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BOROUGH OF HYDE.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH, SCHOOL MEDICAL OFFICER, ETC.

1927.

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

HIGHAMS LTD., PRINTERS, HYDE.

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ANNUAL REPORT

OF THE

Medical Officer of Health

SCHOOL MEDICAL OFFICER; MEDICAL OFFICER TO THE MATERNITY AND CHILD WELFARE COMMITTEE; MEDICAL SUPERINTENDENT OF THE ISOLATION HOSPITALS AND THE TUBERCULOSIS PAVILION; AND POLICE SURGEON.

FOR THE YEAR
1927.

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.

BOROUGH OF HYDE.

COMMITTEES, 1927.

Health Committee.

Chairman—ALDERMAN W. FOWDEN.

His Worship the Mayor (Councillor Allen Shaw, J.P.).
Alderman James Hibbert,
Councillor Mrs. A. Brooke, J.P.
,, Rev. J. S. Burgess.
Councillor A. Holland,
,, G. Hopwood,
,, F. Whalley.
,, J. Watt.

Health (Hospitals) Sub-Committee.

Chairman—ALDERMAN W. FOWDEN.

His Worship the Mayor (Councillor Allen Shaw, J.P.).
Alderman James Hibbert.
Councillor Mrs. A. Brooke, J.P.
Councillor Rev. J. S. Burgess

Maternity and Child Welfare Committee.

Chairman—ALDERMAN W. FOWDEN.

His Worship the Mayor (Councillor Allen Shaw, J.P.).
Alderman James Hibbert.
,, P. Hibbert,
Councillor T. Middleton, J.P.
,, Mrs. A. Brooke, J.P.
,, Rev. J. S. Burgess.
,, G. Hopwood,
,, J. Watt,
,, A. Holland.
Dr. James Howard.
Councillor G. Spencer,
,, J. L. H. Slater,
,, F. Whalley.
Mrs. Adamson,
,, Graham,
,, Johnson,
,, Rogers,
,, Rose,
Miss E. Priestley.

Education Committee.

Chairman—Councillor REV. J. S. BURGESS.

Deputy-Chairman—MRS. COOKE.

His Worship the Mayor (Councillor Allen Shaw, J.P.).
Alderman W. Fowden.
,, Joseph Hibbert,
Councillor S. J. Gray,
,, A. Holland,
,, R. Howarth,
,, G. H. D. Pickthall,
Councillor G. Spencer,
,, F. Whalley,
Mrs. Beeley,
Mrs. Cooper.
Mr. C. T. Billinge.
Mr. J. B. Davenport, J.P.
Rev. H. J. Graham, M.A.

Watch Committee.

Chairman—ALDERMAN P. HIBBERT.

His Worship the Mayor (Councillor Allen Shaw, J.P.).
Alderman S. Fawley,
,, Joseph Hibbert,
,, James Hibbert,
Councillor T. Middleton, J.P.
Councillor Mrs. A. Brooke, J.P.
,, G. Goodfellow.
,, Rev. J. S. Burgess.

STAFF OF THE PUBLIC HEALTH DEPARTMENT.

Medical Officer of Health; School Medical Officer; Medical Officer to the Maternity and Child Welfare Committee; Medical Superintendent Isolation Hospitals; Medical Superintendent Tuberculosis Pavilion; and Police Surgeon to the Hyde Borough Police:—

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

Assistant Medical Officer of Health::

GEORGIE I. BRODIE, M.B., Ch.B. (from April to October, 1927).
MARY EVANS, M.B., Ch.B. (from November, 1927).

Borough Isolation Hospitals:

Matron:

MISS E. PRIESTLEY.

Deputy-Matron:

MISS D. M. WARBURTON.

Health Visitors and School Nurses:

x‡† MRS. W. BARTON (Resigned March, 1927).
x‡† MISS A. SHUTTLEWORTH.
x‡† MISS A. A. HOWORTH.
x‡ MISS J. PATERSON (Appointed April, 1927).

Sanitary Inspectors:

FRED ALLSOP, M.S.I.A., C.S.M.F.I.
(Also Meat and Food Inspector and Drainage Inspector).

HARVEY J. MILES, A.R.S.I.

Refuse Removal Department:

Foreman: JAMES A. SMITH (deceased 10/2/28).

Clerical Staff:

Chief Clerk ... ... HUBERT PIKE, A.R.S.I.

Maternity and Child Welfare and School Medical Clerk:
MISS GERTRUDE H. STAMP.

Junior Clerk ... ... MISS ADA NORGROVE.

x State Registered Nurse.
‡ Certificate of Central Midwives Board.
† Health Visitors' Certificate, Royal Sanitary Institute.

Public Health Department,

Town Hall, HYDE,

April, 1927.

To His Worship the Mayor, Aldermen, and Councillors of the Borough of Hyde.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present to you my Report upon the Health and School Medical Inspection work of the Borough for the year 1927. In accordance with the instructions of the Ministry of Health, detailed survey reports are now required only at intervals of five years, and as the report for 1925 was one of this type, the next survey report will be that for the year 1930. The report for last year is an ordinary one of the series; it is chiefly a record of the work carried out during the year, with a few suggestions regarding future lines of development, and with statistics which give some indication of the results already achieved.

The Vital Statistics show that the past year has been characterised by the occurrence of three new records for the district, viz., the lowest Birth-rate, the lowest Death-rate, and the lowest Infantile Mortality rate.

The fact that the Birth-rate is low is not a matter for congratulation, but an incentive to increased activities, so that everything possible may be done to secure for those children who are born the best conditions and care obtainable.

The decline of the Death-rate is a more encouraging sign, especially as it is not a spasmodic drop, for the death-rate for the year 1926 was also the lowest on record, and the rate recorded last year is merely the end point of a curve which has been steadily falling during many years.

The Low Infantile Mortality is also a source of satisfaction, for last year's rate is not only the lowest ever recorded in the Borough, but also considerably lower than that of England and Wales as a whole. The Infantile Mortality rate is often referred to as the thermometer of sanitary progress in a district, and if this be a trustworthy guide, we have reason to believe that our work is progressing favourably, for although as mentioned later in the report, it is not advisable, in dealing with comparatively small numbers, to attach too much importance to the figure recorded in any particular year, the decline in the infantile death rate, considered over a number of years, has been so striking that it must be granted significance.

The amount of Infectious Disease notified was again comparatively small. Diphtheria was slightly more prevalent than in 1926, but fewer cases of Scarlet Fever were reported, and there were no cases of Smallpox notified within the Borough, although 7 cases from outside areas were treated in the Smallpox Hospital.

Of the non-notifiable Infectious Diseases our records are, of course, by no means complete, for they are obtained from the schools, and refer to school children only. They constitute, however, a fairly accurate index of the prevalence of these diseases, and our figures show that the numbers of cases of Measles and Whooping Cough, which are the most serious of this group, were roughly one quarter of the numbers reported during 1926.

Few changes in legislature occurred during the year. The chief orders made by the Ministry of Health, relating to health matters, were the Public Health (Preservatives, etc., in Food) Amendment Regulations, the Public Health (Infectious Diseases) Regulations, the Public Health (Condensed Milk) Amendment Regulations, and the Public Health (Dried Milk) Regulations. Bye-Laws, with local application only, were adopted dealing with Smoke Abatement, with Slaughter Houses, and with the Slaughtering of Animals.

The work of the School Medical Services was carried out on the lines previously indicated. It includes the routine medical examinations of children at the schools, the following-up of all children who are found to have defects, to ensure that treatment suggested is carried out, and in many cases the provision of treatment free of cost, or at reduced cost, where such treatment would not otherwise be obtainable. During the year 501 children were treated at the Dental Clinic, 201 at the Eye Clinic, 74 received operative treatment under the Authority's Scheme for dealing with nose and throat defects, and the number of attendances at the School Clinic for consultation or treatment reached the high figure of 11,400. The work also includes the medical examination of children of school age seeking employment, home visits by the nurses in cases of illness, and systematic examinations of the children at all the schools by the nurses with a view to maintaining and improving the standard of cleanliness.

In submitting the report I again take the opportunity to express my gratitude to all the members of the Council, and particularly to those Chairmen of Committees with whom I have been closely associated in my work, for their whole-hearted support and encouragement. I also wish to place on record my appreciation of the assistance so willingly rendered on all possible occasions by the Town Clerk and other Corporation officials. Their hearty co-operation in every phase of the work has added greatly to its efficiency. Lastly, I wish to acknowledge my indebtedness to the members of the Public Health and Hospital Staff for their conscientious, efficient and loyal service.

I have the honour to be,

Your obedient servant,

JOHN M. GIBSON.

GENERAL STATISTICS.

Area (in acres)	3,080.
Population (Census 1921)	33,437.
Population (Census 1921, amended)	34,130.
Population (Registrar General's estimate for 1927)	32,890.
Number of inhabited houses in 1921	8,394.
Number of inhabited houses in 1927	8,739.
Number of families or separate occupiers in 1921	8,018.
Density of population, i.e. number of persons per acre	10.7.

	Land.	Buildings.	Total.
Rateable Value (including Government Property), in 1926	£2479	£188,195	£190,674
Rateable Value (including Government Property), in 1927	£2460	£186,916	£189.376

Sum represented by a penny rate in 1926	£718.
Sum represented by a penny rate in 1927	£710.

The above figures show that according to the Registrar General's estimate the population of the Borough is now 1,240 less than it was when the census was taken in 1921. Although it is impossible to state the population accurately it is believed by those who have an intimate knowledge of the district that the decrease, if any, is much less than these figures indicate. In his memorandum the Registrar General explains that his estimate is derived from the 1921 Census population after allowance for the births, deaths and migration, which occurred between the Census date and 30th June last, but he admits that in the absence of definite information the allowance made for migration must necessarily be an approximate one. The birth rate has been higher than the death rate for each year since the last census. there are now 345 more houses than in 1921, and only eight dwelling houses in the Borough are known to be unoccupied, so that the migration factor cannot have played such a conspicuous part in reducing the population, as it has been held responsible for in many other districts.

CHIEF OCCUPATIONS AND THEIR INFLUENCE ON PUBLIC HEALTH.

Below are shown all the occupations at which more than 5,000 persons were employed when the last census was taken in the year 1921. Tabulated with the various occupations are the numbers of deaths of employees recorded during 1927, with the death rate per thousand for 1927 and 1926. The numbers under consideration are too small to give even approximately an indication of the influence of any particular occupation on the health of its workers, but the fact that those occupations which showed the highest mortality rates in 1926 are amongst the lowest in 1927, and vice versa, suggests that none of them can be designated inimical to health or injurious to life.

Occupations at which more than 5,000 persons were employed in 1921.	Number in 1921.	Deaths in 1927.	Death rate per thousand In 1927.	In 1926.
(1) Textile Workers	6477	27	4.1	6.02
(2) Metal Workers	1819	16	8.7	4.8
(3) Makers of Articles of Dress	1451	29	19.9	6.2
(4) Commercial Occupations (excluding clerks)	1177	6	5.1	0.84
(5) Transport Workers	838	4	4.7	14.3
(6) Personal Service	834	9	10.9	2.3
(7) Clerks and Draughtsmen	794	2	2.5	7.5
(8) Boilermakers, Shipwrights, etc.	699	3	4.2	8.9

EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

BIRTHS.

Legitimate ... ... Males 220, Females 200. Total 420.
Illegitimate ... ...Males 6, Females 6. Total 12.
Birth Rate ... ... 13.1.

DEATHS.

203 Males, 204 Females. Total 407.
Death Rate ... ... 12.4.

Number of women dying in, or in consequence of, childbirth,
From Sepsis 1
From other causes 1

DEATHS OF INFANTS UNDER ONE YEAR OF AGE.

	Number of Deaths.	Deaths per 1,000 Births.
Legitimate	25	59
Illegitimate	1	83
Total	26	60.2

Deaths from Measles (all ages) ... ... 1.
Deaths from Whooping Cough (all ages) ... ... 2.
Deaths from Diarrhoea (under 2 years of age) ... ... 1.

TABLE 1.—BIRTHS FOR THE YEAR 1927 (Local Returns).

Month.	Boys.	Girls.	Total.	Boys	Girls.	Total.
January	13	15	28			
February...	23	14	37	54	45	99
March	18	16	34			
April...	20	24	44			
May	16	11	27	57	47	104
June	21	12	33			
July	15	15	30			
August	11	14	25	46	43	89
September	20	14	34			
October	24	27	51			
November	17	12	29	57	56	113
December	16	17	33			
				214	191	405

TABLE 2.—MONTHLY AND WARD DISTRIBUTION OF BIRTHS FOR THE YEAR 1927.

Month.	Hyde.	Newton.	Godley..	Total.
January	21	7	—	28
February	26	10	1	37
March	25	9	—	34
April	36	7	1	44
May	20	6	1	27
June	23	6	4	33
July	25	5	—	30
August	17	8	—	25
September	22	9	3	34
October	36	15	—	51
November	23	4	2	29
December	25	7	1	33
	299	93	13	405

TABLE 3.—ILLEGITIMATE BIRTHS 1927 (LOCAL RETURNS).

Ward.	Boys.	Girls.	Total.
Hyde	4	2	6
Newton	—	1	1
Godley	—	—	—
	4	3	7

TABLE 4.—COMPARISON OF LOCAL BIRTH RATE WITH THAT OF ENGLAND AND WALES.

Year.	Population.	No. of Births.	Birth Rate.	England and Wales.
1901	32,766	815	24.82	28.5
1902	33,048	858	25.96	28.5
1903	33,379	855	25.61	28.5
1904	33,687	812	24.10	28.0
1905	33,866	757	22.35	27.3
1906	34,033	781	22.93	27.2
1907	34,165	748	21.89	26.5
1908	33,459	827	23.99	26.7
1909	34,669	721	20.79	25.8
1910	34,833	723	20.75	25.1
1911	34,497	744	22.48	24.4
1912	33,728	770	22.91	23.8
1913	33,922	722	21.4	23.9
1914	34,084	689	20.36	22.2
1915	32,655	606	18.67	21.8
1916	31,476	628	18.34	21.6
1917				
1918	34,042	498	14.6	17.7
1919	33,908	515	15.18	18.5
1920	33,444	739	21.7	25.4
1921	34,130	699	20.4	22.4
1922	34,110	565	16.5	20.6
1923	34,030	561	16.4	19.7
1924	33,770	497	14.7	18.8
1925	33,500	479	14.2	18.3
1926	32,910	459	13.7	17.8
1927	32,890	432	13.1	16.7

STILL BIRTHS.—The number of Still Births in 1927 was 19.

BIRTHS FOR THE YEAR 1927.

In Tables 1 and 2 it will be observed that the number of births according to the local returns was 405, whereas in Table 4 the number is given as 432. The latter figure is that supplied by the Registrar-General, and includes births of babies born to Hyde parents in other districts. As Hyde does not contain a Maternity Home, nor a General Hospital, a number of Hyde babies are born every year in neighbouring towns, and although they are not included in the local returns, which record local births only, their number is transferred to the Hyde birth statistics by the Registrar-General.

Table 4 shows that although the population has remained almost unchanged since the beginning of the century, the number of births, and consequently the birth rate, have fallen by almost one half. It will be seen that this fall is not confined to Hyde only, but is universal in England and Wales. Another important point demonstrated by this table is that the local birth rate has been for many years consistently lower than that of England and Wales as a whole.

DEATHS FOR THE YEAR 1927.

The reports submitted monthly to your Health Committee give particulars of all deaths registered in the Borough during the previous month, the total for the year being 308. The figures given are obtained weekly from the local registrars, but do not include deaths of persons, ordinarily resident in Hyde, who die elsewhere, and so the Registrar-General's return at the end of each year, which includes these inward transfers, is invariably higher than the local return. Tables 5 and 6 show the total number of deaths as returned by the Registrar-General, the causes of death, and the monthly and ward distributions. It will be seen from Table 5 that the principal causes of death in order of frequency were Heart Disease, Cancer, Bronchitis, Tuberculosis, Arterio-Sclerosis, Influenza and Pneumonia. This order is practically identical with that for 1926, with the exception of Pneumonia, which has dropped on the mortality list from third to seventh place.

TABLE 5.—REGISTRAR GENERAL'S RETURN TABLE.

Causes of Death.	Males.	Females.
All causes	203	204
Measles	—	1
Scarlet Fever	1	—
Whooping Cough	—	2
Diphtheria	—	1
Influenza	10	12
Tuberculosis of respiratory system	15	11
Other tuberculous diseases	1	2
Cancer, malignant disease	22	24
Rheumatic Fever	1	1
Diabetes	1	1
Cerebral Haemorrhage, etc.	6	7
Heart disease	28	45
Arterio-sclerosis	19	7
Bronchitis	21	18
Pneumonia (all forms)	15	8
Other respiratory diseases	3	1
Ulcer of stomach or duodenum.	1	1

	Males.		Females.
Diarrhoea, etc. (under 2 years)	—	.....	1
Appendicitis and typhlitis	—	.....	1
Cirrhosis of Liver	1	.....	—
Acute and chronic nephritis	8	.....	9
Puerperal sepsis	—	.....	1
Other accidents and diseases of pregnancy and parturition	—	.....	1
Congenital debility and malformation, premature birth	5	.....	5
Suicide	3	.....	—
Other deaths from violence	9	.....	4
Other defined diseases	33	.....	40

The monthly and ward distribution of deaths is given in the following table:—

TABLE 6.—DEATHS 1927, MONTHLY AND WARD DISTRIBUTION.

Month.	Hyde.	Newton.	Godley.	Month.	Total Quarter.
January	20	9	2	31	
February	24	4	—	28	87
March	19	8	1	28	
April	28	11	1	40	
May	20	1	3	24	88
June	18	5	1	24	
July	14	5	2	21	
August	12	2	1	15	60
September	17	6	1	24	
October	18	5	1	24	
November	12	2	—	14	73
December	25	8	2	35	
Other Districts	76	19	4	99	99
	—	—	—	—	—
	303	85	19	407	407

The death rate for the year was 12.4, which is again for the second year in succession, the lowest death rate ever recorded in the area. The following figures give a comparison of the local death rate with that of England and Wales and other towns of somewhat similar size.

	1923.	1924.	1925.	1926.	1927.
HYDE	12.9	14.0	14.2	12.5	12.4
ENGLAND & WALES	11.6	12.2	12.2	11.6	12.3
158 SMALLER TOWNS	10.6	11.2	11.2	10.6	11.3

Just as the birth rate has remained for several years consistently lower in Hyde than the average, so also the death rate has remained somewhat higher, but it will be observed from the figures given that the difference between the local rate and that of England and Wales is gradually becoming less. A steady fall of this kind is an encouraging sign.

A comparison of the birth-rate with the death-rate since the year 1901 is shown diagrammatically on the following page. Excluding the years of the war, and the years 1920 and 1921, when the birth-rate went up following demobilization, it will be seen that the birth-rate has fallen in almost a continuous straight line. The death-rate is more erratic, but the curve shows at a glance its downward tendency. The rapid approach of the birth-rate to the death-rate is also clearly illustrated by these curves. It is obvious that so far as births and deaths are concerned the population of the area is stationary, but in times such as these, when trade prosperity of districts ebbs to and fro, migration is a much more influential factor.

INFANT MORTALITY.

The deaths of infants under one year of age, their causes, and their monthly and ward distribution, are shown in Tables 7, 8, and 9. It will be observed from Table 7 that the infant mortality rate for the year was 60.2, the lowest rate ever recorded in the area. When consideration is given to the fact that there were only 26 deaths altogether of infants during the past year, it will be realised that considerable variations in the mortality rate from year to year may be expected, and that it will be difficult to maintain such an excellent record. Nevertheless it is encouraging to find that for the past year at any rate the infant mortality rate was 8.8 less than that of England and Wales as a whole, for one feels that with such results our child welfare work must be progressing on sound lines. When it is realised that 25 years ago the infantile mortality rate varied from 170 to 200, the immense improvement which has taken place will be appreciated.

A feature of Table 8 which calls for comment is the relatively high percentage of the deaths which occurred during the first four weeks of life. Twenty to twenty-five years ago the number of deaths during the first four weeks was roughly one-third of the total for the year; now the proportion is exactly one-half. This difference denotes that the mortality during the first four weeks has not been reduced to the same extent as that for the remaining 48 weeks of the year. If we consider the causes of deaths occurring during the first four weeks—usually described as the neo-natal period—we find the majority of deaths are grouped under such headings as Premature birth, Marasmus, Congenital specific disease, Congenital deformity, or Convulsions due to injury at birth, all of which are conditions which originate either before or during birth. It is obvious that no amount of post-natal care can be expected to reduce the mortality from conditions such as these, but some are undoubtedly preventable, and could be prevented, if expectant mothers would realise that, in their children's interests, as well as in their own, they should be examined and kept under medical supervision during the ante-natal period.

TABLE 7.—DEATHS OF INFANTS (UNDER ONE YEAR OF AGE).

REGISTRAR GENERAL'S RETURNS.

DEATHS OF INFANTS.

	Males	Females.
Legitimate	11	14
Illegitimate	—	1
Total	11	15

Total number of deaths of infants ... ... 26.
Infant Mortality Rate ... ... 60.2.

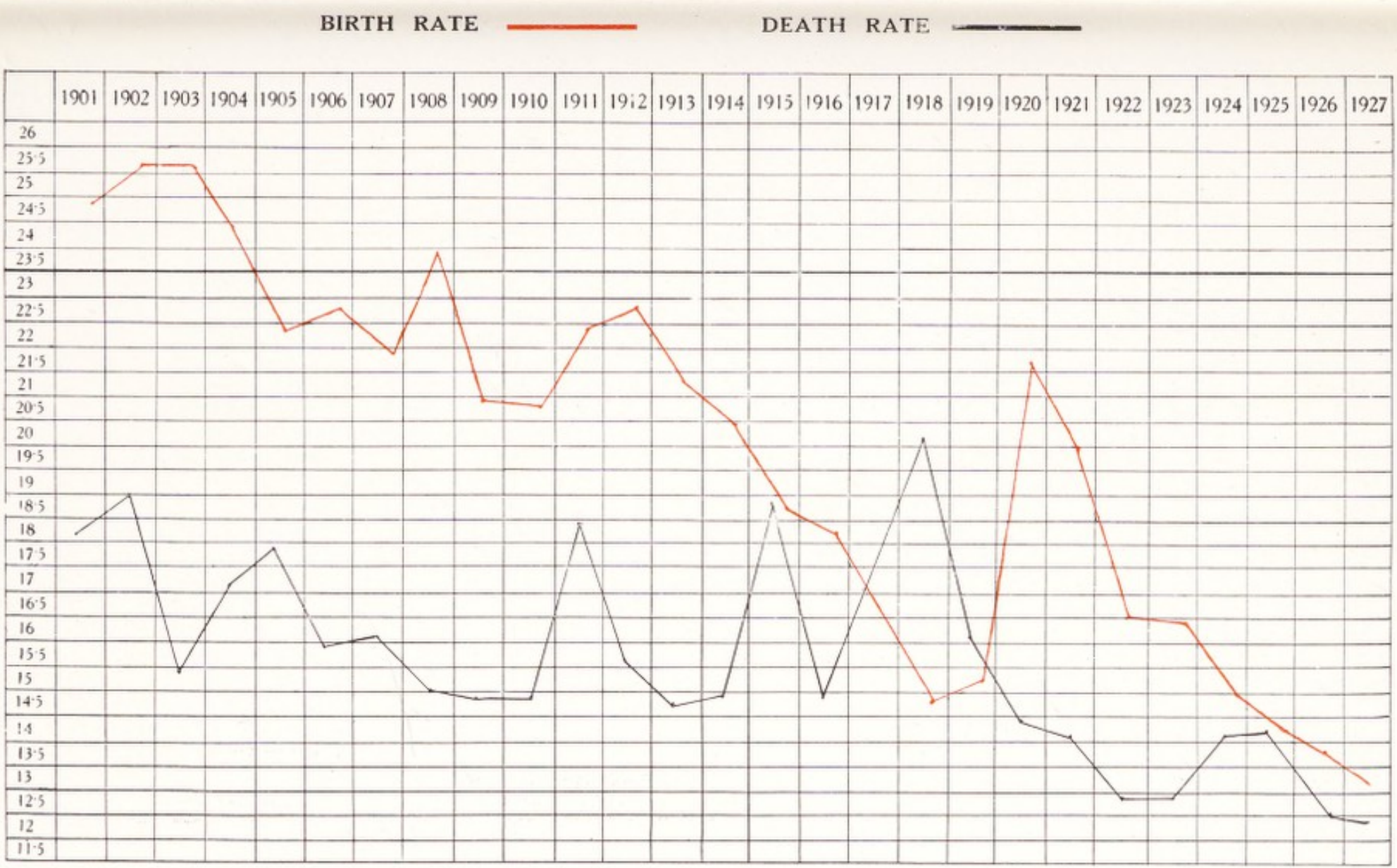
BIRTH RATE
DEATH RATE
1901 1902 1903 1904 1905 1906 1907 1908 1909 1910 1911 1912 1913 1914 1915 1916 1917 1918 1919 1920 1921 1922 1923 1924 1925 1926 1927
26
25·5
25
24·5
24
23·5
23
22·5
22
21·5
21
20·5
20
19·5
19
18·5
18
17·5
17
16·5
16
15·5
15
14·5
14
13·5
13
12·5
12
11·5

TABLE 8.—INFANT MORTALITY DURING THE YEAR 1927.

Nett Deaths from stated causes at various Ages under 1 Year of Age.

Causes of Death.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 4 Weeks.	4 Weeks and under 3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under 1 Year.
Measles	...	...	...	...	...	...	...	...	...	...
Whooping-Cough	...	...	...	...	...	...	...	..	...	...
Meningitis (non-Tuberculous) or abscess on brain	..	...	...	...	...	...	1	...	...	1
Convulsions	1	...	...	...	1	2	...	...	...	3
Infective Enteritis or Diarrhœa	1	...	...	...	1	...	...	...	...	1
Bronchitis	...	...	...	..	...	1	1	...	...	2
Pneumonia (all forms)	...	...	...	...	...	1	...	1	1	3
Suffocation	...	...	...	1	1	...	...	...	...	1
Premature Birth	4	...	...	...	4	...	...	...	...	4
Asthenia, Debility & Marasmus	3	...	...	...	3	3	...	...	...	6
Congenital Deformity	1	...	...	...	1	...	...	...	...	1
Tuberculous Meningitis	...	...	...	...	...	...	...	1	...	1
Congenital Specific Disease ...	...	...	2	...	2	...	...	...	1	3
Influenza	...	...	...	...	...	...	...	...	...	...
All Causes.—Certified	10	...	2	1	13	7	2	2	2	26

TABLE 9.—DEATHS OF INFANTS UNDER ONE YEAR OF AGE DURING THE YEAR 1927.

MONTHLY, QUARTERLY, AND WARD DISTRIBUTION.

Month.	Hyde.	Newton.	Godley.	Month.	Total quarter.
January	3	—	—	3	4
February	—	—	—	—	
March	1	—	—	1	
April	3	—	—	3	6
May	1	1	—	2	
June	1	—	—	1	
July	2	—	—	2	7
August	1	—	—	1	
September	3	1	—	4	
October	2	1	—	3	5
November	—	—	—	—	
December	2	—	—	2	
Outside Districts	3	1	—	4	4
	—	—	—	—	—
	22	4	—	26	26

INQUESTS.

25 Inquests were held in the district during 1927, as against 26 in 1926.

The certified causes of death were as under:—

Accidental Death ... 8

Suicide:—

Drowning ... 2
Coal Gas Poisoning ... 2
Cutting Throat ... 1

Natural Causes:—

Heart Disease ... 5
Pneumonia ... 2
Bronchitis ... 2
Cancer ... 1
Meningitis ... 1
Malignant Scarlet Fever ... 1

After making inquiries, the Coroner allowed local practitioners to give certificates of death in three other cases.

There were no uncertified deaths returned by the Local Registrars in 1927.

The number of deaths certified by medical practitioners and inquest cases for 1927 were:—

Certified by Medical Practitioners ... 373
Certified by Coroner ... 34

Of the 99 transferable deaths, 91 were certified by a Hospital Surgeon and 8 by the Coroner.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

HOSPITALS PROVIDED OR SUBSIDISED BY THE LOCAL AUTHORITY OR BY THE COUNTY COUNCIL.

(1) **For Fevers:**

A full description of the Hyde Borough Isolation Hospitals was given in the report for 1926. The newer section, which is used for the reception of ordinary infectious cases, such as Scarlatina, Diphtheria, Typhoid Fever, Encephalitis, Cerebro-Spinal Meningitis, Erysipelas, etc., serves a population of roughly 124,000. This embraces, in addition to Hyde itself, Bredbury and Romiley U.D.C., Dukinfield M.B., Compstall U.D.C., Disley R.D.C., Hazel Grove and Bramhall U.D.C., Marple U.D.C., Yeardsley-cum-Whalley R.D.C., Audenshaw U.D.C., Droylsden U.D.C., and Denton U.D.C.

(2) **For Small-Pox:**

The older section of the hospitals is now used for Smallpox cases, and although it contains only 40 beds, it serves a population of over 259,000. The outside authorities which pay retaining fees for the admission of patients suffering from Smallpox are Stockport C.B., Bredbury and Romiley U.D.C., Dukinfield M.B., Disley R.D.C., Hazel Grove and Bramhall U.D.C., Macclesfield R.D.C., Marple U.D.C., Yeardsley-cum-Whaley R.D.C., Droylsden U.D.C., and Denton U.D.C.

In the report for 1926 reference was made to the insufficient accommodation for staff in the administrative block, and it was pointed out that, as a temporary measure, the observation pavilion was being used as sleeping quarters for the night staff. As one of the hospital blocks is reserved for cases of advanced Tuberculosis, the use of another block by staff limited considerably the accommodation available for patients, and increased the difficulties of administration and segregation.

Provision has now been made to obviate these difficulties by the purchase of a large building known as " The Grange," which is adjacent to the Hospital. This building has been divided in such a manner that it will provide not only most suitable quarters for the night staff, but also an excellent residence for your Medical Officer, who will now be classed, as far as the hospital is concerned, as a resident Medical Officer. The advantages to the hospital and its patients of having its medical superintendent residing in, or near to it, are obvious, and apart from these, its general status will be uplifted, for it will now be recognised as a training school for nurses. In past years the training received by the nurses was not recognised by the General Nursing Council, and even after their full course of three years training nurses were not permitted to enter for their Fever Certificate. Now, however, the hospital has been recognised as a complete training school for Fever Nurses.

On the opposite page is shown a summary of the cases treated in the Infectious Diseases Hospitals during the year. Under the heading of "Observation Cases" are included three Diphtheria Carriers, and also those cases in which the initial diagnosis was not confirmed after admission. These included 18 cases which had been diagnosed Diphtheria, and four which were suspected to be cases of Scarlatina.

The three cases of Diphtheria which terminated with fatal results were from outside districts, and were all seriously ill on admission. The danger from Diphtheria has been greatly reduced, and its treatment simplified since the introduction of antitoxin, but it is still a most treacherous disease, for at the onset its symptoms are often so slight that they may be overlooked until several valuable days have elapsed, thus permitting the disease to obtain such a grip that serious paralytic effects cannot be prevented.

It will be seen that the cases of Smallpox treated were all from outside districts. In the case which ended fatally the patient progressed favourably for a time, but later developed Pleurisy, and finally Angina Pectoris as complications.

The following is a summary of cases of infectious diseases treated during the Year 1927.

	Scarlet Fever.			Diphtheria.			Enteric Fever.			Erysipelas			Smallpox			Observation.			TOTAL		
	HYDE	Outside Districts	Total	HYDE	Outside Districts	Total	HYDE	Outside Districts	Total	HYDE	Outside Districts	Total	HYDE	Outside Districts	Total	HYDE	Outside Districts	Total	HYDE	Outside Districts	Total
Remaining Jan. 1st, 1927 ...	11	11	22	4	..	4	...	...	...	...	1	1	...	..	..	1	...	1	16	12	28
Admitted	49	85	134	44	49	93	2	3	5	...	...	...	...	7	7	21	4	25	117	147	264
Discharged	42	80	122	48	35	83	2	3	5	...	1	1	...	5	5	21	4	25	115	126	241
Died	...	..	...	...	3	3	...	...	...	...	...	...	...	1	1	...	...	...	..	4	4
Remaining Dec. 31st, 1927 ..	18	16	34	...	11	11	...	...	...	...	...	...	...	1	1	1	...	1	18	29	47

The following table shows the numbers of cases admitted to the hospitals from neighbouring districts:—

CASES ADMITTED FROM NEIGHBOURING DISTRICTS.

	Scarlet Fever.	Diphtheria.	Typhoid Fever.	Smallpox.	Observation.	Total.
Bredbury & Romiley	22	22	1	—	—	45
Hazel Grove	24	3	—	—	1	28
Denton	11	6	—	—	2	19
Droylsden	7	5	1	—	1	14
Disley	11	—	—	—	—	11
Marple	6	2	1	1	—	10
Eccles	3	6	—	—	—	9
Stockport	—	—	—	6	—	6
Audenshaw	1	3	—	—	—	4
Compstall	—	1	—	—	—	1
Dukinfield	—	1	—	—	—	1
	—	—	—	—	—	—
Total	85	49	3	7	4	148

(3) **Tuberculosis.**

A detailed account of the Tuberculosis work carried out in the district is given later in the report. Local patients requiring Sanatorium treatment are usually admitted to Wrenbury Hall Colony, to the Cheshire Joint Sanatorium, or to the Shropshire Orthopaedic Hospital. Advanced cases not only from Hyde, but from many parts of Cheshire, are admitted to the Hyde Tuberculosis Pavilion. This pavilion, which contains 33 beds, is a part of the Infectious Diseases Hospital, and although all admissions are arranged by the County Tuberculosis Officer, Dr. Meredith Young, the treatment of patients is the prerogative of your Medical Officer.

Statistics show that the number of cases of Tuberculosis notified year by year is steadily decreasing, but so far as the Pavilion is concerned there is always a waiting list of cases for admission. Moreover, the type of case admitted seems to be gradually becoming more severe, with the result that discharges are fewer in number, and deaths more frequent. During the past year there have been 25 deaths, and at the present time more than half the patients are bedridden.

The admission of such a large number of advanced cases has thrown much additional work upon the nursing staff, who deserve the highest praise for the cheerful and painstaking manner in which they have carried out their duties under circumstances which must often

have been depressing. Unfortunately medical science has not yet discovered an effective remedy for the treatment of cases of advanced Tuberculosis, and all that can be hoped for by use of the various drugs recommended is an amelioration of symptoms, and perhaps a prolongation of life by a few months or even years. However, the value of the work performed in a Tuberculosis Pavilion of this kind is of far wider significance than that resulting from the added comfort and happiness of the patients treated, however praiseworthy this may be. The majority of the patients are received from homes where isolation would be impossible, and by their admission to hospital their intimate friends are protected from that "mass infection" which so often results in a spread of the disease. By receiving such cases, the Tuberculosis Hospitals have undoubtedly played a most conspicuous part in bringing about that lowered incidence of the disease which has been noticeable during recent years.

(4) **Maternity.**

There is no Maternity Hospital nor Home in the Borough, and no provision is made locally for the treatment of normal maternity cases. Provision is made, however, for the treatment of cases of Puerperal Pyrexia, and of Difficult Labour. Puerperal cases are treated at the Ashton Infirmary, whilst cases of difficult labour may be sent to either St. Mary's Hospital, Manchester, or to Ashton Infirmary. For each case admitted, with the sanction of the Medical Officer of Health, the local Council pays a maintenance fee of three guineas per week to the Hospital Authorities. During the past year 7 patients were treated under these arrangements.

The need for a Maternity Home in the district is discused later in the report.

(5) **Children.**

There are no hospitals for children in the area, apart from the Infectious Diseases Hospitals.

(6) **Institutional Provision For Unmarried Mothers, Etc.**

There are no other hospitals in the Borough, and no provision is made for institutional treatment for unmarried mothers, illegitimate, or homeless children. Patients requiring hospital treatment may, however, be admitted to the Ashton Infirmary, the Stockport Infirmary, or to the various hospitals in Manchester.

For several years the Hyde Borough Council has contributed annually the sum of 50 guineas to the Ashton Infirmary, and 30 guineas to the Manchester Royal Infirmary. During the past year the latter sum was increased to 50 guineas, in view of the great benefits conferred on local residents by this Infirmary.

In addition to these grants made by the Council, a considerable amount is collected by the Mayor of Hyde's Hospital Sunday Fund and the Workpeople's Hospital Saturday Fund, and distributed among the various hospitals according to the number of recommendations issued. These funds were augmented last year by the proceeds of a Hyde Carnival, which was organised with the sole object of assisting the hospitals, and carried throughout so successfully that a sum of £920 was available for distribution.

The following is a list of the recommendations issued during the year :— :

MAYOR OF HYDE'S HOSPITAL FUND AND WORKPEOPLE'S SATURDAY FUND.

Report 1st January, 1927, to 31st December, 1927.

Institutions to which patients were recommended.	No. of recommendations issued, total.	No. of individual patients represented.	No. of renewal recommendations.
District Infirmary, Ashton-under-Lyne.			
In-patients	148	118	30
Out-patients	134	102	19
Royal Infirmary, Manchester.			
In-patients	61	61	—
Out-patients	16	15	1
St. Mary's Hospital, Manchester.			
In-patients	12	11	1
Out-patients	2	2	—
Manchester Royal Eye Hospital.			
In-patients	9	9	—
Hyde Sick Kitchen	41	25	16
Manchester Children's Hospital.			
In-patients	8	8	—
Out-patients	1	1	—
Devonshire Hospital, Buxton	6	5	1
Southport Convalescent.			
Children	4	4	—
Adults	19	19	—
Stockport Infirmary.			
In-patients	2	2	—
Out-patients	2	2	—
St. Annes Convalescent Home	1	1	—
	—	—	—
	466	385	68

AMBULANCE FACILITIES.

(a) **For Infectious Diseases:**

There are two motor ambulances for the transport of cases suffering from infectious diseases. The larger ambulance (Crossley) is the one which is generally used, with the smaller one (Wolseley) kept as a reserve. When an outbreak of Smallpox occurs in any part of the area served by the Smallpox Hospital, the Wolseley ambulance is reserved for the use of Smallpox cases only. Both ambulances are kept at the Fire Station, and are driven by members of the Fire Brigade Staff.

The number of patients conveyed to the Infectious Diseases Hospital during the year was 270; 129 of these were from the Borough, and 141 from outside areas.

(b) **For Non-infectious and Accident Cases:**

Another motor ambulance (Crossley) is kept at the Fire Station and used for accident, or other non-infectious cases. This ambulance is under the control of the Chief Constable, Mr. J. W. A. Danby.

During the year this ambulance responded to 519 calls; 68 were cases of accident, and 451 were removals to or from Hospitals, or other Institutions. 242 of the calls were for removals within the Borough, and 177 calls were to persons residing outside the Borough.

CLINICS AND TREATMENT CENTRES.

(a) **Maternity and Child Welfare Centres:**

(1) Child Welfare Clinic, at Rosemount Chapel School, on Monday, from 2 p.m. till 4 p.m.

(2) Child Welfare Clinic, at Parsonage Street Centre, on Wednesdays, from 2-15 p.m. till 4.-45 p.m. On Thursdays from 10 a.m. till 12 noon. On Thursdays from 2-15 p.m. till 4.45 p.m.

(3) Ante-Natal Clinic at Parsonage Street Centre, on Thursdays, from 1-30 p.m. till 2-15 p.m.

(4) Orthopaedic Clinic, at Parsonage Street Centre, on Mondays, from 2 p.m. till 4-30 p.m.

(5) Artificial Sunlight Clinic, at Parsonage Street Centre, on Mondays and Fridays, from 9-30 a.m. till 5 p.m.

(b) **Day Nurseries:**

None.

(a) **School Clinics:**

(1) Clinics for Minor Ailments, at Mechanics' Institute, daily (Sundays excepted), from 9 a.m. till 12 noon.

(2) Eye Clinic for Refractions, at Mechanics' Institute, on Tuesdays and Fridays, from 11 a.m. till 12 noon.

(3) Dental Clinic at Mechanics' Institute, on Tuesdays and Wednesdays, from 1-30 p.m. till 4 p.m.

(d) **Tuberculosis Dispensaries:**

Treatment of patients suffering from Tuberculosis is arranged by the Cheshire County Council. The District Tuberculosis Officer attends at the Tuberculosis Dispensary, Beeley Street, Hyde, on Mondays, from 10 a.m. till 12-30 p.m.; also on Wednesdays, from 10 a.m. till 12-30 p.m., and from 2 p.m. till 4-30 p.m.

(e) **Treatment Centres for Venereal Diseases:**

There are none within the Borough. Patients attend the V.D. Centres at Ashton-under-Lyne and Manchester.

PROFESSIONAL NURSING IN THE HOME.

(a) **General:**

Professional Nursing in the homes of the people is obtained through the Hyde District Nursing Association, in affiliation with Queen Victoria's Jubilee Institution for Nurses. Two nurses are engaged by the Association, and attends patients by request of the Medical Practioners in attendance. During the year 551 patients were nursed and 5,119 visits paid, the total expense of the service being £408 6s. 10d. The Association is carried on by voluntary subscriptions.

(b) **For Infectious Diseases:**

No provision has been made for the nursing of cases of Infectious Disease in the homes.

Midwives:

The provisions of the Midwives Act, 1902, are administered by the Cheshire County Council, which is the local supervising authority. Under this Act a County Council may delegate its powers of supervision to a District Council, but none of these powers have been delegated to the Borough Council. The County Register shows that there are seven certified midwives resident in Hyde who have given notice of their intention to practise midwifery; of these only two hold the C.M.B. certificate.

Chemical and Bacteriological Examinations:

Chemical Analysis and Bacteriological examinations of various kinds, with the exception of sputum examinations, are carried out at the Public Health Laboratory, Manchester.

During the year 193 specimens of sputum were sent to the County Laboratory, Chester, to be examined for the presence of Tubercle Bacilli; 17 were found positive, and 176 negative.

The following is a tabular statement of the examinations made on behalf of the Borough at the Public Health Laboratory, Manchester:

UNIVERSITY OF MANCHESTER.

DEPARTMENT OF BACTERIOLOGY AND PREVENTIVE MEDICINE.

BACTERIOLOGICAL EXAMINATIONS MADE DURING THE YEAR 1927 FOR MUNICIPAL BOROUGH OF HYDE.

Month.	Diphtheria		Typhoid Fever		Bovine Tuberculosis milk		Water	
	Total.	Positive.	Total	Positive.	Total.	Positive.	Bacteriological Total	Chemical Total
January	16	—	1	—	2	—	—	—
February	19	1	—	—	2	—	1	—
March	21	6	—	—	2	—	—	—
April	18	6	—	—	6	1	—	—
May	21	3	1	—	10	—	—	—
June	16	4	1	—	4	—	1	—
July	24	4	—	—	4	1	—	—
August	28	5	—	—	4	—	—	—
September	24	2	2	—	2	—	2	1
October	23	2	2	—	4	1	—	—
November	17	2	—	—	6	—	—	—
December	29	5	—	—	6	—	—	—
	256	40	7	—	52	3	4	1

It will be seen from the above figures that a total of 320 specimens were examined. The number of swabs examined for Diphtheria Bacilli may seem high, but included in the figure given above are those sent from the Infectious Diseases Hospital. Swabs are sent for examination in all cases where the clinical diagnosis is doubtful on admission, and no patient who has had Diphtheria is discharged from hospital until a swab from his throat has been examined and reported negative.

In addition to the 52 samples of milk examined at the Public Health Laboratory for the presence of Tubercle Bacilli, 263 samples were examined and graded accorded to the Gerber test for cleanliness at the Laboratory in the Town Hall.

The results of these tests are given later in the report.

LEGISLATION IN FORCE.

1870. The Hyde Local Board (Waterworks) Act.

1895 The Hyde Order, 1895, for altering Hyde Local Board (Waterworks) Act, 1870.

1903. The Hyde Corporation Act.

1912. The Hyde Order, 1912, for partially repealing and altering the Hyde Local Board (Waterworks) Act, 1870, and The Hyde Corporation Act, 1903.

1921. Order No. 67031 of the Ministry of Health, fixing scale of charges for water supply.

General Adoptive Acts relating to the Public Health.

The Public Health Acts (Amendment) Act, 1890, adopted 9th March, 1891.

The Infectious Diseases (Prevention) Act, 1890, came into operation 14th April, 1891.

The Private Street Works Act, 1892, was adopted on 8th May, 1899, and came into operation on 13th June, 1899.

The Public Health Acts (Amendment) Act, 1907 (various sections), adopted December 13th, 1926.

The Public Health Act, 1925 (adoptive sections), adopted 13th December, 1926.

Bye-Laws relating to the Public Health.	Date of coming into operation.
Cemetery	26th May, 1877.
Common Lodging Houses	26th May, 1877.
Waterworks	12th August, 1878.
Market	6th August, 1883.
Offensive Trades	26th May, 1887.
Public Baths	4th September, 1889.
Nuisances	26th April, 1900.
Cleansing of Footways and Pavements	26th April, 1900.
Pleasure Grounds	16th May, 1908.
Parasitic Mange	21st February, 1910.
Means of Escape in case of Fire	July 14th, 1921.
New Streets and Buildings	19th August, 1926.
Houses Let in Lodgings	11th November, 1926.
Smoke Abatement	21st December, 1927.
Slaughter Houses	21st December, 1927.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply, Drainage, and Sewerage:

There is little to add to what has already been written in previous reports under these headings. Apart from small extensions, few alterations occurred during the year, and most of the changes which did occur were occasioned by the erection of new houses. A total of 8,363 houses have now direct water supplies, this being an increase of 156 compared with the previous year. The length of water mains in the Borough at present is 46 miles, 6 furlongs, 18 yards. The average consumption of water per head of population is 21.3 gallons, of which 15.2 gallons is used for domestic purposes, and the remaining 6.1 gallons for manufacturing purposes.

Closet Accommodation:

At the end of 1926 the number of closets of the various types was as follows:—

W.C.s with Cistern Flush.	Hand Flushed W.C.s	Waste Water Closets.	Privies.	Pails.	Cesspools.
2969	1292	3912	60	226	19

The disadvantages of the waste water closets, and also of the hand-flushed closets, were pointed out in the previous report. Both types are economical in theory only, for in practice they are expensive to maintain, frequently neglected, and often as insanitary as the old midden type, which they superseded.

The number of waste water closets remained unchanged during the year, but the hand-flushed closets were reduced by eight. Little reduction in the number of either type can be expected for many years, as none of the Public Health Acts grant legal powers to require conversions in such cases to be carried out.

The number of pail closets was reduced during the year by 6, but here again little reduction is possible, for the majority are unfortunately situated in localities where connections to the sewers are impossible. There are at present seven so situated that connections to fresh water closets can be insisted upon, and notices have recently been served upon the owners requiring the work to be carried out. There are also 18 others which could be converted if the main sewer were continued a little closer, and as this could be done without great expense, it is hoped to have something done in the matter in the near future.

The number of midden privies in the district is fortunately steadily declining, for these are by far the most unsatisfactory type of sanitary convenience. Of the 60 remaining at the beginning of 1927, 11 were replaced during the year by fresh water closets, leaving now 49 in use. Of these 49, as many as 31 are in a single estate, the trustees of which have promised to deal with a few houses every year until all the necessary conversions have been carried out; of the remaining 17 only four are so situated as to render conversions to water closets possible, and notices have been served in these cases requiring the necessary work to be carried out. The following is a summary of the conversions effected during the year:—

From Hand Flushed to Pedestal W.C.'s with Cisterns	8
From Pails to Pedestal W.C.'s with Cisterns	6
From Privy to Pedestal W.C.'s with Cisterns...	11
From Septic Tank to Sewer	3
From Cesspool to Sewer	1
New and additional W.C.'s	222

The number of closets of each type remaining at the end of the year is therefore:—

W.C.'s with Cistern Flush.	Hand Flushed W.C.'s.	Waste Water Closets.	Privies.	Pails.	Cesspools.
3191	1284	3912	49	220	15

Scavenging:

Cleansing of streets is carried out under the supervision of the Borough Surveyor, and all work associated therewith is performed by the staff of his department.

The collection, removal, and disposal of domestic refuse, on the other hand, are carried out by the staff of your health department. The particular staff engaged solely at this work consists of a foreman, 6 drivers, and 11 fillers. Up to the present the only means of transport employed has been the horse and cart, and all required has been hired from the Teams Committee, at the rate of one guinea per horse and cart, with driver, per day. Six horses and carts were employed constantly throughout the year. The total number of loads collected was 5,882, of which 5,594 were taken to the destructor, and 288 to tips. This corresponds to a total weight of 8,081 tons.

The small amount shown under the heading of tips includes the material taken from pail closets and wet ashpits which is disposed of by carting to adjacent farms where it is dug into the ground with the least possible delay. All ordinary domestic refuse is taken to the

destructor, except during the few days required annually for overhauling the destructor plant, when the refuse collected for that short period is taken to a tip and buried.

The cost of collecting and removing refuse during the year was £3,489, rapresenting £1,696 for wages, and £1,793 for horse hire. Reckoning the total weight collected at 8,081 tons, we find that the cost of removal per ton was approximately 8s. 7d.

The respective merits of horse versus motor transport for the collection and conveyance of refuse were again considered during the year, and a practical demonstration of the utility of the S.D. Freighter for this work was provided by Messrs. Shelvoke and Drewery, Ltd. One of these vehicles, with its driver, were hired from Messrs. Shelvoke and Drewery, Ltd., for one week in July, and again for a further period of two weeks in October, at a cost of £7 10s. per week. It was accompanied by five fillers, and employed in collecting refuse from bins only. During the July experiment 61½ tons of refuse were collected and taken to the destructor, at a cost of 6s. 10d. per ton, whilst in the later experiment 139 tons were dealt with, at a rate of 5s. 9d. per ton. The initial cost of a freighter of the capacity used is £607 10s., but even at this price, if allowance be made for sinking fund, depreciation, insurance, tax, and cost of upkeep, the cost of collection would work out at roughly the same amount per ton, and consequently there is every reason to believe that by using a freighter of this type, the total annual cost of refuse collection would show a considerable reduction.

It is not suggested that all horse transport should be replaced by motor transport, for in the matter of cost, the horse is undoubtedly cheaper for short distance work; the most economical service is a combination of both. It is calculated that all the refuse collection of the district could be carried out by using one freighter and three horses and carts, with their drivers, and the staff of fillers then necessary would be 10 instead of 11.

Apart from the question of cost, the motor freighter has other important advantages when compared with the type of conveyance in use at present. Its lower loading level would lessen the strain on the fillers, and would reduce the damage to bins which now results from their impact against the sides of the high carts. Again the freighter has a small turning circle, will travel equally fast in either direction,

and so moves quickly from bin to bin, whilst the time required for tipping its load is less than one minute. The fillers are therefore fully occupied when on duty, and the delays which are unavoidable with horse transport are avoided. Moreover the freighter is adequately enclosed. Its cover opens in four sections, so that only one portion need be opened at a time, and when all sections are closed it is impossible for dust to be blown from the wagon. This is an important consideration, for the clouds of dust which at times escape from the carts cause annoyance and may endanger health.

The condition of the ashpits received further attention during the year, and 59, which were unsatisfactory as regards doors or coverings, were replaced by bins.

The following figures show the progress effected in this matter during recent years:—

Year.	Number of ashpits no longer used.	Number of ashbins provided.
1921	264	586
1922	61	149
1923	118	260
1924	410	933
1925	81	152
1926	325	783
1927	59	180

At the end of 1927 the number of ashpits, ashbins, etc., in use was stated by the refuse removal foreman to be as follows:—

Ashbins.	Ashpits.	Pails.	Privy Middens.	Cesspools.
8345	245	220	49	15

SANITARY INSPECTION OF THE AREA.

The following tabular statement has been prepared by the Sanitary Inspectors in accordance with Article 19 of the Sanitary Officers Order, 1926, and contains information concerning—

(a) The number and nature of inspections made by them during the year.

(b) The number of notices served during the year, distinguishing statutory from informal notices.

(c) The result of the service of such notices.

Tabular Statement of Sanitary Inspectors, for the Year Ending December 31st, 1927.

Number and Nature of Inspections made.	No.	No. of Notices served.		Result of Service of Notices.			
		Statutory	Informal.	Notices complied with.	Remaining in hand.	Prosecutions Instituted	Pend'g.
1 Dwelling Houses (General Inspections)	571	198	471	321	348	...	...
2 ,, (Re-inspections)	1501	...	...	...	...	...	...
3 Back-to-Back Houses	...	...	...	...	..	...	...
4 Tents, Vans, Sheds, &c.	31	...	...	...	...	...	...
5 Courts, Yards, Passages	279	...	..	...	...	...	...
6 Privy-Middens, Earth or Pail Closets, Ashpits, & Ashbins.	369	32	298	281	49	...	...
7 Cesspools	..	...	1	1	...	...	...
8 House Drainage	837	.	70	66	4	...	...
9 Ditches, Watercourses, &c.	17	...	...	...	...	...	...
10 Offensive Accumulations	203	..	9	9	...	...	...
11 The Keeping of Animals (P.H.A. 1875, S. 91 (31)	30	...	5	5	...	...	...
12 Offensive Trades	16	...	1	1	...	...	...
13 (a) Slaughterhouses (Public)	1407	...	4	4	...	...	...
(b) Other places where Food is produced or sold	3363	...	...	...	...	...	...
14 Piggeries	22	...	..	...	...	...	...
15 (a) Dairies	43	...	...	...	...	...	...
(b) Cowsheds	69	...	15	7	8	...	...
(c) Milkshops	323	...	...	...	...	...	...
16 (a) Factories	6	...	...	...	...	...	...
(b) Workshops	21	...	2	2	...	...	...
(c) Workplaces	...	...	...	...	...	...	...
(d) Outworkers' Premises	55	...	...	...	...	...	...
17 Bakehouses (Overground)	56	...	2	1	1	...	...
,, (Underground)	3	...	...	...	...	...	...
18 Common Lodging Houses	4	...	...	...	...	...	...
19 Houses Let in Lodgings	24	...	...	...	...	...	...
20 Smoke Observations	25	...	18	...	...	...	...
21 Canal Boats	...	...	...	...	...	...	...
22 Infectious Disease (Inquiries and Re-visits)	142	...	...	...	...	...	...
23 Water Samples	5	...	...	..	...	...	...
24 Miscellaneous	52	...	2	1	1	...	..
Totals	9479	230	898	699	411	...	..

SMOKE ABATEMENT.

The number of smoke observations taken during the year was 25, and in as many as 18 of these unsatisfactory results were obtained. No legal proceedings were undertaken, but warning letters were sent in all cases where the time concession for black smoke was exceeded, that the nuisance so caused must be abated.

Generally speaking, factory managers and engineers are anxious to do all they can to lessen the smoke nuisance, and in some cases additional equipment recommended with a view to reducing the emission of smoke has been fitted during the year. At one factory an extra boiler was installed to lessen the load, and at another patent doors, which regulate the air entry, have been fitted. In the majority of cases investigated, however, the nuisance arose not on account of faulty apparatus, but through carelessness on the part of the stokers. A valuable series of hints to boiler attendants, describing in detail how the emission of black smoke can be entirely eliminated, has been prepared by Mr. H. G. Clinch, of Halifax, and in order that local stokers might be familiar with these hints, copies were distributed during the year to all factory owners in the district. Ignorance of the ways and means for preventing the escape of black smoke can no longer be offered as an excuse, for there is now a large copy of these hints, mounted on cardboard, fixed in every boiler house of the Borough.

The Public Health (Smoke Abatement) Act of 1926, which came into operation on July 1st, 1927, grants wider powers to Local Authorities to deal with the smoke nuisance, and renders offenders liable to heavier penalties. Action may now be taken if the emission of smoke causes a nuisance, even though it is not sufficiently dense to be described as black smoke, and soot, ash, grit, etc., are now included in the expression "smoke." The Act moreover grants powers to Local Authorities to make Bye-Laws regulating the emission of smoke "of such colour, density, or content as may be prescribed by the Bye-Laws." In pursuance of the powers conferred by this particular section of the Act, the Borough Council during the year adopted a Bye-Law which reads as follows, "the emission of black smoke for a period of two minutes in the aggregate within any continuous period of thirty minutes from any building, other than a private dwelling-house, shall, until the contrary is proved, be presumed to be a nuisance." This Bye-Law came into operation on October 10th, 1927.

PREMISES AND OCCUPATIONS CONTROLLED BY BYE-LAWS, ETC.

There are five premises in the Borough where Tripe Dressing, which is classified as an offensive trade, is carried on. These premises are situated as follows:—

(1) Works at rear of No. 211, Ashton Road.
(2) Works at rear of Canal Street.
(3) Works at rear of No. 29, Bank Street.
(4) Works at rear of No. 30, Clarendon Place.
(5) Works at rear of Randall Street.

In many districts the trade of fish frying is included under the offensive trades, and all "fish and chip" shops are required to register accordingly, but the nuisance arising therefrom, if any, is so slight that no action in this matter has been taken locally. All such places are, of course, inspected from time to time in accordance with Section 72 of the Public Health Act, 1925.

The Bye-Laws relating to houses let in lodgings which were adopted in 1926, came into operation at the end of that year, and during the past year seven houses of this type were registered. It is realised that the register is still far from complete, for there are undoubtedly many more houses included in the category of "houses intended or used for occupation by the working classes, and let in lodgings or occupied by members of more than one family." Steps are being taken to make the provision of these Bye-Laws more widely known, and it is hoped to have the register completed during the present year.

SANITARY CONDITIONS OF SCHOOLS.

These are fully dealt with in the School Medical section of the report.

OUTWORKERS.

Lists of Outworkers are received from the various firms in the Borough employing such labour, and also from the Health Departments of surrounding districts with regard to outworkers resident in Hyde. During the past year lists were received from five firms, and altogether 35 outworkers were reported. 34 of these were employed as hat-finishing, and one only at dressmaking. A total of 55 visits of inspection were made to the houses of outworkers during the year.

FACTORIES AND WORKSHOPS.

Most of the routine inspection of Factories and Workshops is performed by the Factory Inspector for the district, but any sanitary defects observed by him are reported to the Health Department for necessary action. Only two complaints were received during the year; both of these related to insufficient W.C. accommodation, and in each case the alterations suggested, to meet the requirements, were carried out. The work carried out by the Sanitary Inspectors in connection with the inspection of factories, workshops, and workplaces, is given below in tabular form in accordance with the Factory and Workshop Act, 1901.

1. INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Including Inspections made by Sanitary Inspector of Nuisances.

Premises.	Number of inspections.	Written Notices.
FACTORIES (including Factory Laundries)	62	2
WORKSHOPS (including Workshop Laundries)	21	—
	—	—
	83	2

2. DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars		Number of Defects Found.	Remedied.
Sanitary Accommodation.	Insufficient	1	1
,, ,,	Unsuitable or Defective	1	1
		2	2

HOUSING.

The following statistics for the year 1927 are given in the form indicated by the Ministry of Health.

NUMBER OF NEW HOUSES ERECTED DURING THE YEAR:

(a) Total (including numbers given separtely under (b)) 156.

(b) With State assistance under the Housing Acts.

(1) By the Local Authority ... ... 118.

(2) By other bodies or persons ... ... 30.

1. **Unfit dwelling-houses.**

Inspection—(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ... ... 2071.

(2) Number of dwelling-houses which were inspected and recorded under the Housing Consolidated Regulations, 1925 ... ... 541.

(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... ... None.

(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation ... ... 669.

2. Remedy of Defects without Service of Formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ... ... 166.

3. Action under Statutory Powers.

A.—Proceedings under Section 3 of the Housing Act, 1925.

(1) Number of dwelling-houses in respect of which notices were served requiring repairs ... ... 198.

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

(a) By Owners ... ... 135.
(b) By Local Authority in default of Owners... ... None.

(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ... None.

B.—Proceedings under Public Health Acts.

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... ... 14.

(2) Number of dwelling-houses in which defects were remedied:—

(a) By Owners ... ... 8.
(b) by Local Authority in default of owners ... ... None.

C.—Proceedings under section 11, 14 and 15 of the Housing Act, 1925.

(1) Number of representations made with a view to the making of Closing Orders... ... ... Nil.

(2) Number of dwelling-houses in respect of which Closing Orders were made ... ... Nil.

(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit ... ... Nil.

(4) Number of dwelling-houses in respect of which Demolition Orders were made ... ... Nil.

(5) Number of dwelling-houses demolished in pursuance of Demolition Orders ... ... Nil.

It will be seen from the above that the housing problems of the district have been attacked during the year with renewed vigour, and that a total of 156 new houses have been erected. 118 of these were built by the Local Authority, and 38 by private enterprise. During the year 1925, 64 houses were erected, and 53 in 1926, so that altogether the housing accommodation of the Borough has been increased by 273 houses during the past three years. In addition to these eight more Council houses have been completed since the end of the year, and 92 are in course of erection by private enterprise.

There is no doubt the erection of so many houses has relieved overcrowding to a considerable extent, and must inevitably have made its impression upon the Public Health of the neighbourhood, for the new houses have provided comfort to many families, and have given their occupants an opportunity to live in clean, healthy, surroundings. Under the old conditions there was little incentive for effort, but the encouragement given by bright, nicely decorated, houses, with cheerful surroundings, has had an uplifting influence, and homes, which previously were neglected, have become in many cases models of order and cleanliness.

It must not be thought, however, that with the addition of so many houses, the housing difficulties of the district have now disappeared, for some idea of the demand for houses is given by the list of applicants for Council houses which, even after the last of the Council houses had been let, still contained roughly 300 names.

INSPECTION AND SUPERVISION OF FOOD.

(a) Milk Supply.

The register of Cowkeepers and Milk Purveyors shows that there are now 43 Cowkeepers and 113 Purveyors of Milk in the Borough. These figures do not include purveyors of bottled milk, who are not required to be registered by the Milk and Dairies Order, 1926. No figures are available to show the amount of milk consumed per head of population, but the large number of persons employed in its sale and distribution seems to indicate that local consumption is above the average.

In view of the great importance of milk as a foodstuff, specially for the young, and of the absolute necessity for cleanliness in every stage of its transit from the cow to the consumer, a considerable amount of time is allocated to the inspection of shippons, dairies milk cans, etc. Inspections carried out during the year included 69 to cowsheds, 43 to dairies, and 11 to Milkshops, while 52 samples of milk were examined for the presence of Tubercle Bacilli, and 263 samples by the Gerber test to determine the amount of extraneous matter present.

As reported last year, considerable alterations are necessary at several farms to make them comply with modern requirements, but in accordance with the Milk and Dairies Order, 1926, few of the required alterations can be enforced until in some cases as long a period as 18 months has elapsed after service of a notice. During the year alterations, which have been recommended, were carried out at seven farms; five separate dairies were provided, and the erection of three more during the present year has been promised.

Of the 52 samples of milk examined at the Public Health Laboratory, Manchester, for the presence of Tubercle Bacilli, 4 or almost 8 per cent proved positive. In each case, where a positive

result was obtained, notification of the fact, in accordance with Section 4 of the Milk and Dairies (Consolidation) Act, 1915, was sent to the County Medical Officer, who arranged for a Veterinary Surgeon to visit the farm concerned, and carry out further tests, until the source of infection was discovered. The diseased animals found to be harbouring and distributing Tubercle Bacilli were subsequently slaughtered, and compensation was allowed in accordance with the Tuberculosis Order of 1925.

The great value of these tests is demonstrated by the fact that in every case the diseased animals were giving a plentiful supply of milk, and the farmers had no reason to suspect that any of their cows were suffering from this disease. Even when the herds were inspected by a Veterinary Surgeon, he was unable by physical examination alone to pick out in two cases the diseased animals from the healthy.

The great importance to the General Public of having an infected milk supply detected, and its distribution stopped until the source of infection has been eliminated, cannot be unduly stressed. It is true the bovine tubercle bacillus is a distinct strain from the human type, and seldom causes Pulmonary Tuberculosis in man, but it is a frequent cause of the Tuberculous Glands, which are unfortunately common in children, and give rise to much suffering and disfigurement.

The examination of samples of milk by the Gerber test to determine their standard of cleanliness was carried out on a still wider scale during the year, and there is every reason to believe that as a result of the attention given, the milk supply of the district is gradually attaining a higher degree of purity. The following table shows the marks awarded in connection with the 263 samples examined:—

GERBER DIRT TEST.

Number of Samples.	Number of marks awarded.
50	4
45	34
40	83
35	70
30	32
25	21
20	11
15	4
10	1
5	1
0	2
Total	263

As questions are frequently asked regarding the Gerber Test, it may be stated that in carrying out this examination a pint of milk, purchased from the purveyor, is filtered through a very fine gauze. During the filtering process most of the extraneous matter present in the milk adheres to the gauze, and the amount of deposit is later compared and graded according to a fixed standard. The marks vary from 50 to 0, according to the amount of deposit, the two extremes being absolutely clean milk, which receives 50 marks, and filthy, heavily contaminated milk, which is awarded no marks at all. The results of the tests are in all cases forwarded to the purveyors concerned, and in those cases where 30 marks, or less, are awarded, warning letters are sent calling attention to the unsatisfactory conditions prevailing, and asking for closer attention to details in the processes of milking and handling the milk.

During the year 1925, when systematic examinations by these tests were first undertaken, it is noted that only 38 per cent. of the samples examined were awarded 35 marks or more. For the year 1926, this percentage increased to 60, whilst from the figures given above it will be seen that the number of samples in this class last year amounted to 191, or 72 per cent. of the total. These figures show that a steady improvement in the standard of cleanliness is being effected.

No applications have been received during the year 1927 for license to sell milk under the Milk (Special Designations) Order, 1923, but one purveyor recently applied for license to sell Grade A milk. There is no doubt a purveyor who is willing to sell Grade A Milk deserves every encouragement, but whilst other ungraded milk is sold in the district at a lower price, however great the virtues of the graded milk may be, it will never become popular or widely consumed by the general public. The Grade A standard is not a really high standard of cleanliness—it can easily be obtained and maintained by any careful cowkeeper, and our endeavour must be to bring all the milk sold in our area up to that standard. The results already achieved indicate that we are steadily approaching this goal.

(b) **Meat and Other Foods.**

The number of slaughter-houses in the Borough remains unchanged at 24; 11 of these are licensed, and 13 registered. The need for a Public Abbatoir has been so frequently emphasised in previous reports that it seems unnecessary to add to what has been already

written on this subject, especially when the limitations and disadvantages of the slaughter-houses now in use are fully appreciated by all the members of your Health Committee. One of the greatest objections to the present slaughter-houses is their widely scattered distribution, which renders efficient inspection of the meat almost impossible. It is true notice of the day and time at which slaughtering takes place is always given in accordance with Section 8 of the Public Health (Meat) Regulations, but visits at other times are necessary to ensure strict observance of these regulations, and it is impossible for one Sanitary Inspector to keep all the premises under close supervision, and inspect all the meat, without neglecting some of his other duties. This statement must not be misconstrued as a reflection upon the honesty of the local butchers, who have co-operated in every way possible, and have made a genuine effort to carry out the provision of the Public Health (Meat) Regulations in every detail, but close supervision must be exercised, for the large quantity of meat seized during the year demonstrates its importance.

The following are the figures:—

Condition.	Weight Seized. Tons	Cwts	Qrs	Lbs
Bovine Tuberculosis	2	11	3	8
Pig Tuberculosis	0	10	1	4
Pig Peritonitis	0	3	0	24
Bovine (Unsound)	0	0	2	0
Pig Internal Haemorrhage	0	0	3	2
Sheep (Unsound) (Bruised)	0	0	0	12
Distoma Hepaticum...	0	0	1	18
Liver Abscess	0	0	1	0
Total weight of meat condemned	3	7	1	12

New Bye-Laws relating to Slaughter-houses were passed during the year, and came into operation on December 21st. These Bye-Laws deal with the ventilation, drainage, and cleansing of the buildings, the storing of animals, and the precautions which must be taken to protect animals from all unecessary suffering either prior to, or at, the time of slaughtering. Those who are familiar with the methods of slaughtering will agree that much cruelty resulted in the past

from the use of the pole-axe in unexperienced hands, but all such unnecessary suffering is now eliminated since section 9 of the new Bye-Laws came into operation, for in accordance with this section "a person shall not in a slaughter-house proceed to slaughter any animal until the same has been effectually stunned with a mechanically operated instrument suitable and sufficient for the purpose."

In connection with the inspection of food, the following visits of inspection were carried out during the year:—

To Slaughter-houses...	1406
To Bakehouses...	56
To other places where food is produced or sold.	3359
Total...	4821

In addition to the quantity of meat already mentioned, the following articles of food were seized and destroyed, having been considered unfit for human consumption:—

Garden Peas (unsound) ... ... 4 cwts.

(c) **Adulteration of Food.**

The sale of Food and Drugs Acts, Milk and Cream Regulations, and the Condensed and Dried Milk Regulations, are administered by the Hyde Borough Police. The following is a list of the samples submitted to the Public Analyst for examination during the year. All the samples were found on examination to be satisfactory.

Sample examined.	Number of samples.
New Milk...	19
Bottled Milk	3
Cocoa...	5
Self Raising Flour...	3
Sugar	2
Coffee	2
Pepper	1
Lard	1
Cheese...	1
Butter	1
Margarine	1
Ground Rice	1
Cake Mixture...	1

TABLE II.

CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1927.

(Excluding Tuberculosis and Ophthalima Neonatorum).

Notifiable Disease	Under 1 year	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 to X	At all ages	Cases admitted to Hospital	Total Deaths
Scarlet Fever	—	—	2	4	2	33	6	—	4	—	—	—	51	49	1
Diphtheria	—	1	1	5	5	28	5	2	2	1	—	—	50	47	1
Pneumonia	2	3	5	5	3	21	1	7	15	3	16	7	91	—	23
Erysipelas	—	—	—	—	—	—	—	—	1	2	5	—	8	—	—
Puerperal Fever ...	—	—	—	—	—	—	—	—	1	—	—	—	1	1	1
Puerperal Pyrexia .	—	—	—	—	—	—	—	—	4	1	—	—	5	3	—
Enteric Fever.	—	—	—	—	—	—	—	—	1	—	—	—	2	2	—
	2	4	8	14	10	82	15	9	28	7	21	7	208	102	26

INFECTIOUS DISEASES.

The fall in the prevelance of Scarlet Fever reported for 1926 was continued during last year, when the number of cases notified was just less than one half the number for 1925. Diphtheria showed a slight increase, the cases notified being altogether 50 in number. When there is hospital accommodation available patients, or their parents, are invariably urged to make use of the facilities offered, and it will be seen from the figures given that 96 per cent. of the cases of Scarlet Fever, and 94 per cent. of the Diphtheria cases, were treated in hospital.

However slight an attack may be, it is always in the interests of Public Health that a patient suffering from either of these diseases should be isolated, and there are very few homes indeed where isolation can be carried out effectively. Moreover, it is always to the advantage of the patient that he should have skilled nursing if this is obtainable. This applies particularly to Diphtheria, which is such a treacherous disease that even the mildest case demands skilled nursing, with absolute rest and quietness. It is very seldom that these conditions are obtainable at home, and as treatment in the Infectious Diseases Hospital is free to all residents in the Borough, it is to the advantage of the patients themselves, of their relations, and of the General Public, that full use should be made of the facilities provided. It will be observed that two deaths occurred from these diseases during the year, one from Scarlet Fever, and one from Diphtheria, but neither of these cases had been treated in hospital.

The death rate from Pneumonia continues to remain high, and its incidence also shows little alteration in spite of the great sanitary improvements which have occurred during recent years. In our present state of knowledge there is little that can be done in connection with this disease from the preventative aspect, but no doubt its mortality could be reduced if more extensive nursing facilities were available. Most valuable work is being performed in this respect already by the two Nurses of the District Nursing Association, but they have so many claims upon their services that they cannot always devote sufficient time to individual cases.

It will be noted that six cases of Puerperal Fever, or Pyrexia, were notified during the year, and that four of these were treated in the Ashton Infirmary at the expense of the Local Authority. In the one case which ended fatally, Pneumonia developed as a complication at an early stage.

Whilst Enteric Fever has ceased to give rise to any anxiety, isolated cases continue to occur. The two cases notified last year were both genuine cases of Typhoid Fever. They occurred about the

same time, but in entirely different parts of the town, and as there was a definite history of shell-fish consumption in both cases, it was assumed that this was the source of infection.

During the year 526 swabs were examined for the presence of Diphtheria Bacilli, 193 specimens of sputa for the presence of Tubercle Bacilli, and seven blood specimens to determine the presence or absence of Typhoid infection. These figures include the specimens sent from hospital, and so in many instances refer to outside cases, but a large percentage was sent by the General Practitioners of the district, who take full advantage of the facilities provided for the examination of pathological and bacteriological specimens.

A supply of Diphtheria anti-toxin is always available at the Health Department, and also at the Infectious Diseases Hospital, but it is seldom required for the treatment of patients elsewhere than in hospital. Local doctors are always encouraged to send their cases to hospital if they have the least suspicion of Diphtheria, for in the treatment of Diphtheria time is the all-important factor, and if the disease is suspected it is always advisable that the patient should have the benefit of the doubt, and receive immediate treatment. Thanks to the excellent ambulance arrangements available, it is always possible to have a patient in hospital a few minutes after notification, and so little anti-toxin is required by local practitioners. Altogether 62,000 units, representing seven doses, were issued during the past year.

As neither Diphtheria nor Scarlet Fever appeared in anything like epidemic proportions during the year, it was not considered advisable to undertake Schick, or Dick, testing on a wide scale, and no attempt was made to carry out wholesale immunisation against these diseases, but the junior members of the Hospital Staff were again tested by the Schick test, and those who proved susceptible were given the immunisating doses to protect them against Diphtheria. It is worthy of note that no member of the staff has contracted Diphtheria since the Schick testing and immunising were undertaken.

Although seven cases of Smallpox were treated in the Smallpox Hospital during the year, no cases occurred locally, and no vaccinations were performed under the Public Health (Smallpox Prevention) Regulations of 1917. A few contacts were reported from time to time, but these were dealt with by the Public Vaccinator.

A full account of the non-notifiable infectious diseases, reported during the year, is given in the School Medical Report.

DISINFECTION OF PREMISES, BEDDING, ETC.

For the disinfection of articles which have been exposed to infection, two disinfectors are available. One of these is at the Smallpox Hospital, and is reserved for dealing with Smalpox cases only. The other, at the Infectious Diseases Hospital, is used for general pur-

poses. Disinfection by steam is always employed in dealing with Smallpox cases, but in connection with the ordinary infectious diseases disinfection by formalin vapour is the routine method employed.

The following are the particulars of disinfection, etc., carried out during the year:—

Scarlet Fever.	Tuberculosis.	Diphtheria.	Enteric Fever.
57	59	58	1

Number of beds destroyed (at owner's request) 64
Number of mattresses destroyed (at owner's request) 75
Bundles of clothing destroyed (at owner's request) 17

OPHTHALMIA NEONATORUM.

The following particulars asked for by the Ministry of Health are given in tabular form:—

Cases Notified	Treated At Home	Treated In Hospital	Vision Unimpaired	Vision Impaired	Total Blindness	Deaths
6	5	1	6	—	—	—

TUBERCULOSIS.—NEW CASES AND MORTALITY DURING THE YEAR 1927.

Age Period.	New Cases. Pulmonary		New Cases. Non-Pulmonary		Deaths. Pulmonary.		Deaths. Non-Pulmonary	
	M	F	M	F	M	F	M	F
0	—	—	—	1	—	—	—	2
1	—	—	2	1	1	—	—	—
5	3	—	3	—	—	—	1	—
10	—	1	1	2	—	—	—	—
15	—	2	—	2	1	1	—	—
20	1	3	2	2	—	2	—	—
25	4	3	—	4	3	4	—	—
35	6	2	2	2	3	—	—	—
45	4	—	1	1	5	—	—	—
55	—	1	—	—	2	—	—	—
65 and upwards	1	1	—	1	1	1	—	—
Totals...	19	13	11	16	15	11	1	2

Four more cases of Tuberculosis were notified during 1927 than during the previous year, but the number of deaths registered were three less. Considerable variations both in the incidence and the death rate of Tuberculosis in successive years are inevitable, but if five-yearly averages are considered we find that both are slowly but steadily declining. Notification of cases in the area continues to be

most satisfactory, for although two deaths of non-notified cases occurred during the year, both were exceptional. In one case the patient was residing in Exeter at the time of his death, and although no history was obtainable to show that he suffered from Tuberculosis whilst a resident in Hyde, the transfer slip, recording his death, states that this was due to "Laryngeal Tuberculosis." In the second case Tuberculosis was not even supected until after death, when a post-mortem examination revealed that the cause of death was "Tuberculous Meningitis." The District Tuberculosis Officer, Dr. L. I. Henzell, B.Sc., M.B., D.P.H., has kindly supplied the following statement regarding Tuberculosis work in the area:—

"The following is a summary of the cases dealt with during the year:—

Cases diagnosed as suffering from Pulmonary Tuberculosis	23
Cases diagnosed as suffering from Non-Pulmonary Tuberculosis	13
Cases diagnosed as not suffering from Tuberculosis	43
Doubtful or Observation Cases	6

The cases found to be definitely tuberculous may be sub-divided as follows:—

Pulmonary Tuberculosis.				Non-Pulmonary Tuberculosis.			
Adults.		Children.		Adults.		Children.	
M.	F.	M.	F.	M.	F.	M.	F.
12	10	—	1	—	8	3	2

In addition to the examinations carried out at the Tuberculosis Dispensary, 24 patients were seen by the Tuberculosis Officer at their own homes, and 360 visits to homes of patients were made by the Health Visitor.

Treatment for residents in the Borough of Hyde suffering from Tuberculosis has been provided, as in previous years, through the channels of the Cheshire County Council Tuberculosis Scheme. The following are particulars of the treatment arranged:—

	Males.	Females.	Children.	Total.
Sanatoria	15	13	2	30
Hospitals...	10	3	—	13
General Hospitals	4	2	1	7
Orthopaedic Hospitals...	—	5	2	7
Convalescent Homes	—	—	2	2
Artificial Sunlight Treatment	3	5	4	12

It will be noted that the number of "contacts" examined during the year was 18. This figure is low in comparison with the number of cases diagnosed as suffering from Tuberculosis. Commencing with the year 1928 an intensive effort has been commenced in order to get more contacts to present themselves for examination, and I am pleased to say that so far it has been meeting with very good results. It is anticipated that there will be many more contacts examined in the year 1928 than in previous years, and there is thus a greater possi-

bility of detecting the disease in an early and curable stage in a greater number of cases. The great majority of tuberculosis patients have readily accepted the offer of Hospital or Sanatorium treatment made. Those electing to remain at home, as far as is ascertainable, mostly followed out the instructions for preventing the spread of the disease given at the Dispensary and in their homes by the Health Visitor.

I must thank the School Medical Officer, Dr. Gibson, for his cordial co-operation in the examination and treatment of suspected school children, and for the ready way in which he has arranged for dental treatment at the School Clinic in those children suffering from Tuberculosis of the Cervical Glands. Dental caries is a common source of primary infection in children, and adequate dental treatment is a first essential in treating cases of Tuberculosis of the Cervical Lymphatic glands."

No occasion has yet arisen when it has been found necessary to make use of the powers conferred by either the Public Health (Prevention of Tuberculosis) Regulations, 1925, or by the Public Health Act, 1925, Section 62. The first-mentioned regulations require that "no person who is aware that he is suffering from tuberculosis of the respiratory tract shall enter upon any employment or occupation in connection with a dairy which would involve the milking of cows, the treatment of milk, or the handling of vessels used for containing milk, and the Local Authority, on the report of their Medical Officer of Health, may require any such person to discontinue his employment or occupation." By section 62 of the Public Health Act, 1925, powers are granted to Local Authorities whereby persons suffering from Pulmonary Tuberculosis may be removed to hospital where home conditions are such that there is serious risk of infection to other persons.

MATERNITY AND CHILD WELFARE.

Considering the great amount of attention which has been directed during recent years to child welfare work by the members of the Statutory Committee, by the ladies of the Voluntary Committee, and by other voluntary workers, it must be gratifying to all concerned to find that the infant mortality for the past year was the lowest ever recorded in the area, and considerably lower than that of England and Wales. As mentioned elsewhere, considerable variations for successive years must be expected when the actual numbers of births and deaths in each year are so small, and it is unwise to attach too much importnce to a decided drop in any particular year, but if we divide the last 25 years into five year periods, and then determine the average death rate of babies for each period, we find a very rapid, uninterrupted, fall. The actual figures are:—

1901-05 ... ... 190.4.	1916-20 ... ... 103.8
1906-10... ... ... 155.8.	1921-25 ... ... 84.4.
1911-15 ... ... 143.	

One feels that figures such as these, supported by a drop to 60.2 last year, are an indication that child welfare work in the area is progressing on sound lines.

The Child Welfare Centres continue to be well patronised, and are undoubtedly serving a useful purpose. The times at which the various clinics are held have already been given on page 21 of this report. These sessions are little altered from those of previous years, but there is now much more time available for medical consultations and examinations since the services of an Assistant Medical Officer became available.

The attendances at the various clinics during the past year were as follows:—

(a) **Ante-Natal Clinic:—**

First attendances	34
Subsequent attendances	48
	82

(b) **Child Welfare Clinics:—**

First attendances of Babies at Parsonage Street Centre	199.
First attendances of Babies at Rosemount Centre	56.
Subsequent attendances of Babies at Parsonage Street Centre ...	3340.
Subsequent attendances of Babies at Rosemount Centre...	631.
First attendances of Children between 1 and 5 years of age, Parsonage Street Centre...	94.
First attendances of Children between 1 and 5 years of age, Rosemount Centre	21.
Subsequent attendances of Children between 1 and 5 years of age, both Centres	2681.
Total attendances of Babies and Children between 1 and 5 years of age, at both Centres...	7107.

It will be seen from these figures that the attendances at the Child Welfare Centres have been well maintained, and that 255 or 59 per cent. of the babies born in the area were brought to the centre for examination. An encouraging feature is the large number of attendances made by Children between the ages of 1 and 5 years, for this is a period during which children are often overlooked. As mentioned elsewhere in this report, an effort is being made to get into still closer touch with children of these ages, and parents of all two-year-old children in the district are being invited to bring their little ones to the Centres for examination.

In recording the large number of attendances at the Centres, reference must be made to the most valuable help rendered by the members of the Ladies' Voluntary Committee, who, week by week, and year after year, devote so much of their time in the public ser-

vice. In keeping the register of attendances, recording weights, caring for toddlers in the nursery, giving instruction in sewing and knitting, providing teas, arranging entertainments, and, in a general way, giving a few words of welcome and encouragement to the mothers at every opportunity, they have added greatly to the efficiency of the work, and at the same time helped many mothers to face their responsibilities and difficulties with a more enlightened and happier outlook.

A phase of the Centres' work which it is hoped will become more widely known on account of its great importance is the ante-natal clinic. Attendances at the Clinic were made last year by only 8 per cent. of the mothers, but this section of the health services is certain to increase as soon as the public generally come to appreciate the immense value of ante-natal examination and supervision for both the expectant mother and the unborn child.

Reference has been made above to the great reduction in infantile mortality which has occurred during the past 25 years, but this reduction has not been accompanied by a corresponding fall in the maternal death rate. Roughly 3,000 women die in this country annually from causes arising from childbirth, and as this number remains unchanged there is no evidence to suggest that the vast amount of crippling and suffering caused to those who survive is in any way lessened.

Popular opinion attributes this unsatisfactory state of affairs to bad housing, overcrowding, poverty with resulting lack of food, overwork during pregnancy, and lack of attention at the time of confinement, but every one of these conditions has improved during the past quarter of a century.

There are still many unsatisfactory houses, but thanks to systematic inspection and action by the Local Authority the sanitary conditions of the houses as a whole are better than they ever have been. Every house in the district receives a pure water supply, the old type of midden privies has almost completely vanished, the means of ventilation and general hygienic conditions of the houses have been improved.

It is true instances of gross overcrowding are brought to notice from time to time, but according to the Registrar General's estimate the population is less now than it was at the beginning of the century, although 1,403 new houses have been erected during that period.

During the past few years there has been unfortunately a large amount of unemployment, and consequent poverty, but thanks to the various agencies from which assistance may be obtained, actual starvation is extremely rare, and scarcity of food is by no means so com-

mon as it was many years ago. The unemployment benefit is a comparatively recent innovation, and has been a great boon to many; Poor Law Relief is now provided on a more generous scale than ever before; and in cases of hardship expectant and nursing mothers may obtain a free supply of milk daily at the expense of the Local Authority.

Overwork during pregnancy may have been responsible for many complications in former years, but its influence is certainly waning. Every expectant mother employed under the National Insurance scheme is now entitled to sickness benefits for a few months prior to her confinement, if her Medical Adviser considers that she is unfit for her duties.

Regarding the attention given at the time of confinement there is, undoubtedly, room for improvement, but everyone will agree that the standard of to-day is infinitely better than it ever has been. The passing of the Midwives Act in 1902 marked an important step in the right direction by decreeing that women in child birth must be attended only by certified midwives, and the position was still further improved by the Midwives Act of 1918, which authorises a midwife when in difficulty to call in a doctor to her assistance, and the Local Supervising Authority then accepts responsibility for paying the doctor's fee. Moreover wives of all insured persons are now entitled to a maternity benefit of £2, or if the mother is also insured, £4, which must be a considerable help in many cases. It is calculated that this benefit is received in connection with 86 per cent. of the births which occur at present throughout England and Wales.

In view of all the improvements here enumerated, it seems strange that the maternal death rate year by year should remain unchanged, but the Registrar-General's returns show clearly that it is unchanged. Moreover, as pointed out already, the neo-natal mortality, that is, the death rate of babies under 1 month, has not fallen in anything like the same proportion as the mortality for the first year. The only inference possible is that the causes which operate against the health and physical well-being of the child prior to and at birth have not been materially reduced. The whole subject relating to these matters has been thoroughly investigated by Dame Janet Campbell, and the desiderate necessary to effect improvement have been fully tabulated. Her chief recommendations affecting Local Authorities are (1) the provision of maternity beds in hospitals, (2) the provision of antenatal supervision, and (3) education of the public.

The provision of maternity beds, which in this district would entail the erection of a maternity home, would be one of the greatest boons which could be conferred on the mothers of the neighbourhood. Many women are compelled by force of circumstances to face their

confinements in crowded houses, where they can scarcely obtain privacy, apart from the attention, the cleanliness, and the rest, which are so essential if complications are to be avoided. The building of a maternity home is a costly business, but greater sums than that required have often been raised for much less worthy objects, and it is quite certain that if the women of the Borough fully realised the immense benefits such a home would confer upon themselves and upon their less fortunate sisters in the district, the necessary funds would be quickly forthcoming.

The great need for ante-natal examination and supervision has been stressed by all who have investigated the causes of maternal deaths. Dame Janet Compbell writes: "It is a generally accepted fact that careful and systematic supervision during pregnancy does more to save life, both infant and maternal, and to prevent injury at confinement, than anything else." The majority of causes which lead to tragedies of this kind might be foreseen and either modified, or entirely prevented, if expectant mothers received adequate supervision during this important period. In a few cases the family doctor is consulted, and the necessary examination and supervision are obtained from him, but in this district at any rate, it is undoubtedly a fact that the family doctor is very rarely consulted until difficulty or illness arises. Doctors were present at 47 per cent. of the births notified last year, but in many cases the first intimation the doctor received concerning the pregnancy was a request from a midwife to attend immediately on account of some difficulty which had arisen. In numerous instances doctors receive most unjust censure by the general public when complications develop; indeed it has been suggested that the medical training in obstetrics at the Universities must be at fault since complications are more frequent among cases treated by doctors than among cases treated by midwives only. It should be remembered, however, that among the cases treated by doctors are all those in which difficulty has been experienced by the midwives, and that in many cases difficulties which might have been foreseen and prevented have been allowed to progress to such a stage, before the doctor is consulted, that it is impossible for him to avoid serious injury to either the mother or child. Such complications will continue to arise until the public generally realises that medical examination and supervision during pregnancy are absolutely necessary.

Reference has already been made to the arrangements now in operation whereby cases of difficult labour arising within the Borough may be sent to either of two hospitals at the expense of the Local Authority. This scheme came into operation during the past year, and no more convincing arguments could be put forward in favour of ante-natal supervision than the histories of the first two cases dealt with under the scheme. In the first case the mother had received no

ante-natal attention, and she was not seen by a doctor until labour had reached an advanced stage, when it was found that owing to the pathological conditions present, normal delivery was impossible. She was admitted to hospital, and although she was then in a weak state after being in labour for two days, an operation had to be performed. This fortunately saved her life, but the child succumbed.

In the second case exactly the same type of difficulty was present, but this mother was medically examined during pregnancy, with the result that she was admitted to hospital, and an operation was performed with excellent results to both mother and child.

In Dr. Campbell's third recommendation, the education of the public, we have what is the crux of the whole subject. Expectant mothers at present are not seeking from their family doctors the ante-natal supervision which they require, and although arrangements have been made whereby all who care to attend may receive the necessary examinations and supervision at the Welfare Centre entirely free of cost, only 8 per cent. of the mothers last year made use of these facilities. In this connection one feels that the midwives must take a more active part than they have done in the past in recommending expectant mothers to seek the necessary examination and supervision. They must realise that examinations of this kind are in their own interests as well as in those of their patients, and the time is not far distant when they will be held responsible if they allow their patients to enter upon labour suffering from pathological conditions which must lead to great risk, when such conditions might have been detected previously, and so modified that danger would have been averted.

With a view to increasing the interest of the public generally in the work of the Maternity and Child Welfare Centres, and insuring that the mothers of the future will be fully acquainted with the facilities provided, a scheme has been arranged whereby the senior girls from the elementary schools attend the Parsonage Street Centre and receive instruction in the care and management of babies. They attend in groups of 14, and each group is given a course of lectures extending over a period of six weeks by the Medical Officer and Senior Health Visitor. The girls appear to take a keen interest in the instruction given, and there is every reason to believe that the seed sown will bear fruit in future years.

Under the arrangements now in operation for the treatment of cases of Difficult Labour and Puerperal Fever, seven cases were treated during the past year, three being cases of Difficult Labour and four of Puerperal Fever. One death occurred among the latter group, the actual cause of death being Pneumonia.

In spite of the large amount of time claimed by Clinics and Treatment Centres during the year, the Health Visitors succeeded in carrying out a considerable amount of home visiting. Every effort is made to ensure that this important branch receives its fair share of attention, for in the homes the nurses are able to get into closer touch with the mothers, and learn from personal observation the difficulties which have to be surmounted.

The following is a list of the home visits paid by them during the year:—

First visits paid to Infants under one year of age	425
Re-visits to Children under one year of age	2167
Re-visits to Children over one year of age	2830
Visits to Expectant Mothers	119
Other visits (deaths, still births, ophthalmia, etc.)	98
Total number of visits paid by Health Visitors	5699

The supply of milk, free, or at a reduced cost, according to the family income scale, was continued throughout the year to nursing mothers, expectant mothers, and young children. The total expenditure on this service was £217 18s. 3d., being roughly two-thirds that of the year 1926, when the amount spent was £333 1s. 9d.

In the following statement are shown the number of families assisted, and details concerning the cost:—

	£	s.	d.
Pints of milk supplied free of cost, 11,894, at a cost of ...	165	12	6½
Pints of milk supplied at 75 per cent. cost, 14 at a cost of	0	3	1
Pints of milk supplied at 50 per cent. cost, 196 at a cost of	1	8	1½
Total 12,104 pints, at a cost of	167	3	9

	£	s.	d.
Packets of dried milk supplied free of cost at 1/6 per packet, 667, at a cost of	50	0	6
Packets of dried milk supplied free of cost, at 1s. 4d. per packet, 10½, at a cost of	0	14	0
Total 677½ packets, at a cost of	50	14	6

Total cost of milk supplied, £217 18s. 3d.

POLICE SURGEON'S REPORT.

The authorised strength of the Borough Police Force is 39; 1 Chief Constable, 2 Inspectors, 7 Sergeants, and 29 Constables. The changes in personnel which occurred during the year have already been recorded in the Chief Constable's Annual Report.

On the whole the general health of the members of the Police Force during the year was excellent, for although 176 days were lost through sickness, compared with 99 in 1926, a considerable amount of this sick leave was required by one member, who had a severe nervous breakdown, necessitating a lengthy period of absence from duty for rest and convalescence.

The following is a list of examinations carried out during the course of the year:—

Number of Police Consultations at the Town Hall, etc	104
Number of Home Visits in case of sickness	19
Number of Recruits medically examined	2
Number of Examinations of Police for Extension of Service... ...	2
Number of accident cases seen at Police Station...	1
Number of Examinations of other cases (Drunkenness, etc.)...	5
Attendances at Police Court	1

At the early part of the year, when the Smallpox Hospital was opened for the reception of cases from a neighbouring area, and it seemed probable that cases might occur locally, 10 constables were re-vaccinated, or vaccinated for the first time. As mentioned in last year's report, those members of the force who act as drivers of the infectious diseases ambulance were examined by the Schick test during 1926, and all proved negative.

I again place on record my indebtedness to the Chief Constable, Mr. J. W. A. Danby, for his kind consideration and assistance not only in police matters, but in many phases of our Public Health work. His intimate knowledge of the district, and of the home conditions in individual cases, has proved of great service on numerous occasions.

SCHOOL MEDICAL REPORT.

I. SCHOOLS IN THE AREA.

The building of the new Elementary School, of which plans were drawn up and approved by the Education Committee in 1926, has not yet been commenced, and so the number of schools remains unchanged at 10 Public Elementary Schools, comprising 22 departments and 1 Secondary School. The Medical Inspection of pupils attending the last-mentioned school is under the control of the County Council.

The following tables give the names of the Elementary Schools, the average numbers on the registers, and the average attendance at each school throughout the year. The total on the registers was 4,697, being 20 less than in 1926, whilst the average percentage attendance for the year was 86, compared with 85 in 1926.

SCHOOL ATTENDANCE STATISTICS FOR THE YEAR ENDING DECEMBER 31st, 1927.

OLDER SCHOLARS.

SCHOOL	Times Open.	Average No. on Register.	Average Attend'ce.	Attendance Percentage for year.
Flowery Field Council—Boys.	424	297	270	91
,, ,, Girls	424	271	243	90
Gee Cross Council, Mixed ...	422	165	145	88
Gee Cross Trinity—Mixed ...	421	138	119	86
George Street Council—Mixed	426	290	256	88
Godley—Mixed...	416	232	209	90
Leigh Street Council—Boys .	425	347	323	93
,, ,, Girls ...	425	348	316	91
Newton C.E.—Mixed...	422	180	162	90
St. George's C.E.—Mixed ...	421	424	380	90
St. Paul's R.C.—Mixed	416	229	208	91
Water Street C.—Mixed	425	239	211	88
Totals	5067	3160	2842	896

INFANTS.

SCHOOL	Times Open.	Average No. on Register. Over 5	Under 5	Average Attendance. Over 5	Under 5	Attendance Percentage. Over 5	Under 5
Flowery Field Council ...	424	186	48	155	39	83	62
Gee Cross Council.	424	59	17	25	11	76	65
Gee Cross Trinity	421	50	41	27	13	80	48
George Street Council ...	425	119	37	106	22	89	59
Godley	416	68	27	55	18	81	67
Leigh Street C.	424	238	78	204	52	82	67
Newton C.E.	422	100	25	86	14	86	56
St. George's C.E.	421	147	35	117	23	80	66
St. Paul's R.C.	416	64	25	56	14	88	56
Water Street Council ...	424	136	37	118	22	87	60
Totals	4215	1167	370	969	228	83	61

II. SCHOOL MEDICAL STAFF.

School Medical Officer (and Medical Officer of Health) :

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

Assistant School Medical Officer, etc.:

GEORGIE I. BRODIE, M.B., Ch.B. (May 1st—Oct. 31st).

MARY EVANS, M.B., Ch.B. (from November 1st).

School Dentist (part time): E. A. P. PARKER, L.D.S., R.C.S. (Eng.).

School Nurses and Health Visitors:

vxo Mrs. W. Barton (Resigned March, 1927).
vxo Miss A. A. Shuttleworth.
vxo Miss A. A. Howorth.
xo Miss J. Paterson (appointed April, 1927).

v Health Visitor's Certificate, Royal Sanitary Institute.
x Certificate of Central Midwives Board.
o State Registered Nurse.

Clerical Staff: Hubert Pike. A.R.S.I. (part time).
Miss Gertrude H. Stamp.
Miss Ada Norgrove.

It was decided during the year to increase the staff by the appointment of an Assistant Medical Officer (part time), and as Dr. Mary Evans, who obtained the appointment, was unable, owing to ill-health, to take up duty when required, her place was taken temporarily by Dr. Georgie I. Brodie. Dr. Brodie held the post for a period of six months, and in passing I take this opportunity to pay a tribute to the conscientious and painstaking manner in which she carried out her duties.

The only other change in staff which occurred during the year resulted from the resignation of Mrs. W. Barton, who was compelled, owing to health reasons, to sever her connection with the Health and School Medical Departments after a period of 5½ years' service. Her departure was a great loss to the Health Services generally, for her tact, skill and cheery disposition had won for her that respect and confidence which renders even proffered advice not only acceptable, but welcome.

The duties of the Health Visitors and School Nurses were again heavy during the year. Attendances at the School Clinic were the highest recorded, and in consequence the work of the Clinic claimed more attention. In past years it has usually been possible to obtain assistance from the Hospital Staff, when attendances at the Clinic were high, but owing to pressure of work at the Hospital, all the nurses employed there were fully occupied during the last few months of the year, and no help could be obtained from this source at the very time when the School Clinic work was at its highest ebb.

As a result more of the nurses' time was occupied by Clinic work, and less was available for home visiting.

III. CO-ORDINATION WITH OTHER HEALTH SERVICES.

(a) Co-ordination with Infant and Child Welfare.

As the same staff is concerned throughout with both the Infant Welfare and School Medical Services, the work of both is so closely interwoven that for all practical purposes they may be regarded as merged into a single service.

There can be no sharply cut division between child welfare and school medical work, for the health of the school child is to a large extent dependent upon the care and attention he, or she, received during the pre-school period. Moreover, now that roughly half the children between the ages of three and five years attend school, it is still more difficult to differentiate between school age and pre-school age. However, any difficulty which might arise in deciding this point is

obviated by having the same nurses, the same medical officers, and the same special medical services available for all. Indeed it is quite a common experience to have school children brought for consultation to the Child Welfare Centre, and conversely to be called upon to examine very young children at the School Clinic.

During recent years Sir George Newman, and numerous School Medical Officers, have been calling attention to the high percentage of children who are found to have defects when they are first medically examined at school. Many of these defects have obviously been of fairly long standing, and it is pointed out that the School Medical Service is being handicapped by having to receive "damaged goods." In our own area the percentage of defects among school entrants coincides very closely with the findings in other areas, and in an attempt to get back to the "fons et origo malis," it is proposed to carry out during the present year a medical examination of all the children of the district as they become two years of age. The register of notified births, modified by the addition or deletion of inward or outward transfers and deaths, gives a fairly accurate record of all the children of the district, and the following letter is now being sent out monthly to the parents of those children who were born in the corresponding month of the year 1926:—

BOROUGH OF HYDE.

Public Health Department,

Town Hall, Hyde.

Dear Sir or Madam,

As a result of the School Medical Inspections, it has been found that when children commence to go to school, roughly 3 out of 10 have already got medical defects or diseases which require treatment.

A large number of the babies born in the Borough are examined at the Child Welfare Centre during their first year, but very few children are again medically examined (save in the case of serious illness) until they are of school age, and in view of the fact that so many are then found to have defects, often of long standing, it is felt that, in the interests of the children, parents should be given an opportunity to have their children examined, say, at two years of age. It is proposed, therefore, to have all the children of the district examined as they become two years old, if the parents are willing, and as our records show that your child is now of this age, I would be glad to know if you are agreeable to have him or her examined. Examinations will take place, by appointment, at the Maternity and Child Welfare Centre, Parsonage Street, and will be free of charge. In your own interests, and for the sake of your child's welfare, I would urge you to take advantage of the facilities offered.

If you are willing to have your child examined, will you please return the enclosed postcard to me as soon as possible.

Yours faithfully,

JOHN M. GIBSON,

Medical Officer of Health.

The number of postcards which have already been returned, signifying acceptance, indicates that parents appreciate the importance of these examinations, and it is to be hoped that as a result of them, it may be found possible not only to detect many defects at an earlier stage, but also to prevent the occurrence of some of those which we now find fully established in older children.

(b) **Co-ordination with Nursery Schools.**

There are no Nursery Schools in the Borough.

(c) **Co-ordination with the care of debilitated children under school age.**

It has already been explained that the School Nurses act also as Health Visitors, and so any child known to be debilitated is under the supervision of the same nurse when he or she enters school. It has also been mentioned that any services, which provide for specialised medical treatment, are available for the very young as well as for those of school age. Thus several children from two years upwards were provided with glasses during the year on account of Squint, 39 of the 108 children treated at the Orthopaedic Clinic were under five years of age, and it is interesting to note that as many as 64 of the 168 patients treated by Actinotherapy were under five years of age.

IV. SCHOOL HYGIENE.

School Hygiene, in all its branches, is one of the most important subjects which we are called upon to consider, for it is not only the foundation on which the health and well-being of the child are built—it is also the framework on which are moulded the physique, the habits, and even the moral character of the adult. It embraces such diverse matters as the architecture of the school buildings, their ventilation, their lighting, their furniture, their cleanliness, their sanitary and lavatory accommodation, the personal cleanliness of the children, and in general terms, all matters relating to health and the prevention of disease. Such a comprehensive and far-reaching subject claims the attention of everyone connected with school work. Education Committees, School Managers, Medical Officers, School Nurses, Teachers, and the children themselves, have each their respective duties to perform, and it is only by the harmonious co-operation of all that the acme of success can be achieved.

With regard to the school buildings, mention has already been made in last year's report of the important step taken by your Education Committee in approving plans for the erection of a new Elementary School which will provide accommodation for 800 children. Various causes for delay have been encountered, and in most cases surmounted, during the past year, and it is believed that building operations will be commenced at an early date.

The school buildings in use at present are, generally speaking, well ventilated, well lighted, and in a good state of repair. Four schools were decorated throughout during the past year, and by the £5,000 loan included in this year's estimates, it is intended to replace all the desks which have now become obselete, by furniture of a modern type.

In some cases the playgrounds are unsatisfactory, and it is impossible for a school to be kept clean unless the playground is covered with an impervious material which prevents accumulations of mud in Winter and of dust in Summer.

Most of the defects referred to in the Annual Report for 1926 were administrative, rather than structural, and all have received attention. Windows are now being cleaned six times annually instead of four times, as hitherto. The sanitary conveniences are being flushed more frequently, and are receiving more attention, though there is still room for improvement. Also the inadequate supply of towels has been dealt with, and a new supply ordered. It is hoped that the provision of clean towels daily will now be possible, and that a supply of soap, which is absolutely essential to ensure cleanliness, will be made available at every school.

A matter which reouires more attention is the ventilation of the class rooms. The means of ventilating the rooms are adequate, but they are not sufficiently utilised. All the windows and ventilating tubes should be kept open to the greatest extent possible, depending, of course, on the weather conditions prevailing, and in Summer and

Winter alike every door and window in a school should be thrown wide open during the play intervals, so that the whole building may be flushed with fresh air, and the vitiated, germ-laden, atmosphere purified. Everything possible should be done to make the conditions of the class room resemble as closely as possible those of the open-air school, where the spread of infectious disease is almost unknown. Most of the diseases which are prevalent among school children are contracted by inhalation. A child suffering from a disease like Measles scatters germs of the disease into the air around him every time he breathes, and if the class room is badly ventilated these germs are held in suspension, and may be inhaled in large numbers by his classmates, but if the room is being constantly flushed with pure air, the germs are carried away rapidly to the outside atmosphere, where they quickly perish.

The teaching of hygiene in the schools has received a little attention ever since the establishment of national education in 1870, but it is only within the last few years that the subject has loomed from obscurity, and been given a place of prior importance on the school curriculum. The introduction of school medical inspections, in 1907, marked an important step in its progress, being a recognition of the fact that education is intimately dependent upon physical well-being, and that the old phrase "Mens sana in sano corpore" must be interpreted literally. Medical Inspection, however, has emphasised more and more that sound health depends upon healthy living, and that to ensure a sound body children must be taught the elementary laws of health, and made to practise them. Several syllabuses have been prepared and issued by the Board of Education directing the teaching of hygiene in the schools, but the amount of instruction given and its character have varied considerably in different localities, and in the various schools of each.

In his Annual Report for 1926 Sir George Newman gives a detailed account of the instruction given in a large number of areas, and comments upon its unequal and variable character. He laments that the presentation of such an important subject should be so ineffective in many districts, and observes "In some places the school premises and equipment do not provide a very favourable environment for health demonstration purposes, but rather the reverse; in many schools the teacher has not yet devoted himself to a thorough understanding of hygiene, and a wise exposition and interpretation of it; in many others, for reasons which are not forthcoming, the responsible authorities seem to have allowed hygiene to be inadvertently crowded out of the curriculum."

Probably as a result of these findings and observations the Board of Education has recently issued and distributed to all Education Authorities a most valuable "Handbook of Suggestions on Health Education" for the consideration of teachers and others concerned with the work of the public elementary schools. As the preface states, "the handbook does not seek to prescribe for teachers any particular method, or methods, of teaching; the purpose is to put before them, for their information and use, a statement of the generally accepted principles of hygiene upon the observance of which, in the ordinary daily life of the individual, the development and maintenance of sound bodily health depends. A knowledge of its contents should be regarded as part of the necessary equipment of every teacher."

The publication of this Handbook by the Board of Education will undoubtedly be regarded in future years as a landmark in the field of preventive medicine. It is important from four different aspects. In the first place it points out in the clearest manner possible the **"paramount educational claim" of hygiene,** and states that "the physical health and condition of the child are, in the Board's view, the basis upon which all mental education must necessarily be founded."

Secondly the onus of instructing the children in hygiene, or part of that onus at least, is **placed upon the teachers.** Many teachers in the past have assumed that instruction in a matter of this kind should be given solely by School Medical Officers or Nurses. At one time the education curriculum of the elementary schools was limited merely to the three R's—reading, (w)riting, and (a)rithmetic, and although it has been extended considerably during the present century, hygiene if it appeared at all was given an inconspicuous position. Now it has been p'aced one might say in the forefront for reasons are given in the Handbook why "it should be taught as one of the most important subjects of knowledge."

Thirdly, the book gives an excellent **outline of the lessons in health matters** which may usefully be employed by teachers in their talks to children, and includes a series of notes on the lessons suggested, which gives most valuable information and guidance. The headings outlined in alphabetical order might indeed be described as the A.B.C. of healthy living.

In the last place it is made clear throughout the Handbook that instruction in hygiene must be **supported by practical application.** "The study and practice of health must form from the first, part of the everyday life of the school."

Sir George Newman, in his introduction to the Handbook, states the views of the Board most clearly and precisely when he writes:—

"However and whenever taken, the health lesson should not be haphazard or diffuse, but clear cut and particular. It should be simple, direct, personal and individual, designed to the formation of healthy habit. For instance, the teacher should require the children to have clean faces and hands, clean hair, clean teeth; and cleanliness should be repeatedly drilled into the children until it has become a habit. The teacher can accustom the children to fresh air in the schoolroom—its necessity for the lungs and the blood, the ways to obtain it, the advantages of the open-air life, the value of exercise in the open-air, the health-giving virtue of sunlight. The teacher can provide every day a suitable class breathing exercise; much of the prevalent mouth-breathing, so predisposing to disease, is merely due to bad habit and ignorance. Or again, the children can find by practice the relation of activity and rest, of exercise and sleep, the peacefulness of quiet conduct and silence. There is often too much clatter and restlessness for young children to grow and ripen, and nervous conditions may be the result of ceaseless and meaningless activities. Let them learn that composure and rest are conducive to health and mental stability. The children can be trained in their proper seating, their right posture in their seats, the personal use of their own pens and pencils, suitable habits of hygiene in the cloakroom, and the ventilation and cleanliness of the classroom. It should be remembered that the health of the nation is in large degree dependent upon the habits of the people. What they need in order to live well is not abstruse knowledge, but to practice the knowledge they possess already. Most people know a great deal about the value of cleanliness, fresh air and simple food, but they do not always practise what they know. **They have not in youth contracted the habit of doing so."**

V. ARRANGEMENTS AND METHODS ADOPTED FOR THE MEDICAL INSPECTION OF THE CHILDREN.

(a) Age Groups of the children inspected.

The usual three groups of children were examined at the routine inspections:—

(1) Entrants, age 6 or under, if they had not been previously examined as entrants.
(2) Intermediates, age 8.
(3) Leavers, age 12 or over, if they had not previously been examined as leavers.

The numbers examined in each group are shown in Table I at the end of this report to have been 704 Entrants, 446 Intermediates, and 415 Leavers. As in 1926, the number of entrants is considerably higher than that of either Intermediates or Leavers. The explanation of this is that previous to 1926, children were not examined as entrants until they reached the age of five years, but the Board of Education (Special Services) Regulations of 1925 require the medical inspection of all children "as soon as possible in the twelve months following their first admission to the Public Elementary Schools, and consequently in the year 1926, not only the usual number of five-year-old children were due for examination, but also roughly 400 younger children. The examination of these was spread over the years 1926 and 1927, and now that all, or practically all, the children of three, four, and five years have been examined, the number of entrants to be examined in subsequent years should be considerably less.

In addition to the 1,565 children examined during the year as routines, 833 children, classified as specials, were examined at the schools whilst the medical inspections were in progress. The remaining 1,705 children, shown in Table I, were all seen at the School Clinic. The sum total of these, 4,103, would suggest that almost every child in attendance had been medically examined during the course of the year, but it must be remembered that many of the children counted as specials at the Clinic had been seen earlier in the year either at the school, or the clinic, on account of some other defect; consequently the number of individual children dealt with was conerably less.

(b) **The Board's Schedule of Medical Inspection was followed in detail.**

(c) **Steps taken to secure the early ascertaining of crippling defects.**

Any children suffering from crippling defects who are in attendance at the schools are usually brought to notice by the Teachers, but their condition in any case would be detected during the school medical inspections, for at the end of each inspection all the children of the school are "marched past," and any obvious defects are noted. The majority of crippling defects, however, arise before school age, and their ascertainment depends upon the attention directed to children of pre-school age. Although the Health Visitors have not had so much time available for home visiting as one would have wished, each nurse is responsible for both the school visiting and child welfare visiting of her own particular district, and in her dual capacity she is brought into such intimate touch with the children of her area that any who may be suffering from crippling defects are quickly brought to notice.

The numbers already given of children under five years of age who attended the Orthopaedic and Artificial Sunlight Clinics during the year indicate that the quest for the early case is proving successful. On looking up the cases of Rickets alone treated by Actinotherapy, we find that as many as 39 out of 48 treated were under five years of age, and a knowledge of the actual cases enables one to say that the majority were brought under treatment before anything like a marked degree of deformity had arisen. A few years ago conditions such as knock-knee and bow-legs, the characteristic stigmata of Rickets, were very much in evidence in our schools, but now few are seen, for cases of this crippling disease are being brought to notice at an earlier stage when they are more amenable to treatment.

FINDINGS OF THE MEDICAL INSPECTION AND MEDICAL TREATMENT.

(a) **Uncleanliness.**

The question of personal cleanliness is intimately interwoven with that of school hygiene, already referred to,—and plays such an important part in the spread or check of Infectious Disease, in raising or lowering the sickness rate of a school, and in uplifting or submerging the whole moral character of the children, that it demands all the

attention that can possibly be paid to it not only by teachers, but also by school nurses and doctors. Considerable progress has been made since school medical inspection work was first commenced; at the beginning the really clean child was the exception, but the various records since then have shown a steady reduction in the number of cases reported for uncleanliness. Moreover the standard of what constitutes uncleanliness has been gradually raised until now even the presence of a few nits is regarded as a case for treatment. To some parents this seems a high standard, but it must be remembered that if left untreated the child with a few nits may in several days time become a source of infection to all his or her classmates.

The percentage of children classified at the School Mental Inspections as unclean varies considerably from year to year, and is not a fair criterion of the real conditions obtaining, for parents are notified by letter when their children are due for medical examination, but the nurses' visits, of which on an average three are made to every school annually, are surprise visits, and consequently their findings give a truer picture of the standard prevailing under ordinary circumstances.

The following figures show the numbers and percentages of children reported for uncleanliness by the nurses at each of the schools:—

UNCLEANLINESS.

School.	Dept.	No. inspected.	No. found unclean.	Percentage.
Gee Cross Council ...	Infants	195	1	.5
Flowery Field	Boys	544	3	.5
Leigh Street	Boys	1136	13	1.1
St. Mary's	Mixed	489	8	1.6
Gee Cross Council ...	Mixed	470	9	1.9
St. George's C.E. ...	Mixed	734	14	1.9
Holy Trinity	Infants	158	4	2.5
St. Mary's...	Infants	221	7	3.1
Flowery Field	Girls	502	19	3.7
Water Street	Mixed...	231	9	3.8
St. Paul's...	Mixed.	830	33	3.9
Leigh Street	Infants	897	40	4.4
Flowery Field	Infants	587	27	4.5
Holy Trinity	Mixed.	260	12	4.6
St. John's	Mixed...	451	24	5.3
St. George's C.E. ...	Infants	326	19	5.8
Leigh Street	Girls	1157	75	6.4
St. Paul's...	Infants	200	13	6.5
George Street	Mixed	506	38	7.5
St. John's	Infants.	179	15	8.3
Water Street...	Infants	171	23	13.4
George Street	Infants	229	32	13.9
	Total	10473	438	4.1

The total percentage 4.1 compares favourably with that of 1926, which was 5.6, but considering the schools individually one cannot say that these results are by any means satisfactory. The same standard of cleanliness cannot, of course, be expected throughout, but it is a matter for serious consideration that at two of the schools more than one out of every ten of the children has been classified as verminous. The presence of vermin must always be regarded as a menace to Public Health, for they are known to be the disseminators of one of the most serious of the Infectious Diseases, and even in the absence of this disease, they cause much suffering to children, for they lead to Impetigo and other skin diseases, and by disturbing sleep they retard mental and physical progress.

(b) **Minor Ailments.**

The number of minor ailments dealt with during the year is shown in Group 1, of Table IV, and is again very high. Ringworm, Impetigo, Minor eye defects, Minor ear defects, and Minor injuries, showed an increase when compared with 1926, whilst cases of scabies and of "other skin diseases" were fewer in number. The increase in cases of Impetigo from 187 in 1926, to 224 last year, is far from creditable, for in ninety per cent. of cases this condition results from, and is spread by, uncleanliness. Its prevalence during the year must have lowered appreciably the average percentage attendance, because children found to be suffering from it must be excluded from school on account of its contagious propensities; yet it is a condition which one feels would be abolished almost completely, if a high standard of personal cleanliness could be maintained. It usually originates with the neglected verminous child, who causes abrasions of the scalp by scratching, but it may also arise from any laceration of the skin, however slight, if sufficient care is not taken to prevent contamination. It is then spread from one child to another by personal contact, by infected clothing, and by the use of infected towels.

The majority of the minor ailments brought to notice are treated at the School Clinic. Many others, of course, of which we have no record, are treated by private practitioners.

The following table shows the very large number of cases dealt with at the Clinic during the year. Dental cases treated by the School Dentist are not included.

Defect of Disease.	New Cases.	Total Attendances.
Minor Injuries	255	1798
Malnutrition	6	18
Uncleanliness:—		
Head	144	486
Body	1	7
Skin—Ringworm:—		
Head	35	576
Body	38	175
Scabies	12	104
Impetigo	212	2224
Other Diseases (Non T.B.)	71	344
Alopecia	1	1
Eye—Blepharitis	45	457
Conjunctivitis	44	339
Keratitis	2	31
Corneal Ulcer	7	78
Corneal Opacities	—	—
Defective Vision	194	615
Squint	36	88
Other Conditions	27	105
Ear—Defective Hearing	21	52
Otitis Media	80	1885
Other Ear Diseases	27	85
Nose and Throat—Enlarged Tonsils	41	84
Adenoids	16	30
Enlarged Tonsils and Adenoids	53	86
Other Conditions	248	710
Enlarged Cervical Glands (Non T.B.)	62	149
Defective Speech	—	—
Heart and Circulation—		
Heart Disease:—		
Organic	4	6
Functional	—	—
Anaemia	11	21
Lungs—Bronchitis	46	135
Other Non-T.B. Diseases	40	129

Defect of Disease.	New Cases.	Total Attendances.
Tuberculosis—		
Pulmonary—Definite	2	7
Suspected	10	33
Non-Pulmonary—		
Glands	3	4
Spine	—	—
Hip	—	—
Other Bones and Joints	1	1
Skin	2	7
Other Forms	—	—
Nervous System—Epilepsy	1	2
Chorea	4	18
Other Conditions	2	2
Deformities—Rickets	1	1
Spinal Curvature	—	—
Other forms	14	84
Other Defects and Diseases	201	397
Brought for Examination (No Defect)	58	62
	2078	11436

(c) **Tonsils and Adenoids.**

A large number of children were found during the year to have enlarged tonsils and adenoids, treatment being recommended in 168 cases, and in a further 389 cases the condition was noted for observation. Operation was recommended altogether in 101 cases, and of these 74 children underwent operation at the Ashton Infirmary under the Authority's scheme, whilst five were operated upon either by their own doctors, or at some hospital; in 15 cases treatment was promised, but had not been carried out at the close of the year, whilst in seven cases the parents refused to give their consent to operation.

It is often difficult to make parents appreciate fully the ill-effects which arise from a blocking up of the nasal passages by enlarged tonsils and adenoid growths. Their child may seem to them in good health, and if he is a little deaf, or perhaps dull, or if he suffers from chest complaints, they do not realise that all these conditions may have arisen from the obstruction in his nasal passages, and may be relieved, if not completely cured, by removal of that obstruction. Moreover, in the minds of many, the word operation awakens such visions of horror that procrastination is resorted to in the forlorn hope that spontaneous recovery may be possible. Under such circumstances it is satisfactory to note that the advice given was met by a definite refusal in only seven cases.

(d) **Tuberculosis.**

None of the children examined as routines during the year showed definite signs of Phthisis, but two children, who were examined as specials, are believed to be suffering from this disease. Both have been excluded from school, and are under the care of the district Tuberculosis Officer. In addition the names of 14 children have been noted as suspicious cases, and are being closely watched. Much has been written advocating the early diagnosis of Pulmonary Tuberculosis, but in the early stages it is a most difficult problem to decide whether the signs and symptoms noted are, or are not, due to Tuberculosis, and it is only by repeated examinations and observations that a definite diagnosis can be established.

The following cases of Non-Pulmonary Tuberculosis were also dealt with during the year:—

Cervical Glands	8	Tubercular Spine	2
Ankle-Joint Infection	2	Elbow-Joint Infection	2
Lupus	2	Peritonitis	2

Of the 8 children who were suffering from Tubercular Glands, 6 were treated at the Orthopaedic Clinic by Artificial Sunlight, and all seem to have been benefitted. Four of the other non-pulmonary cases also received this treatment; in 3 a bone or joint had been affected, and although improvement was recorded, progress was un-

doubtedly slow. In the case of one child treated for Lupus an excellent result was obtained.

(e) **Vision.**

Of the 1,565 children examined as routines, 204, or 13 per cent., were found to have defective vision, or squint. In 67 cases the defect was either very slight, or had been corrected by glasses, so that 137, or 8.7 per cent., were referred for treatment. This corresponds closely with the figure for 1926, which was 8.4 per cent. Excluding entrants, who are not examined by the ordinary vision tests, and are only referred for refraction if they are observed to be suffering from squint, we find that 114 of the 861 Intermediates and Leavers examined were referred for treatment. This gives a percentage of 13, which is certainly high, though not higher than that found in some other areas. Sir George Newman has shown that the incidence of visual defects throughout the country varies from 5 to 15 per cent., and it is pointed out that their prevalence is increased by urbanisation, being least in rural areas, more in towns, and highest in cities.

Undoubtedly defective vision is in many cases hereditary, for repeatedly one finds that children with high degrees of impairment suffer from the same type of visual defect as their parents, older brothers, or sisters. There are, however, many conditions, most of them preventable, which tend to impairment of vision. The lighting of the school premises is important, and may be greatly influenced by the cleanliness of the windows. Other factors are the form and position of the desks, the position and surface of the blackboard, the size of type of the text books in use, and the amount of time spent on fine sewing, and on near work generally. Outside the school a considerable amount of guilt has been attached, whether rightly or wrongly, to frequent attendances at the Cinema. It is certainly a fact that children occupy the majority of front seats, where the amount of optical accommodation required, the glare, and the flicker, are greatest. Also it was ascertained by enquiry from those examined during the year on account of defective vision that the majority were regular patrons of the cinema, but it is only fair to state that no evidence is available to show whether the cinema is patronised, less, or more, by children with normal vision. That there may be widely different interpretations of what constitutes frequent attendances was demonstrated by one boy, who when asked if he attended the Picture house often, replied "No, not often, only two or three times a week."

The following is a list of the conditions found in the 211 children examined at the School Clinic during the year:—

Hypermetropic Astigmatism	74
Hypermetropia	42
Myopic Astigmatism	29
Myopia	24
Mixed Astigatism	23
Anisometropia	11
Emmetropia	8
Total	211

In addition to those examined at the School Clinic, 12 children were examined by refraction at neighbouring hospitals or by private practitioners, and 7 obtained glasses from local opticians. Of the 263 referred for treatment during the year, there were thus 230 treated; 5 of the children left school before arrangements could be made to have them examined, in 15 cases the parents promised to obtain glasses, but had not done so at the close of the year, whilst in 13 cases the parents definitely refused treatment, although it was pointed out

to them that their children's eyesight might deteriorate still further by the strain resulting from the presence of uncorrected refractive errors. All these children will be examined at an early date, and it is proposed to bring pressure to bear in those cases where the vision appears to be suffering from lack of glasses. One case of this kind, where the parents had previously refused to have anything done, was reported to your Education Committee recently, and the Secretary of Education was instructed to institute legal proceedings under Section 12 of the Children Act, 1908, but on the day on which application was made for a prosecution the parents gave their consent, and glasses were subsequently obtained.

It has been found by experience that many of the children for whom glasses have been ordered and obtained do not wear them regularly, or cease to wear them altogether after a time. To obviate this difficulty, lists have now been prepared, and are revised monthly, showing the names of all the children at each of the schools who should be wearing glasses; copies of these lists are sent to the Head Teachers, who make certain that the children, who should wear glasses, do so.

The following table shows the numbers in attendance at the various schools at the end of the year, for whom glasses had been prescribed, either at the Clinic, or elsewhere:—

School.	Number for whom glasses have been prescribed.	Percentage of school population.
Water Street	51	12.3
St. George's	73	12.0
Leigh Street	114	11.2
St. Paul's	34	10.6
Flowery Field	65	8.1
George Street	36	8.0
Gee Cross Council	14	5.8
Holy Trinity	13	5.6
St. John's, Godley	16	4.8
St. Mary's, Newton	12	3.9
Total	428	9.1

(f) **Dental Defects.**

The scheme in operation for the treatment of dental defects among school children has already been fully described in previous reports, and Mr. E. A. P. Parker, L.D.S., R.C.S. (Eng.) continued to devote two afternoons weekly, during the school terms, to the service of the Education Authority. A tabular account of the numbers dealt with, of the half-days devoted to inspection and treatment, and of the treatment carried out, is given in Group IV. of Table IV. at the end of this report. It will be seen that routine inspection and treatment were confined to children of from 5 to 8 years of age, chiefly to those aged 6 and 7 years, and altogether a total of 501 individual children received treatment during the year.

In addition to the routine inspections carried out by Mr. Parker, the teeth of all children, medically examined at the School Medical Inspections, were closely examined, and entries were made on the inspection cards regarding the condition of the teeth in every case. Our records show that of the 1,565 children examined only 98, or 6 per cent., had perfectly sound teeth, and the remainder, 1,467, or 94 per cent., had some degree of dental caries present. As these children represent a fair average of the school population we must assume that a complete scheme to provide adequate dental treatment for all who require attention must be capable of dealing with 90 per cent. of the children, or roughly 4,000.

So far as Mr. Parker's work is concerned, there is no doubt whatever concerning its quality, for everything he does is carried out in the very best workmanship possible, and his tact with the children is truly admirable, but in the time at his disposal it has been quite impossible for him to treat more than a mere fraction of those who require treatment. An extension of the dental services has been fully considered by your Education Committee during the past few months, and it has now been decided to join with the Borough of Glossop in the appointment of a full-time dentist. Under the scheme adopted it is proposed to appoint a dentist at a salary of £450, increasing to a maximum of £500, with a dental attendant at a salary of £52, increasing to £78 per annum. The proportion of these salaries paid by each authority will be based on the division of the services rendered. According to the scheme outlined 4 sessions, of 3 hours each, will be apportioned to Glossop, 6 sessions will be reserved for the examination and treatment of school children in Hyde, and one session will be claimed by the Hyde Maternity and Child Welfare Committee for the treatment of children under school age and expectant mothers. It may not be possible during the first few years to treat all the children in the schools who require treatment, but as time progresses the conservancy work carried out will undoubtedly assert itself, and the numbers requiring treatment will be gradually reduced until the scheme will have become complete, that is to say, capable of dealing with every child at the schools who requires dental treatment. In addition it will be possible to assist the very young children, many of whom suffer from the ill-effects of advanced dental caries before they are old enough to attend school. The short time available for the treatment of expectant mothers will also be most valuable. Very few mothers are entitled to the dental benefits obtainable by insured persons, and in many cases they are not in a position to pay for treatment, no matter how urgently required, but the facilities which are now being provided will place dental treatment within the reach of such mothers, and, by uplifting their general health, should assist in lessening complications and risks to both the mother and the unborn child.

(g) **Crippling Defects.**

When the opening of an Orthopaedic Clinic in Hyde was first proposed, roughly two years ago, there were many who doubted the wisdom of such a step, believing as they did that there was not a sufficient number of crippled children in the district to warrant it. Once a clinic of that kind is established, however, and the value of its work is fully appreciated by the general public, it is astonishing how many cases are gradually brought to notice. As explained in last year's Annual Report, the clinic was organised and is operated by a Voluntary Committee, while the whole scheme is supported by voluntary subscriptions. Both the Maternity and Child Welfare and the Education Committees make annual grants of £30 each towards the expenses incurred, and in addition they pay for all surgical appliances, surgical boots, X-ray examinations, etc., for infants and school children, where the parents are unable to do so. Owing to the increase in the number of patients requiring treatment, the work of the clinic was extended considerably during the year. Mr. H. Poston, M.Ch., Surgeon-in-Charge, now visits the clinic once per month—on the third Monday of each month—when he examines all cases requiring attention, and he subsequently arranges for the admission of cases requiring operation to Ancoats Hospital, Manchester. Cases requiring massage, plaster renewals, or adjustment of appliances, are attended to by Miss E. Caldwell, from Ancoats Hospital, who is present at the Clinic two full days per week. In addition to carrying out the Orthopaedic After-Care work, she administers the Artificial Sunlight and Radiant Heat treatment, under the supervision of your Medical Officer, who is honorary Medical Officer to the Voluntary Committee.

The following is a list of the cases dealt with at the Orthopaedic Clinic during the year, excluding adults:—

A. Children over 5 years of age.

Cause of Defect.	Type of Defect.	Number of cases.
Rickets	Deformity of Legs, etc.	20
Infantile Paralysis	Paralysis of muscles of one or both legs	10
Congenital	Club Foot	7
Birth Palsy	Paresis of muscles of arm	5
Congenital	Chest Deformity	4
Congenital	Dislocation of Hip	4
Postural	Spinal Deformity	4
Accident causing fracture	Deformity of arm	4
Accident causing fracture	Deformity of leg	2
Inflammation of muscle...	Torticollis	3
Tuberculosis	Pott's Disease of Spine	2
,,	Tubercular elbow joint	2
,,	Tubercular Hip	1
Acquired disease of nervous system	Pseudo Hypetrophic Muscular Paralysis	1
Postural...	Flat Feet	1
Disease of Bone	Exostosis	1
,, ,,	Pseudo-Coxalgia and Halux Rigidus	1
,, ,,	Deformity of Leg	1
Burns	Keloid Contracture	1
Congenital	Deformity of Shoulder	1
Injury at Birth	Paresis of arm muscles	1
		78

B. Children under 5 years of age.

Cause of Defect.	Type of Defect.	Number of cases.
Rickets	Deformity of Legs, etc.	18
Congenital	Club Foot	6
,,	Dislocation of Hip	1
,,	Spina Bifida	1
,,	Hydrocephalus	1
,,	Webbed Fingers	1
Injury at Birth	Paresis of muscles of arm	1
Inflammation of muscle...	Torticollis	1
		30

VII. INFECTIOUS DISEASES.

The Infectious Diseases will be considered, as last year, in two groups:—

(a) Those notifiable under the Infectious Diseases (Notification) Acts of 1889 and 1899.

(b) Those not notifiable under those Acts.

The diseases included in group (a) are practically all brought to notice, as there is a statutory obligation upon Medical Practitioners to notify all such cases, immediately, to the Medical Officer of Health.

The only cases which fail to be reported are those in which the symptoms have been so slight, or so transient, that the presence of infectious disease has not been suspected by the parents. Such cases are a source of worry, not so much because of the danger of complications developing with the patients themselves, but because such children have usually so few and such slight symptoms that they mingle freely with other children, who in turn may contract the diseases in much more severe forms. During the past year two children at the School Clinic, and one at the Maternity and Child Welfare Centre, were found to be suffering from Scarlet Fever, although its presence had not even been suspected by the parents.

The following is a list of the Infectious Diseases under group (a) notified during the year:—

Scarlet Fever	46	Tuberculosis (Non-Pulmonary)	7
Diphtheria	35	Tuberculosis (Pulmonary)	4
Pneumonia	28		

The tables which follow show the distribution of the cases of Scarlet Fever and Diphtheria throughout the schools during the various months of the year. It will be observed from the figures given that the only school at which any spread of infection occurred, calling for comment, was St. George's, where 16 cases of Diphtheria were reported, and 15 of Scarlet Fever. The cases of Diphtheria were spread over seven months, whilst the majority of the Scarlet Fever cases occurred during the months of October and November.

CASES OF DIPHTHERIA OCCURRING AMONGST SCHOOL CHILDREN DURING THE YEAR 1927.

SCHOOL.	Jan.	Feb.	Mch.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
Leigh Street...	—	—	2	2	—	2	—	—	2	1	—	—	9
Flowery Field	—	—	—	—	—	—	—	—	—	—	—	—	—
St. George's C.E. ...	—	1	4	3	2	3	2	—	—	—	1	—	16
Gee Cross Council ...	—	—	—	—	—	1	—	2	—	—	—	—	3
Holy Trinity	—	—	—	—	—	—	—	—	—	—	—	—	—
Water Street	—	—	1	—	—	—	—	—	—	—	—	—	1
St. Paul's R.C.... ...	—	—	—	—	—	—	—	1	—	—	—	—	1
St. John's, Godley...	—	—	—	—	—	—	—	—	—	—	—	—	—
St. Mary's, Newton	—	—	—	—	—	—	—	—	—	—	—	—	—
George Street	1	1	—	—	1	—	—	—	—	1	—	—	4
County School...	—	—	—	—	—	—	—	1	—	—	—	—	1
Totals	1	2	7	5	3	6	2	4	2	2	1	—	35

CASES OF SCARLET FEVER OCCURRING AMONGST SCHOOL CHLDREN DURING THE YEAR 1927.

SCHOOL.	Jan.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
Leigh Street Council	—	1	—	1	1	—	—	—	1	—	1	—	5
Flowery Field	—	—	—	—	1	—	—	—	—	1	1	2	5
St. George's C.E.....	—	—	—	—	1	—	—	—	—	5	8	1	15
Gee Cross Council ...	—	—	—	—	—	—	—	—	—	—	2	—	2
Holy Trinity...	—	—	—	—	1	1	1	—	—	—	1	1	5
Water Street	—	—	—	—	—	—	—	—	1	—	2	—	3
St. Paul's R.C.... ...	—	—	—	—	1	—	—	—	—	—	—	—	1
St. John's, Godley ...	—	—	—	—	—	—	—	—	—	—	1	—	1
George Street	—	—	—	—	—	—	1	—	1	—	—	2	4
St. Mary's, Newton.	—	—	—	—	—	1	—	—	—	—	—	—	1
Other Schools situated out of Hyde ...	—	1	—	—	1	—	—	—	—	—	—	2	4
	—	2	—	1	6	2	2	—	3	6	16	8	46

DISTRIBUTION OF CASES OF MEASLES, WHOOPING COUGH, CHICKEN POX, AND MUMPS AMONGST SCHOOLS.

School.	Measles.	Whooping Cough.	Chicken Pox.	Mumps.
Flowery Field	48	9	23	16
St. Paul's	—	—	—	—
George Street	7	2	15	2
St. John's	2	—	43	1
Gee Cross C.	—	9	25	—
Holy Trinity	—	—	11	1
St. George's	3	10	28	37
St. Mary's	30	—	3	1
Water Street	2	—	16	1
Leigh Street	19	5	52	—
Total	111	35	216	59

Month.	Measles.	Whooping Cough.	Chicken Pox.	Mumps.	Totals.
January	2	—	27	28	57
February	—	—	14	12	26
March	1	2	56	13	72
April	1	1	53	3	58
May	64	17	23	2	106
June	37	5	11	—	53
July	4	2	23	—	29
August	—	—	4	—	4
September	1	8	1	—	10
October	—	—	2	—	2
November	—	—	—	1	1
December	1	—	2	—	3
Total in 1927	111	35	216	59	421
Total in 1926	433	133	78	53	697

The distribution of the Non-Notifiable Infectious Diseases amongst the schools and throughout the year is shown on page 69. A comparion with 1926 is given at the foot of the page, from which it will be seen that the two most serious diseases of the four, namely Measles and Whooping Cough, were less prevalent than in 1926, the numbers reported in each case being roughly one quarter those of 1926.

It was not considered necessary to close any of the schools during the year for the purpose of preventing the spread of Infectious Disease, but in those cases where the school attendance fell below 60 per cent., and it was believed that this fall could be accounted for by the prevalence of Infectious Disease, certificates to that effect were given in accordance with Rule 23 of Schedule IV. of the Code. During the year 1926, 37 certificates of this kind were granted. The diminished prevalence of Infectious Disease during the past year was demonstrated by the fact that only 5 such certificates were required. The Schools concerned were as follows:

School.	Department.	Week ending.	Disease.
Gee Cross Council ...	Infants	February 25th	Influenza.
Gee Cross Council ...	Infants	March 4th	Influenza.
Godley.....	Infants	April 14th	Chicken Pox.
Newton	Infants	May 26th ...	Measles & Whooping Cough.
Newton	Infants	June 3rd	Measles.

VIII. FOLLOWING UP OF CHILDREN SUFFERING FROM DEFECTS.

The methods employed for the following up of children found at the Schools Inspections to be in any way defective were fully explained in last year's report. The appointment of an Assistant Medical Officer during the year helped considerably with this part of the work, for by her assistance it was possible to get all the routine medical inspections completed much earlier than usual, and consequently there was sufficient time available to re-examine practically all those children who had been found to have defects when examined earlier in the year.

As explained in last year's report, when children are found at the school inspections to require medical treatment, the parents are notified of the defects discovered at the earliest opportunity. It is of great service in such cases if the parents are present, for not only can the nature of the defects be explained, but the treatment suggested can also be discussed. In their absence notification of the defect found is forwarded to them from the school, and they are recommended to either consult their own doctor, or attend the School Clinic. Lists are prepared of all children who are found to have defects, and every child referred for treatment is followed up subsequently and kept under observation until something definite has been done in the matter.

Below is a summary of the home visits paid by the School Nurses during the year. In addition to the visits paid in connection with children referred for treatment from the schools, this list includes the visits made in connection with Infectious Diseases. Home visiting in such cases is most valuable, as it gives the nurses an opportunity to see that the children receive the care and attention that are necessary to protect them against the risk of complications.

Following Up Visits By Nurses.

Measles...	103
Mumps	3
Whooping Cough	49
Chicken Pox	61
Uncleanliness	33
Scabies...	8
Impetigo	36

Following Up Visits By Nurses.—(Continued.)

Ringworm	4
Other Skin Diseases	6
Enlarged Tonsils and Adenoids	32
Defective Hearing	8
Enlarged Cervical Glands	4
Heart Disease	8
Anaemia	4
Suspected Tuberculosis	2
Bronchitis	28
Defective Vision and Squint	101
Conjunctivitis	1
Blepharitis	6
Dental Caries	64
Colds	7
Other Defects and Diseases	32
Diseases of Nose and Throat	14
Measles and Whooping Cough	2
Otitis Media	5
Goitre	2
Influenza	6
Minor Injuries	1
	630

IX. OPEN AIR EDUCATION.

The majority of the playgrounds are not suitable for open-air education, but at a few schools classes are often held in the open-air during the Summer months. In addition a number of school journeys to the country, or to the parks, are arranged by the teachers, but no definite schemes are in operation.

X. PHYSICAL EDUCATION.

There is no organiser of Physical Drill in the area, but many of the teachers have attended courses in physical drill, and, when the playgrounds are suitable, good instruction is given. When children are found at the medical inspections to show minor postural defects, their names are given to the Head Teachers, so that they may receive special attention when physical exercises are being carried out. In a few cases where more severe deformities are noted, children attend the Orthopaedic Clinic, and they are shown there the special exercises, which should prove beneficial to their conditions.

Every encouragement has always been given to school games which embody the team spirit, for their importance in promoting sound health and good citizenship is fully appreciated, but progress has been greatly handicapped in the past by the lack of suitable playing fields. Your Education Committee has surmounted this difficulty during the past year by purchasing, at a cost of £1,060, a tract of land containing 4 acres, which will be used as a playing field for school children. This plot of land is centrally situated, and should prove a valuable acquisition.

XI. PROVISION OF MEALS.

The provision of meals to necessitous children was continued during the year on exactly the same lines as in 1926, all the food provided being supplied at the School Canteen, Mechanics' Institute. Although the progress of trade and employment was not marked by any great upheaval such as that occasioned by the coal dispute in 1926, unemployment was unfortunately prevalent, and the demand for assistance in the form of free meals was practically unchanged. The number of children assisted was less than in the previous year, but the number of meals provided was greater, showing that the demand for meals was more uniform throughout the year. Altogether 31 families, represented by 84 individual children, were assisted, the corresponding figures for 1926 being 44 and 109 respectively.

The following figures show the attendances, and number of meals provided during 1927 :—

Month.	Number of meals provided.	Daily average attendance at Meals.
January	916	61
February	1231	62
March	1374	55
April	702	50
May	1068	56
June	768	55
July	1443	58
August	565	57
September	772	55
October	1068	53
November	1001	56
December	1113	56
Total	12021	

The meals supplied were dinners only, and these were not provided on Saturdays nor during holidays. The average cost per meal was 6.77d., of which 2.35d. was expended on food, and the remainder, 4.42d., represented the cost of administration.

XII. SCHOOL BATHS.

Whilst none of the Elementary Schools have been provided with baths, the older children from all the schools have the privilege of attending the Corporation Baths during the summer months. Time tables have been arranged whereby groups of children from the various schools attend at fixed times every week. They are always accompanied by one or more of their teachers, and at the baths they receive instruction in swimming from two swimming experts.

XIII. CO-OPERATION OF PARENTS.

The great majority of parents in the district take a keen interest in the school medical examinations, and give every encouragement by their eagerness to learn all they can about the physical condition of their children, and by their ready acquiescence in carrying out any suggested line of treatment. At the school inspections during the past year 840 parents were in attendance, and a still larger number attended the school clinic to seek advice regarding the progress of their children, or to discuss difficulties which had arisen. Parents are specially invited to be present at the school inspections if they know, or have reason to suspect, that their children are in any way defective.

XIV. CO-OPERATION OF TEACHERS, SCHOOL ATTENDANCE OFFICERS, ETC.

There is little to add to what has already been stated regarding this subject in the report for 1926. Teachers continue to show a keen interest in the findings of the School Medical Inspections, and assist with the work in every way possible. They render great service when the school examinations are in progress by calling attention to children who are thought to be in some way defective, and at other times by advising parents to take their children to the School Clinic for consultation and examination.

The excellent arrangements made by some of the teachers to meet the physiological requirements of the very young children who are attending their schools are referred to later in this report.

Co-operation with the School Attendance Officer is simplified by the fact that his office and the School Clinic are in the same building—the Mechanics' Institute. Lists are given to him daily of the children who are excluded from school on medical grounds, and the periods of exclusion are also stated, so that all unnecessary visiting is thereby avoided.

XV. CO-OPERATION OF VOLUNTARY BODIES.

There are several voluntary bodies which in divers ways do much to alleviate distress, and add to the comfort and physical well-being of the children of Hyde. Three such bodies, to which special reference must be made, are (1) The Hyde Orthopaedic After-Care Committee, (2) The National Society for the Prevention of Cruelty to Children, and (3) The Mayor of Hyde's Poor Children's Fund.

The valuable work carried out by the Hyde Orthopaedic After-Care Committee for the crippled children of the area has already been referred to. As your Medical Officer of Health is honorary Medical Officer to the Orthopaedic Committee, and personally supervises all the cases treated by artificial sunlight and by radiant heat, the closest co-operation possible obtains. Indeed the majority of the cases treated are children who have been examined previously at the schools, school clinic, or Maternity and Child Welfare Clinic, and recommended for treatment on account of defects, or diseases, then detected.

The work of the National Society for the Prevention of Cruelty to Children has been carried out during the year in a very effective and very helpful manner by the local inspector, Mr. F. Pay. Altogether 26 cases, involving 54 children, were dealt with by him during the year, compared with 3 cases, involving 96 children, in 1926.

A reduction of this kind suggests that cases of gross neglect are becoming fewer in number, and it is to be hoped this is so, for nothing is more pathetic than to see little children hopelessly neglected by their own parents.

In the majority of cases improvement was effected by warning, but in two cases of gross neglect the parents were prosecuted and convicted under Section 12, Children's Act, 1908.

The other voluntary body mentioned, namely, the Committee of the Mayor of Hyde's Poor Children's Fund, has contributed greatly to the pleasure, the comfort, and I venture to suggest, also to the health, of many children in the district. In addition to entertaining over 1,000 children at the Christmas season, it supplied 392 pairs of clogs to necessitous children during the past year. The provision of such a large number of clogs is certain to influence, beneficially, the general health standard of the school population, for as a result one seldom sees in the schools the dilapidated water-sodden foot gear which are so conducive to rheumatism and chest complications. At the close of the financial year, a fairly large cash balance remained on the credit side of the accounts, and it was decided recently by the Committee to extend its sphere of usefulness during the present year by sending a number of debilitated children for a holiday to a Convalescent Home at Colwyn Bay. The selection of children to benefit under this scheme has been left in the hands of your Medical Officer.

In this connection it should be stated that the "Hyde Tipperary League," at the suggestion of its President, Mrs. Welch, has also decided to help in the scheme, by bearing the expense of a holiday for two children. The number of children who can be dealt with under these arrangements is, of course, very limited, but the benefit conferred on the children concerned is inestimable.

XVI. SPECIAL SCHOOLS.

The term "special school" is usually applied to schools set apart for the education of children who are in some way defective, and are thereby incapable of receiving the full benefit of the ordinary elementary school education. There are no special schools of that kind in the Area, but the building known as "Werneth Lodge" is used as a special school for instruction in housewifery. The senior girls, in groups of 14, attend the school for periods of six weeks at a time, and there they receive a sound and most practical course of instruction in Cookery, Needlework, Laundry Work, and General House Management.

Although there are no special schools for dealing with defective children, provision is made by the Local Authority for the education of all educable children who are defective within the meaning of the Elementary Education (Blind and Deaf) Act, 1893, and the Elementary Education (Defective and Epileptic) Acts, 1899 and 1914.

During the past year 7 children have been receiving their education in special schools at the expense of the Local Education Authority. One boy is attending Henshaw's Blind School, Manchester: a mentally defective boy, who had been attending Besford Court Special School, was transferred during the year to the Pontville Special School at Ormskirk; whilst 5 children are attending the Royal Residential Schools for the Deaf in Manchester.

XVII. NURSERY SCHOOLS.

There are, strictly speaking, no Nursery Schools in the district, but children are admitted to all the schools from 3 years of age onwards, so that in actual practice every school has its nursery department.

Regarded solely from the educational point of view, the admission to school of children under 5 years of age has little to commend it, for experienced teachers tell us that whether a child enters school at 3 years of age or at 5 years, his educational attainments at the age of 12 years will be just the same. But Education Authorities are concerned not merely with the child's instruction, but with his physical well-being, on which is pivoted his capacity to benefit from the instruction given, and from this point of view it is most important that the school doors should be open to very young children. In an industrial area such as this, where so many of the mothers and older girls of the family leave their homes to work in factories, many young children are left in the care of neighbours, or elderly relatives, who have not the time nor the energy to keep them under supervision, and children of from 3 to 5 years, if debarred from attending school, would be exposed to the risks of exposure and the dangers of motor traffic. In school, on the other hand, they are well cared for and happy: their instruction is so simple and interesting that it becomes a game—not a task, and before they can either write or read they learn much which plays an important part in moulding their characters.

The admission of such young children to the schools increases, of course, the responsibilities of the Education Authority, for their needs are different from those of other children. It is fully realised that they have not developed to any great extent their powers of concentration, and the instruction given has to be of a very simple and interesting kind, but their physiological requirements are also different, and there is a danger that these at times may be overlooked. I would refer to two special points which need consideration; one is the great benefit to be derived from the supply of a hot drink, preferably of milk, during the morning session; the other is the provision of facilities for rest during the afternoon session. Although these are not absolutely essential, they exert such a marked influence over the general health and physical development of the children that they must be strongly recommended.

A hot drink received at the play interval, especially during the winter months, maintains the tone of the body, and enables the child to ward off disease. This is not a mere hypothesis, but has been proved, not only in this district, but elsewhere, by the improvement in the attendance of children, which resulted when the practice of giving hot drinks had been commenced. Hot milk is specially recommended, as milk is one of the most valuable foods obtainable for children, and, unfortunately, many receive in their homes only the merest trace of it.

With regard to the provision of sleeping accommodation, there are many who sneer at the very thought of such a thing. It no doubt introduces a conception of school life which is quite foreign to their own experiences, but whatever we may feel about it we must face

facts. Children of from 3 to 5 years of age should have at least 12 hours sleep in 24 hours, yet how few of them obtain that amount! In winter this amount would be possible if parents could be persuaded to make their children observe the "early to bed" habit, but even then it is advisable that the period of waking hours should be broken up by a short rest in the afternoon. In summer the afternoon nap is essential, for it is quite certain that young children will not obtain the requisite amount of sleep in the 24 hours without it.

At the majority of the local schools, the Head Teachers have already attempted, more or less, successfully, to supply the needs of young children in both these respects. On the following page are shown the arrangements which are in operation at the various schools. It redounds very much to the credit of the teachers that they have been able, on their own initiative, and in many cases at their own expense, to do so much. It is obvious, however, from the details given on the opposite page, that there is a great lack of uniformity throughout the schools. At some the arrangements are excellent; at others, where the need for such services is perhaps even greater, nothing whatever is being done. Granted that such services are essential, and all who have considered the matter closely will agree that this is so, it is manifest that guidance and assistance by the Education Authority are called for. Where hot drinks are provided the children as a rule pay a small sum per week, which in some cases covers the cost, but it is obvious that those young children who cannot bring money require the drinks quite as much as the others.

With regard to the equipment necessary for sleeping, it is surprising to find how much has already been provided, thanks to the teachers, and in some cases also to the parents, but in this matter assistance should be given by the Education Authority. Rest beds are quite as necessary for young children as desks, and should form part of the equipment of every infants' department. To see a child attempting to sleep on a desk with his back doubled up, is, to say the least of it, pathetic. Provision should be made whereby every child under 5 years could be allowed to rest in the recumbent position for roughly an hour every afternoon. It is not necessary, nor advisable, that the whole afternoon session should be given over to sleeping, but, on the other hand, periods of from 5 to 15 minutes are altogether too short.

XVIII. SECONDARY SCHOOLS.

The only secondary school in the Area is the County Secondary School, which has accommodation for 260 pupils. The medical inspection work of this school is carried out by the County Authority.

XIX. EMPLOYMENT OF CHILDREN.

In accordance with the Bye-Laws under the Employment of Children Act, 1903, and the Education Act, 1918, 31 children, including 1 girl, were examined during the year. The nature of the employment was stated to be newsboy in 20 cases, errand boy in 9 cases, and milk distributor in 2 cases. All the children examined were found physicaly fit for the duties undertaken.

XX. VACCINATION.

The following figures show the percentage of children found to be vaccinated among the routine groups examined during the year:—

Group.	Number Examined.	Vaccinated.	Percentage Vacinated.
Entrants	704	134	19
Intermediates	446	131	29
Leavers	415	138	33
Total	1565	403	26

SCHOOL	PROVISION OF HOT DRINK			ARRANGEMENTS FOR SLEEPING		
	Article of Food provided	For whom provided	Cost to Children	Accommodation	For whom provided	Period when sleeping is allowed
Flowery Field	No provision	.....	.....	No provision	.....	.....
Gee Cross C.	Horlick's Malted Milk and fresh milk added	All under 5 and over 5, if desired	2d. per week	2 Beds Floor Mats Pillows	Under 5 years	Three-quarters of an hour
Holy Trinity	Horlick's Malted Milk or Cocoa (alternately)	All in Infants' Department	Nil. All the expense borne by teachers	7 Stretcher beds Coverlets	Under 5 years	1-30 to 3-30 p.m.
George Street	Horlick's Malted Milk	Those in Infants' Department who bring half-penny. (More than half)	Half-penny per day	A rug, covered with newspapers, for very young, Others put arms on desks and rest heads on arms	All in Infants' Department	3-4 years 15 minutes 5 years 10 minutes 6-7 years 5 minutes
St. John's	No provision	.....	.....	No provision	.....	.....
Leigh Street	Horlick's Malted Milk or Cocoa	Under 5 years, or just over 5 years (almost half of number on School Register)	One penny per week, if brought. No child debarred if money is not brought	36 Rest beds Rush mats Pillows Coverlets	All in Infants' Department	1-45 p.m. to 2-30 p.m. (not aroused at fixed time)
St. Mary's	Cocoa with Fresh Milk	Those in Infants' Department who bring one penny per week	One penny per week	6 Rest beds Muslin covers	Under 5 years	2 p.m. to 2-25 p.m., or longer if asleep
St. George's	Cocoa in winter only	Under 5 years. Delicate children on request	One penny per week	Mats	Under 5 years	1-35 p.m. to 2 p.m., or longer if asleep
St. Paul's	No provision	.....	.....	No provision	.....	.....
Water Street	Cocoa with milk, in winter only	Under seven years	One penny per week	Mat	Only those who fall asleep in class	No fixed period

Figures such as these cause considerable anxiety to those of us who are entrusted with safeguarding the health of the community, for they demonstrate clearly that the immunity of the school population against that horrible disease, Smallpox, is far below the safety line. They show that, in the aggregate, three-quarters of the children have never been vaccinated, and they demonstrate that in spite of all the warnings given, vaccination is being more and more neglected, for the proportion vaccinated diminishes as we pass from the older to the younger children from one-third in the oldest group to one-fifth in the youngest. We are living literally near a powder magazine where a tiny spark introduced at any time may cause a fierce conflagration. A single person, who has contracted Smallpox, may cause widespread disease and suffering amongst a population so inadequately protected against the disease. We have just reason to feel thankful that we have escaped the ravages of Smallpox so far, but we cannot hope to escape indefinitely. The seed of infection is all around us, and sooner or later it will be carried into our midst, for the disease is steadily spreading throughout the whole country. During the past 12 months we have treated in our Smallpox Hospital 19 patients from outside areas, so the danger zone is gradually approaching, and the following figures, which are the notifications of Smallpox throughout England and Wales, show clearly the steady, uninterrupted, progress of the disease during the past 11 years.

Year.	Number of cases notified.	Year.	Number of cases notified.
1917	7	1923	2483
1918	64	1924	3792
1919	297	1925	5355
1920	263	1926	10158
1921	336	1927	14764
1922	973		

Everything possible is being done to prevent the spread of this disease. Patients who have contracted it are isolated in special hospitals, and all contacts are kept under close supervision, but in spite of the precautions taken Smallpox is spreading, and undoubtedly will spread, until vaccination is more widely practised. In vaccination we have the most complete protection against disease which is known in medical science. It is true the immunity conferred gradually wanes with passing years, and absolute protection can only be guaranteed by re-vaccination at intervals of from 5 to 7 years, but whatever a person's age may be he is better protected by vaccination carried out in infancy than if he had never been vaccinated at all. We had recently 8 patients suffering from Smallpox admitted to hospital from an institution where all had been infected from a common source. Their ages ranged from 62 years to 77 years; 6 had been vaccinated in infancy, whilst 2 had never been vaccinated. With the patients who had been vaccinated in infancy, the disease was so mild in character, that there was no distress and little discomfort, but the other two patients, who had never been vaccinated, were seriously ill, and exhibited the appearances and symptoms of the disease in its old-time severity.

Those who suggest that there are two types of the disease, and that the present epidemic is not one of the true smallpox of earlier times, should realise that in the un-vaccinated the disease which is prevalent at present may still be loathsome, disfiguring and dangerous, and that the need for universal vaccination is just as great to-day as it was when the Vaccination Acts were first introduced. It cannot be too strongly emphasised that parents are taking a serious and quite unnecessary risk in neglecting to secure for their children this most effective safeguard.

XXI. INQUIRY REGARDING BACKWARD AND MENTALLY DEFICIENT CHILDREN.

With a view to ascertaining the number of backward and mentally defective children residing in the area, a circular letter was sent early in the year to the Head Teachers, asking for the names of all children attending, or on the registers of their schools, who were believed to be (a) 2 full years behind the ordinary educational attainments for their age, (b) 3 years behind, and (c) more than 3 years behind. As a result of this request, 87 backward children were reported.

Below are given the numbers reported at each school, and their classification, as recorded by their teachers:—

Name of School.	Dept.	Numbers. 2 years behind.	3 years behind.	More than 3 years behind.
Holy Trinity	Infants	2	—	—
,, ,,	Mixed	3	—	—
Leigh Street	Girls	3	—	4
,, ,,	Infants	3	—	—
,, ,,	Boys	1	2	—
Gee Cross C.	Infants	—	—	—
,, ,,	Mixed	—	1	—
Godley	Infants	4	—	—
,,	Mixed	6	1	2
George Street	Mixed	11	1	3
,, ,,	Infants	—	—	1
Water Street	Infants	3	—	1
,, ,,	Mixed	6	3	1
St. Paul's R.C.	Infants	—	—	—
Flowery Field	Infants	1	—	—
,, ,,	Boys	6	4	2
,, ,,	Girls	1	—	2
Newton	Mixed	—	—	—
,,	Infants	—	—	—
St. George's	Infants	2	—	—
,, ,,	Mixed	3	2	2
		—	—	—
	Total	55	14	18

Head Teachers had been asked to state the cause of retardation where an obvious cause could be suggested, and of those who were classified as 2 years behind, backwardness was accounted for in 20 cases by late admission to school, or by irregular attendance due to ill-health. Of the remaining 67, 6 left school during the year, and all the others, 61 in number, were examined by the Binet-Simon tests. Children must be examined by these tests individually, and so the examinations claimed a considerable amount of time and patience, but the results obtained are most valuable. The tests themselves have been prepared by experts with very wide experience, and by their use it is possible to gain a fairly accurate estimate of a child's intelligence, irrespective of the amount of education he, or she, may have received. They determine the child's mental age, and a comparison between this and the actual age gives what is called the intelligence quotient. The intelligence quotient of the average normal child is 100, whilst the 61 children examined were classified, as a result of examination, as follows:—

	Number.
Intelligence quotient under 40	3
,, ,, 40 to 50	6
,, ,, 50 to 60	6
,, ,, 60 to 70	11
,, ,, 70 to 80	17
,, ,, 80 to 90	10
,, ,, 90 and over	8
	61

Whatever scheme might be arranged to give more intensive, or more individual, instruction to these children, it would be advisable at the beginning to exclude children who were already 13 years of age, as these would reach the leaving age so soon that they would not have sufficient time to derive benefit from the instruction given. 15 of the children examined have already reached this age. The remainder were distributed among the various schools as follows:—

Intelligence quotient.	Total number.	Boy or Girl.	Age.	School.
Under 40	2	B	6	George Street.
		G	8	Water Street.
40 to 50	3	G	6	Godley.
		B	11	Water Street.
		G	7	St. George's C.E.
50 to 60	5	G	10	St. George's C.E.
		G	11	Leigh Street.
		G	11	Godley.
		B	12	Water Street.
		G	11	Flowery Field.
60 to 70	9	G	7	St. George's C.E.
		G	7	,, ,, ,,
		G	12	,, ,, ,,
		G	12	Leigh Street.
		B	6	Godley.
		B	6	,,
		B	10	George Street.
		G	10	,, ,,
		G	10	,, ,,
70 to 80	11	B	10	Leigh Street.
		B	10	St. George's C.E.
		B	12	,, ,, ,,
		B	12	George Street.
		G	11	,, ,,
		G	11	Water Street.
		B	11	,, ,,
		B	12	,, ,,
		B	10	Flowery Field.
		B	12	,, ,,
		B	12	,, ,,
80 to 90	9	G	12	Leigh Street.
		G	11	George Street.
		B	12	Water Street.
		B	12	,, ,,
		B	10	Flowery Field.
		B	8	,, ,,
		B	11	,, ,,
		G	11	,, ,,
		B	11	,, ,,
90 and over	7	B	7	Holy Trinity.
		B	7	St. George's C.E.
		B	12	George Street.
		B	6	,, ,,
		B	6	Water Street.
		B	10	Flowery Field.
		B	11	,, ,,

Of the two children whose intelligence quotient was found to be less than 40, one has since died, and the other, a girl, has been notified to the Local Control Authority under the Mental Deficiency Act, 1913, as her mentality was such that she was unlikely to benefit from instruction given in either an ordinary Elementary School or in a Special School.

Concerning the other children, one is justified in assuming that all who have an intelligence quotient of over 70 could derive proper benefit from their education in the ordinary schools and classes, though those whose intelligence quotient is less than 80 would undoubtedly make their presence in a class recognised as a damper to its progress. In the case of the remainder, however, whose intelligence quotient is less than 70, one feels that special provision for their education would be advisable. Their minds act very slowly, and either they must be ignored in an ordinary class, or the time of the others, and that of their teachers, must be wasted in trying to get them to keep pace with their companions. As shown above, there are at present 17 children under 13 years of age, whose intelligence quotient lies somewhere between 40 and 70, and one would suggest that these children should be brought together to form a special class or classes in which they could receive instruction suitable to their requirements.

For this purpose a teacher specially trained for the work would be needed, and it would be advisable to have the class, or classes, held in a building situated near the centre of the town, so that attendance would entail no hardship on any of the children concerned.

MEDICAL INSPECTION RETURNS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A.—Routine Medical Inspections.

Number of Code Group Inspections.

Entrants	704
Intermediates	446
Leavers...	415
Total	1565

B.—Other Inspections.

Number of Special Instructions... ...	At Schools	833	
	At Clinic.	1705	
			2538
Number of Re-Inspections...	At Schools	912	
	At Clinic.	2453	
			3365
Total			5903

Table II.

A.—Return of Defects Found in the Course of Medical Inspection, 1927

DEFECT OR DISEASE.	Routine Inspections — No. of Defects		Special Inspections — No. of Defects	
	Requiring Treatment (2)	Requiring to be kept under observation but not requiring treatment (3)	Requiring Treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
Malnutrition	12	4	6	4
Uncleanliness:	125	...	127	...
(See Table IV., Group V.)	...	...	...	...
Skin—				
Ringworm—Scalp	7	...	35	...
,, —Body	2	...	36	...
Scabies	8	...	7	...
Impetigo	19	...	205	...
Other Diseases (Non-Tuberculous)	22	4	76	1
Eye—				
Blepharitis	16	...	41	...
Conjunctivitis	4		44	...
Keratitis	...	...	2	...
Corneal Opacities	1	1	7	2
Defective Vision (Excluding Squint)	107	47	107	61
Squint	30	20	19	12
Other Conditions	1	...	25	...
Ear—				
Defective Hearing	9	14	27	8
Otitis Media	10	1	77	...
Other Ear Diseases	9	3	31	...
Nose and Throat—				
Enlarged Tonsils only	13	210	46	91
Adenoids only	5	32	16	10
Enlarged Tonsils and Adenoids	30	28	57	18
Other Conditions	6	4	247	2
Enlarged Cervical Glands (Non-Tuberculous)	16	130	69	64
Defective Speech	3	7	...	9
Teeth—				
Dental Diseases (see note a)	126	...	25	...
(See Table IV., Group IV.)				
Heart and Circulation—				
Heart Disease—Organic	11	4	16	...
Functional	1	38	11	15
Anaemia	3	6	.	2
Lungs—Bronchitis	70	29	47	5
Other Non-Tuberculous Diseases	4	24	40	5
Tuberculosis—Pulmonary—				
Definite	...	...	2	...
Suspected	3	...	11	...
Non-Pulmonary—				
Glands	2	1	5	...
Spine	...	...	2	...
Hip	...	...	...	...
Other Bones and Joints	...	...	2	2
Skin	...	...	2	...
Other forms	1	...	...	1
Nervous System—				
Eplilepsy	...	2	2	...
Chorea	1	...	5	...
Other conditions	...	...	2	...
Deformities—				
Rickets	9	5	4	...
Spinal Curvature	9	2	13	...
Other forms	22	27	15	4
Other Defects and Diseases	19	37	452	28

TABLE II.

B. Number of individual children found at Routine Medical Inspection to Require Treatment (Excluding Uncleanliness and Dental Diseases).

Group.	Inspected.	Number of Children Found to require treatment.	Percentage of Children found to require treatment.
CODE GROUPS:—			
Entrants	704	210	29.8
Intermediates	446	127	28.4
Leavers	415	141	33.7
Total (Code Groups)	1565	478	30.5
Other Routine Inspections	—	—	—

TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Boys	Girls	T'l
Blind (including partially blind).	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind	1	—	1
		Attending Public Elementary Schools	—	—	—
		At other Institutions...	—	—	—
		At no School or Institution	—	—	—
	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind	—	—	—
		Attending Public Elementary Schools	1	1	2
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
Deaf (including deaf and dumb and partially deaf).	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf	3	2	5
		Attending Public Elementary Schools...	1	—	1
		At other Institutions...	—	—	—
		At no School or Institution	—	—	—
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf	—	—	—
		Attending Public Elementary Schools	1	1	2
		At other Institutions...	—	—	—
		At no School or Institution	—	—	—
Mentally Defective.	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children	1	—	1
		Attending Public Elementary Schools	10	16	26
		At other Institutions...	—	—	—
		At no School or Institution...	—	1	1
	Notified to the Local Control Authority during the year.	Feebleminded...	—	1	1
		Imbeciles	—	—	—
		Idiots	—	—	—
Epileptics.	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics	—	—	—
		In Institutions other than Certified Special Schools	—	—	—
		Attending Public Elementary Schools	—	—	—
		At no School or Institution...	—	1	1

			Boys.	Girls.	T'l.
Epileptics.	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools	2	1	3
		At no School or Institution	—	—	—
Physically Defective.	Infectious, pulmonary, and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At other Institutions	1	—	1
		At no School or Institution	2	1	3
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	—	1	1
		At other Institutions	—	—	—
		At no School or Institution	1	—	1
	Delicate children, e.g., pre-or latent tuberculosis, malnutrition, debility, anaemia, etc.	At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	23	21	44
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	—	—
		At Public Elementary Schools	4	5	9
		At other Institutions	—	—	—
		At no School or Institution	1	1	2
	Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools	—	—	—
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Public Elementary Schools	32	24	56
		At other Institutions	1	—	1
		At no School or Institution	1	—	1

TABLE IV.

Return of Defects Treated During the Year Ended 31st Dec., 1927.

TREATMENT TABLE.

Group 1.—Minor Ailments (excluding Uncleanliness).

Disease or Defect.	Number of Defects treated, or under treatment, during the year. Under the Authority's Scheme.	Otherwise.	Total.
SKIN—			
Ringworm—Scalp	35	7	42
Ringworm—Body	38	—	38
Scabies	12	3	15
Impetigo	212	12	224
Other Skin Diseases	72	26	98
MINOR EYE DEFECTS	125	16	141
MINOR EAR DEFECTS	128	35	163
MISCELLANEOUS:— (e.g. minor injuries, bruises, sores, etc.)	255	8	263
Total	877	107	984

TABLE IV.

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease.	Number of Defects dealt with. Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital, apart from the Authority's scheme.	Otherwise.	Total.
Errors of Refraction (including Squint).	211	12	7	230
Other Defect or Disease of the eyes (excluding those recorded in Group I).	—	—	—	—
Total	211	12	7	230

Total number of children for whom spectacles were prescribed:—

(a) Under the Authority's Scheme ... 201

(b) Otherwise ... 19

Total number of children who obtained or received spectacles:—

(a) Under the Authority's Scheme ... 198

(b) Otherwise ... 19

TABLE IV.

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.					
Received Operative Treatment.					
Under the Authority's scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's scheme.	Total.	Received other forms of treatment.	Total number treated.	
74	5	79	319	398	

Group IV.—Dental Defects.

(1) Number of Children who were:-

(a) Inspected by the Dentist:—

Aged:

Routine Age Groups:

5	50
6	305
7	183
8	99
Total	637
Specials	258
Grand Total	895

(b)	Routines	446
	Specials	246
		692
(c)	Routines	255
	Specials	246
		501

(d) Re-treated during the year as the result of periodical examination ... Nil.

(2) Half-days devoted to:

Inspection	5
Treatment	83
Total	88

(3) Attendances made by children for treatment ... 791

(4) Fillings:

Permanent Teeth	15
Temporary Teeth	65
Total	80

(5) Extractions:—

Permanent Teeth	121
Temporary Teeth	1206
Total	1327

(6) Administrations of local anaesthetics for extractions ... 682

(7) Other Operations:—

Permanent Teeth	—
Temporary Teeth	—
Total	—

Group V.—Uncleanliness and Verminous Conditions.

(i.) Average number of visits per school during the year by the School Nurses ... 3

(ii.) Total number of examinations of children in the Schools by School Nurses ... 10473

(iii.) Number of individual children found unclean ... 438

(iv.) Number of children cleansed under arrangements made by the Local Education Authority ... 12

(v.) Number of cases in which legal proceedings were taken:—

(a) Under the Education Act, 1921 ... Nil.

(b) Under School Attendance Bye-Laws ... Nil.

REPORT ON TREATMENT BY ARTIFICIAL SUNLIGHT DURING THE YEAR 1927.

The Artificial Sunlight Clinic, opened in April, 1926, was continued during the year on the same lines as in the previous year. The lamp used is one of the Hewittic-Levick Mercury Vapour type, and has proved in every way satisfactory. Miss Nora C. Rogers, the light administrator, was compelled to sever her connection with the clinic after several months' valuable service, on receiving a full-time appointment, and her place was taken by Miss E. Caldwell, who received her course of training at Ancoats Hospital, Manchester. Since its commencement the light clinic has been open twice weekly, but owing to the large number of cases dealt with it was found necessary early in the year to extend the two half-days to two full days per week. All the work of the clinic is carried out under the supervision of your Medical Officer of Health, who is Honorary Medical Officer to the Orthopaedic Committee.

The following is a list of the cases treated by Actinotherapy during the year:—

Children under 5 years of age:

Rickets	39
General Debility	14
Bronchitis	3
Catarrh	2
Lymphatic Leukaemia	1
Little's Disease	1
Rheumatism	1
Eczema	1
Marasmus	1
Enlarged Glands	1
Total	64

Children 5 years and over:

General Debility	13
Rickets	9
Tubercular Glands	8
Anæmia	4
Rheumatism	3
Alopecia	3
Bronchitis	2
Enlarged Glands	2
Eczema	1
Psoriasis	1
Total	51

Adults:

Rheumatism & Rheumatoid Arthritis	16
Tubercular Glands	8
Tubercular Spine	4
General Debility	4
Post Encephalitis Paresis	3
Anaemia	2
Alopecia	2
Neurasthenia	2
Catarrh	2
Goitre	1
Renal Rickets	1
Psoriasis	1
Pruritus	1
Keloid Scar	1
Diabetic Dermatitis	1
Asthma	1
Neuralgia	1
Tubercular Peritonitis	1
Lupus	1
Total	53

Grand Total, 168.

It will be seen from this list that a great variety of conditions has been treated, and while it must not be supposed that artificial sunlight treatment is a panacea for all ills, it can be stated definitely that every case treated seemed to derive a certain amount of benefit from the treatment given. Exposure to violet rays has a general tonic effect on the body, and in an industrial area such as this, where the amount of actual sunshine is small, and where so many of the sun's actinic rays are cut off by the smoke laden atmosphere, the use of artificial sunlight has important therapeudic and health restoring properties.

The best all round results were observed in cases of Rickets. Two children, one aged 2 years and the other 2½ years, who had never walked, were able to run about quite well after a few weeks' treatment, and although improvement was slow in all other cases it was certainly noticeable.

It should be stated, however, that in treating cases of this kind treatment was not confined to light treatment alone. All the children had, in addition, Cod Liver Oil, or Ostelin, and night splints were worn by those who showed boney deformity of the legs.

The majority of cases of General Debility also responded well to treatment. The debility resulted in most cases from some antecedent disease, such as Pneumonia, Empyema, Measles, Whooping Cough, Chicken Pox, etc., and the treatment certainly seemed to hasten convalescence.

Excellent results were obtained with a few babies who had not been making satisfactory progress, although no pathological condition, nor error in diet, could be detected.

Only one case classified as General Debility showed no improvement. This patient, after a few weeks treatment, developed acute appendicitis, and it was evident this diseased condition had been dormant for some time, although no signs nor symptoms of its presence had been in evidence.

In regard to Tuberculosis, no cases of Pulmonary Tuberculosis were treated. The above list shows that we treated 16 cases of Tubercular glands, 5 of Tubercular spine, 2 of Lupus, 1 of Tubercular elbow joint, and 1 of Tubercular Peritonitis.

The results in the Glandular cases were somewhat disappointing. The majority were fairly advanced when they first appeared for treatment, but one hoped that it might be possible to keep the glands from breaking down. Local treatment by Artificial Sunlight seemed, however, to act in a similar way to a fomentation by accelerating the breaking down process, and making the resulting abscess point rapidly. Once the septic matter had escaped recovery seemed to be hastened by the treatment, and, although progress was slow, several long standing cases with discharging sinuses were able to report that their wounds had healed up completely after, in most cases, 2 to 3 months of treatment.

The two cases of Lupus responded very well to treatment. In one case, an adult, the lesion disappeared altogether, and in the other the diseased area is gradually diminishing in extent.

The cases of diseased bone were all of long standing, and although little alteration was detected in their condition, any which did occur was for the better.

The only case of Tubercular Peritonitis treated showed no improvement.

Under the heading of Rheumatism and Rheumatoid Arthritis 20 cases are shown as having been treated. These are grouped together, though they undoubtedly represent entirely different diseases. The 4 cases of Rheumatism in children responded favourably to treatment. With the adults treated, joints were involved in every case, and although all the patients stated that they felt better while they were undergoing a course of treatment, it cannot be claimed that any permanent benefit resulted. Treatment by Artificial Sunlight in such cases has now been discarded, and treatment by radiant heat substituted.

The 8 children treated on account of Catarrhal conditions (including Bronchitis), and also one of the 2 adults, showed definite improvement whilst undergoing treatment, but how much of this was due to the light treatment, and how much to medicinal treatment, would be difficult to state.

The cases of Alopecia treated were interesting by the way in which they illustrated how different may be response to treatment in individual cases. The first 2 cases treated were girls, aged 3 years and 5 years, who attended for treatment about the same time. Each had one large area of Alopecia, which was reported to have appeared from 2 to 3 months previously. In the first case quite a good growth of hair had occurred before the end of the first six weeks of treatment. In the second case no alteration occurred until after 6 months, during which time she had received 28 exposures, and in the end her hair began to grow during a resting period. In the third case—a girl of 12 years—there was complete Alopecia. The condition began at the age of 3 years, following Influenza, and was complete from 4 years onwards. When light treatment was commenced in October last there was not a hair to be seen on her body. After 6 weeks local treatment hair began to grow on her eyelids and eyebrows, that is to say on parts of the body which were shielded from the ultra violet rays during exposure.

This results suggests that the benefit obtained in cases of this kind is not due entirely at any rate to direct local action, but is in all probability influenced by increased activity of some of the ductless glands.

The other 2 cases of alopecia are receiving treatment at present, and are progressing favourably.

Of the other skin cases treated definite improvement was noted in the cases of psoriasis, pruritus, and keloid scar. The latter was a case in which a large scar on the arm had followed extensive burns, and was causing contracture. One had little hope that the condition would be altered by light treatment, but the scar undoubtedly did soften and allow a wider range of movement after 6 weeks treatment, though one fears that this improvement will not be permanent.

It will be noted that 3 cases of Post-Encephalitic Paresis are included in the list. All three showed Parkinsonian symptoms, and following an article which appeared in the British Medical Journal claiming good results for light treatment in such cases, the doctors in charge were eager to try a remedy which offered promise where everything else had failed. These patients have all had several courses of treatment, with resting intervals between, and although no real improvement in their condition is noticeable, treatment has been continued at the request of the patients themselves. They maintain that they sleep better, eat better, feel better, whilst undergoing treatment, and even if it is only to add a little to their comfort one is glad to be able to do something for the unfortunate victims of such a distressing complaint.

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