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REPORT

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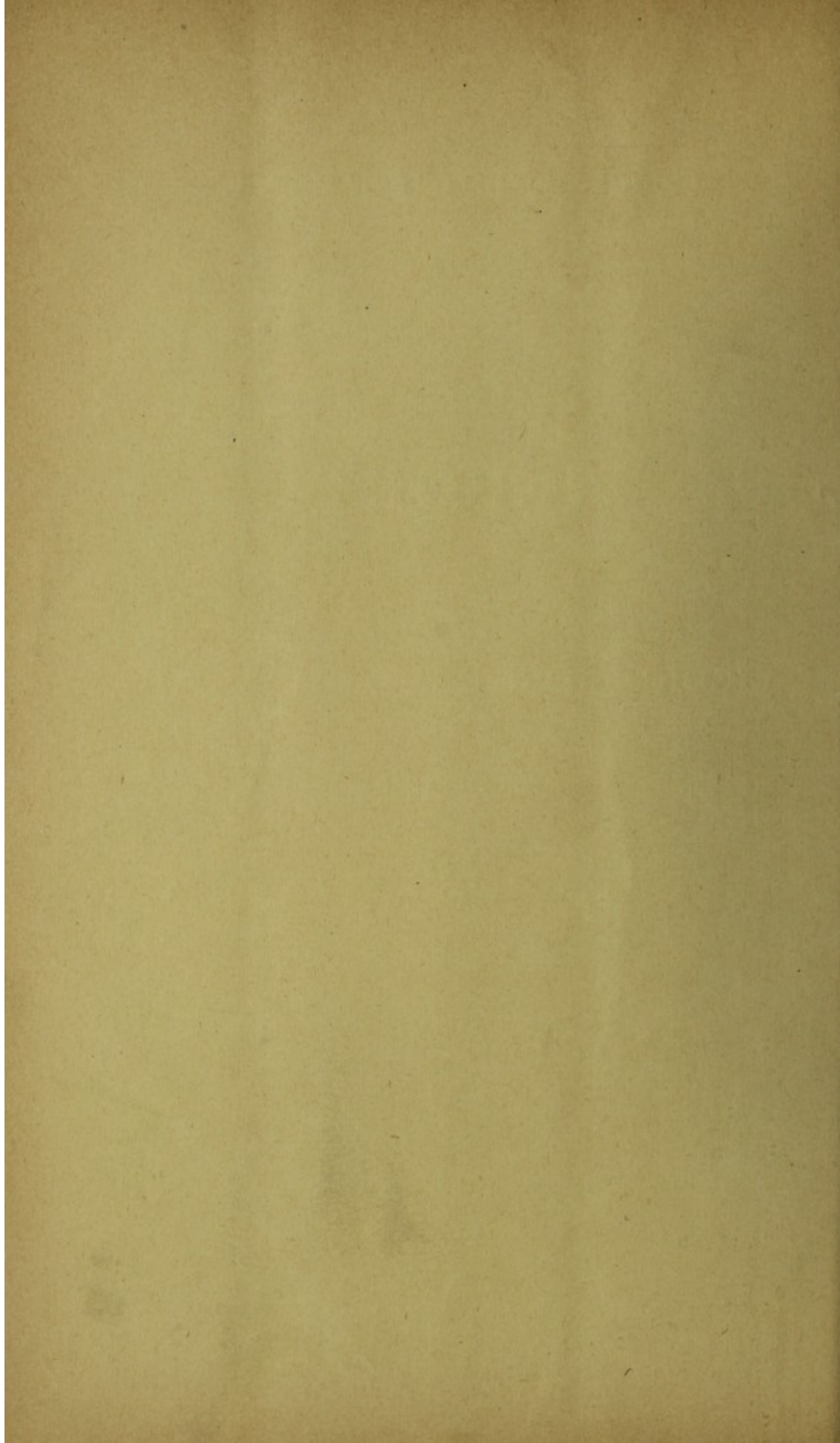
MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1926.

ISLE OF WIGHT :

J. ARTHUR DIXON, PRINTER AND BOOKBINDER,
THE SQUARE, SHANKLIN.



REPORT ON THE HEALTH OF THE ISLE OF WIGHT FOR THE YEAR 1926,

*To the Chairman and Members of the Public Health and Housing Committee of the Isle of Wight
County Council.*

Gentlemen,

This report on the health of the Isle of Wight for the year 1926 is a short one, being a record of the work done and any changes that have occurred since the presentation of last year's comprehensive survey report.

There have been developments in your Maternity and Child Welfare scheme, the services of trained midwives are now available in every part of the Island, and residential treatment has been arranged for complicated maternity cases where there are not adequate facilities at home.

A central Bacteriological Laboratory has been established.

The scheme under which your Council combined with various Sanitary Districts in appointing Health Officers came into operation in the middle of 1926. It is working well and has strengthened the health organisation of the Island as a whole.

I have the honour to be, Gentlemen,
Your obedient Servant.

J. FAIRLEY.

County Hall,
Newport, I.W.,
June, 1927.

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Throughout this Report figures in brackets refer to the previous year.

NATURAL AND SOCIAL CONDITIONS.

The natural features of the Isle of Wight, its beauty, its healthiness and its ease of access, have made it a favourite holiday resort and, owing to the moderation of the climate, convalescents come here, particularly in the winter to regain their health. Apart from catering for visitors, agriculture is the main occupation, and ship and yacht building the next. There is no occupation here having a prejudicial effect on health.

NUMBER OF INSURED PERSONS.

The numbers of insured persons in the Isle of Wight County Insurance Committee's Register in 1926 averaged 27,858 against 27,402 in 1925 and 27,627 in 1924.

POOR LAW RELIEF.

Mr. Harrison, Clerk to the Guardians, has kindly supplied the following figures showing the number of persons in receipt of poor law relief in the Isle of Wight in December in each of the following years:—

Year	Indoor	Outdoor	Total
1921	384	1808	2192
1922	376	1557	1933
1923	372	1423	1795
1924	366	1118	1484
1925	356	1344	1700
1926	394	990	1384

TABLE I.—GENERAL STATISTICS.

Sanitary Authority.	Medical Officer of Health.	Area in Acres 1921 Census	Population at 1921 Census.	Registrar General's Estimate of Population for 1926.	Structurally Separate Dwellings occupied at 1921 Census.	Number of Families or Separate Occupiers 1921 Census.	Assessable Value March, 1927	Produce of Id in the £ on Assessable Value March, 1927
I.W Rural Dist.*	Dr. W. S. Wallace 1	86925	30910	{ 29530+ 28660§	6785	6878	169776	707
Cowes U.D.*	Dr. T. A. Mayo 2	586	9995	10500	2390	2571	57127	238
East Cowes U.D.	Dr. W. S. Wallace	604	4642	4771	1143	1168	21448	89
Newport M.B.	Dr. W. S. Wallace	504	11031	11390	2653	2762	52424	218
Ryde M.B.	Dr. L. Firman-Edwards	820	11294	10700	2735	2901	75139	313
St. Helens U.D.	Dr. Hayward Carpenter 1	1941	5706	5182	1269	1371	32225	134
Sandown U.D.	Dr. Hayward Carpenter	1223	7661	5428	1290	1290	43648	181
Shanklin U.D.	Dr. J. Cowper	798	7368	4260	1006	1085	43543	181
Ventnor U.D.	Dr. R. T. Cooke	745	6059	5029	1238	1282	40332	168
Whole County...	...	94146	94666	{ 86790+ 85920§	20509	21308	535662	2229

*Since the publication of the 1921 Census figures a portion of the Rural District (approximately 675 acres with a population of about 893) has been transferred to the Urban District of Cowes.

†Estimated population for the purpose of calculating the birth rate.

§ " " " " " " death rate.

1 Dr. W. S. Wallace and Dr. H. Carpenter are also Assistant County Medical Officers.

2 On 1st January, 1927, Dr. W. S. Wallace took over the duties of Medical Officer of Health of Cowes

VITAL STATISTICS.

TABLE II.—VITAL STATISTICS OF ALL DISTRICTS.

Area.	Rural District	Cowes	East Cowes	Newport	Ryde	St. Helens	Sandown	Shanklin	Ventnor	Whole County	England & Wales: Rate per 1,000
Mortality from Tuberculosis per 1,000 estimated population	0.90	1.23	1.25	0.26	1.02	0.96	0.73	0.23	2.18	0.93	
Total No. of Deaths from Tuberculosis	26	13	6	3	11	5	4	1	11	80	
Males	12	7	4	1	4	3	2	0	5	38	
Females	14	6	2	2	7	2	2	1	6	42	
Birth-rate per 1000	12.7	14.3	11.9	17.2	12.0	14.2	12.5	7.5	11.3	13.1	17.8
Total No. of Births	376	151	57	197	129	74	68	32	57	1141	
Males	194	71	28	108	56	30	37	16	38	578	
Females	182	80	29	89	73	44	31	16	19	563	
Legitimate: Males	187	69	25	102	45	29	37	16	32	542	
Females	180	78	28	86	63	42	30	14	18	539	
Illegitimate: Males	7	2	3	6	11	1	0	0	6	36	
Females	2	2	1	3	10	2	1	2	1	24	
Total No. of Deaths	355	129	47	136	157	66	76	76	74	1116	
Males	173	75	22	66	63	30	38	28	32	527	
Females	182	54	25	70	94	36	38	48	42	589	
Death-rate per 1,000... ..	12.3	12.2	9.8	11.8	14.6	12.7	14.0	17.8	14.7	12.9	11.6
Deaths of Infants under 1 year of age per 1,000 Births: ...											
Infantile Mortality Rate	21.2	39.7	17.5	65.9	46.5	67.5	29.4	31.2	52.6	39.4	70.0
Total Infantile Deaths	8	6	1	13	6	5	2	1	3	45	
No. of Deaths of Legitimate: Males	1	6	0	6	4	2	0	1	2	22	
Females	5	0	1	5	0	3	2	0	1	17	
No. of Deaths of Illegitimate: Males	1	0	0	1	1	0	0	0	0	3	
Females	1	0	0	1	1	0	0	0	0	3	
Deaths from Measles (all ages)	0	0	0	1	0	0	0	0	0	1	0.09
Deaths from Whooping Cough (all ages)	1	0	0	1	0	2	0	2	0	6	0.10
Deaths from Diarrhoea (under 2 years of age)	1	0	0	2	0	0	0	0	1	4	
Population—											
Registrar-General's estimate	29530†	10500	4771	11390	10700	5182	5428	4260	5029	86790†	
	28660‡									85920‡	

† Estimated population for the purpose of calculating the birth rate.

‡ " " " " " " " " death rate.

There were 34 more deaths and 59 fewer births than in 1925. The excess of births over deaths was only 25 giving a natural increase of population of 0.3 per 1000. This is the smallest natural increase in population of any year of which we have record, and 1141 is the smallest number of births recorded and gives the lowest birth rate viz. 13.1. The number of illegitimate births was 60 (54 in 1925); and of these 60, 21 were in Ryde. The percentage of births that are illegitimate is about 5 but in Ryde last year 16 per cent. of the total births were of illegitimate infants. This is the first year this has occurred in Ryde and it must be remembered that when dealing with small figures, marked variations are inevitable at times. Only 45 infants under one year of age died and this again is a 'record' but owing to the smaller number of births the infant mortality rate of 39.4 is not quite the lowest (It was 38.4 in 1923). The death rate of legitimate infants was 36.1 per 1000 births and of illegitimate infants 100. For England and Wales the infant mortality rate was 70. Of the 45 infant deaths 20 were ascribed to causes which were in operation before birth; 3 were due to diarrhoea and enteritis, and 10 to various respiratory diseases. The general death rate per 1000 population was 12.9 (12.6 in 1925) the corresponding figure for England and Wales being 11.6; but, as in previous years, the deaths of persons at the younger ages is in smaller proportion here than in the Country as a whole: only 10.5 per cent. of our deaths last year were of persons under 25 years of age, compared with 24.7 per cent. in England and Wales (1923 figures), while 57.2 per cent. here were over 65 years of age as against 39.9 per cent. in England and Wales.

TABLE III.—CAUSES OF DEATH IN THE ADMINISTRATIVE COUNTY DURING THE YEAR 1926, RELATING TO CIVILIANS ONLY, AT DIFFERENT PERIODS OF LIFE.

Causes of Death.	All Ages	0.	1.	2 to 4.	5 to 14.	15 to 24.	25 to 44.	45 to 64.	65 to 74.	75 & over.
All Causes	1116	45	14	14	18	27	104	255	257	382
1 Enteric Fever	0	0	0	0	0	0	0	0	0	0
2 Small-pox	0	0	0	0	0	0	0	0	0	0
3 Measles	1	0	0	0	1	0	0	0	0	0
4 Scarlet Fever	1	0	0	1	0	0	0	0	0	0
5 Whooping Cough	6	1	4	1	0	0	0	0	0	0
6 Diphtheria	2	0	0	0	2	0	0	0	0	0
7 Influenza	27	0	0	0	2	1	5	8	6	5
8 Encephalitis Lethargica	4	0	0	0	1	0	1	1	1	0
9 Meningococcal Meningitis	1	0	0	1	0	12	0	0	0	0
10 Tuberculosis of Respiratory System	67	0	0	0	1	0	40	12	2	0
11 Other Tuberculous Diseases	13	0	0	1	2	1	7	2	1	0
12 Cancer, Malignant Disease	175	0	0	0	1	0	8	76	51	39
13 Rheumatic Fever	2	0	0	0	1	0	0	1	0	0
14 Diabetes	15	0	0	0	0	1	2	6	3	3
15 Cerebral Hæmorrhage, &c.	80	0	0	0	0	0	0	12	29	39
16 Heart Disease	186	0	0	0	0	1	9	35	64	77
17 Arterio-sclerosis	39	0	0	0	0	0	0	4	16	19
18 Bronchitis	75	4	0	1	0	1	0	5	15	49
19 Pneumonia (all forms)	39	5	3	1	1	0	4	12	6	7
20 Other Respiratory Diseases	20	0	1	2	0	1	1	2	4	9
21 Ulcer of Stomach or Duodenum	7	0	0	0	0	0	0	4	3	0
22 Diarrhœa, &c.	7	3	3	0	0	0	0	0	0	1
23 Appendicitis and Typhlitis	3	0	0	0	0	0	1	1	0	1
24 Cirrhosis of Liver	8	0	0	0	0	0	1	5	2	0
25 Acute and Chronic Nephritis	39	0	0	0	0	1	4	12	10	12
26 Puerperal Sepsis	2	0	0	0	0	0	2	0	0	0
27 Other Accidents and Diseases of Pregnancy and Parturition	3	0	0	0	0	0	3	0	0	0
28 Congenital Debility and Malforma- tion, Premature Birth	22	20	0	1	1	0	0	0	0	0
29 Suicide	9	0	0	0	0	0	3	5	0	1
30 Other Deaths from Violence	16	0	0	2	1	2	1	2	4	4
31 Other Defined Diseases	246	12	3	3	4	7	12	50	39	116
32 Causes Ill-defined or Unknown	1	0	0	0	0	0	0	0	1	0

TABLE IV.—CAUSES OF DEATH IN THE DISTRICTS DURING THE YEAR 1926 RELATING TO CIVILIANS ONLY, AT ALL AGES.

Causes of Death.	Isle of Wight Rural	Cowes	East Cowes	Newport	Ryde	St. Helens	Sandown	Shanklin	Ventnor	TOTALS.
All Causes	355	129	47	136	157	66	76	76	74	1116
1 Enteric fever	0	0	0	0	0	0	0	0	0	0
2 Small-pox	0	0	0	0	0	0	0	0	0	0
3 Measles	0	0	0	1	0	0	0	0	0	1
4 Scarlet Fever	0	1	0	0	0	0	0	0	0	1
5 Whooping cough	1	0	0	1	0	2	0	2	1	6
6 Diphtheria	1	0	0	0	0	0	1	0	0	2
7 Influenza	6	4	1	3	3	1	3	3	3	27
8 Encephalitis lethargica	1	1	0	0	1	0	1	0	0	4
9 Meningococcal meningitis	1	0	0	0	0	0	0	0	0	1
10 Tuberculosis of respiratory system	24	11	3	3	9	4	3	1	9	67
11 Other tuberculous diseases	2	2	3	0	2	1	1	0	2	13
12 Cancer, Malignant disease	57	18	7	16	29	10	16	12	10	175
13 Rheumatic fever	0	1	0	0	1	0	0	0	0	2
14 Diabetes	4	2	0	1	3	1	1	1	2	15
15 Cerebral hæmorrhage, &c.	22	7	4	13	13	3	6	4	8	80
16 Heart disease	57	23	10	21	23	13	10	18	11	186
17 Arterio-sclerosis	14	5	1	5	3	2	1	5	3	39
18 Bronchitis	19	8	4	13	13	7	2	5	4	75
19 Pneumonia (all forms)	12	4	4	6	7	2	2	0	2	39
20 Other respiratory diseases	7	1	0	3	5	1	1	2	0	20
21 Ulcer of stomach or duodenum	2	1	0	0	2	0	0	2	0	7
22 Diarrhœa, etc. (under 2 yrs.)	2	2	0	0	1	0	0	1	0	6
23 Appendicitis and typhlitis	1	1	0	1	0	0	0	0	0	3
24 Cirrhosis of liver	1	1	1	1	2	1	1	0	0	8
25 Acute and chronic Nephritis	15	3	0	3	5	1	5	2	5	39
26 Puerperal sepsis	1	0	0	0	0	1	0	0	0	2
27 Other accidents and diseases of pregnancy and parturition	2	0	0	0	0	0	1	0	0	3
28 Congenital debility and mal- formation, premature birth	5	2	0	7	3	3	2	0	0	22
29 Suicide	3	2	1	2	1	0	0	0	0	9
30 Other deaths from violence	5	2	0	3	0	1	3	1	1	16
31 Other defined diseases	90	27	8	33	30	12	16	17	14	247
32 Causes ill-defined or unknown	0	0	0	0	1	0	0	0	0	1

GENERAL PROVISION OF HEALTH SERVICES.

The only changes in the general provision of Health Services as described in last year's survey report are these:

1. **Fever Hospitals.**—Sandown Urban District joined the constituent Authorities of the Fairlee Isolation Hospital as from 1st October, 1926. Up till that date the Scotchells Fever Hospital served both Sandown and Shanklin but Shanklin alone administers the Scotchells Hospital now and the Fairlee Hospital serves the Urban Districts of East Cowes and St. Helens in addition to Sandown, the Municipal Borough of Newport and nearly the whole of the Isle of Wight Rural District.

2. **Maternity Beds.**—The Council has arranged for the admission of certain complicated confinement cases to the Maternity Wards at Parkhurst Infirmary and to the Infectious Diseases Hospital at Fairlee. Details are given later on in this report in the section dealing with Maternity and Child Welfare.

3. **Public Health Staff.**—At the beginning of 1926 there were two whole time Medical Officers, a County Medical Officer, and an Assistant, but on the 1st July, 1926 an arrangement came into force under which the work of the Assistant was divided between 2 Medical Officers who devote about half their time to County Council work, and the rest of their time to the duties of Medical Officer of Health to various Sanitary Authorities. The districts joining in the scheme from its beginning were the Isle of Wight Rural District, Newport Municipal Borough, and the Urban Districts of East Cowes, St. Helens and Sandown; and Cowes Urban District joined as from 1st January, 1927. This has resulted in these Districts having the advantage of the services of a whole time Public Health Officer and, by avoiding the duplication of Medical Officers in these Districts, has simplified the health services and increased their efficiency. There can be no doubt that the adoption of this scheme has given the Island a better health organisation.

4. **Bacteriological Laboratory.**—Consequent on the adoption of the scheme of combining with the districts in appointing Medical Officers, it has been found possible to establish a central laboratory at the County Hall, where bacteriological examinations are made of specimens of public health importance. In addition to specimens of sputum and urine for the presence of Tubercle Bacilli, throat swabs are examined for Diphtheria Bacilli, and blood specimens for the Widal (Typhoid) reaction. This Laboratory is expected to prove of value in enabling Medical Practitioners to get reports with the least possible delay. Reports are made by telephone and the examinations are free of charge. Specimen bottles should be applied for at the County Hall, Newport.

BLIND PERSONS' ACT, 1920.

At the end of 1926, the number of blind persons in the Island was 106, of whom 52 were pensioners of the Isle of Wight Society for the benefit of the indigent blind. This Society works in conjunction with the County Council under their scheme, and from time to time has received grants from the Council in aid of its expenses. Only 3 of the blind are under the age of 21 years and these have been sent to special schools by the Education Committee; 81 are over the age of 50 and 64 are over 60 years. The Society employs a whole time home teacher who visits the blind and teaches Braille and pastime occupations.

INSPECTION AND SUPERVISION OF FOOD.

The inspection of meat and other foods constitutes an important part of the duties of the Sanitary Inspectors to the various District Councils, and the number of carcasses examined and the amount of unsound food destroyed (including meat, fish, poultry, bacon, vegetables, tinned foods, etc.) is noted in the annual reports of the District Medical Officers of Health.

The provisions of the Tuberculosis Order of 1925 of the Ministry of Agriculture and Fisheries are carried out by the County Council. During the year 3351 animals were examined and reported upon by the appointed Veterinary Inspectors. These included 2199 cows in milk, 1008 other cows or heifers, and 144 other bovine animals. In 18 cases in which examination was called for, the presence of tuberculosis was not confirmed by the Veterinary Surgeon. 139 animals were found to be suffering from tuberculosis, of which 13 were tuberculosis of the udder, 91 were tuberculous emaciation, and 35 other forms of tuberculous disease. These animals were condemned and slaughtered and in nearly every case the disease was found to have reached an advanced stage.

SALE OF FOOD AND DRUGS ACTS.

Table V is a summary of the 136 samples examined by the Public Analyst. All except 9 were samples of new milk and these 9 were found genuine. They were fresh butter, pepper, crushed linseed, "rum and coffee," preserved peas, apples for the presence of arsenic (3) and separated milk. It is of interest to know that there was only 0.02 per cent. milk fat present in the sample sold as separated milk. So long as this is understood by the buyer there is no reason why milk with the fat removed should not be purchased because it contains many valuable elements of food; but it should not be given to infants, and so much of its value has been removed that the discriminating buyer will take care this is allowed for in the price or will prefer to buy whole milk.

It is sometimes suggested that undue attention is given to the examination of milk samples but it must be remembered that milk is in a very exceptional position as compared with other food stuffs for many of which no standards can be prescribed and in these it is obvious nothing will be gained by analysis. Milk is by far the most important single article of food—for infants and some invalids it constitutes the whole diet. Again, it is very readily contaminated and if impure can cause serious illness or be responsible even for the spread of epidemic disease. It is also very easily adulterated. For these reasons it is natural that the milk samples examined should far outnumber the samples of other foods especially in an area like this where milk is produced in a large quantity, not only for our own consumption, but for export to the mainland. There is obviously not the same necessity to examine many samples of tinned foods for example because these are produced elsewhere and are analysed regularly by other authorities.

Of the 127 samples of whole milk analysed 118 were genuine, one was an informal sample and in the other 8 proceedings were taken. A fine of £1 and 14s. 6d. costs was imposed in one case which was found to contain 8.3 per cent excess water. The other 7 cases were dismissed, the defence in every instance being that the milk was sold as it came from the cow.

Twenty-three of the 127 samples contained a visible quantity of dirty debris in the 5-6oz. sample. In every case in which dirty debris is found an explanation is asked from the vendor, and, later on, second samples are taken from the same source. These are almost invariably found clean, proving that clean milk can be produced if the necessary care is taken. Under the Education Committee's arrangements for Agricultural Education there was a lecture and demonstration on clean milk production early in 1927, which was well attended by the farmers and from the interest that was shown it seems very likely that if only one or two farmers here will begin the production of graded milk many others will follow. There must be a good deal of milk produced on the Island now which comes up to Grade A standard but no applications have been made for the sale of graded milk as classified in the Milk (Special Designations) Order 1925. The public in large cities particularly are becoming accustomed to use graded milk and from enquiries made at this office, there is evidence that they are expecting the same guarantee with the milk they buy when on holiday.

TABLE V.—SHOWING THE NUMBER OF SAMPLES FROM EACH AREA SUBMITTED TO THE PUBLIC ANALYST FOR ANALYSIS DURING THE YEAR ENDING 31ST DECEMBER, 1926.

Parish.	New Milk.	Other Samples.	Total.	Remarks.
Ashby ...	3	—	3	
Bembridge ...	2 (1d)	—	2	
Brading ...	5 (2a)	—	5	Selling new milk deficient in fat. 2 cases dismissed.
Brightstone ...	2 (1d)	—	2	
Calbourne ...	1	—	1	
Carisbrooke ...	3 (1d)	—	3	
Chale ...	1	—	1	
Cowes ...	8 (2d)	—	8	
East Cowes ...	7	1	8	
Freshwater ...	5 (1d) (1a)	1	6	Deficient in fat (informal sample)
Godshill ...	4 (1d)	—	4	
Newport ...	13 (5d)	2	15	
Niton ...	2 (1d)	—	2	
Northwood ...	2 (1d)	1	3	
Ryde ...	27 (4d) (1a)	3	30	Selling new milk deficient in fat. Case dismissed
St. Helens ...	2	—	2	
Sandown ...	6	—	6	
Shanklin ...	10 (1d) (2a)	1	11	1. Deficient in fat (informal sample) 2. Selling new milk deficient in non-fatty solids. Case dismissed.
Shorwell ...	1	—	1	
South Arreton ...	2	—	2	
Totland ...	1	—	1	
Thorley ...	1 (1d)	—	1	
Ventnor ...	6	—	6	
Whippingham ...	2 (1d)	—	2	
Wroxall ...	8 (1d) (3a)	—	8	Selling new milk deficient in fat. 2 cases dismissed. Selling new milk deficient in non-fatty solids. Fined £1 and 14/6 costs.
Yarmouth ...	3	—	3	
	127 (23d) (9a)	9	136	

(a) Adulterated

(d) Dirty.

MILK AND CREAM REGULATIONS, 1912 AND 1917.

The following particulars refer to the Administration of the Public Health (Milk and Cream) Regulations, 1912 and 1917, during the year 1926:—

1.—Milk: and cream not sold as preserved cream:—

	Number of samples examined for the presence of preservatives—	Number in which preservatives were reported to be present—
Milk	127	0
Cream	0	0

2.—Cream sold as preserved cream:—None examined.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES.

TABLE VI.—NOTIFICATIONS MADE TO MEDICAL OFFICERS OF HEALTH DURING 1926.

	Isle of Wight Rural	Cowes	East Cowes	Newport	Ryde	St. Helens	Sandown	Shanklin	Ventnor	Totals.
Scarlet Fever	48	30	13	22	10	10	8	2	16	159 (396)
Diphtheria	18	—	—	10	3	1	2	—	—	34 (51)
Enteric Fever	—	1	1	2	—	—	1	—	1	6 (5)
Pneumonia	9	11	5	1	7	—	—	—	1	34 (17)
Puerperal Fever	1	—	—	—	—	—	—	—	—	1 (3)
Puerperal Pyrexia	1	—	—	2	—	1	1	—	—	5 (1)
Acute Poliomyelitis	—	—	1	3	1	2	—	—	1	8 (0)
Encephalitis Lethargica	—	1	—	—	2	—	1	—	—	4 (7)
Erysipelas	6	1	2	4	1	—	2	—	—	16 (17)
Ophthalmia Neonatorum	—	1	—	—	—	—	2	—	—	3 (7)
Pulmonary Tuberculosis	27	9	5	6	5	6	6	1	17	82 (109)
Other forms of Tuberculosis	4	1	3	1	2	—	1	—	—	12 (9)
Totals	114	55	30	51	31	20	24	3	36	364 (622)

The commoner infectious diseases were less prevalent during 1926, so the total number of persons notified as suffering from infectious disease fell from 622 in 1925 to 364. Scarlet fever notifications numbered 159 (396 in 1925), and as the average number of notifications of scarlet fever for the previous 26 years was 154, the fall represents a return to our normal. In Cowes and Newport particularly it had been prevalent in the previous year, the fall is therefore most marked in these districts, but there was less scarlet fever in every area except Shanklin where only two cases occurred however in the two years. The type of fever has continued mild and one death only was caused by it.

Diphtheria notifications fell to 34 (51 in 1925). The average number of notifications for the previous 26 years was 121. In every district there was less Diphtheria notified except in Newport where there were 10 cases compared with 4 the previous year. In neither Cowes nor East Cowes did a single case occur. There were two deaths only from diphtheria; the average number for the previous 26 years was nearly 13, but in the 5 years 1921-1925 there were only 15 deaths, i.e. an average of only 3 per annum.

There were no deaths from any of the enteric group of fevers. 5 cases of typhoid were notified and one case of paratyphoid.

Pneumonia notifications numbered 34 (17 in 1925) and the deaths numbered 39 (29 in 1925). Deaths from pneumonia vary according to the prevalence of influenza, measles and whooping cough. In 1926 there was less influenza than the previous year the deaths numbering 27 compared with 31. There was more measles in 1926 and a fair amount of whooping cough.

Only one notification of puerperal fever was received (3 in 1925) but there were 5 notifications of puerperal pyrexia, which was made notifiable as from 1st October, 1926. There were two deaths from puerperal sepsis (1 in 1925).

Four cases of encephalitis lethargica "sleepy sickness," were notified and these all died. (In 1925 there were seven notifications and four deaths).

There were 3 cases of ophthalmia neonatorum notified which is a fall from the unusually high number of 7 the previous year.

The smaller number of notifications of Pulmonary tuberculosis is remarked on in the following section of this report. There were 12 notifications of non-pulmonary tuberculosis which is about our average.

Vaccination.—The Clerk to the Guardians has kindly supplied the figures in Table VII showing the vaccination returns in recent years. No vaccinations were performed by the Medical Officer of Health under the Public Health (Small-pox Prevention Regulations, 1917.)

TABLE VII.

Year	1 Births	2 Vaccinated	3 Insusceptible	4 Dead	5 Conscientious Objection	6 Postponed	7 Removed	8 Unaccounted	Percentage not Vaccinated, i.e. Columns 5, 6, 7, and 8.
1922	1494	448	4	63	799	24	76	80	65.5
1923	1343	467	3	48	703	21	35	66	61.4
1924	1379	510	1	39	611	17	56	45	57.0
1925	1247	511	5	67	588	6	52	18	53.2
1926	1198	442	1	51	620	12	51	20	58.7

TUBERCULOSIS.

TABLE VIII.—SHOWING THE NUMBER OF NEW CASES AND THE DEATHS FROM TUBERCULOSIS DURING THE YEAR

Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0- ...	—	—	—	—	—	—	—	—
1- ...	—	1	1	—	—	—	1	—
5- ...	—	1	2	1	}	1	1	1
10 ...	1	—	2	3				
15 ...	3	3	1	2	}	5	7	—
20 ...	7	4	1	—				
25 ...	10	15	1	3	}	20	20	3
35 ...	15	9	—	1				
45 ...	7	3	—	1	}	7	5	1
55 ...	5	2	—	—				
65 and upwards	—	—	—	—	—	2	—	1
	48	38	8	11	32	35	6	7

The number of new cases of Tuberculosis was 105 (147), and the number of deaths was 80 (84). Only 11 cases of Tuberculosis came to the knowledge of this department otherwise than by notification, and these cases were notified by the Tuberculosis Officer to the District Medical Officers of Health. Notification was therefore nearly complete. It was remarked in last year's report that the increased number of notifications during 1925 was probably due not so much to any real increase in the amount of Tuberculosis, as to the notification during that year of cases that had escaped notification previously, and this view would seem to be confirmed by the fact that the number of deaths from Tuberculosis has fallen slightly this year. In Newport, St. Helens and Sandown all the deaths due to Tuberculosis were of persons previously notified. Four of the 26 deaths from Tuberculosis in the Rural District, four of the seven in Ryde and one of the six in East Cowes were of un-notified persons. In the cases of Cowes, Shanklin and Ventnor it is not stated in the Annual Reports of the Medical Officers of Health how many of the deaths were of un-notified persons.

No action was taken by any of the Sanitary Authorities under the Public Health (Prevention of Tuberculosis) Regulations 1925 as there are no Tuberculous patients employed in the milk trades so far as is known. No patients were compulsarily removed to Hospital.

TABLE IX IS A SUMMARY OF THE CHANGES IN THE TUBERCULOSIS REGISTER DURING THE YEAR.

Number of Patients	Pulmonary		Non-Pulmonary		Total	
	M	F	M	F	M	F
On Register at end of 1925 ...	246	152	36	32	282	184
Added during 1926 ...	48	38	8	11	56	49
Total ...	294	190	44	43	338	233
Removed to other areas during 1926 ...	34	28	—	1	34	29
Removed from the Register as being not tuberculous ...	10	7	—	1	10	8
Died during 1926 ...	39	28	2	2	41	30
Number on Register at the end of 1926 ...	211	127	42	39	253	166

The figures in this Table are the sum of the numbers on the Tuberculosis Registers kept by each District Medical Officer of Health and it will be observed that the total at the end of the year (419) was 47 less than at the beginning (466). This reduction is due mainly to the removal of the names of 63 patients who had left the Island and this process of clearing their names from the Registers is continuous. Patients come here from other areas to obtain the benefit of the Island climate and there are no means of knowing when they have to return to their own homes except by visiting. Continuous health visits and a good deal of clerical work are therefore necessary to keep our Register up to date. In this connection the scheme of combining the duties of Assistant County Medical Officer with those of Medical Officer of Health to a Sanitary District has advantages, because in these districts which are included in the scheme there is very close co-ordination between the District and the County Health departments and it is unnecessary to ask the Sanitary Inspector to visit the house unless some sanitary defect is reported by the Health Visitor, and the patient therefore escapes unnecessary inspections. During the financial year ending 31st March, 1927 the Nurses paid 1072 visits, of which approximately one quarter were paid by the County Council Nurses, and the remainder by the Nurses of 20 District Nursing Associations. For each visit of a district Nurse the Council makes a payment of 1/- through the County Nursing Association and the total expenditure under this heading amounted to £39/17/0. The Health visiting of Tuberculous patients by the Nurses is of advantage to the patients in assisting them to make best use of their conditions at home and in addition is proving of use in keeping this department posted with up to date information which it would be difficult to get otherwise, e.g., attention can be drawn to a case without loss of time if a patient seems to require residential treatment or the provision of extra nourishment, or a sleeping shelter.

There have been no fresh developments or alterations in the Council's tuberculosis scheme, which was fully described in last year's report. Patients suffering or suspected to be suffering from tuberculosis are examined at the Dispensary behind the County Hall, Newport, without appointment, men on Tuesdays, and women and children on Saturdays from 9 o'clock. At the Longford Dispensary patients are seen by appointment only and as a rule are those receiving pneuno-thorax treatment. Except for these special cases very little treatment is undertaken at the Dispensaries which are used mainly for purposes of diagnosis and supervision. When patients cannot readily come to the Dispensaries they are visited at home.

The number of persons on the dispensary register on December 31st, 1926, was 215 of whom 4 were under observation for purposes of diagnosis and 211 were suffering from Tuberculosis. 48 of these last were children under the age of 15 years (22 boys and 26 girls) and 163 were adults (108 men and 55 women). 111 of these were insured persons.

As can be seen from the following table the amount of work done in 1926 shows a reduction in several respects compared with the previous year. The reason for this is not clear; some time was lost no doubt owing to the rearrangement of the Assistant Medical Officers' duties, but this would not account for the fact that a smaller number of patients presented themselves and that there were fewer specimens of sputum sent for examination.

TABLE X. SHOWS THE DISPENSARY WORK FOR EACH OF THE LAST 3 YEARS.

Year	New Patients examined	Dispensary Attendances	Home Visits	Bacteriological Examinations		
				Sputum		Others, i.e., from School Clinics, or V.D. Treatment Centres
				For Tuberculosis Officer	For Medical Practitioners	
1923	—	243	245	93	19	59
1924	155	242	292	143	60	14
1925	181	322	244	230	120	23
1926	138	379	195	135	89	45

Of the 135 specimens of sputum examined for the Tuberculosis Officer 58 were positive and 77 were negative and of the 89 specimens examined for Medical Practitioners 25 were positive and 64 negative. The bacteriological examinations were made at Longford Sanatorium throughout the year as it was not until February, 1927, that the central laboratory at the County Hall was ready to start work.

Sleeping Shelters.—The Council has provided 7 sleeping shelters for use in the patients' gardens where the home conditions render this desirable and fairly good use is made of these shelters in the summer. Patients are reluctant however to use them in bad weather although they are designed to keep out strong winds or driving rain from any quarter. Our climate is favourable to a more extended use of sleeping shelters but there has not yet been any occasion on which more than the 7 provided could be utilised.

Extra nourishment, in the form of milk, is granted in certain cases to patients living at home. £33/8/0 was spent under this heading during the financial year ending 31st March, 1927 (£29/5/5). At the beginning of the year 5 patients were receiving grants; 14 were added during the year and at the end of the year there were 6 on the list.

TABLE XI.—TOTAL NUMBER OF PATIENTS TREATED AT VARIOUS SANATORIA AND HOSPITALS DURING 1926.

Sanatorium or Hospital	Resident at beginning of Year	Admitted during year	Discharged during year (inc. Deaths)	Remaining end of year	Total for the year
Longford Sanatorium	24	65	67	22	89
Royal National Hospital, Ventnor	1	3	4	—	4
Hermitage Sanatorium, Whitwell	—	4	4	—	4
Lord Mayor Treloar Hospital, Alton	4	1	2	2	4
Royal Sea-Bathing Hospital, Margate	—	3	1	2	3
Totals	29	76	78	26	104

Residential Treatment.—The table shows that 104 patients received residential treatment during 1926 (121 in 1925) and that all these except 15 were treated at the Council's Sanatorium at Longford. The 7 patients treated at the hospitals at Alton and Margate suffered from Tuberculosis of the bones or joints, and the 8 treated at Ventnor and Whitwell were sent there for some special reason or because there was no available bed at Longford. Although nearly all these patients received residential treatment at Longford the average number of beds in occupation there was no higher than 18.6; the average number of men's beds occupied was 5.6, of women's 7.8, and of children's 5.2; whereas there were 6 beds provided for men, 13 for women, and 7 for children.

As there were more than 7 beds unoccupied on the average throughout the year, it must be concluded that the 26 beds provided at Longford are adequate to the needs of the Island.

The following are the particulars of the patients treated at Longford Sanatorium during 1926.

	Men	Women	Children	Total
In residence on December 31st, 1925	3	8	6	17
Admitted during the year	23	28	16	67
Discharged „ „ „	17	20	16	53
Died „ „ „	3	7	—	10
In residence on December 31st, 1926	6	9	6	21

The average duration of stay of the 53 patients discharged was 84.2 days. Of these 53, 19 had been admitted for observation for the purpose of diagnosis; of the 10 children so admitted, 4 were found to be not tuberculous and 6 were diagnosed as "pre-tuberculous"; of 7 women, 1 was tuberculous and 6 not tuberculous; in one man the diagnosis of tuberculosis was established and in 1 no definite conclusion was arrived at.

In the 36 tuberculous patients the immediate results of treatment were as follows:—

	Men	Women	Children	Total
Disease quiescent	1	1	3	5
Improved	8	11	2	21
No material improvement	8	—	2	10

The Matron at Longford acknowledges gifts from Mrs. Arnold, Mr. Brown, Messrs. Burton's Stores, Mr. and Mrs. Dore, Miss Evans, Mr. Guy, Mrs. Hicks, Messrs. Jordan & Stanley, Miss Matthews, Capt. Peter Macdonald, M.P., Miss Mew, Councillor Midlane, Dr. and Mrs. Robertson, Miss Rogers, Mrs. Tilley, Unic Ice Cream Co., Mr. Weeks, Mr. Wheeler, Mrs. Woodford, and Officials and Staff at the Sanatorium and the County Hall.

Concerts which were much appreciated were given during 1926 by Messrs. Burton's Stores Concert Party and a party brought by Mrs. May, Cowes.

Miss Martha Rogers, the matron at Longford, died on 4th September, 1926. She had taken the greatest interest in the Sanatorium and had done splendid work there since its opening in 1922 and had earned the confidence of the Committee and the affection and respect of the patients and staff. The new Matron, Miss W. Shaw, from the Royal National Hospital, Ventnor, commenced duty on 14th February, 1927.

VENEREAL DISEASES.

The Council's arrangements for the diagnosis and treatment of venereal diseases as described in the annual reports of previous years have been continued without modification. Patients are seen without appointment and without Hospital letters of recommendation at the Royal County Hospital, Ryde, on Friday afternoons, women at 3 o'clock and men at 4 o'clock, or they can attend the branch treatment centre at the County Hall, Newport. During 1926 the number of new applicants was greater, but the proportion of these found to be suffering from venereal disease was smaller than in any previous year. This has been the tendency for some years now and is an indication of the increased use made of the Centres for purposes of diagnosis. The number of new patients shows a slight increase to 35 as against 29 in 1925. As mentioned in last year's report there is evidence that women suffering from gonorrhoea do not all come to the treatment centres but, apart from these, the centres seem to get most of the Island patients suffering from venereal diseases, and the present arrangements for their diagnosis and treatment are quite adequate. There was only one practitioner supplied with antisyphilitic drugs from the department during 1926. The work done at the centres is summarised in the following table:—

TABLE XII.—RELATING TO ALL PERSONS WHO WERE TREATED AT THE TREATMENT CENTRE AT RYDE AND THE BRANCH TREATMENT CENTRE AT NEWPORT DURING THE YEAR ENDED THE 31ST DECEMBER, 1926.

	Syphilis		Soft Chancre.		Gonorrhoea		Conditions other than Venereal		Total	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
1. No. of persons who, on the 1st Jan., 1926, were under treatment or observation for	16	16	—	—	4	1	1	—	21	17
Old patients re-admitted during year	2	2	—	—	1	—	2	—	5	2
2. No. dealt with during the year in the out-patient Clinic for the first time and found to be suffering from—	17	9	—	—	7	2	47	49	71	60
Total—Items 1 and 2 ...	35	27	—	—	12	3	50	49	97	79
No. of these Transfers from other areas	2	—	—	—	—	—	1	—	3	—
3. No. of persons who ceased to attend the out-patient Clinic—										
(a) before completing the first course of treatment for ...	3	2	—	—	2	—	—	—	5	2
(b) after one or more courses but before completion of treatment for	6	3	—	—	—	—	—	—	6	3
(c) after completion of treatment, but before final tests as to cure of	2	2	—	—	2	1	—	—	4	3
4. No. of persons transferred to other Treatment Centres after treatment for	1	—	—	—	—	—	—	—	1	—
5. No. of persons discharged from the out-patient Clinic after completion of treatment and observation for...	1	—	—	—	5	—	—	—	6	—
6. No. of persons who, on the 1st Jan., 1927, were under treatment or observation for	22	20	—	—	3	2	—	—	25	22
Total—Items 3, 4, 5, & 6 ...	35	27	—	—	12	3	—	—	47	30
7. Total attendances of all persons at the out patient Clinic who were suffering from	413	404	—	—	167	52	78	78	658	534
8. Aggregate No. of "In-patient days" of treatment given to persons who were suffering from	—	—	—	—	—	—	—	—	—	—
9. Examinations of Pathological material—			For detection of						For Wasserman Reaction	
			Spirochetes	Gonococci		Other Organisms				
(a) Specimens which were examined at, and by the Medical Officer of, the Treatment Centre			—	10		—		—		
(b) Specimens from persons attending at the Treatment Centre which were sent for examination to an approved laboratory			—	27		—		159		

A. No. of persons from each area dealt with during the year at or in connection with the out-patient Clinic for the first time and found to be suffering from—

	Isle of Wight	Portsmouth	Essex	Total
Syphilis	24	1	1	26
Soft Chancre	—	—	—	—
Gonorrhœa	9	—	—	9
Conditions other than venereal	95	—	1	96
	128	1	2	131

B. Total No. of attendances at the out-patient Clinic of all patients residing in each area	1166	13	13	1192
C. Aggregate No. of "In-patient days" of all patients residing in each area	—	—	—	—
D. No. of doses of Salvarsan substitutes given	241	11	4	256
" " Bismuth preparations ..	291	—	4	295

MATERNITY AND CHILD WELFARE.

There are several developments to record in connection with Maternity and Child Welfare, the most important perhaps being that the services of trained Midwives are now available in every part of the Island. For years this has been an objective of the Public Health Committee as well as of the County Nursing Association, who have made repeated efforts to establish Nurse Midwives in the districts not already covered, and it is to the County Nursing Association that the credit is due for starting the new District Associations. The Wroxall and South Arreton Districts were provided with a midwifery service by re-arrangement of the Gatcombe district, Wroxall being included with Godshill and South Arreton with Gatcombe. The nurses started duty in these districts in October, 1926 and January, 1927, respectively. Newchurch had previously been included in the area served by the Sandown Infant Welfare and Maternity Association. A District Nursing Association was started in the Northwood and Gurnard area as from January, 1927. In aid of the expenses of the two new Associations the Council made a grant of £100.

During the year the Council made arrangements for the residential treatment of certain maternity patients.

(a) Difficult midwifery cases have occasionally been admitted to one or other of the two Hospitals at Ryde and East Cowes, or to a bed at the Nursing Association's Home in Newport or in Freshwater, or even to other Institutions, but the Hospitals have been reluctant to admit these cases because, among other reasons, they have no suitable accommodation; and as regards the Nursing Institutes the question of payment has naturally had to be an important consideration, especially for patients outside their own area. In fairness to these Institutes it should be stated that exceptions were occasionally made, but it remains true that for the Island on a whole there was practically no alternative in a difficult or complicated confinement case but for the patient to remain at home, even when it was recognised that this involved undue risks. After consideration of all the possibilities arrangements were therefore made with the Isle of Wight Guardians to admit cases of this kind to their Maternity wards at Parkhurst Infirmary, the Council paying the cost of maintenance and nursing and the medical fees. It should be clearly understood that treatment under this scheme in the beds of Parkhurst Infirmary is quite independent of the Relieving Officer and is not in any sense limited to those who would ordinarily be poor law cases, and to emphasise this distinction patients will be required by the Committee to contribute towards their treatment according to their means. Admission is obtained by the Medical Practitioner communicating with the County Medical Officer and not through the ordinary Poor Law machinery. These beds are intended for midwifery cases in which complications or difficulties are anticipated or have already arisen, and they should be specially valuable in those cases where the home conditions are inadequate.

(b) As regards patients suffering from puerperal fever it is difficult to treat these cases adequately at home not only because the facilities may be absent but because neither midwives nor medical practitioners can undertake their treatment and at the same time conduct their other practice; and again neither general nor maternity hospitals are willing to admit them unless special provision has been made. These difficulties in the way of proper treatment have not been lessened by the emphasis that has been given to the danger of spreading the infection. The Council has therefore arranged with the Committee of the Joint Hospital Board for the treatment of cases of puerperal fever at the Isolation Hospital at Fairlee, where thorough treatment can be given with no risk of spreading the infection. Application should be made by Medical Practitioners to the County Medical Officer for admission which is subject to the approval of the Medical Sup-

erintendent of the Hospital. Although it is not anticipated that the demand for these special maternity beds will be great, this will not be a fair measure of their usefulness; the cases for which they are intended need treatment badly when they do arise and the provision of these beds may save valuable lives. These arrangements did not receive the approval of the Minister of Health until after the end of the year, and no patients were treated under the scheme during 1926.

For use in cases of puerperal fever or septicaemia the Council have provided a small stock of anti-streptococcal serum which is in charge of the Matron at the Royal Isle of Wight County Hospital, Ryde, to whom application should be made by any Medical Practitioner; and also at the County Hall there is in readiness a stock of residual vaccine for which application should be made to the County Medical Officer.

In connection with the provision of beds for maternity cases mention should be made of the Midwives and Maternity Homes Act, 1926, which made registration compulsory for anyone carrying on a maternity home after 1st January, 1927. Under this Act 8 Maternity Homes on the Island are registered representing 45 beds, and 6 Institutions have been granted exemption from registration. It may be noted that one effect of these requirements so far as this area is concerned is that registration has not been applied for in the case of a number of houses such as midwife's private houses where a bed used to be available for a maternity case and was in occasional use. Rather than be inspected prior to registration the occupiers have declared their intention of not taking any more patients. There is no suggestion they were not conducted in the best way; on the contrary there is reason to believe they fulfilled a useful purpose in providing at moderate cost a bed, which although in modest surroundings was preferable to the one in the patient's own house in having a little more privacy. To close these beds can hardly have been the intention of the Act, and the reluctance to register in these cases is an example of the objection of the public to submit to more inspection which has increased so much in every direction in recent years.

The supervision of expectant mothers by the midwives has been in general practice here since 1924 and the number of antenatal visits made during the past year is shown on page 15 of this report. This work and the keeping of prescribed ante-natal records by midwives has been made compulsory by the Central Midwives Board as from 1st January, 1927.

Midwives.—Notifications of intention to practise were received from 54 midwives of whom 27 practised here throughout the year and 15 for part of the year; 6 were engaged temporarily on the Island and 6 did not practise. Thirty-six midwives were in regular practice and, of these, 25 were employed by 19 various district nursing associations, 2 were in institutions, and 9 were in independent practice. These midwives are all qualified by examination and their inspection is carried out by the County Nursing Superintendent and when special circumstances arise, by the County Medical Officer. The number of inspections made during 1926 by the County Superintendent was 120, of which 99 were routine visits and 21 were special visits of enquiry. During 1926 the parish of Wroxall and part of South Arreton were the only parts where midwives were not available, but as stated above, the whole Island is covered by a Midwifery Service as from the beginning of 1927.

In 1926 there were 1141 births registered in the Island, including 129 in Ryde, which is the only Local Authority having a maternity and child welfare scheme apart from the County Council. A midwife was present at 830 of these births, or 73 per cent; a doctor also was present at 147 so the number of births which the midwives attended alone was 687, or 60.2 per cent. of the total. Medical help was summoned in 153 instances, i.e., in 22.3 per cent. of the midwives cases (23.5 per cent. in 1925).

In addition to the notices of summoning medical help the midwives notified 10 still-births (1.5 per cent of their cases), death of child 1, artificial feeding 6, performing last offices 12, liability to be a source of infection 3, (puerperal sepsis 1, ophthalmia neonatorum 1, erysipelas 1).

An analysis of the 153 cases in which medical help was summoned shows that 29 were for the child and 124 for the mother. Of these last, 27 were for complications arising during pregnancy (19 for miscarriage or threatened miscarriage and 8 for other causes during pregnancy; 84 were for causes arising during labour, 34 of these being for obstructed or delayed labour, 2 for haemorrhage, 32 for ruptured perineum, and 16 for other causes during labour; and 13 were for causes arising after labour.

The conditions in which medical help must be summoned are prescribed in the rules of the C.M.B. and little is left to the discretion of the individual midwife. As from 1st January, 1927, an addition was made to these conditions which may result in a slight increase of medical help cases. The Council is liable for the payment of the doctor's fee in all cases to which he is summoned by a midwife but is required to recover the fee from the patient in all except necessitous cases. During the financial year ending 31st March, 1927 the Council paid the doctor's fee in 51 cases in which medical help was summoned by midwives, amounting to £85 0s. 0d.. Of these 51 cases, full liability was undertaken in 29; in 20 the patient was required to repay the fee; 2 paid part of the fee and the remainder was remitted by the Committee. The amount received during the year was £27 11s. 0d. of which £9 15s. 6d. was in respect of cases prior to 1927. The net expenditure of the Council under this heading has thus been £57 9s. 0d.

A return showing the number of births attended by the midwives compared with previous years, and the number of these in which medical help was summoned is set out in the following table:—

TABLE XIII.

Year	Total Births	Number of Births		No. summoning medical help	No. in which medical fee was paid by Council	Amount paid by Council less repayments by patients
		Attended by midwives (Dr. also engaged in some)	Attended by midwives alone (No Dr. engaged)			
1923	1278	925	744	114	30	£35 13 0
1924	1243	985	746	123	28	£22 0 6
1925	1200	865	713	168	53	£74 16 2
1926	1141	830	687	153	51	£57 9 0

* The figures are those for the financial year ending 31st March.

The amount of antenatal work done by the midwives who are also District Nurses is shown in the first two columns of table XIV, which includes also the antenatal visits paid by the Health Visitors in Cowes and in the Gurnard and Northwood Districts. In addition the midwives who are not Health Visitors paid 962 visits of which 284 were first visits. There were therefore, 4044 antenatal visits in all paid to 837 expectant mothers, i.e., to over 100 per cent of the midwives cases. (This is possible because the whole time health visitor pays some visits in doctor's cases). On the average nearly 5 visits were paid in each case.

Infant Welfare.—Excluding the 129 births in Ryde there were 1012 births registered in the area administered for Maternity and Child Welfare purposes by the County Council. 932 of these were notified to the County Medical Officer through the District Medical Officers of Health i.e., 92 per cent., which is the same per cent as in 1925. The number of infant deaths in this area was 39, or at the rate of 38.5 per 1000 births. If the figures for Ryde are included, the infant mortality rate for the Island is 39.4 which compares with 55.8 in 1925. This is the second lowest infant mortality rate recorded in the Island, the lowest being 38.4 in 1922 when there were 48 deaths of infants and 1278 births.

Health Visiting.—The whole Island is now covered by 23 District Nursing Associations, all of which are affiliated to the County Nursing Association, except Cowes, East Cowes, Shanklin and Sandown. In all the affiliated Districts the District Nurses undertake the Health Visiting and in the 4 non-affiliated districts special arrangements have been made. In Sandown the Nurse of the Infant Welfare and Maternity Association is the Health Visitor. In Shanklin a midwife in independent practice does the work—she is also a trained nurse. And in Cowes and East Cowes, which are the only two Associations in the Island whose nurses are not trained midwives, the health visiting is done by a whole time County Council nurse, who is school nurse and tuberculosis health visitor also for their districts.

The system of Health Visiting is the same as described in last year's report and the number of visits paid during 1926 is shown in Table XIV.

As regards orthopaedic treatment for children under school age these have been dealt with locally in the past, or have gone to special hospitals on their own responsibility and only a few which failed to obtain

adequate treatment have been referred to the Committee. In these cases special arrangements for treatment suitable to the case have been made, e.g., at the Royal National Orthopaedic Hospital. It is because the cases referred to the Committee were so few that no general scheme for dealing with them has been adopted but at the time of writing your Committee have under consideration the advisability of making an arrangement with certain hospitals for their treatment. During 1926 only two cases (both of club foot) were referred to your Committee, who agreed to pay the cost of treatment at the Royal Orthopaedic Hospital. One child had treatment there, but the other left the Island before admission to hospital could be obtained.

The Infant Welfare Centres continue to do excellent work and it must be very gratifying to the ladies who take so great an interest in them and devote so much time to them to know that our infant mortality rate here is so low and compares so favourably with other areas. There was a greater number of milk grants made by the Council during 1926 to necessitous cases attending the Centres than in former years. The sum expended under this heading was £53 18s. 2d. This was for 439 weeks' supply of milk to 60 cases. (In 1925 the expenditure was £28 19s. 1d. for 251 weeks' supply of milk to 30 cases.)

TABLE XIV—SHOWING THE WORK OF THE HEALTH VISITORS IN 1926.

	To Expectant Mothers.		To Infants under 1.		Visits to Children aged 1-5
	First Visits	Total Visits	First Visits	Total Visits	
County Superintendent Nurse (Northwood Area) ...	—	—	21	86	153
Cowes Nurse ... } ...	30	91	183	1135	1207
East Cowes " ...	113	378	172	913	463
Newport " ...	41	83	113	832	762
Sandown " ...	138	1015	169	2780	2232
Ryde District " ...	10	48	13	403	307
Bembridge " ...	28	199	21	154	86
Brading " ...	9	42	11	78	49
Brightstone " ...	12	54	14	74	36
Calbourne " ...	32	174	60	242	62
Carisbrooke " ...	22	108	14	95	119
Chale " ...	31	159	87	479	98
Freshwater " ...	15	97	24	188	97
Gatecombe " ...	7	34	6	40	59
Niton " ...	8	35	10	100	98
St. Helens " ...	10	50	15	58	73
Seaview " ...	42	397	65	881	1473
Ventnor " ...	6	60	36	265	130
Wootton " ...	9	58	8	74	82
Yarmouth " ...					
Total ...	553	3082	1042	8877	7586

TABLE XV.—SHOWING THE WORKING ARRANGEMENTS AT THE END OF THE YEAR OF THE VARIOUS INFANT WELFARE CENTRES.

District	Honorary Secretary	Nurse in Charge	Address of Centre	Days and Times of Meetings	M.O. and Time of Attendance	Approximate Average Attendance Children.*
Bembridge	Lady Thornycroft	Bennett	Church Room	2nd Wednesdays, 3 p.m.	County M.O., Monthly	19
Brading	Mrs. Roach	Taylor, F.	Ditto	2nd and 4th Tuesdays	County M.O., Monthly (4th Tuesday)	11
Carisbrooke	Mrs. Gentle	Taylor, D.	Church Hall	1st Tuesdays, 3 p.m.	County M.O., Alternate Mths	11 (1)
East Cowes	Mrs. Jones	Blades	Ditto Adelaide Grove	1st and 3rd Tuesdays	County M.O., Monthly (3rd Tuesday)	18 (3)
West Cowes	Mrs. Desmond	Blades	St. Mary's Hall, Mary Street	Wednesdays, 3 p.m.	County M.O., Fortnightly (1st and 3rd Wed.)	29
Freshwater	Mrs. McMaster	Thompson	Parish Room	Alternate Thursdays, 2.30 p.m.	Dr. Mansfield, Fortnightly	35
Newport	Mrs. Tilley	Tomlin	Corn Exchange	Wednesdays, 2.30 p.m.	Dr. Dowdall, Weekly	33
Parkhurst Barracks	Mrs. James	Taylor, D.	Barracks	2nd & 4th Thursdays	Officer in Charge, R.A.M.C.	25
Ryde	Miss Corrie	Wyatt	Melville Street	Fridays, 3 p.m.	Dr. Edwards, Weekly	69 (7)
St. Helens	Mrs. Cockburn	Taylor, A.	The Institute	2nd Thursdays, 2.30-4 p.m.	Dr. Musson, Monthly	10
Sandown	Miss Partridge	Dedman	Rechabite Hall	2nd & 4th Thursdays	County M.O., Monthly (4th Thursday)	19
Seaview	Mrs. Gordon	Allt	Wesleyan School	1st Tuesdays, 3 p.m.	Dr. Aston, Monthly	16-20
Shanklin	Mrs. Whitaker	Frampton	St. Saviour's Hall	Alternate Tuesdays, 3 p.m.	Dr. Melhuish	20
Ventnor	Miss Davies, A.R.C.	Stoodley and Meikleham	Church Hall, Alpine Road	2nd & 4th Thursdays	County M.O., Monthly (4th Thursday)	44 (2)

* The figures in brackets show the average attendance of expectant mothers.

The results of treatment in cases of ophthalmia neonatorum were as follows :—

Year	Cases			Vision un-impaired	Vision impaired	Total blindness	Deaths
	Notified	Treated					
		At home	In hospital				
1926	3	3	0	3	0	0	0

COUNTY NURSING ASSOCIATION.

The County Nursing Association was formed in 1917 to train and provide nurse midwives for service in the Island, and to it are affiliated 19 of the 23 District Nursing Associations. Cowes, East Cowes, Shanklin and Sandown are the District Associations not affiliated but the Sandown and Newchurch area is served by the Nurse of the Sandown Maternity and Infant Welfare Association, which is affiliated to the County Association. At the beginning of 1926 the Association had 2 pupils in training at Plaistow: during the year 1 commenced and 2 completed training and at the end of the end of the year 1 was still in training. One of the main objects of the Association was achieved when on January 1st, 1927, for the first time a midwifery service was established in every part of the Island. Until that date there had been no midwife in Wroxall and South Arreton, but by re-arrangement of the Gatcombe District these parishes have now the advantages of trained midwives. This result has not been easily obtained. The starting of nurse midwives in new districts through the formation of District Nursing Associations has been a gradual process and has naturally required more time in the rural areas. In the case of Wroxall and South Arreton, repeated efforts had been made in the past without success and it is due to the persistent efforts of the Association and especially to the tact and organising ability of the Hon. Sec., Miss Brenda M. Blake, that success has now been attained. An efficient midwifery service is of primary importance, particularly in these outlying districts where medical help is not at hand, and the whole community is indebted to these ladies for having carried through and completed this provision throughout the Island.

The work done in the various affiliated districts during the year ending 31st March, 1926, is set out in Table XVI.

TABLE XVI.

Nursing Associations.	Medical Cases	Surgical Cases	Total	Midwifery Cases	Maternity Cases	Total
Bembridge	76	18	94	8	5	13
Brading	32	53	85	21	7	28
Brightstone, Brook, and Mottistone ...	49	34	83	8	1	9
Calbourne, Shalfleet, Porchfield, Newtown, Ningwood, and Hamstead ...	27	18	45	11	1	12
Carisbrooke	110	21	131	23	9	32
Chale, Kingston, and Shorwell	20	28	48	10	2	12
Freshwater and Totland	87	54	141	14	17	31
Gatcombe, Chillerton, Blackwater, Rookley, Merston, and Godshill	42	18	60	9	6	15
Godshill and Wroxall	11	6	17	1	3	4
Newport	248	113	361	86	27	113
Niton, Whitwell, and St. Lawrence ...	28	16	44	4	5	9
Ryde	434	117	551	106	32	138
St. Helens	34	14	48	8	6	14
Sandown	7	15	22	31	10	41
Seaview and Nettlestone	24	20	44	5	5	10
Ventnor	86	40	126	25	17	42
Wootton Bridge and District	77	16	93	4	2	6
Yarmouth, Thorley, Ningwood, and Wellow	73	41	114	10	2	12
Totals	1465	642	2107	384	157	541

TABLE XVII.—HOUSING STATISTICS FOR 1926.

	Rural District	Cowes	East Cowes	Newport	Ryde	St. Helens	Sandown	Shanklin	Ventnor
No of new houses erected during the year—									
Total	135	23	4	64	14	24	39	50	15
With State assistance under the Housing Acts—									
(i) By the Local Authority	0	0	0	46	0	0	0	*	*
(ii) By other bodies or persons	99	18	4	18	12	19	33	*	*
<i>Inspection—</i>									
Total No. of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	0	125	200	313	164	153	180	120	183
No. of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910, or the Housing Consolidated Reg.'s, 1925	986		65	89	101	29	230	250	75
No. of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	22	20	0	3	0	4	0	0	0
No. 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... ..	304	11	16	86	38	145	0	2	0
<i>Remedy of Defects without service of Formal Notices—</i>									
No. of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	373	11	10	70	21	82	18	35	0
<i>Proceedings under Section 3 of the Housing Act, 1925—</i>									
No. of dwelling-houses in respect of which notices were served requiring repairs	20	11	0	0	5	2	0	0	*
No. of dwelling-houses which were rendered fit—									
(a) By owners	5	11	0	0	5	0	0	0	*
(b) By Local Authority in default of owners	0	0	0	0	0	2	0	0	*
No. of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	1	5	0	3	0	0	0	0	*
<i>Proceedings under Public Health Acts—</i>									
No. of dwelling-houses in respect of which notices were served requiring defects to be remedied	0	19	0	5	4	40	0	0	37
No. of dwelling-houses in which defects were remedied—									
(a) By owners	0	19	0	3	4	31	0	0	37
(b) By Local Authority in default of owners... ..	0	0	0	0	0	0	0	0	0
<i>Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925—</i>									
No. of representations made with a view to the making of Closing Orders	16	6	0	0	0	4	*	0	*
No. of dwelling-houses in respect of which Closing Orders were made	12	3	0	0	0	4	*	0	*
No. of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	0	0	0	0	0	0	*	0	*
No. of dwelling-houses in respect of which Demolition Orders were made	0	3	0	0	0	0	*	0	*
No. of dwelling-houses demolished in pursuance of Demolition Orders	0	2	0	0	0	0	*	0	*
Houses demolished voluntarily	3	3	0	0	0	0	0	0	0

*In these cases incomplete or no information has been given in the reports to enable the particulars to be tabulated.
368 Houses were erected in the Island in 1926 as compared with 279 in 1925 and 186 in 1924.

METEOROLOGY.

To Mr. J. Dover, M.A., of the Totland Meteorological Station, Major C. G. Brodie, of Wootton, and Mr. C. E. Gilchrist, of Sandown, I am indebted for the figures in Table XVIII.

TABLE XVIII.

Month	Maximum Temperatures.			Minimum Temperatures.			Mean Temperatures.			Rainfall in Inches.			Hours of Sunshine.		
	Totland.	Wootton.	Sandown.	Totland.	Wootton.	Sandown.	Totland.	Wootton.	Sandown.	Totland.	Wootton.	Sandown.	Totland.	Wootton.	Sandown.
January ...	53.0	54.0	54.0	18.0	16.0	21.0	42.2	41.3	42.4	4.30	4.50	3.79	67.3	-	62.5
February ...	54.2	57.0	56.0	34.2	32.0	36.0	45.9	45.4	46.7	2.03	2.04	2.74	54.1	-	62.4
March ...	57.6	57.0	58.0	31.0	25.0	33.0	44.9	44.6	45.9	0.31	0.34	0.38	122.5	-	133.1
April ...	66.8	63.0	60.0	32.1	34.0	38.0	48.4	47.2	48.7	2.84	3.31	3.14	135.4	-	134.8
May ...	68.8	74.0	68.0	36.2	34.0	37.0	51.4	51.9	53.1	1.88	2.28	1.94	196.7	-	205.2
June ...	70.9	74.0	74.0	42.1	42.0	46.0	56.5	56.3	57.9	3.28	2.91	3.77	245.0	-	242.7
July ...	83.8	85.0	82.0	49.0	46.0	49.0	63.0	63.6	63.9	0.98	2.32	2.25	199.6	-	202.4
August ...	75.1	77.0	77.0	47.4	45.0	46.0	62.8	62.5	62.8	0.77	1.07	1.55	214.3	-	222.7
September ...	75.7	84.0	76.0	44.0	39.0	31.0	61.4	61.1	60.1	0.63	0.60	0.66	155.7	-	158.6
October ...	67.7	72.0	67.0	30.1	27.0	27.0	50.1	49.5	49.6	3.08	2.93	3.21	113.2	-	105.7
November ...	56.3	58.0	57.0	30.8	27.0	29.0	45.9	45.3	46.4	7.69	7.71	6.71	48.9	-	45.1
December ...	51.0	52.0	50.0	27.9	24.0	23.0	40.8	37.7	40.5	0.33	.32	0.48	60.4	-	59.9
The year 1926	83.8	85.0	82.0	18.0	16.0	21.0	51.1	47.2	51.5	28.12	30.33	30.62	1613.1	-	1635.1

The following notes are from Mr. Dover's report.

"The failure of the year has been in sunshine. 1926 must be classed as a very poor year, it having given us such an abundance of cloud, and a total of only 1613 hours of bright sunshine, instead of our usual supply of 1767 hours." Mr. Dover points out that owing to adjacent buildings he cannot register any bright sunshine during the hour before sunset in summer, but in spite of this fact Totland comes 7th on the list of sunniest stations in the country over 25 years average, and Ventnor is next to it. June was again the brightest month.

"The total rainfall here of 28.12 inches this year shows that 1926 was a trifle drier than the average yearly return of 28.89 inches for Totland. The heavy rainfall of November with its 7.69 inches of rain was far in excess of any previously recorded November and this was followed by a very dry December, the driest December on record, with only 0.32 inches, one tenth of the usual December supply. March was very dry and so also was the third quarter of the year. Again Pitt Place, Brighstone, was the wettest of the Island rainfall stations with its 39 inches of rain. Brighstone Rectory was next with 33.73 inches and the Mall, Newport, was 3rd with 33.46 inches; Blackgang 26.65 inches, and East Cowes, Spring Hill, 26.97 were the driest."

ULTRA VIOLET RAYS.

That Sunlight has a beneficial effect on health has been recognised for many years but it is only recently that the importance of certain invisible rays, called the ultra violet rays has come to be appreciated, and methods have been designed to measure the intensity of these rays which can vary independently of the lighting effect of the sun, e.g., no matter how bright a room may be, the ultra violet rays are absent from it if ordinary glass is used in its windows, and these are shut, because ultra violet rays cannot penetrate ordinary glass. In this country records are made at certain places of the amount of ultra violet rays present in the sunlight and these records are supplied by the National Institute of Medical Research to the daily press. Ventnor is the only Island station included in the figures as published in "The Times" and it is noticeable that it occupies a very favourable position. Dr. Cooke in his Report on the Health of Ventnor this year writes as follows:—

"The Council are to be congratulated upon adopting the methods associated with the measuring and recording to the ultra violet rays of their area, and of publishing the results. From an educational standpoint alone, the benefit is great as it is only by comparison one is able to appreciate the merits of Ventnor as a health resort.

"I am in receipt from the Council's Meteorologist of a copy of the weather reports for the past year and for six months it is noticed that Ventnor is conspicuous for its high record of ultra violet rays.

"The beneficial effects are most helpful in every respect not only to invalids but to those in possession of good health.

"It is recognised that sunlight is a powerful aid to the general well-being of every one, and Ventnor should be proud of the position she holds with respect to the health-giving powers of the ultra violet rays."

