr. W. Stephenson.

Housing Committee :

Chairman : COUNCILLOR J. E. LUNN.

Deputy Chairman : COUNCILLOR A. P. NICHOL, J.P.

His Worship the Mayor (Alderman A. Hirst, J.P.)

The Chairman of the Finance Committee (Alderman W. Dawson, J.P.)

Alderman W. T. Priest, J.P.	Councillor L. Denham.
Councillor J. Barlow.	" A. Gardiner.
" A. Berry.	" J. W. Hirst, M.R.C.S., L.R.C.P.
" D. Crawshaw.	" W. Scott.
" J. L. Dawson.	

COUNCILLOR I. TAYLOR, J.P.,
 Died December 16th, 1934.

Staff of the Public Health Department.

Medical Officer of Health, Chief School Medical Officer, Medical Superintendent of Hospitals, Chief Tuberculosis Officer, and Medical Officer to the Mental Deficiency Committee :

JOHN M. GIBSON, B.A., M.D., B.Ch., D.P.H.

Assistant Medical Officers of Health :

Miss Katherine A. Gill, M.B., B.S. (London), Senior Assistant.
Miss Marjorie Haynes, B.Sc., M.B., Ch.B.
Miss Margaret C. Douglas, M.B., Ch.B., D.P.H.
Miss Nora M. Wilson, M.B., Ch.B., D.P.H.
Miss Elizabeth M. Harding, M.B., Ch.B., D.P.H.

Assistant Tuberculosis Officer :

Ernest Firth, M.B., Ch.B.

Assistant School Medical Officers :

Miss Elizabeth W. Miller, M.B., Ch.B., D.P.H.
R. Sydney Davidson, M.R.C.S., L.R.C.P., D.P.H. (Left 26/10/34).
Miss Honora J. Twomey, M.D., Ch.B., D.P.H. (Took up duty 29/10/34).

School Dentists :

Stanley E. Clarke, L.D.S.
Alexander B. Shields, L.D.S., R.F.P.S.

Mill Hill Isolation Hospital :

William R. Johnston, B.A., M.D., D.P.H., Resident Medical Officer.
(Left 25/5/34).
William J. McNeish, M.B., Ch.B. (Took up duty 25/5/34).
*Miss E. White, Matron.

Bradley Wood Sanatorium :

Ernest Firth, M.B., Ch.B., Resident Medical Officer.
†*Miss Edith Simpson, Matron.

Municipal Maternity Home Matron :

†*Miss I. Smith.

Children's Homes' Matron :

Miss C. Smith.

Sanitary Inspectors :

°§Ernest Richardson (Chief Inspector).
ab°§Dennis Drake.
b°§George Foster.
b°§William W. Townsend.
§James V. Goodall.
°||Wilfred Wiles.
||Jack Beever (also part-time Assistant to Veterinary Officer).
(Commenced 11/6/34).

Housing Inspectors :

ab°||Eric Drake. °||William H. Ball. (Left 2/6/34).
||Frank Ellam. (Commenced as Asst. San. Insp. & Asst. to Vet. Off. 18/12/33.
Promoted to Asst. Housing Insp. 11/6/34).

Temporary Junior Clerks—(Housing Act, 1930) :

John H. Raynor. William Richardson.

Infectious Diseases Removal Officer :

Robert F. Porter.

Tuberculosis Nurse :

*Miss Catherine Vickers.

Infant Welfare Nurses and Infant Life Protection Visitors :

†*Miss Lily A. Robinson. (Left 25/5/34).
†*Miss Georgina A. Caygill.
f†*Miss Beatrice E. Garrett. (Took up duty 11/6/34).

School Nurses :

Miss Bessie Tomlinson.
*Miss Maud Dalton.
Miss Mabel E. Daniels.
cd*Miss Sarah A. Maunder.
e†*Miss Mary Williams.
*Miss Tillie Holmes.

Clerical Staff :

Bernard Pilkington (Chief Clerk).
 Miss Alice Berry.
 Roland Burns.
 Horace C. Smith.
 Eric L. Darwin.
 Kenneth Holmes.
 Miss A. Haigh.
 Miss Marion Gaunt (School Medical Department).
 Miss Marjorie Hirst (do. do.).
 Miss Kathleen M. Sykes (do. do.).

Ophthalmic Consultant—School Medical Service :

H. Tomlin, M.D., D.P.H.

Veterinary Officer :

W. R. McKinna, M.R.C.V.S., D.V.S.M.

Public Analysts :

L. Gordon Paul, Ph.D., F.I.C., F.C.S.
 Henry T. Lea, M.Sc., F.I.C.

Vaccination Officer :

Ernest Firth.

District Medical Officers and Public Vaccinators :

C. Sheehy, M.B., B.Ch. F. J. Brown, M.D., M.R.C.S. (Died 25/2/34).
 J. McCurdy, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M. (Took up duty 1/2/34).
 R. C. McIntosh, M.B., Ch.B. S. Prior, M.B., B.Ch.
 J. J. Hanratty, M.B., Ch.B. R. J. Ogden, L.R.C.P.S.I.
 S. H. Waddy, F.R.F.P.S., L.R.C.P.S., L.D.S.

Venereal Diseases Clinic :

Denton Guest, M.D. (Medical Officer).
 Frederick Reed (Orderly).

St. Luke's Hospital :

William R. Johnston, B.A., M.D., D.P.H. (Part-time). (Left 25/5/34).
 William J. McNeish, M.B., Ch.B. (Part-time). (Took up duty 25/5/34).

St. Mary's Hospital :

W. H. Smailes, M.D., D.P.H.

Children's Homes, Scholes :

E. Trotter, M.B., Ch.B., M.R.C.S., L.R.C.P.

Receiving Home :

J. G. Copland, M.A., M.D., Ch.B.

Consultant Obstetricians :

A. L. McCully, M.B., B.Ch., B.A.O.
 W. S. Dickson, M.D., B.Ch., M.A.O.
 W. D. Galloway, F.R.C.S.

Infant Life Protection and Boarding Out Visitor :

Mrs. Edith Cook.

* State Registered Nurse.

† Certificate of Central Midwives' Board.

§ Certificate of Royal Sanitary Institute.

|| Certificate of Sanitary Inspectors' Joint Board.

° Meat Certificate of Royal Sanitary Institute.

a Sanitary Science Certificate of Royal Sanitary Institute.

b Smoke Abatement Certificate of Royal Sanitary Institute.

c Fever Certificate.

d Member of College of Nursing.

e Qualified Queen's Nurse.

f Health Visitor's Certificate.

PUBLIC HEALTH DEPARTMENT,
HUDDERSFIELD,
JUNE, 1935.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE.

GENTLEMEN,

I have the honour to present to you the Annual Report for the year 1934 on the Public Health Services of the Borough, in accordance with Article 14 (3) of the Sanitary Officers' Order, 1926. The Report is an ordinary one of the five yearly series, and the lines followed are those indicated by the Ministry of Health in Circular 1417, dated October 25th, 1934. It is a collection of statistics which, it is realised, cannot be of great interest in themselves, but by tabulating them and publishing them in the same form year after year, they provide the material from which useful information can often be obtained.

One of the disturbing features of the year's work was the continued prevalence of diphtheria and of scarlet fever. Fortunately epidemics of so prolonged and extensive a character are rare, and at the time of writing both are definitely abating, but in the Report submitted immunisation against diphtheria is urged as strongly as ever, for with the virulent type of infection responsible for the outbreak, isolated cases of a serious character must be expected for many months ahead.

Another matter which has given rise to disappointment has been the continuance of a relatively high maternal mortality rate. The exact cause, or causes, of this cannot be definitely stated, but opinions and facts, which must have some bearing thereon, are given in the section dealing with this subject. Some of the causes are, it is believed, beyond the control of the Local Authority, but nevertheless there is good reason to believe that with the services now in operation a decided improvement may be anticipated.

In contrast with the maternal side, we find that the infantile mortality figure was low and has remained low over a number of years. Here we are contending with factors which are more easily affected by assistance and advice, and the results achieved are certainly encouraging.

A fair amount of progress has been made during the year in the matter of slum clearance, though in this and in its kindred problem, that of overcrowding, there is still much to be done. The extent of the work which lies ahead is not yet fully known, for a complete survey of the housing conditions of the Borough has never been carried out. In the matter of slum clearance, only the central areas have so far been dealt with. The present year should, however, bring more light upon the subject, for with the assistance of the additional staff recently appointed some idea of our complete requirements in regard to housing should be forthcoming.

During the recent Jubilee celebrations many comparisons have been made between the social and economic conditions of to-day and those of twenty-five years ago. The changes in such matters as means of locomotion by land and air, or in the methods of intercommunication brought about by the development of wireless transmission, are evident to all, but the improvement which has taken place in the general health of the community, though more difficult to demonstrate, is probably just as striking and certainly quite as far-reaching

in its effects upon human happiness and efficiency. Health cannot be weighed nor measured, but a study of the vital statistics for the year 1910 and of those for last year gives some indication of the all round improvement recorded. From the figures given in Table VIII. of the present Report we find that the mortality rate of children under one year of age, reckoned according to the population, has fallen to almost one-third during this period, and that children in the group one to five years have fared equally well. At the other end of life we find that the death-rate amongst persons of 65 years and over has risen from 3.86 to 6.00, thus denoting that a larger number of men and women are now reaching the period of life usually alluded to as old age. As a further indication of the change brought about, consider the death-rate from the so-called seven zymotic diseases, which has fallen from 1.00 to 0.48, that is, to less than one-half—or the death-rate from respiratory diseases, which has dropped from 3.22 to 2.28.

It is true, deaths and death-rates are very different entities from good health and physical fitness, and it does not necessarily follow from the statistics here referred to that the inhabitants of the Borough to-day are stronger and less prone to disease than were the citizens of 1910, but common sense leads us to believe that any improvement which has taken place in the one must have been accompanied by a somewhat similar change in the other, for a reduction in the harmful influences which were responsible for premature deaths must have opened the door for a higher standard of healthy living in those who survived.

If more positive evidence be required it is furnished by the findings of the School Medical inspections. These show that the average schoolboy of to-day is 5.35 pounds heavier and 3.31 inches taller than the boy of 1910, and that there has been a similar gain of 5.57 pounds and 3.38 inches in favour of the present-day girl.

A Report for the year 1934 would be incomplete without some reference being made to the loss sustained by the death of Councillor Law Taylor, who, as a member of the Health Committee since 1907 and as Chairman of the Maternity and Child Welfare Committee since February, 1919, rendered conspicuous service in the Public Health work of the Borough. His wide knowledge, quick judgment and genial personality marked him as an outstanding Chairman, whilst his keen interest in the children's welfare and the obvious joy which it gave him to join in their amusements clearly showed that his labour on their behalf was actuated by love and by the desire to be of service.

In submitting this Report I wish to express my indebtedness to the members of my staff for another year's valuable work, and for the team spirit which they have displayed throughout. There are now many branches of Public Health work, but none of these can be divorced from the others, and their successful progress and development depend to a large extent upon the co-operation and mutual support of all the members of the staff.

Finally, to the members of the Council, and particularly to the Chairmen and Deputy Chairmen of those Committees most closely associated with the Public Health Service, I desire to offer my sincere thanks for their continued support and never-failing encouragement.

I have the honour to be, Gentlemen,

Your obedient servant,

John M. Gibson

GENERAL STATISTICS.

- 1.—**Situation of the Borough.**—Latitude varies from 51° 41' 45" N. to 53° 36' 40" N.; Longitude varies from 1° 44' W. to 1° 53' W.
- 2.—**Elevation.**—Varies from 150 feet to 1,200 feet above Sea Level.
- 3.—**Area of the Borough.**—11,875 acres.
- 4.—**Population.**—1931 Census, 113,475; estimated by the Registrar-General at middle of 1934, 114,500, for calculating death, mortality, and birth rates.
- 5.—**Density of Population.**—For the Borough 9.6 persons per acre.
- 6.—**Number of Inhabited Houses** (1931) ... 31,650
- 7.—**Number of Inhabited Houses** (end of 1934) according to Rate Books ... 35,473
- 8.—**Number of Families or Separate Occupiers** (Census 1931) 32,109
- 9.—**Rateable Value of the Borough**—£827,230.
- 10.—**Sum represented by 1d. Rate.**—£3,175.

CHIEF OCCUPATIONS AND SOCIAL CONDITIONS.

The chief local industries given in chronological order in accordance with the number of persons employed in each are as follows :—

- (1) Woollen industries.
- (2) Commercial occupations.
- (3) Metal trades.
- (4) Transport occupations.
- (5) Clerical occupations.
- (6) Building trades (including quarrying).
- (7) Engineering trades.
- (8) Agricultural occupations.
- (9) Chemical trades.

An impression has been gained from enquiries made in numerous quarters that trade conditions generally continued to improve during the year, slowly but steadily, as they did throughout 1933. In some industries, such as engineering, there was a definite improvement, but in others there appears to have been some degree of slipping back, for statistics relating to unemployment show very little alteration at the beginning of each of the four quarters. There are now approximately 56,000 persons insured under the Unemployment Insurance Scheme and resident within the Borough. This figure is 5,000 higher than that given in the previous year's Report, due to the entry into insurance of juveniles from fourteen to sixteen years of age. The following figures give the actual number of persons either totally unemployed, or working on short time, at the beginning of each of the four quarters :—

		Totally unemployed	Temporarily suspended, or working short time	Total
January, 1934	...	3,041	2,894	5,935
April, 1934	...	3,012	3,271	6,283
July, 1934	...	3,051	5,597	8,648
October, 1934	...	3,397	2,599	5,996

Below are shown the chief occupations and the number of deaths of employees in each group during the past five years. The order in which these occupations is given is in accordance with the ascending order of their average death-rates recorded during the past five years. The marked difference between the mortality rate amongst engineers as compared with metal workers, pointed out in the previous year's Report, is again exemplified by these figures. Such a marked difference is due without doubt to faulty classification in the matter of employment on the Death Returns, rather than to any outstanding unhealthy conditions in the engineering trades. Considered over a number of years the mortality rate amongst chemical workers also seems to be high, but the marked difference between the number of deaths in this group last year compared with previous years shows that the numbers under consideration are too small and too liable, therefore, to variation from chance to be used as evidence that the chemical industries have any prejudicial effect upon health.

In the circular from the Ministry of Health relating to the Annual Health Report the question is asked "Is there any evidence, statistical or otherwise, that unemployment has exercised any significant influence on the health or physique of children or adults?" No definite information on this point is available, but the general impression gained by all doctors on the staff is that there has been no deterioration of any kind due to this cause. So far as children are concerned it is believed that there has been, on the contrary, a definite improvement both in the matter of height and weight. This opinion is supported by figures published in the School Medical Report which show the averages of all the children examined at the School Medical Inspections during the year and give a comparison with earlier findings.

Occupation	Deaths in					Average Death Rate per 1,000 for past 5 years
	1930	1931	1932	1933	1934	
Metal Workers	15	10	4	13	9	1.9
Clerks, Typists & Draughts- men	23	21	15	19	14	6.0
Commercial Occupations ...	125	65	56	72	93	7.3
Textile Workers	170	156	148	148	124	7.97
Transport Workers	41	26	31	29	29	8.6
Building Trades (includes Quarry Workers)	48	48	33	39	29	9.7
Agricultural Workers	15	8	10	8	9	12.9
Chemical Workers	18	18	16	25	5	18.2
Household Duties (includes Housewives, Domestic, etc.)	980	1072	986	1193	1087	18.8
Retired or not Gainfully Occupied						
Too young for occupation ...						
Unspecified Trades	70	109	108	109	110	20.3
Engineering Trades	22	37	40	56	30	28.5

EXTRACTS FROM VITAL STATISTICS OF THE YEAR.**Live Births during 1934.**

			Males	Females	Total
Legitimate	...	...	717	657	1,374
Illegitimate	...	...	30	31	61
					<hr/> 1,435

Birth-rate per 1,000 of the estimated resident population—**12.58**

Still Births.

			Males	Females	Total
Legitimate	...	...	45	34	79
Illegitimate	...	...	4	3	7
					<hr/> 86

Rate per 1,000 total (live and still) births—56.54.

Deaths.

Males	Females	Total
770	769	1,539

Death-rate per 1,000 of the estimated resident population—**13.49**

Deaths from puerperal causes (headings 29 and 30 of the Registrar General's Short List)—

	Deaths.	Rate per 1,000 total (live and still) births.
No. 29 Puerperal Sepsis ...	7	4.60
No. 30 Other puerperal causes ...	8	5.26
Total	15	<hr/> 9.86

Death-rate of Infants under One Year of Age.

All infants per 1,000 live births ...	...	59
Legitimate infants per 1,000 legitimate live births ...	...	57
Illegitimate infants per 1,000 illegitimate live births ...	...	98
Deaths from Measles (all ages) ...	4	Rate 0.04
Deaths from Whooping Cough (all ages) ...	4	„ 0.04
Deaths from Diarrhoea (under 2 years of age) ...	2	„ 0.02

GENERAL STATISTICS.

The population of the Borough was found by the Census in 1931 to be 113,475. Since that year the birth-rate has been consistently lower than the death-rate, but various other factors are taken into consideration by the Registrar-General, and as a result of his calculations the population for 1934 was estimated to be 114,500. This is the figure on which the statistical rates here recorded have been based.

Table I. gives the vital statistics of the area since the year 1911. It will be seen from this that, although the birth-rate has at last broken its downward sequence of the previous three years, it was again lower than the death-rate. In view of the reference which will be made to this matter later in the Report in its relation to maternal mortality, attention is called to the steady fall in the birth-rate recorded in column 5 which has taken place during the last twenty-four years. A fall of this kind cannot be regarded by anyone as accidental. The slight increase shown last year suggests that, if trade

conditions continue to improve and economic stress becomes correspondingly less, the downward trend in the birth-rate may be checked, but to all who gain an insight into family life it is obvious that the increased knowledge in all classes of society regarding the use of contraceptives will prohibit any marked increase from taking place in the present generation at any rate.

Table II. gives a comparison between the local birth and death-rates with the average throughout the country. It will be observed that the former is again below, and the latter above, the average. This Table also shows the fatality rate of the chief infectious diseases. The effect of the prolonged epidemic of diphtheria is shown in its comparatively high death-rate, but it will be observed that with all the other diseases mentioned the local death-rates were either equal to, or below, the average. Although the type of scarlet fever met with was of a mild character, it is surprising to find that its death-rate locally was not above the average for a widespread epidemic of the disease extended over the Borough throughout the entire year.

The infant mortality rate shown (59) though higher than in the previous year is still below the average of the County Boroughs and Great Towns. Statistics given later in the Maternity and Child Welfare Section show that the average rate for the past five years was 56—a figure which is quite exceptional for an industrial area, and is in itself an eloquent tribute to the efforts which have been made in Huddersfield in regard to the “save the babies” movement.

Table III. shows the distribution of infant deaths over the various areas of the Borough throughout the year. It will be seen that the year began with a high death-rate during the first quarter, but this was balanced by an exceptionally small number of deaths during the summer months.

Amongst the causes of death in babies prematurity again claimed prior place. Table IV. shows that the number of deaths attributed to this cause was approximately one-third of the total number of deaths. Altogether 43 out of 84, or practically one-half of the total number, occurred during the first week of life, and so were attributable to causes arising either at, or prior to, confinement.

Table V. gives the causes of all the deaths which occurred during the year and their distribution throughout the various age groups. Deaths from diphtheria numbered 43, compared with 49 in the previous year. This number is not high compared with those caused by heart diseases, cancer, bronchitis, pneumonia, &c.—but some reference must be made to them, for it is realised that the majority might very easily have been prevented. It will be observed that only 1 death occurred in a person over fifteen years of age—for diphtheria is essentially a disease of children, and a serious attempt was made during the past two years to protect all the children in the Borough against this disease by immunisation. A fair measure of success has been achieved, for approximately 50 per cent. of the children have been dealt with. The tragedy associated with the deaths which occurred is that in only one case had the parents availed themselves of this valuable protection for their children in spite of the many warnings given. It is not claimed that immunisation will give absolute protection against the disease, but it undoubtedly does raise resistance considerably, and it can be claimed that it gives a 90 per cent. protection against infection with a 99 per cent. safeguard against death.

Amongst the chief causes of death diseases of the circulation and cancer head the list as usual, and are the only causes responsible for more than 100 deaths. Nephritis appears third in the list for last year, whilst deaths from chest conditions, including bronchitis, pneumonia and pulmonary tuberculosis were all fewer in number than in the previous year.

The diseases responsible for more than 50 deaths are shown in the following list and, for comparison, the numbers of deaths from these diseases or conditions in the previous year are also given:—

CAUSE OF DEATH	1934	1933	
Heart Disease	266	289	} 576
Cerebral Hæmorrhage	81	103	
Other Circulatory Diseases	137	184	
Cancer (Malignant Disease)	199	192	
Nephritis	95	90	
Bronchitis	85	102	
Senility	79	70	
Pulmonary Tuberculosis	76	82	
Pneumonia	74	99	
Congenital Debility, Premature Birth, Malformations, etc.	62	42	

Statistics relating to the deaths from cancer and giving information regarding the sites of the body most frequently attacked are given in Table VI.

In previous Reports attention has been called to the higher death-rate caused by this disease in females than in males. The figures here given and the organs affected in the two sexes continue to illustrate this difference. In the male the upper alimentary tract is much more frequently attacked than in the female, but with the latter the organs associated with reproduction are so much more subject to cancerous changes that, in the total, infections of the female predominate.

The distribution over the wards of the Borough of all the births and deaths recorded is shown in Table VII. A table of this kind has been published in the Annual Report for a number of years, but this year its outline has been altered by the allocation of all deaths in institutions and in outside districts to the wards or townships in which the persons ordinarily resided, for only by this means can a true index of the mortality rates be demonstrated. It will be observed that the general death-rate and also the infant mortality rate was highest in the Almondbury district, closely followed by that of the Central area. Although Almondbury is in parts one of the best residential districts in the Borough, it contains a fair amount of very old and congested property, which will probably be dealt with in the near future under the Slum Clearance Scheme.

Table VIII. gives in a form which shows at a glance the changes recorded in the death-rate in children under one year, in children from 1 to 5 years, in persons aged 65 years and over, from respiratory diseases, from violence, and from the seven so-called zymotic diseases, since the year 1901. These figures are worthy of a careful study as they illustrate very clearly the great improvement which has taken place during the present century.

TABLE I.
Vital Statistics of Huddersfield during the Year 1934, and previous Years.

YEAR.	Population estimated to middle of each year.	BIRTHS.			Total Deaths registered in the District.		Transferable Deaths.		Nett Deaths belonging to the District.				
		Un-corrected Number.	Nett.		Number.	Rate.	of Non-residents registered in the District.	of Residents not registered in the District.	Under 1 Year of Age.			At all Ages.	
			Number.	Rate.					Number.	Rate per 1,000 nett Births.	Number.		Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13	
1911	108144	2126	2122	19.69	1664	15.44	84	55	281	132	1635	15.17	
1912	109512	2060	2056	18.84	1540	14.11	94	61	199	97	1507	13.81	
1913	110882	2196	2196	19.50	1681	14.92	101	84	227	103	1664	14.77	
1914	112265	2030	2030	18.08	1690	15.05	104	63	227	112	1649	14.69	
1915	112265	1940	1935	17.29	1796	16.05	90	124	212	109	1830	16.35	
1916	115390	1905	1906	17.20	1747	15.71	156	83	198	103	1674	15.11	
1917	107969	1646	1650	15.29	1475	13.29	123	79	132	80	1431	13.29	
1918	105818	1575	1575	13.35	1737	16.41	105	130	158	100	1762	16.65	
1919	105346	1519	1519	12.66	1701	15.81	107	98	144	95	1692	15.81	
1920	112301	2106	2102	18.02	1546	13.81	111	62	169	80	1497	13.37	
1921	116776	2040	2049	17.60	1607	13.80	126	70	178	87	1481	12.72	
1922	111900	1837	1827	16.38	1503	13.47	101	67	137	74	1469	13.17	
1923	111600	1752	1752	15.75	1459	13.11	115	60	126	72	1404	12.62	
1924	111800	1666	1627	14.32	1625	14.31	102	64	159	97	1587	13.97	
1925	112000	1660	1631	14.61	1576	14.11	160	78	112	69	1494	13.38	
1926	111900	1617	1559	13.98	1494	13.19	126	56	90	58	1424	12.77	
1927	112100	1609	1574	14.09	1685	15.08	135	117	117	74	1667	14.92	
1928	113000	1573	1537	13.65	1543	13.70	150	102	102	66	1495	13.27	
1929	113100	1536	1439	12.77	1742	15.45	150	96	114	79	1688	14.98	
1930	113100	1669	1531	13.33	1622	14.12	170	75	85	56	1527	13.29	
1931	114300	1535	1398	12.27	1639	14.39	159	90	86	62	1570	13.78	
1932	114000	1505	1335	11.75	1547	13.62	175	75	70	52	1447	12.74	
1933	114000	1510	1297	11.42	1842	16.21	216	85	64	49	1711	15.06	
1934	114500	1672	1435	12.58	1683	14.75	223	79	84	59	1539	13.49	

Total population at all ages at Census of 1931 113,475

TABLE II.

Birth-rates, Death-rates, and Analysis of Mortality in the Year 1934.

England and Wales, 121 County Boroughs and Great Towns, and 135 Smaller Towns.

(Provisional figures. The rates for England and Wales have been calculated on a population estimated to the middle of 1934, but those for London and the towns have been calculated on populations estimated to the middle of 1933.

	RATE PER 1,000 POPULATION.		ANNUAL DEATH-RATE PER 1,000 POPULATION.										RATE PER 1,000 LIVE BIRTHS.		PERCENTAGE OF TOTAL DEATHS.				
	Live Births.	Still-births.	All Causes.	Typhoid and Paratyphoid fevers.	Small-pox.	Measles.	Scarlet Fever.	Whooping-cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea and Enteritis (under 2 Years).	Total Deaths under One Year.	Certified by Registered Medical Practitioners.	Inquest Cases.	Certified by Coroner after P.M.	No Inquest	Uncertified Causes of Death	
England and Wales	14.8	0.62	11.8	0.00	0.00	0.09	0.02	0.05	0.10	0.14	0.54	5.5	59	90.4	6.5	2.1	1.0		
121 County Boroughs and Great Towns, including London . .	14.7	0.66	11.8	0.00	0.00	0.12	0.02	0.06	0.11	0.12	0.47	7.4	63	90.5	6.1	2.9	0.5		
135 Smaller Towns (Estimated Resident Populations 25,000 to 50,000 at Census 1931) . .	15.0	0.67	11.3	0.00	0.00	0.07	0.02	0.04	0.09	0.14	0.42	3.6	53	91.2	6.1	1.6	1.1		
London	13.2	0.50	11.9	0.00	0.00	0.20	0.02	0.07	0.11	0.12	0.56	12.6	67	87.7	6.3	6.0	0.0		
Huddersfield	12.58	0.75	13.49	0.00	0.00	0.04	0.02	0.04	0.38	0.08	0.51	1.39	59	90.4	9.3	0.1	0.2		

TABLE III.

Deaths of Infants under One Year of Age during the Year 1934.
Monthly, Quarterly and Ward Distribution.

Month	Central	Dalton	Almond-bury	Lockwood	Lindley	Moldgreen	Month	Total Quarter	Total Year
January ...	3	1	2	1	3	2	12	32 23 11 18 84	84
February ...	1	1	2	—	4	—	8		
March ...	3	3	4	1	—	1	12		
April ...	3	1	2	—	2	1	9		
May ...	2	—	2	1	—	—	5		
June ...	2	—	3	1	3	—	9		
July ...	—	1	—	—	—	1	2		
August ...	1	1	2	1	—	—	5		
September ...	—	—	2	1	1	—	4		
October ...	1	1	1	1	—	2	6		
November ...	1	1	—	2	—	—	4		
December ...	2	—	1	3	—	2	8		
Total Year ...	19	10	21	12	13	9	84	84	84

TABLE IV.

Infant Mortality during the Year 1934.

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

CAUSES OF DEATH.	Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	4 weeks & under 3 months.	3 months & under 6 months.	6 months & under 9 months.	9 months & under 12 months.	Total Deaths under 1 Year.
All Causes—										
Certified	43	8	5	1	57	13	3	5	6	84
Uncertified .. ..	..	..	..	..	..	..	..	..	..	..
Small Pox .. ..	..	..	..	..	..	..	..	..	..	..
Chicken-pox .. ..	..	..	..	..	..	..	..	..	..	..
Measles .. ..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever .. ..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Croup .. ..	..	..	..	..	..	..	..	..	..	..
Whooping Cough .. ..	..	..	..	..	..	..	..	..	1	1
Diarrhoea .. ..	..	..	..	..	..	..	..	..	..	..
Enteritis .. ..	..	..	..	..	..	1	..	..	..	1
Tuberculous Meningitis .. ..	..	..	..	..	..	..	..	..	..	..
Abdominal Tuberculosis .. ..	..	..	..	..	..	..	..	..	..	..
Other Tuberculous Diseases .. ..	..	..	..	..	..	..	..	..	..	..
Congenital Malformations	1	4	3	..	8	3	..	..	..	11
Premature birth	24	..	1	1	26	..	..	..	..	26
Atrophy, Debility and Marasmus	6	1	1	..	8	3	..	..	..	11
Injury at birth	3	..	..	..	3	1	..	..	..	4
Atelectasis	4	..	..	..	4	..	..	..	..	4
Erysipelas .. ..	..	..	..	..	..	1	1	1	..	3
Syphilis .. ..	..	..	..	..	..	..	..	..	..	..
Rickets .. ..	..	..	..	..	..	..	..	..	..	..
Meningitis (<i>not Tuberculous</i>) .. ..	..	..	..	..	..	..	..	1	..	1
Convulsions	2	1	..	..	3	1	..	1	3	8
Gastritis .. ..	..	..	..	..	..	..	..	..	..	..
Laryngitis .. ..	..	..	..	..	..	..	..	..	..	..
Bronchitis .. ..	..	..	..	..	..	..	..	..	..	..
Pneumonia (all forms) .. ..	..	..	..	..	..	2	1	2	2	7
Suffocation, overlying .. ..	..	..	..	..	..	..	..	..	..	..
Other Causes	3	2	..	..	5	1	1	..	..	7
Totals	43	8	5	1	57	13	3	5	6	84

Nett Births in the period ... { Legitimate 1374
 Illegitimate 61

Nett Deaths in the period of { Legitimate Infants 78
 Illegitimate Infants 6

Causes of, and Ages at Death during the Year 1934.

[illegible]

TABLE VI.
Cancer Deaths.

LOCALISATION OF DISEASE	Total		15 to 25		25 to 45		45 to 65		65 to 75		75 and up.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Cancer of—												
Buccal cavity and pharynx ...	4	—	—	—	—	—	3	—	—	—	1	—
Digestive organs & peritoneum												
(a) Oesophagus ...	5	—	—	—	—	—	1	—	4	—	—	—
(b) Stomach and duodenum	30	24	1	—	2	1	15	7	9	9	3	7
(c) Rectum ...	13	12	—	—	—	2	9	4	4	4	—	2
(d) Liver and biliary passages	14	8	—	—	—	—	5	3	5	3	2	2
(e) Pancreas ...	1	1	—	—	—	—	—	—	1	—	—	1
(f) Peritoneum ...	—	5	—	—	—	—	—	4	—	1	—	—
(g) Other digestive organs	7	8	—	—	1	—	3	1	2	3	1	4
Respiratory organs ...	7	3	—	—	—	—	4	3	3	—	—	—
Uterus ...	—	16	—	—	—	—	—	11	—	5	—	—
Other female genital organs ...	—	8	—	—	—	2	—	4	—	1	—	1
Breast ...	—	13	—	—	—	—	—	7	—	6	—	—
Male genito-urinary organs ...	9	—	—	—	1	—	2	—	1	—	5	—
Skin ...	—	1	—	—	—	—	—	—	—	—	—	1
Other or unspecified organs ...	1	9	—	—	—	2	1	3	—	1	—	3
Totals ...	91	108	1	—	6	7	43	47	29	33	12	21
NOTE.												
Cases in which cancer of the bladder was mentioned ...	3	—	—	—	1	—	1	—	—	—	1	—

TABLE VIII.
Death Rate per 1,000 per annum for 1934 and thirty-three previous years.

YEAR.	Estimated at the middle of the Year.	From all causes and at all ages.	Children under 1 year.	Children over 1 year and under 5 years.	In persons aged 65 years and upwards.	ZYMOTIC DISEASES.						Seven Zymotic Diseases.	Violence and Accidents.	Respiratory System Diseases.
						Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Typhoid Fever.	Diarrhoea.		
1901	95,351	16.64	3.02	1.23	4.38	0.00	0.14	0.06	0.06	0.02	0.19	0.94	1.41	4.46
1902	96,573	17.43	3.30	1.78	4.17	0.01	0.59	0.11	0.15	0.47	0.05	0.19	1.58	4.46
1903	97,808	16.25	2.78	1.32	4.29	0.02	0.00	0.15	0.14	0.16	0.08	0.26	0.82	4.41
1904	99,056	16.78	3.08	1.69	4.11	0.01	0.76	0.10	0.14	0.25	0.07	0.50	1.83	4.13
1905	100,317	16.05	2.69	1.29	4.17	0.00	0.05	0.11	0.11	0.17	0.17	0.46	1.07	4.15
1906	101,591	16.18	3.07	1.81	4.21	0.00	0.60	0.07	0.13	0.32	0.09	0.80	2.00	3.84
1907	102,887	15.61	2.07	1.11	4.23	0.00	0.10	0.06	0.08	0.13	0.11	0.49	0.71	3.95
1908	104,178	15.54	2.48	1.55	4.05	0.00	0.62	0.03	0.08	0.13	0.08	0.56	1.50	3.55
1909	105,492	14.64	2.11	1.27	4.12	0.00	0.17	0.09	0.19	0.14	0.10	0.25	0.94	3.47
1910	106,820	14.76	2.02	1.17	3.86	0.00	0.09	0.17	0.14	0.27	0.05	0.28	1.00	3.22
1911	108,144	15.17	2.61	1.20	4.40	0.00	0.16	0.15	0.20	0.10	0.07	1.14	1.83	3.16
1912	109,512	13.81	1.82	0.95	4.07	0.00	0.19	0.20	0.08	0.24	0.02	0.10	0.83	2.98
1913	110,882	14.77	2.02	0.97	4.49	0.00	0.22	0.06	0.05	0.07	0.08	0.33	0.82	3.64
1914	112,265	14.69	2.02	1.19	4.36	0.00	0.44	0.03	0.04	0.19	0.05	0.13	0.87	3.59
1915	112,265	16.35	1.89	0.90	5.27	0.00	0.20	0.00	0.16	0.08	0.01	0.24	0.69	4.78
1916	111,139	15.11	1.78	0.99	4.89	0.00	0.02	0.01	0.14	0.33	0.02	0.10	0.65	3.97
1917	107,969	13.29	1.22	0.81	4.33	0.00	0.27	0.01	0.10	0.01	0.09	0.11	0.59	4.14
1918	105,818	16.70	1.49	1.27	4.64	0.00	0.18	0.01	0.10	0.15	0.03	0.07	0.56	5.22
1919	105,346	15.81	1.34	0.85	4.99	0.00	0.02	0.00	0.07	0.04	0.03	0.04	0.23	4.63
1920	112,301	13.37	1.51	0.62	4.17	0.00	0.05	0.06	0.15	0.05	0.01	0.00	0.34	3.52
1921	116,776	12.72	1.52	0.49	3.14	0.00	0.01	0.01	0.09	0.06	0.03	0.12	0.34	3.16
1922	111,900	13.17	1.22	0.58	4.83	0.00	0.08	0.008	0.08	0.14	0.02	0.03	0.39	2.92
1923	111,600	12.62	1.13	0.23	4.55	0.00	0.03	0.02	0.03	0.05	0.04	0.03	0.23	2.98
1924	111,800	13.97	1.40	0.60	5.15	0.00	0.14	0.008	0.035	0.105	0.04	0.00	0.33	3.65
1925	112,000	13.38	1.00	0.49	5.14	0.00	0.07	0.01	0.03	0.06	0.01	0.00	0.18	2.96
1926	111,900	12.77	0.81	0.57	4.82	0.00	0.11	0.00	0.07	0.05	0.03	0.03	0.29	2.38
1927	112,100	14.92	1.05	0.53	6.19	0.00	0.04	0.02	0.12	0.05	0.04	0.01	0.29	3.49
1928	113,000	13.27	0.91	0.42	5.21	0.00	0.04	0.04	0.06	0.03	0.02	0.01	0.21	2.35
1929	113,100	14.98	1.01	0.42	6.72	0.00	0.06	0.02	0.05	0.08	0.01	0.01	0.23	4.08
1930	113,100	13.29	0.74	0.33	6.13	0.00	0.02	0.02	0.10	0.01	0.01	0.00	0.15	2.53
1931	114,300	13.78	0.75	0.30	6.38	0.00	0.09	0.01	0.04	0.02	0.00	0.01	0.17	2.66
1932	114,000	12.74	0.62	0.22	6.13	0.00	0.01	0.01	0.02	0.04	0.01	0.03	0.11	2.17
1933	114,000	15.06	0.56	0.39	6.82	0.00	0.04	0.10	0.43	0.02	0.01	0.05	0.64	3.14
1934	114,500	13.49	0.74	0.35	6.00	0.00	0.04	0.02	0.38	0.04	0.00	0.02	0.48	2.28

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Laboratory Facilities.

(1) Wassermann tests in connection with venereal diseases work continue to be carried out at the Public Health Laboratory, Manchester.

The number examined during the past year for Borough cases was 519, being an increase of 15 over the previous year. Of those examined 97 were found positive, 375 were found negative, and 47 were reported doubtful. These figures do not include 10 specimens which, when sent, were not examined, or were found on examination to be unsatisfactory; nor do they include microscopical examinations carried out by the Venereal Diseases Officer himself at his clinic. These numbered 1,292.

(2) Milk examinations to detect the presence of tubercle bacilli (Inoculation tests) are carried out at the Huddersfield Royal Infirmary.

The number examined during the past year was 133. Of these 4 were found positive and 129 were found negative.

(3) All other serological and bacteriological examinations are carried out in the Laboratory at the Public Health Department. These include the examination of sputa for the presence of tubercle bacilli; swabs for diphtheria bacilli; cerebro-spinal fluids for meningococci, or other organisms; blood sera by agglutination tests for the diagnosis of typhoid, or some closely allied type of fever, &c., and the enumeration of bacteria in milk samples.

Owing to the continued prevalence of diphtheria, the number of swabs examined for the presence of the bacilli of this disease reached the high number of 9,755, which gives an average of 27 for every day of the year. In actual practice, of course, the examinations carried out did not distribute themselves so evenly as this, for on occasions over 100 swabs were examined in a day.

A summary of the examinations carried out in the Laboratory and of the findings is as follows:—

Material examined.	Organism or disease suspected.	Number of specimens examined.	Positive.	Negative.
Sputa	Tubercle Bacilli	566	95	471
Swabs from nose or throat ...	Diphtheria ...	9755	1803	7952
Blood	Typhoid Fevers	10	3	7
Others	Various	159	19	140
Milk	Bacteria Count ...	218	—	—

Ambulance Facilities.

For surgical, medical or maternity patients, 3 private ambulances are available, and can be hired by anyone who requires their services. In addition, the Corporation is responsible for the maintenance of 6 ambulances. Two of these are in the care of the Police and are reserved for accidents only. For dealing with infectious diseases 3 ambulances are maintained by the Public Health Committee, one of them, a Morris Commercial, having been purchased during the past year. The sixth ambulance is also maintained by the Public Health Committee, acting as Public Assistance Committee, and is reserved for non-infectious work.

It is considered that the number of ambulances available is adequate for the needs of the area.

Nursing in the Home.

No change in this respect has occurred during the year. The two Nurses employed by the Maternity and Child Welfare Committee for the nursing of sick babies in their own homes have had many claims upon their time, but most of the home nursing has been carried out by members of the Queen Victoria Nurses' Association. The local branch of this Association employs 25 nurses. Eight of this number are for maternity work and the remainder are available for either medical or surgical work.

Clinics and Treatment Centres.

Name.	Situation.	Provided by.	Day and Time.
Antenatal Clinic	Public Health Department	Huddersfield Corporation	Monday to Friday, 1-30 p.m. to 3 p.m.
Child Welfare Clinic (Infants and Children, 1-5 years)	do.	do.	Monday to Friday, 3 p.m. to 5-30 p.m.
Dental Clinic (for expectant and nursing mothers)	do.	do.	Monday, Wednesday and Friday, 4-30 p.m. to 5-30 p.m.
Voluntary Centre (Child Welfare)	Longwood	Voluntary Committee	Tuesday, 3 p.m. to 4 p.m. Fortnightly
School Clinic	Public Health Department	Huddersfield Corporation (Education Committee)	Daily, 9 a.m. to 12 noon
Dental Clinic	Public Health Department	Huddersfield Corporation (Education Committee)	Daily (except Saturday afternoons) 9 a.m. to 12 noon, 1-30 p.m. to 5-30 p.m.
Artificial Light Clinic	do.	do.	For School Children, Monday, Tuesday, Thursday, Friday, 1-30 p.m. to 5-30 p.m. For children under 5 years, Wednesday, 1-30 p.m. to 5-30 p.m.
Ophthalmic Clinic	do.	do.	Tuesday, Thursday and Saturday, 9 a.m. to 12 noon
Orthopædic Clinic	do.	Huddersfield Corporation (Education and Maternity and Child Welfare Committees)	Once fortnightly. Wednesday, 10-0 a.m. to 12 noon

Name.	Situation.	Provided by.	Day and Time.
Tuberculosis Dispensary	Public Health Department	Huddersfield Corporation	Adult Males, Tuesday, 6 p.m. to 8 p.m. Adult Females, Thursday, 6 p.m. to 8 p.m. Children, Thursday, 2-30 p.m. to 4-30 p.m.
Venereal Diseases Clinic	York Place, New North Road. Adjacent to Huddersfield Royal Infirmary	do.	Men, Daily, 11 a.m. to 1 p.m. and 6 p.m. to 8-30 p.m., except Sunday, when hours are 10 a.m. to 12 noon. Women, Daily, 10 a.m. to 12 noon & 6 p.m. to 8-30 p.m.
Mental Clinic	Huddersfield Royal Infirmary	Huddersfield Infirmary Governors & West Riding Mental Hospitals Board	Wednesday, 3 p.m.
Special Ante-natal Clinic	do.	do. Infirmary Governors	Friday, 12 noon

The only change made during the year in connection with the above clinics was the establishment of an Orthopædic Clinic. As shown above, this Clinic is held once per fortnight at the Public Health Department, and is under the care of W. Barclay, Esq., M.C., M.B., Ch.B., F.R.C.S., who is a member of the surgical staff at the Huddersfield Royal Infirmary.

Hospitals (Public and Voluntary).

(1) Huddersfield Royal Infirmary.

The extensions in progress during the past 2 years have now been completed and have added greatly to the accommodation and efficiency of this Hospital. New quarters of excellent design have been provided for the out-patient department and for all the specialist departments, including X-ray, ophthalmic, nose and throat, massage and pathological. Increased accommodation of an up-to-date type has been provided for the resident staff and a few additional beds for patients have also been provided. The number of beds now available and their classification are as follows :—

				Male.	Female.	
Surgical Beds	...	...	...	70	38	108
Medical Beds	...	...	...	20	21	41
Eye Beds	...	...	...	9	9	18
Ear, Nose and Throat Beds	...	...	...	9	9	18
Children's Beds	...	...	...	...	...	40
Maternity Beds	...	...	...	...	...	15
Isolation Maternity Beds	...	...	...	...	...	8
Open Air Beds	...	...	...	...	...	30
Casualty—						
Tonsils and Adenoids	...	...	...	...	...	18
Accident	...	...	...	...	...	2
V.D.	...	...	...	...	...	2
Rothwell Ward (emergency use or ? infections)						2

The beds for cases of puerperal sepsis are at Green Lea extension, where there is a completely isolated unit for dealing with cases of this kind.

The following donations and special payments are made by the Corporation to the Royal Infirmary Board :—

	£
Annual grant towards cost of extensions for a limited number of years	1,500
Usual annual grant	500
For the surgical treatment of cases of tuber- culosis	200
For the treatment of cases of puerperal sepsis and of difficult labour	200
For orthopædic work	800

(2) St. Luke's Hospital.

There has been no material change during the year in the accommodation available at this Hospital. As mentioned in previous reports, developments considered necessary have been delayed pending the decision of the West Riding County Council in the matter of their future requirements. Under the agreement in operation they were entitled to three-tenths of the total accommodation at St. Luke's and St. Mary's Hospitals combined, but at the time of writing this agreement has come to an end. The accommodation at St. Mary's Hospital is approximately three-tenths of the total accommodation represented by the two institutions, and the West Riding Authority has now decided to take over this institution on a rental basis and administer it entirely for their own patients and inmates. In this way St. Luke's Hospital becomes available for Borough residents only, and the way is now clear not only to improve the services rendered, but also to provide medical aid as a Public Health measure and not as a form of Poor Law relief, in accordance with the spirit of the Local Government Act of 1929. The most urgent requirement at the moment is improved accommodation for the nursing staff. Taken in conjunction with this is the intention to appropriate the Hospital section, or at any rate the greater part of it, and make it a municipal Hospital. To carry out both of these proposals effectively will demand the erection of a new nurses' home and administrative block, so that the Hospital unit can be completely separated from the Poor Law institution. The arrangements and difficulties associated therewith are under consideration at the present time.

The following tabular statement shows the accommodation for sick, maternity and mental patients, and the number of beds occupied on December 31st, 1934 :—

TABLE IX.
St. Luke's Hospital.

Classification of Wards (1)	Num- ber of Wards (2)	BEDS							
		MEN		WOMEN		CHILDREN (under 15 years of age)		Total	
		Pro- vided (3)	Occu- pied (4)	Pro- vided (5)	Occu- pied (6)	Pro- vided (7)	Occu- pied (8)	Pro- vided (9)	Occu- pied (10)
1. Medical ...	18	99	84	104	100	3	3	206	187
2. Surgical ...									
3. Chronic sick ...									
4. Children ...	2	—	—	—	—	20	14	20	14
5. Venereal ...	—	—	—	—	—	—	—	—	—
6. Tuberculosis ...	—	—	—	—	—	—	—	—	—
7. Isolation ...	2	—	—	1	—	2	—	3	—
8. Maternity ...	2	—	—	8	7	—	—	8	7
9. Mental (observation)	2	5	5	4	1	—	—	9	6
Total ...	26	104	89	117	108	25	17	246	214

1. Total number of admissions (including infants born in hospital) ... 1,114
2. Number of women confined in hospital ... 83
3. Number of live births ... 81
4. Number of still births ... 5
5. Number of deaths among the newly-born (i.e. under four weeks of age) ... 9
6. Total number of deaths among children under one year (including those given under 5) ... 16
7. Number of maternal deaths among women admitted to hospital for confinement ... Nil
8. Total number of deaths ... 251
9. Total number of discharges (including infants born in hospital) ... 863
10. Duration of stay of patients included in 8 and 9 above. Give number of cases whose total stay was for the following periods :—
 - (a) Under four weeks ... 398
 - (b) Four weeks and under thirteen weeks ... 469
 - (c) Thirteen weeks or more ... 247
11. Number of beds occupied :—
 - (a) Average during the year ... 194
 - (b) Highest, on 31/3/34 ... 209
 - (c) Lowest, on 26/5/34 ... 178
12. Number of surgical operations under general anæsthetic (excluding dental operations) ... Nil
13. Number of abdominal sections ... Nil

Classification of in-patients who were discharged from or who died
in the Institution during the year ended 31st December, 1934—

DISEASE GROUPS	Children (under 16 years of age)		Men and Women	
	Dis- charged	Died	Dis- charged	Died
Acute infectious disease	19	2	9	10
Influenza	13	1	34	10
Tuberculosis—				
Pulmonary	—	1	19	11
Non-pulmonary	—	2	6	11
Malignant disease	1	—	11	26
Rheumatism—				
(1) Acute rheumatism (rheumatic fever) together with sub-acute rheumatism and chorea	4	—	8	1
(2) Non-articular manifestations of so-called "rheumatism" (mus- cular rheumatism, fibrositis, lum- bago and sciatica)	4	—	13	—
(3) Chronic arthritis	1	—	3	—
Venereal disease	—	—	1	—
Puerperal pyrexia	—	—	2	—
Puerperal fever—				
(a) Women confined in the hospital	—	—	1	—
(b) Other cases	—	—	—	—
Other diseases and accidents connected with pregnancy and childbirth	—	—	9	1
Mental diseases—				
(a) Senile dementia	—	—	2	4
(b) Other	—	—	60	—
Senile decay	—	—	25	26
Accidental injury and violence ...	—	—	25	7
In respect of cases not included above :				
Disease of the Nervous System and Sense Organs	7	1	30	2
Disease of the Respiratory System ...	12	10	61	33
" " Circulatory System ...	1	1	69	72
" " Digestive System ...	6	2	21	9
" " Genito-urinary System	—	—	7	2
" " Skin	26	—	24	1
Other diseases	8	2	—	3
Mothers and infants discharged from Maternity Wards and not included in above figures—				
Mothers	—	—	85	—
Infants	81	—	—	—
Any persons not falling under any of the above headings... ..	34	—	121	—
Totals	217	22	646	229

(3) St. Mary's Hospital.

The following tabular statement gives information regarding this Hospital on lines similar to that already given concerning St. Luke's Hospital :—

TABLE X.

Classification of Wards (1)	Number of Wards (2)	BEDS							
		MEN		WOMEN		CHILDREN (under 16 years of age)		Total	
		Pro- vided (3)	Occu- pied (4)	Pro- vided (5)	Occu- pied (6)	Pro- vided (7)	Occu- pied (8)	Pro- vided (9)	Occu- pied (10)
1. Medical	—	—	—	—	—	—	—	—	—
2. Surgical	—	—	—	—	—	—	—	—	—
3. Chronic sick	—	—	—	—	—	—	—	—	—
4. Children	—	—	—	—	—	—	—	—	—
5. Venereal	—	—	—	—	—	—	—	—	—
6. Tuberculosis	—	—	—	—	—	—	—	—	—
7. Isolation	—	—	—	—	—	—	—	—	—
8. Maternity	—	—	—	—	—	—	—	—	—
9. Mental—									
(a) Lunacy Act, 1890									
(i) Short stay ...	—	—	—	—	—	—	—	—	—
(ii) Long stay* ...	—	6	6	26	26	—	—	32	32
(b) Mental Treatment Act, 1930—									
(i) Voluntary ...	—	—	—	—	—	—	—	—	—
(ii) Temporary ...	—	—	—	—	—	—	—	—	—
10. Mental defectives*	—	—	—	—	—	—	—	—	—
11. Other	—	—	—	—	—	—	—	—	—
1, 3 and 11	5	28	27	80	66	—	—	108	93
Total	5	34	33	106	92	—	—	140	125

* Beds for Mental Cases are included in the 5 Wards.

1. Total number of admissions (including infants born in hospital)	67
2. Number of women confined in hospital	Nil
3. Number of live births	Nil
4. Number of still births	Nil
5. Number of deaths among newly-born (i.e. under four weeks of age)	Nil
6. Total number of deaths among children under one year (including those given under 5)	Nil
7. Number of maternal deaths among women admitted to hospital for confinement... ..	Nil
8. Total number of deaths	28
9. Total number of discharges (including infants born in hospital)	49
10. Duration of stay of patients included in 8 and 9 above. Give number of cases whose total stay was for the following periods :—	
(a) Under four weeks	25
(b) Four weeks and under thirteen weeks	10
(c) Thirteen weeks or more	42
11. Number of beds occupied—	
(a) Average during the year	129
(b) Highest, on 11/1/34	136
(c) Lowest, on 12/8/34	122
12. Number of surgical operations under general anæsthetic (excluding dental operations)	Nil
13. Number of abdominal sections	Nil

Classification of In-patients who were discharged from or who died
in the Institution during the year ended 31st December, 1934.

DISEASE GROUPS	Children (under 16 years of age)		Men and Women	
	Dis- charged	Died	Dis- charged	Died
Acute infectious disease	—	—	—	—
Influenza	—	—	5	—
Tuberculosis—				
Pulmonary	—	—	—	—
Non-pulmonary	—	—	—	1
Malignant disease	—	—	1	3
Rheumatism—				
(1) Acute rheumatism (rheumatic fever) together with sub-acute rheumatism and chorea	—	—	—	—
(2) Non-articular manifestations of so-called "rheumatism" mus- cular rheumatism, fibrositis, lum- bago and sciatica)	—	—	—	—
(3) Chronic arthritis	—	—	1	—
Venereal disease	—	—	—	—
Puerperal pyrexia	—	—	—	—
Puerperal fever—				
(a) Women confined in the hospital	—	—	—	—
(b) Other cases	—	—	—	—
Other diseases and accidents connected with pregnancy and childbirth ...	—	—	—	—
Mental diseases—				
(a) Senile dementia	—	—	—	—
(b) Other	—	—	17	—
Senile decay	—	—	5	—
Accidental injury and violence ...	—	—	4	—
In respect of cases not included above.				
Disease of the Nervous System and Sense Organs	—	—	2	—
Disease of the Respiratory System ...	—	—	4	1
" " Circulatory System	—	—	3	22
" " Digestive System	—	—	—	1
" " Genito-urinary System	—	—	—	—
" " Skin	—	—	2	—
Other diseases	—	—	5	—
Mothers and infants discharged from Maternity Wards and not included in above figures—				
Mothers	—	—	—	—
Infants	—	—	—	—
Any persons not falling under any of the above headings	—	—	—	—
Totals	—	—	49	28

(4) Mill Hill Isolation Hospital.

The epidemics of scarlet fever and diphtheria, which caused so much congestion and pressure of work at this Hospital during the year 1933, continued with unabated severity during the past year. There was a slight relaxation in the late summer, but the winter months brought a further flare up of infection. The daily average number of patients for the entire year was 120, the maximum number being 235 on February 12th and the minimum 62 on August 26th.

Although the nominal number of beds in the Hospital is 128, and the daily average often exceeded this number, it was found possible to provide accommodation for all for whom admission was recommended. The number of patients nursed at home represented only a very small percentage of the total notified, for in very few homes can the regulations relating to isolation be carried out effectively.

When the accommodation at the Hospital began to be taxed in the early stages of the epidemic, the length of stay for uncomplicated cases of scarlet fever was reduced from 4 to 3 weeks. This procedure has been adopted at some of the largest isolation Hospitals, and many medical superintendents maintain that this length of stay is quite adequate. Our experience locally has been that, if accommodation permits of it, a stay of 4 weeks is advisable. Whilst the patient has in all probability ceased to be infectious by the time he reaches the fourth week, he has not had time to recover completely, and, unless he is carefully guarded during that week, there is a decided risk of complications arising. Enlarged glands are the most frequent trouble, but rhinitis is also common. The most distressing feature of the latter complication is that, when it occurs, the patient again becomes definitely infectious, and, if he has been discharged from Hospital, return cases may be expected. In the month of January, when the number of notifications reached its peak, the Hospital became overcrowded and extra accommodation had to be sought. This was found at St. Luke's Hospital, where two wards containing 20 beds were utilised for the reception of cases of scarlet fever. The building containing these beds is situated in a corner of the grounds well separated from the rest of the Hospital, and served the purpose admirably. It was used as an isolation unit from January 27th till April 19th. Even with this extra accommodation a certain amount of overcrowding both in the isolation Hospital itself and in the nurses' home was at times unavoidable, and on such occasions the difficulties which exist at every Hospital in regard to cross-infection were intensified. The mixed nature of the infections in the majority of the patients treated added to these difficulties, and the need for a larger number of small isolation units was keenly felt. The limited accommodation at the nurses' home was also a handicap, but the staff employed faced the increased pressure of work in the right spirit, and, as already stated in the Public Press, it is believed that every patient admitted to Hospital received adequate care and attention.

The Health Committee appreciate fully the difficulties experienced by the staff during this prolonged time of strain, and they have decided to provide additional and improved accommodation. In discussing the amount of extra accommodation to be erected consideration had to be given to the provision of beds for patients suffering from advanced pulmonary tuberculosis. These patients are not suitable for admission

to a Sanatorium, for they are not able to withstand the rigorous open-air treatment which is so beneficial to early cases, and moreover their high mortality causes depression in a colony where cheerfulness and hopefulness are valuable aids to recovery. In a hospital ward they can be made more comfortable, and, apart from their need for skilled nursing at this late stage, their removal to a Hospital is a valuable Public Health measure, for it removes from the home a source of mass infection and thereby lessens considerably the likelihood of spread of infection.

For some years prior to the recent epidemics of scarlet fever and diphtheria, 12 beds contained in a wooden hut at Mill Hill were available for the reception of male patients of this class, and during the years 1931 and 1932 the beds in No. 5 block were similarly used for female patients. It will be appreciated that during the past two years tuberculosis patients had to be excluded as the beds were required for more infectious cases, and those for whom Hospital accommodation was absolutely essential were admitted to St. Luke's Hospital. The accommodation available there has not, however, been quite satisfactory, and there has been a constant demand from the patients themselves for more suitable quarters. Now that the epidemics are abating the return of these patients to Mill Hill is under consideration, but the wooden hut, which has been used for many years and for divers purposes, has manifestly reached the slum clearance standard of fitness and must be replaced. Taking the whole position into consideration the Committee have decided therefore to enlarge the nurses' home, and at the same time to erect two new cubicle blocks each containing 28 beds. The extension at the home when carried out will provide a separate bedroom for every member of the staff. The main kitchen will be enlarged and much needed additional sitting and dining room accommodation will be provided. It is intended to use the two new cubicle blocks for dealing with the ordinary infectious diseases, whilst one of the larger blocks now in use will then, after some slight alterations, become available for the reception of tuberculosis patients, both male and female.

Of the cases treated in the isolation Hospital during the past year, the following figures give details of their stay in Hospital, grouped according to the diseases for which they were admitted. Figures for recoveries and deaths are given separately:—

Disease.	Average number of days' stay in Hospital.	
	Recoveries.	Deaths.
Scarlet Fever	30.9	16.0
Diphtheria	42.1	6.1
Diphtheria Carriers	34.4	0.0
Enteric Fever	53.0	0.0
Cerebro-Spinal Meningitis	60.0	6.0
Erysipelas	7.0	0.0
Acute Polio Myelitis	15.5	0.0
Measles	1.5	0.0
Tonsillitis... ..	18.5	0.0
Observation Diphtheria	34.0	0.0
Observation Tubercular Meningitis	34.0	13.0
Other Observation Cases	13.0	0.0

(5) Bradley Wood Sanatorium.

Although the Sanatorium contains the number of beds usually considered adequate for a population of a little over 100,000, at times it has been impossible to meet the demand for admission, and there has been a small waiting list throughout practically the whole of the year. The demand for beds was greatest on the male adult section, and to meet this demand additional shelters were provided. These are now 6 in number, so that the total number of beds has been increased to 75, comprising 26 for adult males, 19 for adult females and 30 for children. A considerable amount of unforeseen expenditure was required during the year in connection with the adult and the administrative blocks owing to the discovery of rot in the floors. In both places the under-floor ventilation was found to be unsatisfactory and this defect had to be rectified. On the administrative block the trouble had been intensified by defective drainage, which caused water to collect beneath the floors, and by an unsatisfactory damp proof course, which in turn allowed the moisture to reach the floor joists.

(6) Municipal Maternity Home.

The extension at this Home, which was referred to in the previous year's Report, was completed during the past year, and has added greatly to the accommodation and the amenities of the institution. The new annexe erected provides 12 additional beds, bringing up the total to 32. In addition the home has been improved by the provision of a reception room, a nursery, a bathroom for babies, a day room for patients, and extra accommodation for the staff. The standard charge made to patients from the Borough for admission is 3 guineas per week, with an extra guinea per week if a private ward is desired. A sliding scale, varying with the family income, is in operation, however, and no patient is ever refused admission on account of poverty. As a rule the single Maternity Benefit is the minimum amount accepted, but in a few cases every year, where no Maternity Benefit is payable and there is poverty in the home, no charge for admission is made.

The popularity of the Home is demonstrated by the steadily increasing number of applications received for admission. The following figures show the number of patients admitted since the opening of the Home in 1928 :—

Year	No. of Patients	Year	No. of Patients
1928 (6 months) ...	125	1931 ...	383
1929 ...	340	1932 ...	431
1930 ...	368	1933 ...	530
		1934 ...	596

Poor Law Medical Relief.

The arrangements in operation for the provision of medical assistance to those in poor circumstances remain unchanged. Particulars regarding the eight areas into which the Borough is divided for this service, the names of the Medical Officers in charge of the areas, and a summary of the attendances made are shown below:—

Poor Law Medical Out Relief during the Year 1934.

Area No.	NAME.	Population.	MEDICAL OFFICER.	WORK DONE.					
				H. Attendances at Patients' own Houses.	S. Attendances at Surgery or M.O.'s House.	M. Medicine supplied without seeing patient.	H.M. Attendances at Patients' Houses and medicine supplied.	S.M. Attendances at Surgery and medicine.	Total.
1	Lindley ...	7,565	Dr. C. Sheehy ...	49	—	16	—	—	65
2	Paddock and Longwood	14,891	Dr. R. C. McIntosh	334	38	242	87	156	857
3	Marsh, W. Central, S. Central & N. Central	25,868	Dr. J. J. Hanratty	603	66	378	326	460	1,833
4	Birkby and Fartown	14,994	Dr. F. J. Brown and Dr. J. McCurdy— (Took up duty 1/2/34)	106	69	90	14	100	379
5	Dalton, Bradley, Deighton and Moldgreen	17,723	Dr. S. Prior ...	246	346	—	—	—	592
6	Almondbury ...	8,435	Dr. R. J. Ogden ...	745	177	—	—	—	922
7	Newsome ...	6,982	Dr. S. H. Waddy ...	209	14	85	123	31	462
8	Lockwood and Crosland Moor	17,017	Do.	315	28	134	187	139	803
				2,607	738	945	737	886	5,913

Comparison with the previous year shows that consultations both at home and at the surgery have increased, the former by 113 and the latter by 318. The greatest increase in the claims for services occurred in areas Nos. 6, 3 and 4.

Institutional Provision for the Care of Mental Defectives.

No change has occurred during the year in the accommodation available for the reception of mental defectives from this area. As mentioned in an earlier report, the Huddersfield Authority have co-operated with the Boroughs of Barnsley, Dewsbury, Doncaster, Halifax, Rotherham and Wakefield, in the formation of the South-West Yorkshire Joint Board for the Mentally Defective, and their colony at Doncaster, St. Catherine's Institution, is now at full working capacity. At the opening, which was three years ago, there were some representatives who doubted the wisdom of opening such a large institution, but already the demand for beds is greater than the accommodation available.

The total number of beds and the position as far as Huddersfield is concerned are shown by the following tabular statement:—

	MALE BEDS			FEMALE BEDS		
	High Grade	Low Grade	High Grade (Boys under 16)	High Grade	Low Grade	Total
Total Accommodation	120	20	20	120	20	300
Allocated to Huddersfield Authority	25	4	4	27	4	64
Occupied by Huddersfield Authority	26	4	4	26	4	64
Huddersfield patients for whom admission is recommended	3	9	3	1	7	23

Of those shown awaiting admission (23), 13 are at Storthes Hall Mental Hospital, 2 are at St. Mary's, 1 is at St. Luke's, 1 at the Royal Albert Institution, Lancaster, 1 at the Children's Homes, Scholes, and 5 are living at their own homes. The patients in Storthes Hall and at the Royal Albert Institution are in suitable surroundings for the time being, whilst for some of those at home the need for removal to an institution is not particularly urgent; but more suitable accommodation is specially needed for the 3 boys who are shown at present to be at St. Mary's, St. Luke's and the Children's Homes.

In addition to the numbers shown above who are at present inmates at St. Catherine's Institution, there are altogether 54 defectives, 27 male and 27 female, who reside at home and are supervised by the Woman Visitor. Particulars regarding those in other institutions are as follows :—

	Male.	Female.	Total.
Royal Albert Institution ...	2	—	2
Rampton State Institution	2	—	2
Storthes Hall Mental Hospital	7	6	13
St. Mary's Hospital	2	—	2
St. Luke's Hospital	1	—	1
Children's Homes, Scholes ...	1	—	1
Under Guardianship ...	1	2	3
	16	8	24

MATERNITY AND CHILD WELFARE WORK.

Katherine A. Gill, M.B., B.S.,
Senior Assistant Medical Officer of Health.

Maternal Welfare.

(a) Ante-natal Care.

During the past year 1,665 births were notified in the County Borough. Of these, 1,284 had been ante-natally notified, giving a percentage of 77.1. This is again a record number, and 7.3 per cent. higher than in the previous year.

The following figures show the progress achieved in this matter since the inception of the scheme in the year 1916, and indicate how the prejudice to notification, which was encountered in the early stages, has been steadily, and one might say also effectively, eliminated.

Year	Percentage	Year	Percentage
1916 ...	11.22	1926 ...	40.48
1917 ...	24.14	1927 ...	34.58
1918 ...	34.56	1928 ...	35.01
1919 ...	34.11	1929 ...	48.68
1920 ...	37.47	1930 ...	45.79
1921 ...	38.32	1931 ...	50.69
1922 ...	31.14	1932 ...	62.60
1923 ...	33.51	1933 ...	69.80
1924 ...	34.25	1934 ...	77.12
1925 ...	36.31		

When it is remembered that there is a fairly large number of mothers in a prosperous manufacturing area such as this who can afford to pay for the best care and attention obtainable and do not desire, therefore, assistance of any kind from the Public Health Department, it will be appreciated that with such a high percentage of ante-natal notifications there must be very few expectant mothers who entirely escape medical supervision.

A few private practitioners arrange to give the necessary care themselves in the notified pregnancies, but in the majority of cases supervision is given by the Assistant Medical Officers of Health either in the patients' homes or at the Public Health Department, where one of the Medical Officers is in attendance every afternoon.

Record of visits and consultations by the Assistant Medical Officers in 1934 :—

Visits paid to homes.

First visits	...	...	...	...	699
Re-visits	...	...	...	...	2841
TOTAL...					3540

Consultations at the Clinic.

First interviews	...	...	...	...	711
Further interviews	...	...	...	...	2252
TOTAL...					2963

Under the scheme in operation for ante-natal care no treatment is given, but every case of abnormality is reported by the Medical Officer of Health to the family doctor; the patient is advised to place herself under his care, and a personal letter is sent to him giving all the information available. The majority of doctors are only too anxious to give all possible attention in cases brought to their notice in this way, but unfortunately there are exceptions—cases where the warning notices are either ignored or treated too lightly. To those who do their work most conscientiously this comment may seem rather harsh, but some such reference is imperative, seeing that in a few cases serious complications supervened which might have been prevented.

The increase in the pregnancy notifications recorded above is due to some extent no doubt to more intimate co-operation with the midwives in their work. Where possible, some at least of the examinations made by the Assistant Medical Officers are carried out in the presence of the midwives engaged for the confinements, and in all cases, whether any abnormality is detected or not, a report on the patient's condition and the Assistant Medical Officer's findings is forwarded to the midwife concerned a few days before the confinement is expected. In this way the midwives are given every assistance possible, for all the information available is placed at their disposal.

The following cases were reported for medical attention last year :—

Albuminuria	...	...	...	29
Disproportion	...	...	...	6
Leucorrhœa	...	...	...	6
High Blood Pressure	...	...	...	15
Contracted Pelvis	...	...	...	9
Breech Presentation	...	...	...	9
Placenta Prævia	...	...	...	4
Morbus Cordis	...	...	...	3
Hæmorrhage	...	...	...	2
Cystocele	...	...	...	2
Cystitis	...	...	...	1
Femoral Hernia	...	...	...	1
Escape of Amniotic Fluid	...	...	...	1
Hydramnios	...	...	...	1
Fœtal death	...	...	...	1
Subinvolution	...	...	...	1
Other Conditions	...	...	...	4
TOTAL				95

(b) Assistance at Confinement.

(1) Maternity Outfits.

These are provided in cases of poverty and can be obtained at any time of the day, or night, from the Municipal Maternity Home in Greenhead Road, at the request of a doctor, a midwife, or a member of the Public Health staff. The various articles in each outfit are all sterile when issued and once issued they are not reclaimed.

Twenty-one such outfits were supplied in 1934.

(2) Maternity Beds.

The number of beds available for maternity cases in the Borough and the use made of them are shown below :—

Institution.	No. of Beds provided.	No. of Cases delivered.
Municipal Maternity Home	32	596
St. Luke's Hospital	8	83
Green Lea Hospital	9	94
Armitage Road Nursing Home	2	16
Trinity Street Nursing Home	2	7
Bradley Lane Nursing Home	4	17
Westfield Nursing Home	2	4
Royal Infirmary	6	34
TOTAL NUMBER	65	851

The Trinity Street, Bradley Lane and Armitage Road Nursing Homes are private institutions which take maternity patients in addition to medical and surgical cases.

The Westfield Nursing Home is for maternity cases only.

Green Lea Hospital is a branch of the Royal Infirmary, and has provided until recently accommodation for cases of difficult labour, puerperal sepsis, puerperal pyrexia, and other abnormal conditions associated with pregnancy or confinement. The two Obstetric Surgeons, on the honorary staff, take sole charge of the patients admitted to the Institution, and in addition they are responsible for the management of a clinic, which is held once weekly at the Royal Infirmary for the examination, or supervision, of patients in whom difficulty at confinement is anticipated.

Since the commencement of the present year a new unit has been opened in the Royal Infirmary itself for the reception of ante-natal cases and for dealing with all abnormal cases apart from those suffering from puerperal sepsis or pyrexia. This unit contains 15 beds, including 3 cubicle beds.

The above figures show that 851, or 51 per cent. of all the births notified took place in institutions. Of this number, 606 occurred in the Municipal Maternity Home. As twins were born in 10 of these cases this denotes that 596 patients were confined in the Home. Further information regarding this Home is given earlier in the report in the section dealing with the various institutions.

(3) Medical Assistance.

In case of any emergency arising during pregnancy, or confinement, a midwife may call a medical practitioner to her assistance, and, in accordance with Section 14 of the Midwives Act, 1918, the Local Supervising Authority is required to pay the practitioner called upon for his services. A scale of payment, fixed by the Ministry of Health, applies in these cases. It is subject to certain limitations which are defined, and the amount paid may be reclaimed from the patient.

During the past year 253 such "Calls for Help" were issued and accounts for 197 of these have been passed for payment. The amount involved was £294 18s. 0d.

The conditions for which medical assistance was summoned were as follows:—

Lacerated perineum	...	...	...	83
Prolonged labour and inertia	...	...	...	40
Ante-partum hæmorrhage	...	...	...	5
Post-partum hæmorrhage	...	...	...	6
Malpresentation	...	...	...	14
Rise of temperature	...	...	...	22
Discharging eyes	...	...	...	14
Unsatisfactory condition of mother	...	...	...	13
Unsatisfactory condition of child	...	...	...	16
Retained placenta or membranes	...	...	...	6
Prematurity	...	...	...	11
Albuminuria	...	...	...	3
Deformity of child	...	...	...	4
Miscarriage	...	...	...	2
Stillbirth	...	...	...	3
Other conditions	...	...	...	11
TOTAL	...	...	...	253

(4) Consultant Services.

The provision of a consultant service, though a recent innovation, is proving of definite value. Any medical practitioner when attending a confinement within the Borough, either in the Municipal Maternity Home, or in the patient's own house, can, if he thinks that additional medical help is advisable, obtain the assistance of a Consultant Obstetrician, whose fee for this work is guaranteed by the Local Authority.

Seventeen such consultations took place in 1934.

(c) Post-natal Care and Attention—Examinations.

It has been authoritatively stated that for every maternal death which takes place, approximately 20 women are crippled as a result of child-bearing, some to a great extent, others very slightly, but all to a degree sufficient to cause discomfort for the remainder of their lives. Many of the causes of these disabilities can be detected by a thorough post-natal examination, and it is advisable, therefore, that examinations of this kind should be carried out, so that the defects may be discovered and if possible rectified. In cases where a doctor has been present at the confinement, it is assumed that he, or she, will accept responsibility for whatever post-natal attention may be necessary. In other cases, where midwives only have been in attendance (and these represent a little more than half of the total confinements recorded), the Assistant Medical Officers of Health interview the mothers six weeks after confinement and offer medical examination, if there is any reason to suggest that this is advisable. Where an unsatisfactory condition is discovered as a result of this examination the family doctor is notified.

This is a comparatively new service and as its potential benefits are not yet generally recognised, only a small proportion of those who were interviewed during the year agreed to an examination being carried out. The records show that the number of interviews was 398 and the examinations numbered 152.

Home Helps and Daily Assistants.

Three Home Helps and five Daily Assistants were employed regularly during the year. There is a great demand for the services of these workers, and there is abundant proof that they are able to render valuable assistance in the homes. A tabulated record of their work is as follows :—

	By Home Helps.	By Daily Assistants.
No. of new homes visited ...	74	190
Total No. of homes visited ...	121	382

Provision of Milk, &c.

Dried milk is provided by the Sanitary Authority for expectant mothers, nursing mothers, or for infants who are artificially fed, in necessitous cases. Its issue is limited by a definite scale based upon the number in the family and their total income after deducting rent.

A free supply of cod liver oil, in the form of emulsion or pure cod liver oil, is also available on the recommendation of the Assistant Medical Officers. 1,368 bottles were issued at a cost of £34 4s. 0d.

The quantity of dried milk issued was 11,648 lbs. in 1934 at a cost of £262 0s. 0d. This represents 1,448 lbs. less than in the previous year, and the expenditure was £144 10s. 0d. less.

The diminished demand shown by these figures can probably be accounted for by the slight improvement which took place during the year in regard to employment. The drop in the cost, which is out of proportion to the reduction in the quantity issued, was due to the fall in the price paid for milk.

Maternal Mortality.

There were 15 maternal deaths during 1934, giving a maternal mortality rate of 10.45 per 1,000 live births registered, or 9.86 per 1,000 live and still births registered, or 10.05 per 1,000 births notified.

The following figures give a comparison between the local mortality figure and that of England and Wales:—

		Puerperal		
		Sepsis.	Others.	Total.
The maternal mortality rates for England and Wales are as follows :	per 1,000 Live Births	2.03	2.57	4.60
	per 1,000 Total Births	1.95	2.46	4.41
The maternal mortality rates for Huddersfield are as follows :	per 1,000 Live Births	4.88	5.57	10.45
	per 1,000 Total Births	4.60	5.26	9.86

The causes of death were:—

Puerperal sepsis	...	...	...	7
Post partum hæmorrhage	...	...	...	1
Eclampsia	...	...	...	2
Acute nephritis	...	...	...	1
Acute heart failure	...	...	...	1
Acute yellow atrophy	...	...	...	1
Hyperemesis	...	...	...	1
Rupture of uterus	...	...	...	1
Total	...	...	...	15

A detailed report on each case was sent to the Ministry of Health, and the following facts emerged:—

AGE INCIDENCE.

Under 20	...	...	...	...	...	Nil
20-30	...	...	...	...	...	7
30-40	...	...	...	...	...	7
Over 40	...	...	...	...	...	1
Total	...	...	...	...	...	15
Primiparae	...	...	...	...	...	11
Multiparae	...	...	...	...	...	4
Died undelivered	...	...	...	...	...	5
Doctors' cases	...	...	...	...	...	8
Midwives' cases	...	...	...	...	...	2

DEATHS IN INSTITUTIONS.

Admitted to Institution prior to onset of labour			4
Admitted to Institution after onset of labour ...			9
	Number	Deaths	Rate per 1,000
Pregnancies ante-natally notified and supervised by the Medical Officer of Health's staff ...	818	5	6.11
Other pregnancies (as ascertained by the birth notifications) ...	674	10	14.84

The maternal mortality rate shown above, namely, 9.86, was exceptionally high, and in submitting such a figure one feels almost compelled to do so with some sort of apology, for so much attention has been directed to this subject recently and so many comments have been made regarding "black areas," that any district recording a figure of over 5 per thousand becomes immediately surrounded by suspicion and its Health Services the butt of criticism.

It does not seem to be sufficiently realised that in dealing with such small figures, the error of variation due to chance is high, and that a difference of 5 deaths in a population of 114,000 can change a rate which would be considered excellent to one which some people would term disgraceful. The fact of the matter is that the whole subject has been taken away from its true perspective and placed on so high a pinnacle that it seems at the moment to tower over everything else and to be regarded as an index of the Public Health administration in an area.

Nevertheless, whether we attach much or little importance to mortality rates, the above figures show that 15 lives were lost in Huddersfield last year as a result of child birth. Such deaths must be classified amongst life's greatest tragedies, and it behoves us to investigate fully their causes, not with the idea of finding fault or incriminating anyone, but in the hope that something may be found which, if eliminated, will give better results in the future.

The first observation one would make on the above statistics is that the proportion of primiparae amongst those who died was exceptionally high, being 11 out of 15. With the present day tendency to restrict the family to one, or at the most two, the proportion of first to subsequent births is rapidly increasing, and it is well recognised by all that labour is more prolonged and to some extent more hazardous at the first than at later confinements. This is specially so when the age at marriage is high. It is worthy of observation in this connection that the average age of the 11 primiparae who died last year was thirty.

It is shown above that 5 of the patients died prior to delivery, and that of the 10 who were confined 8 have been classified as doctors' cases and only 2 as midwives' cases. Already it has been pointed out that of the births notified last year, just over half were attended by midwives only, but no comparison should be made from these two sets

of figures. They merely indicate that only 2 of the 10 confinements were uneventful. In the other 8, whether a doctor had been engaged or not, the midwives in attendance found that medical assistance was necessary.

One of the most striking points in connection with the above figures is the comparatively low mortality rate recorded amongst those mothers who were ante-natally notified and supervised by the staff of the Health Department when contrasted with the rate amongst those not so supervised. This is by no means exceptional, for a somewhat similar and equally striking comparison is afforded year by year. It is true that deaths which occur in the very early stages of pregnancy weigh rather heavily against the non-supervised, but there were only two such cases amongst the deaths of last year, and even if these be excluded the death-rate amongst the supervised was still much less than amongst the others. However disheartening the results as a whole may be, this comparison, maintained year after year, is definitely encouraging, for it shows that ante-natal care is capable of producing definite results, and when we remember that at least 75 per cent. of all pregnancies are now being notified the outlook for the future is certainly more promising.

A strange feature of last year's results was the fact that all the 5 deaths which occurred amongst the ante-natally notified and supervised were due to puerperal sepsis. Altogether 7 deaths were attributable to this cause—one which is generally referred to as preventable, if strict aseptic precautions be taken at and subsequent to confinement. In the light of subsequent arm-chair criticism a small number of these cases appear undoubtedly to have been badly managed, particularly one case where advice given was entirely disregarded, but neither carelessness nor lack of skill were factors in all the cases. Moreover, there was no obvious spread of infection, for all the 7 cases were attended by different midwives and only 2 were under the care of the same medical practitioner.

One wonders if the high death-rate from sepsis was not associated in some way with the co-existing epidemic of scarlet fever. Both puerperal fever and scarlet fever are produced by streptococci hæmolytici, the strain of the one being almost identical with that of the other. It has never been definitely proven that these strains are absolutely specific for a modification of their characteristics is undoubtedly common, and there is just a possibility that under special circumstances the response to infection may give rise to varying groups of symptoms in different individuals. One of the peculiarities of the scarlet fever epidemic experienced during the year was the comparatively large number of adults who contracted the disease. As a rule an outbreak of this disease is confined almost entirely to children but last year 113 of the cases or approximately one-sixth of the total number infected, were twenty years of age and over. The high incidence rate of scarlet fever amongst adults and the high death-rate from puerperal sepsis may be more closely associated than is at present recognised.

Of the remaining 8 deaths, perhaps it may be stating the position too strongly to say that 4 might have been prevented, but the position is certainly this, that all was not done that might have been done to guarantee safety. In one the ante-natal care given was inadequate, with the result that danger signs, when present, were not detected. In two cases warning signs were recognised, but their importance was overlooked, whilst in the fourth case there was unfortunately an error of judgment in regard to treatment.

Reference must be made to two of the remaining deaths for quite different reasons. The first is mentioned because, in this case, it is extremely doubtful if the patient at the time of her death had been pregnant at all, and certainly if the cause of death was as stated the history of the illness was most exceptional for such an ending. The other case serves as a reminder that even with the best care and attention that medical science can provide death in certain cases is inevitable. In this case the patient, who was in comfortable circumstances, had experienced trouble at two previous confinements, and as a result she received the most skilled treatment obtainable during pregnancy and at confinement, but all was unavailing.

Whilst the mortality rate last year was exceptionally high, it must be admitted that it has remained high over a number of years, and obviously there must be some explanation, if this can be found. It cannot be the fault of the midwives, for the standard of midwifery, as practised in the district, is reasonably good. Approximately one-half of the births take place in institutions, where highly trained staff are employed. Regarding home confinements, the majority are attended by the Queen's Nurses, whose reputation for good service is well recognised, and although some of the private midwives are not so efficient as they might be, the death-rate in their practices is not above the average.

In many quarters all the blame is being placed upon the shoulders of the general practitioners, but is this censure fully justified? It is true danger signals when brought to notice do not always receive the attention they deserve; at other times we find undue haste and unnecessary interference, and it must be evident to everyone that the position of the general practitioner in regard to midwifery is becoming increasingly difficult, for the average practitioner is not obtaining sufficient experience as an obstetrician to develop, or even to maintain his skill. At the same time there is every reason to believe that on the whole the practitioners of Huddersfield are as highly trained and as conscientious as those who are practising in other districts.

What can be said of the Public Health Services? It is not for your Medical Officer of Health to appoint himself a judge of these, but he can at least express his honest belief that in the matter of ante-natal care they are unsurpassed in any area in the country. The notification of pregnancy scheme is unique, and through this agency three-quarters of all the pregnancies in the Borough are brought to notice. Once notified, the mothers, if they are willing, remain under the care of experienced doctors who can visit them in their own homes and are in a position, therefore, to render the maximum amount of attention to those who require it most. It is unnecessary to enumerate

here all the services which are provided for those who require assistance, but it is believed that everything is done, which reasonably can be done, to ensure a safe confinement and an uneventful puerperium.

No ! The real cause for the continued high mortality rate recorded locally must be sought not in the services provided, either nursing or medical, but in the habits and mode of life of the mothers themselves.

At a Conference held in London some months ago and attended by approximately 1,200 representatives from various areas, the majority of the speakers seemed to think that there was a close relationship between high maternal death-rates and unemployment with its attendant hardships ; indeed the audience did not seem inclined to listen to any other possible suggestions as to the cause. It is quite possible this may be an important factor in some areas, for one knows that when there is privation in the home the mother is usually the chief sufferer. Nevertheless, there has been nothing to suggest that the local rate has been raised in any way by either unemployment or poverty. On the contrary statistics show that the highest death-rate is not amongst the poor, but amongst those in comfortable circumstances. Of the 15 deaths which occurred last year, we find that in 9 the home conditions were described as quite satisfactory.

So far all the possible causes suggested have been immediately belittled, but two factors must now be mentioned which seem to have a direct bearing on the subject.

- (1) The custom of those who can afford it to consume a large amount of meat in the diet, and
- (2) The low birth-rate recorded locally, for a low birth-rate almost invariably means a high maternal death-rate.

The local birth-rate has been less than the death-rate for the past four years, and is little more than half the rate of some areas.

The consumption of much butchers' meat and fish is a matter of habit and is prevalent, it is believed, in all Yorkshire towns. A dietary of this kind has many advantages, but its high nitrogenous content throws an increased amount of work upon the kidneys, and in the event of any weakness occurring in these organs, as often does occur under the added strain of pregnancy, a rich dietary increases the risk considerably. It is worthy of notice in this connection that of the cases referred to their own doctors for treatment last year by the Assistant Medical Officers, 46 per cent. of the patients were suffering from albuminuria, or high blood pressure, denoting kidney trouble.

The question will be asked, why should a low birth-rate be associated with a high maternal death-rate ? For an explanation we must remember that the low birth-rate is not due to natural causes, for there is no reason to suggest that the people of Huddersfield are less fertile than those of a city like Liverpool. The reduction is undoubtedly brought about intentionally by the use of contraceptive methods. A large proportion of the women of the district are employed in the textile industry and large families are definitely not wanted. The majority of contraceptive methods are, in themselves, probably quite harmless, though it is possible that repeated use of those containing irritating chemicals may give rise to chronic inflammatory conditions and consequent dangers. The methods in general

use are not, however, always successful in preventing pregnancy, and, in the event of failure, attempts are often made to procure abortion. In industrial areas such as this, where women mingle so freely when at work, information regarding abortion and its production seems to be almost as widespread as that relating to contraception. How often these methods are put into use can only be a matter of conjecture, for if they are entirely successful nothing is heard of them, but some idea as to their prevalence can be gauged by the number of cases brought to notice in which trouble has arisen. All cases of abortion are not, of course, due to artificial causes, but it is significant to find that at the Royal Infirmary the number of admissions for this condition was 14 higher in 1933 than in 1932, and again 14 higher in 1934 than in 1933.

In an enquiry carried out recently into the maternal deaths associated with abortion during the past ten years, it was interesting to observe that very few of these had occurred in the thickly populated districts of the town. The greater number had occurred in the outer ring areas, where the middle and wealthier classes reside—amongst just those families in which it is known limitation is most widely practised, for the largest families at the present time are to be found as a rule amongst those “on the dole,” or in the receipt of outdoor relief. They live from day to day and “think not of tomorrow!”

It may be pointed out that the number of deaths definitely associated with abortion is a comparatively small proportion of the total number recorded and that perhaps its incrimination here is being overstated. The risk from repeated attempts at abortion is, however, not merely the immediate danger to life; it is well known that some of the methods employed lead to an unhealthy condition of the uterus and in that way increase the risk if that, or a subsequent, pregnancy should proceed to a premature, or full time, confinement. With a history suggesting an unhealthy uterus an obstetrician knows that anything from a severe hæmorrhage to spontaneous rupture may occur.

With this information, or at any rate these ideas before us, how can we hope to bring about an improvement? Some of the difficulties are national in character and can only be dealt with by drastic changes, particularly those dealing with the rules and regulations relating to midwifery services. The remedy for local improvement usually suggested is better education in the form of more propaganda, but the feeling amongst many associated with this work is that already we are having too much propaganda. With all the publicity which is being given to maternal mortality in the Press, on the wireless, in Parliament, and on every political platform, many expectant mothers are becoming so alarmed that they are looking upon child birth as a serious surgical operation rather than as a physiological function. This psychological element of fear is coming to be recognised as a serious menace, and our aim will have to be to allay it rather than to intensify it. Its danger is illustrated by a death which occurred during the present year. A healthy expectant mother with no abnormal signs of any kind became so convinced that she would not survive confinement that she not only informed everyone of her fears,

but actually made arrangements for the nursing and care of her child after her death. She passed on her alarm to her doctor, who, although he found no pathological condition, called in a consultant to assist him at the confinement. This was described by both doctors as a normal labour with nothing to cause any anxiety, and yet the mother simply became gradually weaker after delivery and finally died.

What we seem to require at the moment is less talk and permission to go ahead with our work without so much fuss and unreasoned criticism. Better education in matters relating to maternity is undoubtedly needed, but our doctors when visiting the homes are brought into intimate touch with the mothers and are then in a position to give advice where they find it is most needed.

Some of the services which have been introduced are still in their infancy and their full influence has not yet been felt, but this will undoubtedly come in time, and there is no need to despair of the future. At the moment we have struck a black page, but the blackest hour, we are told, is that before the dawn, and we have reason to believe that in this matter daylight is breaking through the gloom.

The Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926.

Thirty-nine cases of puerperal sepsis or of pyrexia were notified in 1934. Of these, 7 occurred in patients whose ordinary place of residence was outside of the Borough.

The corresponding figures for 1933 were 35 and 13 respectively.

Amongst the 39 cases

In 17 the births were notified from Institutions.

In 4 the births were notified by midwives at home.

In 10 the births were notified by midwives at home (doctor attending).

In 3 the births were notified by doctors at home.

In 1 the birth was notified at home (before admission to institution),

In 1 the birth was notified by parent (doctor attending),

1 was a miscarriage,

2 were abortions.

The cause of the pyrexia in the cases notified was as follows :—

Septicæmia	...	...	...	...	10
Septic absorption...	...	...	...	...	8
Torn perineum	...	...	...	...	5
Mastitis	...	...	...	...	6
Ceululitis	...	...	...	...	1
Influenza	...	...	...	...	1
Nephritis	...	...	...	...	1
Septic abortion	3
Exhaustion	1
Phlegmasia alba dolens	1
Cause not stated	2

Total	39
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Cases of puerperal pyrexia or sepsis are dealt with in a special unit at Green Lea Hospital under the care of the two consultant obstetricians of the Royal Infirmary staff. The accommodation available, consisting of 8 beds, has been greatly improved during the year by the separation of two cubicles from the main large ward and by the erection of a glass-covered balcony which permits of open air treatment under favourable weather conditions.

Infant Welfare.

NOTIFICATION OF BIRTHS ACT, 1907.

(a) Number of births notified in 1934	1665
Number of births registered in 1934	...	1435
Notified by doctors ...	133	1665
Notified by midwives ...	1497	
Notified by parents, relatives and others ...	35	
(b) Number of Stillbirths notified	105
Notified by doctors ...	6	105
Notified by midwives ...	27	
Notified from institutions ...	72	
Notified by parent ...	—	
(c) Number of births with doctors in attendance ...	773	1665
Number of births attended by midwives only ...	892	

Infant Visiting.

In accordance with the Special Scheme for Infant Welfare, adopted in June, 1928, the following routine visits are paid by an Assistant Medical Officer of Health :—

- (1) As soon as possible after notification.
- (2) Once a week for the first four weeks.
- (3) Once a fortnight for the next two months.
- (4) Once a month for the final nine months.

Additional visits are paid as considered necessary in the interests of mother and child.

The Assistant Medical Officers also supervise, as far as time will allow, children between one and five years, in their respective districts.

No treatment is provided ; in all cases where medical attention is advisable the mother is recommended to consult her family doctor.

Record of visits to infants during the year:—

Number of first visits paid to births notified ...	1291
Number of re-visits ,, ,, ,, ...	18455
Total	19746
Number of first visits paid to children one to five	263
Number of re-visits ,, ,, ,,	4799
Total	5062

Infant Clinics.

The five Assistant Medical Officers of Health each reserve one afternoon per week for attendance at the clinic held in the Public Health Department for infants and children from one to five years of age.

Children are weighed on these occasions, and, if necessary, examined by the Medical Officers. Advice is given to the mothers regarding the management and feeding of the babies, but little treatment is given.

There is also a clinic held fortnightly at Longwood, attended by the Assistant Medical Officer for that district.

In addition, an Ultra-Violet Ray Clinic is held weekly at the Public Health Department for children up to five years of age who suffer from rickets, debility, skin diseases, etc., and continues to prove most useful in the treatment of such cases.

ATTENDANCES AT CLINICS—

Age	New Cases	Total Attendances
Under one year ...	246	2252
One to five years ...	726	1630
Under five years ...	220	1226
(Ultra-Violet Ray Clinic)		
Total	1192	5108

Routine Medical Examination of Young Children.

A circular letter is sent to the parents of all children in the Borough as the children become three years of age offering a complete medical examination and pointing out the merit of such an examination. When the post card which had been forwarded at the same time is returned, an appointment is made for the child to be examined at a definite time, either at the Central Clinic or in the child's own home.

Altogether 612 children in this group were examined during the year and the findings are shown in the tabulated statement which follows. Where medical attention was found advisable parents were advised to consult their own doctors,

Some indication of the value of these examinations is given by the fact that approximately one-sixth of all the children examined were referred for treatment on account of some disease or defect discovered at the time of examination.

Condition					Referred for Treatment	Referred for Observation
Malnutrition	...	...	...	...	6	8
Skin—						
Ringworm : Body	...	...	...	...	1	—
Impetigo	...	...	...	...	1	—
Other Skin Diseases (Non-T.B.)	...	...	...	...	2	1
Eye—						
Blepharitis	...	...	...	...	1	—
Squint	...	...	...	...	4	—
Ear—						
Otitis Media	...	...	...	...	—	1
Other Ear Conditions	...	...	...	...	1	—
Nose and Throat—						
Enlarged Tonsils	...	...	...	...	10	70
Adenoids	...	...	...	...	—	1
Enlarged Tonsils and Adenoids	...	...	...	...	6	1
Other Conditions	...	...	...	...	2	—
Enlarged Cervical Glands	...	...	...	...	3	26
Defective Speech	...	...	...	...	—	1
Teeth	...	...	...	...	17	64
Heart Disease—						
Organic	...	...	...	...	—	2
Functional	...	...	...	...	—	4
Anæmia	...	...	...	...	4	2
Lungs—						
Bronchitis	...	...	...	...	8	21
Other Non-T.B. Disease	...	...	...	...	—	1
Deformities—Rickets	...	...	...	...	5	9
Other Defects and Diseases	...	...	...	...	30	17
Total					101	229

Infant Mortality Rates for past Five Years.

Year.	No. of deaths		Infant Mortality Figure
1930	...	85	56
1931	...	86	62
1932	...	70	52
1933	...	64	49
1934	...	84	59
Average for past five years		78	56

Age Incidence (1934).

Deaths under one month	...	...	...	...	57
Deaths over one month and under three months					13
Deaths over three months and under six months					3
Deaths over six months and under nine months					5
Deaths over nine months and under twelve months					6
Total					84
Considered preventable	...	...			11 or 13.1%
Considered non-preventable	...				56 or 66.7%
Considered doubtfully preventable					17 or 20.2%

Immunisation.

Immunisation against diphtheria is offered free of charge to the parents of all children between the ages of one and five years. When the circular letter is sent regarding the three-year-old examinations the protection afforded by immunisation is outlined, and still further information is given by the medical staff when the examinations are being carried out.

During the past year 300 young children received the full course of injections.

Now that the diphtheria epidemic experienced during the past two years is at last abating, it is probable that the response to the appeal for immunisation will decline. The offer of free immunisation will be continued, however, for the need for protection will remain for many years.

Infant Nurses.

Two fully trained Nurses are employed to do full-time nursing either by night or day, or both, for sick children under one year who need their services. When not so occupied they assist generally in Infant Welfare work.

Record of visits during the year :—

No. of cases attended	...	...	...	641
No. of visits paid	...	...	...	3306
				3947

Public Health (Ophthalmia Neonatorum) Regulations, 1926.

Fourteen cases of ophthalmia neonatorum were notified in 1934, 2 of which were treated in Institutions. Of the remaining 12, all were treated by private practitioners with the help of either the Queen Victoria Nurses' Association, or of the Infant Nurses provided by the Sanitary Authority.

There was no impairment of sight in any case.

There has been a welcome reduction in the number of cases of ophthalmia neonatorum notified in recent years, and the severity of the disease has also declined. This is due no doubt to greater care given to the infants' eyes at birth, to earlier notification, and to more prompt and efficient treatment. The improvement does not appear to be due to any reduction in the risk of infection at birth, for the number of cases of gonorrhœa treated at the Venereal Diseases Clinic remains consistently high.

Fourteen cases of "discharging eyes" were reported by midwives on Form A during the period under review, of which 8 were subsequently notified as true ophthalmia neonatorum.

Supervision of Midwives.

Forty-six midwives notified the Medical Officer of Health of their intention to practise midwifery in the Borough during the year 1934.

Of the 46

19 were in private practice ;

18 were resident in institutions ;

9 were attached to the Queen Victoria Nurses' Association.

All midwives not resident in institutions are visited quarterly by an Assistant Medical Officer of Health, when their houses, bags, instruments, and records of cases are inspected.

Inspections during the year :—

Midwives inspected	...	...	...	...	28
Routine Inspections	...	...	...	...	97

No official complaint of unsatisfactory work was made during the year ; a few minor irregularities were observed, but attention was called to these by the Assistant Medical Officers when carrying out their inspections.

C.M.B. Forms completed by Midwives.

Form A.	Medical Help...	...	...	...	253
" B.	Deaths of Infants	...	...	...	—
" C.	Stillbirths	...	...	...	40
" D.	Laying out the dead	...	...	...	—
" E.	Liability of infection	...	...	...	—
" F.	Artificial Feeding commenced	...	...	...	—

Compensation to Midwives for loss of work.

No claims were made under the Midwives and Maternity Homes Act, 1926, Section 2, during the year. This section provides that a midwife who has been suspended from practice in order to prevent the spread of infection may claim compensation from the Local Authority. Compensation was paid, however, in a few cases where the midwives through no fault of their own had been unable to obtain any payment for their services.

A payment of 10/- is made in cases where a midwife has been booked to attend a confinement, but owing to some abnormality being discovered, the mother is admitted to hospital for treatment and the midwife loses her case. Also cases occur where no Maternity Benefit is available, and the midwife is then unable to receive even a portion of her usual fee. In cases of this kind a minimum fee of 15/- is guaranteed.

Four claims for payment in such circumstances were approved during the year.

Institutional Provision for Mothers or Children.

The provision outlined in the Report for 1930 remains unchanged.

CHILDREN ACT, 1908.

Infant Life Protection (under Part 1 of the Children Act, 1908, as amended by the Children and Young Persons Act, 1932).

As mentioned in previous Reports most of the visiting of infants and young children, nursed or looked after for reward, is carried out by one Lady Visitor ; she is assisted when necessary by the two Infant Welfare Nurses.

The number of children notified under the Act and under supervision at the beginning of 1934 was 34.

During the year 27 new cases were registered. Of those whose names appeared on the register, 3 have since attained the age of nine years and therefore became exempt from supervision ; 1 child was admitted to the National Children's Home ; 3 children left the district ; 3 children were taken over as boarded-out cases, and 8 children had their names removed from the register by being taken care of by relatives. The net result of all these changes was to increase the number of names on the register from 34 at the beginning of the year to 43.

The number of visits paid in connection with this work during the year was 484.

Boarded-out Children.

At the beginning of the year there were 17 boarded-out children in 13 homes, including 5 West Riding cases. In addition, 2 children chargeable to the local Maternity and Child Welfare Committee were boarded-out in other areas. During the year 4 names were added to the register and 5 removed, leaving the number under supervision at the close of the year, 16 cases in 12 homes. Twelve of these were chargeable to the Borough funds and 4 to the West Riding.

With regard to the children boarded-out in other districts, the number was reduced to 1 at the end of the year. This child is boarded-out with relatives.

The number of visits paid by the Visitor during the year was 781.

CHILDREN'S HOMES.

General Report.

Miss C. Smith, Homes' Matron.

At the beginning of the year the number of children in the Homes was as follows :—

	Borough Cases.		West Riding Cases.		Total.
	Boys.	Girls.	Boys.	Girls.	
Children's Homes, Scholes	45	28	10	13	96
Receiving Home,					
Ramsden Street ...	2	1	—	—	3
Totals ...	47	29	10	13	99

On December 31st the number was as follows :—

	Borough Cases.		West Riding Cases.		Total.
	Boys.	Girls.	Boys.	Girls.	
Children's Homes, Scholes	30	21	16	15	82
Receiving Home, Ramsden Street	2	1	—	—	3
Totals	32	22	16	15	85
	Borough Cases.		West Riding Cases.		Total.
	Boys.	Girls.	Boys.	Girls.	
Children admitted during above period	59	—	21	—	80
Children discharged	81	—	13	—	94

Of the above number, 4 girls are being trained in household duties and 3 boys in gardening; the latter gain experience also in poultry keeping.

The demand for girls trained in housewifery still exceeds the supply and the majority of those placed have done well. The boys over 14 who are still under the care of the committee, other than those working in the garden, are employed as follows :—

1 cabinet making, 1 engineering, 2 gardening, 3 mill hands, 1 farming.

Four of these boys still reside in the Homes, being under sixteen years of age; the others are in lodgings and have good homes. Several boys have remained in the lodgings found for them long after they have passed from the care of the committee, and occasionally after leaving the district they have returned to spend their holidays in their former quarters.

Boys and girls over school age attend Evening School classes, taking subjects most helpful to them in their careers. Two boys who attended Scholes Council School won scholarships providing them with free tuition at Huddersfield Technical College and travelling facilities to and from Scholes.

Everything possible is done to make each unit of the Homes a true home in every sense of the word. The children attend the local Elementary schools and Sunday school and join in all the activities and festivities of the neighbourhood. During the past year they took part in a school outing to Pontefract and York, a camping out holiday with Boy Scouts, a Sunday school treat, Sports at the Children's Homes, and all were taken by charabancs for a day's outing to Lytham St. Annes.

DENTAL REPORT.

S. E. Clarke, L.D.S., Senior School Dentist.

The dental inspection of the children at the Scholes Homes as usual showed the teeth to be in splendid condition. Eighty children were examined and only 15 were found to require slight treatment. This very small percentage only goes to show the splendid manner in which the children are looked after, cleanliness, proper food and fresh air obviously being the main reasons.

MEDICAL REPORT.

E. Trotter, F.R.C.S., Medical Officer.

The year 1934 at the Children's Homes was an uneventful one from a health point of view, except in January and December. In the earlier period there were some dozen cases of influenza, one case of influenzal pneumonia being transferred to St. Luke's Hospital. Towards the end of the year 6 cases of scarlet fever were removed. Isolated cases of this disease had occurred in April and September.

The only other infectious disease recorded was measles, of which 6 cases occurred. These were all treated on the spot, being isolated in one of the Homes.

Only one case of ringworm occurred during the year.

Injuries, which usually appear to be unduly prevalent in the Homes, i.e., as compared with children outside, were infrequent. One boy employed by a joiner sustained a penetrating wound of the knee joint, but did well in the Royal Infirmary.

No vaccinations were performed, but 74 children were dealt with under the immunisation scheme. Thirty-five of these were found to be Schick-negative by the preliminary test, and the remaining 39 were immunised, 27 of them by the staff of the Public Health Department and 12 under the West Riding authority's scheme for dealing with school children.

The Homes were visited by the Medical Officer on 152 occasions during the year.

Adoption of Children.

The policy of setting free children for adoption by suitable applicants was continued, and a further 7 children have been found excellent homes. This brings the total thus adopted to 14.

Needless to say, before any application for a child is agreed to, steps are taken to ensure that the foster parents are worthy and capable of assuming this responsibility and that the prospects for the child's future happiness are reasonably good. Where a married couple without any children are anxious to have a child whom they can call their own it is an excellent arrangement from every point of view when their wishes in this matter can be met by allowing them to select a child from amongst those who are eligible for adoption. Every child considered eligible must be either an orphan, or the committee must have assumed the function of parent under Section 52 of the Poor Law Act, 1930, for one of the reasons set out therein.

Orthopædic Treatment.

The scheme in operation for dealing with orthopædic cases has already been described in the School Medical Report.

Nursing Homes Registration Act, 1927.

A list of the Nursing and Maternity Homes in the district has already been given in the Maternity and Child Welfare report. Those under private management have all been registered in accordance with the Nursing Homes Registration Act, 1927, and their supervision is carried out by the Medical Officer of Health and his Assistants.

SANITARY CIRCUMSTANCES OF THE AREA.

Ernest Richardson, Chief Sanitary Inspector.

Water Supply.

As happened in most areas, the water reserves were heavily taxed during the year owing to the long continued period of drought. Restrictions had to be enforced in connection with compensation water and in the amount available for trade purposes, and an appeal made to the public to economise as far as possible in the use of water for household purposes met with a fair measure of success, whilst the watering of gardens, &c., and the use of hosepipes were forbidden; but at no time was it found necessary to cut off the domestic supply, or even to limit it to a few hours a day, as occurred in some districts. At one period a really critical state was reached, for the water level in some of the reservoirs had fallen so low that there was not sufficient head to drive it through the filters. Just at this time, however, anxiety was relieved by a fairly substantial fall of rain.

The quality of the water supplied remained satisfactory throughout. All the water supplied for domestic purposes passes now through Bells' pressure filters and during the process of filtration is treated with chalk or similar material to remove its acidity, and so eliminate the risk of lead absorption which might be incurred if the ordinary untreated water were allowed to pass over lead surface pipes. The consumption of water last year and in the previous year is shown by the following figures:—

1933.

For domestic purposes	29.38	gallons per day per head of population.
For trade purposes ...	10.76	do. do.
Total ...	40.14	do. do.

1934.

For domestic purposes	25.38	gallons per day per head of population.
For trade purposes ...	8.04	do. do.
Total ...	33.42	do. do.

The results of the analyses carried out in each quarter of the year were as follows. The figures given represent grains per gallon:—

Date of Sample	Total Solid Matter dried at 212° F	Loss on Ignition	Chlorine in Chlorides	Nitrogen as Nitrates	Free Ammonia	Albuminoid Ammonia	Oxygen Absorbed in 3 minutes	Oxygen Absorbed in 4 hours	Permanent Hardness	Temporary Hardness	Total Hardness
1934											
January ...	7.78	2.24	0.88	0.028	0.0049	0.0020	0.029	0.076	2.88	0.62	3.50
April ...	8.50	2.72	1.02	0.049	0.0113	Nil	0.010	0.057	3.33	0.35	3.68
July ...	7.59	2.30	1.04	0.031	Nil	Nil	0.017	0.056	2.45	0.35	2.80
October ...	8.20	2.83	1.02	0.028	0.0014	0.0027	0.020	0.092	2.28	1.05	3.33

In addition to the chemical analyses which are made at regular intervals, periodic bacteriological examinations are carried out on behalf of the Waterworks Committee by the Manager of the Sewage Works, and occasional samples are examined also at the Public Health Department.

Of 30 samples examined in the Public Health laboratory, 6 were found to contain bacillus coli in 10 c.c.s., but none contained the B. coli in 1 c.c.

SEWERAGE AND SEWAGE DISPOSAL.

Sewerage.

During the year the following extensions were made to the sewerage system :—

1. Relief sewers, Dalton Green Lane and Albany Road, to relieve the flooding of premises at Greenside 1,030 lin. yds.
2. Extensions in various parts of the Borough in connection with the Closet Conversion Scheme, the longest individual section being along Blackmoorfoot Road, 617 lin. yards 1,975 lin. yds.
3. Other extensions in various lengths ... 1,194 lin. yds.

Sewage Disposal.

There have been no extensions nor important alterations to the Sewage Disposal Works during the year.

Rivers and Streams.

The subject of rivers pollution is dealt with in the West Riding by a specially constituted Rivers Board, and no action has been taken during the year by the Local Authority.

SANITARY ACCOMMODATION AND SCAVENGING.

H. Neaverson, Cleansing Superintendent.

The scheme for the conversion of tub closets, commenced in the year 1925, was continued throughout the year, and now only 437 of these closets remain.

The following table shows the progress made during the last five years and the numbers of closets, etc., of various types in use at the close of the year :—

TABLE XI.

	1930	1931	1932	1933	1934
Number of clean water closets, including trough closets	27,177	28,809	30,103	31,405	32,469
Number of waste water (slop) closets	157	134	128	125	120
Number of tub closets ...	2,676	1,737	894	492	437
Number of tubs in use ...	2,973	1,930	993	546	485*
Number of ashpits in use	25	23	21	21	21
Number of ashbins in use	31,479	32,908	34,137	36,128	37,451
Number of existing privy middens	154	131	88	51	35

Closet conversions during the period 1915-1934 carried out under Sanitary Notices.

Privies with fixed receptacles converted to clean water closets	187
Privies with movable receptacles converted to clean water closets	969
Slop water closets converted to clean water closets	10

During the year the Corporation have proceeded with the scheme for converting Tub Closets to the Water Carriage System, viz :—

Where the conversion is done voluntarily by the owner a grant of £10 is made.

When advantage is not taken of the above system, conversions are being carried out by the Corporation, the owners bearing the cost of structural alterations and re-laying of defective drains.

The numbers of conversions carried out during the year, under the Scheme, are as follows :—

Privies with movable receptacles converted under Corporation Scheme :

By Owners, under £10 scheme	36
„ Conversions' Officer	49

Slop water closets converted :

By Owners, under £10 scheme	5
------------------------------------	---

NOTE.—In every case where a sufficient sewer and water supply is available, all new closets erected must be on the water carriage system, and be flushed with clean water.

* This figure includes 103 which have been issued in place of midden privies where water or sewers are not available.

Methods of Collection and Disposal of Refuse.

Dry house refuse is collected by horse and petrol vehicles, all of which are fitted with dustless covers. The refuse from earth closets and from privies is emptied into receptacles and taken away along with the house refuse. All such refuse is disposed of by incineration.

During the past year the collection of refuse has been dealt with as follows :—

Loads of refuse collected	21,762
Loads collected from Cesspools (included in total of 21,762)	117
Refuse cremated	27,550 tons
Number of dust bins in use	37,451
Dust bins collected	1,840,679
Midden Privies emptied	253

Cleansing of Cesspools.

These are emptied into a container cart by means of a pump, and the contents of the cart are discharged into a sewer.

Destructor.

The destructor at St. Andrew's Road has now been in operation for over five years and continues to give most satisfactory service. An extension of the existing plant is at present under consideration.

The following figures show the results obtained during the past twelve months :—

Actual Steam raised...	...	126,312,000 lbs.
Average Superheat ...	...	593
Total Weight of clinker ...	...	4058 tons 9 cwts.
Total Weight of dust ...	...	3342 tons 17 cwt.
Total Weight of metal ...	...	341 tons 16 cwts.

The steam produced is used for generating electricity, and on the above figures it is estimated that the refuse took the place of approximately 8,000 tons of coal.

TABLE XII.
REMOVAL OF NUISANCES.

Drains requiring Re-construction	...	...	...	...	50
„ „ connecting with main sewer	...	...	...	...	9
„ requiring Ventilation Shafts	...	...	...	...	6
„ not efficiently trapped	...	...	...	...	7
Defective Sink Pipes and Drains	...	...	...	...	167
„ Yard Drains	...	...	...	...	202
„ Cellar Drains	...	...	...	...	37
„ Eave and Fall Pipes	...	...	...	...	51
„ Roofing	...	...	...	...	28
„ Urinals	...	...	...	...	2
„ Sewers	...	...	...	...	6
„ Water Closets	...	...	...	...	94
„ Woodwork or Plaster round Sink	...	...	...	...	19
„ Floors	...	...	...	...	39
„ Door and Frame	...	...	...	...	1
„ Plaster	...	...	...	...	75
„ Pointing	...	...	...	...	3
Waste Pipes requiring Disconnecting	...	...	...	...	18
Fall Pipes „ „	...	...	...	...	6
To provide Sinkstones in Houses	...	...	...	...	31
Nuisances from Water in Cellar	...	...	...	...	4
„ Street Gullies	...	...	...	...	4
„ Defective Surface of Yard	...	...	...	...	6
„ Smoke	...	...	...	...	26
„ Poultry, Pigeons, and Animals	...	...	...	...	10
„ Dirty Stable	...	...	...	...	1
Offensive Accumulations	...	...	...	...	10
„ Ashpits and Privies	...	...	...	...	1
Closets requiring lime washing	...	...	...	...	2
Closets requiring Re-construction	...	...	...	...	1
Tippler Closets requiring alteration to w.c. system	...	...	...	...	5
Tub Closets requiring conversion to w.c. system	...	...	...	...	29
Old Privies „ „ „ „ „	...	...	...	...	4
Insufficient Closet Accommodation	...	...	...	...	28
Houses Overcrowded	...	...	...	...	7
„ Requiring Cleansing	...	...	...	...	14
„ Requiring Ventilation	...	...	...	...	123
„ Damp	...	...	...	...	42
Factories requiring Fire Escape	...	...	...	...	2
Bakehouses requiring Lime washing or Cleansing	...	...	...	...	2
Total	...	...	...	...	1172

TABLE XIII—SUMMARY.

	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	TOTALS.
No. of Premises where Notifiable diseases have occurred	555	389	290	438	1672
Do. inspected do. do.	520	349	264	412	1545
Do. disinfected do. do.	461	286	205	332	1284
Do. flushed do. do.	238	104	67	87	496
Do. visited searching for fever	599	398	332	469	1798
Number of re-visits where cases are isolated at home	20	19	5	11	55
Do. houses visited for Zymotic or other particulars	310	174	158	196	838
Total number of visits to infected houses	1390	877	700	1008	3975
Cases removed to Hospital	454	315	241	372	1382
Number of Articles disinfected by Lyon's Disinfecter	6771	4347	3490	4713	19321
Number of visits in deaths from Phthisis	14	20	19	18	71
Number of premises flushed by request of owners (paid for)	161	131	115	157	564
Other premises, yards or courts flushed	21	60	74	57	212
Drains found choked by Flushers	201	175	203	262	841
Drains made clear	187	155	187	245	774
Nuisances reported to Public Health Department ...	97	136	131	115	479
Do. inspected	97	136	131	115	479
Inspection of premises where nuisances are found ...	207	166	172	184	729
Do. premises where no nuisances are found	409	401	354	353	1517
Do. premises where offensive trades are conducted	8	19	5	6	38
Do. Houses let in lodgings	19	19	5	4	47
Do. Common Lodging Houses	24	19	13	64	120
Do. Workshops	13	24	10	6	53
Do. Factories	53	44	53	61	211
Do. Schools	54	38	64	38	194
Do. Slaughter Houses	210	182	208	248	848
Do. Canal Boats	8	15	5	25	53
Do. Dairies and Milkshops	16	5	7	14	42
Do. Bakehouses	6	197	8	249	460
Do. Merchandise Marks	—	23	8	46	77
Do. Markets and Shops	297	333	285	442	1357
Do. Van Dwellings	191	—	126	—	317
Re-visits to work in progress	499	413	375	386	1673
Visits to property under notice	1211	1104	1003	943	4261
Total number of Inspections of Premises	3225	3002	2701	3069	11997
No. of Entries in Report Book	178	156	155	174	663
Preliminary Notices to Owners	74	74	67	75	290
Number of Legal Notices issued for abatement or abolition of nuisances	48	32	37	34	151
Owners seen personally	226	220	209	190	845
Summonses taken out	—	—	—	1	1
Sections of New Drains tested	25	31	15	12	83
Do. and satisfactory at first test	25	31	15	12	83
Old Drains tested	30	31	9	24	94
Do. and found sound	6	16	1	11	34
Do. and found defective	24	15	8	13	60
Smoke observations taken	174	174	191	160	699
Number of visits under Food and Drugs Acts	117	123	110	147	497
Food and Drugs—samples purchased	78	98	84	98	358
Do. do. adulterated	3	4	2	4	13
Water Samples taken for Analysis	26	3	2	—	34
Do. polluted	—	—	—	1	1
Milk Samples for Bacteriological Examination	45	49	56	57	207
Water Samples do. do.	—	9	12	11	32
Ice Cream Samples do. do.	—	—	2	—	2

Premises and Occupations which can be controlled by Bye-Laws and Regulations.

1. Houses let in Lodgings.

This class of house is subject to inspection and registration under regulations contained in the Huddersfield Improvement Act, 1871.

The short tabular statement given below shows the number of houses let in lodgings on the Register at the beginning of the year; the number of such houses removed from the Register, and the number of new houses registered as houses let in lodgings.

Houses let in lodgings on Register January 1st, 1934	...	96
Houses removed from Register during the year 1934	...	13
Houses added to Register during the year 1934	...	3
Net decrease to Register during the year 1934	...	10
Houses remaining on the Register on December 31st, 1934		<hr/> 86 <hr/>

Of the above houses, 81 are in the Central District of the Borough, and 5 in the outer districts.

The 86 houses afford accommodation for 747 lodgers in 346 rooms, giving an average of 2.15 persons per room.

2. Offensive Trades.

The number of premises on the Register of Offensive Trades is 7, in which the following trades are carried on:—

Tripe Boiling	...	...	...	...	6
Fat Melting	...	...	...	...	7
Bone Boiling	...	...	...	...	1
Gut Scraping	...	...	...	...	1
Number of inspections during year	...	...	...	...	38

The whole of the premises are kept in compliance with the Bye-Laws, and no breach of the Bye-Laws was discovered during the year.

FACTORIES, WORKSHOPS, WORKPLACES, AND HOME WORK.

1.—INSPECTION.

Including Inspections made by Sanitary Inspectors.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions
Factories (Including Factory Laundries)	211	43	—
Workshops (Including Workshop Laundries)	513	8	—
Workplaces	—	—	—
Total	724	51	—

2.—DEFECTS FOUND.

Particulars	Number of Defects.			Number of Prosecutions
	Found.	Remedied.	Referred to H.M. Inspector	
<i>Nuisances under the Public Health Acts* :—</i>				
Want of cleanliness	12	11	—	—
Want of ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	—	—	—	—
Other nuisances, including emission of black smoke	29	28	—	—
Sanitary accommodation {	insufficient	2	1	—
	unsuitable or defective	35	32	—
	not separate for sexes	6	5	—
<i>Offences under the Factory and Workshop Act :—</i>				
Illegal occupation of underground bakehouses (S. 101)	—	—	—	—
Breach of special sanitary requirements for bakehouses (SS. 97 to 100)	—	—	—	—
Other offences, including escape in case of fire— (Excluding offences relating to out-work which are included in Part 3 of this Report).	2	1	—	—
Total	86	78	—	—

* Including those specified in sections 2, 3, 7, and 8 of the Factory and Workshop Act, 1901 as remediable under the Public Health Acts.

3.—HOME WORK.

Class.	Number of		
	Lists.	Out-workers	
		Con-tractors.	Workmen
List of Outworkers (S. 107) :—			
List received from Employers twice per year	—	—	—
„ „ „ „ once „ ...	—	—	—
Prosecutions	—	—	—
Outwork in unwholesome premises (S. 108) ...			
Cases of infectious diseases notified in home workers' premises			
Orders prohibiting homework in infected premises (S.110)			
		Wearing Apparel.	Other.
		Nil.	

4.—REGISTERED WORKSHOPS.

Workshops on the Register (S. 131) at the end of the year.

Important classes of workshops, such as workshop bake-houses, may be enumerated here.	Clothing and similar trades	...	...	...	156
	Leather	...	...	...	82
	Iron and Tin	...	...	...	83
	Wood	...	...	...	53
	Lead and Paint	...	...	...	57
	Jewellery	...	...	...	18
	Bakehouses	...	...	...	130
	Miscellaneous Trades and Manufactures	...	...	...	130
	Total number of Workshops on Register	...	...	...	709

5.—OTHER MATTERS.

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

Failure to affix Abstract of the Factory and Workshop Acts (S. 133, 1901) ... ..	...	...	...	—
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Acts (S. 5, 1901)	Notified by H.M. Inspector Reports (of action taken) sent to H.M. Inspector	...	...	22
Other ... ..		...	...	22
Other ... ..	...	...	...	—

Underground Bakehouses (S. 101) :—

Certificates granted during the year	...	...	...	—
In use at the end of the year	...	...	...	3

CLASSIFIED LIST OF WORKSHOPS.

		On Register Dec. 31st, 1933		Added during 1934.		Removed during 1934.		Remaining Dec. 31st, 1934.	
		Central District.	Outer Districts.	Central District.	Outer Districts.	Central District.	Outer Districts.	Central District.	Outer Districts.
1	Dress and Mantle Makers and Milliners, Tailors, Waterproof Manufacturers, &c.	112	42	5	—	11	—	106	42
2	Boot and Shoe Makers, Cloggers, Saddlers and Curriers	32	55	—	—	4	1	28	54
3	Black, Shoeing, Tin, and White Smiths; Cycle Repairs, &c.	49	37	2	1	5	1	46	37
4	Joiners, Cabinet Makers, Wood Carvers, Picture Framers and Gilders	23	24	—	—	1	—	22	24
5	Plumbers, Painters and French Polishers	33	24	3	—	3	—	33	24
6	Coopers, Carriage Builders, and Wheelwrights	3	5	—	—	1	—	2	5
7	Watchmakers, Jewellers, Engravers, and Electrical Engineers	18	3	—	—	3	—	15	3
8	Rug Makers and Rag and Wool Sorters	18	3	1	—	—	—	19	3
9	Upholsterers, Basket and Brush Makers	20	4	—	—	1	—	19	4
10	Hosiery Knitters, Shirt Makers, and Laundries	3	5	—	—	—	—	3	5
11	Monumental Sculptors	1	4	—	—	—	—	1	4
12	Organ Builders, Piano Repairers, &c.	5	—	—	—	—	—	5	—
13	Tripe Dressers	6	—	—	—	—	—	6	—
14	Bakehouses	37	94	1	3	4	1	34	96
15	Manufacturing Chemists; Mattress, Corset, Blind, and Waggon Cover Makers; Wire Workers, Tea Packers, Teazle Trimmers, Rope Makers, Tallow Chandlers, &c., &c.	50	19	1	—	1	—	50	19
		410	319	13	4	34	3	389	320
		729		17		37		709	

CANAL BOATS ACTS, 1877 and 1884.

Huddersfield Registration District.

(1). Arrangements made for the inspection of boats, the name, address, and remuneration of the Inspector.

Ernest Richardson, Public Health Department, Huddersfield, was appointed Inspector of Canal Boats on the 10th day of October, 1917, and the remuneration for the work is included in his salary as Sanitary Inspector.

(2). The number of boats inspected during 1934, was 17, and of inspections 53.

The 17 boats were made up of 3 broad boats and 14 fly boats, the last being all broad boats.

The places of registry were Goole 14, Hull 1, Mirfield 2. All the boats inspected were found in good condition and conforming to the Acts and Regulations and the occupants of all the boats in good health.

(3). Infringements of the Acts and Regulations with respect to the following matters :—

- (a) Registration.—None.
- (b) Notification of change of master.—None.
- (c) Masters without certificate.—None.
- (d) Marking.—None.
- (e) Overcrowding.—None.
- (f) Separation of sexes.—None required.
- (g) Cleanliness.—None.
- (h) Ventilation.—Nothing to complain about.
- (i) Painting.—None.
- (j) Provision of water casks.—All boats provided.
- (k) Removal of bilge water. This work received regular attention.
- (l) Notification of infectious disease.—None.
- (m) Admittance of Inspector. No difficulty experienced.

(4). Legal proceedings taken.—None.

(5). Any other steps taken to secure compliance with the Acts and regulations.—None called for.

Matters of cleanliness of minor moment have received prompt attention at the instigation of the Inspector.

- (6). Infectious diseases.—None.
- (7). Detention of boats.—None.
- (8). (a) Number of boats on the register.—10.
Number of boats in use or available.—10.
Propelled by motor.—None.
- (b) Number of boats that cannot be traced.—None.
- (9). Number registered during 1934.—None.

CANAL BOATS ACTS, 1877 AND 1884.

Summary Appendix to the Annual Report of the Canal Boats
Inspector for the year 1934.

	1932	1933	1934
Number of boats inspected	17	26	17
Made up of Broad Boats	1	11	3
Broad Fly Boats	16	15	14
Narrow Boats ..	—	—	—
Narrow Fly Boats	—	—	—
Registered Accommodation—Aft Cabin ..	57	87	55
Centre Cabin ..	—	—	—
Fore Cabin ..	49	71½	49
	106	158½	104
Population found on board			
Adults	37	59	37
Children	2	1	3
	39	60	40
Children under school age	1	1	3
Number of children of school age	1	None	None
Number of days on which inspections have been made	21	25	22
Number of inspections made	53	62	53
Number of boats conforming to Acts and Regulations	17	26	17
Number of boats with one or more infringements	None	None	None
Number of infringements met with	None	None	None
Number remedied ..	None	None	None
Number dealt with by magistrates	None	None	None
Number still under Notice December 31st	None	None	None
Number service effected..	None	None	None

SCHOOLS.

See separate report to Education Authority.

RAG FLOCK ACTS, 1911 AND 1928.

There are four premises dealing with rag flock.

It was not found necessary to take any action under the Acts during the year 1934.

SMOKE ABATEMENT.

1934.	Number of Observations taken.	Number showing no Black Smoke.	Number showing Black Smoke.	Total minutes of Black Smoke emitted.	Average number of minutes of Black Smoke emitted from chimneys per half-hour.
January	50	31	19	63.75	3.355
February	70	45	25	63.75	2.550
March	53	38	15	30.00	2.000
April	48	33	15	42.50	2.833
May	47	37	10	14.00	1.400
June	77	55	22	58.50	2.659
July	54	36	18	37.50	2.083
August	71	50	21	26.00	1.238
September	64	47	17	32.75	1.923
October	63	37	26	58.50	2.250
November	59	38	21	46.00	2.190
December	43	36	7	7.50	1.071
TOTAL ...	699	483	216	480.75	2.225

The classes for stokers and firemen held at the Technical College in conjunction with the Huddersfield Smoke Abatement Council have again been well attended—128 students being enrolled.

Forty-six students were successful in passing the examination for the certificate obtainable.

HOUSING.

The following list shows the number of houses erected by the Corporation and those in course of erection since 1914 :—

LIST OF HOUSES ERECTED BY THE CORPORATION.

				Erected.	In course of erection.	
1914	...	...	...	94	...	—
1915	...	...	...	70	...	—
1916	...	...	...	10	...	—
1917	...	...	...	0	...	—
1918	...	...	...	0	...	—
1919	...	...	...	26	...	—
1920	...	...	...	77	...	—
1921	...	...	...	98	...	—
1922	...	...	...	99	...	—
1923	...	...	...	94	...	—
1924	...	...	...	69	...	—
1925	...	...	...	118	...	—
1926	...	...	...	110	...	—
1927	...	...	...	154	...	—
1928	...	...	...	314	...	—
1929	...	...	...	329	...	—
1930	...	...	...	250	...	—
1931	...	...	...	370	...	—
1932	...	...	...	106	...	—
1933	...	...	...	240	...	—
1934	...	...	...	26	...	36
Total				2654	36	—

HOUSING CONDITIONS.

Statistics.—Year ended 31st December, 1934.

(1)	Estimated Population	...	...	...	...	114,500
(2)	General death-rate	...	...	...	...	13.49
(3)	Death-rate from Tuberculosis	...	...	...	...	0.80
(4)	Infantile Mortality	...	...	...	...	59
(5)	Number of dwelling-houses of all classes	...	...	...	...	34,716
(6)	Number of working-class dwelling-houses	...	...	...	...	30,634
(7)	Number of new working-class houses erected	...	...	...	...	641

Number of New Houses erected during the Year :—

Total—

(i)	By the Local Authority	...	...	...	26
(ii)	By other bodies and persons	...	...	...	631

1. Inspection of Dwelling-houses during the Year :—

(1) (a)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	1017
(b)	Number of inspections made for the purpose	...	...	...	...	1017

(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	1017
(b) Number of inspections made for the purpose	1017
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	942
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	69
2. Remedy of Defects during the Year without Service of Formal Notices :—	
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	25
3. Action under Statutory Powers during the Year :—	
A—Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930 :	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	65
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) By owners	127
(b) By Local Authority in default of owners	None
B—Proceedings under Public Health Acts :—	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	None
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) By owners	None
(b) By Local Authority in default of owners	None
C—Proceedings under Sections 19 and 21 of the Housing Act, 1930 :—	
(1) Number of dwelling-houses in respect of which Demolition Orders were made	31
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	10
D—Proceedings under Section 20 of the Housing Act, 1930 :—	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	3
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	None

TABLE XIV.

HOUSING ACTS, 1925 and 1930.—Report on Work done from May 1st, 1911, to December 15th, 1934.

Year.	No. of inspections from month to month.	No. of houses re-inspected.	No. of defects found.	No. of houses involved.	No. of defects remedied without notice.	No. of defects remedied after letter, P. H. Act 1875.	No. of defects remedied after Legal Notice, P. H. Act 1875.	No. of defects remedied after letter, H.T.P. Act 1909.	No. of defects remedied after letter, Housing Act, 1925.	No. of defects remedied after Legal Notice, Housing Act, 1925.	No. of defects remedied after letter, Housing Act, 1930.	No. of defects remedied after Legal Notice, Housing Act, 1930.	No. of defects not remedied.
1911	367	—	939	205	73	16	515	335	—	—	—	—	—
1912	560	—	1258	543	1	—	181	1076	—	—	—	—	—
1913	771	—	1956	712	—	—	1	1943	—	—	—	—	12
1914	294	30	1328	295	—	—	—	1320	—	—	—	—	8
1915	249	27	995	259	—	—	—	993	—	—	—	—	2
1916	288	—	1254	276	—	—	11	1243	—	—	—	—	—
1917	220	—	854	209	—	—	46	808	—	—	—	—	—
1918	53	—	301	52	—	—	30	271	—	—	—	—	—
1919	46	—	345	46	—	—	6	339	—	—	—	—	—
1920	39	22	364	39	—	—	—	347	—	—	—	—	17
1921	24	—	218	24	1	3	—	214	—	—	—	—	—
1922	85	307	1434	339	176	—	10	1025	—	—	—	—	223
1923	45	—	164	44	6	—	—	149	—	—	—	—	9
1924	3	53	242	54	20	—	—	179	—	—	—	—	43
1925	34	—	154	32	—	—	—	61	—	93	—	—	—
1926	472	—	1947	453	5	—	—	—	—	1918	—	—	24
1927	405	37	937	316	—	—	—	—	24	890	—	—	23
1928	378	14	1313	340	13	—	—	—	12	1218	—	—	70
1929	501	—	2407	465	16	—	—	—	16	2277	—	—	98
1930	576	4	1703	492	15	—	—	—	127	906	—	613	42
1931	774	3	2145	676	—	—	—	—	—	—	658	1432	55
1932	686	34	1913	533	5	—	—	—	—	—	507	1329	72
1933	389	19	2168	313	—	—	—	—	—	—	130	1225	813
1934	4	1013	23240	1011	—	—	—	—	—	—	4	259	22977
	7263	1563	49579	7728	331	19	800	10303	179	7302	1299	4858	24488

Number of houses inspected ... 7263
 Number of houses re-inspected ... 1563
 Number of houses in which defects were found ... 7728
 Number of houses in which no defects were found ... 1098
 Number of houses in which defects were wholly remedied 6257
 Number of houses in which defects were partially remedied 432
 Number of houses in which none of the defects were remedied 1039

Total number of defects found ...
 Total number of defects remedied ...
 Percentage number of defects remedied ...
 Total number of defects not remedied ...

... 49579
 ... 25091
 ... 50.68
 ... 24488

ACTION REGARDING UNHEALTHY AREAS.**Clearance Areas.**

During the year action with regard to Clearance Areas was taken as follows :—

Description of Area.	Number of Houses.	Number of persons to be displaced.	Date of Ministry of Health Enquiry.	Date of Confirmation of Clearance Order.
Huddersfield (Water Lane) Clearance Order, 1933	41	145	6th Feb., 1934	11th Apl., 1934
Huddersfield (Upperhead Row) Clearance Order, 1934	32	113	30th May, 1934	13th July, 1934
Huddersfield (York Street) Clearance Order, 1934	27	81	5th Dec., 1934	5th Feb., 1935

Improvement Areas.

There are five Improvement Areas in progress, as follows :—

- (1) Dock Street Area.
- (2) King Street Area.
- (3) Northgate Area.
- (4) Upperhead Row Area.
- (5) Water Lane Area.

In Area No. 1 (Dock Street) 26 houses have been demolished, involving the displacement of 81 persons. Various sheds, stables, &c., have also been demolished to open up the Area.

In Area No. 2 (King Street) 9 houses have been demolished, involving the displacement of 32 persons. A smithy in King Street and a lock-up shop in Bradley Street have also been demolished to open up the Area.

In Area No. 3 (Northgate) 23 houses have been demolished, involving the displacement of 40 persons.

In Area No. 4 (Upperhead Row) Demolition Orders have been made in respect of 22 houses.

Area No. 5 (Water Lane) is shortly to be dealt with.

INSPECTION AND SUPERVISION OF FOOD.**Milk Supply.**

The inspection of farms and dairies is carried out by the Veterinary Officer, Mr. W. R. McKinna, M.R.C.V.S., D.V.S.M., who is assisted in this work by one of the Sanitary Inspectors. Mr. McKinna's Report is given as an appendix to this Report and outlines the action taken during the year under the Milk and Dairies Order and the Diseases of Animals Acts.

At the close of the year there were 136 registered cow-keepers and 250 purveyors of milk. Of the latter, five are licensed to sell milk as "Certified" under the Milk (Special Designations) Order, 1923.

Bacteriological Examination of Milk.

During 1934, 160 samples of raw milk and 58 samples of certified milk were examined.

Of the 160 samples of raw milk, 92 were produced within the Borough and 68 were produced out of the Borough.

Of the 58 samples of certified milk, 23 were produced within the Borough and 35 were produced out of the Borough.

Raw Milk.

The standard of cleanliness desired for raw milk is that fixed by the Milk (Special Designations) Order, 1923, for Grade "A" milk, namely :—Bacterial count not exceeding 200,000 per c.c. and no *B. coli* in 1/100th c.c.

This is the standard which has been fixed also for accredited milk by the Milk Marketing Board. Producers whose methods of production are passed as satisfactory and who can maintain this standard of cleanliness can obtain a licence and become thereupon entitled to receive from the "pool" an extra penny for every gallon of milk sold. The standard is not a high one, and can be attained by any producer who is willing to pay attention to the simple rules of cleanliness both in the shippin and in the dairy.

Of the 92 samples produced in the Borough which were examined during the year, 77 or 83.695 per cent. attained the Grade "A" standard in respect of bacterial count, and 74 or 79.57 per cent. attained the standard in respect of the absence of *B. coli* in 1/100th c.c.

Of the 68 samples produced out of the Borough, 56 or 82.382 per cent. attained the standard in respect of the bacterial count and 46 or 67.647 per cent. in respect of the absence of *B. Coli* in 1/100th c.c.

The following tables show in more detail the standard of cleanliness attained :—

MILK PRODUCED IN THE BOROUGH.

No. of Samples	Bacterial Count per 1 c.c.					
	Not exceeding 5,000	Exceeding 5,000 but not 10,000	Exceeding 10,000 but not 30,000	Exceeding 30,000 but not 200,000	Exceeding 200,000 but not 1,000,000	Exceeding 1,000,000
92	21	11	25	20	14	1

MILK PRODUCED OUT OF THE BOROUGH.

No. of Samples	Bacterial Count per 1 c.c.					
	Not exceeding 5,000	Exceeding 5,000 but not 10,000	Exceeding 10,000 but not 30,000	Exceeding 30,000 but not 200,000	Exceeding 200,000 but not 1,000,000	Exceeding 1,000,000
68	7	13	15	21	3	4

Table showing dilutions in which B. Coli were found.

Produced in the Borough					Produced out of the Borough.				
Samples	Absent			Present	Samples	Absent			Present
	1 c.c.	1/10th c.c.	1/100th c.c.	1/100th c.c.		1 c.c.	1/10th c.c.	1/100th c.c.	1/100th c.c.
92	38	13	23	18	68	16	14	16	22

Tubercle Bacilli.

One hundred and thirty-three samples of milk were examined by the inoculation test for the presence of tubercle bacilli and in 4 samples tubercle bacilli were found. This gives a percentage of 3.007 compared with 4.08 in 1933.

Eighty-two of the 133 samples were of milk produced in the Borough, and in 3 of the 82 samples, or 3.658 per cent., tubercle bacilli were found.

The remaining 51 samples were of milk produced out of the Borough, and in 1 of the 51 samples, or 1.960 per cent., tubercle bacilli were found.

Certified Milk—Milk (Special Designations) Order, 1923.

Fifty-eight samples of certified milk were examined during the year. Of these 57, or 98.3 per cent., complied with the standard fixed by the Milk (Special Designations) Order, 1923, namely:—Bacterial Count not to exceed 30,000 per c.c. and no B. Coli in 1/10 c.c.

Twenty-three of the 58 samples were produced in the Borough and 22 of these, or 95.6 per cent., complied with the Order.

The remaining 35 samples were produced out of the Borough, and all of these complied with the Order.

The following tables show the standard of cleanliness attained:—

MILK PRODUCED IN THE BOROUGH.

No. of Samples	Bacterial Count per 1 c.c.				
	Not exceeding 100	Exceeding 100 but not 1,000	Exceeding 1,000 but not 5,000	Exceeding 5,000 but not 30,000	Exceeding 30,000
23	4	10	7	1	1

MILK PRODUCED OUT OF THE BOROUGH.

No. of Samples	Bacterial Count per 1 c.c.				
	Not exceeding 100	Exceeding 100 but not 1,000	Exceeding 1,000 but not 5,000	Exceeding 5,000 but not 30,000	Exceeding 30,000
35	6	23	5	1	—

**Table showing dilutions in which B. Coli were found
in Certified Milk.**

Produced in the Borough							Produced out of the Borough						
No. of Samples	Absent			Present			No. of Samples	Absent			Present		
	1 c.c.	1/10th c.c.	1/100th c.c.	1 c.c.	1/10th c.c.	1/100th c.c.		1 c.c.	1/10th c.c.	1/100th c.c.	1 c.c.	1/10th c.c.	1/100th c.c.
23	21	2	23	2	—	—	35	33	2	35	2	—	—

MEAT INSPECTION.

There are six Private Slaughter Houses still in the Borough, and one Knacker's Yard. The whole of the six Slaughter Houses are licensed, as is also the Knacker's Yard.

	In 1914.	In January, 1934.	In December, 1934.
Registered ...	—	...	—
Licensed ...	13	8	6
Total ...	13	8	6

There is also a Public Abattoir. Constant supervision is kept at the Abattoir during killing hours, and the Private Slaughter Houses are visited by the District Inspectors when killing is likely to be taking place.

The number of carcasses condemned wholly or partly was 110 and 477 respectively. These were as follows :—

Carcases Wholly or Partly Condemned and Destroyed.

Table XV.

PUBLIC ABATTOIR.				OUTER DISTRICTS.			Grand Total.
Animals.	Wholly.	Partly.	Totals.	Wholly.	Partly.	Totals.	
Cows ...	12	5	17	1	—	1	18
Heifers ...	7	6	13	3	—	3	16
Bullocks ...	6	8	14	—	1	1	15
Calves ...	5	—	5	—	—	—	5
Sheep ...	19	—	19	—	—	—	19
Pigs ...	53	455	508	4	2	6	514
	102	474	576	8	3	11	587

Table XVI.

Disease.	PUBLIC ABATTOIR.							OUTER DISTRICTS					Grand Total
	Cows	Heifers	Bullocks	Calves	Sheep	Pigs	Totals	Cows	Heifers	Bullocks	Pigs	Total	
Tuberculosis	17	13	12	2	1	492	537	1	3	1	4	9	546
Loribund	—	—	—	—	12	4	16	—	—	—	—	—	16
Truising (Extensive & Severe) ...	—	—	2	—	1	2	5	—	—	—	—	—	5
Immature	—	—	—	1	—	—	1	—	—	—	—	—	1
Pyæmia and Joint Illnesses ...	—	—	—	2	—	—	2	—	—	—	—	—	2
Gangrenous Pneumonia and Emaciation	—	—	—	—	1	—	1	—	—	—	—	—	1
Emaciation	—	—	—	—	2	1	3	—	—	—	—	—	3
Peritonitis and Acute Fever ...	—	—	—	—	1	—	1	—	—	—	—	—	1
Acute Fever	—	—	—	—	1	4	5	—	—	—	—	—	5
Swine Erysipelas	—	—	—	—	—	4	4	—	—	—	—	—	4
Jaundice	—	—	—	—	—	1	1	—	—	—	1	1	2
Prosepsy	—	—	—	—	—	—	—	—	—	—	1	1	1
	17	13	14	5	19	508	576	1	3	1	6	11	587

Table XVII.

The total weight of meat, unwholesome or unsound, and destroyed, was as follows :—

Beef	...	...	...	...	23,303 lbs.
Mutton	...	...	...	...	1,227 lbs.
Pork	...	...	...	...	14,657 lbs.
Veal	...	...	...	...	352 lbs.
Offals	...	...	...	...	23,418 lbs.
Total	...	...	...	...	62,957 lbs.

Other Articles of Food.

Fish	...	...	...	...	397 lbs.
Tinned Foodstuffs	...	...	...	...	434 tins
Brussels Sprouts	...	...	...	...	900 lbs.
Bacon	...	...	...	...	117 lbs.
Rabbits	...	...	...	...	69
Turkeys	...	...	...	...	19
Geese	...	...	...	...	6
Duck	...	...	...	...	1

TABLE XVIII.

TABLE XVIII.
Shewing the Number of Animals Slaughtered, also Carcases wholly and partly Condemned in (1) the Public Abattoir,
and (2) Private Slaughter Houses.

MONTHS.	1-PUBLIC ABATTOIR.															2-PRIVATE SLAUGHTER HOUSES.											
	ANIMALS SLAUGHTERED.					CARCASSES CONDEMNED.					WEIGHT OF CONDEMNED CARCASSES					ANIMALS SLAUGHTERED.					CARCASSES CONDEMNED.			WEIGHT OF CONDEMNED CARCASSES.			
	Cattle.	Calves.	Sheep.	Pigs.	Totals.	Cattle.	Calves.	Sheep.	Pigs.	Totals.	Cattle.	Calves.	Sheep.	Pigs.	Totals.	Cattle.	Calves.	Sheep.	Pigs.	Totals.	Cattle.	Pigs.	Totals.	Cattle.	Pigs.	Totals.	
1934											Lbs.	Lbs.	Lbs.	Lbs.	Lbs.												
January ...	589	92	1945	828	3454	3	—	3	60	66	1460	—	210	1494	3164	74	5	218	133	430	1	—	1	Lbs.	Lbs.	Lbs.	
February ...	488	86	1706	801	3081	3	—	3	32	38	1360	—	210	822	2392	50	2	120	44	216	—	—	—	520	—	520	
March ...	498	82	1728	841	3149	6	1	3	48	58	2952	41	199	1579	4771	24	1	75	17	117	—	—	—	—	—	—	
April ...	473	98	1688	748	3007	5	—	1	28	34	1910	—	48	866	2824	30	3	116	87	236	1	—	1	—	—	—	
May ...	552	91	2337	715	3695	2	—	1	46	49	713	—	50	730	1493	67	5	205	49	326	—	—	—	440	—	440	
June ...	444	52	1961	588	3045	4	—	3	31	38	1228	—	166	800	2194	11	—	49	12	72	1	—	1	168	—	168	
July ...	392	40	2084	403	2919	3	—	—	26	29	1308	—	—	750	2058	45	1	149	18	213	1	1	2	590	26	616	
August ...	512	56	2604	552	3724	5	1	1	32	39	1738	76	48	859	2721	56	—	228	48	332	—	—	—	—	—	—	
September	480	71	1907	679	3137	4	—	3	51	58	1938	—	156	1367	3461	9	—	39	5	53	—	—	—	—	—	—	
October ...	609	108	2153	1027	3897	2	1	—	50	53	850	50	—	1726	2626	39	2	117	29	187	1	—	1	598	—	598	
November...	520	85	1657	876	3138	3	1	1	32	37	1544	86	70	1261	2961	39	7	161	70	277	—	3	3	—	246	246	
December	516	83	1642	1414	3655	4	1	—	72	77	2152	40	—	1501	3693	39	4	127	43	213	—	2	2	—	126	126	
	6073	944	23412	9472	39901	44	5	19	508	576	19153	293	1157	13755	34358	483	30	1604	555	2672	5	6	11	2316	398	2714	

TUBERCULOSIS ORDER, 1925.

Particulars of Cows slaughtered under the above Order at the Public Abattoir, and which have been wholly or partly condemned and destroyed during 1934.

No. OF COWS SLAUGHTERED ...	...	5
Number wholly condemned ...	...	4
Weight of carcasses wholly condemned ...	2800 lbs.	
Number partly condemned ...	...	1
Weight of carcasses partly condemned ...	120 lbs.	
Number where affected organs only condemned	—	

FOOD INSPECTION.**FOOD AND DRUGS (ADULTERATION) ACT, 1928.**

Report of Action taken under the above-named Act in the County Borough of Huddersfield during the year 1934.

1.—ARTICLES ANALYSED.

New Milk ...	...	...228	Of this number 12 were certified as adulterated.
Butter ...	...	... 11	
Margarine ...	...	... 2	
Cream ...	...	... 13	
Lard ...	...	... 1	
Tea ...	...	... 6	
Coffee ...	...	... 9	Of this number 1 was certified as adulterated.
Baking Powder ...	...	... 4	
Arrowroot...	...	... 2	
Pepper ...	...	... 2	
Cocoa ...	...	... 3	
Condensed Full Cream Milk		9	
Condensed Machine Skimmed Milk	...	8	
Dried Milk ...	...	... 1	
Tartaric Acid ...	...	... 4	
Beer ...	...	... 22	
Miscellaneous ...	...	... 33	
Total	...	358	

2.—DETAILS OF SAMPLES REPORTED BY THE PUBLIC ANALYST TO BE ADULTERATED.

No.	Article.	Result of Analysis.	Proceedings.
1	New Milk	Not genuine by reason of the abstraction of at least 18.33% of its butter fat.	Vendor warned by Town Clerk.
2	New Milk	Not genuine by reason of the abstraction of at least 16.7% of its butter fat.	Vendor warned by Town Clerk.
49	New Milk	Not genuine by reason of the abstraction of at least 13.3% of its butter fat.	Vendor warned by Town Clerk.
59	New Milk	Not genuine by reason of the abstraction of at least 29.0% of its butter fat or by the addition of water.	Vendor warned by Town Clerk.
61	New Milk	Not genuine by reason of the abstraction of at least 6.6% of its butter fat.	Vendor warned by Town Clerk.
79	New Milk	Although this sample conforms to the legal standards for Fat and Solids not fat, the analysis indicates that it contains Condensed or Dried Milk.	Analysis disputed. Analyst too ill to attend Court to prove his certificate.
51	Coffee (Informal)	Not genuine by reason of the presence of 30 parts per million of lead.	Formal sample taken which was reported to be genuine.
116	New Milk	Although this sample conforms to the legal standards for Fat and Solids not fat, the analysis indicates that it contains Condensed or Dried Milk.	Repeat Sample of No 79.
136	New Milk	This sample has all the characteristics of Sterilised Milk.	Repeat Sample of No. 79.
207	New Milk	Not genuine, but is deficient in fat to the extent of at least 5%.	Vendor warned by Town Clerk.

No.	Article.	Result of Analysis.	Proceedings.
208	New Milk	Not genuine, but is deficient in fat to the extent of at least 5.0%.	Vendor warned by Town Clerk.
216	New Milk	Not genuine, but contains at least 3.0% of added water and is also deficient in fat to the extent of at least 15.0%.	Proceedings pending.
222	New Milk	Not genuine, but is deficient in fat to the extent of at least 4.0%.	Vendor warned by Town Clerk.

3.—OFFENCES OTHER THAN ADULTERATION.—None.

4.—LEGAL PROCEEDINGS.

INFORMAL PROCEEDINGS.

During the year 129 samples were obtained informally, and submitted to the Public Analyst for analysis. These are included in the foregoing statements.

The nature and number of such samples were as follows :—

Butter	...	...	...	...	...	...	11
Margarine	...	...	...	...	...	...	2
Cream	...	...	...	...	...	...	13
Lard	...	...	...	...	...	...	1
Tea	...	...	...	...	...	...	6
Coffee	...	...	...	...	...	...	8
Baking Powder	...	...	...	...	...	...	4
Arrowroot	...	...	...	...	...	...	2
Pepper	...	...	...	...	...	...	2
Cocoa	...	...	...	...	...	...	3
Condensed Full Cream Milk	...	...	...	...	...	...	9
Condensed Machine Skimmed Milk	...	...	...	...	...	...	8
Dried Milk	...	...	...	...	...	...	1
Beer	...	...	...	...	...	...	22
Tartaric Acid	...	...	...	...	...	...	4
Miscellaneous	...	...	...	...	...	...	33
Total	...	...	...	...	...	...	129

FOOD EXAMINATION.

The chemical examination of food is carried out in the laboratory of the Public Analyst, the bacteriological examination in the Public Health Department or at the Bacteriological Department of the Royal Infirmary, depending upon the nature of the examination required.

TABLE XIX.

Cases of Infectious Disease notified during the year 1934.

Notifiable Diseases.	Cases notified in whole District.												Total Cases notified in each Township.						No. of Cases treated in Hospitals from each Township.						Total cases removed to Hospitals from inside the Borough.	TOTAL DEATHS.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
	At Ages—Years.												Central.						Dalton.								Almondbury.						Lockwood.						Lindley.						Moldgreen.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
	At all Ages.	At Ages—Years.											Central.		Dalton.		Almondbury.		Lockwood.		Lindley.		Moldgreen.				Central.		Dalton.		Almondbury.		Lockwood.		Lindley.		Moldgreen.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
		Under 1.	1 to 2.	2 to 3.	3 to 4.	4 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 35.	35 to 45.	45 to 65.	65 and upwards.	1	2	3	4	5	6	1	2	3	4	5			6	1	2	3	4	5	6	1	2	3	4	5	6																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
Small Pox...	3	2	19	23	35	164	122	36	68	13	3	..	2	..	59	104	91	29	148	61	58	104	89	27

Isolation Hospital, name and situation—Mill Hill Isolation Hospital, Dalton
 Small Pox Hospital, name and situation—Whitehouse Farm, Dalton.

Total available beds, 150.

TABLE XX.

Summary of Cases of Infectious Diseases treated in Mill Hill Isolation Hospital during 1934.

Summary of Cases of Infectious Diseases																																	
	Scarlet Fever			Diphtheria			Diphtheria Carriers			Enteric Fever			Cerebro Spinal Meningitis			Erysipelas.			Acute Polio-myelitis			Measles			Tonsillitis			Observation			TOTAL		
	Borough	Outside Districts	Total	Borough	Outside Districts	Total	Borough	Outside Districts	Total	Borough	Outside Districts	Total	Borough	Outside Districts	Total	Borough	Outside Districts	Total	Borough	Outside Districts	Total	Borough	Outside Districts	Total	Borough	Outside Districts	Total	Borough	Outside Districts	Total			
Remaining Dec. 30th 1933 ...	65	5	70	75	—	75	18	—	18	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	159	5	164		
Admitted	701	18	719	482	7	489	68	—	68	3	—	3	2	—	2	1	—	1	2	—	2	2	—	2	4	—	4	7	—	7	1272	25	1297
Discharged	665	21	686	469	7	476	82	—	82	4	—	4	1	—	1	1	—	1	2	—	2	2	—	2	4	—	4	6	—	6	1236	28	1264
Died ...	5†	2*	7	43§	—	43	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	1†	—	1	50	2	52	
Remaining Dec. 29th 1934 ...	96	—	96	45	—	45	4	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	145	—	145

* These Barkisland cases—cause of death in both cases stated as 1(a) Faucial Diphtheria.
† Includes 1 case in which cause of death was stated as 1(a) Diphtheria and Measles. 11. Pleural effusion.
‡ Includes 1 case in which cause of death was stated as 1(a) Toxæmia resulting from accidental burns.
§ Includes 2 non-Borough cases treated under new regulations.
‡ Cause of death stated as 1(a) Tuberculous Meningitis.
§ Includes 1 non-Borough case treated under new regulations.

TABLE XXI.

Number of Notifications of Infectious Diseases
received in the years 1925 to 1934.

Disease	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
Small-pox ...	—	8	56	117	45	76	—	—	—	—
Scarlet Fever ...	200	432	361	441	531	236	98	114	835	736
Diphtheria ...	95	169	230	264	355	286	135	116	547	492
Enteric Fever (including Paratyphoid)	6	26	24	15	12	9	4	5	3	3
Puerperal Fever ...	3	8	9	3	—	4	3	2	4	8
Puerperal Pyrexia ...	—	5	14	16	21	17	23	42	31	31
Pneumonia ...	177	135	212	146	210	199	214	107	170	127
Cerebro-Spinal Meningitis ...	—	2	2	1	1	4	4	4	1	3
Ophthalmia Neonatorum ...	25	28	28	22	20	18	20	14	16	14
Encephalitis Lethargica ...	2	9	2	3	4	—	5	1	—	2
Acute Polio-myelitis	1	1	—	2	1	1	1	3	1	2
Erysipelas ...	30	57	45	49	62	97	42	38	76	83
Diarrhoea (in Infants under 5 years of age)	9	7	2	4	8	7	—	6	2	5
Dysentery ...	—	—	—	—	—	—	—	—	—	—
Anthrax ...	—	1	—	—	—	—	—	—	—	—
Pemphigus Neonatorum ...	—	—	—	3	—	3	—	—	—	—
Pulmonary Tuberculosis ...	171	176	167	143	135	154	220	172	152	133
Other forms of Tuberculosis ...	64	76	69	66	78	72	63	66	62	33
Total ...	783	1140	1221	1295	1483	1183	832	690	1900	1672

TABLE XXII.

Analysis of Notifications, 1934.

Disease	Jan.	Feb.	Mar.	Apr.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
Small-pox ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	54	75	68	45	55	66	43	29	60	70	71	100	736
Diphtheria ...	96	93	44	26	43	38	27	14	22	19	22	48	492
Enteric Fever (including Paratyphoid) ...	—	—	—	1	1	—	—	—	—	1	—	—	3
Puerperal Fever ...	—	—	1	3	1	—	1	—	1	—	1	—	8
Puerperal Pyrexia ...	2	3	3	—	3	1	3	4	4	2	1	5	31
Pneumonia ...	15	10	10	12	12	16	8	4	14	5	8	13	127
Cerebro-Spinal Meningitis	—	1	—	1	—	—	—	1	—	—	—	—	3
Ophthalmia Neonatorum ...	—	3	—	1	—	2	1	—	—	3	2	2	14
Encephalitis Lethargica ...	—	2	—	—	—	—	—	—	—	—	—	—	2
Acute Polio-myelitis ...	—	—	—	1	—	—	—	—	1	—	—	—	2
Erysipelas ...	7	14	9	9	2	8	5	5	8	3	8	5	83
Diarrhoea (in Infants under 5 years of age) ...	—	—	—	—	2	—	1	1	—	1	—	—	5
Pulmonary Tuberculosis ...	12	9	15	11	4	17	9	14	8	12	12	10	133
Other forms of Tuberculosis	3	4	2	2	—	6	—	2	—	5	3	6	33
Total ...	189	214	152	112	123	154	98	74	118	121	128	189	1672

PREVALENCE OF AND CONTROL OVER INFECTIONS
AND OTHER DISEASES

Table XXIII shows a total of 14 cases of ophthalmia neonatorum notified during the year. It shows the total number of cases notified, the number treated at home, the number treated in hospital, the number with vision unimpaired, the number with vision impaired, the number total blindness, and the number deaths. The number of cases notified is 14, the number treated at home is 12, the number treated in hospital is 2, the number with vision unimpaired is 14, the number with vision impaired is —, the number total blindness is —, and the number deaths is —.

TABLE XXIII.

CASES OF OPHTHALMIA NEONATORUM,
notified during the year 1934.

CASES.			Vision Unimpaired	Vision Impaired.	Total Blindness.	Deaths.
Notified.	TREATED.					
	At Home.	In Hospital.				
14	12	2	14	—	—	—

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Table XIX. gives a list of all the cases of infectious disease notified during the year. It shows the ward distribution of these cases, the numbers treated in Hospital, and the number of deaths caused by the various diseases. Additional information regarding the cases treated in Hospital is given in Table XX. A study of these tables will show that the admissions to Hospital on Table XIX. are given as 487 of diphtheria and 702 of scarlet fever, whereas Table XX. gives the number of Borough cases admitted to Mill Hill as 482 and 701 respectively. This apparent discrepancy is due to the fact that 5 diphtheria cases and one scarlet fever case notified from the Royal Infirmary in the early months of the year were transferred to the Isolation Hospitals of the district in which the patients ordinarily resided. Table XX. shows, moreover, that 18 cases of scarlet fever and 7 of diphtheria from outside districts were dealt with at Mill Hill Hospital during the year. In these 25 cases the authorities concerned accepted responsibility for the Hospital maintenance charges. A further 11 patients, whose home addresses were outside of the Borough, were likewise treated at Mill Hill Hospital, but in these cases at the cost of the Huddersfield Corporation, the reason being that at the time the diseases were notified the patients concerned were residing in Huddersfield, most of them undergoing treatment in the Huddersfield Royal Infirmary. They comprised the following :—

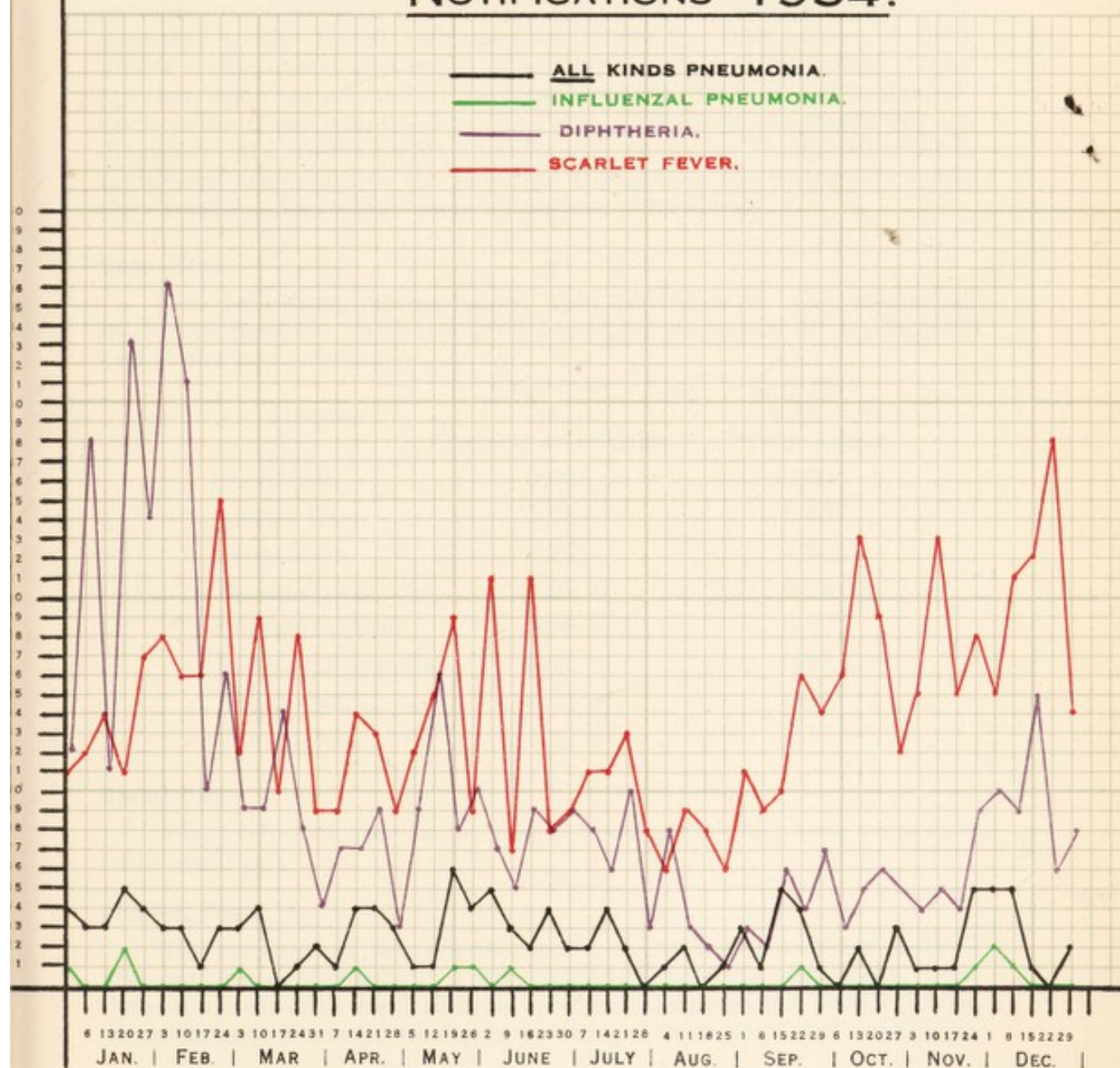
Scarlet fever	...	...	...	...	7
Diphtheria	...	...	...	...	2
Diphtheria carriers	...	...	...	...	1
Acute polio myelitis	...	...	...	...	1

The treatment of cases of this kind conforms with the general principles embodied in the Public Health (Treatment of Infectious Diseases) Regulations which came into operation in July, 1934. These regulations provide that

“an Authority shall have the same powers and duties in relation to the provision of Hospitals or temporary places for the use of persons who are for the time being within the district and are suffering from infectious diseases as they have in respect of the inhabitants of their district.”

These regulations have much to commend them, and in theory one would expect that there would be so much give and take that there would be little difference on the balance. In practice, however, an area such as Huddersfield, which contains a large voluntary Hospital, is called upon to bear a much larger burden than should be its due. To this Hospital persons from many surrounding districts, including boroughs as well as rural areas, are admitted for treatment, and when after admission some are found to be suffering from infectious disease, there seems to be no reason why they should not be transferred to the Isolation Hospitals which are supported by the districts concerned, particularly when those Hospitals are almost as easily reached by ambulance as the Borough Isolation Hospital.

NOTIFICATIONS 1934.



1934

PREVALENCE OF AND CONTROL OF DYSPEPTIC SYMPTOMS AND GASTRIC DISORDERS

The prevalence of dyspeptic symptoms and gastric disorders was studied in a large group of subjects. The results showed that the prevalence of these symptoms was significantly higher in subjects with a history of gastric disorders compared to those without such history. The study also investigated the effectiveness of various control measures, including dietary changes and medical treatments, in reducing the prevalence of these symptoms. The findings suggest that a combination of dietary modifications and medical intervention may be most effective in managing dyspeptic symptoms and gastric disorders.

NOTIFICATIONS 1934

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The unfairness of the arrangements is illustrated by some of the cases which have been dealt with lately. The first and largest group is represented by diphtheria carriers. To prevent the introduction of infection to their wards, the medical staff of the Royal Infirmary have very wisely introduced a scheme whereby all children are swabbed on admission and isolated in cubicles until the result of this swabbing has been ascertained. Quite a number of diphtheria carriers are detected in this way and the onus of dealing with them then falls upon the Borough Council. The staff of the Isolation Hospital are in consequence being called upon to treat, not healthy carriers, but patients who were admitted to the General Hospital on account of some acute surgical, or medical, complaint. The second group includes cases of those infectious diseases which are difficult to diagnose in the early stages. Cerebro-spinal meningitis and typhoid fever (of which cases have occurred recently) are examples of this group. The patients, when acutely ill but with the cause of illness unknown, are admitted to the Royal Infirmary and there the true nature of their illness is discovered as a result of a bacteriological examination. They are thereupon transferred to the local Isolation Hospital for treatment. Such patients are admitted to the Royal Infirmary one might say for diagnosis only, and it seems unreasonable that they should afterwards be refused admission to the Isolation Hospital of the district in which they reside and in which their illness was contracted.

Case Rate.

The following figures show the incidence of the notifiable infectious diseases which occurred locally as compared with England and Wales as a whole :—

Disease	Case rate in England and Wales		Case rate in Huddersfield
Small-pox	...	0.004	0.00
Scarlet fever	...	3.76	6.43
Diphtheria	...	1.70	4.30
Enteric fever	...	0.03	0.03
Puerperal fever	...	0.06	0.07
Puerperal pyrexia		0.15	0.27
Erysipelas	0.51	0.72
Pneumonia	...	1.27	1.11

Small-Pox.

For the fourth year in succession the Borough has been quite free from small-pox.

Scarlet Fever.

The epidemic of this disease, which began in the autumn of 1932 and continued throughout 1933, extended into the past year, with little diminution in its incidence rate, for although the total number of notifications was 99 less than in the previous year, the maximum

number of notifications was received during the last quarter of the year. The rise and fall week by week is illustrated by the graph on page 82A. Of the 736 cases notified, 702 or 95 per cent. were treated in Hospital.

In some areas a steadily increasing proportion of scarlet fever cases are being nursed at home, but although the type of the disease experienced locally has continued to be mild in character, Hospital treatment is offered in all cases and usually accepted, for there are comparatively few homes where isolation and home nursing can be carried out effectively. Moreover, a disease like scarlet fever should always be treated as a serious complaint, for, even in cases with few symptoms and little reaction, complications may arise. These usually result from a spread of infection, the commonest being enlarged cervical glands, or infection of the middle ear, but a watch has to be kept also for impending kidney trouble.

It is of interest to notice that 113 of the 736 cases notified were 20 years of age or upwards. This represents rather more than a sixth, a proportion which is certainly unusually high.

Table XX. shows that 7 deaths were classified as due to scarlet fever during the year, but in all these cases there were mixed infections. One was a so-called surgical scarlet fever due to toxic absorption from burns, and the others were either scarlet fever plus measles or scarlet fever plus diphtheria. Only 2 of the patients who died belonged to Huddersfield. Two of the outsiders were admitted direct from their homes to the Isolation Hospital for treatment, but the others had been admitted in the first place to the Royal Infirmary for some other complaint and later transferred, when the signs of scarlet fever appeared.

Diphtheria.

The epidemic of this disease, which began in 1933, continued like scarlet fever into the present year, and gave rise to much anxiety owing to the severe type of the infection. In the Report for 1933, comment was made upon the manner in which practically every rise or fall in the one disease was immediately followed by a similar change in the other. This close sequence was continued during last year, but it was noticeable that from July onwards the weekly notifications of diphtheria, which up till then had followed the scarlet fever notifications so closely, began to lag behind and have continued to do so since. This is illustrated by the graph on page 82A. It is probable that the lagging behind was due to some extent at least to the protection given by immunisation coming into evidence. Cases notified during the year numbered 492, and 487 or 99 per cent. of these were treated in Hospital.

Whatever relaxation may be made in regard to the isolation of cases of scarlet fever, it is generally agreed that very few patients indeed suffering from diphtheria can be nursed at home in a satisfactory manner. This applies particularly to the "gravis" type, which has been prevalent during the past two years, for even when the early toxic symptoms have disappeared, severe complications in the form of paralyses are common, and unless these are dealt with by absolute rest and good nursing, a fatal issue may be expected,

The mortality rate for the year was 8.74. This is a little lower than the figure for 1933, which was 8.96, but it is still high and gives some indication of the severe type of infection encountered.

Enteric Fever.

Three cases classed under this heading were brought to notice by notification. It is curious how these isolated cases keep turning up without any apparent connection one with the other, and without any information being obtainable as to the source of the infections. It is most difficult, of course, to trace infection unless a number of cases are brought to notice which have some obvious relationship to one another.

The 3 cases dealt with last year were as follows :—

- (1) Case of typhoid fever, female, aged 17, notified 10th April, 1934.
- (2) Case of para typhoid B, female, aged 32, notified 15th May, 1934.
- (3) Case of typhoid fever, male, aged 24, notified 9th October, 1934.

When case No. 2 was first brought to notice by clinical diagnosis, it was anticipated that some light would probably be shed not only upon the source of infection in this case, but also of case No. 1, for the two patients lived in the same terrace only three houses distant from each other. It was found, however, on enquiry, that the two patients knew very little about each other, that they had very little in common save the water supply, and finally it was found that the second case was one of para typhoid B, whereas the first had been a case of true typhoid fever.

Puerperal Fever and Pyrexia.

(a) Puerperal Pyrexia.

Thirty-one notifications were received. There were no deaths of Borough patients, but these notifications include non-Borough cases which occurred in institutions in the Borough, and 2 of the latter died. In both cases the condition had advanced to one of true puerperal sepsis.

(b) Puerperal Fever.

Eight cases of this condition were notified and 7 deaths were recorded.

Information regarding the cases is given in the Maternity and Child Welfare section of the Report.

Pneumonia.

The notifications of this disease numbered 127 compared with 170 in the previous year, and the deaths numbered 75. It is probable that this disease is much more prevalent than the notifications indicate, for a considerable number of the notifications received are sent only when the patients appear to be moribund, and indeed in a fair proportion of the deaths no notifications of the disease had been sent at all.

Erysipelas.

The number of notifications received was 83 compared with 76 in 1933 and 38 in 1932. The disease was, therefore, more prevalent than usual.

Of the cases notified, 22 were treated in Hospital, and altogether 14 deaths occurred.

Table XXII. shows that apart from the month of February, when the notifications were above the average, the monthly distribution was fairly uniform throughout the year.

Cerebro-Spinal Meningitis.

As in the case of enteric fever, isolated cases of this disease are brought to notice from time to time, and very seldom can any relationship between them be traced. Three notifications were received last year, all from different areas of the town and with long intervals between their onset. Only one of the patients recovered, this being a child of 1-8/12ths years. Altogether 4 deaths occurred from this disease during the year. In the 2 cases which had not been notified, the true nature of the disease was not discovered till after death.

Acute Polio Myelitis.

Two cases were notified. Both were treated in the Isolation Hospital and made good recoveries.

No connection between the 2 cases could be discovered, as one was notified in April and the other in September.

Encephalitis Lethargica.

Two cases were notified; both patients were nursed at home and appear to have completely recovered.

The death which occurred from this disease in the Royal Infirmary had not been notified to the Medical Officer of Health.

Non-notifiable Infectious Diseases.

Information regarding the prevalence of the common or non-notifiable infectious diseases is received mainly from the schools. All cases known to the head teachers are immediately reported, and doubtful cases are visited by the school nurses, so that a more complete history regarding them may be obtained. A full report of the cases brought to notice has already been submitted in the Annual School Medical Report. The figures given showed a large decrease in the number of cases brought to notice during the year, the total being 1,172, compared with 5,810 in the previous year. The chief fall was accounted for by influenza, which had been prevalent in the early months of 1933.

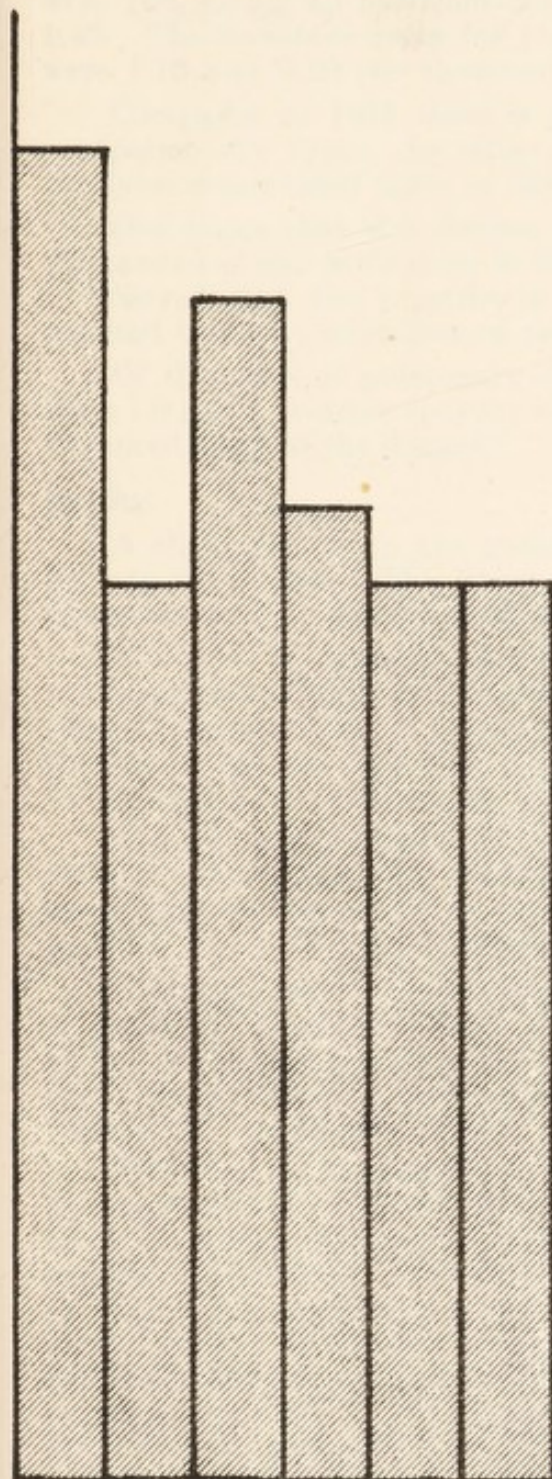
Immunisation.

A report on the immunisation campaign undertaken to protect children against diphtheria and of the success achieved has already been given in the School Medical Report. Reference has been made to it also in this Report in the Maternity and Child Welfare section dealing with the care of young children.

Prevention of Blindness.

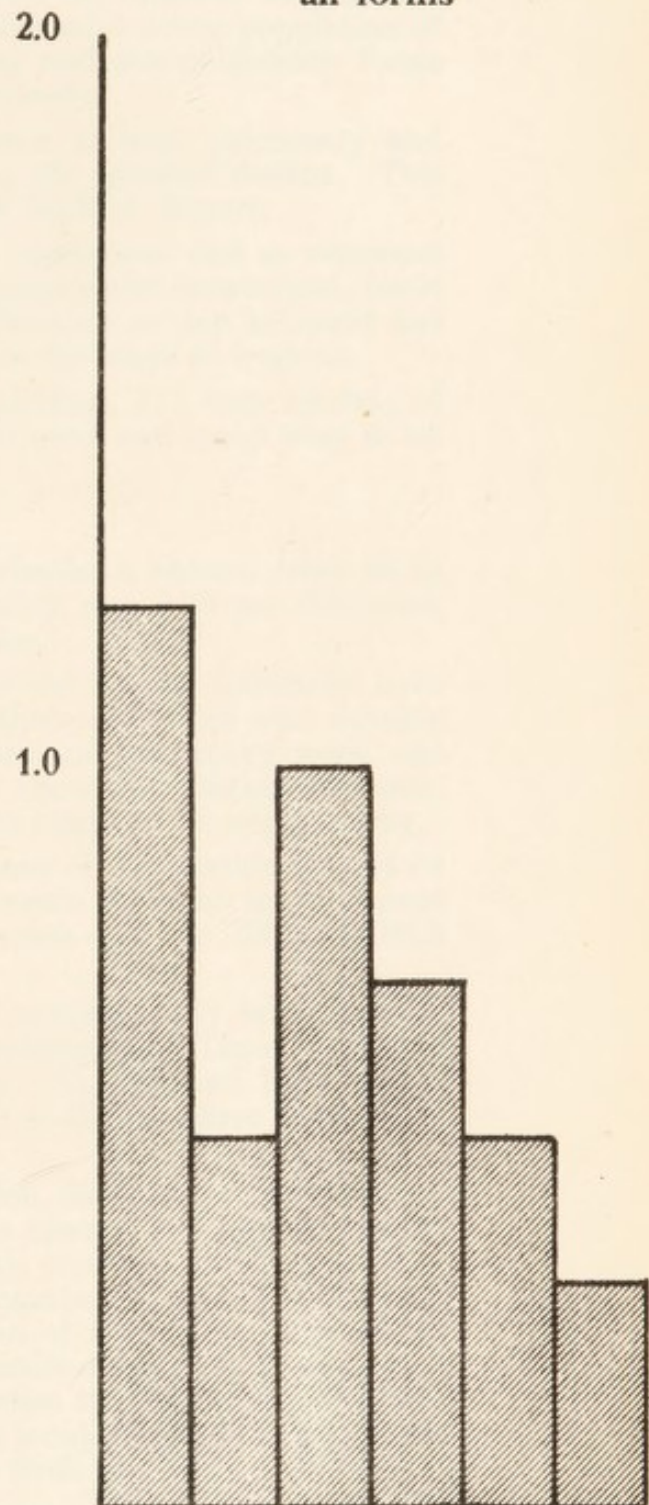
All work in connection with the blind is carried out by the Huddersfield and District Blind Society, which is registered under the Blind Persons Act, 1929.

Notification per 1000 population
all forms



CENTRAL
DALTON
ALMONDBURY
LOCKWOOD
LINDLEY
MOLDGREEN

Deaths per 1000 population
all forms

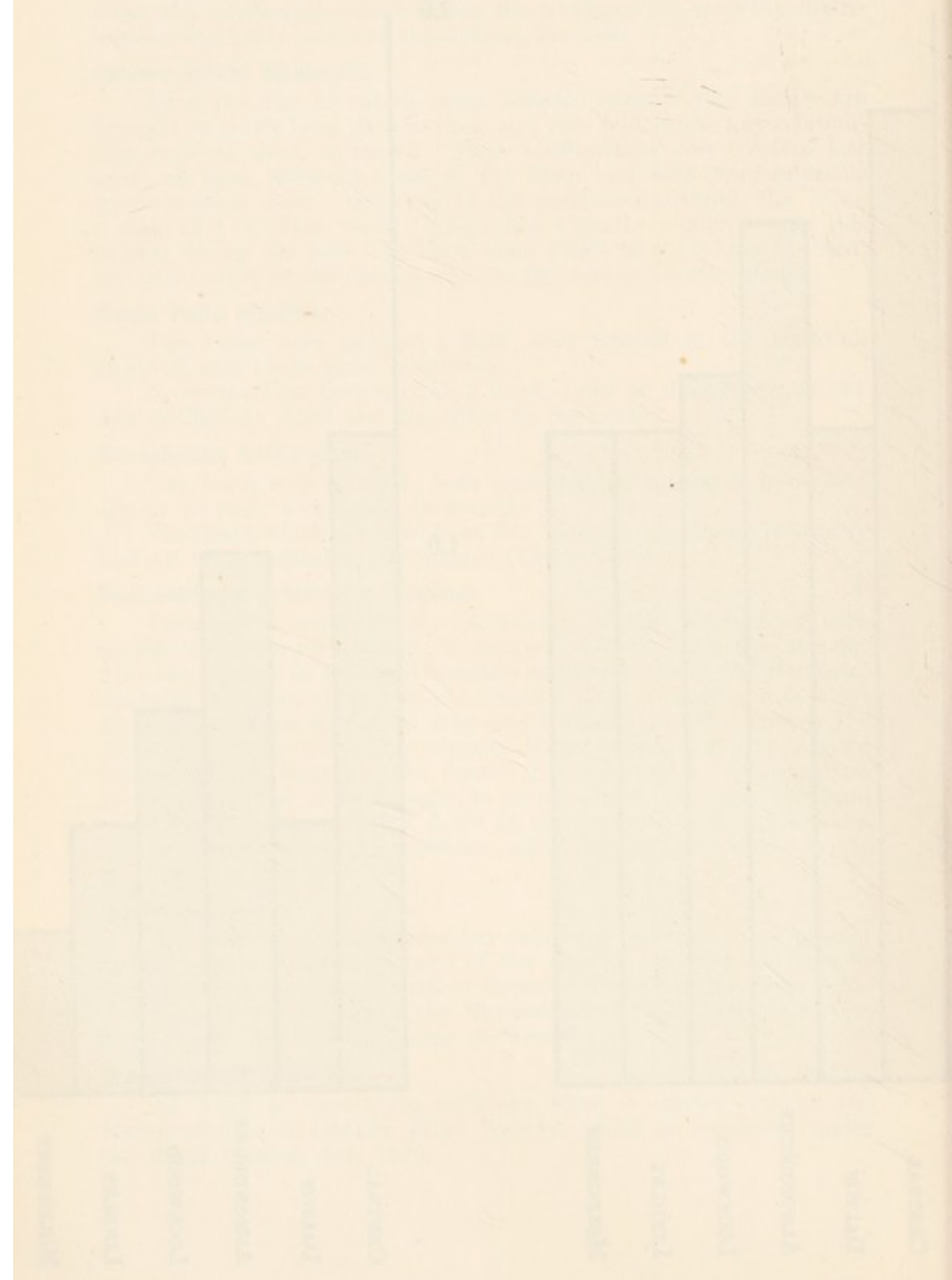


CENTRAL
DALTON
ALMONDBURY
LOCKWOOD
LINDLEY
MOLDGREEN

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TUBERCULOSIS.

Ernest Firth, M.B., Ch.B., Assistant Tuberculosis Officer.

Notifications.

During 1934 the total notifications for all forms of tuberculosis were 166, giving an incidence rate per thousand living population of 1.45. The incidence rates for pulmonary and non-pulmonary forms were 1.16 and 0.29 per thousand respectively.

Compared to 1933 there is a decrease in both pulmonary and non-pulmonary types, the latter showing the greatest decline. This has been commented upon in the School Medical Report.

One hopes that this decline will be continuous and so represent the reward of our work done in the dispensary and sanatorium, for it is believed that the progress in this direction so far achieved has resulted from the education of patients in the ways of hygiene.

Of the cases of pulmonary disease notified, 117 were adults; of these 56 had a positive sputum when first seen, and many were in an advanced stage of the disease.

Deaths.

A slight decline in the number of deaths is shown, from 98 in 1933 to 91 in 1934. This gives a mortality rate 0.79 per thousand, compared to 0.89 for England and Wales.

The table of occupations shows that the heavier industries have the heaviest mortality. If workers in these industries who develop tuberculosis could be transferred to other and less heavy work, one wonders if the number of deaths would show any marked decrease. Given willing co-operation the experiment ought to be worth trying.

The number of deaths within one year of notification was 54 or 59.3 per cent. of the total deaths. This again shows an improvement when compared with the previous two years—67.1 in 1932 and 65.3 in 1933, but it is still too high.

Attention must be directed to the comparatively large number of deaths which are occurring prior to notification. These numbered 21 last year, giving a percentage of 23.1. In 1932 and 1933 respectively the percentages were 7.9 and 15.3, so that in three years these cases have been almost trebled.

This is a most unsatisfactory position, for a large proportion of these patients must have had a positive sputum for several months prior to death, and consequently many contacts must have been exposed to infection. Not only is the number of contacts increased by this delayed action but the detection of early cases is rendered more difficult. It is hard enough to persuade contacts to be examined whilst the known case is still alive, but when the patient has died this is almost impossible. Early cases which would respond to treatment are, therefore, missed and so the vicious circle goes on.

The percentage of cases alive four years or more after notification has risen from 11.8 in 1932 to 13.2 in 1934. One hopes that this is due to a combination of the modern methods of treatment with earlier recognition of the disease.

Public Health (Prevention of Tuberculosis) Regulations, 1925.

No occasion arose during the year where it was deemed necessary to enforce these regulations.

Tuberculosis Clinic.

Three sessions of two hours each are held each week, one each for men, women and children.

Attendances during the year numbered 2,894, a slight increase on the previous year.

The work of the clinic is mainly directed to supervision and diagnosis. No medicinal treatment is given and any case requiring such is referred to the private practitioner concerned. A few patients require other forms of treatment, such as pneumothorax refills or plasters, but these are referred to the sanatorium and dealt with there. This procedure works quite well and saves duplication of apparatus and long clinic sessions.

The practice of giving definite appointments was adhered to and has proved so satisfactory that it has become part of the regular routine of the clinic.

New Cases.

During the year under review 242 new cases were seen compared with 302 in 1933.

Of these, 138 were thought to be definitely tuberculous, 102 non-tuberculous and in two cases the diagnosis was not completed at the end of the year. Wherever possible, doubtful cases, especially in children, are admitted to the sanatorium for observation before a final diagnosis is made.

Dispensary Register.

The total number of cases on the register on December 31st was 736, an increase of 8 during the year.

Pulmonary cases numbered 568 and non-pulmonary 168. Of the former 154 or 27.1 per cent. had a positive sputum. This shows a further slight rise as compared to 1933, when the percentage was 25.1.

Domiciliary Visits.

155 visits were paid by the Assistant Tuberculosis Officer, mainly for the purpose of diagnosis and also to give advice regarding patients who were too ill to attend the clinic.

Visits by the Tuberculosis Nurse numbered 1,679, an increase of 29 on the previous year. It is fitting that a tribute should be paid to her work as this has been carried out in an efficient and kindly manner. Apart from advising patients in matters of hygiene she has done valuable work in persuading contacts to attend for examination and in rounding up deserters. By this term is meant those who have ceased to attend or who attend so irregularly that adequate supervision is rendered impossible.

Laboratory Examinations.

Specimens of sputum, &c., examined during the year were 713, a decrease of 36 on the previous year. This side of the dispensary work could be increased with advantage and more frequent examinations carried out, especially in persistently negative cases. If guinea pig inoculations could be carried out in connection with the latter, it is probable that some cases would prove to be non-tuberculous.

X-ray Examination.

These numbered 684 in the year. This number only relates to skiagrams and does not include screenings which amounted to a further 390. As in 1933 a few examinations were made for the Silicosis Board and also for the Maternity and Child Welfare Department. The X-ray plant continues to give every satisfaction and plays a very important role both in diagnosis and in the control of treatment.

Contacts.

The examination of contacts is a most valuable factor in the preventive side of any tuberculosis scheme worthy of the name, and its mode of procedure has been a subject of much discussion recently. Some authorities maintain that all contacts should have tuberculin tests combined with X-ray examinations and that in children stomach lavage should be carried out with examination of the debris for tubercle bacilli. Others assert that physical examination with X-ray examination in selected cases should suffice.

During the year 57 adults and 92 children were examined as contacts, and of these 2 adults and 8 children were thought to be definitely tuberculous. The routine followed was physical examination followed by observation in the sanatorium, and Mantoux tests if considered necessary. In addition 61 contacts had X-ray examinations, compared with 36 out of the 135 contacts examined in 1933.

195 contacts refused examination in spite of repeated requests and explanations as to the necessity for being examined. It has been said that the poor man cannot afford to have tuberculosis. The force of this saying has been appreciated in dealing with these contacts, for many of them refuse examination on the grounds that if it were known they had tuberculosis they would lose their employment. Others make the excuse that they are afraid to be examined in case they may be told that they have become infected. Our forebears are to blame for this attitude by the pessimistic outlook which they held regarding tuberculosis, and it will take many years of education and encouragement before this fear is stamped out.

Housing.

The four houses set aside for open cases of tuberculosis are still occupied. The scheme is a useful one, but the number of houses allocated is inadequate for the requirements, and until the number of houses has been increased a satisfactory estimate of their usefulness cannot be made.

It will be noted from the block graphs that the largest number of notifications and deaths are in the Central Ward, where overcrowding and insanitary houses are more numerous. This is followed by Almondbury, where notwithstanding the new housing estates there is still a lot of old property. Dalton Ward, where the houses are more modern and of less density, has a low number of notifications and a low mortality rate.

This gives an additional reason, if one should be necessary, to speed up the re-housing of slum and overcrowded areas.

After Care.

In the Borough this is restricted to the provision of extra nourishment in the shape of milk and eggs to those adults who are either waiting to enter the sanatorium or having been discharged are unable to obtain adequate nourishment to maintain the improvement brought about by sanatorium treatment.

Unfortunately this is limited by a Tuberculosis Regulation (1925) of the Ministry of Health to £2 per 1,000 population per annum, so that comparatively few are able to obtain this benefit.

There is great need in the Borough of an After Care Association composed of men and women who are alive to the problem of tuberculosis and are prepared to work in an endeavour to reduce the ravages of the disease. If such an association were formed it could do good work not only in helping the tuberculous patients but also in the matter of propaganda. This could be directed with advantage to the spreading of knowledge that tuberculosis can be prevented and also that if the disease is contracted early treatment will, in many instances, enable the patient to continue in his employment and not become a constant drag on his family or an object of pity to all his friends.

Bradley Wood Sanatorium.

During the year 4 extra huts were added to the adult male section and have proved very popular. They are kept mainly for patients who are almost ready for discharge.

The number of patients admitted to the sanatorium during the year was 113, compared with 158 in 1933, but the average length of stay has increased to about six months.

Staff.

Two members of the staff were successful in obtaining the certificate of the Tuberculosis Association for proficiency in the knowledge and nursing of tuberculosis.

The sanatorium has only recently been recognised as a training school by the Tuberculosis Association, and so far the only two members of the staff who have entered for the examination have succeeded in obtaining the certificate,

Treatment.

The main basis of treatment still consists of graduated rest and exercise supplemented by an open air life, adequate diet and special treatment where indicated.

Special treatments given to patients suffering from pulmonary tuberculosis were as follows :—

Artificial Pneumothorax.

Only 5 cases were found to be suitable for this form of collapse therapy and of these only 2 were successful and the treatment continued. Three patients whose pneumothorax was induced in 1933 continued refills, so that in all 5 patients were receiving this treatment and 114 refills were given during the year.

On December 31st, 1934, their position was as follows :—

Discontinued treatment, condition much improved	1
Treatment continued, condition good	... .. 1
Treatment continued, condition poor	... .. 1

Treatment by artificial pneumothorax is very valuable, and it is a pity that most cases are too advanced when first seen to benefit by it.

Phrenic Evulsion.

In all 7 patients, 4 men and 3 women, had this treatment, the indications being :—

	Male.	Female.
Termination of artificial pneumothorax	1	—
Control of upper lobe disease	1	2
Adhesions	1	—
Cavity in mid zone of lung	—	1
Severe displacement of trachea	1	—

The results assessed at the year end were :—

	Male.	Female.
Good	2	2
Fairly good	1	1
Worse	1	—

There is no doubt that in carefully selected cases the operation is of great value, and more attention is being paid to this method of treatment.

Gold Therapy.

There is still much controversy over this fairly recent form of treatment both as to its action and results. Without doubt it has definite limitations, but our experience suggests that good results can be obtained if it is given with care. A great drawback in connection with its use is the liability of patients to toxic symptoms directly attributable to the gold.

Two preparations have been used, an oily suspension for intramuscular injection and a watery solution for the intravenous route, the latter being the preparation of choice. Of the oily suspension the total dose given was between 4 and 5 grams and of the watery solution between 3 and 3.5 grams, depending on the sex and body weight.

In all 18 patients, 14 male and 4 female, were given treatment, and of these 10 men and 4 women had each one complete course; with 4 men the treatment was discontinued because of toxic symptoms.

Three male patients had commenced a second course of treatment during the latter part of the year, but had not finished the course at the year end.

The results as assessed at the year end were as follows :—

				Male.	Female.
Definite improvement (both physical signs and X-ray)	...	...	...	10	4
Doubtful improvement	...	...	...	2	—
No improvement	...	...	...	1	—
Died	...	...	...	1	—

Orthopædic Cases.

These consisted mainly of tuberculous spines and hip joints, and treatment was in all cases conservative. During the year 10 plaster jackets, 12 single and 3 double spicas and 2 plaster beds were made.

Two patients were fitted with posterior spinal supports and one with a walking caliper.

Unfortunately no treatment of ultra violet light is available at the sanatorium, but an installation would be a very useful addition to the equipment.

The immediate results of treatment of patients discharged from the sanatorium is fairly satisfactory, considering the advanced state of many of the patients on notification.

Of the pulmonary cases 37 were classified as quiescent on discharge, 20 still had active disease and 6 died in the sanatorium.

The results in the non-pulmonary cases were better, as one would expect, 15 patients being quiescent and only 6 not quiescent on discharge.

Given early recognition of the disease, together with prompt and prolonged treatment, it is believed that these results could be much improved.

TABLE XXIV.
Occupations and Sex of Tuberculous Persons in Huddersfield.

TUBERCULOSIS.
Deaths from Tuberculosis.

Occupation	1930		1931		1932		1933		1934		Total		Av. Death Rate per 1,000 for past 5 years.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Agricultural Workers	—	—	—	—	—	—	—	—	—	—	—	—	—
Metal Workers ...	1	—	—	—	1	—	4	—	—	—	6	—	0.22
Commercial Occupations ...	4	2	5	1	2	1	9	—	7	—	27	4	0.55
Household Duties (includes House- wives, Domestics, etc.)	13	21	6	30	7	21	16	31	14	30	56	133	0.66
Retired or not gain- fully Occupied Too Young for Occupation													
Textile Workers ...	14	6	11	6	11	5	8	1	8	6	52	24	0.81
Transport Workers	4	—	2	—	2	—	3	—	4	—	15	—	0.83
Building Trades (includes Quarry- workers ...)	9	—	6	—	2	—	3	—	2	—	22	—	1.05
Clerks, Typists and Draughtsmen	2	1	2	1	2	1	3	2	2	1	11	6	1.10
Unspecified Trades ...	8	—	6	2	11	3	9	—	11	3	45	8	2.08
Chemical Workers ...	1	—	2	—	2	—	5	—	1	—	11	—	2.65
Engineering Trades...	6	—	5	—	5	—	4	—	2	—	22	—	3.35
Total ...	62	30	45	40	45	31	64	34	51	40	267	175	

TABLE XXV.
TUBERCULOSIS.

52 weeks ended December 29th, 1934.

Age periods.	NEW CASES.				DEATHS.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	—	—	—	—	—	—	—	—
1 & under 5 yrs	—	—	—	2	—	—	1	2
5 „ 10 „	8	3	6	2	1	—	—	1
10 „ 15 „	3	2	1	1	—	1	—	—
15 „ 20 „	6	11	4	—	2	4	—	1
20 „ 25 „	4	10	1	4	2	3	2	1
25 „ 35 „	14	11	2	1	6	8	—	2
35 „ 45 „	18	8	4	2	12	—	—	1
45 „ 55 „	14	4	—	—	15	4	—	1
55 „ 65 „	5	7	1	1	5	4	—	2
65 & upwards	3	2	—	1	5	4	—	1
Total at all ages	75	58	19	14	48	28	3	12

TABLE XXVI.

Deaths from Tuberculosis.
Periods between Notification and Death.

Age Periods	Died prior to notification	Under 1 month	1-3 months	3-6 months	6-12 months	Total under 1 year	1-2 years	2-4 years	4 years and over	Grand Total
Under 1 year ...	—	—	—	—	—	—	—	—	—	—
1 to 15 years ...	3	3	—	—	—	6	—	—	—	6
15 to 25 years ...	3	1	2	—	4	10	3	2	—	15
25 to 45 years ...	4	1	1	3	—	9	5	8	7	29
45 to 65 years ...	8	6	4	—	3	21	3	3	4	31
Over 65 years ...	3	2	2	1	—	8	1	—	1	10
Total ...	21	13	9	4	7	54	12	13	12	91

TABLE XXVII.

NEW CASES OF TUBERCULOSIS

(Other than formal notifications.)

52 weeks ended December 29th, 1934.

Age Periods	Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.
Under 1 year ...	—	—	—	—
1 and under 5 yrs.	—	—	2	1
5 „ 10 „	—	2	—	2
10 „ 15 „	—	—	—	—
15 „ 20 „	—	1	1	1
20 „ 25 „	—	—	1	1
25 „ 35 „	—	1	—	1
35 „ 45 „	2	1	—	1
45 „ 55 „	5	—	—	2
55 „ 65 „	—	2	—	1
65 and upwards ...	2	1	—	1
Total at all ages ...	9	8	4	11

TUBERCULOSIS SCHEME OF THE HUDDERSFIELD COUNTY BOROUGH COUNCIL.

TABLE XXVIII.

RETURN FOR THE YEAR 1934.

(A) Return showing the work of the Dispensary.

(A) Return showing the work of the Dispensary.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				GRAND TOTAL.
	Adults.		Children.		Adults.		Children.		Adults.		Children.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A.—New Cases examined during the year (excluding contacts) :—													
(a) Definitely tuberculous ...	60	45	6	1	10	7	5	4	70	52	11	5	138
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	32	25	31	2	102
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	—	—	—	14	—
B.—CONTACTS examined during the year :—													
(a) Definitely tuberculous ...	2	—	4	4	—	—	—	—	2	—	4	4	10
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	22	33	42	—	139
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	—	—	—	—	—
C.—Cases written off the Dispensary Register as													
(a) Recovered ...	8	8	5	5	2	8	3	4	10	16	8	9	43
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ...	—	—	—	—	—	—	—	—	56	58	74	58	246
D.—NUMBER OF CASES on Dispensary Register on December 31st :—													
(a) Definitely tuberculous...	223	199	81	65	42	34	52	40	265	233	133	105	736
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	—	—	—	2	2

1. Number of cases on Dispensary Register on January 1st, 1934 ...	728	2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ...	13
3. Number of cases transferred to other areas; cases not desiring further assistance under the scheme, and cases "lost sight of" ...	39	4. Cases written off during the year as Dead (all causes) ...	66
5. Number of attendances at the Dispensary (including contacts) ...	2894	6. Number of Insured Persons under Domiciliary Treatment on the 31st December ...	27
7. Number of consultations with medical practitioners :— (a) Personal ... (b) Other ...	34 521	8. Number of visits by Tuberculosis Officers to homes (including personal consultations) ...	155
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes ...	1679	10. Number of :— (a) Specimens of sputum, etc., examined ... (b) X-ray examinations made in connection with Dispensary work	713 684
11. Number of "Recovered" cases restored to Dispensary Register, and included in A(a) and A(b) above ...	6	12. Number of "T.B. plus" cases on Dispensary Register on December 31st, 1934 ...	154

(B) Number of Dispensaries for the treatment of Tuberculosis (excluding centres used only for special forms of treatment).

Provided by the Council ...
One, ...
Nil.

TABLE XXIX.

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

NAME OF INSTITUTION.	FOR PULMONARY CASES.		FOR NON-PULMONARY CASES.		TOTAL.
	Adults.	Children under 15.	Adults.	Children under 15.	
Bradley Wood Sanatorium ...	34	20	11	10	75
Mill Hill Isolation Hospital ... Available until June 7th, 1933, when taken over for infectious diseases owing to epidemic.	12	—	—	—	12
Royal Infirmary ...	—	—	2	—	2

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(D) Return showing the extent of Residential Treatment and Observation during the year in Institutions (other than Poor Law Institutions) approved for the treatment of Tuberculosis.

	In Institutions on Jan. 1.		Admitted during the year.		Discharged during the year.		Died in the Institutions.		In Institutions on Dec. 31.	
	Adult males	Adult females	Adult males	Adult females	Adult males	Adult females	Adult males	Adult females	Adult males	Adult females
Number of doubtfully tuberculous cases admitted for observation	—	—	2	3	2	3	—	—	—	—
Children ...	1	16	16	17	17	—	—	—	—	—
Total ...	1	21	21	22	22	—	—	—	—	—
Number of patients suffering from pulmonary tuberculosis	26	29	29	25	25	5	5	25	25	25
Adult males	16	30	30	26	26	2	2	18	18	18
Adult females	6	20	20	10	10	1	1	15	15	15
Children ...	48	79	79	61	61	8	8	58	58	58
Total ...	1	17	17	10	10	1	1	7	7	7
Number of patients suffering from non-pulmonary tuberculosis	5	10	10	12	12	—	—	3	3	3
Adult males	15	6	6	11	11	—	—	10	10	10
Adult females	21	33	33	33	33	1	1	20	20	20
Children ...	70	133	133	116	116	9	9	78	78	78
Total ...	70	133	133	116	116	9	9	78	78	78

(F) Return showing the results of observation of doubtfully tuberculous cases discharged during the year from Institutions approved for the treatment of Tuberculosis.

Diagnosis on discharge from observation.	FOR PULMONARY TUBERCULOSIS.						FOR NON-PULMONARY TUBERCULOSIS.						TOTALS.					
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.		
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ...	—	—	2	—	1	1	—	—	—	1	—	1	—	—	1	1	1	4
Non-tuberculous	—	1	3	1	1	4	—	—	—	1	—	—	—	—	4	1	2	12
Doubtful ...	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
TOTALS ...	—	1	6	1	2	5	—	—	—	1	1	1	—	—	5	2	3	17

(G). Return showing the immediate results of treatment of definitely tuberculous patients discharged during the year from Institutions approved for the treatment of Tuberculosis.

Classification on Admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.															Grand Totals.	
		Under 3 months but exceeding 28 days.			3-6 months.			6-12 months.			More than 12 months.			Totals.				
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.		
PULMONARY TUBERCULOSIS.	Quiescent	—	1	1	3	2	3	3	2	—	—	2	2	6	7	6	19	
	Not quiescent	—	1	—	—	2	2	—	—	—	—	—	—	—	3	2		5
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
PULMONARY TUBERCULOSIS.	Quiescent	—	—	—	—	1	—	1	—	—	—	—	1	1	—	2		
	Not quiescent	—	—	—	—	—	1	1	—	—	—	—	1	1	—		2	
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—			—
PULMONARY TUBERCULOSIS.	Quiescent	—	—	—	2	2	—	2	1	—	3	2	—	7	5	—			12
	Not quiescent	2	—	—	2	—	2	1	—	—	—	—	4	3	—	7		
	Died in Institution	—	—	—	—	—	—	1	—	—	2	—	2	1	—		3	
PULMONARY TUBERCULOSIS.	Quiescent	—	—	1	—	—	—	—	—	—	2	1	—	2	1			1	4
	Not quiescent	—	—	—	—	2	—	2	—	1	1	—	3	2	1	6		
	Died in Institution	1	—	—	1	1	—	—	—	—	—	—	2	1	—		3	
TOTALS (pulmonary)		3	2	2	6	12	5	11	6	1	8	5	2	28	25			10	63
NON-PULMONARY TUBERCULOSIS.	Quiescent	—	—	—	—	—	—	—	—	2	—	3	1	—	3	3		6
	Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—		—	
NON-PULMONARY TUBERCULOSIS.	Quiescent	—	—	—	1	—	3	—	1	—	—	—	2	1	1			5	7
	Not quiescent	—	1	—	—	—	—	—	1	—	1	—	—	—	2	1		3
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
NON-PULMONARY TUBERCULOSIS.	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—		—	
	Not quiescent	1	1	—	—	—	—	—	—	—	—	—	—	2	1		—	3
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Peripheral Glands.	Quiescent	1	—	—	—	—	1	—	—	—	—	—	—	1	—		1		2
	Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—		—	
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
TOTALS (non-pulmonary)		2	2	—	2	—	4	—	1	3	—	4	3	4	7			10	21

(Ministry of Health Form, T.145a).

TABLE XXXIa.
PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (a) the condition at the end of 1934 of all patients remaining on the Dispensary Register; and (b) the reasons for the removal of all cases written off the Register. The Table is arranged according to the years in which the patients were first entered on the Dispensary Register as definite cases of pulmonary tuberculosis, and their classification at that time.

Condition at the time of the last record made during the year to which the Return relates.				Previous to 1926.				1926.				1927.				1928.				1929.				1930.				1931.				1932.				1933.				1934.					
				Class T.B. plus.				Class T.B. plus.				Class T.B. plus.				Class T.B. plus.				Class T.B. plus.				Class T.B. plus.				Class T.B. plus.				Class T.B. plus.				Class T.B. plus.				Class T.B. plus.					
				Class T.B. minus.	Group 1.	Group 2.	Total (Class T.B. plus).	Class T.B. minus.	Group 1.	Group 2.	Total (Class T.B. plus).	Class T.B. minus.	Group 1.	Group 2.	Total (Class T.B. plus).	Class T.B. minus.	Group 1.	Group 2.	Total (Class T.B. plus).	Class T.B. minus.	Group 1.	Group 2.	Total (Class T.B. plus).	Class T.B. minus.	Group 1.	Group 2.	Total (Class T.B. plus).	Class T.B. minus.	Group 1.	Group 2.	Total (Class T.B. plus).	Class T.B. minus.	Group 1.	Group 2.	Total (Class T.B. plus).	Class T.B. minus.	Group 1.	Group 2.	Total (Class T.B. plus).						
(a) Remaining on Dispensary Register at 31st December.	Disease Arrested.	Adults, M.	6	—	4	—	—	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—								
	Children	F.	5	—	—	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
		M.	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—								
		F.	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—								
(b) Discharged as Recovered.	Disease not Arrested.	Adults, M.	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—								
	Children	F.	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
		M.	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
		F.	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
(c) Lost sight of, or otherwise removed from Dispensary Register.	Condition not ascertained during the year		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—								
			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—								
			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—								
			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—								
(d) Total written off Dispensary Register.	Total on Dispensary Register at 31st December		22	1	8	—	—	9	4	—	—	—	—	15	1	1	2	4	14	5	7	—	12	60	3	4	—	7	112	1	10	1	12	68	2	17	5	24	56	4	18	13	35		
		Adults, M.	66	9	4	—	—	79	6	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
		F.	37	3	5	—	—	45	8	9	—	—	—	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
		Children	30	3	—	—	—	—	33	—	—	—	—	15	—	—	—	—	6	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
(e) Grand Totals.	Discharged as Recovered.	Adults, M.	13	10	25	—	—	48	11	17	12	11	40	12	11	17	4	32	1	4	16	8	28	11	3	23	4	30	12	2	15	10	27	8	—	16	13	29	6	2	12	12	26		
		F.	3	3	23	—	—	29	33	9	7	—	49	8	10	13	7	30	2	11	6	19	4	3	4	10	2	16	6	2	10	4	16	4	—	10	6	16	4	—	6	8	14		
		Children	6	1	3	—	—	10	4	4	—	—	—	14	12	4	1	—	12	4	11	6	19	2	2	—	4	12	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
			241	33	70	16	119	102	34	30	19	83	80	33	38	12	83	53	14	31	17	62	52	9	40	7	56	37	6	30	17	53	39	—	30	19	49	27	3	29	21	44			
(f) Grand Totals.		263	34	78	16	128	106	34	32	19	85	87	33	38	12	83	68	15	32	19	66	66	14	47	7	68	97	9	34	17	60	151	1	40	20	61	95	5	37	26	68	75	4	23	38
			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE XXXIb.
NON-PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (a) the condition at the end of 1934 of all patients remaining on the Dispensary Register; and (b) the reasons for the removal of all cases written off the Register.

Condition at the time of the last record made during the year to which the Return relates.			Previous to 1926.				1926.				1927.				1928.				1929.				1930.				1931.				1932.				1933.				1934.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
			Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
(c) <i>Dispositions on Dispensary Register on 31st December.</i>	Disease Arrested.	Adults, M. F.	1 3	— —	— —	— 3	1 —	— —	— —	— —	1 —	— —	— —	— —	— —	1 3	1 —	— —	— —	— —	— —	1 5	1 —	— —	— —	— —	1 12	1 12	1 —	— —	3 6	1 12	1 12	1 —	— —	1 18	1 —	— —	— —	1 12	1 12	1 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —

TABLE XXXII.

Cases of Tuberculosis notified during the 52 weeks ended December 29th, 1934.

NOTIFIABLE DISEASE		Cases notified in whole District						Total Cases notified in each Township								No. of Cases removed to Sanatorium from each Township						Total Cases removed to the Sanatorium from inside the Borough
		At Ages—Years						Township								Township						
		At all Ages						Central	Dalton	Almondbury	Lockwood	Lindley	Moldgreen	Central	Dalton	Almondbury	Lockwood	Lindley	Moldgreen			
Tuberculosis :—	M. ...	75	—	—	11	10	51	3	28	9	10	13	9	6	13	7	3	9	7	3	42	
	F. ...	58	—	—	5	21	30	2	18	7	9	6	12	6	18	8	2	1	4	5	38	
	Total ...	133	—	—	16	31	81	5	46	16	19	19	21	12	31	15	5	10	11	8	80	
	M. ...	19	—	—	7	5	7	—	1	6	6	1	5	—	2	2	5	—	2	—	11	
Non-Pulmonary	F. ...	14	—	2	3	4	4	1	4	2	1	4	1	2	—	—	1	2	1	1	5	
	Total ...	33	—	2	10	9	11	1	5	8	7	5	6	2	2	2	6	2	3	1	16	
Other and doubtful cases	M. ...	—	—	—	—	—	—	—	—	—	—	—	—	—	3	2	1	3	—	—	9	
	F. ...	—	—	—	—	—	—	—	—	—	—	—	—	—	4	1	1	—	—	2	8	
Totals ...	...	166	—	2	26	40	92	6	51	24	26	24	27	14	40	20	13	15	14	11	113

BRADLEY WOOD SANATORIUM.

ADULTS.					CHILDREN (John Sykes' Block).							
	Lungs	Other	Observation		Lungs	Bones and Joints	Glands	Abdominal	Other Organs	Observation		Total
			Lungs	Other						Lungs	Other	
No. in Hospital on Dec. 30th, 1933 ...	42	5	—	—	6	10	1	4	—	—	1	69
No. since admitted ...	59	8	3	1	21	1	1	6	—	10	3	113
No. discharged ...	52	6	3	1	11	4	2	7	—	10	4	100
No. died ...	7	—	—	—	1	—	—	—	—	—	—	8
No. remaining in Hospital on Dec. 29th, 1934 ...	42	7	—	—	15	7	—	3	—	—	—	74

VACCINATION.**Ernest Firth, Vaccination Officer.****The Vaccination Acts, 1867 to 1898, and the Vaccination Act, 1907.**

Registration Sub-Districts	No. of Births registered from 1st January to 31st December, 1933	No. successfully Vaccinated by Public Vaccinators.	No. successfully Vaccinated by Private Practitioners	No. In-susceptible of Vaccination	No. who have had Small Pox	No. of Statutory Declarations of Conscientious Objections
1. Huddersfield ...	979	129	88	4	—	677
2. Almondbury ...	220	25	27	1	—	154
3. Lockwood ...	311	38	26	1	—	204
Totals ...	1510	192	141	6	—	1035

Registration Sub-Districts	No. who have died Un-vaccinated	No. Postponed by Medical Certificate	No. removed to other Districts and Vaccination Officer notified	No. of Cases Not Found	No. of Defaulters	
1. Huddersfield ...	33	11	2	14	21	
2. Almondbury ...	4	2	1	6	—	
3. Lockwood ...	22	2	7	10	1	
Totals ...	59	15	10	30	22	

The above returns again show a decrease in the number of children vaccinated who were born in the year 1933 compared with the year 1932.

During the year 1932, 392 or 26 per cent. of the children were vaccinated. From the above figures it will be seen that of the children born in 1933 only 22 per cent. were vaccinated.

In inverse ratio the certificates of conscientious objections, obtained by parents making a statutory declaration before a Justice of the Peace or a Commissioner for Oaths, steadily go on increasing and are likely to continue to do so. It is feared that sooner or later this growing contempt for small-pox on the part of the general public may be rudely shaken by an outbreak of the disease, for with an unvaccinated population the introduction of infection may lead to a widespread epidemic.

VENEREAL DISEASES.

Denton Guest, M.D., Ch.B., Assistant Medical Officer of Health for Venereal Diseases Work.

During the year under review the work of the centre has increased still further, the total attendances reaching the figure of 18,404.

This represents an increase of more than 23 per cent. as against 1933, which year it will be remembered had shown a very marked rise over the previous years.

Of this total, 4,770 received the attention of the Medical Officer and 13,634 received intermediate treatment at the hands of the Orderly, Sister and Nurses.

The number of new cases seen during the year was 420, an increase of 50 on the previous year, this increase being in some measure due to the efforts of the Medical Officer to get into touch with possible contacts and sources of infection.

The Medical Officer has found the patients only too anxious to co-operate in this scheme and each one is urged to recommend the person from whom the disease was contracted to attend for investigation, and in this way many dangerous carriers are traced, particularly of gonorrhœa in women.

Of the 420 new cases, 143 were non-venereal, whilst 277 were suffering from venereal disease.

Syphilis accounted for 50 of these cases, a considerable drop from the figures of 1933, which were 60.

Gonorrhœa was detected in 227, and no cases of soft sore were seen.

Seventeen cases of syphilis were of recent infection, 5 were congenital and the remainder were of long dated infection.

Treatment has been carried out on similar lines to previous years with some slight modifications, and with a similar degree of success.

There were 98 defaulters from treatment, of which number 14 had completed their treatment, but not tests of cure.

Of the remaining 84, 7 were acute and infectious types and 20 old standing cases of syphilis, not likely to be transmitted.

Fifty-seven cases of gonorrhœa failed to complete their treatment, but the majority of these had received a considerable amount of treatment, and this type generally defaults because they consider themselves cured, in the absence of any visible sign of the disease.

Pathological Examinations.

The pathological work again shows considerable increase, the total number of specimens examined being 1,292, compared with 1,038 in the previous year.

In addition to the work carried out locally, the following is a list of the examinations carried out at the Public Health Laboratory, Manchester, on behalf of the Local Authority. It shows also the source from which the specimens examined were obtained.

SPECIMEN	CLINIC				INFIRMARY				PRIVATE DOCTORS AND MEDICAL OFFICER OF HEALTH				TOTAL
	Result				Result				Result				
	Neg.	Pos.	Doubtful	Total	Neg.	Pos.	Doubtful	Total	Neg.	Pos.	Doubtful	Total	
Wasserman (Blood)	214	102	58	374	274	33	9	316	53	17	5	75	765
Wasserman (Cerebro-spinal fluid)	—	—	—	—	50	2	1	53	—	—	—	—	53
Gonococci	1	—	1	2	5	7	2	14	—	—	—	—	16
Urethral Smear	—	—	—	—	—	—	—	—	1	—	—	1	1
Totals	215	102	59	376	329	42	12	383	54	17	5	76	835

In-Patient Treatment.

Patients requiring in-patient treatment on account of venereal disease are admitted to the Huddersfield Royal Infirmary under the care of the Venereal Diseases Officer. The maintenance charges in such cases (8/- per patient day) are paid by the Local Authority. During the past year 10 persons received in-patient treatment in accordance with this arrangement, the average duration of residence in hospital being 13 days.

In addition to these cases, the Local Authority accepted responsibility for payment of the maintenance charges (£36 10s. 0d.) for one patient treated at the Hope Hospital in Leeds.

The following statement shows the services rendered at the Treatment Centre and in hospital during the year, classified according to the areas in which the patients resided.

A pleasing feature of the year has been the attendance of several members of the medical profession, to whom instruction in modern methods of treatment has been given by the Medical Officer,

THE VETERINARY OFFICER'S ANNUAL REPORT.

RAMSDEN STREET,
HUDDERSFIELD.

TO THE CHAIRMEN AND MEMBERS OF THE
WATCH AND HEALTH COMMITTEES.

GENTLEMEN,

I have the honour to submit my report of the work of the Veterinary Department during the past year, 1934.

Since my last annual review of the work carried out under the Diseases of Animals Acts and Orders and the Milk and Dairies Acts and Orders, two recently published reports bearing upon these subjects have become of importance.

1. The Prime Minister appointed a Committee of the Economic Advisory Council "To consider what practical measure
"can be taken to secure a reduction of disease amongst
"milch cattle in this country, and to report upon any
"change desirable in the existing administrative practice,
"and, in particular, upon the value and practicability of
"methods of reducing the incidence of bovine tubercu-
"losis and improving the milk supply."
2. In accordance with Section 15 of the Agricultural Marketing Act, 1931, the Minister of Agriculture and Fisheries appointed an Agricultural Marketing Reorganisation Committee for England and charged it "with the duty of
"preparing . . . a scheme or schemes for regulating
"the marketing of milk" and that "the Committee
"shall
" (b) investigate any other matter affecting the
operation of the scheme,
"and (c) make recommendations with respect to the
matters investigated."

Arising out of the conclusions of this Commission, the Milk Marketing Scheme has come into being.

Another very important recommendation was the proposed establishment of a "Roll of Accredited Producers," who should comply with certain conditions regarding their herd, buildings, methods of production, the handling of milk and the bacteria count of their milk. The milk produced by Accredited Producers should carry a guaranteed quality premium. It was thought that this would provide a great stimulus in the production of a very clean milk and give to those interested enough in its production some reward for their extra care and labour. It has always seemed an anomaly that the careless producer should receive the same reward

for his uncleanly product as the careful industrious man. Unfortunately, owing to disagreement arising between the County Councils Association and the Association of Municipal Corporations and the Milk Marketing Board as to the desirability and practicability of the Accredited Producers' Scheme, its inception has been delayed until, at this time of writing, an agreement has been reached with the hope of bringing it into force on May 1st. The compromise has resulted in the Milk Marketing Board agreeing to pay a premium to producers of Grade "A" milk who have fulfilled the conditions laid down in the Milk (Special Designations) Order, 1923. This solution of the problem is excellent in that there will now be a definite incentive amongst producers to give of their best and should encourage those who are at present uninterested to make efforts to reach this standard of efficiency also. With no increase in price to the public, there should be a stimulus to the consumption of milk in this country, which is as low as one-third of a pint per head of the population. It is not suggested that the Huddersfield public can obtain only an indifferent supply of milk at present, but rather the contrary. But even locally the label of a graded milk will be a definite hall mark of purity.

The conclusions and recommendations of the Economic Advisory Council Committee on Cattle Diseases are of far-reaching importance.

They point out that the dairying industry is of great economic importance, and the reduction of disease on a considerable scale would be a material gain to the nation. They find that "the milking life of a cow is only half that which might be expected under ideal conditions, with the result that there is an annual loss to the nation of over £3,000,000. Fifty per cent. of cows passing out of herds are disposed of on account of disease, and the loss of many of the remainder is directly attributable to disease."

The four principal diseases are Bovine Tuberculosis, Contagious Abortion, Mastitis and Johne's Disease.

Bovine Tuberculosis is of danger not only to bovines but, as is known, also to man by infected milk and meat, and steps taken to stamp out this disease would be followed by the removal of a preventable dangerous disease to man.

Contagious abortion is very rife and is responsible for serious financial loss to the farmers by the deaths of calves, loss of milk and by rendering animals sterile.

Johne's disease, a chronic debilitating disease of cattle, is also responsible for considerable losses.

Mastitis is a common trouble in many herds, and whilst most cases arise sporadically, yet the result of an attack or attacks definitely reduces the milk producing powers of the infected animal. There may be also danger to the consuming public by infection in some cases.

The Committee in their recommendations suggest that routine veterinary inspection should be made obligatory for all Local Authorities; that there should be a scheme for the eradication of Bovine Tuberculosis as the most important diseases of cattle. They were of the opinion "that the time was not yet ripe for the launching of a comprehensive attack upon the other diseases of cattle . . . inasmuch as they are of less importance to the consuming public."

One point that they stress is the encouragement needed to producers to establish tubercle-free herds and that there should be power given to local authorities of a population of over 100,000 to prohibit, after a certain number of years, the sale of all uncertified milk before such milk had been pasteurised by approved methods.

Whether this recommendation or similar amended proposals will see the light of day in legislative action is at present a matter of conjecture. Certainly their adoption would help in the forward march against disease, and the Veterinary profession is ready and waiting to give of its knowledge and services.

Diseases of Animals Acts and Orders.

Certain contagious diseases of animals are scheduled by the Ministry of Agriculture and Fisheries as notifiable. A few of these are dealt with entirely by the Veterinary Staff of the Ministry after notification of suspicion by the local authority concerned, in accordance with the procedure laid down under the Diseases of Animals Acts.

Foot and Mouth Disease.

One outbreak at Clayton West in December caused the declaration of an infected area within a fifteen mile radius. This prohibited movement within this district and affected the Cattle Market accordingly. Fortunately, the effective measures taken by the Ministry of Agriculture and Fisheries kept the disease confined to its original locality and there was no extension of the disease into the Borough boundaries.

Swine Fever.

Fourteen cases of suspected Swine Fever were reported, and two were confirmed, involving 236 pigs.

Rabies.

No cases of this disease were suspected during the year.

Anthrax.

There have been no outbreaks during the current year.

Sheep Scab.

This very contagious disease of sheep has been giving concern to the authorities in the West Riding during the past twelve months, and although no affected sheep were found in the Borough, double-dipping had to be supervised in accordance with the Orders of the Ministry.

Tuberculosis.

This disease in bovines is dealt with in accordance with the provisions of the Tuberculosis Order, 1925.

The Order schedules as notifiable by the owner or person in charge any bovine which is affected with or suspected of Tuberculosis of the udder ; exhibiting a chronic cough with definite clinical signs of the disease, or showing Tuberculosis emaciation.

Thus only those cows that are in a highly infective stage can be removed from the herds and slaughtered, and consequently there is no help to be expected from the Order in connection with the problem of eradication of the disease.

Eighteen cows, against twenty-eight last year, were detected, seven being affected with udder Tuberculosis.

Nine of these cases were reported by the owners as suspected and the others detected during routine examinations of the herds under the Milk and Dairies Order, 1926.

Following removal and slaughter of these affected animals the premises have been disinfected.

£60 0s. 0d. has been paid in compensation for these diseased cows and £8 16s. 0d. received as salvage on the carcasses.

Market Inspections.

Attendances have been carried out on Market Days and on such occasions when Cattle Fairs have been held.

For the detection of contagious diseases, an examination is made of all horses, cattle, sheep and pigs exposed for sale. Suspected animals such as cows showing symptoms of Tuberculosis, or pigs in an unthrifty condition, a suspicious symptom of Swine Fever, are returned from the market to the owners' premises under licence for a further examination. Such cases arise but seldom nowadays.

The provision of roomy pens for poultry offered for sale cannot be too highly commended from humane and hygienic standpoints.

Transit of Animals (Amendment) Order, 1931.

This Order prescribes the methods by which animals shall be moved, loaded and unloaded in connection with their transport by motor vehicles.

Regulations are also made regarding the cleansing and disinfection of these wagons, a very important safeguard against the spread of contagious disease by these vehicles plying for hire. Excellent facilities for this purpose are available at the Hillhouse Sanitary Depot near to the Cattle Market, and are now more readily utilised.

Milk and Dairies Acts and Orders.

It is by virtue of these Orders that a certain standard of cleanliness in the production and handling of milk is to be expected and the possible spread of disease by milk controlled.

The need for uniform administration and enforcement of this legislation throughout the country is especially stressed in the report of the two Commissions previously referred to.

Milk and Dairies (Consolidation) Act, 1915.

Under Section 4 of this Act, where a bulk sample of milk has been found to contain Tubercle Bacilli, the Medical Officer of Health endeavours to ascertain the source of supply and to cause the cattle to be inspected. This is a valuable method of control of the purity of the milk supply in addition to routine clinical examinations of dairy herds.

In milk produced in the Borough three cases have occurred as against two last year. Careful examinations of the herds concerned did not reveal the offending animals, and subsequent tests showed that the herds were free from infection.

In milk produced outside the Borough, one case was reported and dealt with by the Veterinary Staff of the West Riding County Council. One cow was detected as giving infected milk and was slaughtered.

The percentage of infected milk samples this year is 3.007, as against that of 4.109 for the corresponding period of the previous year. The decrease is pleasing, but the fact that disease of the udder can occur in the early stages before being manifested clinically emphasises the importance of taking these milk samples for biological tests as a control to routine examination of herds.

Milk (Special Designation) Order, 1923.

This Order recognises and prescribes conditions under which milk may be sold and labelled : (a) Certified, (b) Grade "A" Tuberculin Tested, (c) Grade "A," (d) Pasteurised.

That designated "Certified" is the best obtainable, having to conform with a low bacterial count, indicating freedom from contamination, and being derived from cows that have passed the Tuberculin Test. This milk must be bottled on the premises and the date of production given on the label.

Two farmers in the Borough and three farmers just outside the Huddersfield boundaries produce Certified Milk, and the public has the opportunity of purchasing a very clean milk free from all risks of Tuberculosis. Needless to say, this is of especial value to children and well worth the slightly increased cost. "Pasteurised Milk" may also be obtained locally.

As a further contribution to the supply of a tubercle-free milk, the Tuberculosis (Attested Herds) Scheme (England and Wales) came into operation on February 1st, 1935. This scheme is put forward by the Ministry of Agriculture and Fisheries under Section 8 of the Milk Act, 1934, for promoting and establishing cattle herds officially certified to be free from Tuberculosis.

One of the advantages of attestation is that the owner will become entitled to a bonus of a penny per gallon for all milk from the attested herd which is sold under the provision of the Marketing Scheme of the Milk Marketing Board.

The conditions attaching to the establishment and maintenance of an "attested" herd are so severe, however, that the small additional financial return is not likely to induce many owners to embark upon the scheme as a paying commercial proposition.

The Milk and Dairies Order, 1926.

As regards the cleanly production of milk and its safeguarding from infection, this Order is of the utmost importance. It prescribes and details general provisions for securing the cleanliness of dairies and the hygienic methods by which milk should be produced and stored. Part IV. of the Order deals with the health and inspection of cattle and specifies certain diseases of cows which render milk unfit for human consumption.

Regulations are also laid down regarding the provision of wholesome water supplies; the lighting and ventilation of cowsheds and dairies; the construction of cowshed floors and drainage.

The work of this department is concerned with these requirements, with especial emphasis on the methods of milk production and its storage on the farm.

Health and Inspection of Cattle.

There have been no outbreaks of contagious disease and the general good standards of health have been maintained.

Routine inspections are carried out on all farms within the Borough five times in the year, and in addition re-visits are made with frequency, especially in those cases where conditions have been found to be unsatisfactory or which require further investigation.

Of the diseased conditions found during inspections, those relating to the udder of the cow are naturally the most important as regards infection of the milk supply.

In addition to microscopic examinations of milk samples, eighteen have been submitted to laboratory examination during the past twelve months. Pending the results of the biological tests of these samples, isolation of the suspected animal is carried out as far as possible and the milk discarded.

Six of these samples proved to be positive to the presence of Tubercle Bacilli, and those cows were accordingly slaughtered under the Tuberculosis Order.

In addition, twelve other cows were found to come within the scope of this Order and were similarly dealt with. One of these clinical cases also revealed udder Tuberculosis.

Milk Examinations.

A number of milk samples are taken weekly under the direction of the Medical Officer of Health and are examined as to their bacterial content. A reasonable standard such as laid down for Grade "A" milk (viz.: a permissible 200,000 bacteria per c.c. and no bacillus coli in 1/100 of a c.c.) has been taken to indicate the purity of the milk, and by arrangement those samples which do not conform with this standard are reported to me for investigation at the source of supply.

Eight inquiries have been carried out in this connection as against eighteen last year.

The advent of the modern milking machine has been welcomed by some farmers as a labour-saving device, but its use demands great care in the cleansing of the parts and their sterilisation.

Three unsatisfactory samples of milk were traced to this source.

As stressed in previous reports, the importance of preparing the cow for milking was shown in two cases due to unclean teats and udders.

One case of carelessness in not removing milk as soon as possible to the dairy caused contamination, and in two instances imperfect methods of cooling of milk caused a high bacterial count.

That 79.57 per cent. of samples of milk produced in the Borough were well within the required standard of cleanliness shows that the producers of our town are doing their part in maintaining a clean milk supply.

Dairies on Farms.

Storage for milk and milk utensils is now provided on most of the farms, and during the year three new dairies have been erected. Additional accommodation to existing dairies has been provided on two farms.

The need for proper accommodation for milk storage and the cleansing of utensils is now well recognised and is being steadily proceeded with.

Reconstruction of Cowsheds.

The modernising and interior reconstruction of cowsheds continues, advice being given as to construction, lighting and ventilation, &c. Six sheds on five farms have been thus improved, and the good resulting is shown in the better health of the cattle, and easier and more efficient work on the part of the producer.

School Milk Supplies.

The small bottle of milk with its attendant straw will now be as familiar to many small boys and girls at school as their lesson book, and especial care is being taken to ensure that the milk shall be as pure and clean as possible.

Twenty producers are supplying milk to schools in the Borough, and it has been required that the handling of the milk and its bottling should be done hygienically.

It was realised that large numbers of bottles could only be cleansed and sterilised by means of proper equipment, and steam under pressure has been provided on the bottling premises for this purpose.

In addition, more frequent examination of the cows producing this milk is being carried out in order to prevent as far as possible any infection of the supply. Frequent examinations of samples will also help towards this end.

Summary.

No. of Registered Farms	...	...	145
No. of Registered Farmers	...	...	136
No. of Producer Retailers	...	...	110
No. of Producer Wholesalers	...	...	20
No. of Producers for own use	...	...	6

The approximate number of cows is 1,766 housed in 303 sheds. The approximate amount of milk produced daily in the Borough is 2,600 gallons or 18,200 gallons per week.

The total number of inspections during the twelve months under review is 1,495.

The total number of clinical examinations of cows is 7,568.

Sanitary defects discovered and remedied are :—Lighting 4 ; ventilation 4 ; drainage repairs and provision of new drains 2 ; repairs to cowshed floors 15 ; repairs to dairy 1.

In conclusion, my thanks are due to the farmers for maintaining the general standard of cleanliness on their farms and for their courtesy and help.

The interest and assistance of other Officers of the Corporation have been much appreciated, and I am indebted to the members of the Borough Police Force for their ready help in carrying out the work under the Diseases of Animals Acts.

During the year I have received willing assistance from Mr. F. Ellam, Sanitary Inspector, and now Mr. J. Beever, Sanitary Inspector. Their help has been most valuable.

Your interest and support, Mr. Chairman and Gentlemen, are greatly appreciated.

I am,

Your obedient servant,

W. R. McKINNA, M.R.C.V.S., D.V.S.M.,
Veterinary Officer.

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