[Report 1935] / Medical Officer of Health, Huddersfield County Borough.

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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

1935.

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.

COUNTY BOROUGH OF HUDDERSFIELD.

Committees, 1935-36.

Health Committee :

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

Deputy Chairman : COUNCILLOR J. W. HIRST, M.R.C.S., L.R.C.P.

His Worship the Mayor (Councillor J. Barlow, J.P.)

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

Councillor A. Berry.
" J. F. Best.
" J. Cantwell.
" D. Crawshaw.
" J. J. Crossley.
Councillor J. F. Gent.
" J. W. B. Johnson.
" T. W. Woodhead, M.Sc., F.L.S.
" T. Wrigley.

Maternity and Child Welfare Committee :

Chairman : COUNCILLOR J. W. B. JOHNSON.

Deputy Chairman : COUNCILLOR T. W. WOODHEAD, M.Sc., F.L.S.

His Worship the Mayor (Councillor J. Barlow, J.P.)

Alderman W. Dawson, J.P.
Councillor A. Berry.
" F. I. Butterworth, J.P.
" J. Cantwell.
" J. W. Hirst. M.R.C.S., L.R.C.P.
" M. E. Sykes.
Councillor T. Wrigley.
Mrs. M. Blamires, M.B.E., J.P.
Mrs. K. J. Broadbent.
Miss Irving, J.P.
Miss Shaw.
Mr. J. Bland.

Public Assistance Committee :

Chairman : His Worship the Mayor (COUNCILLOR J. BARLOW, J.P.)

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

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

Councillor G. Armitage.
" A. Berry.
" J. F. Best.
" F. Bower.
" F. I. Butterworth, J.P.
" J. Cantwell.
" D. Crawshaw.
" J. J. Crossley.
Councillor J. F. Gent.
" J. R. Gregson.
" J. W. Hirst, M.R.C.S., L.R.C.P.
" H. Johnson.
" M. E. Sykes.
" T. W. Woodhead, M.Sc., F.L.S.
" T. Wrigley.

Housing Committee :

Chairman : COUNCILLOR J. E. LUNN.

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

His Worship the Mayor (Councillor J. Barlow, J.P.)

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

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

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. (Left 23/3/35).
Miss Elizabeth M. Harding, M.B., Ch.B., D.P.H. (Left 2/3/35).
Miss Dorothy B. Thomson, M.D., Ch.B. (Commenced 18/2/35).
Miss Jean A. Gemmell, M.A., M.B., Ch.B. (Commenced 25/3/35).

Assistant Tuberculosis Officer :

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

Assistant School Medical Officers :

Miss Elizabeth W. Miller, M.B., Ch.B., D.P.H.
Miss Honora J. Twomey, M.D., Ch.B., D.P.H.

School Dentists :

Stanley E. Clarke, L D S. (Left 31/5/35).
Alexander B. Shields, L.D.S., R.F.P.S.
Cecil R. A. Airey, L.D.S. (Commenced 1/6/35).

Mill Hill Isolation Hospital :

William J. McNeish, M.B., Ch.B. (Left 7/10/35).
Miss A. Lydia Hansen, M.B., Ch.B. (Commenced 7/10/35).
*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).

Housing Inspectors :

ab°‖Eric Drake.
°‖Frank Ellam.

Temporary Assistant Housing Inspectors :

‖Stanley Shone. (Commenced 29/4/35, left 29/8/35).
°‖Norman L. Wilding. (Commenced 29/4/35).
‖George H. Earnshaw. (Commenced 29/4/35, left 21/8/35).
‖George J. Peters. (Commenced 16/9/35, left 24/12/35).
‖Daniel Bowers. (Commenced 23/8/35).

Temporary Junior Clerks—(Housing Act, 1930) :

John H. Raynor.
William Richardson.
Raymond Walker. (Commenced 29/4/35).

Infectious Diseases Removal Officer :

Robert F. Porter. (Left 13/5/35).
Stanley Johnson. (Commenced 20/5/35).

Tuberculosis Nurse :

*Miss Catherine Vickers.

Infant Welfare Nurses and Infant Life Protection Visitors :

†*Miss Georgina A. Caygill. (Left 26/7/35).
f†*Miss Beatrice E. Garrett.
fe†*Miss Marion Godley. (Commenced 2/9/35).

School Nurses :

Miss Bessie Tomlinson.
*Miss Maud Dalton.
Miss Mabel E. Daniels.
*cd*Miss Sarah A. Maunder.
e†*Miss Mary Williams.
*Miss Tillie Holmes (Left 30/4/35).

Clerical Staff :

Bernard Pilkington (Chief Clerk).
Miss Alice Berry.
Roland Burns.
Horace C. Smith.
Eric L. Darwin.
Kenneth Holmes.
Miss A. Haigh.
Miss Gladys M. Armitage (Temporary). (Commenced 1/4/35).
Miss Marion Gaunt (School Medical Department).
Miss Marjorie Hirst (do. do.).
Miss Kathleen M. Sykes (do. do.)
Miss Dorothy Ramsden (do. do.).
(Commenced 1/5/35).

Ophthalmic Consultant—School Medical Service :

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

Orthopædic Surgeon—School Medical Service :

William Barclay, M.B., F.R.C.S. (Ed.)

Veterinary Officer :

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

Public Analyst :

Henry T. Lea, M.Sc., F.I.C.

Vaccination Officer :

Ernest Firth.

District Medical Officers and Public Vaccinators :

C. Sheehy, M.B., B.Ch. J. McCurdy, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M.
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 J. McNeish, M.B., Ch.B. (Part-time). (Left 7/10/35).
Francis Victor Maclaine, M.B., B.A.O., B.Ch. (Commenced 15/12/34, left 18/9/35).
Cyril J. Silver, M.B., Ch.B. (Commenced 6/10/35, left 9/11/35).
John Hunter Armstrong, L.R.C.P. & S.I. (Commenced 27/12/35).

St. Mary's Hospital :

W. H. Smailes, M.D., D.P.H.
(Transferred to West Riding County Council 1/10/35).

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. (Receiving Home closed 8/5/35).

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, 1936.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE.

GENTLEMEN,

I have the honour to present to you the Annual Report for the year 1935 on the Public Health Services of the Borough, in accordance with Article 14 (3) of the Sanitary Officers' Order, 1926. The Report follows the lines indicated by the Ministry of Health in Circular 1492, dated October 18th, 1935. Although it is an ordinary Report, and not a survey one of the five yearly series, a number of Tables giving rates and statistics for earlier years are included, as the continuity of information of this kind adds greatly to its value.

The year which has passed was not a particularly good one from the point of view of health, for although the summer provided sunshine in excess of the average, this was followed by one of the most severe winters of recent years, and deaths from such conditions as Pneumonia and Bronchitis were more in number than in the previous year. The good old fashioned type of winter may bestow its pleasures and thrills upon those endowed with the vigour of youth, but it brings its added risks to those at the extremes of life—the very young and the aged, who are less able to withstand its rigours.

One of the agreeable features of the year was a much welcomed fall in the prevalence of infectious diseases. So far as the records available show, last year was the first in which neither Measles nor Whooping Cough appeared as a cause of death on the Registrar's Returns, and there was a marked fall in the incidence of both Diphtheria and Scarlet Fever. In spite of this fall it will be noted that 30 deaths from Diphtheria occurred. One calls attention to these because here we have a group of deaths most, if not all, of which might with a little foresight and co-operation have been avoided, for our experience year after year confirms the claim made for immunisation that it offers approximately a ninety per cent. protection against infection and practically a hundred per cent. protection against death from the disease. It is a simple, inexpensive, quite harmless and most reliable safeguard. Can it be that its simplicity is in itself a hindrance to more universal acceptance? Many people seem to clamour for something spectacular and value everything according to its cost; the insignificant looking injection which is quickly given and as quickly forgotten is to them much less impressive than the steam tent and the tracheotomy tube, yet the former is the counsel of wisdom, and the latter the treatment of despair.

Another gratifying feature of the year's statistics was the low infantile mortality rate. The rate for last year was the lowest ever recorded for the district, and, so far as is known, was lower than that of any other County Borough in the North. Last year's figure was exceptionally small, but at the same time the rate has been consistently low for several years; this must surely be regarded as a tribute to the unique scheme for infant welfare which is operating in Huddersfield.

It is a pleasure to record that the maternal mortality rate for last year was also below the average. This rate is based on such small numbers that it is liable to great variation, but there is every reason to believe that the services provided in this branch of the work are also giving tangible results.

From time to time particular sections of the Health Department's activities claim special attention. Last year housing was outstanding in this respect, for the work associated with the demolition, or closure, of unfit houses, and later in connection with the overcrowding survey, assumed exceptional proportions. In response to Circular 1331 from the Ministry of Health, dated April, 1933, a programme for dealing with slum clearance during the following five years was submitted. The programme outlined has been extended since then both by the enlargement of individual areas and by the inclusion of new areas, but the Report which follows shows that work in connection with this programme is well advanced. Nevertheless the end of the housing problem is by no means in sight, for there are still very many houses within the Borough which fall far short of the standard which is regarded to-day as a reasonable standard of fitness for human habitation. Owing to the very uneven nature of the land in this locality it was unfortunately the practice in years past to build as many houses as possible on the principle of one on top of another, the upper house opening to a road, or pathway, at a higher level than the one beneath. In this way the common roof effected an economy at the time of building, but the under house is unsatisfactory, and it is impossible to make it otherwise, for, being built right up to the earth behind, freedom from dampness and through ventilation are unobtainable. There are also many back to back houses in congested areas, all of which will have to be dealt with before it can be said that the housing conditions of the Borough are satisfactory.

In submitting this Report I again wish to express my sincere thanks not only to the members of my staff for their valuable help throughout another year, but also to the Chairmen and members of those Committees with which I have been associated for their encouragement and support. It is felt that the happy atmosphere which has pervaded every aspect of the work has added in no small measure to its efficiency.

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 1935, 115,000, for calculating death, mortality, and birth rates.

5.—Density of Population.—For the Borough 9.7 persons per acre.

6.—Number of Inhabited Houses (1931) 31,650

7.—Number of Inhabited Houses (end of 1935) according to Rate Books 36,248

8.—Number of Families or Separate Occupiers (Census 1931) 32,109

9.—Rateable Value of the Borough—£847,394.

10.—Sum represented by 1d. Rate.—£3,275.

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.

Trade conditions generally improved steadily throughout the year and brought in their train a welcome improvement in regard to unemployment. Living within the Borough there are approximately 55,000 persons who are insured under the Unemployment Insurance Scheme, and the following figures show the number of these who were either totally unemployed, or working on short time, at the beginning of each of the four quarters of the year :—

	Totally unemployed	Temporarily suspended, or working short time	Total
January, 1935 ...	3,566	3,900	7,466
April, 1935 ...	3,224	3,948	7,172
July, 1935	2,757	2,557	5,314
October, 1935 ...	2,815	1,659	4,474

It will be seen from these figures that the fall in unemployment, although not rapid, was continuous throughout, and it is gratifying to know that the improvement here recorded has been maintained, for the latest figures available—those for May, 1936—show that the number of totally unemployed has fallen to 2,198, and the partially unemployed to 1,458, making a total of 3,656.

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 these years. The numbers under consideration are small and are subject, therefore, to considerable variation, but it is curious, nevertheless, to find that since the year 1930, when a list of comparative death-rates first appeared in the Annual Report, the trade of metal workers has invariably appeared at the top of the list and that of engineering at the bottom. This must surely be due to faulty classification in the matter of employment as recorded on the Death Returns ; mistakes in regard to this might easily occur, because some persons employed as metal workers regard themselves as engineers. No explanation can be offered, however, as to why the death-rate amongst agricultural workers should consistently be approximately double that of Clerks, typists and draughtsmen, for agriculture and gardening are generally regarded as amongst the healthiest of occupations.

Occupation	Deaths in 1931	1932	1933	1934	1935	Average Death Rate per 1,000 for past 5 years
tal Workers	10	4	13	9	18	2.02
rks, Typists & Draughtsmen	21	15	19	14	11	5.15
mmercial Occupations ...	65	56	72	93	94	6.73
xtile Workers	156	148	148	124	139	7.58
ansport Workers	26	31	29	29	29	7.96
ilding Trades (includes Quarry Workers) ...	48	33	39	29	48	11.10
ricultural Workers ...	8	10	8	9	12	11.91
usehold Duties (includes Housewives, Domestics, etc.)	1072	986	1193	1087	1139	19.21
tired or not Gainfully Occupied						
o young for occupation ...						
nspecified Trades	109	108	109	110	83	19.46
emical Workers	18	16	25	5	7	20.59
ngineering Trades... ...	37	40	56	30	17	28.23

Apart from Death Returns such as these there is no definite evidence available to show that any particular occupation affects prejudicially, or otherwise, the health of those engaged in it. There is reason to believe, however, that Silicosis is fairly prevalent amongst those engaged in the quarrying industry. This leads to Bronchitis and must in time be detrimental to health. There is also a belief that the handling of certain coal tar derivatives causes an irritation of the bladder which in time may favour the onset of Cancer. In Table VI. information is given regarding the deaths which result from Cancer, and in the preparation of this Table it has been noted for a few years that Cancer of the bladder is much more common in males than in females.

EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

Live Births during 1935.

	Males	Females	Total
Legitimate	694	648	1,342
Illegitimate	26	29	55
			1,397

Birth-rate per 1,000 of the estimated resident population—**12.19**

Still Births.

	Males	Females	Total
Legitimate	43	29	72
Illegitimate	—	3	3
			75

Rate per 1,000 total (live and still) births—50.95.

Deaths.

Males	Females	Total
807	790	1,597

Death-rate per 1,000 of the estimated resident population—**13.93**

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 ...	— ...	—
No. 30 Other puerperal causes	5 ...	3.40
Total	5	3.40

Death-rate of Infants under One Year of Age.

All infants per 1,000 live births		45
Legitimate infants per 1,000 legitimate live births		45
Illegitimate infants per 1,000 illegitimate live births		54
Deaths from Measles (all ages)	–	Rate 0.00
Deaths from Whooping Cough (all ages) ...	–	,, 0.00
Deaths from Diarrhœa (under two years of age)	7	,, 0.06

LOCAL STATISTICS.

The population at the Census of 1931 was found to be 113,475. With the birth-rate being less than the death-rate every year since then one might expect at the present time by comparison a fall rather than an increase, but population is affected also to a great extent by the state of trade in a district and also by other factors. Taking these into consideration the Registrar-General estimates that last year the population was 115,000. This is the figure on which all the statistical rates for the year are based.

Table I. shows the vital statistics of the area since the year 1911. The birth-rate is shown in column 5 to be lower than that of the previous year, though higher than the rates of 1932 and 1933, so that it appears as the third lowest so far recorded. The death-rate, on the other hand, shown in column 13, is slightly higher than that for 1934.

Table II. compares the local birth and death-rates with the average rates for other towns and for the country generally. The birth-rate is again below the average, whilst the death-rate remains higher.

Of the fatality rates for infectious diseases, the only feature worthy of comment was the continued high death-rate from Diphtheria, which is shown in this Table to have been well above the average. As mentioned elsewhere in this Report, although the epidemic has abated from the point of view of numbers attacked, the disease has retained its "gravis" characteristics and the death-rate amongst those infected has remained high.

It will be noted that the death-rate from causes grouped under the heading of Violence is also high. No explanation can be offered to account for it, but it is a curious fact that the death-rate ascribed to Violence has been above the average for several years.

The infant mortality rate here recorded (45) is not only well below the average rate for the Great Towns, but also 12 points below the average rate for England and Wales as a whole. This is the lowest rate ever recorded locally.

Table III. shows the distribution of infant deaths in the various districts of the Borough throughout the year. The greatest number of deaths in any one month occurred in February, whilst June had the unique distinction of giving no deaths to record.

Table IV. refers to the deaths of infants under one year of age, and shows that Prematurity and conditions denoting weakness at birth were responsible for a high proportion of those which occurred. For the second year in succession it will be seen that deaths during the first week of life exceeded those in the remaining fifty-one weeks of the first year. Post-natal care cannot be expected to reduce the number of deaths at this early age, for they and still-births are obviously associated with causes arising either at, or prior to, confinement. Actually their number is falling as a result of the increased attention paid to ante-natal care, but the fall is not so rapid as is the case with older infants.

Table V. gives the causes of all the deaths which occurred during the year and their distribution over the various age groups. As usual diseases of the Circulation and Cancer were responsible for the greatest number of deaths. Deaths from Cancer were 5 less than in the previous year, but Heart Disease and Cerebral Hæmorrhage were responsible for 43 and 16 more respectively. Deaths from Pneumonia and Bronchitis were also more than in the previous year, both together giving an increase of 43. Deaths from Violence increased by 14.

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

Cause of Death	1935	1934
Heart Disease	309	266
Cancer	194	199
Other Circulatory Diseases ...	125	137
Pneumonia	106	74
Cerebral Hæmorrhage	97	81
Bronchitis	96	85
Acute and Chronic Nephritis ...	90	95
Violence	72	58
Pulmonary Tuberculosis	66	76
Senility	60	79

Further statistics relating to Cancer and showing both the sex distribution and the organs of the body involved are given in Table VI. As in previous returns the death-rate amongst females is greater than amongst males, though considering that in females the breast and the uterus were involved in 29 cases, the difference between the total number of deaths in the two sexes is not so great as might be expected. This greater involvement of the female reproductive organs is counter balanced to some extent by the digestive tract and the bladder being more frequently affected in males.

Table VII. shows the distribution over the wards of the Borough of all the births and deaths recorded. The general death-rate, the death-rate from infectious diseases, and also the infant mortality rate were all highest in the Central district, which is, of course, the most congested part of the Borough. In this area both the infant mortality rate and the death-rate from infectious diseases were more than double the rates for the Dalton, Deighton, Bradley, Birkby and Fartown district. As the slum clearance schemes now in operation progress it will be interesting to observe what changes occur in comparative statistics of this kind.

Table VIII. is one of the most interesting submitted, for it shows very clearly many of the changes which have taken place since the beginning of the century. Probably the most striking feature is the fall which has taken place not only in the death-rate of infants under one year of age, but also amongst children between the ages of one and five years. Throughout this period the death-rate amongst the former has been approximately double that of the older group, thus showing that the benefits of child welfare work have been shared equally by both groups. The effect of the severe type of Diphtheria with which we have had to contend during the past three years is shown by the raised death-rates. For the seven so-called zymotic diseases grouped together, however, the death-rate for last year was much lower than those recorded at the top of the Table. A marked fall has taken place also in deaths from respiratory diseases, though last year deaths from Pneumonia and Bronchitis raised the death-rate for the group to a higher level than in 1934.

It will be observed that the death-rates both for Measles and for Whooping Cough are given as nil. This was the first year, so far as our records show, in which no deaths from either of these diseases occurred.

The information given in Table IX. was collected by the Medical Officer of Health for Stockport, and gives a comparison between the mortality rates of the various "Great Towns" in the industrial north. In most of the columns it will be seen that the rates for Huddersfield approximate the average, the only exception being those relating to infantile mortality. In these the local rates are definitely low. Last year's rate (45) was lower than that of any of the others, and for the five years' average the local rate was excelled only by that of Doncaster and Wallasey, all the others being considerably higher.

Vital Statistics of Huddersfield during the Year 1935, 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.			
		Uncorrected Number.	Nett.						Under 1 Year of Age.		At all Ages.	
			Number.	Rate.	Number.	Rate.	of Non-residents registered in the District.	of Residents not registered in the District.	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	1673	1435	12.58	1683	14.75	223	79	84	59	1539	13.49
1935	115000	1705	1397	12.19	1750	15.27	231	78	63	45	1597	13.93

TABLE II.

Birth-rates, Death-rates, and Analysis of Mortality in the Year 1935.

England and Wales, 121 County Boroughs and Great Towns, and 140 Smaller Towns.

Provisional figures based on Weekly and Quarterly Returns.

	Rates per 1,000 Population.		Annual Death-rate per 1,000 Population.									Rates per 1,000 Live Births.	
	Live Births.	Still-births.	All Causes.	Typhoid and Para-typhoid fevers.	Small-pox.	Measles.	Scarlet Fever.	Whooping-Cough.	Diphtheria.	Influenza.	Violence.	Diarrhœa and Enteritis (under 2 Years).	Total Deaths under One Year.
England and Wales	14.7	0.62	11.7	0.00	—	0.03	0.01	0.04	0.08	0.18	0.52	5.7	57
121 County Boroughs and Great Towns, including London ..	14.8	0.68	11.8	0.00	—	0.04	0.01	0.04	0.09	0.16	0.45	7.9	62
140 Smaller Towns— (Resident Populations 25,000 to 50,000 at Census 1931) ..	14.8	0.64	11.2	0.00	—	0.03	0.01	0.03	0.07	0.17	0.41	3.8	55
London Administrative County	13.3	0.52	11.4	0.00	—	0.00	0.01	0.04	0.06	0.11	0.51	11.2	58
Huddersfield	**12 19**	**0.65**	**13.93**	**0.00**	—	**0.00**	**0.02**	**0.00**	**0.26**	**0.23**	**0.63**	**5.01**	**45**

TABLE III.

Deaths of Infants under One Year of Age during the Year 1935.

Monthly, Quarterly and Ward Distribution.

Month	Central	Dalton	Almond-bury	Lockwood	Lindley	Moldgreen	Month	Total Quarter	Total Year
January	4	1	—	—	1	—	6		
February	6	—	1	2	2	2	13	24	
March	2	1	—	—	—	2	5		
April	—	—	—	1	1	—	2		
May	3	2	—	—	—	—	5	7	
June	—	—	—	—	—	—	—		63
July	2	1	1	—	1	1	6		
August	1	1	—	1	—	—	3	12	
September	1	—	—	1	—	1	3		
October	—	1	5	1	2	—	9		
November	2	—	2	—	—	—	4	20	
December	3	—	—	3	1	—	7		
Total Year ...	24	7	9	9	8	6	63	63	63

TABLE IV.

Infant Mortality during the Year 1935.

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	33	3	1	4	41	9	9	2	2	63
Uncertified	..	..	..	..	..	..	..	..	..	..
Small Pox	..	..	..	..	..	..	..	..	..	..
Chicken-pox	..	..	..	..	..	..	..	..	..	..
Measles	..	..	..	..	..	..	..	..	..	..
Scarlet Fever	..	..	..	..	..	..	..	..	..	..
Diphtheria and Croup ..	..	..	..	..	..	..	..	..	..	..
Whooping Cough	..	..	..	..	..	..	..	..	..	..
Diarrhœa	..	..	..	..	..	..	..	..	..	..
Enteritis	..	..	..	..	..	1	4	1	1	7
Tuberculous Meningitis ..	..	..	..	..	..	..	..	..	..	..
Abdominal Tuberculosis ..	..	..	..	..	..	..	..	..	..	..
Other Tuberculous Diseases	..	..	..	..	..	..	..	..	..	..
Congenital Malformations	3	2	..	1	6	2	..	..	..	8
Premature birth	12	1	..	1	14	..	..	..	..	14
Atrophy, Debility and Marasmus	1	..	..	..	1	2	1	1	..	5
Injury at birth	6	..	..	..	6	..	..	..	..	6
Atelectasis	4	..	..	..	4	..	..	..	..	4
Erysipelas	..	..	..	..	..	1	..	..	..	1
Syphilis	..	..	..	..	..	..	..	..	..	..
Rickets	..	..	..	..	..	..	..	..	..	..
Meningitis (*not Tuberculous*)	..	..	..	..	..	..	..	..	1	1
Convulsions	1	..	..	..	1	..	1	..	..	2
Gastritis	..	..	..	..	..	..	..	..	..	..
Laryngitis	..	..	..	..	..	..	..	..	..	..
Bronchitis	..	..	..	..	..	..	..	..	..	..
Pneumonia (all forms) ..	..	..	1	..	1	3	3	..	..	7
Suffocation, overlying ..	1	..	..	..	1	..	..	..	..	1
Other Causes	5	..	..	2	7	..	..	..	..	7
Totals	33	3	1	4	41	9	9	2	2	63

Nett Births in the period ... { Legitimate 1342; Illegitimate 55

Nett Deaths in the period of { Legitimate Infants 60; Illegitimate Infants 3

TABLE V.

Causes of, and Ages at, Death during the Year 1935.

Causes of Death	All Ages.		Nett Deaths at the Subjoined Ages of "Residents" whether occurring within or without the District.																				Total Deaths whether of "Residents" or "Non-Residents" in Institutions in the District.													
			Under one year.		One and under two years.		Two and under three years.		Three and under four years.		Four and under five years.		Five and under fifteen years.		Fifteen and under twenty-five years.		Twenty-five and under forty-five years.		Forty-five and under sixty-five years.		Sixty-five and under seventy-five years.		Seventy-five years and upwards.		Royal Infirmary.		Green Lea Annexe.		Nursing Homes.		Municipal Maternity Home.		Bradley Wood Sanatorium.		Infectious Diseases Hospital.		St. Luke's Hospital.		Total.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1 Typhoid and Para-typhoid Fevers	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2 Measles	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3 Scarlet Fever	1	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
4 Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	1	...	...	2	1
5 Diphtheria	12	18	...	...	...	...	2	2	3	...	1	2	5	9	...	1	1	1	...	3	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
6 Influenza	17	9	...	...	...	...	...	...	...	...	...	...	...	...	1	1	3	2	10	2	2	3	1	1	...	1	...	...	...	...	...	...	14	17	...	...	14	17
7 Encephalitis Lethargica	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	2	1	3	...	...
8 Cerebro-Spinal Fever	3	...	...	...	...	...	1	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	1	1	...	...	1	2
9 Tuberculosis of Respiratory System	39	27	...	...	...	...	...	1	...	...	...	...	7	12	12	10	18	3	1	...	...	2	2	...	1	...	6	2	7	4	20	15				
10 Other Tuberculous Diseases	8	6	...	...	...	1	...	1	...	...	...	1	3	...	1	1	3	1	1	...	...	...	1	...	4	1	...	...	...	1	1	1	7	4		
11 Syphilis	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1	...	1	1	...	...	...	...	...	...	...	1	1	...
12 General Paralysis of the Insane	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tabes Dorsalis	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
13 Cancer, Malignant Disease	91	103	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	5	46	49	34	34	9	15	32	16	...	...	2	3	...	...	...	...	16	4	50	23
14 Diabetes	11	16	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	2	4	10	3	3	5	8	...	1	...	...	...	...	...	...	1	5	6	14
15 Cerebral Haemorrhage, etc.	39	58	1	1	...	...	...	...	...	...	...	...	...	...	...	...	1	1	14	9	15	30	9	17	4	1	...	...	1	...	...	...	...	...	5	8	10	9
16 Heart Disease	147	162	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	8	58	44	54	57	29	51	11	6	...	2	1	...	...	...	...	...	30	27	42	35
17 Aneurysm	1	1	...	...	...	...	...	...	...	...	...	...	...	...	2	...	6	8	58	44	54	57	29	51	11	6	...	2	1	...	...	...	...	...	30	27	42	35
18 Other Circulatory Diseases	65	60	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	1	1
19 Bronchitis	51	45	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	18	11	28	27	19	21	3	4	...	...	...	...	...	...	...	...	16	11	19	15
20 Pneumonia (all forms)	61	45	6	1	1	2	1	...	...	1	1	...	2	2	...	...	2	15	8	13	15	23	20	2	...	...	...	...	...	...	...	...	...	17	8	19	8
21 Other Respiratory Diseases	9	4	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	1	5	3	...	1	...	...	10	14	...	1	...	1	1	...	...	...	23	8	34	24
22 Peptic Ulcer	14	2	...	...	...	...	...	...	...	...	...	...	...	...	12	7	25	14	9	12	4	6	1	2	...	...	...	1	...	...	...	...	...	...	3	2
23 Diarrhoea, etc.	4	3	4	3	...	...	...	...	...	...	...	...	...	...	1	...	11	5	2	...	...	...	...	...	12	2	...	...	1	...	...	...	...	...	1	...	3	2
24 Appendicitis	7	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12	2
25 Cirrhosis of Liver	4	1	...	...	...	...	...	...	2	...	...	1	...	...	1	3	1	...	1	1	...	...	...	...	7	6	...	...	...	...	...	...	...	...	3	4	3	4
26 Other diseases of the Liver, etc.	3	15	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	1	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	7	6
27 Other Digestive Diseases	16	15	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	4	1	7	...	3	5	3	1	...	...	...	...	3	...	...	...	...	1	1	1	1
28 Acute and Chronic Nephritis	45	45	...	...	...	...	...	...	...	...	...	1	1	...	...	2	2	6	6	4	6	3	...	...	12	16	1	1	2	...	...	...	...	...	...	1	6	7
29 Puerperal Sepsis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8	4	14	16	19	16	4	9	9	7	...	1	...	1	...	...	...	...	...	...	2	15	19
30 Other Puerperal causes	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	2	3	17	12
31 Congenital Debility, Premature Birth, Malformations, etc.	26	16	26	15	...	...	...	...	...	...	...	...	...	...	2	...	3	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	2	...	...	...	2	5
32 Senility	26	34	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	10	7	...	...	...	...	11	4	...	...	4	1	25	12
33 Suicide	13	4	...	...	...	...	...	...	...	...	...	...	...	...	...	3	2	7	2	1	...	2	1	...	3	2	...	...	...	...	...	...	...	...	1	2	3	3
34 Other Violence	32	23	...	1	1	1	...	...	1	...	...	1	6	2	5	4	6	2	10	5	2	4	1	4	30	11	...	...	...	...	...	...	...	...	...	2	30	15
35 Other Defined Causes	58	64	4	1	...	...	...	...	1	...	...	1	7	8	1	5	5	13	18	14	11	11	10	35	29	...	...	...	2	...	...	...	...	1	7	10	42	42
36 Causes Ill-defined or Unknown	2	1	...	...	1	...	...	...	1	1	...	...	...	...	...	...	...	1	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...
Totals	807	790	41	22	3	4	4	3	8	2	3	4	25	23	20	29	70	71	285	202	207	237	141	193	203	143	2	8	8	14	12	6	7	9	22	22	142	105	396	307

TABLE VI.

Cancer Deaths.

Localisation of Disease	Total		25 to 45		45 to 65		65 to 75		75 and up.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Cancer of—										
Buccal cavity and pharynx ...	3	2	—	—	1	1	2	—	—	1
Digestive organs & peritoneum										
(*a*) Œsophagus	9	3	—	—	6	—	3	2	—	1
(*b*) Stomach and duodenum	18	20	—	2	12	8	5	6	1	4
(*c*) Rectum	10	6	—	1	5	1	5	3	—	1
(*d*) Liver and biliary passages	5	6	—	—	2	1	2	4	1	1
(*e*) Pancreas	1	2	—	—	—	2	1	—	—	—
(*f*) Peritoneum	2	3	—	1	2	2	—	—	—	—
(*g*) Other digestive organs	16	15	1	—	6	7	5	5	4	3
Respiratory organs	5	3	—	—	4	2	1	1	—	—
Uterus	—	15	—	1	—	10	—	4	—	—
Other female genital organs ...	—	6	—	—	—	3	—	1	—	2
Breast	—	14	—	—	—	9	—	4	—	1
Male genito-urinary organs ...	13	—	—	—	5	—	7	—	1	—
Skin	1	—	—	—	—	—	—	—	1	—
Other or unspecified organs ...	8	8	1	—	3	3	3	4	1	1
Totals	91	103	2	5	46	49	34	34	9	15
Note.										
Cases in which cancer of the bladder was mentioned ...	6	2	—	—	1	1	4	1	1	—

Return of Births and Deaths Registered during the fifty-two weeks ended December 28th, 1935.

TOWNSHIPS	Census Population, 1931.	Estimated Population at the middle of the year 1935.	Births Registered during the 52 weeks ended December 28th, 1935.	Deaths Registered during the 52 weeks ended December 28th, 1935.	AGE MORTALITY.			SEVEN ZYMOTIC DISEASES.							Tuberculosis (all Forms)	Bronchitis, Pneumonia and other Respiratory Diseases	Heart Diseases.	Cancer	All other Diseases.	Rate of Mortality per 1,000.			
																				All Causes		Seven Zymotics	
					Under 1 year.	Over 1 and Under 5 years.	Persons aged 65 years and upwards.	Small Pox.	Measles	Scarlet Fever.	Diphtheria.	Whooping Cough.	Enteric Fever.	Diarrhœa.						During the corresponding period year previous.	During the 52 weeks ended Dec. 28th, 1935.	During the corresponding period year previous.	During the 52 weeks ended Dec. 28th, 1935.
Central (includes North Central, South Central, West Central and Paddock)	26,887	27,248	343	409	24	12	189	..	..	..	10	..	..	3	20	62	79	45	190	14.35	15.06	0.74	0.48
Dalton (includes Dalton, Deighton and Bradley, Birkby and Fartown)	21,238	21,524	279	313	7	7	150	..	..	1	3	..	..	..	19	31	57	38	164	13.16	14.59	0.42	0.19
Almondbury (includes Almondbury and Newsome)	15,417	15,624	218	217	9	3	110	..	..	1	2	..	..	1	13	30	43	30	97	15.29	13.94	0.65	0.26
Lockwood (includes Lockwood and Crosland Moor)	17,017	17,246	187	233	9	2	112	..	..	..	5	..	..	1	11	36	44	25	111	12.86	13.56	0.35	0.35
Lindley (includes Lindley, Longwood and Marsh)	21,437	21,725	206	274	8	5	145	..	..	..	6	..	..	1	6	39	62	32	128	12.39	12.66	0.42	0.32
Moldgreen	11,479	11,633	164	151	6	2	72	..	..	..	4	..	..	1	11	17	24	24	70	12.65	13.02	0.09	0.43
Royal Infirmary	..	..	72	216	13	10	52	..	..	..	..	..	..	..	5	23	13	27	148	..	..	..	..
Green Lea Annexe	..	..	1	4	..	..	..	..	..	..	..	..	..	..	..	1	1	..	2	..	..	..	..
Nursing Homes	..	..	24	16	..	..	9	..	..	..	..	..	..	..	1	2	1	3	9	..	..	..	..
Maternity Home	..	..	422	10	8	..	..	..	..	..	..	..	..	..	..	..	..	..	10	..	..	..	..
Bradley Wood Sanatorium	..	..	..	16	..	..	..	..	..	..	..	..	..	..	16	..	..	..	..	..	..	..	..
Mill Hill Infec. Diseases Hospital	..	..	..	42	..	13	1	..	..	2	29	..	..	..	9	..	..	..	2	..	..	..	..
St. Luke's Hospital	..	..	52	188	13	..	107	..	..	..	..	..	..	6	12	49	40	14	67	..	..	..	..
St. Mary's Hospital	..	..	..	12	..	..	9	..	..	..	..	..	..	..	..	2	1	1	8	..	..	..	..
Storthes Hall Mental Hospital	..	..	..	25	..	..	10	..	..	..	..	..	..	..	..	3	3	1	18	..	..	..	..
Other Births and Deaths of Huddersfield Residents occurring outside the Borough	..	..	24	41	1	..	13	..	..	..	..	..	..	..	1	4	9	6	21	..	..	..	..
Borough	113,475	115,000	1397	1597	63	31	778	..	..	2	30	..	..	7	80	215	309	194	760	..	..	..	..
Rate per 1,000 of Estimated Population	..	..	12.19	13.93	0.55	0.27	6.79	..	0.00	0.02	0.26	0.00	0.00	0.06	0.70	1.88	2.70	1.69	6.63	13.49	13.93	0.48	0.34

NOTE.—In this Table the Births and Deaths in Institutions, and "Other Births and Deaths of Huddersfield Residents occurring outside the Borough" are classified to the districts to which they belonged.

TABLE VIII.

Death Rate per 1,000 per annum for 1935 and thirty-four previous years.

Year.	Estimated Population 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.	Diarrhœa.			
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	0.61	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	0.57	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	0.66	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	0.61	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	0.58	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	0.44	3.84
1907	102,887	15.61	2.07	1.11	4.23	0.00	0.10	0.06	0.08	0.18	0.11	0.49	0.71	0.50	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	0.47	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	0.55	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	0.49	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	0.50	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	0.44	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	0.57	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	0.54	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	0.53	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	0.42	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	0.51	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	0.51	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	0.43	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	0.54	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	0.39	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	0.57	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	0.48	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	0.34	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	0.51	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	0.44	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	0.61	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	0.54	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	0.67	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	0.53	2.58
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	0.54	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	0.56	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	0.52	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	0.51	2.28
1935	**115,000**	**13.93**	**0.55**	**0.27**	**6.79**	**0.00**	**0.00**	**0.02**	**0.26**	**0.00**	**0.00**	**0.06**	**0.34**	**0.63**	**2.68**

TABLE IX.

Comparative Statement of Vital Statistics. Year 1935.

	Birth Rate	Death Rate	Local Adjusted Death Rate	Infantile Mortality Rate		Death Rate from Phthisis	Death Rate from other Tub. Diseases	Maternal Mortality Rate (per 1,000 Total Births)		
				Year 1935	Average 5 years 1930/1934			Puerperal Sepsis	Other Causes	TOTAL
England & Wales	14.7	11.7	—	57	62.72	0.60	0.11	1.61	2.32	3.93
121 Great Towns	14.8	11.8	—	62	67	—	—	—	—	—
Barnsley ...	17.88	11.36	—	58	91 (Average for 10 years)	0.52	0.11	2.25	0.75	3.00
Birkenhead ...	17.8	12.5	13.6	67	80	0.64	0.09	1.12	3.75	4.87
Blackburn ...	12.0	14.5	14.9	63	72	0.66	0.13	1.34	3.37	4.71
Bolton	12.7	13.3	14.4	64	69.8	0.45	0.09	2.96	3.39	6.35
Bradford ...	13.55	14.28	14.28	64	72	0.63	0.07	1.69	0.97	2.66
Burnley ...	11.65	14.68	15.85	66.4	78.4	0.68	0.13	2.63	2.62	5.25
Bury	11.87	15.00	15.15	66	72	0.48	0.16	3.99	2.66	6.65
Dewsbury ...	14.3	12.9	—	65	71	0.56	0.11	1.23	2.45	3.68
Doncaster ...	14.56	10.24	11.06	62	55	0.39	0.05	2.83	1.88	4.71
Halifax ...	12.0	14.6	—	70	82	0.43	0.13	0.81	5.67	6.48
Huddersfield ...	**12.19**	**13.93**	—	**45**	**56**	**0.58**	**0.12**	—	**3.40**	**3.40**
Leeds	14.8	13.2	14.1	64	77	0.73	0.16	1.06	2.12	3.18
Manchester ...	14.53	12.91	14.72	71.30	78	0.92	0.12	2.03	1.61	3.64
Oldham ...	12.7	14.6	—	62.1	79.6	0.70	0.11	2.35	4.11	6.46
Preston ...	14.99	14.94	—	80	80	0.60	0.10	1.64	2.73	4.37
Rochdale ...	11.6	13.9	14.6	85	74	0.61	0.06	—	1.71	1.71
Rotherham ...	17.01	11.47	13.19	68	73	0.58	0.04	2.44	1.62	4.06
St. Helens ...	18.7	12.2	15.0	94.3	87.1	0.60	0.08	0.94	1.41	2.35
Salford	15.0	13.0	15.34	78	91.8	0.9	0.11	0.9	3.9	4.8
Stockport ...	12.93	11.97	12.57	57.43	68.87	0.51	0.11	1.68	3.91	5.59
Wakefield ...	17.0	13.3	14.4	64	68	0.54	0.11	1.98	3.96	5.94
Wallasey ...	13.25	12.7	—	47.7	50.5	0.67	0.06	3.1	2.3	5.4
Warrington ...	16.5	11.8	14.1	64	79	0.85	0.08	2.84	7.83	10.67
Wigan	16.86	13.93	16.71	97	96	0.60	0.18	1.31	3.29	4.60

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 of specimens examined during the past year was 1,059, being an increase of 224 over the previous year. The increase was accounted for chiefly by the greater number of specimens sent for examination by the staff of the Royal Infirmary. The number of blood tests carried out on behalf of that institution increased to 501 from 316 in the previous year, exceeding the number sent from the Venereal Diseases Clinic by 140.

(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 150. Of these 5 were found positive and 145 were found negative.

(3) 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, streptococci, or other pathogenic organisms; Cerebro-spinal fluids for Meningococci; blood sera by agglutination tests for the diagnosis of Typhoid, or some similar type of Fever; hairs for the presence of Tinea; enumeration of bacteria in milk samples; blood counts; various quantitative estimations.

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	736	102	634
Swabs from nose or throat ...	Diphtheria ...	6,722	1,298	5,424
Blood	Typhoid or Para-typhoid Fever	13	1	12
Cerebro-spinal Fluid ...	Meningococci ...	9	1	8
Others	Various ...	130	8	122
Milk	Bacteria Count ...	430	—	—

Ambulance Facilities.

For surgical, medical, or maternity patients, 2 private ambulances are available, and can be hired by anyone who requires their services. In addition the Corporation is responsible for the maintenance of 7 ambulances. Three of these are in the care of the Police, 2 being used for accident cases, and the third reserved for mortuary cases only. For dealing with infectious diseases 3 ambulances are maintained by the Public Health Committee, whilst the seventh ambulance, which is maintained by the Public Assistance Committee, is reserved for non-infectious work.

The number of ambulances given above is unchanged from that of the previous year, but their distribution is somewhat different. In the previous year 3 private ambulances were in use, but one of these has been put out of commission. The number under the care of the Borough Police has been increased, on the other hand, from 2 to 3.

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

Nursing in the Home.

There is little change to report in regard to this provision. The number of nurses employed by the Maternity and Child Welfare Committee for the nursing of sick babies in their own homes remains unchanged at 2. The number employed by the Queen Victoria Nurses' Association varies slightly from time to time according to their needs ; at the close of the year 3 more nurses were in their service than at the corresponding period in the previous year. Including the Superintendent and 6 pupils there are 11 employed in the Midwifery Section, and 17 (including the Superintendent) in the General Nursing Section.

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 (for School Children)	Public Health Department	do.	Daily (except Saturday afternoons) 9 a.m. to 12 noon, 1-30 p.m. to 5-30 p.m.
Artificial Light Clinic	do.	Huddersfield Corporation	For School Children, Monday, Tuesday, Thursday, Friday, 1-30 p.m. to 5-30 p.m. Tuesday & Friday, 11 a.m. to 12 noon (boys only). For children under 5 years, Wednesday, 1-30 p.m. to 5-30 p.m. For Tuberculosis patients, mornings from 9 a.m. onwards (as required)
Ophthalmic Clinic	do.	Huddersfield Corporation (Education Committee)	Tuesday, Thursday and Saturday, 9 a.m. to 12 noon

Name.	Situation.	Provided by.	Day and Time.
Orthopædic Clinic	Public Health Department	Huddersfield Corporation (Education and Maternity and Child Welfare Committees)	Once fortnightly. Wednesday, 10-0 a.m. to 12 noon.
Tuberculosis Clinic	do.	Huddersfield Corporation	Gold Therapy and Contacts, Monday, 2-30 p.m. onwards. 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	Infirmary Governors & West Riding Mental Hospitals Board	Wednesday, 3 p.m.
Special Ante-natal Clinic	do.	Infirmary Governors	Friday, 12 noon.

Hospitals (Public and Voluntary).

(1) Huddersfield Royal Infirmary.

The number of beds now available at this institution 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
		Total ...	302

(2) St. Luke's Hospital.

When St. Luke's and St. Mary's Hospitals were transferred from the care of the Guardians to that of the Borough Council by the Local Government Act of 1929, a temporary agreement was entered into with the West Riding Authority whereby three-tenths of the total accommodation of the two institutions was reserved for patients from the County area. This agreement expired during the past year, and a new arrangement was agreed to under which St. Mary's Hospital, which represented approximately three-tenths of the total accommodation, was taken over on a rental basis by the West Riding County Council. As a result of this an interchange of patients took place, and since the new scheme came into operation on October 1st, 1935, all patients from the Huddersfield area have been admitted to St. Luke's Hospital, whilst St. Mary's deals with County patients only.

A change of this kind has been eagerly awaited for some years, for it has been realised that the facilities available for the treatment of acute medical cases fell short of present day standards, and no scheme for the improvement of the services rendered could be formulated until some decision had been come to as to whether or not the treatment of West Riding patients should be included in the scheme. The transfer, here referred to, cleared the air in this respect, and immediately the new arrangement came into operation improvement of the medical services received consideration. First of all a full time Resident Medical Officer took the place of a part time official, and at the same time a Visiting Physician was appointed. An addition to the nursing staff was also made, but this was limited by the accommodation available in the nurses' home, for this had already been fully occupied and with the slight increase became overcrowded. Temporary relief was obtained in this respect by the renting of a large private residence "The Headlands," which provided accommodation for the night staff. At the same time it was realised that larger and better accommodation for the nursing staff was a necessity, but extension of the present nurses' home was found by the Committee on consideration to be an impractical proposition. A new nurses' home was, therefore, decided upon. At the same time an extension of the hospital section of the institution was considered necessary, for a block of the existing hospital portion had been required, and is still used, for housing inmates of the institution who were not patients. A scheme was, therefore, suggested to build a new nurses' home and a new hospital block, the intention being to cut off a portion from the original hospital which, when added to the new portion and nurses' home, would form a new hospital to be administered under the Public Health Acts. Further investigation of the problem, however, disclosed the fact that the amount of accommodation which would remain for the use of inmates and of casuals would scarcely be sufficient to deal with peak numbers and to permit, at the same time, satisfactory classification. Faced with the conviction, therefore, that if this proposed hospital scheme were carried through, extra accommodation for "house" purposes would also be required, the Committee unanimously decided that it would be preferable to leave all the buildings as they stand at present for "house" use and to erect a new hospital on an entirely different site. This decision has now been approved by the Council, and at the time of writing a site for this new hospital has been chosen.

The following tabular statement shows the accommodation for sick, maternity, and mental patients, and the number of beds occupied on December 31st, 1935 :—

TABLE X.

St. Luke's Hospital.

Classification of Wards (1)	Number of Wards (2)	BEDS							
		Men		Women		Children (under 16 years of age)		Total	
		Provided (3)	Occupied (4)	Provided (5)	Occupied (6)	Provided (7)	Occupied (8)	Provided (9)	Occupied (10)
1. Medical									
2. Surgical	14	78	67	106	73	4	—	188	140
3. Chronic sick ...									
4. Children	2	—	—	—	—	23	19	23	19
5. Venereal	—	—	—	—	—	—	—	—	—
6. Tuberculosis ...	—	—	—	—	—	—	—	—	—
7. Isolation	2	—	—	1	—	2	2	3	2
8. Maternity	2	—	—	8	6	—	—	8	6
9. Mental (observation)	2	5	—	4	—	—	—	9	—
Total	22	83	67	119	79	29	21	231	167

1.	Total number of admissions (including infants born in hospital)	1,138
2.	Number of women confined in hospital	87
3.	Number of live births	83
4.	Number of still births	5
5.	Number of deaths among the newly-born (i.e. under four weeks of age)	4
6.	Total number of deaths among children under one year (including those given under 5)	17
7.	Number of maternal deaths among women admitted to hospital for confinement	Nil
8.	Total number of deaths	242
9.	Total number of discharges (including infants born in hospital)	926
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	345
	(*b*) Four weeks and under thirteen weeks ...	534
	(*c*) Thirteen weeks or more	289
11.	Number of beds occupied :—	
	(*a*) Average during the year	194
	(*b*) Highest, on 13/4/35	226
	(*c*) Lowest, on 12/10/35	163
12.	Number of surgical operations under general anæsthetic (excluding dental operations)	1
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, 1935—

DISEASE GROUPS	Children (under 16 years of age)		Men and Women	
	Discharged	Died	Discharged	Died
Acute infectious disease	10	—	9	10
Influenza	5	6	23	20
Tuberculosis—				
Pulmonary	2	—	19	10
Non-pulmonary	3	—	10	1
Malignant disease	—	—	11	24
Rheumatism—				
(1) Acute rheumatism (rheumatic fever) together with sub-acute rheumatism and chorea	—	—	3	—
(2) Non-articular manifestations of so-called "rheumatism" (muscular rheumatism, fibrositis, lumbago and sciatica)	—	—	22	—
(3) Chronic arthritis	—	—	1	4
Venereal disease	—	—	1	—
Puerperal pyrexia	—	—	1	—
Puerperal fever—				
(*a*) Women confined in the hospital	—	—	—	—
(*b*) Other cases	—	—	—	—
Other diseases and accidents connected with pregnancy and childbirth	—	—	7	—
Mental diseases—				
(*a*) Senile dementia	—	—	—	—
(*b*) Other	—	—	67	—
Senile decay	—	—	35	6
Accidental injury and violence ...	5	—	34	4
In respect of cases not included above :				
Disease of the Nervous System and Sense Organs	3	—	28	2
Disease of the Respiratory System ...	27	2	75	47
,, ,, Circulatory System ...	5	4	74	77
,, ,, Digestive System ...	5	5	26	12
,, ,, Genito-urinary System	—	—	5	4
,, ,, Skin	19	1	56	1
Other diseases	11	—	51	2
Mothers and infants discharged from Maternity Wards and not included in above figures—				
Mothers	—	—	84	—
Infants	83	—	—	—
Any persons not falling under any of the above headings...	31	—	75	—
Totals	209	18	717	224

(3) Mill Hill Isolation Hospital.

The epidemics of Scarlet Fever and Diphtheria, which taxed so severely the accommodation of the Isolation Hospital and its resources during the years 1933 and 1934, extended into the early part of last year, but soon abated. The maximum number of patients under treatment was on February 1st, when 181 patients were in residence. The daily average number for the entire year was 85, compared with 120 in 1934. From January onwards the number of patients under treatment fell rapidly, and by August there was so much reserve accommodation that patients suffering from advanced Tuberculosis were again admitted. One of the large blocks, containing 34 beds, provides excellent quarters for these patients. As mentioned in a previous Report, the retention of such patients in hospital is a valuable Public Health measure, for it removes from the home, already in all probability impoverished as a result of disease, a dangerous source of infection.

For some years the hospital accommodation has been recorded as 128 beds. This includes, however, 12 beds in a wooden hut which since its erection to provide temporary accommodation many years ago has been used for diverse purposes. It seems strange now to believe that it was even used at one time as a maternity block. Its stage of usefulness has now passed, for it has fallen into a state of disrepair, and it is proposed to pull it down. The number of beds has, therefore, been reduced to 116, and as 34 of these are being used for Tuberculous patients there are only 82 available for ordinary infectious cases. At the present time the prevalence of infectious diseases is fortunately at a low ebb ; it is hoped that the extensions already approved will be completed before an epidemic of any kind is again experienced. As mentioned in last year's Report, the Health Committee have approved of the erection of two additional hospital blocks, each to contain 28 beds, and it is intended also to enlarge the nurses' home to provide better quarters for the staff. In municipal matters of this kind progress is, for various reasons, never rapid, but the writing of another Report is a reminder that it is over a year since these extensions received the approval of the Committee.

Table XX. gives a summary of the cases dealt with in the Isolation Hospital during the year. It shows that the admissions for the year numbered 800.

Of the cases treated, 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	32.9	9.5
Diphtheria	41.9	8.4
Diphtheria Carriers	26.9	0.0
Enteric Fever	37.4	0.0
Cerebro-spinal Meningitis ...	59.0	1.0
Erysipelas	19.1	20.0
Pneumonia	13.0	0.0
Tonsillitis	10.0	0.0
Measles	7.5	0.0
Mumps	11.5	0.0
Observation Scarlet Fever ...	21.0	0.0
Observation Diphtheria ...	19.5	0.0
Other Observation Cases ...	21.7	0.0
Miliary Tuberculosis	0.0	8.0

(4) Bradley Wood Sanatorium.

The accommodation available at this institution was fully utilised throughout the year, and there was continuously in addition a small list of patients awaiting admission. Statistics show that the number of new cases of Tuberculosis brought to notice year by year is declining, and yet the demand upon the accommodation at the Sanatorium is greater than it ever has been. This can only mean that patients are accepting more readily, and making fuller use of, the facilities provided for their treatment. With the modern methods of treatment now available such as pneumo-thorax, phrenic evulsion, etc., they not only feel that more is being done to aid their progress, but, what is still more important, they see for themselves some of the good results achieved. The Health Committee have decided that this increased demand must be met by providing greater accommodation. They also feel that the facilities for recreation and amusement at the Sanatorium are inadequate, and to meet these needs they propose to erect a new hospital block for female patients with a dining and recreation block adjacent. At the same time enlargement of the administrative block will be carried out to provide accommodation for the additional staff rendered necessary by the extension.

Figures showing the numbers of patients dealt with in the Sanatorium during the year are given in Table XXXIII.

(5) Municipal Maternity Home.

The following figures show the number of patients admitted to the Home since its opening in 1928 :—

Year	No. of Patients	Year	No. of Patients
1928 (6 months) ...	125	1932 ...	431
1929	340	1933 ...	530
1930	368	1934 ...	596
1931	383	1935 ...	687

With figures such as these there is no need to comment upon the popularity of the Home. An institution of this kind requires no system of propaganda to proclaim its virtues, for it is the satisfied patient who, having herself experienced its benefits, spreads around information regarding it to her friends. Its popularity is undoubtedly fully merited, for its value both to the mothers and to their infants is inestimable, but one wonders at times to what point this popularity is going to carry us. Is the time going to arrive when every mother in the district will demand admission to a Home of this kind as one of her rights and privileges ? At the moment everything seems to point in that direction. Less than two years ago the Home was extended from 20 to 32 beds, and it was believed then that the increased accommodation would meet the requirements of the district for many years ahead. Already we find, however, that the accommodation is often fully taxed ; indeed for the month which lies ahead the safety margin of bookings has been reached and no further bookings can be accepted.

Poor Law Medical Relief.

The arrangements in operation for the provision of medical assistance to those in poor circumstances remain unchanged. The Borough is divided for this service into eight areas ; 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 1935.

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 ...	14	—	8	—	—	22
2	Paddock and Longwood	14,891	Dr. R. C. McIntosh	319	14	148	83	191	755
3	Marsh, W. Central, S. Central & N. Central	25,868	Dr. J. J. Hanratty	549	103	271	312	480	1,715
4	Birkby and Fartown	14,994	Dr. J. McCurdy ...	60	28	25	19	109	241
5	Dalton, Bradley, Deighton and Moldgreen	17,723	Dr. S. Prior ...	230	338	—	—	—	568
6	Almondbury	8,435	Dr. R. J. Ogden ...	592	224	—	—	—	816
7	Newsome	6,982	Dr. S. H. Waddy ...	209	33	79	59	89	469
8	Lockwood and Crosland Moor	17,017	Do.	231	42	196	147	116	732
				2,204	782	727	620	985	5,318

Institutional Provision for the Care of Mental Defectives.

No change has occurred during the year in the amount of accommodation available at St. Catherine's Institution, Doncaster, which remains at 300 beds. Rather less than one-quarter of this accommodation is reserved for defectives from the Huddersfield area. It will be remembered that the institution is administered by the South-West Yorkshire Joint Board for the Mentally Defective, which is made up of representatives from the Boroughs of Barnsley, Dewsbury, Doncaster, Halifax, Rotherham, Wakefield, and also from Huddersfield. Extension of the institution is required to meet the needs of the constituent authorities, and the Board decided recently to add 180 beds. The final drawings and estimates have not yet been submitted, but it is anticipated that the work will be commenced in the early autumn. Eventually it is proposed to double the present accommodation, bringing the total of beds up to 600.

The number of beds and the position as it relates to Huddersfield at the present time are shown in 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 patients	30 (3 loaned by Halifax 2 loaned by Wakefield)	4	3 (1 loaned to Wakefield)	27	4	68
Number of Huddersfield patients for whom admission is recommended	10	7	7	14	9	47

It will be seen from these figures that already defectives from Huddersfield occupy more than our quota of the accommodation, and that even when the extension is carried out we will have no reserve accommodation when all the patients now awaiting admission have been received. In the majority of these 47 cases awaiting admission there is, fortunately, no urgency. Only in the case of 6 defectives (2 high grade adult males and 4 high grade males under sixteen years of age) is there any degree of urgency. An attempt has been made to get these 6 patients admitted to institutions elsewhere, but so far without success.

The following list shows the number of mental defectives dealt with, or liable to be dealt with, by the Mental Deficiency Committee :—

	Males.	Females.	Total.
In St. Catherine's Institution ...	37	31	68
On licence from St. Catherine's Inst.	—	2	2
At Royal Albert Institution, Lancaster	2	—	2
At Rampton State Institution ...	3	—	3
At Children's Homes, Scholes ...	1	—	1
At St. Joseph's Certified Home, Sheffield	—	1	1
At Brentry Colony, Bristol	1	—	1
At St. Luke's Hospital, Huddersfield	10	16	26
At Home	35	26	61
At Storthes Hall Mental Hospital ...	5	5	10
Under Guardianship at Leeds ...	1	—	1
Total	95	81	176

It will be seen from the above that there are 10 mental defectives at present in Storthes Hall Mental Hospital. The Mental Hospitals Board have been asking for some time that these patients should be removed to an institution for mental defectives. On the opening of St. Catherine's quite a number of patients were transferred, but until the additional accommodation has been provided these patients will have to remain where they are. It is shown above that there are also 26 defectives at St. Luke's Hospital, where the accommodation provided must also be regarded as temporary in character. Twenty-five of these were brought to notice when the transfer took place of Huddersfield inmates from St. Mary's to St. Luke's Hospital. They had been certified under the Lunacy Acts and detained in St. Mary's under Section 41. By the transfer certification automatically ceased, and when their full history was investigated with a view to re-certification it was found that these 25 patients were in reality mental defectives. Difficulty arose as to how they could be dealt with, for St. Luke's is not certified for the reception of mental defectives, and Huddersfield's share of the accommodation at St. Catherine's was fully occupied. When the Board of Control was appealed to in this matter they gave the option of either having a portion of St. Luke's Institution set aside and certified for the reception of such cases, or as an alternative the patients might be re-certified under the Lunacy Act and detained under Section 41. The Public Assistance Committee decided that the latter procedure should be adopted.

MATERNITY AND CHILD WELFARE WORK.

(a) Ante-natal Care.

During the past year 1,719 births were notified in the County Borough. Of these, 1,363 had been ante-natally notified, giving a percentage of 79.3. This is again a record number, being 2.2 per cent. higher than in the previous year.

As this scheme for the voluntary notification of pregnancy is not in operation in any other area, the following figures showing its progress since its inception in 1916 may be of interest. At the beginning there were many who prophesied that any scheme suggesting notification of pregnancy was doomed to failure, but these figures show that whatever prejudice to notification there may have been in the early stages, the good-will of the public has gradually been won and few are now being left without the pale.

Year	Percentage	Year	Percentage
1916	11.2	1926	40.5
1917	24.1	1927	34.6
1918	34.6	1928	35.0
1919	34.1	1929	48.7
1920	37.5	1930	45.8
1921	38.3	1931	50.7
1922	31.1	1932	62.6
1923	33.5	1933	69.8
1924	34.2	1934	77.1
1925	36.3	1935	79.3

A few of the notifications are received from private practitioners, who themselves undertake to do the necessary ante-natal care, but the majority of notifications are received from midwives, and most of the patients are supervised by the Assistant Medical Officers of Health. Examinations in this connection are carried out either in the patients' own homes, or at the Central Clinic, according to the patients' wishes.

The following visits and consultations were made by the Assistant Medical Officers of Health during the year :—

Visits paid to homes.

First visits	721
Re-visits	3679
TOTAL	4400

Consultations at the Clinic.

First interviews	713
Further interviews	2395
TOTAL	3108

As a result of these examinations the following cases were reported for medical attention :—

Referred to Medical Practitioners—

Albuminuria	27
Multiple pregnancy	7
Hyperpiesis	16
Deformity	10
Malpresentation	12
High blood pressure	19
Cardiac conditions	1
Placenta prævia	1
Hæmorrhage	3
Disproportion	3
Post maturity	3
Leucorrhœa	3
Phlebitis or varicose veins	3
Other conditions	12
Total	120

Referred to the Obstetric Surgeons at the Huddersfield Royal Infirmary—

Deformity	5
Malpresentation	3
High blood pressure	4
Hæmorrhage	1
Disproportion	2
Other conditions	3
Total	18

(b) Assistance at Confinement.

(1) Maternity Outfits.

These are provided in cases of poverty or emergency, 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 sterile when issued, and once issued are not reclaimed. During the year 51 such outfits were supplied, this being an increase of 30 over the issue of the previous year.

(2) Maternity Beds.

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

Institution.	No. of Beds provided.	No. of Cases delivered.	No. of Births (including Still-births) notified.
Municipal Maternity Home ...	32	687	702
St. Luke's Hospital	8	87	87
Green Lea Hospital	8	1	1
Armitage Road Nursing Home	2	12	14
Trinity Street Nursing Home	2	5	5
Bradley Lane Nursing Home	4	23	23
Westfield Nursing Home ...	2	1	1
Royal Infirmary	15	119	113
TOTAL NUMBER ...	73	935	946

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 was for maternity cases only. This Home was closed in October, 1935, as the building is to be pulled down.

The above figures show that 935 patients were delivered in institutions in the Borough, and that the actual number of births notified from these institutions was 946. The difference between these figures can be accounted for by multiple births, by notifications not reaching the Medical Officer of Health until after the year end where patients were delivered before the year end, and by it not being compulsory to notify still-births.

The above figures show that of the 1,719 births and 73 still-births notified, 946, or 53 per cent., took place in institutions ; 702, or 39 per cent., took place in the Municipal Maternity Home.

(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 246 such "Calls for Help" were issued, and accounts for 197 of these have been passed for payment. The amount involved was £301 11s. 0d.

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

Lacerated perineum	77
Prolonged labour and inertia	21
Ante-partum hæmorrhage	4
Post-partum hæmorrhage	7
Malpresentation	15
Rise of temperature	18
Discharging eyes	7
Unsatisfactory condition of mother ...	19
Unsatisfactory condition of child ...	26
Retained placenta or membranes ...	3
Prematurity	12
Albuminuria	15
Miscarriage	1
Stillbirth	6
Incomplete abortion	1
Deformity of child	1
Other conditions	13
TOTAL	246

(4) Consultant Services.

Any medical practitioner when attending a confinement within the Borough, either in the Municipal Maternity Home, or in the patient's own home, can, if he thinks that additional medical help is advisable, obtain the assistance of a Consultant Obstetrician, whose fee is guaranteed by the Local Authority. The value of this service is gradually being more fully appreciated and more widely utilised. Last year 30 consultations were called for, compared with 17 in the previous year.

(c) Post-natal Care.

(1) Examinations.

Gynæcologists tell us that if all women were properly examined and given appropriate treatment subsequent to confinement, many of the complications and much of the suffering which develop in later life could be avoided. Where private practitioners undertake to give ante-natal care, or are summoned to assist at confinement, it is assumed that they will be responsible for all the post-natal care necessary. Approximately one-half of all the confinements recorded are, however, attended by midwives only, and in such cases the Assistant Medical Officers, when making enquiries regarding the babies, offer to the mothers what assistance they can render. They make a point of visiting the patients about six weeks after confinement, and offer medical examination if there is any reason to suggest that this is advisable. The number who submit to examination is still small, but gradually increasing. Last year 167 were examined, and 24, or 14 per cent., were found in need of medical treatment.

Particulars of these were as follows :—

REFERRED TO MEDICAL PRACTITIONERS—

Cystocele	1
Subinvolution	3
Cervical laceration	1
Retroversion	8
Anæmia	2
Parametritis	1
TOTAL	16

REFERRED TO THE OBSTETRIC SURGEONS AT THE HUDDERSFIELD ROYAL INFIRMARY—

Retroversion	8
TOTAL	8

(2) Home Helps and Daily Assistants.

Three Home Helps and five Daily Assistants were employed regularly during the year, their duty being to assist with, or to take full charge of, the housework in maternity cases. Their assistance in the homes appears to be greatly appreciated, for there is always a great demand for their services. A statistical record of their work during the year is as follows :—

	By Home Helps.	By Daily Assistants.
No. of new homes visited ...	76	174
Total No. of homes visited ...	123	400

(3) Provision of Milk.

In necessitous cases, milk is provided by the Maternity and Child Welfare Committee for expectant mothers, nursing mothers, and for infants who are artificially fed. As in previous years the supply was limited to dried milk only. The quantity issued was 11,200 lbs., being 448 lbs. less than in the previous year, and the expenditure on this at £206 was £56 less. In 1933 the cost of this service was £406 10s. 0d.—almost double last year's expenditure. This fall in expenditure can be accounted for partially by the improvement which has occurred in trade conditions, resulting in less unemployment, and in part also to a reduction in the price of dried milk. Since the Milk Marketing Board has controlled the price of liquid milk, expenditure on this valuable article of diet has increased considerably at all our institutions. Dried milk is not, however, so controlled, and quotations for the supplies required for local distribution have been lower.

In addition to dried milk a supply of cod liver oil, either in the form of emulsion, or of pure cod liver oil, is available for distribution on the recommendation of the Assistant Medical Officers. The amount distributed has increased in recent years, but is not excessive, considering the value of this material to young children. Last year's supply was 2,328 bottles at a cost of £58 4s. 0d.

MATERNAL MORTALITY.

There were 5 maternal deaths during 1935, giving a maternal mortality rate of 3.4 per 1,000 births registered, counting both live and still births. If reckoned upon the number of births **notified** the rate would be 3.6, or if calculated according to the number of **live births registered** the rate would be 3.6.

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	1.7	2.4	4.1
	per 1,000 Total Births	1.6	2.3	3.9
The maternal mortality rates for Huddersfield are as follows :	per 1,000 Live Births	—	3.6	3.6
	per 1,000 Total Births	—	3.4	3.4

Causes of Death.

The following is a brief synopsis of the history recorded in the detailed reports submitted to the Ministry of Health :—

First Death.

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.

Cause of Death recorded on Death Certificate—

1 (a) Post-partum hæmorrhage.

Second Death.

A primipara who suffered from severe heart trouble (mitral stenosis). The advisability of terminating the pregnancy was considered by her medical attendant, but the obstetric surgeon who was consulted considered that confinement might be risked. Unfortunately the strain proved too much.

Cause of Death recorded on Death Certificate :—

1 (a) Pulmonary Congestion.
(b) Cardiac Failure.
(c) Childbirth.

THIRD DEATH.

Patient ante-natally notified and supervised by the Medical Officer of Health's staff. Troublesome vomiting developed. Referred to own doctor, who called in a consultant. Patient admitted to hospital, where under treatment vomiting entirely ceased. No trouble at confinement, which took place in hospital. Died suddenly on the following day when having tea.

CAUSE OF DEATH RECORDED ON DEATH CERTIFICATE :—

1 (a) Pulmonary Embolism.
(b) Pregnancy and Delivery.

11 Toxæmia of Pregnancy.

FOURTH DEATH.

Ante-natal care given by own doctor. Reported to have been exceptionally well and active during the whole of pregnancy. No evidence of toxæmia until labour began. After this repeated eclamptic fits occurred and patient died undelivered.

CAUSE OF DEATH RECORDED ON DEATH CERTIFICATE :—

1 (a) Eclampsia (Puerperal).

FIFTH DEATH.

Treated during pregnancy by her own doctor and later in hospital on account of persistent vomiting. Vomiting ceased under hospital treatment in less than a week. Returned home apparently well, but vomiting recurred a month later and persisted in spite of treatment. Died undelivered.

CAUSE OF DEATH RECORDED ON DEATH CERTIFICATE :—

1 (a) Coma.
(b) Hyperemesis Gravidarum.

It will be seen from the above reports that in all cases the mothers had received medical care during pregnancy, yet two of them died undelivered, and the other three deaths resulted from conditions which had progressed, or developed, in spite of the attention given. It is difficult to see how deaths like these can be avoided. Judging from some of the speeches that have been made in support of the Midwives Bill now before Parliament, there appears to be a widespread belief that the standard of midwifery as practised by the midwives all over the country leaves much to be desired, but to the credit of our local midwives it must be said that their results, as judged from mortality rates, have been quite satisfactory. Certainly none of the responsibility for the deaths of last year can be laid upon their shoulders, for four of the deaths occurred in hospital, whilst the fifth was attended in her own home by both her own doctor and a consultant.

The following particulars give further detailed information regarding the above mentioned cases :—

AGE INCIDENCE.

Under 20	Nil	
20–25	2	
25–30	1	
30–35	1	
35–40	Nil	
Over 40	1	
		— 5
Primiparæ	3	
Multiparæ	2	
		— 5
Died undelivered	2	
Live births	2	
Still births	1	
		— 5
Doctors' cases	4	
Doctors' and midwives' cases	1	
Midwives' cases	...	
		— 5
Deaths at home	1	
Deaths in institutions	4	
		— 5
Admitted to institutions prior to onset of labour, 4.		
Admitted to institutions after onset of labour, —.		
Ante-natally notified and supervised by the Medical Officer of Health's staff	1	
Ante-natally notified and supervised by private doctors	2	
Not ante-natally notified	2	
		— 5

	Number	Deaths	Rate per 1,000
Pregnancies ante-natally notified and supervised by the Medical Officer of Health's staff, 1935	830	1	1.2
Other pregnancies (as ascertained by the birth notifications), 1935	640	4	6.2
Pregnancies ante-natally notified and supervised by the Medical Officer of Health's staff during the past thirteen years	10,542	30	2.8
Other pregnancies (as ascertained by the birth notifications) during this period	9,919	92	9.3

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

No. of cases of Puerperal Sepsis or of Pyrexia notified, 1935 — 22

No. of cases which occurred in patients whose ordinary place of residence was outside the Borough ... — 5

Corresponding figures for 1934 :—

Cases notified	39
Non-resident	7

Amongst the 22 cases notified in 1935

In 14 the births were notified from institutions.

In 2 the births were notified by midwives at home.

In 4 the births were notified by midwives at home (doctor attending).

In 1 the birth was notified by a maternity nurse (doctor attending).

1 was an abortion.

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

Infected perineal tear	1
Septic cervix and vaginal wall	1
Septic cervix	1
Shock	2
Sapremia	1
Post-partum hæmorrhage and exhaustion (breast infection)	1
Sepsis following protracted labour and perineal laceration	1
Incomplete abortion and breast abscess (five months gestation only)	1
Pre-eclampsia and induced labour—Pyrexia with tonsillitis during puerperium	1
Prolonged labour—forceps delivery	1
Phlegmasia alba dolens	1
Uterine sepsis—old cervical tear	1
Following breech delivery	1
Intra partum eclampsia—easy normal delivery—cause of temperature not reported	1
No cause found—rise of 100.4° F. for thirty-six hours following Cæsarean section	1
Failed forceps at home—forceps at Royal Infirmary—sepsis with rigors—gross vaginal laceration ...	1
Metritis and para-metritis—rapid delivery—post-partum hæmorrhage	1
Not traced	4
TOTAL	22

As mentioned in previous Reports, cases of Puerperal 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 for the treatment of such cases is excellent. It is gratifying to be in a position to report that no deaths from Puerperal Sepsis occurred during the year.

Infant Welfare.

NOTIFICATION OF BIRTHS ACT, 1907.

(a) Number of births notified in 1935 1,719

Number of births registered in 1935 1,397

	Resident	Non-resident	Total
Notifications	1,400	319	1,719
Notified by doctors ...	142	10	152
Notified by midwives ...	1,221	306	1,527
Notified by parents, relatives and others ...	37	3	40

(b) Number of still births notified—

	Resident	Non-resident	Total
Notifications	63	10	73
Notified by doctors ...	11	1	12
Notified by midwives ...	50	9	59
Notified by parents, relatives and others ...	2	—	2

(c) Number of births with doctors in attendance 773

Number of births attended by midwives only 946

1,719

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 other than special is provided. Young children requiring orthopædic or dental treatment can be dealt with at the clinics, but in other 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 ...	1429
Number of re-visits ,, ,, ,, ...	19593
Total	21022

Number of first visits paid to children one to five	364
Number of re-visits ,, ,, ,,	6007
Total	6371

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	398	2477
One to five years	735	1775
Under five years ... ... (Ultra-Violet Ray Clinic)	218	1173
Total	1351	5425

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.

Number of children examined :—463

TABLE OF DEFECTS.

Defect.	No. of children referred for treatment	No. of children referred for observation
Malnutrition	7	17
Skin—		
Ringworm : Body	1	—
Other conditions	3	3
Eye—		
Conjunctivitis	—	1
Squint	7	1
Ear—		
Otitis Media	1	2
Nose and Throat—		
Enlarged Tonsils	3	70
Adenoids	1	2
Enlarged Tonsils and Adenoids ...	2	4
Other Conditions	—	3
Enlarged Cervical Glands	4	25
Teeth	12	40
Heart Disease—		
Functional	—	4
Anæmia	2	4
Bronchitis	2	2
Other Non-T.B. Disease	—	4
Deformities—		
Rickets	5	3
Other Conditions	4	2
Other Defects and Diseases	14	10
Total	68	197

Infant Mortality Rates for past Five Years.

Year.	No. of deaths	Infant Mortality Figure
1931	86	62
1932	70	52
1933	64	49
1934	84	59
1935	63	45
Average for past five years	73	53

Age Incidence (1935).

Deaths under one month	41
Deaths over one month and under three months	9
Deaths over three months and under six months	9
Deaths over six months and under nine months	2
Deaths over nine months and under twelve months	2
Total	63

Considered preventable	11 or 17.5%
Considered non-preventable ...	38 or 60.3%
Considered doubtfully preventable	14 or 22.2%

Immunisation.

As the year 1935 advanced the epidemic of Diphtheria which caused so much anxiety during a period of about two years gradually abated, but although fewer cases have now to be dealt with, the disease is still severe in type and causes a high mortality amongst those who contract it. A large proportion of the older children must now be immune, either as a result of immunisation scientifically performed, or by natural means through having come quite unconsciously into contact with infection. The greatest danger, therefore, threatens the younger children, and immunisation is offered free of charge for all children over one year of age whose parents are willing to accept it. A special effort is made to secure protection in this way for as many as possible as they become three years of age. At this age a medical examination is offered, and the advantages of immunisation are explained at the same time. During the past year 337 young children received the full course of injections. The material used was alum precipitate toxin (A.P.T.) given in two doses, one of 0.25 c.c. and one of 0.5. c.c. Subsequent Schick testing was not carried out as a routine measure, but in several series of examinations carried out as controls, Schick negative results were obtained in every case.

Infant Nurses.

The services of two fully trained nurses are available for the nursing of sick infants in their own homes.

The record of their visits in this connection during the year is as follows :—

No. of cases attended	579
No. of visits paid	3090
TOTAL	3669

Public Health (Ophthalmia Neonatorum) Regulations, 1926.

Nine cases of Ophthalmia Neonatorum were notified during 1935, compared with 14 in the previous year. Of the 9 cases, 5 were treated in institutions, and the remaining 4 in the infants' own homes by private practitioners with the assistance of either the Queen Victoria Nurses, or of the Infant Nurses provided by the Local Authority. There was no impairment of vision in any of the cases.

Seven cases of discharging eyes were reported by midwives on Form A during the period under review, 2 of which were subsequently notified as true Ophthalmia Neonatorum.

There has been a welcome reduction in the number of cases of Ophthalmia Neonatorum notified in recent years, as shown by the following table :—

Year	No. of cases notified
1926	28
1927	28
1928	22
1929	20
1930	18
1931	20
1932	14
1933	16
1934	14
1935	9

However welcome such a reduction may be, it is even more gratifying to be able to report that there has not been a case of any impairment of vision during the past seven years. Two young children who were completely blind were brought to notice during the year, but their impairment of vision was not in either case associated with Ophthalmia. In one case the blindness was a congenital defect, the child being born with mal-development of both eyes, whilst in the second case it resulted from a malignant growth which invaded both eyes and eventually caused the death of the child.

Supervision of Midwives.

Fifty midwives notified the Medical Officer of Health of their intention to practise midwifery in the Borough.

Of the 50

19 were in private practice ;
22 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 bags, instruments, and records of cases are inspected. In addition, there is close co-operation between the midwives and the Assistant Medical Officers of Health in connection with their work. Some of the midwives attend the Central Clinic with their patients, but in any case, whether they attend or not, reports outlining the Medical Officers' findings are always forwarded to the midwives who have notified the pregnancies.

The following official inspections were made during the year :—

Midwives inspected	28
Routine inspections	100

No official complaint regarding unsatisfactory work on the part of any of the midwives was made during the year.

C.M.B. Forms completed by Midwives.

Form	A.	Medical Help...	246
,,	B.	Deaths of Infants	—
,,	C.	Stillbirths	31
,,	D.	Laying out the dead	—
,,	E.	Liability of infection	—
,,	F.	Artificial Feeding commenced ...	1

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.

Ten 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.

St. Katherine's Hostel, 10, King's Mill Lane, Huddersfield, under the Huddersfield Ruridecanal Association for Preventive and Rescue Work, is an institution of this kind. It is maintained by voluntary subscriptions.

The Poor Law institution transferred to the Local Authority also provides accommodation at St. Luke's Hospital.

Homeless children, and children neglected by their parents, are received at St. Luke's Hospital and at the Children's Homes at Scholes.

ORTHOPÆDIC TREATMENT.

The scheme in operation for dealing with school children suffering from orthopædic defects applies also to children under school age. A description of the local arrangements for dealing with such cases has already been described in the School Medical Report. The fact that children can now be seen by the Orthopædic Surgeon at the Health Department, and dealt with locally if treatment is found necessary, has made the scheme much more popular and acceptable to the general public.

NURSING HOMES REGISTRATION ACT, 1927.

A list of the Nursing and Maternity Homes in the district has already been given. 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.

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.

No action was taken under Section 66 of the Public Health Act, 1925, for the prevention of blindness or for the treatment of persons suffering from any disease or injury to the eyes, as this Section has not been adopted by the Council of the County Borough of Huddersfield.

Section 66 of the Public Health Act, 1925, reads as follows :—

> "(1) Without prejudice and in addition to any other power under any other Act, a county council or local authority shall have power, with the consent of the Minister of Health, to make such arrangements as they may think desirable for assisting in the prevention of blindness, and in particular for the treatment of persons ordinarily resident within their area suffering from any disease of or injury to the eyes.
>
> "(2) Any expenses incurred under this section by a county council shall be defrayed as expenses for general county purposes or, if the Minister of Health by order so directs, as expenses for special county purposes charged on such part of the county as may be provided by the order.
>
> "(3) A council may exercise any of the powers conferred by this section (other than the power of raising a rate or of borrowing money) through a committee of the council, and may appoint as members of the committee persons specially qualified by training or experience in matters relating to the blind who are not members of the council, but not less than two-thirds of the members of the committee shall consist of members of the council, and a committee established under this section may, subject to any direction of the council, appoint such and so many sub-committees consisting either wholly or partly of members of the committee as the committee thinks fit.
>
> "(4) For the purposes of this section, a person who becomes an inmate of any hospital or institution after the commencement of this Act shall be deemed to continue to be ordinarily resident in the area in which he was ordinarily resident before he became an inmate of such hospital or institution."

CHILDREN ACT, 1908.

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

The visiting of infants and young children in accordance with this Act is carried out for the most part 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 the year was 43.

Of these

3 attained the age of nine years and so became exempt.

3 were admitted to St. Luke's Hospital to stay there permanently.

2 were admitted to the Waifs and Strays Home, London.

1 was removed to Dovecote Horticultural Special School, Knotty Ash, Liverpool.

8 were transferred to the care of relatives.

1 left the district.

1 was legally adopted.

In this way 19 names were removed from the register during the year, whilst 18 new cases were registered, so that by the end of the year the number of names on the register was 42.

The number of visits paid in connection with this work during the year was 508.

Of the numerous activities associated with a Public Health Department, Infant Life Protection work is far from being the least important, but it is certainly the least known and most misunderstood. In spite of the many warnings given in the Press, and otherwise, it is the exception rather than the rule to find any woman giving the required seven days' notice that she intends to keep a child for reward. With a view to giving the matter wider publicity one offender was prosecuted during the year. She was found guilty, but discharged under the First Offenders' Act.

Boarded-out Children.

At the beginning of the year there were 16 boarded-out children in 12 homes, including 4 West Riding cases. In addition, 1 child chargeable to the local Maternity and Child Welfare Committee was then, and is still, boarded-out with a relative in another area.

During the year 1 name was added to the register and 3 names removed, leaving the number under supervision at the close of the year 14 cases in 11 homes. Ten of these were chargeable to the Borough funds and 4 to the West Riding.

The number of visits paid by the Visitor during the year was 787.

CHILDREN'S HOMES.

General Report.

Miss C. Smith, Matron.

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

	Borough Cases.		West Riding Cases.		
	Boys.	Girls.	Boys.	Girls.	Total.
Children's Homes, Scholes	30	21	16	15	82
Receiving Home, Ramsden Street ...	2	1	—	—	3
Totals ...	32	22	16	15	85

At the end of the year the number was as follows :—

	Borough Cases.		West Riding Cases.		
	Boys.	Girls.	Boys.	Girls.	Total.
Children's Homes, Scholes	39	16	12	13	80
Receiving Home, Scholes	1	2	—	—	3
Totals ...	40	18	12	13	83

	Borough Cases.	West Riding Cases.	Total.
Children admitted during above period ...	62	24	86
Children discharged during above period ...	58	30	88

Of the above number, 4 girls are being trained in household duties and 2 boys in gardening—the latter also gain experience in poultry keeping.

The demand for girls trained in housewifery exceeds the supply. The boys over fourteen years of age 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, 6 mill hands, 2 farming (under the care of the Y.M.C.A.).

Three of these boys (mill hands) still reside in the Homes, being under sixteen years of age. The others are in lodgings ; in all cases they live as members of the family and have good homes.

Boys and girls over school age attend Evening School Classes, taking subjects most helpful to them in their careers. Two boys had their Technical School Exhibitions renewed. Thirteen boys and girls have attended these classes.

The children attend the local elementary schools and Sunday schools, and join in all the activities and festivities of the neighbourhood. During the past year they took part in the Jubilee celebrations, a school outing to the Lake District, a camping holiday with Boy Scouts, a Sunday school treat, sports at the Homes, day school sports, a char-a-banc outing to St. Annes. At Christmas they attended the pantomime at the Theatre Royal, a show at the Grand Picture House, and they had their usual festivities in the Homes.

During the year one of the older boys gained his Teacher's Certificate at Chelsea College ; another passed the necessary tests for the West Riding Police Force ; another boy passed the Royal Air Force examination ; and one of the girls was successful in obtaining the Home Nursing Certificate.

During the past few years the number of children in the Homes has fallen considerably. There are probably several factors to account for this, but the policy agreed to by the Committee of permitting children to be legally adopted by suitable foster parents has assisted to some extent. During the past year a further 7 children were adopted, making a total of 21 since the arrangement was sanctioned. These children have all been placed in excellent homes. They have taken with them the brightness and happiness of youth, and in return they have received the personal attention and love which only parents can bestow.

With the decline in numbers it was found possible during the year to close the Receiving Home in Ramsden Street. The building which served this purpose has been taken over, for the time being, by the Blind Committee, and is used as a social centre for the blind. A Receiving Home for new admissions is still necessary, but one of the cottages at Scholes is now used for the purpose, and meets all the requirements equally well.

DENTAL REPORT.

A. B. Shields, L.D.S., R.S.P.S., Senior School Dentist.

All the children in the Homes at Scholes have their teeth inspected at least once every year, and treatment is provided for all who require it. The majority of the children have excellent teeth. Of 77 children examined during the year, 22 were found to require treatment. The proportion referred for treatment is rather higher than usual, but this does not indicate any deterioration in the children's teeth as a whole, for the majority of the defects for which treatment was advised were slight in character.

MEDICAL REPORT.

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

During the year 1935 the Reception Home in Huddersfield for children was closed, and one of the Homes at the Leas is now set apart for the reception of new cases which come there direct.

There has been a considerable decrease in the numbers in the Homes, in spite of the fact that several children under three years of age have been admitted. This is probably due to decrease of unemployment, a continued decline in the birth-rate, and the withdrawal of many of the West Riding Children.

Of infectious diseases occurring in 1935 the most important has been Scarlet Fever, of which disease 12 cases were notified and removed to Meltham Isolation Hospital.

There were 9 cases of Measles during May. These were treated in the Homes and were all of a mild type.

Two cases of Chicken-pox occurred in July. There was 1 case of German Measles in a case returned from Meltham after Scarlet Fever.

At the end of the year 12 cases of Influenza of a bronchial type were treated in the Homes. One child developed Broncho-pneumonia.

Eleven children were vaccinated during the year, and 10 cases were operated upon at the Huddersfield Royal Infirmary for Tonsils and Adenoids.

In November 7 cases of Ringworm were treated and rapidly recovered.

The Homes were visited by the Medical Officer on 163 occasions during the year.

SANITARY CIRCUMSTANCES OF THE AREA.

Ernest Richardson, Chief Sanitary Inspector.

Water Supply.

The consumption of water last year and in the previous year is shown by the following figures :—

	1934.		
For domestic purposes	25.4	gallons per day	per head of population.
For trade purposes ...	8.0	do.	do.
Total	33.4	do.	do.

	1935.		
For domestic purposes	28.0	gallons per day	per head of population.
For trade purposes ...	9.9	do.	do.
Total	37.9	do.	do.

The consumption shown above for 1934 was exceptionally low owing to the restrictions which as a result of the drought had to be imposed with regard to watering of gardens and the use of hosepipes. The quantity used last year was approximately the average consumption of previous years. There was no scarcity during the year, and although several complaints were received regarding the unclean appearance of the water supplied in certain districts bacteriological examination revealed no cause for anxiety. All the water supplied for domestic purposes passes through Bell's pressure filters, and during the process of filtration is treated with chalk or similar material to lessen its acidity. Most of the water collected is highly acid in character, and treatment as here indicated is essential to eliminate the risk of lead absorption from service pipes. The Waterworks Committee have arranged for a chemical examination of the water to be made once per quarter. The following analyses obtained from the Waterworks Manager show the results of these examinations :—

RESULT OF ANALYSIS EXPRESSED IN 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
1935											
uary ...	6.80	2.35	1.02	0.028	0.0093	0.0032	0.034	0.097	3.68	0.35	4.03
il ...	8.29	2.27	1.09	0.031	0.0079	0.0042	0.038	0.118	2.88	1.32	4.20
/ ...	7.67	2.74	1.05	0.031	Nil	0.0014	0.013	0.029	3.58	0.45	4.03
ober ...	7.34	1.74	1.02	0.017	0.0043	0.0028	0.028	0.095	2.28	1.05	3.33

In addition to the chemical analyses, bacteriological examinations of all the supplies are carried out every month by the Manager of the Sewage Works. His reports show that samples from one source of supply gave B. Coli in 50 c.c.'s on 2 occasions.

The Waterworks Manager reports that a chlorinator is being installed to deal with this supply.

The average results of all the other examinations carried out were as follows :—

Number of micro-organisms per c.c. on agar at 37° C. in 24 hours, 2 ; and in 48 hours, 5.

Presence or absence of B. Coli—

Absent (presumptive) from 100 c.c.
Absent (confirmatory) from 100 c.c.

In addition to these tests carried out on behalf of the Waterworks Committee, periodic bacteriological examinations are carried out at the Public Health Department. Of 35 samples examined in the Public Health Laboratory, 3 were found to contain B. Coli in 10 c.c.'s and 5 contained the B. Coli in 1 c.c.

SEWERAGE AND SEWAGE DISPOSAL.

W. Jaggar, M. Inst. C.E., Borough Engineer and Surveyor.

Sewerage.

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

(a) To provide drainage facilities in public roads for new properties erected contiguously thereto.

Quarmby Road, Longwood, Hall Bower Lane and Bradford Road. Total length, 843 lineal yards.

(b) For the prevention of flooding.
Luck Lane. Total length, 1,312 lineal yards.

(c) Sewer diversion consequent on the closing of Fox Street.
Sergeantson Street. Total length, 181 lineal yards.

(d) To provide for the conversion of privies into water closets.

New Laithe Hill, Newsome ; Ashes Lane, Almondbury ; High Lane, Newsome and Almondbury ; Kaye Lane, Almondbury ; Broken Cross, Almondbury ; Thorpe Lane, Sun Green, Almondbury ; Arkenley Lane, Almondbury ; Woodhead Road, Lockwood ; New Hey Road, Outlane. Total length, 2,585 lineal yards.

(e) To provide drainage facilities for new estate development carried out by private enterprise—streets and houses.

Ashmere Grove, Acre House Close, Broadgate, Benomly Crescent, Marlborough Avenue, Belton Grove, Broomfield Road, Street from Heatherfield Road to Luck Lane, Street off Cromarty Avenue, rear of Woodfield Road, Dalmeny Avenue, Francis Avenue, Battye Avenue, Mayfield Grove, Street off Oastler Avenue, Street off Quarmby Road, Sunny Mead, Wheatfield Avenue, William Street, Kingsley Av.. and York Avenue. Total length, 1,963 lineal yards.

(f) To provide drainage facilities for Corporation Housing Schemes.

Abbey Road and Hammond Street (Alder Street Site), Ridge Street and Ridge Close (Cross Lane Site). Total length, 1,187 lineal yards.

Street Scavenging.

The Borough Engineer reports that a system of night scavenging was put into operation during the later part of the year with the object of ensuring that road surfaces (including footways) shall be made safe in the early hours of the morning during frosty weather. When the roads are slippery, the night staff is engaged on gritting duty, and when the weather is not frosty they are employed on ordinary street cleansing work. The scheme has proved to be effective, and in the interests of public safety it is to be continued each year during the winter months of December, January, February and March.

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.

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 332 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.

	1931	1932	1933	1934	1935
Number of clean water closets, including trough closets	28,809	30,103	31,405	32,469	33,569
Number of waste water (slop) closets	134	128	125	120	119
Number of tub closets ...	1,737	894	492	437	332
Number of tubs in use ...	1,930	993	546	485*	346*
Number of ashpits in use	23	21	21	21	19
Number of ashbins in use	32,908	34,137	36,128	37,451	38,582
Number of existing privy middens	131	88	51	35	26

Closet conversions during the period 1915-1935 carried out under Sanitary Notices.

Privies with fixed receptacles converted to clean water closets 187

Privies with movable receptacles converted to clean water closets 973

Slop water closets converted to clean water closets 11

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 18

,, Conversions' Officer 103

Slop water closets converted :

By Owners, under £10 scheme 1

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 171 which have been issued in place of midden privies where water or sewers are not available.

Methods of Collection and Disposal of Refuse.

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

Loads of refuse collected	24,895	
Weight of refuse collected	27,953	tons
Loads collected from Cesspools (included in total of 24,895) ...	7	
Refuse incinerated	27,842	tons
Number of dust bins in use	38,582	
Dust bins collected	1,904,376	
Midden privies emptied	162	

The refuse collection in Huddersfield during the past year has been done on the container system. The containers are equipped with dustless tops and carried in pairs on motors for loading purposes. When full they are exchanged at the destructor for empty ones. The full containers are then raised by a crane to the incinerating plant and emptied there through bottom doors.

The extension of the plant referred to in the previous Report has been completed, and was in use during the past year. It comprises two sections, either of which is capable of dealing with all the refuse collected in one day. All the refuse is incinerated and the heat produced is utilised for generating steam. The available energy in this is converted in turn into electricity at the adjacent Electricity Works.

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

Actual Steam raised...	...	125,030,000 lbs.
Average Superheat ...	...	595°F.
Total Weight of clinker	...	5,358 tons 7 cwts.
Total Weight of dust	...	3,303 tons 16 cwt.
Total Weight of metal	...	319 tons 8 cwts.

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.

TABLE XII.

REMOVAL OF NUISANCES.

Drains requiring Re-construction	28
„ „ connecting with main sewer	14
„ requiring Ventilation Shafts	4
Defective Sink Pipes and Drains	105
„ Yard Drains	158
„ Cellar Drains	9
„ Eave and Fall Pipes	61
„ Roofing	65
„ Urinals	3
„ Baths	7
„ Water Closets	47
„ Woodwork or Plaster round Sink	20
„ Floors	37
„ Plaster	72
„ Pointing	2
Waste Pipes requiring Disconnecting	1
Fall Pipes „ „	1
To provide Sinkstones in Houses	29
Nuisances from Choked Sewers	1
„ Water in Cellar	4
„ Dust	1
„ Cess Pools	2
„ Street Gullies	5
„ Defective Surface of Yard	11
„ Smoke	40
„ Poultry, Pigeons, and Animals	6
Shops Requiring Warming Accommodation	1
„ Washing „	1
Offensive Accumulations	23
Ashpits requiring proper doors and covering	1
Tippler Closets requiring alteration to w.c. system... ...	4
Tub Closets requiring conversion to w.c. system	15
Insufficient Closet Accommodation	19
Houses Overcrowded	1
„ Requiring Cleansing	13
„ Requiring Ventilation	63
„ Damp	56
„ Requiring Water Supply	1
Workshops Requiring Lime-washing	1
„ „ Ventilation	1
Factories requiring Fire Escape	4
Total	937

TABLE XIII—SUMMARY.

	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	Totals.
No. of Premises where Notifiable diseases have occurred	446	248	188	273	1155
Do. inspected do. do.	393	198	163	242	996
Do. disinfected do. do.	345	136	138	220	839
Do. flushed do. do.	109	59	47	92	307
Do. visited searching for fever	492	199	193	318	1202
Number of re-visits where cases are isolated at home	24	7	4	17	52
Do. houses visited for Zymotic or other particulars	213	91	57	121	482
Total number of visits to infected houses	1074	433	392	676	2575
Cases removed to Hospital	354	184	158	229	925
Number of Articles disinfected by Lyon's Disinfector	5878	3186	1901	2762	13727
Number of visits in deaths from Phthisis	24	9	9	14	56
Number of premises flushed by request of owners (paid for)	152	160	152	106	570
Other premises, yards or courts flushed	32	27	38	49	146
Drains found choked by Flushers	232	271	249	183	935
Drains made clear	215	254	243	170	882
Testings	9	11	31	47	98
Nuisances reported to Public Health Department ...	107	129	184	113	533
Do. inspected	107	129	184	113	533
Inspection of premises where nuisances are found ...	153	129	143	145	570
Do. premises where no nuisances are found...	316	263	287	282	1148
Do. premises where offensive trades are conducted	5	19	6	19	49
Do. Houses let in lodgings	—	1	41	2	44
Do. Common Lodging Houses	14	33	—	35	82
Do. Workshops	15	6	9	7	37
Do. Factories	25	28	25	27	105
Do. Schools	33	8	—	—	41
Do. Slaughter Houses	209	182	197	239	827
Do. Canal Boats	—	—	5	35	40
Do. Dairies and Milkshops	19	13	10	9	51
Do. Bakehouses	5	172	7	238	422
Do. Markets and Shops	359	322	311	348	1340
Do. Under Merchandise Marks Acts	97	113	100	121	431
Do. Van Dwellings	2	177	167	—	346
Re-visits to work in progress	247	169	282	226	924
Visits to property under notice	1121	1167	997	1120	4405
Total number of Inspections of Premises	2620	2782	2587	2853	10842
No. of Entries in Report Book	142	123	137	136	538
Preliminary Notices to Owners	60	58	51	57	226
Number of Legal Notices issued for abatement or abolition of nuisances	22	23	21	37	103
Owners seen personally	157	142	124	162	585
Summonses taken out	1	1	2	1	5
Sections of New Drains tested	11	7	11	11	40
Do. and satisfactory at first test	11	7	11	11	40
Old Drains tested	15	24	27	20	86
Do. and found sound	7	18	15	12	52
Do. and found defective	8	6	12	8	34
Smoke observations taken	164	180	200	169	713
Number of visits under Food and Drugs Acts ...	111	116	135	182	544
Food and Drugs—samples purchased	82	87	91	110	370
Do. do. adulterated	1	5	12	2	20
Water Samples taken for Analysis	—	3	—	1	4
Do. polluted	—	1	—	—	1
Number of visits under Fertilizers and Feeding Stuffs Acts	3	—	—	—	3
Number of Samples procured	1	—	—	—	1
Do. found adulterated	—	—	—	—	—
Milk Samples for Bacteriological Examination ...	101	95	93	114	403
Water Samples do. do. ...	13	9	8	5	35

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 remaining on the Register.

Houses let in lodgings on Register January 1st, 1935 ...	86
Houses removed from Register during the year 1935 ...	16
Net decrease to Register during the year 1935	16
Houses remaining on the Register on December 31st, 1935	70

Of the above houses, 65 are in the Central District of the Borough, and 5 in the outer districts.

The 70 houses afford accommodation for 670 lodgers in 310 rooms, giving an average of 2.16 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 ...	49

The whole of the premises are kept in compliance with the Bye-Laws, and no contravention 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)	105	33	—
Workshops ... ... (Including Workshop Laundries)	459	16	—
Workplaces	—	—	—
Total	664	49	—

2.—DEFECTS FOUND.

Particulars	Number of Defects.			Number of Prosecutions
	Found.	Remedied.	Referred to H.M. Inspector	
Nuisances under the Public Health Acts :—*				
Want of cleanliness	5	5	—	—
Want of ventilation	1	1	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	—	—	—	—
Other nuisances, including emission of black smoke	33	30	—	1
Sanitary accommodation — insufficient ...	9	5	—	—
Sanitary accommodation — unsuitable or defective ...	18	17	—	—
Sanitary accommodation — not separate for sexes	3	3	—	—
Offences under the Factory and Workshop Act :—				
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 outwork which are included in Part 3 of this Report).	3	2	—	—
Total	72	63	—	1

* 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	
		Contractors.	Workmen
List of Outworkers (S. 107) :—			
List received from Employers twice per year	—	—	—
,, ,, ,, ,, once ,, ...	—	—	—
Prosecutions		—	

	Wearing Apparel.	Other.
Outwork in unwholesome premises (S. 108) ...	Nil.	
Cases of infectious diseases notified in home workers' premises		
Orders prohibiting homework in infected premises (S.110)		

4.—REGISTERED WORKSHOPS.

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

Important classes of workshops, such as workshop bakehouses, may be enumerated here.		
	Clothing and similar trades	144
	Leather ,, ...	81
	Iron and Tin ,, ...	83
	Wood ,, ...	51
	Lead and Paint ,, ...	58
	Jewellery ,, ...	15
	Bakehouses	132
	Miscellaneous Trades and Manufactures ...	124
	Total number of Workshops on Register ...	688

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	12
	Reports (of action taken) sent to H.M. Inspector	12
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, 1934		Added during 1935.		Removed during 1935.		Remaining Dec. 31st, 1935.	
		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.	106	42	3	—	13	2	96	40
2	Boot and Shoe Makers, Cloggers, Saddlers and Curriers	28	54	1	—	2	—	27	54
3	Black, Shoeing, Tin, and White Smiths; Cycle Repairers, &c.	46	37	—	—	—	—	46	37
4	Joiners, Cabinet Makers, Wood Carvers, Picture Framers and Gilders	22	24	—	—	2	—	20	24
5	Plumbers, Painters and French Polishers	33	24	3	—	2	—	34	24
6	Coopers, Carriage Builders, and Wheelwrights ...	2	5	—	—	—	—	2	5
7	Watchmakers, Jewellers, Engravers, and Electrical Engineers	15	3	—	—	3	—	12	3
8	Rug Makers and Rag and Wool Sorters	19	3	—	—	1	—	18	3
9	Upholsterers, Basket and Brush Makers	19	4	1	2	2	—	18	6
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	34	96	2	5	1	4	35	97
15	Manufacturing Chemists; Mattress, Corset, Blind, and Waggon Cover Makers; Wire Workers, Tea Packers, Teazle Trimmers, Rope Makers, Tallow Chandlers, &c., &c.	50	19	—	—	6	—	44	19
		389	320	10	7	32	6	367	321
		709		17		38		688	

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 1935, was 16, and of inspections 36.

The 16 boats were made up of 1 broad boat and 15 fly boats, the last being all broad boats.

The places of registry were Goole 15, Hull 1. All the boats inspected were found in good condition and conforming to the Acts and Regulations, and the occupants of all the boats were 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 1935.—None.

CANAL BOATS ACTS, 1877 AND 1884.

Summary Appendix to the Annual Report of the Canal Boats Inspector for the year 1935.

	1933	1934	1935
Number of boats inspected	26	17	16
Made up of Broad Boats	11	3	1
Broad Fly Boats	15	14	15
Narrow Boats ..	—	—	—
Narrow Fly Boats	—	—	—
Registered Accommodation—Aft Cabin ..	87	55	53½
Centre Cabin ..	—	—	—
Fore Cabin ..	71½	49	48
	158½	104	101½
Population found on board			
Adults	59	37	39
Children	1	3	2
	60	40	41
Children under school age	1	3	2
Number of children of school age	None	None	None
Number of days on which inspections have been made	25	22	13
Number of inspections made	62	53	36
Number of boats conforming to Acts and Regulations	26	17	16
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 uuder the Acts during the year 1935.

SMOKE ABATEMENT.

1935.	Number of Observations taken.	Number shewing no Black Smoke.	Number shewing Black Smoke.	Number of cases in which the 3 minutes permissible was exceeded.	Total minutes of Black Smoke emitted.	Average number of minutes of Black Smoke emitted from chimneys per half-hour.
January	57	43	14	—	20½	1.464
February	57	39	18	1	29¼	1.622
March	50	32	18	1	38¾	2.152
April	45	37	8	2	25	3.125
May	53	36	17	3	40½	2.382
June	82	51	31	5	130	4.193
July	98	52	46	18	198¾	4.320
August	52	34	18	3	44½	2.472
September	50	37	13	3	39¾	3.058
October	57	38	19	6	67	3.526
November	63	28	35	6	99	2.828
December	49	23	26	2	54½	2.096
TOTAL ...	713	450	263	50	787½	2.994

Court proceedings were taken against a firm of mill owners, when an order to abate the nuisance was made and the defendants were fined £3 and costs.

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.

Fifty 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	—
1935	110	240
Total	2764	240

HOUSING CONDITIONS.

Statistics.—Year ended 31st December, 1935.

(1)	Estimated Population	115,000
(2)	General death-rate	13.93
(3)	Death-rate from Tuberculosis	0.70
(4)	Infantile mortality	45
(5)	Number of dwelling-houses of all classes	35,601
(6)	Number of working-class dwelling-houses	31,505
(7)	Number of new working-class houses erected	910

Number of New Houses erected during the Year :—

Total—

(i) By the Local Authority	110
(ii) By other bodies and persons	814

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)	1625
(b) Number of inspections made for the purpose	1625

(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 1625

(b) Number of inspections made for the purpose ... 1625

(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation 1402

(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 222

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 ... ... None

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 5

(2) Number of dwelling-houses which were rendered fit after service of formal notices :—

(a) By owners 14

(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 4

(2) Number of dwelling-houses demolished in pursuance of Demolition Orders 13

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 ... ... None

(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit 1

TABLE XIV.

HOUSING ACTS, 1925, 1930 and 1935.—Report on Work done from 1st May, 1911, to 14th December, 1935.

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	—	—	—	1328	—	—	—	—	—
1915	249	27	995	259	—	—	—	995	—	—	—	—	—
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	1105	—	—	—	—	143
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	—	—	—	—	1941	—	—	1
1927	405	37	937	316	—	—	—	—	24	898	—	—	15
1928	378	14	1313	340	13	—	—	—	12	1224	—	—	64
1929	501	—	2407	465	16	—	—	—	16	2303	—	—	72
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	1331	70
1933	389	19	2168	313	—	—	—	—	—	—	130	1441	597
1934	4	1013	23240	1011	—	—	—	—	—	—	4	475	22761
1935	613	1012	49045	1624	—	—	—	—	—	—	—	15	49030
	7876	2575	98624	9352	331	19	800	10393	179	7365	1299	5307	72931

Number of houses inspected 7876
Number of houses re-inspected 2575
Number of houses in which defects were found 9352
Number of houses in which no defects were found ... 1099
Number of houses in which defects were wholly remedied 6358
Number of houses in which defects were partially remedied 381
Number of houses in which none of the defects were remedied 2613

Total number of defects found 98624
Total number of defects remedied 25693
Percentage number of defects remedied 26.05
Total number of defects not remedied 72931

HOUSING ACT, 1930.

Slum Clearance.

In accordance with the Ministry of Health Circular 1331, dated 6th April, 1933, the following slum clearance programme was made :—

(1) Clearance Areas.

No. of Area	No. of Houses	No. of Persons to be displaced	No. of New Houses to be provided
1	41	149	41
2	29	115	29
3	16	44	16
4	18	53	18
5	9	30	9
Totals	113	391	113

(2) Improvement Areas.

No. of Area	No. of houses to be demolished		No. of Persons to be displaced.			No. of New Houses to be provided
	By reason of unfitness	To open out the Area	From Houses demolished		To abate over-crowding	
			By reason of unfitness	To open out the Area		
4	—	5	—	13	4	7
5	17	17	52	38	35	52
6	9	4	35	11	16	26
7	9	—	27	—	12	15
8	21	3	76	13	31	44
9	6	1	19	1	25	23
10	10	3	1	13	12	10
11	5	—	18	—	10	9
Totals	77	33	228	89	145	186

The first Improvement Area is shown as No. 4, owing to the fact that three Improvement Areas had already been dealt with under the Housing Act of 1930 before Circular 1331 was received.

(3) Individual Unfit Houses.

No. of Individual Unfit Houses proposed to be dealt with under Section 19 13

It has been found necessary to alter and extend the programme originally proposed. Improvement Areas Nos. 6 to 11 are now being dealt with as Clearance Areas, and additional Clearance Areas and individual houses for demolition have been added. This extensiou brings the total number of houses to be dealt with to 3,053.

Of these

829 houses are to be dealt with in Clearance Areas.

715 houses are to be dealt with under Section 19.

With regard to the remaining 1,509 houses, definite action has not yet been decided upon.

(4) Details of Clearance Areas decided upon.

The following are details of the Clearance Areas which have been decided upon up to date. The numbering of these does not correspond to the number given in Item (1) as a number of the areas scheduled in Item (1) were later grouped together to form larger Clearance Areas.

No. of Area	No. of Houses	No. of Persons to be displaced
1	41	145
2	32	113
3	27	81
4	9	36
5	232	772
6	15	47
7	62	281
8	91	273
9	28	80
10	26	70
11	64	217
12	7	14
13	22	73
14	7	31
15	21	100
16	19	76
17	98	365
18	28	85
Totals	829	2,859

(5) Progress of Slum Clearance Programme.

Area No.	Date of Representation	Date of Order	Date of Enquiry	Date of Confirmation	No. of Houses vacated	No. of Houses demolished
1	13th July, 1933	20th Dec., 1933	6th Feb., 1934	11th April, 1934	39	—
2	29th Dec., 1933	18th April, 1934	30th May, 1934	13th July, 1934	32	1
3	27th July, 1934	17th Oct., 1934	4th Dec., 1934	5th Feb., 1935	22	—
4	28th Dec., 1934	17th April, 1935	No enquiry	19th June, 1935	1	—
5	1st Feb., 1935	20th March, 1935	14th May, 1935	16th Aug., 1935	—	—
6	29th Nov., 1935					
7	29th Nov., 1935					
8	29th Nov., 1935					
9	29th Nov., 1935					
10	27th Dec., 1935					
11	27th Dec., 1935					

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 130 registered cow-keepers, of whom 19 were on the Roll of Accredited Producers, and there were 249 purveyors of milk. Of the latter, 5 were licensed to sell milk as "Certified" under the Milk (Special Designations) Order, 1923.

Bacteriological Examination of Milk.

During 1935, 370 samples of raw milk and 60 samples of certified milk were examined. Of these samples, 84 were taken from producers who reside within the Borough, 93 were from producers out of the Borough, and 193 were samples of milk supplied to school children under the scheme of the Milk Marketing Board.

Of the 84 samples produced in the Borough, 75, or 89.3 per cent., attained the standard of cleanliness required 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.

Of the 93 samples produced out of the Borough, 80, or 86 per cent., attained this standard.

Of the 193 samples of milk supplied to schools, 175, or 90.7 per cent., attained the standard.

The following tables show the varying degrees of cleanliness :—

Where produced	No. of Samples	Bacterial Count per 1 c.c.				
		Under 5,000	Exceeding 5,000 but not 10,000	Exceeding 10,000 but not 100,000	Exceeding 100,000 but not 200,000	Exceeding 200,000
Within Borough	84	17 or 20.2%	12 or 14.3%	51 or 60.7%	3 or 3.6%	1 or 1.2%
Outside Borough	93	22 or 23.7%	15 or 16.1%	47 or 50.5%	5 or 5.4%	4 or 4.3%

B. Coli Content.

Produced in the Borough					Produced out of the Borough				
Samples	No. in which B. Coli were absent	Smallest dilution in which found			Samples	No. in which B. Coli were absent	Smallest dilution in which found		
		1 c.c.	1/10th c.c.	1/100th c.c.			1 c.c.	1/10th c.c.	1/100th c.c.
84	49 or 58.3%	17 or 20.2%	11 or 13.1%	7 or 8.3%	93	39 or 41.9%	23 or 24.7%	18 or 19.4%	13 or 14.0%

Tubercle Bacilli.

One hundred and fifty samples of milk were examined by the inoculation of guinea pig test for tubercle bacilli.

Evidence of tubercle bacilli was found in 5 of the 150 samples, giving a percentage of 3.3.

Eighty-five of the samples examined were from milk produced in the Borough, and 3 of these samples were found to contain tubercle bacilli, giving a percentage of 3.5. Of the remaining 65 samples, produced out of the Borough, 2 were found to contain tubercle bacilli, giving a percentage of 3.1.

Certified Milk.

Sixty samples of certified milk, as defined by the Milk (Special Designations) Order, 1923, were examined during the year.

Of the 60 samples, 57, or 95 per cent., complied with the standard of cleanliness required by the Order.

Twenty-four of the 60 samples were produced within the Borough, and of these 21, or 88.4 per cent., complied with the standard. Of the remaining 36, produced out of the Borough, 35, or 98.9 per cent., complied with the standard.

The following Tables show the standard of cleanliness attained :—

Certified Milk produced in the Borough.

No. of Samples	Bacterial Count per 1 c.c.				
	Under 100	Exceeding 100 but not 1,000	Exceeding 1,000 but not 5,000	Exceeding 5,000 but not 30,000	Exceeding 30,000
24	—	1 or 4.2%	18 or 75%	5 or 20.8%	—

No. of Samples	B. Coli			
	Absent	Smallest dilution in which found		
		1 c.c.	1/10th c.c.	1/100th c.c.
24	13 or 54.2%	9 or 37.5%	1 or 4.2%	1 or 4.2%

Certified Milk produced out of the Borough.

No. of Samples	Bacterial Count per 1 c.c.				
	Under 100	Exceeding 100 but not 1,000	Exceeding 1,000 but not 5,000	Exceeding 5,000 but not 30,000	Exceeding 30,000
36	—	7 or 19.4%	22 or 61.1%	7 or 19.4%	—

No. of Samples	B. Coli			
	Absent	Smallest dilution in which found		
		1 c.c.	1/10th c.c.	1/100th c.c.
36	29 or 80.6%	6 or 16.7%	1 or 2.8%	—

MEAT INSPECTION.

There are six Private Slaughter Houses in the Borough and one Knacker's Yard, all of which are licensed.

	1914		Jan., 1935		Dec., 1935
Registered Slaughterhouses	—	...	—	...	—
Licensed Slaughterhouses	13	...	6	...	6

There is also a Public Abattoir, over which constant supervision is kept during killing hours.

The Private Slaughterhouses are visited by the District Inspectors during the usual killing hours.

The number of carcases condemned wholly or partly was 150 and 583 respectively. These were as follows :—

TABLE XV.

Carcases Wholly or Partly Condemned and Destroyed.

Animals.	PUBLIC ABATTOIR.			OUTER DISTRICTS.			Grand Total.
	Wholly.	Partly.	Totals.	Wholly.	Partly.	Totals.	
Cows	14	7	21	—	—	—	21
Heifers	7	7	14	—	—	—	14
Bullocks	15	7	22	—	—	—	22
Calves	11	—	11	—	—	—	11
Sheep	15	1	16	—	—	—	16
Pigs	87	555	642	1	6	7	649
	149	577	726	1	6	7	733

Table XVI.

Showing Classification of Diseases and Conditions found.

Disease.	PUBLIC ABATTOIR.							Outer Districts		Grand Total
	Cows	Heifers	Bullocks	Calves	Sheep	Pigs	Totals	Pigs	Totals	
Tuberculosis	16	14	22	1	—	631	684	6	6	690
Moribund	—	—	—	3	10	1	14	—	—	14
Gangrenous Pneumonia ...	—	—	—	—	2	3	5	—	—	5
Bruising	2	—	—	1	1	—	4	—	—	4
Immature	—	—	—	3	—	—	3	—	—	3
Emaciation	—	—	—	—	1	2	3	—	—	3
Congenital Tuberculosis ...	—	—	—	2	—	—	2	—	—	2
Acute Septic Mammitis ...	2	—	—	—	—	—	2	—	—	2
Septicæmia	—	—	—	1	1	—	2	—	—	2
Acute Septic Metritis... ...	1	—	—	—	—	—	1	—	—	1
Pyæmia	—	—	—	—	—	1	1	—	—	1
Pleurisy	—	—	—	—	1	—	1	—	—	1
Swine Erysipelas	—	—	—	—	—	1	1	—	—	1
Jaundice	—	—	—	—	—	1	1	—	—	1
Dropsy	—	—	—	—	—	—	—	1	1	1
Pneumonia	—	—	—	—	—	1	1	—	—	1
Paralysis	—	—	—	—	—	1	1	—	—	1
	21	14	22	11	16	642	726	7	7	733

Table XVII.

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

Beef	24,664 lbs.
Mutton	964 lbs.
Pork	20,426 lbs.
Veal	648 lbs.
Offals	25,785 lbs.
Total	72,487 lbs.

Other Articles of Food.

Fish	588 lbs.
Tinned Foodstuffs	438 tins
Cabbages	2,460 lbs.
Crabs	34
Bacon	72 lbs.
Rabbits	221

TABLE XVIII.

Shewing the Number of Animals Slaughtered, and also Numbers and Weights of 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.					CARCASES CONDEMNED.					WEIGHT OF CONDEMNED CARCASES					ANIMALS SLAUGHTERED.					CARCASES CONDEMNED.		WEIGHT OF CONDEMNED CARCASES.	
	Cattle.	Calves.	Sheep.	Pigs.	Totals.	Cattle.	Calves.	Sheep.	Pigs.	Totals.	Cattle.	Calves.	Sheep.	Pigs.	Totals.	Cattle.	Calves.	Sheep.	Pigs.	Totals.	Pigs.	Totals.	Pigs.	Totals.
											Lbs.	Lbs.	Lbs.	Lbs.	Lbs.								Lbs.	Lbs.
1935 January ...	613	86	1924	862	3485	6	1	2	23	32	2381	80	116	611	3188	50	2	127	110	289	—	—	—	—
February ...	501	72	1649	834	3056	3	2	1	49	55	1207	131	70	1556	2964	26	3	96	36	161	1	1	55	55
March ...	501	82	1562	797	2942	5	1	2	81	89	1339	55	151	1618	3163	32	2	77	25	136	—	—	—	—
April ...	507	99	1585	745	2936	8	3	2	42	55	3444	206	100	970	4720	15	—	49	54	118	—	—	—	—
May ...	613	72	2149	819	3653	7	1	1	21	30	3543	48	70	698	4359	39	9	98	32	178	—	—	—	—
June ...	481	58	1810	540	2889	8	1	1	34	44	3777	45	60	1126	5008	80	3	275	90	448	—	—	—	—
July ...	521	59	2615	555	3750	4	1	1	38	44	1855	40	40	1073	3008	29	2	59	20	110	—	—	—	—
August ...	405	56	1956	439	2856	1	—	—	23	24	537	—	—	788	1325	25	—	109	8	142	—	—	—	—
September	503	72	1916	798	3289	5	—	1	61	67	2426	—	70	2038	4534	32	1	89	40	162	—	—	—	—
October ...	672	110	2119	1266	4167	2	—	1	61	64	626	—	15	2035	2676	43	1	136	35	215	3	3	160	160
November...	560	101	1675	1076	3412	4	1	1	105	111	1467	43	70	4083	5663	21	1	80	21	123	—	—	—	—
December	593	85	1731	1432	3841	4	—	3	104	111	1618	—	202	3269	5089	85	6	206	116	413	3	3	100	100
	6470	952	22691	10163	40276	57	11	16	642	726	24220	648	964	19865	45697	477	30	1401	587	2495	7	7	315	315

TUBERCULOSIS ORDER, 1925.

Particulars of Cows slaughtered under the above Order at the Public Abattoir during 1935, and which have been wholly or partly condemned and destroyed.

No. OF COWS SLAUGHTERED	8
Number wholly condemned	6
Weight of carcases wholly condemned ...	3454 lbs.
Number where affected organs only condemned	2

FOOD INSPECTION.

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

Report on Action taken under the above-named Act in the County Borough of Huddersfield during the year 1935.

1.—ARTICLES ANALYSED.

New Milk	...237	Of this number 16 were certified as adulterated.
Butter	... 15	
Margarine ...	... 3	
Cream	... 15	
Lard	... 4	
Tea	... 12	
Coffee	... 15	
Baking Powder ...	... 4	
Pepper	... 6	
Cocoa	... 7	
Condensed Full Cream Milk	7	
Condensed Machine Skimmed Milk	... 5	
Dried Milk ...	... 1	
Miscellaneous ...	... 40	Of this number 8 were certified as adulterated
Total	... 371	

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

No.	Article.	Result of Analysis.	Proceedings.
20	New Milk	Not genuine, but is deficient in fat to the extent of at least 6.0%.	Vendor warned by Town Clerk.
45	New Milk	Not genuine, but has a deficiency in fat of at least 45.0%.	Case heard 15th April, 1935. Fined £3.
57	New Milk	Not genuine, but contains at least 1.0% of added water, and is also deficient in fat to the extent of not less than 6.0%	Vendor warned by Town Clerk.
58	New Milk	Not genuine, but is deficient in fat to the extent of at least 20.0%.	Vendor warned by Town Clerk.
68	New Milk	Not genuine, but is deficient in fat to the extent of at least 7.0%.	Vendor warned by Town Clerk.
73	New Milk	Not genuine, but is deficient in fat to the extent of at least 3.0%.	Vendor warned by Town Clerk.
76	New Milk	Not genuine, but is deficient in fat to the extent of at least 2.0%.	Vendor warned by Town Clerk.
91	New Milk	Not genuine, but is deficient in fat to the extent of at least 24.0%.	Case heard 19th July, 1935. Case dismissed.
108	New Milk	Not genuine, but is deficient in fat to the extent of at least 2.0%.	Vendor warned by Town Clerk.
120	New Milk	Not genuine, but is deficient in fat to the extent of at least 31.0%.	Case heard 15th Nov., 1935. Fined £5.
124	New Milk	Not genuine, but is deficient in fat to the extent of at least 12.0%.	Case heard 30th Aug., 1935. Fined £2.
129	New Milk	Not genuine, but is deficient in fat to the extent of at least 4.0%.	Vendor warned by Town Clerk.
132	New Milk	Not genuine, but is deficient in fat to the extent of at least 2.0%.	Vendor warned by Town Clerk.
133	New Milk	Not genuine, but is deficient in fat to the extent of at least 3.0%.	Vendor warned by Town Clerk.

No.	Article.	Result of Analysis.	Proceedings.
88	Potted Meat (Informal)	The sample does not comply with the usual maximum standard of 70% moisture in potted meats	Formal sample taken (see sample No. 159 below)
159	Potted Meat	The sample is unsatisfactory in that it contains more moisture than is normally contained in good potted meat.	Vendor warned by Town Clerk.
89	Potted Beef (Informal)	The potted beef contains an excess of moisture and is unsatisfactory.	Formal sample taken (see Sample No. 160 below).
160	Potted Beef	The sample is unsatisfactory in that it contains more moisture than is normally contained in good potted meat.	Vendor warned by Town Clerk.
93	Vinegar (Informal)	The vinegar is unsatisfactory in that the percentage of Acetic Acid present is less than 4.0%.	Formal sample taken (see Sample No. 154 below).
154	Vinegar	The sample is unsatisfactory as the acid content of vinegar should not fall below 4.0% calculated as Acetic Acid. This sample contains vinegar 30 parts, water 70 parts.	Vendor warned by Town Clerk.
188	New Milk	Not genuine, but is deficient in fat to the extent of at least 7.0%.	Vendor warned by Town Clerk.
225	New Milk	Not genuine, but contains at least 2.0% of added water.	Vendor warned by Town Clerk.
124	Raspberry Jam (Informal)	Unsatisfactory in that the fruit used consists of Raspberries and Gooseberries in approximately equal parts and not Raspberry as declared on the label.	Formal sample taken (see Sample No. 240 below).
240	Raspberry Jam	Not satisfactory in that it has been labelled Raspberry Jam, whereas it is a mixed jam, containing approximately 60% Raspberry and 40% Gooseberry.	Manufacturers warned by Town Clerk ; explanation accepted.

3.—OFFENCES OTHER THAN ADULTERATION.—None.

4.—LEGAL PROCEEDINGS.

Date	No. of Sample	Offence Charged	Name of Defendant	Result
April 15th, 1935	45	Selling new milk from which had been abstracted at least 45.0% of its fat	M. E.	Fined £3
July 19th, 1935	91	Selling new milk from which had been abstracted at least 24.0% of its fat	C. E.	Case dismissed
Nov. 15th, 1935	120	Selling new milk from which had been abstracted at least 31.0% of its fat	J. S.	Fined £5
Aug. 30th, 1935	124	Selling new milk from which had been abstracted at least 12.0% of its fat	T. M. S.	Fined £2

INFORMAL PROCEEDINGS.

During the year 130 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	15
Margarine	3
Cream	15
Lard	4
Tea	12
Coffee	15
Baking Powder	4
Pepper	6
Cocoa	7
Condensed Full Cream Milk	7
Condensed Machine Skimmed Milk	5
Dried Milk	1
Miscellaneous	36
Total	130

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 1935.

Notifiable Diseases.	Cases notified in whole District.													Total Cases notified in each Township.						No. of Cases treated in Hospitals from each Township.						Total cases treated in Hospitals from inside the Borough.	TOTAL DEATHS.
	At all Ages.	At Ages—Years.												1	2	3	4	5	6	1	2	3	4	5	6		
		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.	Central.	Dalton	Almondbury.	Lockwood.	Lindley.	Moldgreen.	Central.	Dalton.	Almondbury.	Lockwood.	Lindley.	Moldgreen.		
Small Pox...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebro-Spinal Meningitis	2	..	..	1	..	..	1	..	..	..	..	..	..	1	..	..	..	..	1	1	..	..	..	..	1	2	3
Diphtheria	294	3	4	12	21	26	86	56	23	46	8	8	1	81	44	35	34	50	50	81	42	35	34	49	49	290	80
Erysipelas...	66	..	..	..	1	..	1	4	1	9	13	32	5	22	7	9	15	9	4	10	2	..	9	1	3	25	4
Scarlet Fever	448	..	6	13	28	39	180	86	40	41	7	7	1	76	98	74	75	66	59	70	95	71	72	55	56	419	2
Enteric Fever	4	..	..	..	..	..	..	1	1	..	1	1	..	..	..	1	1	2	..	..	..	1	1	2	..	4	..
Encephalitis Lethargica...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Puerperal Pyrexia	13	..	..	..	..	..	..	..	1	10	2	..	..	5	3	..	1	4	..	1	3	..	1	3	..	8	..
Puerperal Fever	9	..	..	..	..	..	..	..	1	7	1	..	..	3	..	3	1	2	..	3	..	2	1	2	..	8	..
Pneumonia	159	8	6	7	9	4	10	6	9	27	28	27	18	41	29	25	35	16	13	11	..	4	8	3	3	29	106
Diarrhœa (in Infants under 5 years of age)	2	1	1	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	..	..	..	..	1	7
Ophthalmia Neonatorum	9	9	..	..	..	..	..	..	..	..	..	..	..	4	..	..	2	2	1	1	..	..	2	2	..	5	..
Acute Poliomyelitis ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Dysentery...	1	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	1	..
Total	1007	21	17	33	59	69	278	154	76	140	60	75	25	235	181	148	164	151	128	180	142	113	128	117	112	792	154

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

Total available beds, 138.

TABLE XX.

Summary of Cases of Infectious Diseases treated in Mill Hill Isolation Hospital during 1935.

	Scarlet Fever			Diphtheria			Diphtheria Carriers			Enteric Fever			Observation Diphtheria			Observation Scarlet Fever			Tonsillitis			Measles			Observation			Erysipelas			Cerebro-Spinal Meningitis			Mumps			Pneumonia			Miliary Tuberculosis			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	Borough	Outside Districts	Total	Borough	Outside Districts	Total	Borough	Outside Districts	Total	Borough	Outside Districts	Total	Borough	Outside Districts	Total
Remaining Dec. 29th 1934 ...	96	—	96	45	—	45	4	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	145	—	145
Admitted	416*	1b	417	290†	1‡	291	51	—	51	4	1§	5	2	—	2	1	—	1	3	—	3	2	—	2	12	1°	13	8	—	8	2	1a	3	2	—	2	1	—	1	1	—	1	795	5	800
Discharged	483	1	484	266	1	267	51	—	51	4	1	5	2	—	2	1	—	1	3	—	3	2	—	2	12	—	12	7	—	7	—	1	1	2	—	2	1	—	1	—	—	—	834	4	838
Died ...	4d	—	4	30c	—	30	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	1	—	—	—	—	—	—	1	—	1	37	—	37
Remaining Dec. 28th 1935	25	—	25	39	—	39	4	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	69	1	70

* Includes 10 cases treated under new Regulations.
† Includes 10 cases treated under new Regulations.
‡ Includes 1 case treated for Honley U.D.C.
§ Includes 1 case treated for Honley U.D.C.
° Includes 1 case treated for Slaithwaite U.D.C.
a Includes 1 case treated for Kirkheaton U.D.C.
b Includes 1 non-Borough case—a Huddersfield resident who developed disease in Batley and should under new Regulations have been admitted to Batley Isolation Hospital. At parents' special request admitted to Mill Hill.
c Includes 2 cases admitted under new Regulations.
d Includes 1 case of Scarlet Fever and Diphtheria counted as Scarlet Fever, but cause of death given as I(a) Diphtheria. II. Scarlet Fever.
Includes 1 case notified as Scarlet Fever, but cause of death given as 1(a) Empyema. (b) Phthisis Pulmonalis.

TABLE XXI.

Number of Notifications of Infectious Diseases received in the years 1926 to 1935.

Disease	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
Small-pox	8	56	117	45	76	—	—	—	—	—
Scarlet Fever ...	432	361	441	531	236	98	114	835	736	448
Diphtheria	169	230	264	355	286	135	116	547	492	294
Enteric Fever (including Paratyphoid)	26	24	15	12	9	4	5	3	3	4
Puerperal Fever ...	8	9	3	—	4	3	2	4	8	9
Puerperal Pyrexia ...	5	14	16	21	17	23	42	31	31	13
Pneumonia	135	212	146	210	199	214	107	170	127	159
Cerebro-Spinal Meningitis ...	2	2	1	1	4	4	4	1	3	2
Ophthalmia Neonatorum ...	28	28	22	20	18	20	14	16	14	9
Encephalitis Lethargica ...	9	2	3	4	—	5	1	—	2	—
Acute Polio-myelitis	1	—	2	1	1	1	3	1	2	—
Erysipelas	57	45	49	62	97	42	38	76	83	66
Diarrhœa (in Infants under 5 years of age)	7	2	4	8	7	—	6	2	5	2
Dysentery	—	—	—	—	—	—	—	—	—	1
Anthrax	1	—	—	—	—	—	—	—	—	—
Pemphigus Neonatorum ...	—	—	3	—	3	—	—	—	—	—
Pulmonary Tuberculosis ...	176	167	143	135	154	220	172	152	133	109
Other forms of Tuberculosis ...	76	69	66	78	72	63	66	62	33	39
Total ...	1140	1221	1295	1483	1183	832	690	1900	1672	1155

TABLE XXII.

Analysis of Notifications, 1935.

Disease	Jan.	Feb.	Mar.	Apr.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
Small-pox	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Meniningitis	—	—	—	—	—	—	—	—	—	1	—	1	2
Diphtheria	44	39	34	15	17	17	12	9	22	18	22	45	294
Erysipelas	6	7	9	5	6	9	4	1	2	1	6	10	66
Scarlet Fever	83	66	62	31	20	20	16	14	43	30	26	37	448
Enteric Fever (including Paratyphoid)	1	—	—	—	—	1	—	—	—	1	1	—	4
Encephalitis Lethargica ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	1	1	2	—	3	2	1	1	—	1	—	1	13
Puerperal Fever	—	—	—	1	1	5	—	1	1	—	—	—	9
Pneumonia	17	16	20	17	14	19	5	8	12	8	9	14	159
Diarrhœa (in Infants under 5 years of age)	—	—	—	—	—	—	—	—	2	—	—	—	2
Ophthalmia Neonatorum ...	—	—	—	—	1	—	1	2	4	—	—	1	9
Dysentery	—	—	—	—	—	—	—	—	—	—	1	—	1
Pulmonary Tuberculosis ...	7	3	16	10	13	11	10	4	5	9	10	11	109
Other forms of Tuberculosis	1	2	9	1	5	4	2	2	4	2	3	4	39
Total	160	134	152	80	80	88	51	42	95	71	78	124	1155

TABLE XXIII.

CASES OF OPHTHALMIA NEONATORUM,

notified during the year 1935.

CASES.			Vision Unimpaired	Vision Impaired.	Total Blindness.	Deaths.
Notified.	TREATED.					
	At Home.	In Hospital.				
9	4	5	9	—	—	—

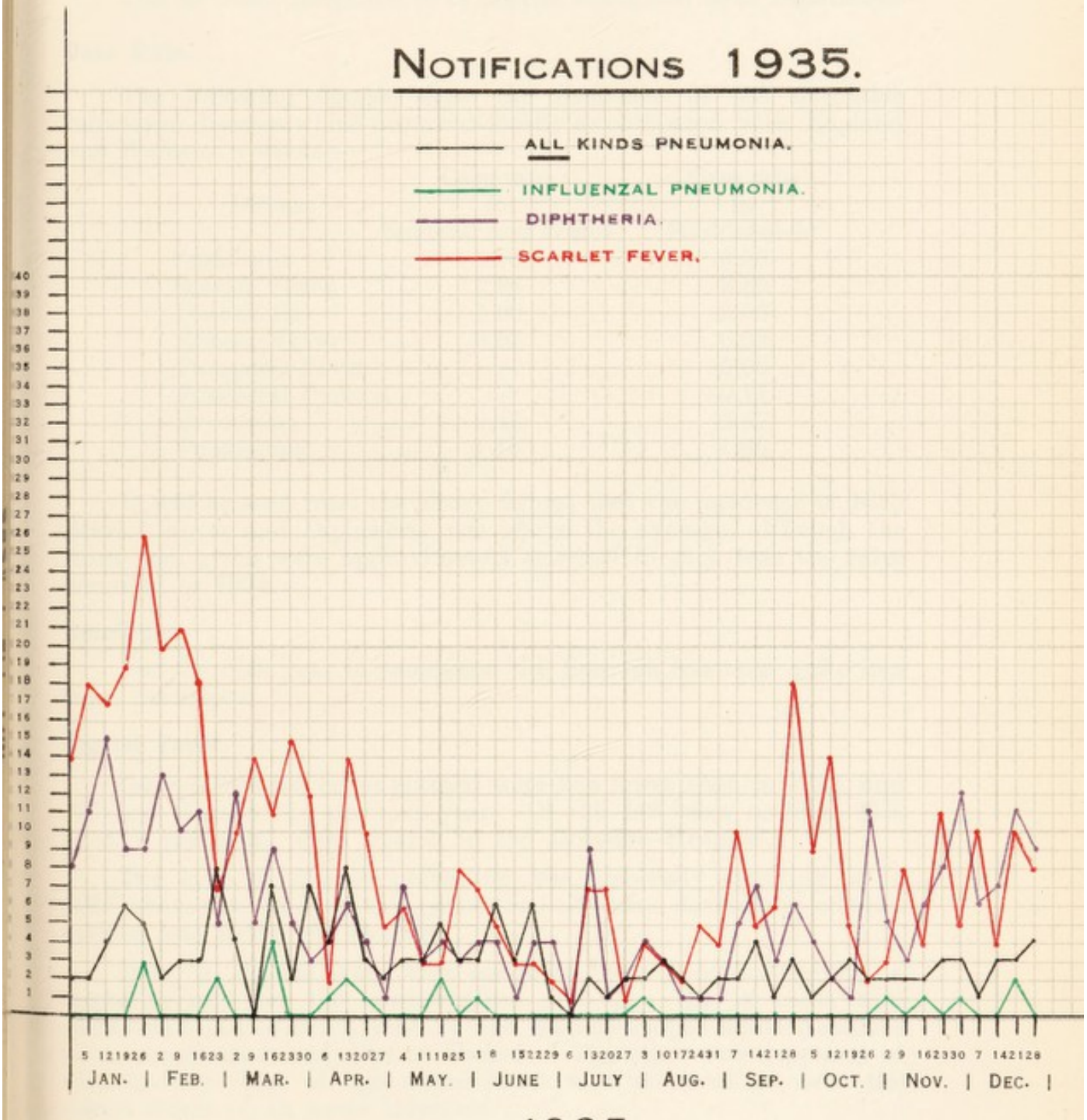
PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Table XIX. is a complete list of all the cases of infectious diseases notified during the year. It shows the age and ward distribution of these cases, the numbers treated in Hospital, and the number of deaths caused by the various diseases.

Table XX. gives further information, as it deals with the numbers of cases of the different infectious diseases treated in the Borough Isolation Hospital during the year.

The numbers in the two Tables do not exactly correspond, for Table XIX. shows 419 cases of Scarlet Fever treated in Hospital, whereas the number 416 is given in Table XX. This apparent discrepancy is due to the fact that 3 Scarlet Fever cases notified from the Royal Infirmary in the last quarter of the year were transferred at the request of the parents, and with the sanction of the authorities concerned, to the Isolation Hospitals of the districts in which the patients ordinarily resided. One patient was removed to Brighouse Isolation Hospital, and 2 to the Hospital at Meltham, which serves the Colne Valley Area.

Table XX. shows that 5 cases notified in outside districts were treated in Mill Hill Hospital during the year. These comprised 1 case of Diphtheria, 1 of Scarlet Fever, 1 of Enteric Fever, 1 of Cerebro-spinal Meningitis, and 1 shown under the heading of " Observation " which was admitted as a case of Cerebro-spinal Meningitis and proved to be one of Tuberculous Meningitis. Only in the last mentioned case did the Authority concerned accept financial responsibility for the Hospital maintenance charges. Two of the patients (the Diphtheria and Scarlet Fever cases) were ordinarily residents of the Borough who contracted their infections whilst living in outside districts, and their transfer to the Borough Hospital was agreed to at the request of their parents. The remaining 2 cases, 1 of Cerebro-spinal Meningitis, and 1 of Enteric Fever, are again examples of the unfair way in which the Public Health (Treatment of Infectious Diseases) Regulations of 1934 operate against a County Borough containing within its boundaries a large voluntary Hospital which serves the needs of a wide, surrounding, area. The patients in both these cases contracted their infections when residing at their own homes situated outside of the Borough. They were admitted to the Royal Infirmary suffering from these diseases, but the exact nature of their infections was not recognised until after admission, when a laboratory test in each case immediately settled the diagnosis. One would anticipate that clear cut cases of this kind would be accepted for admission to the Isolation Hospitals maintained by the Authorities concerned, but in these cases this was refused, and so the Borough Council was called upon to bear the expense of dealing with these cases at times when no similar types of cases were being treated at the Hospital.


NOTIFICATIONS 1935.
ALL KINDS PNEUMONIA.
INFLUENZAL PNEUMONIA.
DIPHTHERIA.
SCARLET FEVER.
40 39 38 37 36 35 34 33 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1
5 12 19 26 2 9 16 23 2 9 16 23 30 6 13 20 27 4 11 18 25 1 8 15 22 29 6 13 20 27 3 10 17 24 31 7 14 21 28 5 12 19 26 2 9 16 23 30 7 14 21 28
JAN. | FEB. | MAR. | APR. | MAY. | JUNE | JULY | AUG. | SEP. | OCT. | NOV. | DEC. |
1935

In addition to these 5 cases, a further 20 patients, whose home addresses were outside of the Borough, were treated at Mill Hill Hospital during the year. In these cases, however, the patients were residing inside the Borough at the time when the symptoms of their infections first appeared. Seven had been residing with relatives, and the remainder had been undergoing treatment on account of some other condition, the institutions concerned being as follows :—

Royal Infirmary	11
St. Luke's Hospital	1
Lindley Crippled Children's Home ...	1

The 20 cases comprised 10 of Scarlet Fever and 10 of Diphtheria.

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 ...	0.00	0.00
Scarlet Fever ...	2.96	3.89
Diphtheria ...	1.60	2.56
Enteric Fever ...	0.04	0.03
Puerperal Fever ...	—	0.08
Puerperal Pyrexia	—	0.11
Erysipelas	0.42	0.57
Pneumonia ...	1.15	1.38

It will be seen from the above figures that the incidence of both Scarlet Fever and Diphtheria was above the average, although the rates here given were approximately one-half in each case the rates recorded in 1934.

Small-pox.

For the fifth year in succession the Borough has been quite free from Small-pox.

Scarlet Fever.

Cases of Scarlet Fever notified were 288 fewer than in 1934, and 387 less than in the previous year. Of the 448 cases notified, 419, or 93.5 per cent., were treated in the Isolation Hospital.

The type of disease prevailing was, generally speaking, of a mild character, and so the percentage of cases developing complications was below the average.

Only 2 deaths from this condition were recorded, giving a mortality rate per 100 cases notified of 0.45. One of these fatal cases was a boy of seven years of age, who developed Acute Nephritis as a complication and died of Uræmia. The other was a patient of seventy-four years of age whose heart was too weak to bear the added strain of an acute infection.

Table XX. shows that altogether 4 patients admitted as suffering from Scarlet Fever died when in Hospital, but in the remaining 2 cases other diseases not associated with Scarlet Fever were responsible for the fatal termination. In one the patient was found on admission to be suffering from Diphtheria and died from that condition three days later; in the remaining case the actual cause of death was Pulmonary Tuberculosis.

Diphtheria.

The number of cases of Diphtheria notified was 198 less than in 1934, and, like Scarlet Fever, approximately half the number notified in 1933. Nevertheless the "gravis" type of infection prevailed and gave rise to much anxiety, not so much from the point of view of numbers infected as from the severity of the illness in those who contracted the disease. Of the 294 cases notified, 290, or 98.6 per cent., were removed to Hospital.

Some indication of the severity of the infection is given by the number of deaths, which amounted to 30. This gives a mortality rate per 100 cases notified of 10.2. In 16, that is just over half, of the fatal cases, death occurred within three days following admission to Hospital, whilst in those who survived, complications were often severe and convalescence prolonged. One patient died forty-two days after the commencement of the illness.

None of the 30 patients who died had been immunised.

In dealing with infectious diseases there is no such thing as absolute protection, but our experience locally agrees with the findings of other Authorities, that immunisation against Diphtheria affords a ninety per cent. protection against infection, and almost a hundred per cent. protection against death from that disease.

It is of interest to note that as in the two previous years the courses of both Diphtheria and of Scarlet Fever followed each other very closely throughout the year. This is shown by the figures given on Table XXII. and diagramatically by the curves on page 84A. The sequence is not quite so close as in the previous years, particularly so in the autumn, when the rise in the prevalence of Scarlet Fever preceded that of Diphtheria by a few weeks.

Enteric Fever.

Enteric Fever includes cases of Paratyphoid Fever in addition to those of true Typhoid Fever. It is curious how isolated cases of these diseases occur year after year without any apparent association one with another.

The four cases notified last year were as follows :—

(1) Case of Paratyphoid B Fever, notified January 26th, 1935.
(2) Case of Typhoid Fever, notified May 30th, 1935.
(3) Case of Typhoid Fever, notified October 16th, 1935.
(4) Case of Paratyphoid B Fever, notified November 12th, 1935

It will be seen that the 2 cases of Paratyphoid B occurred one at the beginning of the year and the other towards the close, and that the 2 cases of Typhoid Fever were separated from each other by an interval of four-and-a-half months. In at least 2 of the cases there was reason to believe, apart from the scattered distribution, that the

infection had been contracted outside of the Borough. One young man (case No. 2) gave a history of camping out in an area which is much used for this purpose, and admitted that he had been using water from a stream for drinking purposes. All 4 patients, and also the fifth shown in Table XX. as treated in Mill Hill Hospital who had been received from Honley district via the Royal Infirmary, made good recoveries, so that the mortality rate was nil.

Puerperal Fever and Pyrexia.

(a) Puerperal Pyrexia.

Thirteen notifications were received, being 18 less than in the previous year. Eight of the patients were treated in Hospital, and there were no deaths, either amongst these cases or amongst those nursed at home.

(b) Puerperal Fever.

Notifications of this condition numbered 9, and here again there were no deaths. Eight of the patients were treated in Hospital.

Pneumonia.

The notifications of this disease numbered 159, compared with 127 in the previous year, and the deaths attributable were 106, representing an increase of 31. The severity of the winter was, undoubtedly, largely responsible for this increase. Based on the notifications received, the deaths recorded would give a mortality rate of 66.6, but there is reason to believe that in connection with this disease the notifications received represent only a proportion of the cases which occur. The short interval which elapses in so many cases between the date of notification and the death of the patient suggests that notification is sometimes withheld until a fatal termination appears imminent.

Erysipelas.

The number of notifications received was 66, compared with 83 in the previous year; 25 of the patients were treated in Hospital; and the deaths numbered 4, compared with 14 in 1934.

This disease is caused by a micro-organism, which is very similar in its characteristics to the streptococcus responsible for Scarlet Fever, and it is of interest to note that a fall in the incidence of the one disease has been accompanied by a similar change in the other.

Cerebro-spinal Meningitis.

Table XIX. shows that 2 cases of this disease were notified. One of these, a child of two years, died on the day following admission from a very fulminating type of infection. The other, a boy of seven years, who was admitted from the opposite side of the town two months later, gave promise of recovery at first, but succumbed after a two months' struggle against the disease. His death was not one of the 3 recorded on Table XIX., as he died during the present year. One of the 3 has been accounted for above. The second was a transferred death from Leeds, and related to a boy aged five years, who ordinarily resided in this area. The case had not been notified locally. The third death concerned a young man, aged twenty-three years, who was admitted to the Royal Infirmary in a comatose condition on the day following the onset of symptoms, and died five hours after admission. The case had not been notified.

Acute Polio Myelitis.

One death from this disease is shown on Table XIX. It occurred in the Royal Infirmary, and related to a case which had not been notified. The patient was a boy aged seven years.

Encephalitis Lethargica.

No cases were notified, but 1 death occurred in Storthes Hall Mental Hospital which was attributed to this condition. The patient had suffered from the disease in its active state in the year 1923.

Diarrhœa.

This condition in children under five years of age is notifiable locally, but only 2 notifications were received during the year. On the other hand, the Death Returns gave Diarrhœa, or Enteritis, as the cause of death in 7 cases.

Dysentery.

One case of Bacillary Dysentery was notified. The patient was a patient in the Royal Infirmary when the condition was recognised, and his treatment was continued in that institution.

Other Diseases.

Under the headings of Tonsillitis and of Observation on Table XX. are shown altogether 16 cases. These were cases admitted as suffering from some infectious disease, but the diagnosis was not confirmed after admission. In addition, 2 cases of Measles and 2 of Mumps were dealt with in the Isolation Hospital during the year.

Immunisations.

The number of children immunised during the year totalled 1,136. The majority of these were young children, for the parents of older children had already been offered this protection for their children, and those who were willing to accept it had already been dealt with. Special attention is, therefore, directed to the young. Every entrant to school is given an immunisation form, offering immunisation free of charge, and the same protection is offered to all infants in the Borough as they become three years of age.

Non-notifiable Infectious Diseases.

The following table shows the monthly distribution of cases of the non-notifiable infectious diseases brought to notice during the year :—

Month	Chicken Pox	German Measles	Influenza	Measles	Mumps	Whooping Cough	Total
January	38	—	—	2	29	9	78
February	26	1	8	8	38	2	83
March	5	5	11	19	14	7	61
April	8	74	1	32	13	2	130
May	16	30	—	92	4	4	146
June	40	157	—	225	9	2	433
July	17	67	—	51	3	—	138
August	1	1	—	2	—	5	9
September	3	1	—	1	—	1	6
October	52	2	1	20	2	4	81
November	27	2	—	3	47	3	82
December	11	—	—	2	—	1	14
TOTAL	244	340	21	457	159	40	1261

TABLE XXIV.

DEATHS FROM TUBERCULOSIS.

Occupations and Sex of Tuberculous Persons in Huddersfield.

Occupation	1931		1932		1933		1934		1935		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	—	4	—	—	—	3	—	8	—	0.30
Transport Workers	2	—	2	—	3	—	4	—	—	—	11	—	0.61
Commercial Occupations ...	5	1	2	1	9	—	7	—	9	2	32	4	0.64
Household Duties (includes Housewives, Domestics, etc.) Retired or not gainfully Occupied Too Young for Occupation	6	30	7	21	16	31	14	30	16	21	59	133	0.67
Textile Workers ...	11	6	11	5	8	1	8	6	7	10	45	28	0.77
Clerks, Typists and Draughtsmen	2	1	2	1	3	2	2	1	—	—	9	5	0.91
Building Trades (includes Quarry-workers)	6	—	2	—	3	—	2	—	4	—	17	—	0.94
Unspecified Trades ...	6	2	11	3	9	—	11	3	8	—	45	8	1.94
Engineering Trades...	5	—	5	—	4	—	2	—	—	—	16	—	2.45
Chemical Workers ...	2	—	2	—	5	—	1	—	—	—	10	—	2.47
Total	45	40	45	31	64	34	51	40	47	33	252	178	

TABLE XXV.

CASES OF TUBERCULOSIS NOTIFIED.

52 weeks ended December 28th, 1935.

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	—	—	1	3	1	—	—	3
5 ,, 10 ,,	3	6	3	1	—	—	1	—
10 ,, 15 ,,	2	2	7	3	—	—	2	—
15 ,, 20 ,,	5	7	4	5	2	4	1	—
20 ,, 25 ,,	7	11	1	1	5	8	—	1
25 ,, 35 ,,	8	12	2	1	4	6	2	1
35 ,, 45 ,,	6	7	1	2	8	4	1	—
45 ,, 55 ,,	14	3	1	1	13	1	—	—
55 ,, 65 ,,	10	1	1	1	5	2	1	—
65 & upwards	4	1	—	—	1	2	—	1
Total at all ages	59	50	21	18	39	27	8	6

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 ...	5	1	1	—	—	7	—	—	—	7
15 to 25 years ...	3	4	3	—	3	13	1	3	4	21
25 to 45 years ...	4	1	1	2	2	10	3	9	4	26
45 to 65 years ...	—	7	6	1	2	16	2	2	2	22
Over 65 years ...	2	—	—	—	—	2	1	1	—	4
Total ...	14	13	11	3	7	48	7	15	10	80

TABLE XXVII.

NEW CASES OF TUBERCULOSIS

(Other than formal notifications.)

52 weeks ended December 28th, 1935.

Age Periods	Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.
Under 1 year ...	—	—	—	—
1 and under 5 yrs.	1	—	—	3
5 ,, 10 ,,	—	—	1	—
10 ,, 15 ,,	—	—	1	—
15 ,, 20 ,,	—	1	—	—
20 ,, 25 ,,	1	—	—	1
25 ,, 35 ,,	—	2	1	—
35 ,, 45 ,,	2	1	2	—
45 ,, 55 ,,	2	—	—	—
55 ,, 65 ,,	1	—	—	—
65 and upwards ...	1	—	—	1
Total at all ages ...	8	4	5	5

TUBERCULOSIS SCHEME OF THE HUDDERSFIELD COUNTY BOROUGH COUNCIL.

TABLE XXVIII.

RETURN FOR THE YEAR 1935.

(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 ...	48	37	4	4	8	10	10	6	56	47	14	10	127
(*b*) Diagnosis not completed ...	—	—	—	—	—	—	—	—	—	4	1	1	6
(*c*) Non-tuberculous	—	—	—	—	—	—	—	—	33	28	11	13	85
B.—Contacts examined during the year :-													
(*a*) Definitely tuberculous ...	2	3	1	3	—	—	—	—	2	3	1	3	9
(*b*) Diagnosis not completed ...	—	—	—	—	—	—	—	—	—	—	—	—	—
(*c*) Non-tuberculous	—	—	—	—	—	—	—	—	30	51	26	31	138
C.—Cases written off the Dispensary Register as													
(*a*) Recovered	3	3	4	2	5	2	2	1	8	5	6	3	22
(*b*) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ...	—	—	—	—	—	—	—	—	64	79	37	46	226
D.—Number of Cases on Dispensary Register on December 31st :—													
(*a*) Definitely tuberculous... ...	221	195	74	57	48	41	49	38	269	236	123	95	723
(*b*) Diagnosis not completed ...	—	—	—	—	—	—	—	—	—	4	1	1	6

1. Number of cases on Dispensary Register on January 1st, 1935 ...	738	2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	7
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"	67	4. Cases written off during the year as Dead (all causes)	66
5. Number of attendances at the Dispensary (including contacts) ...	3417	6. Number of Insured Persons under Domiciliary Treatment on the 31st December, 1935	21
7. Number of consultations with medical practitioners :— (*a*) Personal ... ... (*b*) Other	83 465	8. Number of visits by Tuberculosis Officers to homes (including personal consultations)	197
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes	1515	10. Number of :— (*a*) Specimens of sputum, etc., examined ... ... (*b*) X-ray examinations made in connection with Dispensary work	924 740
11. Number of "Recovered" cases restored to Dispensary Register, and included in A(*a*) and A(*b*) above ...	7	12. Number of "T.B. plus" cases on Dispensary Register on December 31st, 1935	148

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

Provided by the Council ... ... One.
Provided by Voluntary Bodies ... ... Nil.

(Ministry of Health Form T145).

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 ... (Re-opened for Tuberculosis cases after the Infectious Diseases Epidemic, 12th August, 1935)	18	—	—	—	18
Royal Infirmary	—	—	1	—	1

(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. 1st.	Admitted during the year.	Discharged during the year.	Died in the Institutions.	In Institutions on Dec. 31st.
Number of doubtfully tuberculous cases admitted for observation	Adult males	—	4	4	—	—
	Adult females	—	4	4	—	—
	Children ...	—	15	15	—	—
	Total ...	—	23	23	—	—
Number of patients suffering from pulmonary tuberculosis	Adult males	25	54	38	11	30
	Adult females	18	43	28	11	22
	Children ...	15	14	16	1	12
	Total ...	58	111	82	23	64
Number of patients suffering from non-pulmonary tuberculosis	Adult males	7	7	10	1	3
	Adult females	3	11	9	—	5
	Children	10	15	8	1	16
	Total	20	33	27	2	24
Grand Total		78	167	132	25	88

(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.					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ...	1	—	2	2	—	5	—	1	—	—	—	—	3	1	7
Non-tuberculous	—	1	1	—	2	3	1	—	1	—	—	2	1	3	7
Doubtful ...	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Totals ...	1	1	4	2	2	8	1	1	1	—	—	2	4	4	15

TABLE XXX.

(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.	Class T.B. minus.	Quiescent	—	—	—	4	5	2	1	3	8	—	—	4	5	8	14	27
		Not quiescent	4	3	1	—	—	1	2	—	—	—	1	—	6	4	2	12
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Class T.B. plus. Group 1.	Quiescent	—	—	—	—	1	—	3	2	—	—	—	—	3	3	—	6
		Not quiescent	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	1
		Died in Institution	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	1
	Class T.B. plus. Group 2.	Quiescent	1	—	—	3	2	—	3	4	—	3	—	—	10	6	—	16
		Not quiescent	3	—	—	—	1	—	2	2	—	3	1	—	8	4	—	12
		Died in Institution	3	2	—	2	1	—	—	3	—	—	—	—	5	6	—	11
	Class T.B. plus. Group 3.	Quiescent	—	—	—	1	—	—	—	—	—	1	—	—	2	—	—	2
		Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in Institution	—	—	—	—	—	—	—	1	—	3	—	—	3	1	—	4
		Totals (pulmonary) ...	11	5	1	10	11	3	11	15	8	10	3	4	42	34	16	92
Non-Pulmonary Tuberculosis.	Bones and Joints.	Quiescent	—	—	—	—	—	—	—	—	—	—	—	3	—	—	3	3
		Not quiescent	—	—	—	—	—	—	—	1	—	—	1	—	—	2	—	2
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Abdominal.	Quiescent	—	—	1	—	—	2	1	—	—	—	—	—	1	—	3	4
		Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in Institution	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	1
	Other Organs.	Quiescent	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	1
		Not quiescent	1	1	—	—	—	—	—	—	—	—	—	—	1	1	—	2
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Peripheral Glands.	Quiescent	—	—	—	1	—	—	—	—	1	—	—	—	1	—	1	2
		Not quiescent	1	1	1	—	—	—	—	—	—	—	—	—	1	1	1	3
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Totals (non-pulmonary) ...	2	2	2	1	1	2	2	1	1	—	1	3	5	5	8	18

(Ministry of Health Form T 145a).

TABLE XXXIa.

PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (a) the condition at the end of 1935 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.				
	Class T.B. minus.	Class T.B. plus. Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Class T.B. minus.	Class T.B. plus. Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Class T.B. minus.	Class T.B. plus. Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).
(a) Remaining on Dispensary Register on 31st December. Disease Arrested. Adults. M.	7	—	3	—	3	—	—	—	—	—	—	—	—	—	—
F.	4	—	2	—	2	—	—	—	—	—	1	—	—	—	—
Children	4	—	—	—	—	2	—	—	—	—	2	—	—	—	—
Disease not Arrested. Adults. M.	2	1	2	—	3	2	—	1	—	1	1	—	—	—	—
F.	3	—	—	—	—	—	—	1	—	1	1	—	1	—	1
Children	2	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Condition not ascertained during the year.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total on Dispensary Register at 31st December.	22	1	7	—	8	4	—	2	—	2	5	1	1	—	2
(b) Not now on Dispensary Register and reasons for removal therefrom. Discharged as Recovered. Adults. M.	60	9	4	—	13	6	1	1	—	2	8	—	—	—	—
F.	37	3	5	—	8	9	—	—	—	—	13	2	—	—	2
Children	90	—	—	—	—	22	—	—	—	—	15	—	—	—	—
Lost sight of, or otherwise removed from Dispensary Register.	33	7	10	2	19	41	9	4	1	14	20	10	7	1	18
Dead. Adults. M.	13	10	25	7	42	11	17	12	11	40	12	11	17	4	32
F.	4	3	24	7	34	9	7	13	7	27	8	10	13	7	30
Children	6	1	3	—	4	4	—	—	—	—	4	—	1	—	1
Total written off Dispensary Register.	243	33	71	16	120	102	34	30	19	83	80	33	38	12	83
Grand Totals	265	34	78	16	128	105	34	32	19	85	85	34	39	12	85

Condition at the time of the last record made during the year to which the Return relates.	1928.					1929.					1930.				
	Class T.B. minus.	Class T.B. plus. Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Class T.B. minus.	Class T.B. plus. Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Class T.B. minus.	Class T.B. plus. Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).
(a) Remaining on Dispensary Register on 31st December. Disease Arrested. Adults. M.	3	—	—	—	—	2	1	1	—	2	6	—	1	—	1
F.	2	—	—	—	—	3	1	1	—	2	7	1	—	—	1
Children	5	—	—	—	—	6	—	—	—	—	28	—	—	—	—
Disease not Arrested. Adults. M.	1	—	1	1	2	—	2	1	—	3	4	—	1	—	1
F.	2	—	—	—	—	—	1	—	—	1	1	—	1	—	1
Children	—	—	—	—	—	—	—	1	—	1	1	—	—	—	—
Condition not ascertained during the year.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total on Dispensary Register at 31st December.	13	—	1	1	2	11	5	4	—	9	47	1	3	—	4
(b) Not now on Dispensary Register and reasons for removal therefrom. Discharged as Recovered. Adults. M.	2	—	—	—	—	1	1	—	—	1	1	—	—	—	—
F.	5	—	—	—	—	7	—	—	—	—	1	—	—	—	—
Children	13	—	—	—	—	9	—	—	—	—	7	—	—	—	—
Lost sight of, or otherwise removed from Dispensary Register.	28	8	4	2	14	22	1	6	1	8	23	3	4	2	9
Dead. Adults. M.	1	4	16	8	28	11	3	24	4	31	12	2	15	10	27
F.	4	3	11	6	20	3	4	11	2	17	6	3	11	4	18
Children	2	—	—	2	2	2	—	2	—	2	—	—	1	1	2
Total written off Dispensary Register.	55	15	31	18	64	55	9	43	7	59	50	8	31	17	56
Grand Totals	68	15	32	19	66	66	14	47	7	68	97	9	34	17	60

Condition at the time of the last record made during the year to which the Return relates.	1931.					1932.					1933.				
	Class T.B. minus.	Class T.B. plus. Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Class T.B. minus.	Class T.B. plus. Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Class T.B. minus.	Class T.B. plus. Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).
(a) Remaining on Dispensary Register on 31st December. Disease Arrested. Adults. M.	15	—	3	—	3	11	—	3	—	3	16	1	1	1	3
F.	21	—	1	—	1	18	—	3	—	3	10	—	1	—	1
Children	52	—	—	—	—	21	—	1	—	1	3	—	—	—	—
Disease not Arrested. Adults. M.	4	—	3	—	3	2	1	4	3	8	6	3	8	4	15
F.	3	2	4	—	6	2	1	1	1	3	5	1	4	2	7
Children	4	—	—	—	—	—	—	—	—	—	5	—	—	1	1
Condition not ascertained during the year.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total on Dispensary Register at 31st December.	99	2	11	—	13	54	2	12	4	18	45	5	14	8	27
(b) Not now on Dispensary Register and reasons for removal therefrom. Discharged as Recovered. Adults. M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Children	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lost sight of, or otherwise removed from Dispensary Register.	33	—	4	—	4	28	1	4	1	6	18	—	3	1	4
Dead. Adults. M.	8	—	16	14	30	7	2	13	13	28	5	—	5	17	22
F.	5	—	11	6	17	5	—	8	8	16	2	—	1	12	13
Children	3	—	—	—	—	1	—	—	—	—	4	—	—	—	—
Total written off Dispensary Register.	49	—	31	20	51	41	3	25	22	50	29	—	9	30	39
Grand Totals	148	2	42	20	64	95	5	37	26	68	74	5	23	38	66

Condition at the time of the last record made during the year to which the Return relates.	1934.					1935.				
	Class T.B. minus.	Class T.B. plus. Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Class T.B. minus.	Class T.B. plus. Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).
(a) Remaining on Dispensary Register on 31st December. Disease Arrested. Adults. M.	—	—	—	—	—	—	—	—	—	—
F.	—	—	—	—	—	—	—	—	—	—
Children	—	—	—	—	—	—	—	—	—	—
Disease not Arrested. Adults. M.	16	—	17	1	18	21	2	16	—	18
F.	14	1	12	—	13	24	2	11	—	13
Children	13	1	—	—	1	11	—	—	—	—
Condition not ascertained during the year.	—	—	—	—	—	—	—	—	—	—
Total on Dispensary Register at 31st December.	43	2	29	1	32	56	4	27	—	31
(b) Not now on Dispensary Register and reasons for removal therefrom. Discharged as Recovered. Adults. M.	—	—	—	—	—	—	—	—	—	—
F.	—	—	—	—	—	—	—	—	—	—
Children	—	—	—	—	—	—	—	—	—	—
Lost sight of, or otherwise removed from Dispensary Register.	5	2	3	—	5	—	—	1	—	1
Dead. Adults. M.	10	—	7	6	13	4	—	5	2	7
F.	7	—	8	1	9	2	—	2	—	2
Children	1	—	—	—	—	1	—	—	—	—
Total written off Dispensary Register.	23	2	18	7	27	7	—	8	2	10
Grand Totals	66	4	47	8	59	63	4	35	2	41

(Ministry of Health Form T 145a).

TABLE XXXIb.

NON-PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (a) the condition at the end of 1935 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.				
	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.
(a) Remaining on Dispensary Register on 31st December. Disease Arrested. Adults. M.	—	—	—	—	—	1	—	—	—	1	—	—	—	1	1	—	—	—	—	—
Disease Arrested. F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Disease Arrested. Children	3	—	—	—	3	—	—	—	—	—	2	—	—	—	2	3	—	—	—	3
Disease not Arrested. Adults. M.	1	—	—	—	1	—	—	—	—	—	1	—	—	—	1	1	—	—	—	1
Disease not Arrested. F.	2	—	—	—	2	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—
Disease not Arrested. Children	3	—	—	—	3	—	—	—	1	1	—	—	—	—	—	—	1	—	—	1
Condition not ascertained during the year.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total on Dispensary Register at 31st December.	9	—	—	—	9	1	—	—	1	2	3	1	—	1	5	5	1	—	—	6
Transferred to Pulmonary.... ...	—	—	1	2	3	—	—	—	—	—	—	—	—	—	—	1	—	—	1	2
(b) Not now on Dispensary Register and reasons for removal therefrom. Discharged as Recovered. Adults. M.	19	5	3	6	33	—	—	—	2	2	2	1	—	1	4	—	1	—	—	1
Discharged as Recovered. F.	14	7	3	10	34	—	—	—	2	2	3	—	—	2	5	1	—	—	1	2
Discharged as Recovered. Children	25	11	5	42	83	2	3	1	11	17	1	4	3	7	15	1	9	2	5	17
Lost sight of, or otherwise removed from Dispensary Register	10	8	2	7	27	8	6	6	18	38	4	7	5	8	24	8	5	7	4	24
Dead. Adults. M.	1	—	1	1	3	1	2	1	—	4	1	1	—	—	2	—	2	1	—	3
Dead. F.	2	—	1	1	4	1	2	1	—	4	1	5	1	—	7	1	2	—	—	3
Dead. Children	1	1	—	—	2	—	5	3	—	8	1	2	4	—	7	1	3	3	—	7
Total written off Dispensary Register.	72	32	15	67	186	12	18	12	33	75	13	20	13	18	64	12	22	13	10	57
GRAND TOTALS of (a) and (b) (excluding those transferred to Pulmonary).	81	32	15	67	195	13	18	12	34	77	16	21	13	19	69	17	23	13	10	63

Condition at the time of the last record made during the year to which the Return relates.	1929.					1930.					1931.					1932.				
	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.
(a) Remaining on Dispensary Register on 31st December. Disease Arrested. Adults. M.	1	—	—	—	1	1	1	—	—	2	2	1	1	—	4	1	—	1	—	2
Disease Arrested. F.	—	—	—	1	1	2	—	—	—	2	2	3	—	1	6	1	—	—	—	1
Disease Arrested. Children	1	—	—	—	1	2	—	—	1	3	2	1	—	—	3	4	15	—	5	24
Disease not Arrested. Adults. M.	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Disease not Arrested. F.	—	—	—	—	—	—	—	1	—	1	—	1	—	—	1	—	—	—	—	—
Disease not Arrested. Children	1	1	—	—	2	—	—	1	1	2	1	1	—	—	2	2	4	—	2	8
Condition not ascertained during the year.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total on Dispensary Register at 31st December.	4	1	—	1	6	5	1	2	2	10	7	7	1	1	16	8	19	1	7	35
Transferred to Pulmonary.... ...	1	—	—	2	3	—	1	—	1	2	—	—	—	2	2	—	—	—	—	—
(b) Not now on Dispensary Register and reasons for removal therefrom. Discharged as Recovered. Adults. M.	1	—	—	1	2	—	1	1	—	2	2	1	—	—	3	—	—	—	—	—
Discharged as Recovered. F.	1	2	—	5	8	1	2	—	3	6	1	—	—	1	2	—	—	—	1	1
Discharged as Recovered. Children	1	2	—	7	10	2	2	—	2	6	1	1	—	4	6	—	—	—	1	1
Lost sight of, or otherwise removed from Dispensary Register	5	8	11	11	35	7	2	4	11	24	1	1	1	2	5	2	2	—	1	5
Dead. Adults. M.	3	2	—	—	5	—	1	3	1	5	1	—	—	—	1	—	1	—	—	1
Dead. F.	1	2	—	—	3	—	1	—	—	1	—	2	—	—	2	2	—	1	—	3
Dead. Children	—	2	3	—	5	—	3	1	—	4	2	—	1	—	3	—	—	—	—	—
Total written off Dispensary Register.	12	18	14	24	68	10	12	9	17	48	8	5	2	7	22	4	3	1	3	11
GRAND TOTALS of (a) and (b) (excluding those transferred to Pulmonary).	16	19	14	25	74	15	13	11	19	58	15	12	3	8	38	12	22	2	10	46

Condition at the time of the last record made during the year to which the Return relates.	1933.					1934.					1935.				
	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.
(a) Remaining on Dispensary Register on 31st December. Disease Arrested. Adults. M.	—	—	2	—	2	—	1	—	3	4	1	—	—	—	1
Disease Arrested. F.	2	—	—	—	2	—	1	1	—	2	—	—	—	1	1
Disease Arrested. Children	2	9	—	9	20	—	2	—	—	2	—	—	—	2	2
Disease not Arrested. Adults. M.	1	—	1	—	2	1	1	2	—	4	3	—	3	1	7
Disease not Arrested. F.	2	—	1	1	4	2	—	2	—	4	1	1	1	4	7
Disease not Arrested. Children	3	2	—	—	5	—	3	—	2	5	2	3	—	8	13
Condition not ascertained during the year.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total on Dispensary Register at 31st December.	10	11	4	10	35	3	8	5	5	21	7	4	4	16	31
Transferred to Pulmonary.... ...	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—
(b) Not now on Dispensary Register and reasons for removal therefrom. Discharged as Recovered. Adults. M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Discharged as Recovered. F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Discharged as Recovered. Children	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lost sight of, or otherwise removed from Dispensary Register	1	1	2	1	5	—	3	—	—	3	—	—	1	—	1
Dead. Adults. M.	—	—	2	—	2	—	—	—	—	—	—	—	—	—	—
Dead. F.	—	—	—	—	—	—	1	—	—	1	—	—	—	1	1
Dead. Children	1	—	—	—	1	—	—	—	1	1	—	1	—	—	1
Total written off Dispensary Register.	2	1	4	1	8	—	4	—	1	5	—	1	1	1	3
GRAND TOTALS of (a) and (b) (excluding those transferred to Pulmonary).	12	12	8	11	43	3	12	5	6	26	7	5	5	17	34

TABLE XXXII.

Case of Tuberculosis notified during the 52 weeks ended December 28th, 1935.

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 all Ages	At Ages—Years						1	2	3	4	5	6	1	2	3	4	5	6	
			Under 1	1 to 5	5 to 15	15 to 25	25 to 65	65 and upwards	Central	Dalton	Almondbury	Lockwood	Lindley	Moldgreen	Central	Dalton	Almondbury	Lockwood	Lindley	Moldgreen	
Tuberculosis :—																					
Pulmonary ...	M.	59	—	—	5	12	38	4	18	10	8	12	8	3	18	8	3	8	6	4	47
	F.	50	—	—	8	18	23	1	16	9	6	6	7	6	11	7	6	4	3	7	38
	Total ...	109	—	—	13	30	61	5	34	19	14	18	15	9	29	15	9	12	9	11	85
Non-Pulmonary	M.	21	—	1	10	5	5	—	8	2	4	4	—	3	4	2	4	1	—	1	12
	F.	18	—	3	4	6	5	—	3	2	3	1	5	4	2	2	2	1	1	1	9
	Total ...	39	—	4	14	11	10	—	11	4	7	5	5	7	6	4	6	2	1	2	21
Other and doubtful cases	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	2	2	1	1	10
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	6	1	2	2	1	1	13
Totals		148	—	4	27	41	71	5	45	23	21	23	20	16	44	21	19	18	12	15	129

TABLE XXXIII.

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. 29th, 1934	42	7	—	—	15	7	—	3	—	—	—	74
No. since admitted ...	71	6	6	2	14	1	4	10	—	12	3	129
No. discharged	60	6	6	2	16	3	2	3	—	12	3	113
No. died	14	—	—	—	1	—	—	1	—	—	—	16
No. remaining in Hospital on Dec. 28th, 1935 ...	39	7	—	—	12	5	2	9	—	—	—	74

TUBERCULOSIS.

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

Notifications.

During 1935 the total notifications of all forms of Tuberculosis were 148, giving an incidence rate per 1,000 living population of 1.3. The corresponding figures for the previous year were 166 and 1.4 respectively. The incidence rates per 1,000 living population for Pulmonary and Non-Pulmonary forms were 0.9 and 0.3 respectively. Compared to 1934 there is again a decrease in Pulmonary disease, whilst the incidence rate for Non-Pulmonary forms is but little changed. In the School Medical Report of 1934 it was suggested that the sharp decrease in Non-Pulmonary notifications was due mainly to the decline in Abdominal Tuberculosis, and that this decline, though probably partly artificial, was due also to some extent to the improved milk supply ; the figures for the year under review tend to support this suggestion.

The decrease in the Pulmonary rate would be more satisfactory were it not for the fact that so many of the new cases are advanced when first seen. Of the 109 cases of Pulmonary disease notified 96 were adults ; of these 43, or 44.8 per cent., had a positive sputum when first seen. This percentage shows a decrease of 3.0 on the 1934 figures.

Deaths.

There has been a further decline in the number of deaths, the total for the year being 80, giving a mortality rate for all forms of 0.7 per 1,000. The figures for 1934 were 91 deaths and a mortality rate of 0.8 per 1,000.

The number of deaths occurring within one year of notification was 48, or 60 per cent., of the total deaths. This figure shows a slight rise compared to 1934. It is no wonder that the general public have a horror and dread of Tuberculosis when such a large proportion of cases die within such a short period of being discovered.

Deaths which occurred prior to notification numbered 14 in the year under review, a percentage of 17.5. This figure is a welcome and much needed reduction from last year, when the high percentage of 23.1 was reached.

The whole problem of successful treatment depends on early recognition and notification, for without this a Tuberculosis scheme cannot do its work properly. It is believed that if propaganda among the general public was actively pursued, some of this age old fear would be removed and patients would begin to demand full investigation of persistent chest symptoms, instead of being satisfied with an acceptable and often self-formed diagnosis of Chronic Bronchitis—a position which is all too common at the present time.

The percentage of cases alive four or more years after notification is now 12.5, a slight decline from last year, when the figure was 13.2.

Public Health (Prevention of Tuberculosis) Regulations, 1925.

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

Tuberculosis Clinic.

In addition to the three sessions previously held for men, women, and children, an extra session was commenced in November on Monday afternoons.

The object of this session was to enable clinic patients who would benefit by Gold Therapy to have their weekly injections at the clinic and so avoid the journey to the Sanatorium each week. Time was also specially reserved at this session for contact examinations. The period during which the session has been held has been too short to estimate its usefulness or otherwise, and in the next Report a better survey can be made.

During November and December 4 male patients attended this clinic for Gold injections. They were all given intravenous injections at weekly intervals, but the course of treatment was not concluded before the end of the year.

Apart from this Gold Therapy no change in the routine work of the clinic has taken place, its use being limited chiefly, as in the past few years, to diagnosis and advice. Taking into consideration the fact that nothing in a material form is given to the patients, attendances are very good. In 1935 they numbered 3,417, an increase of 523 on those of the previous year.

New Cases.

These show a decrease from 242 in 1934 to 218 in 1935. Of the new cases seen, 127 were considered to be definitely Tuberculous, a percentage of 58.3. In 6 cases the diagnosis was not completed by December 31st, and in the remaining 85 patients the condition was thought to be Non-Tuberculous.

Clinic Register.

On December 31st the total number of cases on the register was 723, a decrease of 13 during the year.

Pulmonary cases were 547, and Non-Pulmonary 176. Of the former, 148, or 27.1 per cent., had a positive sputum. The Non-Pulmonary cases show a slight rise.

Domiciliary Visits.

During the year under review 197 visits were paid to patients' homes, an increase of 42 on 1934. Included in this figure are 83 personal consultations with the practitioner in charge of the case. These consultations are of great value, and it is satisfactory to note that they are increasing. In the cases where the general practitioner was not present at the examination a full report was sent to him either by letter or by telephone. Visits by the Tuberculosis Nurse numbered 1,515, a decrease of 164 on 1934; this decrease was due

to a period of off duty caused by sickness. A tribute to the high standard of her work is merited, for this has continued at its previous high level during the year, and the smoothness with which the clinics are conducted is due in a large part to her efficiency.

Laboratory Examinations.

Specimens of sputum, etc., examined during the year numbered 924, an increase of 211 on 1934. Negative cases have had their sputum examined more frequently, and in several cases persistent negatives have proved to be positive.

Contacts.

There were 208 immediate contacts to new cases during the year, 161 adults and 47 children.

Of these 123, or 59.1 per cent., accepted examination, and were made up of 82 adults and 41 children. Of those examined, 5 adults and 4 children were considered to be definitely Tuberculous.

It is satisfactory to note that nearly all the children who were contacts were examined, but many adults still refuse. It is most difficult to obtain consent for examination between the ages of sixteen and twenty ; these adolescents are working, think they know everything, and the parents appear to have no control over them. The result is that an important section of contacts is missed—one which probably contains early cases amenable to treatment. Of the contacts examined, 66 had X-ray examination, and a further 16 were given appointments to attend for an X-ray but failed to do so.

Housing.

There are still only four houses allocated to the Health Committee for Tuberculous cases. An effort is being made, however, to re-house sputum positive cases who are occupying overcrowded or unsuitable houses as quickly as possible. Of the known sputum positive cases, 64 are badly housed and have to share a bedroom with one or more members of the family. This is a serious position from the point of view of risk of contact infection.

A proportion of these families will be dealt with under the new Overcrowding Act, but there will be a residual number of from 40 to 50 unprovided for, and it is hoped that something may be done at an early date to meet their needs.

There are also many " negative " cases who are badly housed and in need of fresh accommodation. They, too, should be dealt with as soon as possible, as they are quite likely to become " open " cases at any time.

Ultra Violet Light.

Six adult patients from the clinic received treatment at the Ultra Violet Light clinic. They were as follows :—

Lupus	2
Hip joint disease with sinus formation...	2
Tuberculous Peritonitis	1
Tuberculous Cervical Glands	1

All the cases improved under this treatment, which is being continued during 1936.

After Care.

No change has taken place during the year, and the formation of an After Care Committee seems as far off as ever. This is to be regretted, for such a committee could do invaluable service in the cause of Tuberculosis.

Bradley Wood Sanatorium.

No changes in accommodation have been made during the year, but plans are under discussion to add a new block for female Pulmonary cases and to improve the staff accommodation.

During 1935, 129 patients were admitted to the Sanatorium, an increase of 16 compared with the previous year. Deaths in the institution numbered 16 as against 8 in 1934. The reason for this increase was that several patients were admitted for whom there was no hope of recovery, but their admittance was justified in that sources of dangerous infection were removed from their homes, thereby diminishing the risk of contact infection.

X-ray Examinations.

These are carried out at the Sanatorium, and the figures include all cases sent for examination from the clinic. A few films were taken for the Maternity and Child Welfare Department and for the Silicosis Board.

The total number of examinations made was 740, an increase of 56 on 1934, whilst screenings numbered 590, an increase of 200 on the previous year. It will thus be seen that the X-ray plant is of major importance to the scheme as a whole, and without its help treatment by artificial pneumothorax would be almost impossible.

Treatment in the Sanatorium.

This has followed the usual broad lines of Sanatorium treatment in general, supplemented by the under mentioned special treatment when possible.

Artificial Pneumothorax.

Suitable cases are still difficult to find, and until patients are sent up in the early stages the value of this treatment cannot be used to full advantage.

Inductions were attempted in 8 new cases, and of these 6 were successful. Also treatment was continued in a further 6 cases where the induction had been done in the previous year.

At the end of 1935 the position was as follows :—

Treatment continuing	7
Treatment discontinued	5

The reasons for discontinuing treatment were :—

Massive spread in opposite lung ...	1
Re-expansion of lung	2
Dense adhesions preventing useful collapse	1
Transfer of patient to another Authority	1

The condition of the remaining 7 patients was good in every case. The number of refills given during the year was 152.

Phrenic Evulsion.

In all, 12 cases were treated by this method, the operation in all instances being performed by Mr. Armitage, of Leeds, under local anæsthesia. Cases were divided as follows :—

	Male.	Female.
Left	2	3
Right	2	5
	4	8

Indications for operation were :—

Upper lobe disease	6
Basal Pleurisy with dense adhesions ...	4
Termination of Artificial Pneumothorax	2

The results assessed at the end of the year were :—

Much improved	7
Improved	4
No change	1
Worse	—

Gold Therapy.

The success of this form of treatment in certain cases encourages one to persevere, but case selection must be made with care ; otherwise good results are unobtainable.

In the series of cases dealt with during 1935 this form of treatment was given in several instances almost as a forlorn hope, but in future this practice will be discontinued, as good results were not obtained, although no worsening of the patient's condition could be fairly attributable to the Gold.

In all, 31 patients had treatment, and of these 6 were continued from 1934, the remainder being new cases. The use of the oily suspension for intra-muscular use has been discontinued, and except for two cases, where a watery intra-muscular preparation was used, all cases had intra-venous injections, the total number of injections given being 477.

In the following assessment patients are not classed as improved unless symptoms, physical signs, and X-ray appearances all show improvement :—

Improved	13
No change	6
Worse	—
Discontinued	9
Course not completed in 1935	3

In the 9 cases where treatment was discontinued the causes were as follows :—

Albuminuria	1
Diarrhœa	2
Stomatitis	1
Dermatitis	5

In no case was the reaction severe and in the majority it responded to treatment fairly quickly. One patient at the end of 1934 developed a severe Stomatitis and in the course of a few days his mucous membrane from the lips to the vocal chords was extensively ulcerated. This condition did not clear up for several months, but at the present time the membranes appear quite healthy again and show no sign of Stomatitis.

Orthopædic Cases.

With one exception all cases were treated by conservative methods, i.e., rest and fixation by mechanical means. The exception was a severe case of knee joint disease in a young adult who, after a period of conservative treatment, had an excision of the affected joint performed by Mr. W. Barclay, Consulting Orthopædic Surgeon.

The following plaster splints were applied during the year :—

Plaster Beds	1
Jackets	9
Single Spicas	4
Double Spicas	4
Miscellaneous	7

Seven patients suffering from Spinal disease were fitted with posterior spinal supports, and 5 patients with Hip Joint disease were supplied with walking calipers.

In December a Hanovia Alpine Sun Duo Therapy unit was installed, and all cases of Surgical Tuberculosis are now having treatment by Ultra Violet Light in addition to other treatment. Time has been too short to give results, and a full review will be given in the Report for 1936.

Dental Treatment.

At the present time assistance is given to urgent cases only, but a scheme is under consideration whereby a fully equipped dental room will be available at the Sanatorium, and a visiting dentist will deal with the teeth of those patients who require treatment.

Results of Treatment.

The immediate result of treatment in patients suffering from Pulmonary Tuberculosis discharged from the Sanatorium during the year has been fairly satisfactory. Ninety-two were discharged, and of these 51 were regarded as quiescent and 25 still had active disease.

Of patients suffering from Non-Pulmonary Tuberculosis 18 were discharged, 10 being quiescent and 7 still had active disease.

Mill Hill Hospital.

Two wards, one for males and the other for females, were reopened on August 12th, 1935, at this Hospital for advanced cases of Tuberculosis. As far as possible the accommodation is reserved for adults with extensive disease for whom little or nothing in the way of active treatment can be done.

Up to December 31st, 1935, the number admitted was 27 ; of these 6 were discharged and 7 died, leaving 14 in Hospital at the end of the year.

TABLE XXXIV.

MILL HILL HOSPITAL.

	Pulmonary Male.	Pulmonary Female.	Total.
No. in Hospital on Dec. 29th, 1934	—	—	—
No. since admitted ...	17	10	27
No. discharged	3	3	6
No. died	5	2	7
No. remaining in Hospital on Dec. 28th, 1935 ...	9	5	14

VACCINATION.

Ernest Firth, Vaccination Officer.

The Vaccination Acts, 1867 to 1898, and the Vaccination Act, 1907.

TABLE XXXV.

Registration Sub-Districts	No. of Births registered from 1st January to 31st December, 1934	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 Conscien-tious Objections
1. Huddersfield ...	1072	177	114	1	—	708
2. Almondbury ...	254	35	23	—	—	173
3. Lockwood ...	350	55	28	—	—	226
Totals ...	1676	267	165	1	—	1107

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 ...	40	13	1	12	6	
2. Almondbury ...	16	—	—	2	5	
3. Lockwood ...	28	2	5	5	1	
Totals ...	84	15	6	19	12	

From the above return it will be seen that for the year 1934 the percentage of children vaccinated was approximately 26. Compared with the previous year (1933) this shows an increase of 4 per cent.

For many years the tendency has been for the number of children successfully vaccinated to show a steady decrease, and there is some satisfaction, therefore, to be able to report on this return that some increase, however small, has taken place.

VENEREAL DISEASES.

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

For the first time since the new clinic building was opened the work of the centre showed no increase, but a slight decrease in total attendances as compared with the previous year.

During 1935 the total attendances were 16,759, as against 18,404 for 1934 and 14,955 for 1933.

An analysis of the figures shows that a large proportion of the drop occurred in West Riding attendances, which in turn was due to a fall in the number of new cases.

The number of new cases from West Riding areas during the year under review was 74, as against 120 for 1934.

During the year it has been noted that there is more difficulty in getting patients to attend for daily treatment owing to their employment being more regular, but wherever possible cases of male Gonorrhœa have been taught to irrigate and then been allowed to carry this treatment out at home, it unable to attend the clinic regularly.

To such patients lotion has been supplied, and they have been requested to see the Medical Officer at least every three weeks.

Of the total attendances of 16,759, 4,577 have received individual examination or treatment from the Medical Officer, and the remaining 12,182 received intermediate treatment at the hands of the Sister, Nurses, or Male Orderly.

The number of new cases seen during the year was 392, a decrease of 28 on 1934.

The principle of urging the new cases to ask any contacts known to them to come up to the clinic for examination has been persevered with, and good results have been obtained, as many new cases have been brought to light in this way.

Of the 392 new cases, 142 were Non-Venereal in character, whilst of the 250 suffering from Venereal Disease, 63 had Syphilis, 186 had Gonorrhœa, and 1 case of Soft Sore was admitted.

Fourteen of the cases of Syphilis were of recent dated infection, the remainder being old standing infections or congenital cases.

The congenital cases increased to 12 as against 5 in 1934, a pleasing feature, and due in no small measure tc the interest taken in this disorder by members of the School Medical Service.

Treatment has followed similar lines to previous years, with one or two innovations, and has given quite satisfactory results.

Defaulters from treatment numbered 104, but of these, 22 had completed their treatment, though they did not complete their tests of cure.

Of the remaining 82 cases, 21 were of old standing infections, whilst 61 were of recent date infection.

During 1935 several medical practitioners have attended the clinic for instruction in treatment : this interest on their part is much appreciated by the Medical Officer in charge.

Pathological Examinations.

The pathological work showed a slight drop, which is accounted for by the smaller number of cases of Gonorrhœa treated : in the current year 1,017 specimens were examined, as against 1,292 in 1934.

In addition to the above work, which is carried out by the Venereal Diseases Medical Officer personally, Wassermann tests to detect the presence of a Syphilitic infection are carried out at the Public Health Laboratory, Manchester. The following is a list of the examinations carried out during the year and shows the source from which the specimens examined were obtained. The figures given do not include 13 specimens which when sent were not examined or were found on examination to be unsatisfactory.

TABLE XXXVI.

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	
Wassermann (Blood) ...	221	86	54	361	429	53	19	501	47	15	10	72	934
Wassermann (Cerebro-spinal fluid)	47	1	—	48	19	2	—	21	—	—	—	—	69
Gonococci	8	9	4	21	11	19	4	34	—	—	—	—	55
Urethral Smear	—	—	—	—	—	—	—	—	1	—	—	1	1
Totals	276	96	58	430	459	74	23	556	48	15	10	73	1059

In-Patient Treatment.

Patients requiring in-patient treatment on account of venereal diseases 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, 17 persons received in-patient treatment in accordance with this arrangement, the average duration of residence in Hospital being 28.94 days.

The Local Authority did not accept responsibility for the payment of the maintenance charges for patients treated in other Hospitals.

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.

TABLE XXXVII.

Name of County Borough or County in which person treated ordinarily resides	**Huddersfield County Borough**	West Riding	East Riding	Birmingham	Blackburn	Blackpool	Derbyshire	Dewsbury	Doncaster	Glamorgan	Halifax	Lancashire	Leeds	Liverpool	London	Manchester	Middlesborough	Nottinghamshire	Southport	Stockton-on-Tees	Worcestershire	Total
Number of cases dealt with at Treatment Centre for first time	**297**	74	1	—	1	1	1	—	1	1	4	1	2	1	—	2	1	1	1	1	1	392
Total attendances	**11,819**	4,649	34	2	2	42	7	36	2	3	37	2	18	4	20	24	25	3	1	27	2	16,759
Aggregate number of "In-patient days"	**464**	28	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	492
Number of doses of arsenobenzene compounds given	**632**	259	—	—	2	—	—	—	—	—	4	—	12	2	—	—	—	—	—	—	—	911

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, 1935.

In my Annual Report for the year 1934, I drew attention to the fact that the Government was gradually awakening to the importance of making a start in the attack upon urgent problems of contagious animal diseases and especially with those concerned with public health. The findings of the Committees which made detailed enquiries into these matters are still being considered by the Governmental departments concerned. The problems presented are intricate, and it appears that a considerable period of time will pass before any well thought out long term policy will be presented.

As in the past, it would appear that we must be content with piece-meal legislation.

The Milk Reorganisation Commission recommended the establishment of a roll of "Accredited Producers" in order to provide a definite incentive to farmers to produce a clean milk. The accredited producer receives a bonus of one penny per gallon of milk sold through the Milk Marketing Board, and in return he complies with certain conditions regarding the herd, buildings, methods of production, &c. These conditions are similar to those required for Grade "A" milk as far as production is concerned, and the granting of licences is in the hands of the Local Authority.

Unfortunately, various Local Authorities have interpreted the necessary conditions for qualification in such different ways that it is probable that some areas have been too lax and others too severe in the granting of accredited licences.

However, one essential of the scheme is that all milch cows shall be examined quarterly by a veterinary surgeon, and many districts are now subject to a routine clinical examination of their cattle where formerly none existed. This must make for a safer milk supply owing to the possibility of early detection of diseased cows.

Undoubtedly the scheme, which came into operation on May 1st, 1935, has given a great stimulus to the milk producers throughout the country.

By virtue of the Milk Act, 1934, and financial assistance of the Government to the milk industry, it was found possible to institute a scheme for the provision of cheap milk for school children. This scheme has operated from October 1st, 1934, when approximately 900,000 children in the schools of England and Wales were receiving milk at 1d. per third of a pint. In Parliament recently the figures for the Spring of 1935 estimated the consumption of this cheap milk to be 23 million gallons by 2,750,000 children. In the Borough of Huddersfield especial attention is paid to those selected farms which are supplying the schools with milk.

A contribution to increase the number of Tubercle-free herds in the country was made by the Ministry of Agriculture and Fisheries by the Tuberculosis (Attested Herds) Scheme which came into operation on February 1st, 1935.

The establishment of a Tubercle-free herd may receive official certification as an "Attested Herd" subject to certain conditions. Whilst these conditions are scientifically sound, they are so onerous as to be almost impracticable to owners of commercial herds.

The benefits of free Tuberculin testing and the payment of a bonus of 1d. per gallon for all milk sold through the Milk Marketing Board have not offered sufficient inducement, and so far only 65 herds have been attested since the inception of the Scheme. Amendments of the Scheme are now under consideration.

This interest in the establishment of herds free from Tuberculosis is apart from that of the Ministry of Health in "Certified" and "Grade-A-Tuberculin Tested" herds. Producers of milk from these herds are permitted to sell milk labelled in accordance with the provisions of the Milk (Special Designations) Order, 1923.

At the present moment a new draft Milk (Special Designations) Order is under consideration and will supersede the Order of 1923. Important differences are a simplification of the grading of Tubercle-free milk and the handing over to Local Authorities from the Ministry of Health the power of granting of licences and supervision.

The policy of the delegation by the Central Governing Body to Local Authorities of the duties of administering legislative requirements is fraught with difficulties unless authoritative guidance from the Ministry concerned is forthcoming and that the administration is uniform throughout the country. Permissive legislation as regards milk in the past has delayed without doubt the progress that was hoped for.

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.

There have been no outbreaks of this very contagious disease during the past year.

Swine Fever.

Eleven cases of suspected Swine Fever were reported to the Ministry of Agriculture and Fisheries ; the disease was confirmed in one case, involving six pigs.

Rabies.

No cases were suspected during the year.

Anthrax.

One case was detected and dealt with, and the precautions taken confined it to the death of one animal. The source of infection could not be traced.

The suspected existence of the disease in a bullock and a sheep was negatived upon examination.

Sheep Scab.

The energetic measures taken for the control of this contagious disease of sheep has freed this part of the country from the irksome restrictions that were found necessary for its control.

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 Tuberculous emaciation.

Twenty-two cows, against eighteen last year, were detected and slaughtered. Twelve were found to be suffering from Tuberculosis of the udder ; two were affected with a chronic cough and showed clinical signs of disease, and eight from Tuberculous emaciation.

Following removal of these affected animals, the premises are disinfected.

The sum of £117 5s. 0d. was paid in compensation, and £22 5s. 5d. recovered as salvage on carcases.

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.

Additional accommodation for pigs has now been provided, and roomy pens for poultry offered for sale continue to prove suitable and hygienic.

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.

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 has been especially stressed in previous Reports.

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 examination of dairy herds.

In milk produced in the Borough, three cases have occurred. In two cases, the offending cow had already been detected during routine examination of the herd. In the other case, the affected cow was discovered after the milk had been subjected to the biological test.

Two cases occurring in herds outside the Borough were dealt with by the Veterinary staff of the West Riding County Council.

The percentage of infected milk is 3.33%, a similar figure to that in 1934.

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 of routine examination of herds.

Milk (Special Designations) 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 risk 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.

This Order of 1923 will be shortly succeeded by a new one, and a simplification of the grading of milks is intended. Modification of the methods of bacterial testing of milk is to be introduced, and the power of granting of licences transferred from the Ministry of Health to Local Authorities.

Accredited Milk Producers' Scheme.

As already mentioned, producers who have qualified to be enrolled in this scheme must approximate to the standard required for a Grade "A" licence in respect of their herds, buildings and methods of milk production. There must be adequate dairy accommodation for storage of milk and for the cleansing and sterilisation of utensils Steam under pressure for the purpose of sterilising cans, bottles, &c., is considered to be essential. The bonus of 1d. per gallon of milk sold through the Milk Marketing Board enables producers to carry out necessary alterations and to supply modern equipment. It is rather surprising that in this district at any rate, more producers have not attempted to qualify for this premium. Up to date, the number of accredited producers in the Borough is 17.

Milk sold from such herds may not be specially labelled such as that sold under the Milk Designations Order. The licence granted is concerned with production only.

Milk in Schools Scheme.

Seventeen producers are supplying milk to schools in the Borough, and especial emphasis has been laid on the care in its production and hygienic handling. To deal with the large numbers of bottles used it has been considered essential that their cleansing and sterilisation should be done by means of proper equipment and steam under pressure.

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, twenty-one 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.

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

In addition, eleven 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.

Nine enquiries have been carried out in this connection as against eight last year.

The causes of contamination can almost always be traced to failure of the human element in carrying out the details of clean milk production. The very important procedure of cleansing the udders and teats thoroughly before milking is commenced cannot be too strongly emphasised, and four cases were due to failure in this respect.

Inefficient sterilisation of utensils was the reason for high bacterial counts in four cases.

One puzzling instance was encountered where all the usual precautions were being taken. The trouble was finally traced to an inefficient steam pressure boiler, the use of which gave a false sense of security, when in actual fact the temperature for sterilisation of cans and bottles was not attained. A new boiler at once remedied this defect.

On the other hand, the large majority of milk samples taken show that producers generally are maintaining a clean supply, and this year 89 per cent. of milks came up to Grade "A" standard.

Dairies on Farms.

Part V. of the Milk and Dairies Order deals with "General provisions for securing the cleanliness of Dairies, &c.," and for "protecting milk against infection."

Storage for milk and milk utensils is now provided on 121 farms out of a total of 138 occupied farms. Almost all those farms without dairies have only a few cows, the milk being for the producer's own use or the surplus small quantities sold twice daily or made into butter.

The need for proper storage of milk and adequate means for the cleansing and sterilisation of utensils is well recognised, and producers are encouraged to develop this side of production.

Additional accommodation has been provided on five farms during the year.

Cowsheds.

The modernising and reconstruction of cowsheds is urged whenever practicable, and advice is given as to construction, lighting and ventilation, &c. Four sheds on four farms have been thus improved. A well lighted and properly ventilated shed makes for better health of the cows therein and for easier work on the part of the farmer.

Summary.

Number of Registered Farms	...	138
Number of Registered Farmers	...	130
Number of Producer Retailers	...	108
Number of Producer Wholesalers	...	12
Number of Producers for own use	...	10

The approximate number of cows is 1,767, housed in 289 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 1,397.

The total number of clinical examinations of cows is 7,721.

Sanitary defects discovered and remedied are :—lighting 1 ; ventilation 3 ; repairs to cowshed floors 4 ; 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 and able assistance from Mr. J. Beever, Sanitary Inspector.

Your interest and support, Mr. Chairmen 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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