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ST. PAUL'S SCHOOL.—NEW BUILDINGS, HOLLY WALK.

BOROUGH OF ROYAL LEAMINGTON SPA.



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER

FOR THE YEAR 1911.

EDWARD BURNET, B.A., M.B., Ch.B., B.Sc. (P.H.)

Leamington Spa :

COURIER LIMITED, PRINTERS, CHURCH WALK.

BOROUGH OF ROYAL LEAMINGTON SPA.

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Mr. Alderman FLAVEL.

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A. BOSTOCK HILL, M.D., M.Sc., F.I.C.

Medical Officer of Health, School Medical Officer, and Bacteriologist :

EDWARD BURNET, B.A., M.B., Ch.B., B.Sc. (P.H.)

PREFACE.

Public Health Department,
12, Hamilton Terrace,
Leamington Spa,
May, 1912.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE.

GENTLEMEN,—

A combination of circumstances over which I have had no control has been responsible for the delay in publishing the Annual Report. This has occasioned me much regret, but its tardy production has been unavoidable.


With your approval I have inaugurated a system of issuing monthly reports as to the health conditions of the Borough to the medical practitioners resident within the district. When one considers how vitally they are interested in everything pertaining to the health of the township, it will be admitted that this is a very proper thing to do. Whilst I am responsible for the administrative measures which it is your duty to see are carried out efficiently, it cannot be forgotten that they are mainly responsible for the maintenance of the health of the many units who constitute the community. Any assistance we can afford them, therefore, it is our bounden duty to provide.

I have much pleasure in acknowledging the invaluable assistance I have received in the compilation of this Report to my indefatigable staff, to the Town Clerk, the Borough Engineer, the Borough Treasurer, the Roads Surveyor, my Medical and Educational colleagues, and the Chairmen of the Committees under whom it has been my privilege to work.

I am, Gentlemen,

Your obedient servant,

EDWARD BURNET.



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The estimated population at the middle of 1911 was 26,739.

The Borough Surveyor reports that 20 new dwelling-houses were passed by the Town Council during 1911, as compared with 25 in 1910, 18 in 1909, and 48 in 1908. These were situated in the following Wards:—North-East 1, West 2, and Milverton and Lillington 17. It is satisfactory to note that many of the large, unoccupied houses in the Borough have recently changed hands and are being modernised. Leamington offers unrivalled opportunities for the business men of the neighbouring cities of Coventry and Birmingham who are desirous of settling amongst us. If sufficient pressure could be brought to bear upon the Railway Companies for better railway facilities, the attractions of our Borough would appeal to a much larger circle than is at present possible.

BIRTHS.

The Births registered in 1911 numbered 463—205 Males and 258 Females. This is equivalent to a Birth-rate of 17.3 per thousand of estimated population, as compared with 15.13 in 1910. That for England and Wales in 1909 was 25.6.

The excess of Births over Deaths (*natural increase of population*) during the year 1911 was 40. The estimated *actual increase* is 22. The following tables show Births and Birth-rates by Wards and Quarters:—

WARDS.	Births.	Birth-rates.	Estimated Population as middle of year.
North-East	118	18.94	6,229
South-East	171	19.65	8,699
West	100	13.85	7,212
Milverton	64	13.91	4,599
External	10	...	...
	463	17.3	26,739

Quarters.	Males.	Females.	Totals.	Birth-rates.
1st	56	60	116	17.35
2nd	50	62	112	16.75
3rd	43	68	111	16.60
4th	52	62	114	17.05
External	4	6	10	...
	205	258	463	17.3

The male births were to the female births approximately in the proportion of 80 to 100, in marked contrast to last year, when the proportion was 109 to 100. In the year 1909 the proportion in England and Wales was 104 to 100.

Of the 463 Births 31 were returned as illegitimate, showing a percentage of 6.7. This is a regrettable increase upon that of last year, when it was 4.3 only.

MARRIAGES.

204 Marriages were registered within the Borough. It is impossible to state how many of these can be exclusively credited to Leamington. If we could claim them all the annual Marriage Rate per 1,000 living would amount to 7.6.

DEATHS.

409 Deaths were registered in the Borough during the 52 weeks ending December 31st, 1911, including 55 non-residents. If the latter be subtracted, and to the remainder be added the deaths of 69 residents occurring beyond the district, the total number belonging to Leamington is 423, which is equivalent to a Death-rate, uncorrected for age and sex distribution, of 15.8 per 1,000 living. The rate for 1910 was 14.7. Five deaths were those of illegitimate children, yielding a percentage of 1.2—slightly below the average.

A comparison with Leamington in former years is given in Table I., page 68, and again in the Table on page 72, classified according to Wards. The Population, Birth, and Death-rates for a series of years are shown in the following table:—

POPULATION, BIRTH AND DEATH RATES FROM
1881 TO 1911.

Year.	Estimated Population.	Birth-rate per 1000.	Death-rate per 1000.	Infantile Mortality.	Zymotic Death-rate.
1881	22,974	27.1	14.3	113.3	1.10
1882	23,229	24.3	15.4	123.9	1.20
1883	23,434	25.4	16.0	123.1	0.90
1884	23,646	25.4	18.3	156.7	2.50
1885	23,851	24.8	16.5	122.0	0.60
1886	24,053	25.3	16.9	109.8	0.99
1887	24,257	23.7	15.4	135.6	0.60
1888	24,461	23.9	18.3	161.8	1.60
1889	24,665	21.6	16.1	142.0	1.30
1890	24,871	21.1	16.8	156.1	0.40
1891	26,930	21.9	19.4	150.8	0.50
1892	27,016	21.1	18.3	124.3	0.80
1893	27,116	20.5	16.7	149.0	0.60
1894	27,220	20.0	13.6	142.8	0.30
1895	27,220	19.7	16.6	136.0	0.20
1896	27,320	19.9	15.1	127.0	0.40
1897	27,320	19.9	14.0	106.6	0.40
1898	27,520	19.0	15.4	145.3	0.90
1899	27,520	18.6	16.6	142.0	0.30
1900	27,700	18.1	15.8	131.3	0.30
1901	26,888	17.5	12.9	99.5	0.20
1902	26,967	18.6	13.9	113.3	0.40
1903	27,017	18.0	14.6	125.2	0.25
1904	27,060	18.1	14.8	123.9	0.18
1905	27,100	19.4	14.2	102.6	0.36
1906	27,140	17.5	14.3	126.0	0.51
1907	27,207	18.9	13.8	112.6	0.22
1908	27,217	15.7	15.0	84.1	0.33
1909	27,252	15.8	14.1	101.8	0.40
1910	27,360	15.1	14.7	74.9	0.44
30 years' Average		20.5	15.7	125.4	0.63
1911	26,739	17.3	15.8	88.5	0.67

STILL-BIRTHS.

The Borough Treasurer informs me that during the past year 25 still-born children were interred in the Borough Cemeteries.

Of these 15 were certified by medical men, and 10 by midwives. The total number of still-births in the Borough was 1 to every 19 total births, or about 51 per 1,000. The number of still-births shows a marked increase upon that of last year (14), and I am not at all satisfied with the present somewhat lax manner of certification. It is to be hoped that our hands may be strengthened in dealing with these cases. In my opinion every still-birth should be certified by a medical man.

NOTIFICATION OF BIRTHS.

The adoption some three years ago of the Notification of Births Act of 1907 has proved a very salutary measure. We now experience no difficulty in carrying out the provisions of the Act, and its operation enormously enhances the value of the excellent work done by our Health Visitor. The year 1911 was memorable on account of (1) a severe epidemic of measles, (2) a phenomenally hot and dry summer. Both these factors were responsible for a great amount of sickness amongst young children, and the comparatively low rate of infant mortality is mainly due to the indefatigable exertions of Nurse Pierce, and the confidential relations which exist between her and the parents.

THE INFANT HEALTH SOCIETY

has also had a record year of useful work done. From the Annual Report of the Society it appears that 153 infants were registered at the Albert Hall and the Althorpe Street Branch. 139 cases were visited by members of the Committee, and 130 by the Nurses. The number of weighings of infants amounted to 1,162. Orders for milk to the extent of 5,115 pints were given to 80 mothers, and the Savings Bank for the encouragement of thrift was still maintained. 22 mothers availed themselves of the benefits of the Bank, a penny being added by the Committee to each shilling deposited. It appears that of the 153 children under the care of the Society 10 died during the year. A few of these succumbed to diarrhoea, but the majority over twelve months old died of measles. On December 31st, 1911, there were 53 of the babies still on the register.

In my last Annual Report I emphasised the value of the work done by the INFANT HEALTH SOCIETY, and advocated its claims for

substantial recognition by the Borough Council. At the risk of being regarded as somewhat insistent in the matter, I would again draw your attention to the necessity of either affording financial assistance, or of taking over the movement altogether. If the parents could implicitly rely upon receiving medical attention for the babies, the attendance at the "Welcomes" would be largely increased. The amount of work done might readily be augmented. A provident maternity club for expectant mothers might be established. The Board of Education has already recognised as entitling to grants that portion of the work of these Societies which consists of lectures to mothers, and the Education Committee might profitably make provision for a really helpful course in this direction. Considering the important part played by our local Society in the diminution of our Infant Mortality, the dissemination of the simple methods of Home Hygiene, the supervision of the children from birth to the commencement of school life, and its potential value in the foundation of a healthier and happier rising generation, a little money spent now would be well spent and be a true economy. I commend the suggestion for your careful consideration.

It might be contended that the present activity in ameliorating the housing conditions of the people is responsible for the diminished Infant Mortality. As a matter of fact this merely touches the fringe of the subject. The tenants of the houses concerned are creatures of circumstance. They are forced to live in these undesirable quarters owing to lack of means to pay for better accommodation. The same lack of means is responsible for an insufficient and often an improper food supply, and for the absence of medical advice and nursing in time of need. Over and above all this there is not infrequently an appalling ignorance or disregard of the most elementary principles of hygiene. In all these respects the Infant Health Society has proved a power for good, and it is chiefly to its exertions that I attribute the substantial decrease in the deaths of young children. The law now bears heavily upon the owners of cottage property. The Infant Health Society is endeavouring to teach the tenants that they have responsibilities, too, and its efforts should be encouraged by your Council.

INFANTILE MORTALITY.

Of the 423 deaths of residents in this district, 41, or 9.6 per cent., were those of infants under one year of age, corresponding to a mortality rate of 88.5 per 1,000 births. This rate is 13.6 per 1,000 births higher than last year, but 36.9 below the average of the last thirty years. The increase is practically wholly due to the deaths from diarrhoeal diseases, no fewer than 13 infants being the victims of these disorders.

Measles was responsible for 3 deaths, and 5 were due to other causes as specified in the list. Of the latter group 3 took place shortly after birth, at which midwives only were present. Two of these infants died from insufficient inflation of the lungs, and the third from hæmorrhage of the cord. The midwife responsible for the latter has recently been struck off the Register by the Central Midwives' Board. One infant, aged 11 months, died from accidental scalds.

CAUSES OF INFANTILE MORTALITY, 1905-1911.

	1905.	1906.	1907.	1908.	1909.	1910.	1911.	Total Deaths 7 years	Rate per 1000 Births.
Marasmus	16	20	20	7	8	5	5	81	24.8
Premature Birth	8	7	8	7	5	8	8	51	15.5
Bronchitis	1	6	7	4	8	2	3	31	9.5
Pneumonia	8	2	1	5	4	5	2	27	8.3
Convulsions	4	8	5	1	4	2	...	24	7.3
Congenital Defects ... ..	...	1	10	...	2	4	...	17	5.1
Diarrhoeal Diseases	4	7	1	2	3	...	13	30	9.2
Whooping-Cough	5	3	1	1	4	2	...	16	4.7
Overlaying ... ..	...	1	1	...	2	2	...	6	1.7
Measles	3	...	...	1	...	...	3	7	2.1
Non-Tubercular Meningitis ... ..	...	2	2	...	...	...	...	4	1.0
Tubercular Meningitis ... ..	...	1	...	...	...	1	1	3	0.8
Tubercular Peritonitis	1	...	...	...	1	...	1	3	0.8
Syphilis ... ..	...	...	...	1	...	...	...	1	0.2
Erysipelas ... ..	...	...	...	...	1	...	...	1	0.2
Other Causes	4	1	1	7	1	...	5	19	5.8
Total Deaths below 1 year	54	59	57	36	43	31	41	321	—
Rate per 1000 Births ...	102.6	126.0	112.6	84.1	101.8	74.9	88.5	98.6	—

In my last Annual Report I discussed the general causes of Infantile Mortality at some length, and it is unnecessary to enter

into further detail here. In the preceding table will be found the total number of deaths of infants during the last seven years, with the respective rates per 1,000 births. It will be seen that Marasmus and Prematurity are the most sinister factors we have to deal with in this respect, and call for a reformation of the social conditions which are largely responsible for them. When we also take into account the enormous increase in the number of Still-births—almost double those of last year—it must be evident that if the improvement in the housing conditions of the working classes is to have any substantial effect it must be accompanied by strenuous efforts to remedy the faults of ignorance and personal hygiene. There is a wide scope for a School for Mothers in Leamington, and the various philanthropic agencies in the Borough might profitably co-operate with the Education Committee in formulating a really attractive and useful scheme.

In connection with the 13 deaths from Diarrhœal Diseases a thorough investigation was carried out. Leaflets were distributed and 187 houses visited. Special attention was directed to the provision of refuse receptacles. In the case of 84 houses, no Diarrhœa had occurred; 57 had good receptacles, whilst those of 27 were in bad repair. Slight Diarrhœa was complained of in 15 instances, the receptacles of 13 being good, and of 2 only unsatisfactory. The Diarrhœa at 38 houses was very severe, and here 29 were provided with perfectly sanitary bins, the remaining 9 being distinctly bad. Of the remaining 50 houses, 27 tenants had left since the births of the infants, and 23 were temporarily closed.

NOTIFICATION OF INFECTIOUS DISEASES.

The returns furnished under the Infectious Diseases (Notification) Act were as follows:—Smallpox, 0; Enteric Fever, 1; Puerperal Septicæmia, 1; Erysipelas, 12; Scarletina, 34; Diphtheria, 3. The succeeding Table presents the total numbers of notifications received since the Act became operative. The cases notified in 1911 are classified according to Age and Ward in Table II., page 69.

CASES OF INFECTIOUS DISEASES NOTIFIED

FROM 1890 TO 1911 (22 YEARS).

Year.	Smallpox.	Scarlatina.	Diphtheria and Membr. Group.	Enteric Fever.	Puerperal F.	Erysipelas.	Phthisis.	TOTALS.
1890	...	30	6	9	...	9	...	54
1891	...	19	2	2	1	13	...	37
1892	1	31	7	10	...	18	...	67
1893	1	44	9	18	...	34	...	106
1894	4	119	23	6	...	13	...	165
1895	...	206	12	8	..	19	...	245
1896	...	70	14	10	2	19	...	115
1897	...	54	16	4	...	11	...	85
1898	...	105	16	13	1	25	...	160
1899	...	47	27	8	...	25	...	107
1900	...	40	16	12	...	33	...	101
1901	1	113	5	14	1	41	...	175
1902	...	96	15	8	...	43	22	184
1903	1	80	16	2	...	47	9	155
1904	...	75	7	4	1	25	5	117
1905	...	22	11	6	...	24	1	64
1906	...	91	28	2	1	24	1	147
1907	...	83	24	4	...	21	1	133
1908	...	79	38	1	...	21	1	140
1909	...	24	73	2	1	24	1	125
1910	...	18	31	...	...	18	1	68
1911	...	34	3	1	1	12	23	74
Totals	8	1480	399	144	9	519	65	2624

SCARLATINA.

34 cases of Scarlatina were notified during the year. The infection was introduced directly from Coventry by a workman residing in this Borough. In spite of the exertions of my staff it rapidly spread in the immediate vicinity of the infective focus. I am persuaded that nothing short of a distinctive sign affixed to the doors of an infected house will prevent the neighbours from crowding in when a case of this kind turns up. In the majority of the 34 cases the parents were solely to blame; the minority were the unfortunate victims of the crass stupidity or ignorance of the others. The law enables us to deal with one who exposes an infected person in a public place; it would be to the advantage of the community if we could as effectively deal with one who wilfully runs the risk of becoming infective himself.

In addition to the visitations of Nurse Pierce and the Sanitary Inspectors, I myself paid domiciliary visits in every case, and exhorted those concerned to keep themselves to themselves, and to report any symptoms suggestive of the disease. The teachers were notified, all cases of sore throat were excluded from school and kept under supervision, and everything possible done to prevent the spreading of the complaint. We could not eliminate, however, the possibility of casual contact, and many of the susceptible fell. I would seriously suggest that a distinctive warning be provided by the Health Committee, which would enable the public to understand that the inhabitants of certain houses are in quarantine. What is the use of excluding contacts from school or work if they are to be permitted to mix indiscriminately with their neighbours at home?

The only satisfaction about the late epidemic was the fact that it was of the usual mild type, and that no deaths occurred. As is usual, too, those who were removed to the Hospital reaped substantial benefit from their sojourn there. In one other respect the visitation has proved valuable. It has served to discredit the tendency to blame the Schools for the incidence of Scarlet Fever. The outbreak originated in a district, and the spread was undoubtedly due to district infection. There could be no question of bad drains, contaminated milk supply, or "return cases" from the Hospital. The lesson we have learned is to strengthen our hands

in future against the possibility of district infection, and the suggested quarantine mark is a step in the right direction.

DIPHTHERIA.

Three cases only were notified throughout the year, and no deaths occurred. When this number is contrasted with the 31 notifications of 1910, and the 73 of 1909, it will be conceded that my former recommendations as to the relations of the Warneford Hospital with the Infectious Diseases Hospital, subsequently approved of by the Local Government Board, were fully justified.

ENTERIC FEVER.

The one case of Enteric Fever was imported from the rural district. It is satisfactory to note that this disease is in reality unknown in the Borough.

ERYSIPELAS.

Of the 12 cases notified no deaths occurred. In the previous year the number was half as large again.

WHOOPING COUGH.

The deaths from Whooping Cough were 2. This is not a notifiable disease, but 18 cases came to our knowledge, 9 of them occurring in March. Two were complicated with Measles.

CANCER.

The total number of deaths registered as due to the various forms of Cancer was 51 last year, as compared with 34, 39, 35, 39, 26, 32, 30, 29, 22, 26, and 28 of the previous 11 years. Therefore, during the year 1911, no fewer than 19 deaths from cancer occurred for every 10,000 inhabitants. This is no doubt very disquieting, and calls for serious consideration. The Cancer mortality in this as in most districts is usually closely associated with the incidence of old age. The combination of a high death-rate from Malignant Disease with a low death-rate from Tuberculosis and Pneumonia, is also a coincidence which is attracting attention in many parts of the country. Professor Hay, of Aberdeen, has recently presented an interesting table accentuating the greater incidence of Cancer in the East Coast towns of

Scotland, where the death-rate from Phthisis is comparatively low, over that of the West Coast towns, where the mortality from the pulmonary condition is considerably higher. It is remarkable that for the year 1911 twelve per cent. of the deaths at all ages in Leamington were ascribed to Cancer. It was almost four times as prevalent among females as among males. The average age of each male was 69.8 years, and of each female 64.8. Of the 51 cases, 30 were affected in some portion of the digestive and excretory organs. The following tables furnish full particulars as to sex, age, and site of lesion.

DEATHS FROM CANCER DURING 1911.

Age.		Males.		Females.		Total.
39 years	...	—	...	1	...	1
44 years	...	—	...	1	...	1
46 years	...	—	...	2	...	2
48 years	...	—	...	2	...	2
49 years	...	—	...	1	...	1
51 years	...	—	...	2	...	2
52 years	...	—	...	1	...	1
54 years	...	—	...	1	...	1
56 years	...	1	...	1	...	2
57 years	...	—	...	1	...	1
60 years	...	—	...	1	...	1
61 years	...	1	...	1	...	2
62 years	...	1	...	1	...	2
63 years	...	—	...	1	...	1
64 years	...	1	...	1	...	2
65 years	...	—	...	1	...	1
66 years	...	—	...	1	...	1
67 years	...	—	...	1	...	1
68 years	...	—	...	2	...	2
69 years	...	1	...	2	...	3
70 years	...	—	...	1	...	1
71 years	...	—	...	1	...	1
72 years	...	1	...	3	...	4
73 years	...	1	...	1	...	2
74 years	...	2	...	1	...	3
77 years	...	—	...	1	...	1
78 years	...	—	...	2	...	2

Age.		Males.		Females.		Total.
81 years	...	1	...	—	...	1
82 years	...	1	...	1	...	2
83 years	...	—	...	1	...	1
86 years	...	—	...	1	...	1
87 years	...	—	...	1	...	1
92 years	...	—	...	1	...	1
		—		—		—
		11	...	40	...	51

DEATHS FROM CANCER.

TABULATED AS TO SITE AND SEX.

Throat—1 male.		Bowel—4 males, 8 females.
Larynx—1 male, 2 females.		Bladder—1 male, 1 female.
Stomach—3 males, 3 females.		Breast—8 females.
Pancreas—1 female.		Uterus—2 females.
Liver—8 females		Ovaries—6 females.
Other Organs—1 male, 1 female.		

The etiology of Cancer is still involved in doubt, and we are anxiously awaiting for definite news as to its cause and prevention or cure. In the last scientific report of the investigations undertaken at the expense of the Imperial Cancer Research Fund, Dr. Bashford refers to the hopes which have been entertained that inoculation experiments might lead the way to definite methods of effecting cure or of affording immunity. The report points out that instead of revealing analogies with infective diseases, and placing similar remedial or preventive means in the hands of the physician or surgeon, the study of resistance to Cancer has up till now only brought investigators to the verge of a region filled with problems previously undreamt of. In the solution of these problems lies the best hope of preventive or remedial measures. In the meantime, we must comfort ourselves with the probability that the majority of the 51 who died from malignant disease in Leamington would never have reached the cancer age in a less favoured climate.

The suggestion in my Report of 1910 that the Home for Incurables should open its doors to those suffering from this as yet incurable disease has not borne fruit. Is there no friend on

the Committee of Management sufficiently enterprising to bring the subject up for discussion?

PULMONARY TUBERCULOSIS.

The deaths from Pulmonary Consumption amounted to 14—9 females and 5 males—the lowest number on record with the exception of the year 1906, when 13 deaths only occurred.

There are few districts more free from this disease than Leamington Spa. Whilst throughout the country generally nearly 10 per cent. of all deaths are attributable to Tuberculosis, the percentage in the Borough was 3.4 only.

Phthisis was made voluntarily notifiable here in 1902, but, as shown in my last Report, the measure was utterly ineffective. In 1908 the notification of Pulmonary Tuberculosis became compulsory as regards the inmates of Poor Law Institutions, and the Order was extended to Hospitals on May 1st, 1910. Compulsory notification henceforth applies to all classes, and a vigorous campaign has been inaugurated throughout the country with the object of eradicating the disease.

During the past year 23 notifications were received—18 under the Hospitals Order of 1910, 4 under the Poor Law of 1908, and one voluntary.

Of the 14 deaths, 10 occurred in Leamington, and 4 elsewhere. Of the 10 Leamington residents, 3 belonged to the North-East Ward, 5 to the South-West, and 2 to Milverton and Lillington. The following particulars pertain to the Leamington cases:—

No.	Sex.	Age.	Occupation.
1	Female	20	Teacher.
2	Female	21	Clerk.
3	Female	28	No occupation.
4	Male	30	Dairyman.
5	Male	32	Solicitor.
6	Female	37	Nurse.
7	Female	38	Housewife.
8	Female	41	Confectioner
9	Male	50	Baker.
10	Female	63	Milliner.

MUNICIPAL ACTION FOR THE CONTROL OF TUBERCULOSIS.

Although Leamington has for many years been singularly free from Phthisis as a serious cause of mortality, no efforts have been or will be wanting to take a prominent position in the anti-tuberculosis crusade. Illustrated popular lectures on the subject have been freely given and have been well attended, the greatest possible interest having been evinced on the part of the audiences. The Leamington Medical Society have taken up the matter *con amore*, and a special Sub-Committee was appointed to confer with myself as to the best possible means of carrying out the requirements of the new Notification Acts, so as to ensure the greatest benefit to the community. As a result of their deliberations, your approval is to be solicited for the free distribution of a special pamphlet drawn up by the Society's Sub-Committee, for the supply of sputum flasks, and for the strengthening of the regulations against spitting in public. The question of a Tuberculin Dispensary, and the provision of sanatorium accommodation, are also occupying their immediate attention.

With the approval, and almost invariably at the request of the medical attendant, disinfection is carried out in the houses of phthisical patients. The Health Department has been assiduous in seeking out tuberculous conditions, and in seeing to it that medical advice was immediately obtained. When any difficulty has been encountered in obtaining this under the ordinary conditions, there has been little or none in securing the assistance of the Provident Dispensary and the Warneford Hospital. The good work done in this connection by these institutions is beyond all praise. At a later date I hope to have recommendations to place before you for still further developing their resources.

At a meeting of the Conjoint Hospital Board it was decided to ask for a Provisional Order to enable each of the constituent authorities to undertake the treatment of their own cases of Tuberculosis of the Lungs. As we are assured that such a course has the active sympathy of the Local Government Board, no difficulty is anticipated in obtaining the necessary powers. That some expense will be entailed in dealing with such cases is inevitable. Some provision has been made, however, from Imperial funds,

and considering the comparatively slight incidence of the disease in the Borough, the call for financial help will not be serious. If we can spend with equanimity more than a thousand pounds per annum in the isolation of a now comparatively harmless disease such as Scarlet Fever has proved itself to be, we can surely spare a little for the eradication of a complaint which is so ruthless and so poverty-producing.

Amongst the information asked for by the Local Government Board is a statement as to the amount of sanatorium and hospital accommodation available for early, intermediate, and advanced cases of pulmonary tuberculosis. The Warneford Hospital is the only institution in the Borough affording accommodation for these cases. Without consultation with the Honorary Medical Staff and the Committee of Management, I am quite unable to discuss in detail the potential capacity of the Hospital to deal with these several types, but I am of the opinion that all the accommodation we require could be adequately provided without straining the relations which exist between all concerned.

In connection with the National Insurance Act, Mr. Lloyd George appointed in February, 1912, a Departmental Committee "to report at an early date upon the considerations of general policy in respect of the problem of Tuberculosis in the United Kingdom, in its preventive, curative, and other aspects, which should guide the Government and local bodies in making or aiding provision for the treatment of Tuberculosis in sanatoria or other institutions or otherwise." The Committee, of whom Mr. Waldorf Astor, M.P., is Chairman, have now issued an important interim report, outlining a general scheme of co-ordinated effort for the prevention, detection, and treatment of the disease.

In their view, any scheme which is to form the basis of an attempt to deal with the problem should provide:—

1. That it should be available for the whole community.
2. That those means which experience has proved to be most effective should be adopted for the prevention of the disease.
3. That a definite organisation should exist for the detection of the disease at the earliest possible moment.

4. That, within practicable limits, the best methods of treatment should be available for all those suffering from the disease.

5. That, concurrently with the measures for prevention, detection, and treatment, provision should be made for increasing the existing knowledge of the disease and of the methods for its prevention, detection, and cure by way of research.

In addition to the medical profession and to voluntary societies, the existing bodies at present engaged, in greater or less degree, in dealing with tuberculosis in England and Wales are County Councils, sanitary authorities and joint hospital boards, local education authorities, Poor-Law authorities, and the Metropolitan Asylums Board. It is noted that several county medical officers of health have already drawn up schemes for dealing with Tuberculosis in their area in anticipation of the work which may devolve on County Councils under the National Insurance Act.

GRANTS FOR SANATORIA.—By the passing of this Act, which deals with (1) treatment, (2) erection of sanatoria and other institutions, (3) research, and (4) education, the resources for attacking the problem, remark the Committee, have been strongly reinforced. On the assumption that some 14,000,000 persons will become insured, the income of insurance committees for the treatment of sufferers from tuberculosis should amount to about £880,000 per annum (excluding the sum, estimated at £58,800, appropriated to research). A total of £1,500,000 has been set aside for establishing and aiding sanatoria and kindred institutions, and on the basis of population this will be apportioned roughly as follows: England, £1,116,000; Wales, £81,000; Scotland, £158,000; Ireland, £145,000.

An important point with regard to treatment under the Insurance Act is emphasised by the Committee. "The expression 'Sanatorium Benefit' in the Act is not used in the restricted sense of a course of treatment carried out in an institution called a sanatorium. In the same way the expression 'Sanatorium Treatment' has an equally wide significance. The principles of treatment, which have been elaborated for the most part in sanatoria, have a wide application outside these special institutions. The

advantages of this form of treatment can, in many instances, be given to patients who are living in their own homes or in shelters.

"In some of these cases it may be desirable to secure that the patient should be provided with additional food, or a separate room or bed, in order to ensure efficient treatment. Under suitable conditions, especially if the treatment is being carried out under the advice of a medical man with special knowledge of modern methods, home treatment may be, in all essentials, sanatorium treatment."

It is added that the success of treatment in sanatoria has, no doubt, been adversely influenced in the past by (1) the ignorance of the public concerning the significance of early symptoms; (2) the lack of facilities for early diagnosis; (3) the admission to and continued treatment in sanatoria of unsuitable cases; (4) ineffective or insufficient after-care; (5) the fact that so many sanatoria have been unable to attract the services of medical officers possessing an expert knowledge of the work, and that in consequence many sanatoria have been conducted as convalescent homes rather than as institutions in which efficient treatment has been given.

OUTLINES OF SCHEME.—The scheme recommended by the Committee is intended to complete existing public health administration in respect of Tuberculosis, and is based on the establishment and equipment of two units related to the general work carried on by medical officers of health working in harmony with the general practitioner. These are:—

1. The Tuberculosis dispensary, or an equivalent staff.
2. The sanatoria, hospitals, &c., in which institutional treatment is given.

In the Committee's opinion, the Tuberculosis dispensary should be the common centre for the diagnosis and for the organisation of treatment of Tuberculosis in each area, at which the various bodies and persons connected with the campaign would be brought together. The aim should be that no single case of Tuberculosis should remain uncared for in the community, and that whatever services the scheme provides should be available for all cases of the disease. The Tuberculosis dispensary should be linked up to the sanatoria, hospitals, farm colonies, open-air schools, &c., comprising the second unit, for which it would act as a clearing-house.

In a general way the function of the Tuberculosis dispensary would be to serve as (1) receiving house and centre of diagnosis, (2) clearing-house and centre for observation, (3) centre for curative treatment, (4) centre for the examination of "contacts," (5) centre for "after-care," (6) information bureau and educational centre. Without committing themselves too definitely to a figure, the Committee think that one dispensary will be required in the immediate future for every 150,000 to 200,000 of the population in an urban area. In rural districts where the population is scattered it could usually only serve a smaller number. It is calculated that from 225 to 300 dispensaries will be required for the United Kingdom. The cost of adapting and equipping an existing building for the purpose should not exceed £250.

With regard to the second unit of the scheme, it is pointed out that hospital accommodation is required for a large number of persons: (a) For treatment and education; (b) in emergencies; (c) in acute disease for the purposes of observation until the character of treatment required can be ascertained; and (d) for patients with advanced disease not able to be nursed at home, under conditions that will ensure the patient's comfort and the safety of those about them.

It is strongly recommended that an individual sanatorium should contain not less than 100 beds. It is estimated that the gross capital outlay should not exceed £150 per bed, and that the cost of maintenance per bed would be from 25s. to 30s. a week. While experience alone can determine the actual requirements, the Committee think it advisable to provide in the immediate future one bed for every 5,000 of the population of the United Kingdom. On this basis some 9,000 beds will be required at the outset.

LOCAL ADMINISTRATION.—Special emphasis is laid on the necessity of having suitably qualified and experienced medical men for the senior appointments in dispensaries and sanatoria. The Committee are of opinion that preference should be given to registered medical practitioners of suitable qualifications and experience, and not less than 25 years of age, who have held house appointments for at least six months in a general hospital, in addition to a similar period of attendance at a special institution for the treatment of Tuberculosis. They should also be competent to supervise such laboratory work as may be necessary.

It is strongly urged that every effort should be made to enlist the co-operation of the medical profession generally throughout the country, particularly in relation to the early detection of the disease and its domiciliary and dispensary treatment.

Great importance is attached in the report to the proper treatment of children, since "the more the resistant power of children is increased the lighter will be the burden of Tuberculosis in the next generation." In their final report the Committee propose to recommend that a definite sum should be allocated for the provision of institutions necessary for children.

It is recommended that schemes dealing with the whole population should be drawn up by councils of counties and county boroughs, or by combinations of these bodies, at the earliest possible date, on the lines proposed in the report, with due regard to the incidence of the disease and the special conditions and circumstances of the area, and that, in framing complete schemes, regard should be had to all the existing available authorities, organisations, and institutions, with a view to avoiding waste by overlapping and to obtain their co-operation and inclusion within the schemes proposed. As regards London, it seems desirable to the Committee that it should be considered whether some of the sanatoria and hospitals required should not be provided by the Metropolitan Asylums Board, and whether dispensaries should not be provided by the Metropolitan Borough Councils.

While the local authorities should be legally responsible for the establishment and maintenance of schemes, it is suggested that they should appoint, in conjunction with the Local Insurance Committee, a consultative committee, to advise on matters pertaining to the starting and internal management of dispensaries.

Finally, it is recommended that the Treasury grant towards capital expenditure should be up to four-fifths of the sum required for dispensaries where the cost does not exceed £1 per 750 population, and up to three-fifths for sanatoria where the total sum does not exceed £90 per bed. The payment by the Insurance Committees for maintenance should take the form of a lump sum on an agreement for a term of years.

MEASLES.

The early part of the year 1911 was memorable on account of an extensive epidemic of measles. The incidence was highest in February, when 269 cases were brought to our notice. Of these 16 children died.

In my last Annual Report I discussed the subject in some detail, and strongly recommended the Health Committee to urge upon the Conjoint Hospital Board the desirability of admitting suitable cases for treatment at Heathcote. This they unanimously agreed to do, but before their recommendation could receive the approval of the Borough Council, the other constituent authorities were advised against it by their Medical Officer of Health.

According to the local Press, Dr. Tangye based his arguments against my suggestion upon the following grounds:—

- (1) That the admission of such patients would not prevent an epidemic, as the disease was infectious before the symptoms were visible.
- (2) That it was not at all agreed that clinically good results were obtained by isolation treatment.
- (3) That it had only been tried on a small scale by the Metropolitan Asylums Board, with somewhat disappointing results.
- (4) That with the present accommodation at Heathcote there would be grave risk of cross-infection.

I cannot for one moment believe that Dr. Tangye would wilfully mislead the Councils who look to him for advice, and can only attribute the attitude he assumed to a lack of appreciation of the real gravity of the question from our point of view. By a strange irony there has appeared in the professional journals since his adverse report a constant and increasing volume of evidence in favour of my Committee's recommendation. This is not the place in which to carry on an academical discussion upon the points raised, but I can assure you that not one of the arguments against our proposal can be supported by facts.

Measles and Whooping Cough have been treated in the Scottish Infectious Diseases Hospitals for more than half a cen-

tury. Last year, in Edinburgh, 758 cases were admitted to hospital for Measles alone, and in Glasgow the number was still larger. In a recent report of Dr. A. K. Chalmers an account is given of the effect of isolating these diseases in the latter city. A comparison is made in the report between Glasgow and the rest of Scotland. Figures are given covering the fifty years from 1855 to 1904. During that period the death-rate from Whooping Cough in Glasgow had been reduced by 35 per cent., whereas in the rest of Scotland where institutional treatment was not provided the reduction amounted to only 12 per cent. As regards Measles, there had been a reduction of 13 per cent. in Glasgow, while in the rest of Scotland the average annual rate was 16 per cent. higher in the last twenty years of the fifty than it was in the first thirty.

Apart from the lowering of the death-rate, Dr. Chalmers asserts that hospital isolation in Measles and Whooping Cough lessens the risk of complications which may permanently impair future usefulness. This aspect of the question is one which is far too often overlooked, but it is of the greatest importance, and might well be taken into consideration by those who are especially seeking to reduce the incidence of Tuberculosis in this country.

The Clerk of the Metropolitan Asylums Board informs me that in 1910 there were admitted into the Board's Infectious Diseases Hospitals 303 cases of Measles and 66 cases of Whooping Cough, but that in 1911 the number of the former was increased to 3,264, and of the latter to 1,225. The Board is evidently of the opinion that the "experiment" is worth continuing.

I have been in communication with a very large number of Fever Hospitals in this country and on the Continent where institutional treatment is provided, and without a single exception the greatest satisfaction is expressed as regards the result. Moreover, in no single instance has any difficulty been experienced on the score of cross infection.

Had my friend confined himself to the financial objections to the course suggested I would have had less to say; but even in this respect I can claim to have had sufficient experience to command respect. The whole of the objections raised by him were freely cited when it was first proposed to isolate Scarlet Fever,

and we all know what isolation has done in the reduction of the case mortality and the diminished virulence of the disease.

The question of cost suggests an examination of our fiscal relations with the Conjoint Hospital Board. By the courtesy of the Borough Treasurer I am enabled to present in tabular form what the township is paying towards the upkeep of this establishment. It will be seen that her share of the general expense is out of all proportion to the benefits she receives. The establishment charges are divided amongst the constituent authorities on the basis of rateable values, not of population. I consider this a condition of iniquitous inequity. If it were possible to dissolve a partnership which presses so unjustly upon the Borough I would strongly recommend a disassociation from the institution, and the establishment of a municipal hospital of our own. In any case, an effort might be made to obtain a more equitable division of expenses in view of the fact that so small a proportion of the patients are sent by this Authority.

An analysis of the cost of the Hospital to Leamington from 1898 to 1911 inclusive shows that the average cost of maintenance per patient treated, exclusive of establishment charges, amounted to £5 3s. 4d., and the total cost inclusive of establishment charges to £16 1s. 2d. For the year 1911 the maintenance charge per patient had risen to £7 13s. 11d., and the total cost inclusive of establishment charges to £40 1s. 6d. The increase of maintenance charge would imply either the provision of a more liberal dietary, or a longer average detention in hospital of the patients treated. The latter is the more probable cause of increase, and demands some explanation. It is desirable that when complications have arisen in the case of any patient necessitating the prolongation of isolation beyond the customary period, some report of the case should be submitted to the Authority responsible for that patient.

If we consider the establishment charges only, we find that the average cost per head for the 14 years in question amounted to £10 17s. 10d. For the year 1911 this amounted to £32 7s. 7d. What extraordinary establishment expenses were incurred to account for this marked increase will probably be known to the members of the Conjoint Board. The position of the Borough in regard to these expenses is very unsatisfactory.

WARWICK JOINT HOSPITAL BOARD.
CONTRIBUTIONS BY LEAMINGTON T.C.
1891—1911.

Year ended 31st March.	No. of Patients.	Cost	Establishment Charges.	TOTAL.
		£ s. d.	£ s. d.	£ s. d.
1891		132 10 3	607 7 7	739 17 13
1892		53 18 11	371 16 10	425 15 9
1893		170 16 0	285 0 11	455 16 11
1894		152 13 7	962 4 2	1114 18 4
1895		610 3 2	535 3 6	1145 6 8
1896		524 17 9	761 4 9	1286 2 6
1897		242 7 7	603 6 8	845 14 3
1898	71	220 14 3	612 18 10	833 13 1
1899	108	504 0 2	628 5 3	1132 5 5
1900	30	214 13 4	600 1 8	814 15 0
1901	41	209 10 8	516 17 5	726 8 1
1902	93	403 8 7	770 0 3	1173 8 10
1903	103	653 12 2	788 5 1	1441 17 3
1904	85	477 16 1	732 15 0	1210 11 1
1905	83	491 10 10	841 8 9	1332 19 7
1906	35	180 5 6	900 8 6 *99 18 9	1180 12 9
1907	116	359 1 11	826 13 5	1185 15 4
1908	121	577 2 10	957 9 11	1534 12 9
1909	36	377 17 10	931 16 0	1309 13 10
1910	60	333 17 6	889 18 9	1223 16 3
1911	28	215 9 8	906 13 6	1122 3 2
		7106 8 7	15129 16 1	22236 4 8

*For provision of a working balance.

CASES OF NOTIFIABLE INFECTIOUS DISEASE
REPORTED IN EACH MONTH OF THE YEAR 1911.

	Smallpox.	Scarlatina.	Diphtheria.	Enteric F.	Puerperal F.	Erysipelas.	Phthisis.	TOTALS.
January	2	...	...	...	4	...	6
February	1	1	...	..	1	...	3
March	2	...	2
April	4	...	...	...	2	...	6
May	3	...	...	...	...	2	5
June	1	...	...	1	...	2	4
July	1	...	...	...	9	10
August	3	3
September	1	...	...	...	...	...	1
October	12	...	...	...	1	3	16
November	9	1	...	...	...	2	12
December	1	...	1	...	2	2	6
	...	34	3	1	1	12	23	74

CASES OF NON-NOTIFIABLE INFECTIOUS DISEASE
REPORTED IN EACH MONTH OF THE YEAR 1911.

	Measles.	Whooping-Cough.	Chickenpox.	Mumps.	Ringworm.	Impetigo.	Scabies.	TOTALS.
January ...	163	6	4	15	8	9	3	208
February ...	269	3	...	3	9	8	3	295
March ..	143	9	...	7	8	9	...	176
April ...	1	...	3	...	5	4	...	13
May ...	1	...	5	2	10	8	...	26
June ...	..	...	6	2	6	7	...	21
July ...	...	...	3	1	4	4	...	12
August ...	...	...	2	...	...	1	...	3
September ...	...	...	...	5	1	7	...	13
October ...	...	...	3	...	5	15	...	23
November ...	1	...	10	...	3	7	...	21
December ...	...	...	6	...	5	3	...	14
	598	18	42	35	64	82	6	825

DEATHS FROM INFECTIOUS DISEASES,
1881—1911.

YEAR.	Whooping Cough.	Measles.	Scarlatina.	Diphtheria and Membr. Croup.	Enteric Fever.	Phthisis.	Cancer.
1881	8	1	5	2	1	29	—
1882	6	7	2	3	—	39	—
1883	1	—	3	2	1	31	—
1884	3	21	1	1	3	56	—
1885	4	1	—	1	1	44	—
1886	2	13	—	1	1	54	—
1887	2	—	1	2	1	35	—
1888	13	19	—	5	1	57	—
1889	3	2	—	10	3	37	—
1890	—	—	—	4	1	30	—
1891	10	—	—	2	—	35	—
1892	1	7	—	4	2	26	—
1893	3	—	—	2	3	30	—
1894	3	—	—	3	—	25	—
1895	2	1	—	2	1	29	—
1896	8	1	—	2	2	30	—
1897	1	—	—	3	1	26	—
1898	—	2	3	6	—	22	—
1899	1	—	—	2	1	48	—
1900	4	—	—	3	1	28	28
1901	—	—	2	—	2	20	26
1902	3	—	1	1	—	17	22
1903	4	—	—	1	—	16	29
1904	1	—	1	—	1	26	30
1905	5	3	—	1	—	18	32
1906	3	1	—	2	—	13	26
1907	1	—	1	3	—	20	39
1908	3	2	—	5	—	21	35
1909	7	—	—	2	—	20	39
1910	7	2	—	2	—	24	34
1911	2	16	—	—	—	14	32 51

THE NEW HEALTH OFFICES.

Had it not been for the accommodation provided by the above, it would have been quite impossible to have attempted the amount of work actually performed throughout the year by my staff. As it is, I sometimes find our resources severely taxed. The acquisition of the new premises was more than justified, and I think we may justly claim to have preserved the amenity of Hamilton Terrace to the satisfaction of our neighbours.

THE MUNICIPAL LABORATORY.

The Municipal Laboratory has been fully occupied throughout the year. The almost total elimination of Diphtheria necessarily implied a marked reduction of the examination of throat swabs. There has been, however, a considerable increase of work other than that usually undertaken by laboratories of this description, and this additional work has been welcomed as indicating an increasing desire on the part of the medical faculty to take advantage of the facilities provided within the Borough. The "other examinations and preparations" are mainly concerned with the bacteriological examination of milk and water, the cutting and staining of pathological sections, the enumeration of blood counts and agglutination tests of organisms other than the *Bacillus Typhosus*, Cammidge's, Diazo, and Wasserman's Reactions, the qualitative and quantitative estimations of Urines, and the preparation of Vaccines. Many examinations have also been made as to the condition of sewer rats. With the exception of Trypanosomiasis, which, in the majority of cases, seemed to have few pathological effects, the rodents of the district are remarkably healthy. My supplies of material have fallen short of what the popular idea would lead me to expect.

As in previous years the whole of the culture media, solutions, stains, swab outfits, etc., have been prepared on the premises. Swabs and other material received after office hours, but before 10 p.m., have been reported upon early the following morning. Sputa and other specimens not requiring the preparation of cultures have been examined on the day of receipt. The compulsory notification of all cases of Pulmonary Consumption will naturally cause an increase in this department of the work.

**THE WORK OF THE MUNICIPAL LABORATORY
FOR 1911.**

		1910	1911
SWABS, from Throats, examined for Diphtheria			
Positive	...	75	10
Negative	...	436	208
Doubtful	...	6	8
SPUTA, examined for Tubercle.			
Positive	...	9	10
Negative	...	46	26
Doubtful	...	—	12
Pus, Urine, etc., examined for Tubercle.			
Positive	...	—	1
Negative	...	5	8
Doubtful	...	—	—
Blood, examined for Typhoid.			
Positive	...	3	—
Negative	...	8	13
Doubtful	...	1	2
Hair, Skin, etc., examined for Ringworm.			
Positive	...	36	22
Negative	...	10	12
Other examinations and preparations		75	196
		710	528

WATER SUPPLY.

PUBLIC SUPPLY.—The public service of the Borough, supplied under the Public Health Act, is derived from two deep wells sunk in the water-bearing strata of the new red sandstone formation—the Campion Hill Well, about three-quarters of a mile from the centre of the town, and the Lillington Well on the Rugby Road, just on the confines of the Borough. The whole of the District is supplied with water from a piped service direct to the houses. The daily consumption per head is 25.26 gallons. The total quantity of water pumped from the two wells in 1911 was 249,676,116 gallons.

The following are the results of Analyses performed by Dr. Thresh in November, 1911:—

CAMPION TERRACE WELL.

Hardness (by Clarke's Standard)—

Temporary	...	...	16.4 degrees.
Permanent	...	...	14.3 „
			<hr/>
Total	...	...	30.7 „
Free Ammonia	...	...	0.006 parts per 100,000.
Organic Ammonia	...	...	0.003 „ „ „
Oxygen absorbed in 3 hrs.	...	...	0.02 „ „ „
Nitrites	...	...	Nil.

“The water is derived from an exceptionally pure source.”

LILLINGTON WELL.

Hardness (by Clarke's Standard)—

Temporary	...	...	11.2 degrees.
Permanent	...	...	9.8 „
			<hr/>
Total	...	...	21.0 „
Free Ammonia	...	...	0.003 parts per 100,000.
Organic Ammonia	...	...	0.003 „ „ „
Oxygen absorbed in 3 hrs.	...	...	0.014 „ „ „
Nitrites	...	...	Nil.

“An exceedingly pure new red sandstone water of the best type.”

The supply is constant and, though hard, of excellent quality. Storage Reservoirs are not required, and the Service Reservoirs have a total capacity sufficient for about one-and-a-half days' supply, the Campion Hill Reservoir accommodating 1,000,000 gallons, and the Lillington 100,000.

PRIVATE SUPPLIES.—At the end of the year 1911 there were 29 houses supplied with water from private sources. Of these 2 had shallow wells in addition to the public supply, and 27 had shallow wells only. The following list shows the situations of the houses referred to:—

No. 1 District—10 houses.

No. 2 District—19 houses.

Tachbrook Road—Nos. 61 and 63 (Well and Town Water).

Tachbrook Road.—Nos. 53, 55, 57, 59, 65, 67, 69, and 71.

Rushmore, Sydenham, Windmill, and Shrubland Hall Farms.

Radford Road—Nos. 109, 111, and cottage at end.

Ranelagh Street—No. 13.

Leam Street—Oak Cottage, No. 4.

It is to be hoped that the above will fall into line with the district generally at an early date.

Shallow-well water is always to be regarded with suspicion. Such water may be perfectly palatable, and may even present a bright, sparkling appearance. It should be remembered, however, that the last-mentioned quality may be due to gases produced from the decomposition of organic matter contained in it, or to contaminated soil. There can be no reasonable excuse for the non-supply of wholesome town's water in those houses where the town mains pass the doors.

WATER MAINS.—For distributing the town's supplies of water for domestic purposes 34 miles, 6 furlongs, and 173 yards of mains have been laid. In addition to these, some $7\frac{1}{8}$ miles are used for supplying river water for flushing sewers, watering roads, and other purposes. The total lengths of water mains in the Borough, therefore, amount to 41 miles, 7 furlongs, 166 yards.

IS HARD WATER INJURIOUS?

I am frequently asked whether the hard water of Leamington is injurious. It is said that when the mineral constituents of water are abundant they are apt to engender discomfort or even disease. For example—it is stated that persons who, during the greater part of the year, are accustomed to the use of soft water for potable or culinary purposes, are very liable to gastro-intestinal disturbances when they remove for a temporary visit to a district where the water is hard; and especially is this supposed to be so in rheumatic or gouty subjects. Again, Goitre, or “Derbyshire neck,” has for ages been attributed to the constant use of hard water. Some observers attribute this affection to the calcium and magnesium sulphates, and others to certain metallic sulphides such as iron.

I am somewhat sceptical as to the alleged harmful results of a hard domestic water supply. My own observations do not confirm the reports as to gastro-intestinal disturbances amongst those previously accustomed to soft water, and my medical colleagues are apparently unable to attribute any marked tendency to stone to the hardness of our water. Three years ago I had to report many cases of advanced Thyroid Glands among the children examined at the Schools. I then drew attention to the fact that by far the larger proportion of cases were drawn from the Lillington district, where the water has 9.7 degrees less of hardness than that supplied to the rest of the Borough. In neither sources of supply have we any of the metallic sulphides. I was inclined to believe then, and I have since had no reason to alter my opinion, that these simple goitres were not due to the mineral constituents of the water.

Among the most recent researches on this subject are those of McCarrison, who has had exceptional opportunities of studying goitrous conditions in the Chitral and Gilgit valleys of India. From his observations he concludes that, though water is apparently the vehicle of spreading the disease, the goitre-producing element is not a dissolved ingredient, but is probably organismal.

Our experience would indicate that simple boiling of the water renders it quite innocuous. Some of my friends have used intestinal antiseptics with good effect. Giving the children boiled

water to drink has remarkably reduced the prevalence of this condition in both districts of the Borough.

Another condition which has been ascribed by some authorities to the continued use of hard water is a marked tendency to exfoliating skin diseases. Psoriasis and seborrhœic dermatitis are undoubtedly somewhat common in Leamington, but I am not convinced that the prevalence of these conditions has anything to do with the water supply.

HOW TO SOFTEN THE WATER.

The use of hard water for laundry and toilet purposes is, however, attended by economic and other disadvantages, and I have been frequently consulted as to the means of obviating these. For this purpose several processes are in vogue, all more or less modifications of Clark's lime process. These all very efficiently accomplish their object, as far as the temporary hardness is concerned. The Desrumaux process aims at more than this, and has been adopted in several places on the Continent. By this method, whilst the temporary hardness is removed by means of slaked lime, a large degree of the permanent hardness is eliminated by adding a solution of sodium carbonate.

None of the foregoing are very suitable for treating water on a small scale, but I have recently had an opportunity of testing the efficiency of a method eminently adapted for the requirements of the small consumer. This is the "SODIUM-PERMUTIT" process. When Leamington water is filtered through a bed of Sodium-Permutit the whole of the sodium is exchanged for the calcium and magnesium, the soluble salts sodium bicarbonate and sodium sulphate taking the place of the insoluble calcium and magnesium salts. When the "permutit" is exhausted, it is restored to its former condition by running salt-water (sodium chloride solution) through the filter. It will be seen, therefore, that the softening medium is practically inexhaustible, salt-water only being required to regenerate it. By this process all the hardness, both permanent and temporary, can be removed. Various sizes of apparatus for domestic purposes are supplied at a very moderate cost. The action is quite automatic, the apparatus requires very little attention, and our 30 degrees of hardness can readily be reduced to 0 degrees.

GALLONS OF WATER

PUMPED FROM 1ST JANUARY TO 31ST DECEMBER, 1911.

CAMPION TERRACE AND LILLINGTON WELLS.

	CAMPION TERRACE.	LILLINGTON.
January	10,724,357 gallons.	6,908,400 gallons.
February	13,321,252 „	4,792,750 „
March	12,425,947 „	4,905,800 „
April (5 weeks) ...	12,675,429 „	9,575,050 „
May	13,224,869 „	5,994,000 „
June	12,333,240 „	8,272,600 „
July (5 weeks) ...	16,486,845 „	11,118,800 „
August	12,735,527 „	8,688,700 „
September (5 weeks)	16,061,742 „	8,510,350 „
October	12,280,796 „	5,005,900 „
November	12,482,446 „	5,923,250 „
December (5 weeks)	17,439,016 „	7,789,050 „
	<hr/> 162,191,466 „	<hr/> 87,484,650 „

Average consumption per head per day for the year, 25.26 gallons.

WATER AND SEWAGE.

The watering of the roads during the late exceptionally dry season was well carried out, but the tarring especially was appreciated. In a district like our own, where the motor traffic is exceptionally heavy, it is very essential that dust-allaying should be assiduous. Of main roads (contributed to by the County Council) there are 5 miles, 4 furlongs, 140 yards; and of others 30 miles, 7 furlongs, 138 yards—a little over $36\frac{1}{2}$ miles in all.

The flushing of the sewers of the Borough has been carried out systematically throughout the year by means of water-carts of 400 gallons to the load, and direct by hydrants. In using the latter it is customary to allow 10 minutes per flushing, equivalent to a delivery of 1,600 gallons at each valve operation. Of such there were 486 in the year 1911. The loads of river water used in addition amounted to 5,866. The total quantity of water expended in flushing sewers, therefore, amounted to 1,837,600 gallons. The following table gives the number of loads of 400 gallons each consumed for each month in the year:—

SEWER-FLUSHING BY RIVER WATER, 1911.

January	397	April	315
February	535	May	398
March	449	June	515
First Quarter ...	1381	Second Quarter ..	1228
July	577	October	509
August	566	November	467
September	632	December	506
Third Quarter ...	1775	Fourth Quarter ...	1482

During the year 1911, 44,461 sq. yds of Foot-ways and 352,942 sq. yds. of Carriage-ways were tarred, 63,196 gallons of tar being consumed. 5,964,300 gallons of water were used for watering the streets. 1,811 loads of snow were removed from the streets.

NUMBER OF LOADS OF HOUSE REFUSE DESTROYED.

January	913	July	821
February	700	August	658
March	698	September	620
April	658	October	701
May	861	November	761
June	620	December	761
			8,717

SEWAGE DISPOSAL.

The sewage of the community is disposed of by broad irrigation on farm land at Heathcote. This method of sewage-purification is in operation in many small towns, but the system cannot be deemed successful or efficient. Clayey or dense soils are quite unfitted for the purpose. The system is apt to fail in times of severe rainfall and frost, and in warm weather the area of irrigation is liable to become objectionably odorous. In the case of Leamington Spa the system has quite outgrown its suitability.

It is common knowledge that the land at Heathcote is "soured" by the continuous application of sewage. In the

summer season the immediate vicinity is at times malodorous beyond description. When I casually mentioned the fact to a group of sanitarians in Dresden last year that our Isolation Hospital was situated practically in the midst of the sewage farm they politely refused to credit it; and yet this is so. I am told that the Hospital Authorities are unaware of any unpleasantness. I am compelled to confess that I cannot believe it.

Irrespective of the undesirability of having a sewage farm in the immediate neighbourhood of a Fever Hospital, which at all costs should be preserved from the likelihood of septic influences, the present process of sewage purification is distinctly detrimental to the interests of the Borough. The slope of land utilized for irrigation purposes is ideally situated for residential purposes. The deservedly increasing popularity of the Whitnash Golf Links is, in my opinion, a most valuable asset for the Borough's prosperity, and it is well within the realms of possibility that at no distant date the south portion of the district may prove especially attractive to future visitors and residents. But I am persuaded that this will never come to pass whilst the present obsolete system of sewage purification is in vogue.

The need for a modern process is clamant, and of the artificial methods the Biological is undoubtedly best suited for the requirements of Leamington. The character of the sewage to be disposed of—the practically total absence of trade refuse—is entirely in favour of the Biological system, excellent examples of which can be seen in our own neighbourhood. The cost of installation is by no means likely to be as great as is anticipated, and in the best interests of the Borough as a health and pleasure resort, I do hope that the Health and Sewage Treatment Committees will thoroughly investigate the matter before deciding to perpetuate a scheme which, I freely admit, may entail less immediate expenditure, but which will probably have to be discarded in the long run.

Whilst on this subject I would draw your attention to the fact that the river Leam is seriously polluted by the sewage of the rural districts higher up the stream. The Cubbington Brook and various houses and farmsteads near its banks discharge crude material of a most offensive type directly into it. When the volume

of water is small, which invariably happens when we have most visitors in the Borough, the effects of this contamination are painfully evident.

GALLONS OF SEWAGE

PUMPED FROM 1ST JANUARY TO 31ST DECEMBER, 1911.

January	29,506,810 gallons.
February	28,610,900 „
March	29,131,750 „
April (5 weeks)	33,953,420 „
May	27,264,375 „
June	25,369,205 „
July (5 weeks)	32,838,240 „
August	27,442,085 „
September (5 weeks)	33,828,740 „
October	26,390,280 „
November	28,734,270 „
December (5 weeks)	35,437,660 „
Total Number of Gallons ...	358,507,735 „

PUBLIC SANITARY CONVENIENCES.

In response to my appeal for the provision of more public sanitary conveniences in the Borough a Special Sub-Committee was formed to consider the matter. It was decided to recommend an extension of the offices situated in Adelaide Road, and the erection of new offices on the triangular piece of ground below the parapet at the Victoria Bridge. The Adelaide Road extension has been approved of, but the alterations in progress at the Post Office will so materially interfere with the plans suggested at the Victoria Bridge as to necessitate the withdrawal of the scheme. It is to be hoped that arrangements can be made for suitable underground accommodation in the neighbourhood of Euston Place. This would probably obviate the necessity of providing such offices at the top of the Parade, and would ensure the closure of the extremely unsatisfactory premises in the Town Hall Yard. I much regret that the present accommodation at the Victoria Park has been deemed sufficient for the requirements. I am still of the opinion that the provision here is wholly inadequate, and that when the Park is much frequented, as in the summer time,

the deficiency is responsible for the creation of a positive nuisance. I cannot reasonably expect that all these sanitary improvements can be carried out in one season, and I trust that the subject may come up for reconsideration at a later date.

A recommendation was forwarded to the Pump Room Committee that they might feel justified in furnishing lavatory accommodation at the Pump Rooms. Considering how popular the Annexe has proved to be, one would think that there would be little difficulty in providing their patrons with the facilities for a wash and a "brush up." I cannot understand why the Corporation should be less disposed to study the convenience of their customers than private refreshment caterers, and anticipate the time when visitors will be encouraged to frequent the Pump Rooms, if only for the purpose of augmenting the revenue by indulging in a twopenny wash. The weary and dusty stranger can sip a cup of delicious tea or coffee to the strains of the finest music in the Midlands; but I contend that he can never attain the perfect enjoyment of such a happy combination until he is first permitted to divest himself of his grime.

SANITARY WORK OF THE YEAR.

On the 24th of July, 1911, the approval of the Local Government Board was received for the more equitable division of the Borough into Districts 1 and 2. This has been accomplished, Regent Street being the dividing line instead of the River as hitherto. The new arrangement has greatly facilitated the administration of the Health Department. The addition of a Clerk has also contributed much to the harmonious working. I am especially indebted to him for invaluable assistance in the clerical part of the School work, and in the keeping of the Meteorological records.

During the year 146 complaints were received and attended to, 53 being from No. 1 District, and 93 from No. 2. The total number of Notices served was 366, of these 169 being in No. 1 District and 197 in No. 2. It was found necessary to serve 6 Statutory Notices. The Notices complied with in the two Districts

were 168 and 176 respectively. Seven cases of overcrowding were abated.

Many and curious complaints are made at the Health Office in the course of the year, some very trivial perhaps, but others of great moment. The condition of the River was a frequent cause of complaint, and not without cause. If some better method of keeping it free from weed cannot be devised than that of cropping the tops occasionally, the sooner it is bridged over the better. I have had many letters from visitors expressing their astonishment that the beauty of the town should be marred by an unsightly pool of weed-choked water bubbling with the decomposition products of decaying vegetable matter. At times their complaints have not by any means been ill-founded.

Elsewhere I have commented upon the desirability of providing flushing cisterns to water closets. The lack of these is a genuine cause of complaint to many. Houses rented at seven shillings and sixpence per week are frequently without, and I do not consider it decent that women and girls should be compelled to fetch pails of water from the scullery with which to flush the closets. The provision of water-taps in the W.C.'s is constantly a source of nuisance when the washers become worn, and in any case the seats are liable to be rendered unusable. We require a Bye-law to enforce the supply of suitable flushing-cisterns.

During the hot weather I had numerous complaints about the inefficient removal of fish and poultry dealers' offal and other tradesmen's refuse. I am aware that special arrangements are in force for removing such. The small amount of money received for this service is nothing compared with the nuisance caused by its accumulation until sufficient has been gathered to justify the extra expense of removal in the eyes of the tradesman. During the summer months this material should either be disposed of by the Corporation free of expense, or we should have more plenary powers to deal with it. The profusion of the decomposing carcases of dogs and cats in the Canal has also been frequently brought to my notice. I suggest that the Highways Committee might profitably bestow their attention upon this highly important matter. By the time I can communicate with the Secretary of the Canal Company the bodies have usually drifted further down

the stream, but in the meantime they exist as a positive danger to the public health.

In some parts of the Borough the warm season is characterized by a plague of flies. This nuisance is almost invariably associated with the accumulation of manure and other refuse from mews, stables, and similar premises. I am well aware that it is sometimes difficult to persuade the farmers to dispose of this when they are more profitably employed; but it is very necessary that the removal of such material should be frequent during the summer months.

A considerable number of applications were received from persons changing residence who wished to have some guarantee that the houses they proposed to take were in good sanitary condition. It has been our custom to refer these applicants to builders competent to undertake the work; but where we have had any reason to believe that defects might exist we have, in the public interest, inspected the drains ourselves. A considerable amount of good work has been thus accomplished.

SUMMARY OF WORK EXECUTED IN No. 1 DISTRICT.

	1910.	1911.
Houses inspected under "Housing (Inspection of Districts) Regulations, 1910"	0	161
Complaints received	41	53
Inspection of work in progress	421	510
Re-inspections in relation to Nuisances under notice	204	253
Visits in relation to Notifiable Infectious Diseases	26	19
Visits in relation to Non-Notifiable Infectious Diseases	6	10
Patients removed to Heathcote Hospital	12	6
House Fumigations	68	37
Steam Disinfections	51	32
Notices to Librarian of Infected Houses	11	10
Visits to Tents, Sheds, Vans, &c.	107	176
Inspections of Factories and Workshops	121	110
" " Bakehouses	87	98
" " Laundries	37	44
" " Outworkers' Premises	23	17
" " Common Lodging-houses	101	165

Inspection of Slaughterhouses	414	456
„ „ Cowsheds and Milkshops	212	189
„ „ Foodshops and Premises	0	197
Visits to Offensive Trade Premises	34	56
Smoke Tests	83	43
Water Tests	57	82
Samples of Food and Drugs taken for Analysis ...	90	89
Drains Cleansed	21	35
Drains Repaired	13	21
Drains Reconstructed	36	49
New Drain Ventilators fixed	1	3
New Soil-pipes and Ventilators	29	25
Soil-pipe Ventilators repaired or renewed ...	7	9
Intercepting Traps fixed	24	29
Inspection Chambers built	17	21
Fresh Air Inlets provided	25	31
New Gullies fixed	76	130
New W.C. Pans and Traps fixed	49	57
W.C. Pans cleansed	22	18
Flushing Cisterns provided	18	28
W.C.'s repaired (Floors, Walls, Ceilings, Roofs)		
and cleansed	38	34
New Glazed Sinks fixed	19	25
Sinks repaired and New Waste Pipes provided ...	9	12
Bath-wastes disconnected	8	7
Houses repaired (Walls, Floors, Ceilings, & Roofs)	46	44
Houses cleaned (Walls and Ceilings)	73	53
House Spouting renewed	23	20
House Spouting disconnected	12	5
House-Overcrowding Nuisances abated	4	6
Sculleries and Wash-houses repaired	26	28
Soft Water Cisterns cleansed	22	19
Sanitary Receptacles provided	43	55
Boundary Walls repaired	4	3
Yards re-paved or repaired	20	40
Nuisances from Animals abated	3	10
„ Accumulation of Manure, &c., abated	15	16
Workshops cleansed	1	10
Bakehouses „	1	12
Laundries „	1	13

SUMMARY OF WORK EXECUTED IN No. 2 DISTRICT.

	1910.	1911.
Houses inspected under "Housing (Inspection of Districts) Regulations, 1910"	0	135
House-to-House Inspections under Public Health Act, 1875	193	76
Complaints received	75	90
Inspection of Work in progress	0	393
Re-inspections in relation to Nuisances under notice	533	314
Visits in relation to Notifiable Infectious Diseases	0	36
Visits in relation to Non-Notifiable Infectious Diseases	0	22
Patients removed to Heathcote Hospital	16	17
House Fumigations	56	40
Steam Disinfections	70	35
Vehicles disinfected (Swine Fever order)	0	197
Notices to Librarian of Infected Houses	0	22
Visits to Tents, Sheds, Vans, &c.	0	228
Inspections of Factories and Workshops	0	75
,, ,, Bakehouses	0	37
,, ,, Laundries	0	23
,, ,, Outworkers' Premises	0	28
,, ,, Slaughterhouses	343	318
,, ,, Foodshops and Premises	0	145
,, ,, Canal Boats	50	45
Visits to Offensive Trade Premises	0	48
Smoke Tests	198	90
Water Tests	25	43
Drains cleansed	17	19
,, repaired	66	53
,, reconstructed	25	30
New Drain Ventilators fixed	10	14
New Soil-pipes and Ventilators	7	2
Soil-pipe Ventilators repaired or renewed	13	6
Intercepting Traps fixed	8	21
Inspection Chambers built	2	6
Fresh Air Inlets provided	8	20
New Gullies fixed	47	76
New W.C. Pans and Traps fixed	69	63
W.C. Pans cleansed	11	26

Flushing Cisterns provided	7	19
W.C.'s repaired (Floors, Walls, Ceilings, Roofs) and cleansed	17	20
New Glazed Sinks fixed	27	42
Sinks repaired and New Waste Pipes provided ...	53	49
Bath Wastes disconnected	0	1
Houses repaired (Walls, Floors, Ceilings, & Roofs)	33	41
Houses cleansed (Walls and Ceilings)	48	30
House Spouting renewed	18	14
House Spouting disconnected	0	3
House-Overcrowding Nuisances abated	0	4
Sculleries and Wash-houses repaired	23	10
Soft Water Cisterns cleansed	4	11
Sanitary Receptacles provided	101	107
Boundary Walls repaired	22	7
Yards re-paved or repaired	19	41
Nuisances from Animals abated	7	8
„ Accumulation of Manure, &c., abated	12	13
Workshops cleansed	0	6
Bakehouses „	0	2
Laundries „	0	0

COMMON LODGING-HOUSES.

These are situated in Satchwell Street, 4 in number, and have accommodation for 100 lodgers. Considering the class of persons who use them, they are kept in a satisfactory manner. Limewashing of walls and ceilings and cleansing of floors is well carried out, as is also the washing of bedding, etc. Two notices for repairs of yard-paving and wash-houses, the provision of new flushing cisterns for defective ones, and the supply of 3 sanitary dustbins have been attended to, as well as the repair of bedroom floors and spouting.

165 visits, including night visits, were paid to them.

No cases of sickness or infectious disease were reported to me.

INSPECTION OF CANAL BOATS.

No. of Boats on Register, December 31st, 1911 ...	0
„ „ inspected during 1911	45
„ „ conforming to the Acts and Regulations	43
Infringements:—Overcrowding	1
„ Dilapidation	1
—	2

No. of Persons for which the Cabins were registered 156

No. of Persons occupying Cabins:—

Male Adults	...	...	...	...	...	70
Female Adults	...	...	...	...	...	29
Children over 5 years	...	...	...	...	...	9
Children under 5 years	...	...	...	...	...	11
						— 119

No application has yet been made to register any Canal Boat with this Authority.

H.M. Inspector of Canal Boats visited the Office once during the year, and after examining the Register and other books, expressed his satisfaction with the execution of the Canal Boats Acts in the Borough.

SLAUGHTERHOUSES AND OFFENSIVE TRADES.

During the year I have had an exhaustive investigation of the Slaughterhouses of the Borough. I have come to the conclusion that no good purpose would be served by publishing a detailed report in these pages. It would be better at the present time to embody the result of the investigation in a special report, and this I propose to do.

I wish to record my appreciation of the spirit with which we have been met by the members of the trade. Without exception my staff and myself have been most cordially received, and every possible facility has been placed at our disposal throughout the investigation. Both of our inspectors possess the Meat Inspectors' Certificate, and the confidence reposed in their judgment by the butchers and dealers is reflected in the fact that on no single occasion has it been necessary to appeal to me for a confirmatory diagnosis.

The losses sustained by the trade in respect of meat voluntarily surrendered have been heavy. As yet no system of insurance has been devised locally for the protection of the members. The Society of Master Butchers has usually subscribed with the object of lessening the losses of their unfortunate colleagues, and if your Committee could mark their approval of the trade's genuine desire to help us to maintain a high standard of wholesomeness of our meat supplies, by contributing to their surrender fund, it would be much appreciated.

In No. 1 District there are now 13 Slaughterhouses, of which 12 are registered (having been in existence as such previous to 1875), and the other is licensed annually. Three complaints were made during the year, the nuisances being abated immediately.

Three notices were served for the cleansing of the walls and floors of fasting-pens, repairs to doors and walls, and repairs to yard paving. These have been carried out. Limewashing and the removal of offal and garbage is well attended to.

Three premises are licensed for Tripe-cleaning and the preparation of Sausage-skins. These have been kept in a satisfactory manner. 512 visits were paid to Slaughterhouses and Offensive Trades' premises during the year.

In No. 2 District there are 11 Slaughterhouses—7 registered and 4 licensed annually. The premises have been maintained in a satisfactory condition, and numerous visits at the time of slaughtering have failed to prove any lack of skill on the part of the operators. I regret to state, however, that one instance of gross cruelty has been reported to me, and I am afraid that this is not an isolated case. 526 live animals were inspected in the fasting pens, and 507 carcasses in the Slaughterhouses. There are 3 Skin Stores and one set of premises licensed for Offensive Trades.

DISEASED AND UNSOUND FOOD.

SEIZED OR SURRENDERED.

NO. 1 DISTRICT.

- 1 Beast's Carcase—Tuberculosis.
- 1 Pig's Carcase—Tuberculosis.
- 3 Beasts' Livers—Distomatosis.
- 2 Pigs' Kidneys—Nephritis.

Sundry Beef, Mutton, Pickled Pork, Bacon, Sausages, Fish, Fruit and Vegetables, which had become unsound owing to the weather.

NO. 2 DISTRICT.

- 1 Beast's Carcase—Tuberculosis.
- 1 Beast's Liver—Tuberculosis.
- 4 Beasts' Livers—Abscesses.
- 2 Beasts' Lungs—Tuberculosis.

- 1 Sheep's Head—Inflammation.
 - 1 Sheep's Lungs, Heart, and Liver—Abscesses.
 - 3 Sheep's Livers—Strongyli.
 - 1 Pickled Tongue—Decomposition.
 - 4 Rabbits—Decomposition.
- Sundry Beef, Sausage-skins, Fruit, and Vegetables.

COWSHEDS, DAIRIES, AND MILKSHOPS.

There are 10 Cowsheds and 87 Dairies and Milkshops within the Borough. The milch cattle are turned out daily except during inclement weather, and are inspected monthly by your Veterinary Surgeon for any signs of ill-health.

189 visits were made during the year; 5 notices were given and attended to for cleansing and limewashing the Cowsheds, and 3 for cleansing the pathways and approaches.

Three notices were served and attended to for cleansing the floors, walls, and ceilings of Milkshops, and one for cleansing the milk utensils used. In three instances owners were cautioned for having wrong names and addresses upon the milk-carts in use.

No case of infectious disease was reported to me as having occurred at any of the dairies or milkshops.

AN IMPROVED MILK SUPPLY.

It has often been asserted that there will be no improvement in the conditions under which much of the milk supply of this country is produced until public opinion demands that such improvement shall be forthcoming. The extent of the uncleanness which prevails in connection with the production of milk is known only to those who are closely concerned with it, either as producers or as sanitary officials. If illustrations could be given representing the actual conditions under which, in many cases, the milk trade is carried on, the nature of the dirt found in milk as well as its sources, the result would prove a revelation to most people.

From an analytical standpoint the milk distributed in Leamington is, generally speaking, good. Occasionally we have to recommend prosecution for adulteration. I am not altogether

satisfied that the penalties inflicted are sufficiently severe to act as deterrents of a practice which should have the condemnation of every honest individual. One or two maximum fines would have a much better effect than a score of more or less nominal penalties. The shortage of the milk supply during the hot weather has been frequently urged as an excuse for "making up" the whole milk with "skimmed" milk. There would be less objection to this if the price of the commodity varied with its standard of composition, but in the absence of any such arrangement the adulteration constitutes a mean fraud which presses most hardly upon those who can ill afford it. It is the children, and especially the children of the poor, who suffer most from the mistaken clemency of the magisterial bench.

Milk may be chemically good and yet unwholesome. So long as the dairying trade is carried on in the unsatisfactory manner with which many of us are familiar, it will be necessary for milk dealers to resort to substances to preserve from decomposition that which should be produced under conditions which would enable it to keep fresh for a sufficiently reasonable period. With cleanliness and attention to other details preservatives should be unnecessary. Their use is a confession of uncleanly production, storage, or distribution. The visible filth in milk may be removed by screening through muslin, but this does not remove the bacteria. A more rigorous control over the conditions of production is desirable, and our efforts to produce this must be backed up by public opinion.

I have long dreamed of a central "clearing house" for the milk required for consumption in the Borough. It would be a very inexpensive matter to arrange for such a central office, where the churns could be screened and the individual supplies rapidly tested. If the chief suppliers would co-operate with a view to distribution from such a centre, the milk could be handed on to the retailer in suitable bottles, each bearing a municipal seal. The smaller dealers would in time be compelled to fall in; and the present abominable system of emptying the milk on the public highways, and of storing it in the customary dishes which invite contamination from the dust and flies, to say nothing of its subsequent dilution with water or skim, would be a thing of the past.

I have discussed the idea with some of our prominent producers, and have been assured of their cordial support. We only require encouragement from those whom the innovation will benefit most. Whatever the public asks for it will attain. I trust it will join in the "pure milk crusade," and by a total reformation of the conditions concerned in the supply of this indispensable article of food add another to the many attractions of this Borough.

In the meantime I have much pleasure in drawing attention to a remarkably ingenious contrivance invented by Mr. Charles Smith, of Bath, a brother of our townsman, Mr. S. Henry Smith, analytical chemist. It consists of a store receptacle for the milk in bulk, which the retail vendor can have installed in his shop or carry on his rounds. When once the churn is charged at the dairy it is so sealed that it cannot be interfered with without the knowledge of the proprietor. The lid is not removed until the receptacle is empty, thus preventing the possibility of the access of dust or other contamination, and incidentally, the substitution of water or skimmed milk for adulteration. By an ingenious arrangement the milk can be measured out automatically with perfect precision into pints, half-pints, or other quantities, and there is no actual handling of the commodity at all. I have formed a very high opinion of Mr. Smith's patent distributor, and hope it may be universally adopted.

ICE CREAM SHOPS.

These have been kept in a satisfactory condition during the year.

SALE OF FOOD AND DRUGS ACTS.

The following samples were taken for analysis:—

	Formal Samples.		Informal Samples.		Total.	
Milk	50	...	9	...	59
Butter	8	...	12	...	20
Cream	0	...	2	...	2
Cheese	1	...	2	...	3
Margarine	0	...	2	...	2
Lard	0	...	1	...	1
Coffee	0	...	1	...	1
Rye Flour	0	...	1	...	1
		59		30		89

Five samples of Milk were noted as of "poor quality," and fresh samples were taken from the vendors.

Four certificates of adulteration of milk were given by the Analyst, and three prosecutions were taken, resulting in convictions and penalties as follows, viz. :—

For Milk 18% deficient in fat	...	£2	2s.	od.,	including costs.
„ „ 13% „ „	...	£1	13s.	od.,	„ „
„ with 10% added water	...	£2	14s.	od.,	„ „

In the other case (11% deficient of fat and presence of "colouring matter") the vendor was cautioned by the Health Committee as to his future milk supply.

The Local Government Board have drafted regulations, which come into force on June 1st, 1912, prohibiting the use of preservatives in milk and cream. They provide that "no person shall add, or order or permit any other person to add, any preservative substance to milk intended for sale for human consumption, and that no person shall sell or expose or offer for sale, or have in his possession for the purpose of sale, any milk to which any preservative substance has been added." As to cream, the regulations provide that no person shall add, or order or permit any other person to add or sell—(a) any thickening substance to cream or preserved cream; (b) any preservative substance to cream containing less than 40 per cent. by weight of milk fat; (c) to cream containing 40 per cent. or more by weight of milk fat any preservative substance other than (1) boric acid, borax, or a mixture of those preservative substances; (2) hydrogen peroxide, in amount not exceeding 0.1 per cent. by weight, in any case in which the cream is intended for human consumption.

PIG-KEEPING IN THE BOROUGH.

The lengthy remarks in my last Annual Report on the Piggeries, and the insanitary conditions under which they were kept have been much criticised and, it is highly satisfactory to note, have had a distinctly salutary effect. Collectively a considerable amount of money is invested in the pig-keeping industry of the Borough. Most of the styes are on Allotments the holders

of which are working-men, whose efforts in the direction of thrift should in every possible way be encouraged. Since my last report several plots of Allotments have ceased to be held by individual tenants, and are now rented by Allotment Associations—a movement which seems likely to become universal. This is a distinct move in the right direction, for under Association rules the proper condition of the styes can be supervised by the vigilance committees, the members of which are on the allotments daily, and are, therefore, in a position to control any possible irregularity.

I have had many opportunities of discussing the subject with representatives of the Allotment-holders, and have been gratified with the manner in which they have co-operated with us in our efforts to prevent a repetition of the nuisances which called forth my original report. As evidence of their desire to do all in their power to assist in this laudable endeavour, I cannot do better than to reproduce here the Regulations as to pig-keeping formulated by the Shrublands Allotments Association, in the hope that similar regulations may be adopted by other local committees:—

“The Vigilance Sub-Committee appointed at the Annual General Meeting shall have power to supervise the erection of all the piggeries on the allotments, and shall inspect same when necessary, and report to the Committee of Management.”

“No new sty shall be allowed to be of any size smaller than 12ft. by 6ft., and shall not be less than 50 yards from the highways.”

“No drain hole (or pit) shall be allowed on any sty in any allotment less than 3ft. from the sty.”

“No pig shall be allowed to be moved outside the allotments on the public highways on Sundays, except in cases of emergency, and then it shall be before 8 o'clock in the morning.”

“The Association reserve to themselves the right to notify any pig-keeper upon the Shrublands Allotments that the piggery upon the land of the said member is in their opinion likely to create a nuisance; and to give that member notice in writing that it must be remedied within seven days. Failing this being done to the satisfaction of the Association, the Committee of Management shall have power to order the demolition of the sty and give the member one month's notice to quit.”

THE HOUSING AND TOWN PLANNING ACT, 1909.

This Act, which came into operation on December 3rd, 1909, has considerably increased the duties and responsibilities of the Health Department. The Local Government Board have issued an Order making Regulations with respect to the manner in which inspection of the district shall be carried out.

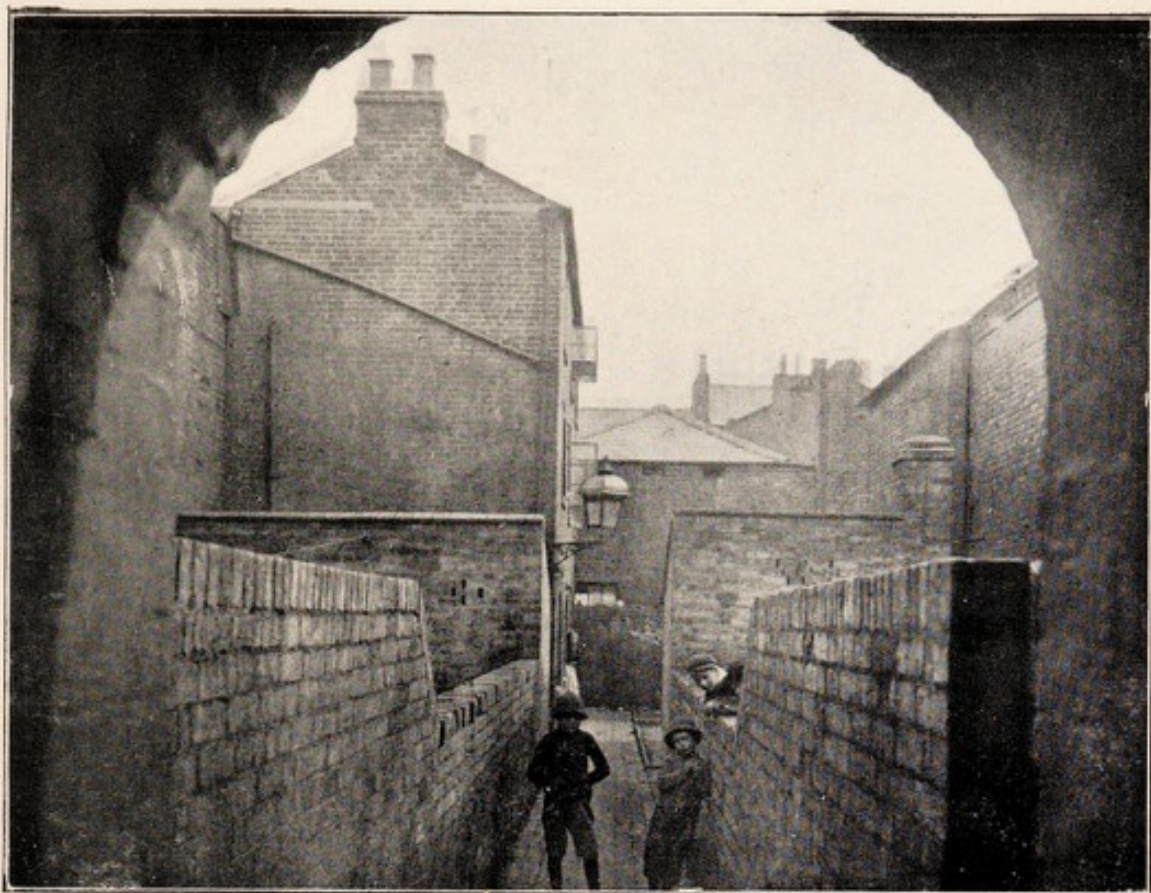
Article I., Sub-section 2, reads:—

“The Local Authority shall, as part of their procedure,
“make provision for a thorough inspection to be carried out
“from time to time according to the varying needs or circum-
“stances of the dwelling-houses or localities in the district of
“the Local Authority.”

Article II. of this Order enumerates the matters in relation to which inspection should be made; and Article III. prescribes the records to be kept of each inspection.

Article IV. directs the Local Authority to take these records into consideration at each meeting, and to give such directions for action as may be desirable; while Article V. requires the Medical Officer of Health to include in his Annual Report certain information and particulars as to the inspections made and the results.

Under the Act, in any contract made after December 3rd, 1909, for letting a house or part of a house in Leamington, at a rent not exceeding £16 per annum, there is now an implied condition that the house at the commencement of the holding was in all respects reasonably fit for human habitation; and further, by Section 15, that the premises shall during the holding be kept by the landlord in all respects so fit, unless the house or part of the house is let for a term of not less than three years, on the understanding that the lessee shall put the premises into a habitable condition. If Section 15 is not complied with the Town Council may order such work to be carried out as may be necessary to make the house or part of the house reasonably fit for human habitation, if in their opinion it can be rendered so fit; and in default of compliance with the order the Council may do the work themselves, and recover the cost from the landlord in a



A TYPICAL ENTRY.



WITHIN A STONE'S THROW OF NEWBOLD TERRACE.

SYNOPSIS OF INSPECTION UNDER THE HOUSING (Inspection of Districts) REGULATIONS

summary manner, subject to the right of appeal by the landlord to the Local Government Board.

If the Town Council are satisfied, on the representation of the Medical Officer of Health, that any house within their district is unfit for human habitation, they are compelled to make a Closing Order. This power is given under Section 17 of the Act.

Sub-Section 7 of Section 17 is an important one when Leamington, with its many basement rooms to the dwelling-houses, is considered. It reads as follows:—"A room habitually used as a sleeping-place, the surface of the floor of which is more than three feet below the surface of the part of the street adjoining or nearest to the room, shall for the purposes of this Section be deemed a dwelling-house so dangerous or injurious to health as to be unfit for human habitation, if the room either—

- (a) is not on an average at least seven feet in height from floor to ceiling; or
- (b) does not comply with such regulations as the Local Authority, with the consent of the Local Government Board, may prescribe for securing the proper ventilation and lighting of such rooms, and the protection thereof against dampness, effluvia, or exhalation: provided that if the Local Authority, after being required by the Local Government Board, fail to make such regulations as the Board approve, the Board may themselves make them; and the regulations so made shall have effect as if they had been made by the Local Authority with the consent of the Board."

It will be seen that it is not lawful to use certain of the many basement rooms in the Borough for habitual sleeping purposes. In other cases the rooms should only be used for such a purpose when they conform to the regulations governing them. Such regulations have not yet been made.

A REASONABLE STANDARD OF HABITABILITY.

It is a very difficult matter to determine what is a house which is unfit for human habitation. If the standard of habitability is pitched too high a very large number of houses even in Leamington would be represented as unfit. Were there houses

into which the means of the tenants would allow them to go many of them would have to be reckoned as uninhabitable. Some people are quite indifferent as to what kind of house they live in so long as they have not to pay a higher rent, which would prevent them from spending the money on drink. These are, I am thankful to say, comparatively few. Others would willingly live in better dwellings if they could afford to do so; they are respectable but poor, and are the victims of somewhat precarious livelihoods.

I have seen houses thoroughly repaired and cleansed, and within six months they have been as bad as ever they were. The tenants of such are only fit to live under the constant supervision of a caretaker. The law which makes it incumbent upon a landlord to provide a really habitable house, should also protect him by insisting that the tenant shall use the premises in a reasonably careful manner. One who fails to maintain the house he rents in a condition of cleanliness should be regarded as a danger to society, and dealt with accordingly.

Many of the houses in the older parts of the town have been converted from stables, coach-houses, or similar buildings not originally intended for human habitation. It is a thousand pities that these conversions should ever have been sanctioned. With external walls one brick thick, and with no damp courses provided, they are in their present condition quite unsuitable for such purposes. Of course, it cannot be denied that they can be rendered fit for habitation, but in many instances the cost would be prohibitive. Many of these are, again, of the back-to-back type, with no possibility of thorough ventilation. I have insisted upon the provision of suitable damp-proof courses where necessary, and have endeavoured to mitigate the evils of lack of ventilation by providing windows which can be opened. In some cases our requirements are such that they practically amount to closing orders. I am aware that this presses heavily upon the present owners; but it must be remembered that the property in question in the majority of instances has proved a lucrative investment for many years during the past. It cannot exist indefinitely. Too much has been taken out of it, and little or nothing returned, and this accounts for the decrepit and insanitary condition of much of the property of this type.



BACK-TO-BACK HOUSES OFF SATCHWELL STREET.



STABLES CONVERTED INTO HOUSES.

The surroundings of a house are of little less importance than the house itself. In the illustrations I have reproduced of the poorest dwellings in the Borough it will be observed that almost without exception the yards and passages have been well paved with impervious material—usually blue brick—undoubtedly to the advantage of the public health. Many of the courts in District No. 1 should be, however, entirely swept away, and the numerous unoccupied outbuildings demolished. It would be possible, at comparatively small expense, to restore to the area enclosed between Regent Street and Warwick Street many of the charming features which make Leamington generally a “garden city” of no mean worth.

INSPECTION OF DISTRICTS.

STRUCTURE OF WALLS AND ROOFS.—280 houses have been inspected under the Housing (Inspection of Districts) Regulations—all of them built of brick. The condition of the walls was good in 117, moderate in 149, and distinctly bad in 14. All of them had slated roofs, with the exception of 3 which were tiled. In the case of 108 of these the roofs were good, 159 moderate, and 13 in bad repair.

WATER SUPPLY.—Town's water is laid on for the supply of all the houses, in some cases several being served from one common tap. In addition 89 have soft water cisterns, the supply being quite satisfactory in 45 cases, but unsatisfactory in 44. 47 are furnished with pumps, but 22 of these were not in order at the time of inspection.

CLOSET ACCOMMODATION.—Generally speaking this is ample, there being 224 water closets for the 280 houses, 277 families of 1,036 persons actually using them. The hopper type of closet is invariably used. These, especially the long conical hopper, of which there are 53, have fallen into desuetude in modern times on account of the difficulty experienced in keeping them clean. It is almost impossible to clean the long hopper with any flush of water, although there is less objection to the short hopper provided the water-flush is sufficient. I am strongly of opinion that flush closets composed of one piece of earthenware should be insisted upon whenever a new closet is to be erected or an old one replaced. The trap and closet being combined there

are no joints liable to become loosened. A movable hinged seat and the absence of any surrounding woodwork are also very desirable. Of those inspected 34 seats and 26 hoppers were in a thoroughly bad condition.

In 28 instances the walls were more or less dilapidated; the roofs were bad in 44, and the floors broken and insanitary in 14. Although all the closets appeared to be efficiently ventilated, some of them are so dark that it is impossible to ensure them being maintained in a cleanly and wholesome manner. We could do with a special Bye-law insisting upon the more frequent limewashing of these conveniences.

The majority of the closets are not supplied with flushing tanks. In the case of a careful family this is not a very serious omission perhaps. The class of tenant inhabiting these houses is not proverbial for attention to details, and choked pans, sloppy seats and floors, and other undesirable conditions are more or less generally associated with the absence of a flushing cistern. The cost of providing tanks, and the liability of their getting out of order owing to misuse or to frost, are frequently urged against their more general adoption. These are difficulties which have been readily surmounted in other districts, and I fail to see why their use should not be more general here. On the whole I am anything but satisfied with the type of accommodation provided in the property in question.

HOUSE DRAINAGE.—The house drains pass under the house in 80 out of the 260 inspected, and in 268 they are not intercepted from the sewers, and therefore not ventilated. All the gullies are efficiently sealed, but in 31 houses gullies are situated inside the premises. In one instance there was evidence of rats.

SINKS.—36 houses had old brick sinks, and 62 those of stone, the remainder being of glazed earthenware. As regards the waste-pipes, 201 were not trapped but efficiently disconnected, and one was neither trapped nor disconnected. 14 of the sinks were in the living rooms.

YARDS.—The paving of these might be better. It was in fair condition only in 106, bad in 18, and good in 150. In the



WHERE ICE-CREAM FOR STREET HAWKING IS PREPARED.



A DERELICT IN THE MOST CONGESTED PART OF THE BOROUGH.

majority of cases the paving is direct upon the soil, 78 being upon mortar and 3 upon cement. Where wash-houses have been provided much might be done to improve them. Of a total of 184, 74 were condemned as in very bad condition, and 63 as moderate only. In some cases sheds and cotes were found. The 11 latter accommodated 62 animals of one kind or other. The practice of keeping poultry in the centre of the town must be an unmitigated nuisance to the neighbours, and I trust the time may come when such live-stock may be relegated to the allotments.

ASH-PIT ACCOMMODATION.—It is very necessary that a jealous eye should be kept upon the storage of house refuse. I am pleased to be able to say that the sanitary bin is becoming more firmly established. 39 ash-pits and 45 boxes were still in evidence, however, and 97 receptacles were without covers. In 10 cases the refuse has to be carried through the house. Of the 39 ash-pits 12 were condemned. 33 of the bins required renewing, and only one of the box receptacles was in good condition. It is in the best interests of the community that galvanized sanitary bins with efficient water-proof covers should be insisted upon.

DAMPNESS.—One of the worst features of the property inspected during the year is the prevalence of dampness. In some instances I have seen even the internal walls drenched and sodden. Ground-damp and wall dampness usually arise from absence or inefficiency of damp-proof courses in walls, and from the absence of an impervious layer between flooring and ground-level.

Of the 280 houses, 161 had no damp-proof courses whatever, and many of those which had were damp because they were inefficient. When we consider that some of the walls were only one brick thick, and were badly in need of re-pointing, we can only wonder that tenants were willing to inhabit them. They would not do so if they could get better housing for anything like the same rentals.

A glance at the synopsis will show what a large proportion of the houses were in a moderate condition only. In 174 the eaves were in a fair state, the down-spouting in 158, the inside condition of the walls in 105, the outside in 139, and the ground floors in 101. The inside walls of 28 per cent. of all houses inspected were in a very unsatisfactory condition, through damp-

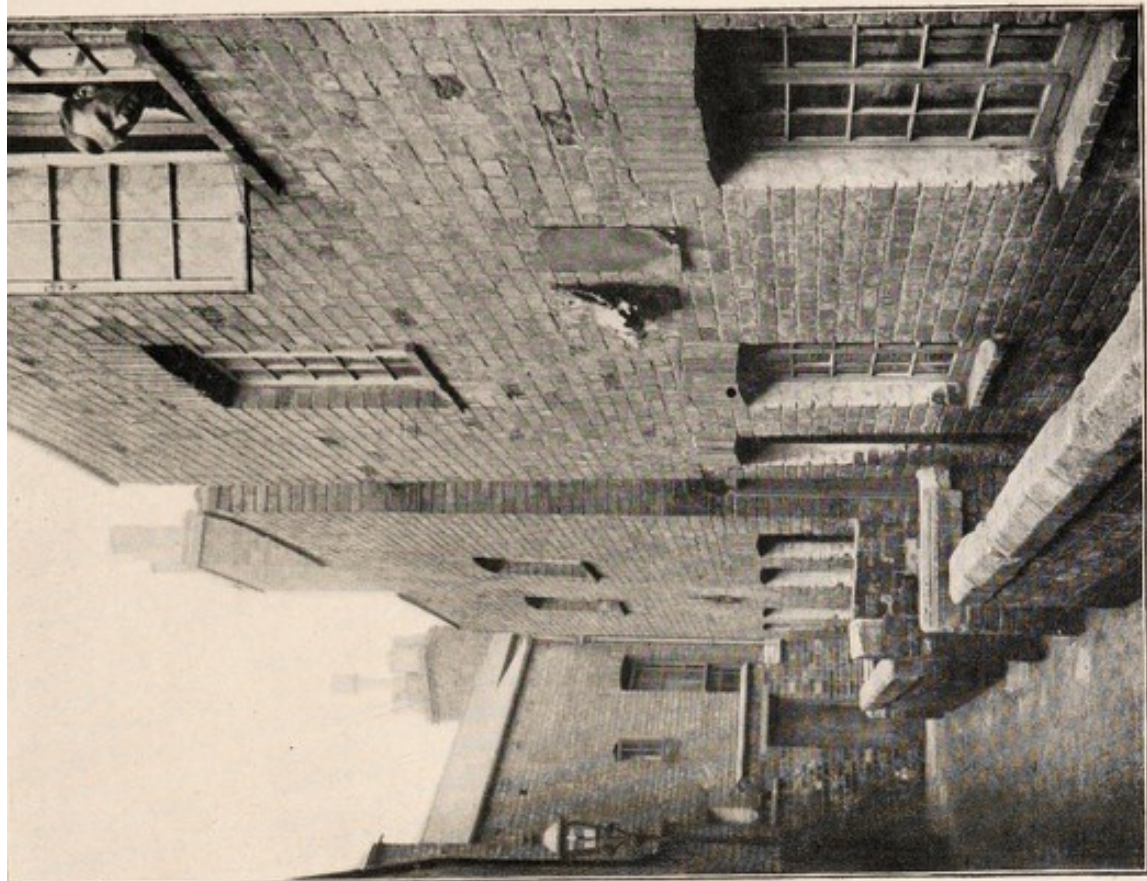
ness, general dilapidation, and want of cleanliness. In one-third of all the houses there was no means of procuring thorough ventilation.

As a result of the year's inspection many improvements have been effected, but more still remain to be done. Naturally a considerable amount of resentment has been aroused amongst the owners of the property. I have always been willing to discuss in detail the reasons for our requirements, but in some instances my offers have been received with scant courtesy, to say the least of it. This is perhaps inevitable. Whilst I have every sympathy for those who are largely victims of undesirable tenants, bent more upon destruction than imbued with any sense of obligation to keep their houses decently clean and wholesome, I feel strongly that much of the property is not worthy spending money upon. It will be good for Leamington when this is entirely swept away, and either replaced with hygienic dwellings, or the spaces left for the benefit of the survivors. I have long come to the conclusion that the money spent in educating the children is wasted in a measure whilst the home environment of so many is what it is. The brightness of the Schools and the wealth of our public parks and gardens are the only redeeming features. It is a poor tribute to the memory of one who practically laid the foundation of the Spa's prosperity that the street which now bears his name is held in such disrepute; yet Satchwell Street is by no means as bad as many of the courts and alleys in the neighbourhood.

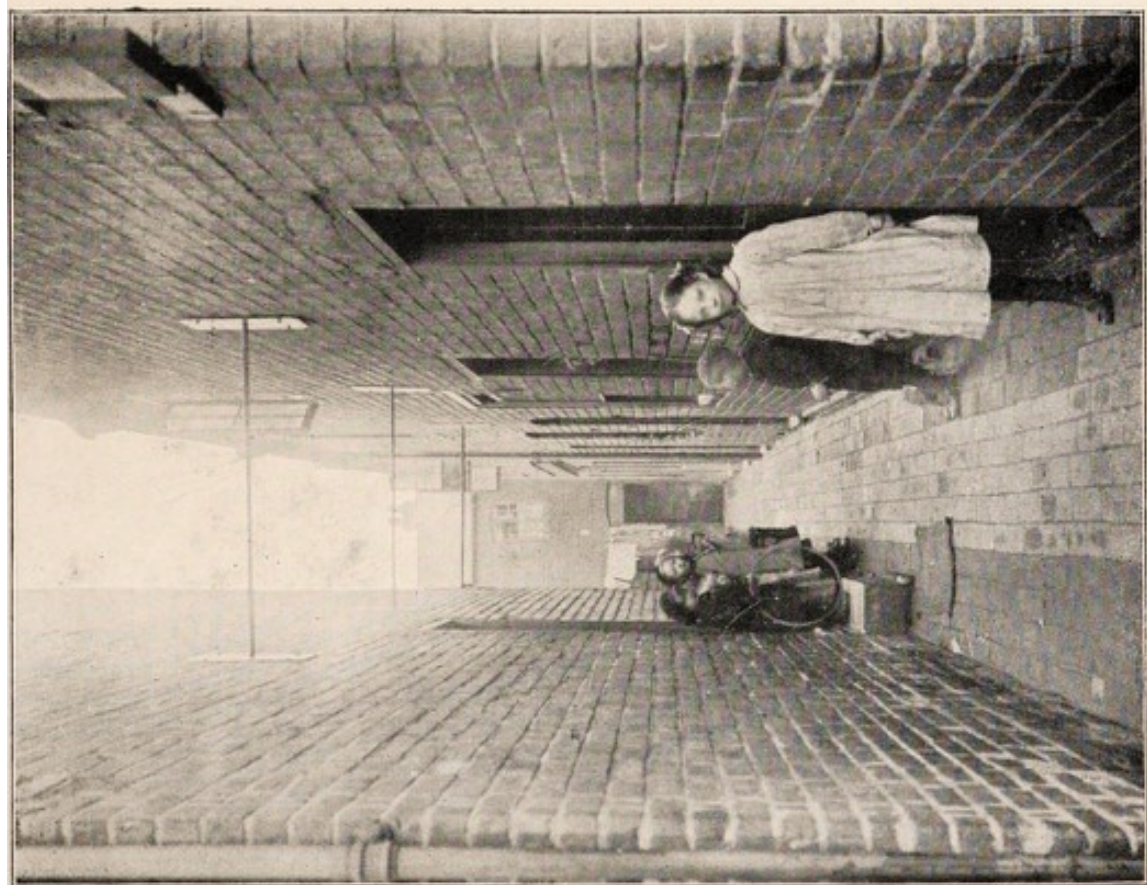
An excellent opportunity is now presented for the acquisition of several blocks of property which are really not worth preserving. If these were demolished the surrounding district would be vastly improved.

HOUSING (INSPECTION OF DISTRICT) REGULATIONS.

Number of Houses inspected for purposes of Section 17 of Act 1909.	Number of Houses found unfit for habitation.	Number of representations made to the Local Authority with a view to the making of Closing Orders.	Number of Closing Orders Made.	Number of Dwelling Houses, the defects in which were remedied without the making of Closing Orders.	Number of Dwelling Houses which, after the making of Closing Orders were put in a state for human habitation.	Number of Dwelling Houses voluntarily closed.
280	26	9	nil.	17	nil.	7



CONDEMNED HOUSES IN GORDON PASSAGE.



AIRLESS AND SUNLESS BACK-TO-BACK.

LOCAL ADMINISTRATION OF ACTS RELATING TO FACTORIES AND WORKSHOPS.

The total number of Workshops on the Register, including Bakehouses, Laundries, Dressmaking, Tailoring, and other Workshops is 293. Of the Bakehouses in use at the end of the year, 6 were underground, as in the previous year.

As regards cleanliness, light, air, space, etc., the Workshops have been found to comply with requirements. From a sanitary point of view the conditions under which work is carried on in these rooms are generally satisfactory, and it is pleasing to record that any suggestions for further improvement have been carried out by the owners. I ought, perhaps, to qualify the foregoing statement as regards the six cellar Bakehouses, the proportion of which, in a town like Leamington, is far too high. No complaints have been received from H.M. Inspector as to defects and nuisances in factories and workshops, and in one case only was it necessary to forward to him notice of contravention of the Act. The necessity of continual cleanliness in the preparation of such important articles of food as bread and pastry has been duly impressed upon the occupiers of premises associated with this industry, and every effort is made to protect the interests of the consumers.

HOME WORK.

Little trouble has been experienced in carrying out the provisions of the Act as regards Outworkers. The conditions of the premises were, on the whole, satisfactory. No acute infectious disease occurred in the Outworkers' homes.

There is a degree of "smugness" in the above report which grates upon me, and for which I think some apology is due. I fully intended to personally investigate the conditions under which some of our Outworkers perform their labours. In the light of what has been revealed during the last three years by the Medical Inspection of School-children, I am convinced that our present standard of efficiency requires some modification. The children of some of our Outworkers show unmistakable evidence of faulty home-environment. This is a matter which requires careful investigation, but the pressure of other work has prevented me from giving that personal attention to it which the subject justly demands.

I.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisance.

Premises.	Number of		
	Inspections	Written Notices.	Prosecutions.
Factories (Including Factory Laundries)	73	5	—
Workshops (Including Workshop Laundries)	314	55	—
Workplaces (Other than Outworkers' premises included in Part 3 of this Report)	—	—	—
Total	387	60	—

II.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars.	Number of Defects			Number of Prosecutions.
	Found	Remedied.	Referred to H.M. Inspector	
Nuisances under the Public Health Acts				
Want of cleanliness	40	40	—	—
Want of ventilation	6	6	—	—
Overcrowding	—	—	—	—
Want of Drainage of floors	2	2	—	—
Other nuisances	5	5	—	—
Sanitary Accommodation {insufficient	2	2	—	—
{unsuitable or defective	7	7	—	—
{not separate for sexes	2	2	—	—
Offences under the Factory & Workshop Act :—				
Illegal occupation of underground bakehouse (s. 101)	—	—	—	—
Breach of special sanitary requirements for bakehouses (ss. 97 to 100)	—	—	—	—
Other offences (Excluding offences relating to outwork which are included in Part 3 of this Report)	1	1	—	—
Total	65	65	—	—

III.—HOME WORK.

NATURE OF WORK.	OUTWORKERS' LISTS, SECTION 107.										OUT-WORK IN UNWHOLESOME PREMISES, SECTION 108.			OUTWORK IN INFECTED PREMISES, SECTIONS 109, 110.		
	Lists received from Employers				Addresses of Outworkers.		Prosecutions		Inspections of Outworkers premises.	Instances.	Notices served.	Prosecutions.	Instances.	Orders made (S. 110)	Prosecutions (Sections 109, 110).	
	Sending twice in the year.		Sending once in the year.		Forwarded to other Councils.	Notices served on Occupiers as to keeping or sending lists	Failing to keep or permit inspection of lists.	Failing to send lists.								
	Outworkers		Outworkers													
	Lists	Con-tractors.	Work-men	Lists												Con-tractors	Work-men
Wearing Apparel—																
(1) making, &c. ...	16	6	40	6	—	14	—	—	—	—	—	—	—	—	—	
(2) cleaning and washing	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—	
Furniture and upholstery ...	6	10	14	—	—	—	—	—	—	—	—	—	—	—	—	
Locks, latches and keys ...	—	—	—	1	—	7	—	—	—	—	—	—	—	—	—	
TOTAL ...	22	16	60	7	—	21	—	—	—	—	—	—	—	—	—	

IV.—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year.	Number
Bakehouses	51
Laundries	29
Dressmaking, Tailoring and other Workshops ...	213
Total number of Workshops on Register ...	293

V.—OTHER MATTERS.

Class.	Number
Matters notified to H.M. Inspector of Factories—	
Failure to affix Abstract of the Factory and Workshop Act (s. 133)	1
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (s. 5)	2
Notified by H.M. Inspector ...	2
Reports (of action taken) sent to H.M. Inspector	2
Other	—
Underground Bakehouses (s. 101) :—	
Certificates granted during the year	—
In use at the end of the year	5

SHOP HOURS ACTS.

The duties of carrying out the provisions of these Acts, as also of the Seats for Shop Assistants Act, have now been transferred to this Department. I am making arrangements for remodelling the administrative routine, whereby I hope to secure a more systematic method of inspection, and an extension of the departmental resources for the benefit of a large and important section of the community.

During the year 1911 the Inspector paid 2,835 visits. It appears that 15 persons were cautioned for a first offence, and one for a second. The offences in question related to the "non-exhibition of a copy of the Act" in shops where young people under the age of 18 years were employed.

An Act to amend and extend the Shops Regulation Acts, 1892 to 1904, comes into operation on May 1st, 1912. This provides for the hours of employment and meal-times, and the closing of shops on weekly half-holidays; and is of such importance as to justify the distribution of copies of the Act to those especially concerned. I am indebted to the Town Clerk for suggesting this desirable provision.

The requirements of the new Act are such as to necessitate a reconsideration of the means at our disposal for administering the older regulations; and the Health Committee are taking steps to make provision for the extra work entailed. It is their desire to arrange for administering the Act with as little friction as possible. The tendency of the times seems to be towards increasing the number of officials, and it must be very galling to have several different individuals roaming about one's premises in the performance of duties imposed by the State. Moreover, the creation of different officials implies a certain amount of overlapping, and this means lack of economy. I therefore welcome the transference of these duties to the Health Department, as it may be possible to appoint an officer for the work who can make one visit serve a dual purpose, ensuring economy with unimpaired efficiency and harmony.

TABLE I.—VITAL STATISTICS OF LEAMINGTON SPA DURING 1911 AND PREVIOUS YEARS.

YEAR.	Population estimated to middle of each year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NETT DEATHS BELONGING TO THE DISTRICT.			
		Nett.			Number.*	Rate.	of Non-residents registered in the District.	of Residents not registered in the District.	Under 1 Year.		At all Ages.	
		Uncorrected Number.	Number.	Rate.					Number.	Rate per 1,000 Net Births.	Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1906	27,140	...	476	17.5	390	14.3	39	39	60	126.0	390	14.3
1907	27,207	...	515	18.9	417	15.3	39	36	58	112.6	378	13.8
1908	27,217	...	423	15.7	449	16.4	41	38	36	84.1	408	14.9
1909	27,252	...	432	15.8	407	15.0	63	42	43	99.5	386	14.1
1910	27,360	...	414	15.1	403	14.9	45	39	31	74.9	402	14.7
1911	26,739	453	463	17.3	409	15.2	55	69	41	88.5	423	15.8

*In column 6 are included the whole of the deaths registered during the year as having actually occurred within the district. In column 12 is entered the number in column 6, corrected by subtraction of the number in column 8 and by addition of the number in column 9. Deaths in column 10 are similarly corrected by subtraction of the deaths under 1, included in the number given in column 8, and by addition of the deaths under 1 included in the number given in column 9.

Area of district in acres } 2,760
(exclusive of area covered by water)
Total population at all ages } 26,717
Number of inhabited houses } 6,167
Average number of persons per house... 4
At Census of 1911.

The "Public Institutions" taken into account for the purposes of this Table are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses, and lunatic asylums.

TABLE III.
CAUSES OF, AND AGES AT DEATH DURING
THE YEAR 1911.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							DEATHS IN LOCALITIES (AT ALL AGES).				DEATHS IN PUBLIC INSTITUTIONS.
	All Ages.	Under 1 year.	1 year and under 5.	5 years and under 15.	15 years and under 25.	25 years and under 65.	65 years and upwards.	North-East Ward.	South-East Ward.	West Ward.	Milverton & Lillingt'n W.	
Small-pox ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Measles... ..	16	3	11	2	...	...	...	1	9	4	2	1
Scarlet Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	2	...	2	...	...	...	...	...	2	...	...	...
Diphtheria and Membranous Croup...	...	...	...	...	...	...	...	...	...	...	...	...
Croup ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Typhus Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Fever—other continued ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Epidemic Influenza	1	...	...	...	...	...	1	...	1	...	...	...
Cholera... ..	...	...	...	...	...	...	...	...	...	...	...	...
Plague ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhœa (all forms)... ..	13	13	...	...	...	...	...	3	5	3	2	3
Enteritis	12	12	...	...	...	...	...	2	5	3	2	2
Gastritis	1	1	...	...	...	...	...	1	...	...	...	1
Puerperal Fever	1	...	...	...	...	1	...	1	...	...	...	...
Erysipelas ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Phthisis	14	...	1	...	2	10	1	4	4	5	1	1
Other Tubercular Diseases	2	2	...	...	...	...	...	...	2	...	...	...
Cancer, Malignant Disease	51	...	...	...	...	23	28	13	11	15	12	6
Bronchitis	30	3	3	...	...	5	19	4	11	11	4	4
Pneumonia	19	2	3	...	1	7	6	4	5	7	3	10
Pleurisy ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Other Diseases of Respiratory Organs	5	2	...	...	...	1	2	1	1	3	...	1
Alcoholism—Cirrhosis of Liver ...	2	...	...	...	...	2	...	...	2	...	...	...
Venereal Diseases ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Premature Birth	8	8	...	...	...	...	...	3	3	2	...	...
Diseases and Accidents of Parturition	2	2	...	...	...	...	...	2	...	...	...	...
Heart Diseases	54	...	...	...	...	24	30	17	20	8	9	7
Accidents	12	2	2	...	1	4	3	2	5	1	4	5
Suicides	1	...	...	...	...	1	...	...	1	...	...	1
All other Causes	190	4	13	...	7	39	127	48	59	56	27	42
ALL CAUSES	423	41	35	2	11	117	217	103	141	115	64	81

CAUSE OF DEATH.		Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
ALL CAUSES:—		11	...	...	3	14	2	1	5	2	3	4	2	2	...	2	4	41
Certified ...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Uncertified ...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Common Infectious Diseases:—		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox ...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox ...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria: (including Membranous Croup)		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough ...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrheal Diseases:—		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhea, all forms		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteritis, Muco-enteritis, Gastro-enteritis		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gastritis, Gastro-Intestinal Catarrh		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Wasting Diseases:—		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Premature Birth...		7	...	...	1	8	...	...	...	...	...	...	...	...	...	...	...	...
Congenital Defects		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Injury at Birth		1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Want of Breast-milk, Starvation		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Atrophy, Debility, Marasmus		...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Diseases:—		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis...		...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Tuberculous Peritonitis: Tabes Mesenterica		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rickets		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis (not Tuberculous)		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Convulsions		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Laryngitis		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suffocation, overlaying		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Causes		3	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...
		11	...	...	3	14	2	1	5	2	3	4	2	2	...	2	4	41

Births in the year :

Legitimate ... 432

Illegitimate ... 31

Deaths in the year of

Legitimate Infants 36

Illegitimate Infants 5

Deaths from all causes

at all ages ... 423

Population (estimated

to middle of 1911) :

26,739.

COMPARATIVE STATEMENT OF BIRTHS AND DEATHS FOR THE LAST TEN YEARS.

ROYAL LEAMINGTON SPA DISTRICT.

NAMES OF LOCALITIES.	ROYAL LEAMINGTON SPA. 1				NORTH-EAST WARD. 2				SOUTH-EAST WARD. 3				WEST WARD. 4				MILVERTON & LILL'N WARD. 5			
	Population esti- mated to middle of each year.	Births Registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births Registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births Registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births Registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births Registered.	Deaths at all Ages.	Deaths under 1 year.
1901	26,888	472	349	47	7237	126	85	14	8409	180	115	20	7442	118	95	11	3800	48	54	2
1902	26,967	503	375	81	7256	130	92	15	8440	193	117	19	7461	136	113	14	3810	45	53	9
1903	27,017	487	405	61	7269	114	98	8	8456	182	137	21	7475	133	113	13	3817	55	47	5
1904	27,060	492	401	61	7281	106	112	12	8470	202	129	24	7486	130	107	21	3823	54	53	4
1905	27,100	526	385	54	7292	131	97	19	8482	195	137	19	7497	134	105	12	3829	66	46	4
1906	27,140	476	390	60	7303	128	93	15	8495	177	136	24	7509	117	106	16	3833	54	55	5
1907	27,207	515	417	58	7321	124	92	11	8516	191	127	23	7528	134	111	20	3842	66	48	4
1908	27,217	428	448	36	7324	123	114	8	8519	146	137	17	7530	102	100	9	3844	57	57	2
1909	27,252	432	386	43	7333	101	105	13	8530	176	118	22	7540	106	100	5	3844	49	63	4
1910	27,360	414	402	31	7371	99	125	8	8543	171	113	12	7554	100	86	8	3892	44	78	3
Averages of Years 1901 to 1910.	27,120	474	395	53	7298	118	101	12	8487	181	126	20	7502	121	103	12	3833	53	55	4
1911	26,739	463	423	41	6229	122	103	16	8699	173	141	18	7212	102	115	7	4599	66	64	0

Deaths of Residents occurring beyond the district are included in sub-column *c* of this Table, and those of Non-residents registered in the district excluded.
Deaths of Residents occurring in Public Institutions are allotted to the respective Localities, according to addresses of the deceased.
Deaths of Residents which occurred in the Warneford Hospital, the Home for Incurables, and the River and Canal, are included in the respective Localities to which they belonged.

METEOROLOGY.

In my last Annual Report a description was given of the Meteorological Station established in connection with the Pump Room and the Pump Room Gardens. It was found necessary to fix the Anemometer and the Sunshine Recorder on the top of the Tower. An electrical Wind Indicator and a recording Barometer are stationed in the large hall of the Pump Rooms, and the other instruments are installed within a special area of the Gardens.

Until the novelty of the installation had worn away the safety of the exposed section was not beyond question. For some weeks the rain-gauge merely served to indicate the prowess of the children in the art of throwing pebbles, and on account of this propensity it was deemed inadvisable to expose the delicate instruments for recording the Solar maximum and Grass minimum temperatures. These can now be placed in position, and the records will be valuable as completing the meteorological data usual in stations similar to our own.

I am indebted to Mr. G. T. Osborn, of Westminster, for a series of valuable charts bearing upon the climatic conditions of Leamington Spa, and he has also furnished me with comparative tables exhibiting the averages of other health resorts and meteorological stations. During the first six months of the year we were unable to register the amount of sunshine, but commencing with July up to the present date we have an unbroken record. It will be seen that for five months out of six the number of hours of bright sunshine recorded at Leamington was in excess of those at Harrogate, Bath, and Tunbridge Wells. The hottest day in the year was August 9th, when the maximum temperature was 95° F.; the coldest was February 1st, with a maximum temperature of 23° F. The prevailing winds in August were West and South-West, and in February North-West. The rainfall of 15.38 inches was phenomenally small, the average for the last 31 years being 19.61.

I have much pleasure in acknowledging the indebtedness of the Borough to Miss Barnitt for her presentation of the valuable records kept by her late brother of the meteorological conditions prevalent in this district many years ago. Mr

John Barnitt was an enthusiastic observer, and the volumes now in the custody of the Health Department testify to the unremitting care with which he carried out his self-imposed duties. I consider them a most valuable acquisition.

METEOROLOGICAL AVERAGES OF LEAMINGTON SPA,
For the 31 Years, 1880—1911.

MONTH.	Means of Barom. 10 a.m.	Air Temperature.		Direction of Prevailing Wind	Rainfall.	
		Max.	Min.		Inches	Days.
January ...	29.90	43.6	34.9	N.W.	1.16	13.7
February...	30.00	44.3	35.4	W.	1.34	12.8
March ...	29.80	48.4	36.1	N.E.	1.17	17.1
April ...	30.10	55.3	49.6	W.	0.95	11.4
May ...	29.90	65.5	48.1	N.E.	1.01	9.2
June ...	29.90	74.2	54.7	N.E.	1.27	12.6
July ...	29.66	76.4	54.4	N.W.	1.28	8.6
August ...	29.84	74.6	54.4	S.W.	2.33	13.9
September	29.91	68.0	48.2	W.	1.64	10.1
October ..	29.78	56.5	42.4	E.	2.30	16.0
November	29.53	49.2	37.9	S.W. & W.	2.33	18.2
December	29.65	46.8	36.0	W.	2.83	20.7
Means ...	29.83	58.5	44.3	S.W.	19.61	164.3

METEOROLOGY TABLE OF LEAMINGTON SPA, 1911.

Latitude 52° 18' N. Longitude 1° 30' W.

Month.	Means of Barom. 10 a.m.	AIR TEMPERATURES.										Direction of the prevailing Wind.	RAINFALL.	
		Means.			Absolute Temperatures.				Date.	Inches.	Days.			
		10 a.m.	Max.	Min.	Max.	Date.	Min.							
January	30.2	40.0	43.5	36.5	53	19th.	28	8th.	N.W.	0.63	13			
February ...	30.1	39.1	42.1	36.6	54	26th.	23	1st.	W.	0.99	13			
March	29.8	41.4	45.8	37.0	57	3rd.	32	10th.	N.E.	0.85	21			
April	29.9	47.2	52.9	41.6	69	14th.	28	6th.	W.	0.41	10			
May.....	29.9	57.7	65.4	50.0	75	30th, 31st.	41	4th.	N.E.	0.13	6			
June	29.9	67.5	75.9	59.1	83	6th.	42	16th.	N.E.	0.54	14			
July.....	29.42	67.4	77.6	55.1	90.1	30th.	43.9	11th.	N.W.	0.16	4			
August	29.85	64.5	76.2	56.0	95.0	9th.	45	30th.	S.W.	2.17	14			
September...	29.83	58.3	68.5	47.1	90.2	8th.	33.5	21st.	W.	1.48	9			
October	29.76	48.7	56.2	42.0	63.9	13th.	26.1	28th.	E.	1.90	16			
November ...	29.57	42.5	48.5	37.6	58.1	4th.	28.8	29th.	S.W., W.	2.56	22			
December ...	29.51	42.6	48.5	37.4	53.4	17th.	28.5	7th.	W.	3.56	25			
Totals...	...	...	...	...	...	...	...	...	...	15.38	167
Means...	29.81	51.4	58.4	48.0	95.0	August 9th.	23	February 1st.	W.	...	...	

METEOROLOGICAL AVERAGES.

	HARROGATE.			BUXTON.		CHELTENHAM.			TUNBRIDGE WELLS.			LEAMINGTON.		
	Mean. Temp.	Rain. ins.	Sun- shine. hrs.	Mean. Temp.	Rain. ins.	Mean. Temp.	Rain. ins.	*Sun- shine. hrs.	Mean. Temp.	Rain. ins.	Sun- shine. hrs.	Mean. Temp.	Rain. ins.	Sun- shine. hrs.
January ...	36.9	2.19	50	35.3	4.66	38.3	2.23	42	37.4	2.56	47	40.0	0.63	No record taken.
February...	37.7	2.07	68	36.1	4.00	39.4	2.08	68	38.9	2.14	68	39.1	0.99	
March ...	40.0	2.12	128	38.5	3.93	41.7	1.77	113	41.6	2.04	122	41.4	0.85	
April ...	44.2	2.08	154	43.0	2.87	46.5	1.94	142	46.4	1.85	162	47.2	0.41	
May ...	48.9	1.98	185	48.0	3.27	51.6	1.95	212	51.4	1.81	206	57.7	0.13	
June ...	55.5	2.45	197	54.6	3.42	58.2	2.24	193	58.1	2.29	200	67.5	0.54	
July ...	58.8	2.76	196	57.8	4.12	61.2	2.59	203	61.4	2.40	211	67.4	0.16	
August ...	58.0	2.83	167	56.8	4.66	60.5	2.68	193	60.7	2.34	196	64.5	2.17	
September	54.1	2.48	129	52.6	4.17	55.6	2.45	133	56.7	2.47	157	58.3	1.48	
October ...	46.9	3.32	99	45.2	5.39	48.1	2.72	96	48.8	3.53	109	48.7	1.90	
November..	41.7	2.69	56	40.2	4.97	43.2	2.64	54	42.9	3.33	68	42.5	2.56	
December..	37.4	2.48	46	36.0	5.13	38.9	2.34	35	38.4	2.82	42	42.6	3.56	
Year ...	46.7	29.45	1475	45.3	50.59	48.6	27.63	1484	48.5	29.58	1588	51.4	15.38	855.9

* Sunshine for Bath.

YEARLY AVERAGES FOR CERTAIN STATIONS WITH VALUES FOR 1911.

	Mean. Temp.	Rain. ins.	Rain. Days.	Sunshine. hrs.	Station.	Mean. Temp.	Rain. ins.	Rain. Days.	Sunshine. hrs.
Scarborough	Av.	47·8	27·27	188	Ventnor	Av.	51·3	29·59	1723
	1911	49·7	26·60	197		1911	52·8	29·30	2070
Lowestoft	Av.	48·5	23·65	167	Blackpool	Av.	48·3	33·77	1409
	1911	50·1	21·60	165		1911	49·4	31·10	1843
Harrogate	Av.	46·7	29·45	194	Llandudno	Av.	49·9	30·83	1456
	1911	48·3	27·90	181		1911	51·7	30·50	1817
Cheltenham	Av.	48·6	27·63	184	Llangammarch Wells	Av.	47·3	46·33	...
	1911	51·2	21·70	145		1911	48·0	50·70	1492
Margate	Av.	49·9	23·21	165	Woolacombe	Av.	52·2	31·99	1626
	1911	52·1	23·60	152		1911	52·6	29·20	1918
Tunbridge Wells	Av.	48·5	29·58	180	Falmouth	Av.	51·0	45·43	1766
	1911	50·2	35·20	161		1911	52·1	40·50	2054
Brighton	Av.	49·8	27·58	164	Buxton	Av.	45·3	50·59	...
	1911	51·8	30·50	143		1911	47·2	40·20	1520

PREVAILING WINDS & NUMBER OF DAYS PER MONTH,

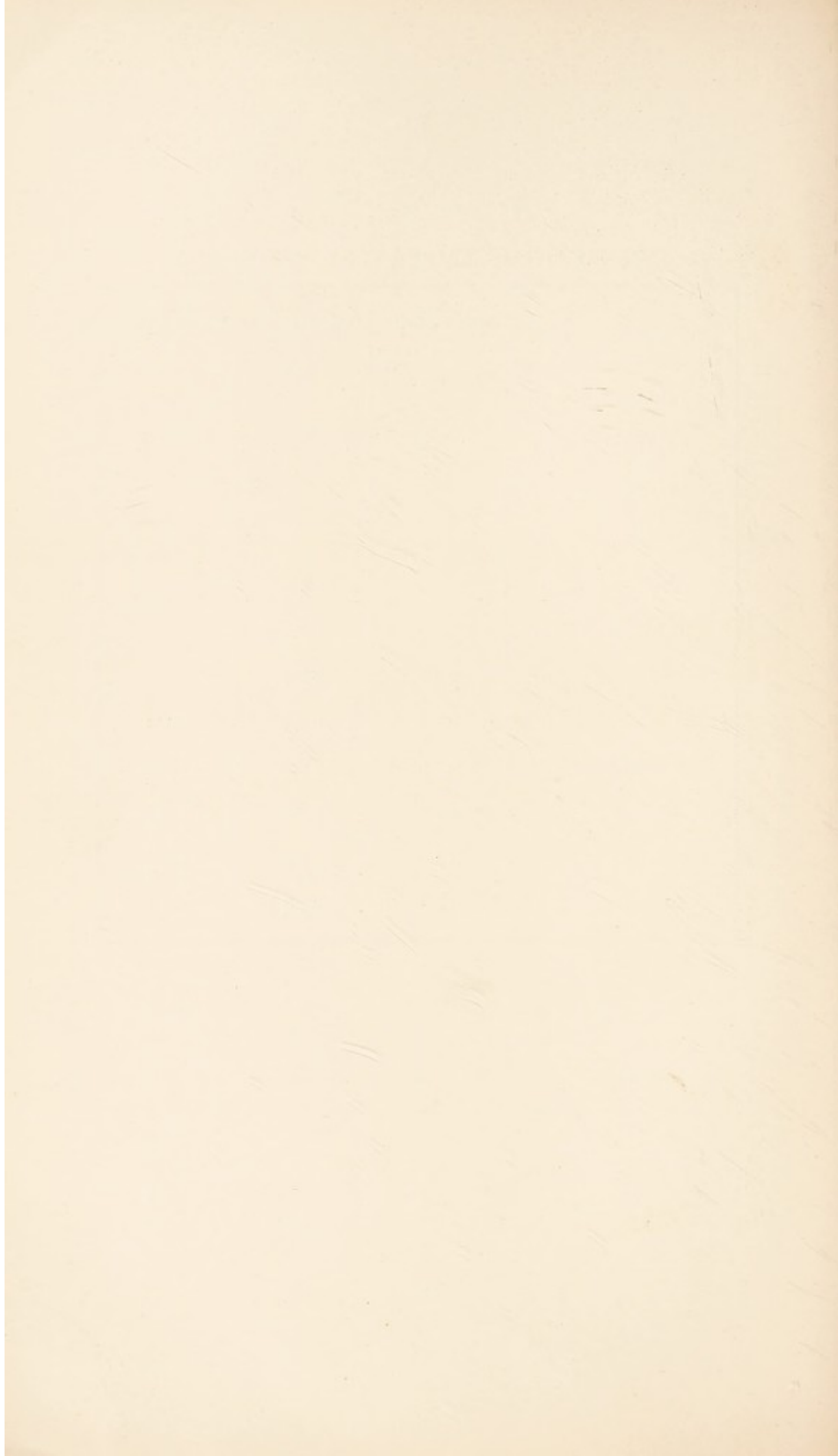
(Observations taken at 9 a.m.)

YEAR 1911.

	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.
January ...	4	2	2	...	1	7	6	9
February ...	2	3	4	1	3	4	6	5
March ...	6	12	4	...	...	2	7	...
April ...	3	7	1	..	4	2	9	4
May ...	2	14	2	...	...	5	6	2
June ...	2	11	4	...	1	4	5	3
July ...	2	3	4	...	1	8	3	10
August ...	0	3	5	2	1	10	8	1
September ...	5	3	...	...	2	3	8	5
October ...	2	2	12	...	4	...	3	2
November ...	1	3	3	1	1	7	7	2
December ...	0	...	1	2	3	4	8	1
TOTALS ...	29	63	42	6	21	50	76	44

MEAN EARTH TEMPERATURES FOR 1911.

	1ft. below Surface of Earth. °F.	2ft. below Surface of Earth. °F.	4ft. below Surface of Earth. °F.
January	—	—	—
February	—	—	—
March	—	—	—
April	—	—	—
May... ..	—	—	—
June	—	—	—
July	70·0	65·4	58·7
August	65·4	65·8	62·2
September ...	60·9	62·7	61·8
October	52·9	57·1	59·5
November ...	47·0	51·5	56·1
December ...	41·8	45·6	51·6



ANNUAL REPORT
ON
THE MEDICAL INSPECTION OF
SCHOOL CHILDREN
FOR THE YEAR 1911.

SCHOOL REPORT 1911.

A—General review of the hygienic conditions prevalent in the schools in the area of the Local Education Authority, in respect of such matters as surroundings, ventilation, lighting, warming, equipment, and sanitation, including observations on the type and condition of sanitary conveniences and lavatories, water supply for washing and drinking purposes, the cleanliness of school rooms and cloak rooms, arrangements for drying children's cloaks and boots, and the relation of the general arrangements of the school to the health of the children.

The Borough of Royal Leamington Spa has a population estimated to be 26,739 at the middle of 1911. The area of the District is 2,760 acres, Leamington Priors claiming 1,572, New Milverton 684, and Lillington 504.

NUMBER OF CHILDREN IN AVERAGE ATTENDANCE,
NOV. 3rd, 1911.
NON-PROVIDED SCHOOLS.

No.	Name of School.	No. in Attendance	Percentage.
1	National (C. of E.) Mixed	253	93
	„ Infants	76	86
2	Lillington (C. of E.) Mixed	86	98
	„ Infants	36	88
3	Wesleyan, Mixed	136	95
4	St. Paul's (C. of E.) Mixed	148	95
	„ Infants	44	80
5	St. Peter's (R.C.) Boys	95	95
6	„ Girls	106	93
	„ Infants	104	94
		1084	93

PROVIDED SCHOOLS

7	Clapham Terrace, Mixed	..	...	372	93
	„ Infants	...	...	177	81
8	Leicester Street, Boys	...	...	220	94
	„ Girls	...	...	220	93
	„ Infants	..	...	192	85
9	Milverton, Mixed	...	...	316	94
	„ Infants	...	...	123	90
10	Shrubland Street, Boys	...	...	256	98
	„ Girls	...	...	234	96
	„ Infants	...	...	206	94
				2316	92

There are 10 Public Elementary Schools with 20 Departments. Of these, 6 Schools with 10 Departments are Non-Provided. Everything pertaining to the sanitation of the School Premises, Sites, Types of Buildings, School Dimensions and Accommodation, Cloak-rooms and Lavatories, Playgrounds, Heating, Lighting and Cleansing, was discussed in detail in my last Annual Report.

During the year in question great changes have been effected in two of the Non-Provided Schools. The old St. Paul's School Buildings have been demolished, and a handsome, commodious edifice has been erected on the original site, replete with practically every modern convenience. Arrangements have been made for the installation of shower baths in the new buildings, and it is hoped that these may be completed at an early date. The greater portion of the National School has also been entirely remodelled, the much-needed additional accommodation referred to in previous reports having been obtained by costly extensions. These two Schools are now furnished with the most modern sanitary arrangements, which other schools would do well to copy.

The Architects responsible for the planning and the carrying out of the work in these institutions are both to be congratulated upon the results of their labours. I am pleased to be able to state that the Local Education Authority have shown their appreciation of the efforts made by the Managers of St. Paul's School to provide buildings in keeping with its objects and environment by equipping it with new furniture and teaching appliances.

The Managers of St. Peter's Boys' School, recognizing the futility of attempting to patch up the present unsuitable premises in New Street, have decided to erect new buildings to answer modern requirements. This will mean a very heavy expenditure; but I have every confidence that, as in the case of the Schools just mentioned, the many friends of progress will come forward with substantial help and share the financial burden which will necessarily be involved.

B.—General description of the arrangements which have been made for the co-relation of the School Medical Service with the Public Health Service, and for the organisation and supervision of medical inspection, and an account of the methods of inspection adopted.

As the School Medical Officer is also the Medical Officer of Health there is no difficulty in co-relating the work of both the Health and Education Committees. Indeed, it is difficult to say where the one leaves off and the other begins, as both services are practically merged into one another.

ORGANISATION AND SUPERVISION OF MEDICAL INSPECTION WORK.

The Staff consists of (1) myself, as your School Medical Officer; (2) Miss Lucy E. Pierce, the School Nurse (3) Mr. A. R. Bayliss, the School Attendance Officer; and (4) Mr. G. H. Hammond, the Clerk.

The Director of Education has arranged for all entry forms of children enrolled in the Schools to be sent directly to myself. These forms contain full particulars as to the ages, places of residence, infectious disease (if any) suffered previous to entry, etc. From these data the Clerk fills in the necessary schedules which are taken to their respective Schools at the time of inspection.

Your School Medical Officer carries out the inspections on the School premises himself. The Nurse weighs and measures the children, and records their condition as to cleanliness, clothing, and footgear on printed slips. These observations are checked by the School Medical Officer, who transfers them to the Schedules as the children are inspected by him. After the inspection the records are taken to the office, where the Clerk makes a summary of them for office use.

(1) A statement of the extent (if any) to which the Board's schedule of Medical Inspection has not been followed, and the reasons for such departure.

Without exception the schedules in use conform with the Boards' requirements.

(2) A Statement showing the assistance given to the School Medical Officer and his assistants, by Nurses, Managers of Schools, Teachers, Attendance Officers and other persons.

In all cases where the parents are not actually present at the time of inspection the School Nurse visits the homes of children in whom defects have been observed, and explains what steps should be taken to have these remedied. If necessary she invites the parents to see me at the Central Office on the following day, and in the majority of cases the invitation is cordially accepted and acted upon. During 1911 the Nurse paid 1,957 visits to homes. The Teachers have from the first most enthusiastically co-operated with us in seeking out defects, acquainting the parents with the knowledge of their existence, and exhorting them to have them attended to.

The School Attendance Officer keeps us posted up as to absentees, in dealing with whom the Nurse is largely concerned. He also submits all medical certificates granted by practitioners for the exclusion of children on medical grounds.

The School Managers are especially concerned with the remedying of defects found on the School premises. Many ladies and gentlemen take an active interest in the welfare of children personally known to them, or recommended by the Teachers, the Nurse, or myself as being in need of assistance.

- (3) A statement showing the methods adopted for securing the presence of parents at the inspection and their co-operation in the subsequent treatment of defects, together with a review of the effects of such methods.**

Prior to the inspection printed notices have previously been sent to the parents inviting their attendance. During the first two years, when the object of inspection was somewhat new to them, quite 90 per cent. attended. As their suspicions were allayed, and they acquired confidence in the methods of inspection, their response was not so general. They have learnt to expect a visit from the Nurse if anything is wrong, and do not, as a rule, care to leave their employment or their household duties for the purpose of attending the School, especially as most of them have already attended on several occasions. For it must be remembered that practically every child in the Borough at present attending School has been inspected at least once. Except in the case of strangers, therefore, we do not always send a written notice. This does not adversely influence the sympathy of the parents. Every morning for six days in the week I am "at home" in my office from 9 a.m. till 11 p.m. for the purpose of inspecting children remitted to me for special examination, and for interviewing parents. From January 1st to December 31st, 1911, I examined 2,606 such children, the parents in almost every case being present at the time.

The relations existing between the parents and their children and the School Nurse and myself are by no means on an official rating. I am pleased to believe that we are regarded more in the light of friends able and anxious to advise, and desirous of affording substantial help where such is needed. It is on account of these fraternal relations that I can with confidence assert that in at least 90 per cent. of cases steps are taken to obtain remedial or ameliorative measures. In rare instances only have the parents failed to co-operate as they ought. It is interesting to note that the School Nurse travelled 1,980 miles on her tricycle in "following up" cases!

- (4) The extent to which disturbance of school arrangements was involved by the inspection.**

Doubtless some disturbance of school arrangements is inevitable, but this is reduced to a minimum. As a rule the inspection

takes place in the Head Teacher's room, and the only inconvenience is probably due to the temporary deprivation of the use of the room, which, by the way, has never been complained of, and the possible disorganization of classes by drafting off children for inspection.

C.—General Statement of the extent and scope of the Medical Inspections carried out during the year.

(i) The number of visits paid to schools and departments.

The Schools were visited frequently during the course of the year for the purpose of routine inspections, and on other occasions for special purposes, such as in connection with the occurrence of infectious diseases, the examination of mentally defective or sub-normal children, and the inspection of school buildings. I have endeavoured to visit each School Department at least once a month, but this has not always been possible. I have paid 282 visits to School Departments throughout the year, whilst the Nurse has 394 such visits to her credit. In addition I have visited 138 homes.

(ii) The principle on which children have been selected for inspection.

All children, irrespective of age, entering School for the first time have been inspected as "entrants." All children applying for permission to leave School have been inspected as "leavers." The largest number of inspections has been made in connection with absentees on the score of sickness who could not otherwise obtain medical certificates of exemption, and the examination and re-examination of children excluded from School on account of infectious or contagious conditions, and those referred for special examination.

340 "entrants" and 280 "leavers" were examined according to the Scheme; 66 sub-normal children were specially examined with a view to classification; and 2,606 were examined and re-examined at the Central Office for reasons already explained. Details as to the defects found existing and for the treatment of which directions were given will be found in ensuing tables. The average time per head occupied by inspection according to the Schedule was seven minutes.

GENERAL REVIEW OF THE WORK OF MEDICAL INSPECTION OF SCHOOL CHILDREN, 1911.

An adequate conception of the value of the Act which provided for the medical inspection of children attending the Elementary Schools cannot be found from a scrutiny of the results of inspection in any one year, but after three years' labour we are in a better position to judge of its potentialities.

Since the Act came into operation 5,987 individual inspections have been made according to the Scheme. These are exclusive of 5,408 additional examinations for special purposes, but inclusive of 391 who have been finally examined a second time before leaving School. Against the total number of 11,395 examinations five objections only were raised, and of these five two subsequently requested the inspection to take place. It will be conceded, therefore, that the difficulties anticipated at the passing of the Act have scarcely been realised in Leamington.

The total number of children aged 4 to 6 years inspected in 1909 was 659, as against 340 in 1911; and of those aged 14 years, 155 were examined in 1909 and 280 in 1911. As the numbers concerned are relatively small we cannot attach much value to the comparison of percentages of abnormal conditions presented. And yet they have a value.

ENLARGEMENT OF SUBMAXILLARY GLANDS is mainly due to the condition of the teeth. Whilst amongst the "entrants" there is apparently no improvement whatever in this respect, the 10.3 per cent. of 1909 amongst the "leavers" is reduced to 0.5. This can be only due to the greater care taken of their teeth by the children of older growth, and the teachers are mainly responsible for this, I have no doubt. Now 15 per cent. of the "leavers" still make little effort to cleanse their teeth, but only 4 per cent. had four or more decayed teeth at the time of examination. Several had had defective teeth stopped, and many more would do so if they had the means. In 1909 some 19 per cent. of these children had four or more decayed teeth.

RINGWORM.—This disease, of course, is now never found in the Schools. All children suffering from it are promptly

excluded. The loss of attendances due to this is very considerable, as the following table will show. If arrangements cannot be made for coping with this condition, which is as bad now or even worse than three years ago, I would recommend that a special class or classes be formed at one of the Schools, where these children could attend until cured. It would save them from prowling about the streets, and their studies would not be so seriously interfered with.

ATTENDANCES MISSED THROUGH RINGWORM, 1911.

School.	Children Affected.	Attendances Lost.	School.	Children Affected.	Attendances Lost.
Clapham Terrace	12	1052	National ...	7	254
Leicester Street	14	951	St. Paul's...	4	318
Milverton ...	5	302	St. Peter's...	3	250
Shrubland Street	7	394	Wesleyan...	1	260
Lillington ...	1	108	All Schools	54	3889

ENLARGED TONSILS AND ADENOIDS.—Enlarged Tonsils were found in 16.2 % for the "entrants," as against 16.4 % last year. Of the "leavers" 15.7 % had them to a moderate degree. Of both classes 1.7 suffered from Adenoids.

RUNNING EARS are becoming comparatively scarce. This is due to the fact that greater attention is paid to the throat, and to the removal of Adenoids. No recent cases were noted in 1911, although a few of the old ones are still under observance.

DEFECTIVE VISION.—Acuity of vision is not tested in "entrants," but Squint is recommended to the hospital. Of the "leavers" 5.8 per cent. had vision 6/18 or worse, but all had been properly provided with glasses.

HEART CONDITIONS.—Of children aged 14 years 2.9 per cent. exhibited evidence of either functional or organic heart trouble, chiefly the latter. Including these during the year 1911 we had 43 children in the schools with some cardiac affection—either of a temporary or permanent nature. I have from time to time sounded a warning note as to the necessity of recognizing the fact that these children must be regarded as more or less physically

defective. It is very undesirable to overtax them with physical exercises. Lest such exercises should have prejudicial effects upon them they ought to be systematically examined by the Medical Officer before being permitted to join certain classes. The numbers attending School are placed as follow:—Clapham Terrace, 8; Leicester Street, 6; Milverton, 3; Shrubland Street, 3; Lillington, 3; National, 3; St. Pauls', 2; St. Peter's—Boys 5, Girls 5; Wesleyan, 2; Secondary, 3. All the pupils attending the Secondary School have not been examined, and therefore there may be others with whom I am not acquainted

DISEASES OF THE LUNGS.—Of the younger children the pulmonary condition was one of slight bronchial catarrh. The increase over the percentages of 1909 is not of much moment, as the character of the weather at the time of inspection has much to do with it. Amongst the "leavers" 3 presented suspicious apical signs, 2 of these children being, in my opinion, distinctly tuberculous.

TUBERCULOSIS OF THE LUNGS is not very prominent in Leamington. We scarcely expect to see pronounced cases—they are usually too ill to attend school. During the last three years I have met with and excluded two. Early or suspected cases are more frequent. Out of 5,596 Leamington children I have returned 26 (14 Boys and 12 Girls) who can certainly be classed amongst these. This gives a percentage of 0.47 only, much lower than is usually attributed to this condition.

Infectious diseases generally are associated with childhood, and probably Pulmonary Consumption, also an infectious disease, but with a prolonged latent period and of great chronicity, has its origin in childhood too. I so often meet with pulmonary accompaniments associated with the "adenoid" condition, that I prefer to place children so affected amongst the pre-tuberculous group, and treat them accordingly. The removal of the adenoids, with suitable breathing exercises, plain nourishing food, and plenty of fresh air and sunshine, clears up the majority of cases in a marvellous manner.

The pre-tuberculous group is a much more important one than the other two, and the percentage is comparatively high. In 1909 I classed some 10.7 per cent. as belonging to this group, and for 1911, reckoning all the children in all the schools, some 9.6

are in that condition. There is no possible doubt but that we are slowly but surely improving. The SUNSHINE OUTING SOCIETY is largely responsible for progress here. Even a fortnight away from home makes a wonderful difference in the thin, pale, delicate-looking children who come under this head. The natural salubrity of the district, the healthy schools and airy playgrounds are also potent factors in grappling with the pre-tuberculous condition. The Housing (Inspection of District) Regulations are doing much for these children, and the transformation undergone by some of the hovels given over for human habitation, being no longer required for housing horses or cattle, will show even better results in years to come.

Two years ago I presented some interesting particulars as to the association of complexion and disease. During childhood blonde traits are said to appear with greater frequency among sufferers from disorders of a so-called rheumatic nature, such as Tonsillitis, Rheumatic Fever, Chorea and Heart Disease, brunette traits predominating among patients with consumption and nervous disorders. As far as the Zymotic Diseases of childhood are concerned I was able to show that the results of the Leamington inspections did not substantiate this. The incidence of the ordinary infectious diseases here fall relatively most heavily on dark-complexioned children, and upon girls preferably. Our returns of suspected phthisical cases again refute the popular idea. Of the 26 children in question 7 are light complexioned, 15 medium, and only 4 are of the brunette type. The ages of these children range from $5\frac{3}{4}$ years to 14. Four of the boys are engaged as message boys both before and after school hours. Three only have any definite family history of tuberculosis. 73 per cent. would probably respond at once to an improved home environment.

SUBNORMAL AND MENTALLY DEFICIENT CHILDREN.—There is a considerable amount of educational wastage in our schools in connection with the subnormal or actually mentally deficient children. On account of natural dullness and backwardness or mental defect, these are scarcely capable of benefiting from the ordinary school curriculum. A special educational routine is desirable, arranged in accordance with their physiological requirements. Whilst this principle has already

been recognised in the Elementary Education (Defective and Epileptic) Act, 1899, which allows provision to be made for the education of mentally defective children in special schools, no provision has been made in this district for the dull and backward.

Of 60 children in all the schools who can be classed under the above heading, 10 are distinctly mentally deficient, although to varying degrees. The latter furnish histories of lack of mental balance in the case of one or of both parents. The former are the victims chiefly of unhealthy environment. Of the 50 "subnormals" the majority are "mouth-breathers," and suffering from the effects of neglected adenoids. Many of them are the poorest children in the borough, half fed, half clothed, and neglected generally. Whilst in these particular cases palliative measures can be adopted by modifying the school routine, the root of the evil can only be reached by attacking the conditions which are the obviously exciting causes.

In the meantime I cordially agree with the Teachers that special curricula should be arranged in which practical work should predominate. The treatment of such children calls for an enormous amount of patience, perseverance and skill on the part of their instructors, and the question is whether such can be afforded under present circumstances without affecting the others. I am not altogether convinced that it is good for either the "normals" or the "subnormals" for both to be mixed; I am rather inclined to the view that these children should be classified according to mental aptitude, irrespective of age.

The 60 subnormal children are distributed in the schools as follows :—

Clapham Terrace ...	7	St. Paul's ...	3
Leicester Street ...	21	St. Peter's ...	11
Milverton ...	2	Wesleyan ...	1
Shrubland Street ...	15		—
			60

AVERAGE HEIGHTS IN INCHES.—BOYS.

AGE.	3	4	5	6	7	8	9	10	11	12	13	14
Anthropometric Committee ...	—	—	41.0	44.0	45.9	47.1	49.7	51.8	53.5	54.9	56.9	59.3
Leamington Average	37.4	37.8	40.5	42.3	44.7	47.0	48.4	50.4	52.5	54.3	56.1	57.1
Clapham Terrace ...	37.9	38.6	41.0	41.9	45.3	46.9	48.9	50.8	51.9	54.8	56.2	57.7
Leicester Street ...	36.7	37.5	40.9	43.3	44.3	47.2	48.6	50.5	52.8	54.2	56.1	56.4
Milverton ...	—	38.6	40.8	42.6	45.2	46.8	48.5	49.9	52.0	54.1	56.5	56.5
Shrubland Street ...	38.0	37.3	40.2	43.3	44.4	47.3	48.3	50.3	52.6	53.3	55.5	56.7
Lillington ...	—	37.1	41.1	43.7	44.6	49.5	50.1	52.1	53.2	55.9	56.7	—
National ...	36.5	38.7	41.2	42.1	45.2	47.4	48.4	50.3	53.0	55.5	56.9	60.7
St. Paul's ...	—	37.6	38.6	40.4	45.4	44.8	48.5	49.6	52.5	54.5	56.5	55.4
St. Peter's ...	—	35.6	39.0	40.8	42.2	44.3	45.7	48.6	52.4	52.4	53.1	58.0
Wesleyan ...	—	—	41.2	43.4	45.4	48.2	50.9	51.3	52.2	55.8	56.1	56.8

AVERAGE HEIGHTS IN INCHES.—GIRLS.

AGE.	3	4	5	6	7	8	9	10	11	12	13	14
Anthropometric Committee ...	—	—	40.6	42.9	44.5	46.6	48.7	51.0	53.1	55.7	57.8	59.8
Leamington Average	36.7	37.0	39.8	42.2	44.4	46.6	48.8	50.1	52.4	54.7	56.6	58.6
Clapham Terrace ...	35.5	38.0	40.0	42.6	44.9	47.5	49.0	50.8	53.6	55.5	57.7	59.4
Leicester Street ...	39.4	37.7	40.6	42.9	44.2	46.3	50.4	50.7	51.9	54.1	57.3	58.5
Milverton ...	37.1	37.3	39.6	42.1	44.8	46.8	49.2	50.3	52.8	56.0	57.4	59.4
Shrubland Street ...	34.0	38.1	39.5	41.9	45.5	45.9	48.4	49.8	52.2	54.5	56.1	58.7
Lillingdon ...	35.7	37.3	38.5	43.2	43.6	47.4	50.4	51.7	55.2	56.9	55.8	60.5
National ...	—	38.4	39.4	42.1	43.6	47.2	48.2	49.5	52.2	55.2	55.5	59.4
St. Paul's ...	—	36.0	40.0	43.4	42.5	45.0	48.0	48.7	53.0	54.2	57.0	57.2
St. Peter's ...	36.5	36.5	39.4	40.6	42.4	45.4	46.0	48.5	49.0	52.9	55.4	54.9
Wesleyan ...	—	—	40.0	42.1	44.6	48.0	50.2	50.1	53.2	4.9	57.9	58.6

AVERAGE WEIGHT IN LBS.—BOYS.

Age.	3	4	5	6	7	8	9	10	11	12	13	14
Anthropometric Committee ...	—	—	39.9	44.4	49.7	54.9	60.4	67.5	72.0	76.7	82.6	92.0
Leamington Average	32.5	32.9	36.2	39.1	43.8	48.5	51.5	55.8	61.4	66.7	73.1	76.4
Clapham Terrace ...	33.7	33.0	35.4	35.7	44.1	48.3	50.8	57.0	61.3	67.0	71.9	78.2
Leicester Street ...	32.0	34.1	34.6	41.4	43.2	49.0	52.8	57.5	61.1	66.9	75.1	73.0
Milverton ...	—	34.0	38.7	43.1	45.4	46.3	52.4	53.4	61.6	67.1	74.8	77.5
Shrubland Street ...	24.0	31.3	34.2	38.7	42.2	48.5	48.9	53.7	60.7	63.7	72.8	77.1
Lillington ...	—	33.0	38.0	39.7	43.8	51.2	55.9	58.8	62.8	70.2	73.2	—
National ...	25.0	32.4	34.2	36.5	43.9	47.1	54.1	55.7	61.5	66.5	73.8	83.4
St. Paul's ...	—	32.8	35.3	39.1	44.0	46.8	49.9	52.4	62.0	66.2	70.1	72.7
St. Peter's ...	—	28.3	36.3	40.4	40.8	46.5	49.1	56.7	63.7	70.1	70.2	70.4
Wesleyan ...	—	—	40.1	42.9	45.8	51.6	56.0	56.7	61.4	72.7	78.5	71.3

The Anthropometric Committee's weights are inclusive of clothes; those of Leamington are exclusive of coats, waistcoats, and boots, etc.

AVERAGE WEIGHT IN LBS.—GIRLS.

AGE.	3	4	5	6	7	8	9	10	11	12	13	14
Anthropometric Committee ...	—	—	39.2	41.7	47.5	52.1	55.5	62.0	68.1	76.4	87.2	96.7
Leamington Average	30.9	32.0	34.6	38.3	42.6	47.1	51.8	56.3	60.7	67.7	74.4	82.3
Clapham Terrace ...	27.8	32.2	34.0	38.9	43.1	49.8	51.3	57.4	62.0	68.8	78.2	78.6
Leicester Street ...	33.4	34.5	36.4	38.2	43.7	47.9	53.1	58.7	61.2	67.3	77.0	79.8
Milverton ...	33.8	34.6	35.6	41.0	44.4	47.6	54.1	57.0	64.8	70.6	77.1	86.6
Shrubland Street ...	30.0	31.8	31.3	36.9	42.5	44.3	49.1	54.9	58.4	65.7	69.0	81.4
Lillington ...	30.5	32.6	37.4	38.8	39.6	45.0	55.3	57.7	67.9	68.7	71.4	90.9
National ...	—	33.5	34.3	37.1	40.2	44.0	51.1	52.3	57.2	69.3	72.0	83.0
St. Paul's ...	—	36.5	35.8	41.4	40.0	47.5	50.5	55.7	59.0	65.1	74.4	79.3
St. Peter's ...	29.4	30.8	35.9	39.3	41.8	46.8	49.8	55.7	57.9	66.3	77.2	85.3
Wesleyan ...	—	—	35.4	41.2	41.9	50.7	57.1	61.1	64.2	67.4	75.3	87.8

The Anthropometric Committee's weights are inclusive of clothes; those of Leamington are exclusive of frocks and boots.

MEAN CHEST-MEASUREMENTS IN INCHES.—BOYS

AGE.	3	4	5	6	7	8	9	10	11	12	13	14
Total Number examined 2512	16	67	122	137	174	188	174	167	207	220	205	78
Leamington Average	20.4	20.4	21.0	21.3	22.1	23.1	23.9	24.5	24.7	25.9	26.6	27.0
Clapham Terrace ...	21.4	21.6	21.8	21.6	22.5	23.2	24.1	24.5	24.9	26.0	26.6	26.8
Leicester Street ...	19.7	20.0	20.3	21.2	21.8	23.1	23.5	24.4	24.8	25.8	26.8	26.7
Milverton ...	—	20.4	21.2	21.4	22.2	22.9	23.6	24.1	25.0	25.6	26.7	26.8
Shrubland Street ...	19.0	19.9	20.2	21.3	21.9	23.3	24.3	24.9	25.8	26.0	26.6	27.5
Lillington ...	—	19.5	21.2	20.8	21.9	23.3	24.3	24.6	24.9	26.1	26.7	—
National ...	—	20.8	21.2	21.3	22.5	23.0	23.7	24.5	25.4	26.5	26.2	27.5
St. Paul's ...	—	19.7	20.3	20.8	22.0	22.8	23.8	23.8	24.5	25.5	25.9	26.3
St. Peter's ...	—	20.1	21.2	21.6	21.8	22.5	23.6	24.5	25.5	26.3	26.3	26.3
Wesleyan ...	—	—	20.7	21.5	22.0	23.3	24.3	24.1	24.6	26.1	27.2	26.3

MEAN CHEST-MEASUREMENTS IN INCHES—GIRLS.

AGE.	3	4	5	6	7	8	9	10	11	12	13	14
Leamington Average	19.4	19.8	20.1	20.9	21.6	22.6	23.1	23.8	24.3	25.2	26.0	27.0
Clapham Terrace ...	20.7	21.6	21.4	22.2	22.2	23.1	23.1	24.4	24.6	25.2	26.4	25.9
Leicester Street ...	19.0	19.6	19.8	20.0	21.4	21.9	22.8	23.4	24.1	24.9	26.2	26.7
Milverton ...	19.0	20.0	19.9	20.6	21.5	22.0	23.3	23.7	24.3	25.7	26.2	27.4
Shrubland Street ...	19.0	20.1	20.3	20.8	21.7	23.3	23.6	24.3	24.6	25.5	26.1	27.7
Lillington ...	19.0	19.4	19.6	20.3	20.0	21.5	23.0	23.5	24.9	25.4	25.5	27.9
National ...	—	19.5	20.8	20.8	21.4	23.3	23.1	23.3	23.9	25.1	25.2	26.0
St. Paul's ...	—	19.0	20.2	20.5	20.5	21.6	22.3	23.3	23.9	24.4	26.0	26.8
St. Peter's ...	19.7	20.0	20.5	20.8	21.3	21.7	22.8	23.7	23.7	25.6	27.0	29.6
Wesleyan ...	—	—	20.3	20.7	21.7	22.7	23.8	24.0	24.3	24.9	25.3	27.5

PERCENTAGES OF ABNORMAL CONDITIONS:

ALL LEAMINGTON, 1909.

Age in Years.	Submaxillary Glands.	Cervical Glands.	Enlarged Thyroid.	Ringworm.	Other Skin Diseases.	Running Ears.	Defective Vision.	Squint.	External Eye Disease.	Speech Defects.	Congenital Deformities.	Acquired Deformities.	Heart.	Lungs.	Nervous System.	Anæmia.	Other Conditions.
3	...	2.6	...	2.6	5.3	..	..	...	...	...	...	2.6	...	5.3	...	...	2.6
4	3.9	3.2	...	1.3	6.5	0.6	...	1.3	...	...	...	5.8	...	4.5	...	2.6	3.2
5	13.9	2.5	1.3	0.8	5.9	0.8	...	2.5	0.4	...	0.4	3.8	0.4	4.2	...	1.7	2.5
6	9.7	2.2	1.1	1.1	7.1	0.4	4.1	6.0	1.1	0.7	...	1.1	2.2	3.7	...	1.1	1.1
7	12.6	3.1	1.7	0.8	5.9	...	7.8	3.6	0.3	0.8	...	3.3	1.1	1.4	0.3	1.4	1.4
8	14.1	2.0	2.3	0.9	3.5	0.6	10.0	2.6	0.6	1.2	...	2.9	1.2	1.2	1.2	3.8	1.2
9	12.3	1.1	1.9	0.8	3.0	...	10.7	2.7	1.4	0.3	0.3	3.3	1.4	1.6	0.8	3.3	0.8
10	4.5	2.0	2.8	0.3	3.9	...	9.8	3.1	0.8	1.1	...	5.0	1.4	1.1	0.3	5.0	0.6
11	8.5	0.7	4.0	1.2	2.2	0.3	8.7	3.0	2.0	1.0	0.3	4.7	2.0	1.5	1.5	7.0	0.3
12	10.0	0.9	3.9	0.2	5.0	0.2	9.1	2.5	0.7	0.2	0.2	4.1	2.5	1.4	1.8	6.6	1.1
13	11.6	1.3	4.8	1.0	2.8	0.3	8.8	1.0	0.8	0.8	...	5.3	4.5	2.5	1.5	7.1	1.3
14	10.3	0.6	4.5	...	1.9	0.6	9.1	3.2	1.3	0.6	...	3.9	3.2	2.6	5.2	9.6	0.6

PERCENTAGES OF ABNORMAL CONDITIONS:

ALL LEAMINGTON, 1911.

Age in Years.	Submaxillary Glands.	Cervical Glands.	Enlarged Thyroid.	Ringworm.	Other Skin Diseases.	Running Ears.	Defective Vision.	Squint.	External Eye Disease.	Speech Defects.	Congenital Deformities.	Acquired Deformities.	Heart.	Lungs.	Nervous System.	Anæmia.	Other Conditions.
4	10.8	2.4	...	...	...	...	...	...	...	...	...	2.9	...	8.3	...	...	...
5	9.0	3.0	2.0	...	2.0	...	...	2.5	...	...	...	2.0	...	4.5	...	...	...
6	17.4	2.6	...	...	...	...	...	...	...	...	...	3.3	...	...	...	...	...
14	0.5	...	3.4	...	1.1	...	*	*	...	0.3	...	2.3	2.9	1.1	0.5	1.1	2.3

* All provided with glasses.

NOTIFICATION OF COMMUNICABLE DISEASES.**I.—Children actually suffering from Infectious or Contagious Disease.**

When children are known or suspected to be suffering from Infectious or Contagious Disease (Whooping-cough, Measles, German Measles, Chickenpox, Scarlet Fever, Diphtheria, Membranous Croup, Mumps, Typhoid Fever, Erysipelas, Smallpox, Impetigo, Ringworm, Pediculosis) a notification on a prescribed form is sent by the Head Teacher to the Public Health and School Medical Department for the use of the School Medical Officer and the Medical Officer of Health. In some of the above cases (Scarlet Fever, Diphtheria, Membranous Croup, Typhoid Fever, Erysipelas, and Smallpox) notification is received independently by the Medical Officer of Health from the Medical Practitioner attending the case.

Enquiries are then made by the Officials of the Department at the house of the patient, and an Exclusion Notice is sent to the Parents or Guardians of the child, and to the Head Teacher of the School attended by the Patient or by any children in the house concerned, stating what child or children must be excluded from School.

When the infected house has been disinfected a Re-admission Notice is served on the same parties. No child from an infected house is re-admitted to school until this notice has been received. It is to be noted that the date of re-admission is fixed in accordance with the Regulations of the Board of Education, and the child cannot be re-admitted prior to this. On the other hand, the presence of complications may necessitate a longer period of exclusion on medical grounds. In such a case a Medical Certificate is required.

II.—Children in contact with persons suffering from Communicable Disease.

The same Regulations apply as to Exclusion and Re-admission of children living in the same house as a Patient suffering from any Infectious or Contagious Disease, subject to the exceptions specified below.

- (1) TYPHOID FEVER or ERYSIPELAS.—No exclusion need take place, but notification of the existence of such cases should be reported in the usual way.
- (2) MEASLES or WHOOPING-COUGH.—All younger children who have not had the disease, and all who are attending Infant Schools, whether they have had the disease or not, should be excluded during the period of exclusion of the patient. Children who have had the disease, attending Schools other than Infant Schools, need not be excluded.

Where Measles is known to have occurred among scholars, careful watch should be kept for Premonitory Symptoms in other children. Any affected should be immediately excluded and notified in the usual way.

- (3) CHICKENPOX or MUMPS.—Only those children in the house who are suffering from the complaint need be excluded, except in the case of Chickenpox, when all children of the same family must be excluded from the Infants' School during the period of exclusion of the Patient.
- (4) Where cases of SCARLET FEVER or DIPHTHERIA are known to have occurred in the neighbourhood, all children suffering from sore throat or swollen Glands should be immediately excluded and notified in the usual way.
- (5) RINGWORM, SCABIES, IMPETIGO, PEDICULOSIS—Children living in the same house but not affected need not be excluded.

If a Certificate be given by a Medical Practitioner that children may be permitted to return to School this should be reported to the Public Health and School Medical Department without delay, and instructions awaited before admitting the children.

Any Notice from the above Department regarding Exclusion from or Re-admission to School should be shown to each Head Teacher in the School, so that all the School Departments may act in concert; and the attention of the School Attendance Officer should be drawn to such notice.

SUMMARY OF INFECTIOUS DISEASES.

DISEASE.	INCUBATION PERIOD.	PREMONITORY SYMPTOMS.	DAY OF ILLNESS ON WHICH RASH APPEARS.	PERIOD OF EXCLUSION FROM SCHOOL.	QUARANTINE PERIOD.
MEASLES ...	12 days (7-21)	Severe cold in the head, coughing, sneezing, running at the eyes and nose, shivering, feverishness, headache.	4th day	4 weeks and until all cough has disappeared	(See Note)
SCARLET FEVER...	3 days (1-7)	Sore throat, vomiting, shivering, hot dry skin, headache.	24 hours— 2 days	6 weeks, until peeling has finished, and there is no discharge from ears or nose	14 days
GERMAN MEASLES	14 days (10-21)	Cold, coughing, sneezing, enlarged glands, blotchy rash, somewhat like both measles and scarlet fever.	1st day	3 weeks	21 days
DIPHTHERIA ...	2 days (1-7)	Sore throat, shivering, stiff neck, general lassitude, white patches on side and back of mouth.	No rash	6 weeks and until microscopic examination shows throat free from diphtheria bacilli.	14 days, until diphtheria bacilli are proved absent.
WHOOPING COUGH	9 days (5-14)	Fits of coughing, gradually developing into characteristic whoop, often followed by vomiting	No rash	6 weeks and after all cough has ceased.	(See Note)
MUMPS ...	17-19 days (4-21)	Stiffness, pain and tenderness in jaws, especially on the left side, swelling in neck below ear.	No rash	3 weeks if all swelling has subsided	(See Note)
CHICKEN-POX ...	12-14 days (10-20)	As a rule no premonitory symptoms before the appearance of the rash, which consists of red spots rapidly turning into blisters.	1st day	3 weeks and until all the scabs have fallen off	(See Note)
SMALL-POX ...	12 days (10-14)	Headache, shivering, feverishness, vomiting, pains in back.	3rd day	Until all scabs have fallen off	15 days

INCUBATION PERIOD is the period that elapses, from the exposure of the patient to infection, until the first symptoms of the disease make their appearance. The figures in parenthesis in the second column indicate the shortest and longest possible, incubation periods. QUARANTINE PERIOD is the period of time during which a person who has been exposed to the infection of a particular disease should be isolated or kept under observation.

CASES OF COMMUNICABLE DISEASES EXCLUDED
FROM SCHOOL,
JANUARY TO DECEMBER, 1911.

	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Totals.
Scarlatina...	...	...	...	1	2	1	...	...	1	7	3	1	16
Diphtheria	1	1	...	...	...	...	...	...	...	...	1	...	3
Whooping-Cough	6	3	9	...	...	...	...	...	...	...	...	...	18
Measles ...	163	269	143	1	1	...	...	...	...	...	1	...	578
Mumps ...	15	3	7	...	2	2	1	...	5	...	...	...	35
Chickenpox	4	...	...	3	5	6	3	2	...	3	10	6	42
Ringworm	8	9	8	5	10	6	4	...	1	5	3	5	64
Impetigo ...	9	8	9	4	8	7	4	1	7	15	7	3	82
Scabies ...	3	3	...	...	...	...	...	...	...	...	...	...	6
TOTALS ...	209	296	176	14	28	22	12	3	14	30	25	15	844

CONTENTS.

	PAGES
STATISTICAL	7—12—68—72
INFANTILE MORTALITY	13—14
NOTIFICATION OF INFECTIOUS DISEASES	14—32
NEW HEALTH OFFICES ... ..	... 33
MUNICIPAL LABORATORY	33—34
WATER SUPPLY	35—39
WATER AND SEWAGE	39—43
SANITARY WORK OF THE YEAR	43—53
COMMON LODGING HOUSES ... ..	... 48
INSPECTION OF CANAL BOATS	48—49
SLAUGHTER HOUSES AND OFFENSIVE TRADES	49—50
DISEASED AND UNSOUND FOOD	50—51
COWSHEDS, DAIRIES, AND MILK SHOPS ... ..	... 51
IMPROVED MILK SUPPLY	51—53
SALE OF FOOD AND DRUGS ACTS	53—54
PIG-KEEPING	54—55
HOUSING AND TOWN PLANNING ACT	56—62
FACTORIES AND WORKSHOPS	63—66
SHOP HOURS ACTS ... ..	... 67
METEOROLOGY	73—79
SCHOOL REPORT	83—104
GENERAL REVIEW OF MEDICAL INSPECTION	89—93
COMPARATIVE TABLES... ..	94—99
PERCENTAGES OF ABNORMAL CONDITIONS ... ..	... 100
COMMUNICABLE DISEASES	101—104

ERRATA.

- P. 60, Paragraph 4, Line 2, should read "8 out of 280 inspected."
 P. 61, Paragraph 2, Line 9, "galvanised sanitary bins."

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