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CITY OF LEEDS.

REPORT

ON THE

Health and Sanitary Administration

OF THE CITY

FOR THE YEAR 1926.

BY

J. JOHNSTONE JERVIS, M.D., D.P.H.,

Medical Officer of Health.

TABLE OF CONTENTS.

NATURAL AND SOCIAL CONDITIONS.

	PAGE
AREA AND POPULATION	11
RATEABLE VALUE	13
PRINCIPAL INDUSTRIES	13
VITAL STATISTICS—	
Marriages	13
Births	13
Birth-rate in Quarters	16
Excess of Births over Deaths	16
Illegitimate Births	17
Deaths	17
Death-rate in Quarters	18
Death-rate in Wards	20
Causes of Death	21
Housing and Death	23
Deaths in Age Groups	24
Infantile Mortality	24
Comparison with Other Towns	30
CREMATION	26
HOSPITAL ACCOMMODATION	29

SANITARY CIRCUMSTANCES.

RIVERS AND STREAMS	31
WATER	31
DRAINAGE AND SEWERAGE	32
SEWAGE DISPOSAL	32
SCAVENGING AND CLEANSING	33
ASHPITS AND ASHBINS	33
CLOSET ACCOMMODATION	34
PUBLIC CONVENIENCES	36
SANITARY ADMINISTRATION—	
Sanitary Inspection of District	36
The Rent Acts	37
Notices	37
Legal Proceedings	37
Common Lodging Houses	41
University Lodgings	43
Residential Flats	43
Canal Boats	43
Vans and Tents	44
Ice Cream—Street Vendors and Sheds	44
Cellar Dwellings	45
Offensive Trades	45
Factories and Workshops	46
Plans	50
Work of Women Inspectors	50
Rat repression	51
Rag Flock	52
SMOKE	53
SUNSHINE	57
SCHOOLS	57
LEGISLATION IN FORCE	59

FOOD.

PAGE

MILK	61
COWS AND COWSHEDS	62
MILK AND DAIRIES ORDER, 1926	63
TUBERCULOSIS ORDER	64
DAIRY FARMS AND MILKSHOPS	66
MILK AND FOOD ANALYSIS	67
GUINEA PIG TESTS	68
SPECIAL BACTERIAL TESTS	68
DEPARTMENTAL LABORATORY	68
MILK AND CREAM REGULATIONS	71
FOOD AND DRUGS	71
MEAT	73
Tuberculous Carcases	74
Slaughterhouses	74
Legal Proceedings.. .. .	75
Public Health Meat Regulations, 1924	75
Shellfish	77

INFECTIOUS AND OTHER DISEASES.

CO-OPERATION WITH SCHOOL MEDICAL SERVICES	78
SMALLPOX	78
MEASLES	80
WHOOPIING COUGH	81
SCARLET FEVER.. .. .	83
ERYSIPELAS	84
PUERPERAL FEVER	84
ENCEPHALITIS LETHARGICA	85
ACUTE ANTERIOR POLIO-MYELITIS	85
CEREBRO-SPINAL MENINGITIS	85
DIPHThERIA	85
ENTERIC FEVER	87
MALARIA, DYSENTRY AND TRENCH FEVER	88
OPHTHALMIA NEONATORUM	89
DIARRHŒA AND ENTERITIS	90
INFLUENZA	92
BRONCHITIS AND PNEUMONIA.. .. .	93
CANCER	94
ANTHRAX	97
INFECTIOUS DISEASES HOSPITAL	98
AMBULANCE WORK AND DISINFECTION	100
VERMINOUS HOUSES AND PERSONS	101
BACTERIOLOGICAL WORK	101
VENEREAL DISEASES	104
Statistics	104
Work of Treatment Centre	104
Institutions.. .. .	106
Supply of Salvarsan Substitutes	106
Pathological Work	107
TUBERCULOSIS	108
Statistics	108
Dispensary and Institutions	118
Central Tuberculosis Dispensary	118
Care Work	131

MATERNITY AND CHILD WELFARE.

	PAGE
STATISTICS	136
Death-rate in Quarters	137
Deaths in Age Groups	138
Neo-natal Death-rate	138
Causes of Infant Death	138
Illegitimate Death-rate	141
SUPERVISION OF MIDWIVES—	
Number of Midwives	144
Inspection of Midwives	144
Advising Medical Help	145
Midwives' Emergencies	145
Puerperal Fever Cases	145
Handywomen	146
Revision Course	146
STILL-BIRTHS	146
ANTE-NATAL WORK	148
NATAL WORK	149
MATERNITY HOMES	151
Illegitimate Births in Institutions	151
MATERNAL MORTALITY	151
SPECIALIST SERVICE	152
POST-NATAL WORK	153
Home Visiting	153
Infant Welfare Centres	154
Infant Consultations	155
Leeds Babies' Welcome Association	159
Orthopædic Scheme	160
MILK DISTRIBUTION	162
THE INFANTS' HOSPITAL, WYTHER	165
DAY NURSERY	167
RESIDENTIAL NURSERY	167
CONVALESCENT TREATMENT FOR MOTHERS AND BABIES	168

HOUSING.

NUMBER OF HOUSES	170
NEW HOUSES	170
HOUSING SHORTAGE	172
OVERCROWDING	172
UNFIT HOUSES	173
UNHEALTHY AREAS	173

PROPAGANDA	176
--------------------	-----

DEPARTMENTAL ORGANISATION	177
-----------------------------------	-----

MINISTRY OF HEALTH TABLES	178 to 181
-----------------------------------	------------

CHARTS—

BIRTH RATE, 1890-1926	opposite page 14
DEATH RATE, 1890-1926	20
INFANT MORTALITY RATE, 1890-1926	142
CANCER DEATH RATE, 1891-1926	96
TUBERCULOSIS DEATH RATE, 1890-1926	114

PUBLIC HEALTH COMMITTEE.

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„ Dr. J. FRIEND.

„ W. J. ELSE.

Councillor Dr. J. S. LOGAN

(*Deputy-Chairman*).

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„ A. LEE.

„ J. McMANUS.

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Councillor G. DENNISON.

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Councillor J. McMANUS.

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Child Welfare Committee.*

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„ J. McMANUS

(*Chairman*).

„ W. COTTAM.

*Representing Education
Committee.*

Alderman D. B. FOSTER.

Councillor J. WORMALD.

Mrs. HOYLAND SMITH.

Representing Leeds Day Nurseries Association :

Mrs. W. H. CLARKE.

Mrs. G. HALBOT.

Mrs. A. E. IVES.

PUBLIC HEALTH STAFF.

Medical Officer of Health and Chief Tuberculosis Officer.	J. JOHNSTONE JERVIS, M.D., Ch.B., D.P.H.
Assistant Medical Officer of Health ..	A. STUART HEBBLETHWAITE, M.C., M.B., Ch.B., D.P.H.
Assistant Medical Officer of Health for Maternity and Child Welfare and Medical Officer of Infants' Hospital	NORA F. SMITH, M.B., B.S., D.P.H.
Assistant Medical Officers for Maternity and Child Welfare.	MARION E. MACKENZIE, M.B., Ch.B. CECILIA SHISKIN, B.A., M.B., Ch.B. HARRY M. HOLT, M.B., Ch.B. MARION KNOWLES, M.B., Ch.B.
Consulting Clinical Tuberculosis Officer	H. de CARLE WOODCOCK, M.D., M.R.C.S., F.R.C.P. (Edin.), D.P.H.
Chief Clinical Tuberculosis Officer ..	N. TATTERSALL, M.D., B.S., Ch.B.
Assistant Clinical Tuberculosis Officer	Z. P. FERNANDEZ, M.D., Ch.B., D.P.H.
Assistant Clinical Tuberculosis Officer	ALEXANDRENA M. MACLENNAN, M.D., Ch.B.
Medical Superintendents—	
Infectious Disease Hospital (Seacroft).	A. E. PEARSON, M.R.C.S., L.R.C.P.
Killingbeck Sanatorium	W. A. TODD, M.B., Ch.B.
Gateforth Sanatorium	H. M. HOLT, M.R.C.S., L.S.A., D.P.H.
Venereal Diseases Officer	J. P. BIBBY, M.B., Ch.B., M.R.C.P.
Assistant Medical Officer for Venereal Disease	D. J. MACKINNON, M.B., Ch.B.
Do.	DOROTHY PRIESTLEY, M.D., B.S.
City Bacteriologist	J. W. McLEOD, M.B., Ch.B.
Veterinary Assistant and Chief Meat Inspector	J. A. DIXON, M.R.C.V.S.
City Analyst	B. A. BURRELL, F.I.C., F.C.S.
Chief Sanitary Inspector	A. STUART HEBBLETHWAITE, M.C., M.B., Ch.B., D.P.H.
Divisional Sanitary Inspectors and Executive Rats Officers	E. STANDISH. G. F. MARSHALL.
Removal Officer	D. FERGUSON.
Principal Clerks—	
Finance	J. W. RIDSDALE.
Statistics	J. P. MOIR.
Sanitary	A. SPARKS.
Infectious Diseases	H. O. PEAKE.

STAFF.

Special Inspectors including Smoke, Lodging-houses, Food and Drugs, Dairies, Meat and Housing	14
Laboratory Assistant	1
Sanitary Inspectors	18
Female Sanitary Inspectors	2
Health Visitors	21
Chief Woman Inspector	1
Tuberculosis Nurses	13
Clinic Nurses	14
Dispensers	8
Clerical Staff	30
Removal and Disinfecting Staff	17
City Hospital, Seacroft (2 Assistant Medical Officers, 1 Matron, 2 Assistant Matrons, 1 Sister Tutor, 78 Nurses, 68 Female Servants, 48 Male Servants, including Engineers, Porters, etc.)	200
Killingbeck Sanatorium (1 Assistant Medical Officer, 1 Matron, 1 Assistant Matron, 1 Dispenser, 1 Clerk, 14 Porters, etc., 35 Nurses, 42 Maids)	96
Gateforth Sanatorium (1 Matron, 2 Assistant Nurses, 1 Cook, 7 Maids, 1 Working Foreman, 1 Handyman and 1 Gardener	14
The Hollies Children's Sanatorium (1 Matron, 1 Sister, 3 Assistant Nurses, 2 Teachers, 1 Cook, 3 Maids, 1 Charwoman, 1 Handyman)	13
Infants' Hospital, Wyther (1 Matron, 2 Sisters, 2 Staff Nurses, 14 Probationer Nurses, 1 Cook, 7 Maids, 1 Handyman, 1 Gardener)	29
Red House Day Nursery (1 Matron, 1 Staff Nurse, 6 Probationer Nurses, 3 Maids)	11
Cobden Place Day Nursery and Blenheim Hostel (1 Matron, 1 Home Sister, 1 Staff Nurse, 9 Probationer Nurses, 2 Maids) ..	14

CITY OF LEEDS.

To the Chairman and Members of the Health Committee.

Madam and Gentlemen,

Notwithstanding the fact that the year was marked by calamity and distress in the industrial world and that privation and want were rife in many homes, the health of the city in 1926 was good.

The weather contributed in no small measure to this result as both winter and spring were open and mild.

There was almost an entire absence of epidemic disease ; indeed, with the exception of measles there was a definite falling off in the incidence of most of the common infections.

The birth-rate fell to the low level of 17·0, the lowest recorded in the city's history, the death-rate remained the same as for the previous year, viz., 12·8, whilst the infantile mortality rate rose two points from 91 in 1925 to 93.

Tuberculosis continued to relax its hold on the community, both the case and the mortality rates falling considerably as compared with the previous year, the former from 3·96 to 3·08, and the latter from 1·27 to 1·24. These figures though encouraging, are still much too high and call for renewed effort and a more vigorous prosecution of the campaign against the disease. The re-organisation of the Tuberculosis Dispensary is nearing completion, and with the re-arrangement and strengthening of our forces there, the rate of advance should be accelerated. There is need to augment the number of Sanatorium beds especially for surgical tuberculosis and the acquisition of the Elmet Hall estate should render such augmentation possible at an early date.

The housing conditions in the older and more congested parts of the city are becoming a matter of deep concern to me. Every year that passes adds to the seriousness and urgency of the problem. I have

no desire to exaggerate the position, but I cannot ignore the baneful influence which these conditions exert on the general health of the city. A solution to the problem must be found and to that end we must bend all our energies.

It is a pleasure to pay a well merited tribute of praise and thanks to the officers who have assisted me in guiding the destinies of the Public Health Department during the year, and to all the members of my staff for their unfailing loyalty and support.

I also wish to record my appreciation of the kindness and courtesy always extended to me by the members of the Health Committee.

I am,

Madam and Gentlemen,

Your obedient Servant,

J. JOHNSTONE JERVIS.

*Public Health Department,
Leeds,
August, 1927.*

SUMMARY, 1926.

LATITUDE 53'48° North. LONGITUDE 1'32° West.

AVERAGE HEIGHT ABOVE SEA LEVEL 250 feet.

AREA OF CITY 30,136 $\frac{3}{4}$ Acres.

POPULATION (Registrar-General's estimate) 473,400

ESTIMATED NUMBER OF HOUSES 118,894

RATEABLE VALUE £3,091,388

SUM REPRESENTED BY A PENNY RATE £12,053

	Average. 1926. 1916-25.	
BIRTH RATE (births per 1,000 living)	17.04	19.38
DEATH RATE (deaths per 1,000 living)	12.81	14.97
NATURAL INCREASE OF POPULATION (Excess of births over deaths in the year)	2,003	2,036
INFANT MORTALITY RATE (Deaths under 1 year per 1,000 births)	93	111
DEATH RATE from Pneumonia and Bronchitis	1.95	2.62
„ „ Cancer	1.39	1.23
„ „ Diarrhoea and Enteritis (under 2 years) per 1,000 births	18.23	16.56

	Cases.	Case- rate.	Deaths.	Death rate.
SCARLET FEVER	756	1.60	5	0.01
DIPHTHERIA	374	0.79	26	0.05
TYPHOID FEVER	9	0.02	1	0.00
MEASLES	7,702	16.27	20	0.04
PULMONARY TUBERCULOSIS	1,299	2.74	477	1.01
OTHER FORMS OF TUBERCULOSIS	161	0.34	108	0.23

CITY OF LEEDS.

NATURAL AND SOCIAL CONDITIONS.

Area.—During the year the area of the City was increased from 28,090 acres to 30,136 $\frac{3}{4}$ by the inclusion on April 1st of a portion of the Township of Adel-cum-Eccup.

Population.—The population at the 1921 census was 458,232, adjusted later to 465,500. At the middle of the year 1926 the population as estimated by the Registrar General was 473,400, which is an advance of 500 on the population for 1925 and of 7,900 on the adjusted census population. This seems a remarkably small increment, especially when one considers that the increase of population by excess of births over deaths for the year (July 1st, 1925, to June 30th, 1926) was 1,829, in addition to which a portion of the Township of Adel with a population estimated at 987 was added. Thus there was a known increase of 2,816 as against the Registrar General's estimate of 500. It must be observed, however, that during the year, and for some years past, owing to the serious slump in trade and the resulting unemployment, emigration from the City has probably reached a higher figure than at any previous time, which to some extent would account for the smallness of the increment. Calculated by the inhabited house method the Registrar General's estimate would seem to be rather conservative. At June 30th, 1926, the number of inhabited houses in the City was 116,794, which at the census figure of 4.2 occupants per occupied house (assuming that the figure has not varied) would give a population of 490,535. It is doubtful, however, whether the number of occupants per house is as much as 4.2 at the present time.

The number of occupied houses at the census of 1921 was 108,534 and unoccupied 2,737. The total number of families occupying these houses was 110,182.

The distribution of the population throughout the 17 wards into which the City is divided, as far as it can be ascertained, is given in the table on page 12. Owing to the movement of the population brought about by the opening out of the various new housing estates it is extremely difficult to arrive at an accurate estimate of the ward populations.

The following table shows the constitution of the population in age groups at the 1921 census :—

1921 CENSUS POPULATIONS IN AGE GROUPS.

Sex.	Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards	Total.
Males ..	4,645	13,419	41,533	38,348	63,219	44,198	10,125	215,487
Females ..	4,511	13,217	41,354	45,677	76,492	47,830	13,664	242,745
Total ..	9,156	26,636	82,887	84,025	139,711	92,028	23,789	458,232

POPULATION IN WARDS.

WARD.	Census, April 2nd, 1911.	Census, June 19th, 1921.	Adjusted population, 1921.	Estimated population middle of 1926.
Central	14,503	12,528	12,727	12,634
North	41,968	42,423	43,096	43,528
North-East ..	36,239	36,011	36,582	36,661
New Ward* ..	..	7,814	7,938	9,625
East	34,701	35,272	35,832	36,109
South	12,562	12,817	13,020	12,949
East Hunslet† ..	33,562	35,264	35,823	37,950
West Hunslet ..	35,766	36,129	36,702	36,440
Holbeck	29,679	29,441	29,908	29,688
Mill Hill	5,856	5,286	5,370	5,273
West	20,553	22,029	22,378	22,075
North-West ..	30,570	31,531	32,031	31,702
Brunswick ..	23,219	23,930	24,310	24,002
New Wortley ..	16,714	17,773	18,055	18,006
Armley & Wortley	37,419	36,762	37,345	37,501
Bramley	23,937	23,481	23,853	24,681
Headingley‡ ..	48,302	49,741	50,530	54,576
City	445,550	458,232	465,500	473,400

*Roundhay, Seacroft, Shadwell, and Crossgates added to Leeds, November, 1912. (1911 Census, 7,398).

†Including Middleton added to Leeds, April 1st, 1920. (1911 Census, 1,207).

‡Including portion of Adel added to Leeds, April 1st, 1926. (1921 Census, 987).

Rateable Value.—The rateable value of the City in 1926 was £3,091,388 and the sum represented by a penny rate £12,053.

Principal Industries.—The principal industries represented in the City are engineering, iron and steel, woollen, ready-made clothing, leather, boot and shoe, printing and dyeing. In addition Leeds is also an important commercial and railway centre. It possesses a modern university and medical school, a large well-equipped technical school, and is a well-known training centre for teachers.

VITAL STATISTICS.

Marriages.—The number of marriages which took place during the year was 3,644. It should be noted that this figure includes marriages in the Registration District of Hunslet, part only of which is included in the City. It is impossible, therefore, to ascertain accurately the marriage rate for the City. The gross rate for 1926 was 14·8, or 0·5 in excess of the rate for England and Wales. How this rate compares with last year's one cannot say, as no rate was calculated owing to the difficulty of getting an accurate estimate of population for the whole district.

Births.—The number of births registered in the City during the year was 8,437, comprising 4,347 males and 4,090 females. Of these, 246 males and 223 females were born to parents belonging to districts outside the City, and have therefore been deducted from the total, whilst to the total have been added 55 males and 42 females, born outside but belonging to Leeds parents, making a nett total of 8,065 made up of 4,156 males and 3,909 females. Compared with the figures for the previous year this is a decrease of 43 males and 72 females or a total decrease of 115.

The birth-rate was 17·0 as compared with 17·3 for the previous year, and an average rate of 19·1 for the previous five years. This is the lowest birth-rate ever recorded in the City's history.

As compared with the other large towns in England and Wales with populations over 250,000, Leeds had the lowest birth-rate with the exception of Bradford.

The table on page 15 shows the distribution of births in the various wards. In eight of the wards, namely, East, East Hunslet, West, South, New Wortley, North-East, Central and Holbeck, the rate was higher than for the whole City, whilst in the remainder it

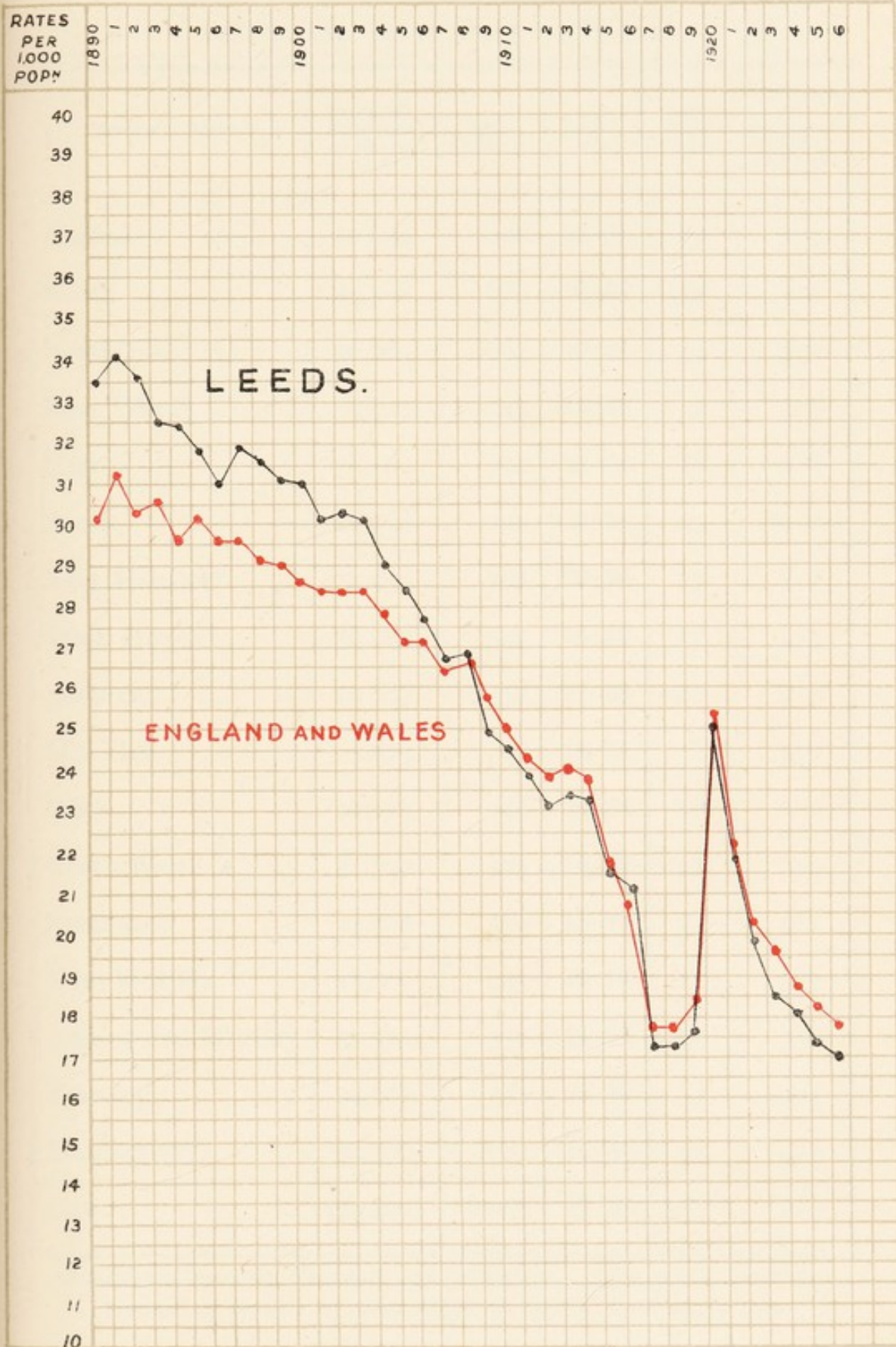
BIRTH RATE.

Year.			No. of births.	Birth rate, LEEDS.	England and Wales.
1890-1894	..	..	62,270	33.2	30.5
1895-1899	..	..	63,873	31.5	29.6
1900-1904	..	..	64,791	30.1	28.4
1905-1909	..	..	59,117	26.9	26.7
1910-1914	..	..	53,267	23.6	24.2
1915 ..	..	..	9,877	21.5	21.9
1916 ..	..	..	9,432	21.1	20.9
1917 ..	..	..	7,566	17.3	17.8
1918 ..	..	..	7,392	17.3	17.7
1919 ..	..	..	7,564	17.6	18.5
1920 ..	..	..	11,229	25.0	25.5
1921 ..	..	..	10,144	21.8	22.4
1922 ..	..	..	9,253	19.8	20.4
1923 ..	..	..	8,684	18.5	19.7
1924 ..	..	..	8,558	18.1	18.8
1925 ..	..	..	8,180	17.3	18.3
1926 ..	..	..	8,065	17.0	17.8

BIRTH RATE IN QUARTERS.

			I.	II.	III.	IV.	Year.
1917 ..	..	..	19.2	18.0	16.2	15.7	17.3
1918 ..	..	..	17.4	16.8	17.8	17.1	17.3
1919 ..	..	..	13.6	14.6	17.5	24.4	17.6
1920 ..	..	..	30.1	25.6	23.7	20.8	25.0
1921 ..	..	..	21.9	22.4	22.2	20.7	21.8
1922 ..	..	..	21.2	20.7	19.5	17.9	19.8
1923 ..	..	..	18.9	19.5	18.1	17.4	18.5
1924 ..	..	..	18.7	18.4	18.7	16.8	18.1
1925 ..	..	..	17.0	19.0	17.5	15.7	17.3
1926 ..	..	..	17.0	18.5	17.2	15.5	17.0

BIRTH RATE, 1890-1926.



BIRTH RATE 1900-1920



BIRTHS AND BIRTH RATE IN WARDS.

MUNICIPAL WARD.	Estimated Population middle of 1926.	Nett births.	Birth- rate.	Illegiti- mate births.	Percentage of illegitimate births to total births.
Central	12,634	228	18·05	17	7·5
North	43,528	682	15·67	35	5·1
North-East	36,661	664	18·11	34	5·1
New Ward*	9,625	149	15·48	2	1·3
East	36,109	791	21·91	38	4·8
South	12,949	250	19·31	25	10·0
East Hunslet†	37,950	787	20·74	37	4·7
West Hunslet ..	36,440	540	14·82	18	3·3
Holbeck	29,688	532	17·92	40	7·5
Mill Hill	5,273	67	12·71	6	9·0
West	22,075	449	20·34	28	6·2
North-West	31,702	472	14·89	34	7·2
Brunswick	24,002	379	15·79	27	7·1
New Wortley ..	18,006	345	19·16	21	6·1
Armley and Wortley	37,501	557	14·85	21	3·8
Bramley	24,681	387	15·68	17	4·4
Headingley‡..	54,576	786	14·40	34	4·3
City	473,400	8,065	17·04	434	5·4

*Roundhay, Seacroft, Shadwell, and Crossgates. †Including Middleton.

‡Including portion of Adel added to Leeds, April 1st, 1926.

was lower. The ward with the highest rate was East, followed by East Hunslet and West, all of which were above 20, whilst those with the lowest were Headingley, West Hunslet and Armley and Wortley.

Details respecting the notification and visitation of births are given on page 153.

Birth-rate in Quarters.—The highest rate was in the second quarter, 18.5, and the lowest in the fourth quarter, 15.5, whilst the rates in the other two were pretty much on a level.

Excess of Births over Deaths.—The excess of births over deaths or what is generally spoken of as the “natural increase of population” was 2,003 as compared with 2,143 for last year. This figure which in trade parlance would be called the “balance on the trading account” represents the capital appreciation for the year, and it has been steadily declining since 1920. The rate of decline is, however, showing signs of slowing up, and unless there is a further fall in the birth-rate with no corresponding decrease in the death-rate, the population may soon arrive at that point where it may be said to be stationary.

One frequently hears it affirmed, chiefly as an argument in the favour of the maternity centres being used for the teaching of methods of birth control, that there are so many poor women harassed by large families that their own health and that of their children becomes undermined. With the object of testing the truth of this statement I caused an enquiry to be made into the sizes of the various families into which children were born during the year. The result of that enquiry shows that 33.0 per cent. of the total births investigated (8,008) were into families with no children, 24.0 per cent. into families with one child, 14.4 per cent. into families with two, 9.6 per cent. with three, 6.2 per cent. with four, 4.1 per cent. with five, 2.5 per cent. with six, 2.1 per cent. with seven, 1.5 per cent. with eight, and 2.6 per cent. with over eight. In other words, out of a total of 8,008 births investigated, 497, or 6.2 per cent. were into families of more than six, whilst 5,721, or 71.4 per cent., were into families of two and under. It would appear, therefore, that the tears shed on behalf of the mothers of large families are in great measure superfluous. Rather should sympathy be extended to those women (thousands in number) who are childless or have only one child and who, owing to circumstances over which they have no control, are unable to better their lot.

As one would expect, the wards with the largest families were those in the working-class areas. Thus of the births investigated, 12.0 per cent. in the East ward, 11.1 per cent. in the South, 9.3 per cent. in New Wortley, 8.6 per cent. in West, and 7.2 per cent. in Central, were into families of over 6 children, whilst in North West and Headingley the figures were 1.5 per cent. and 1.9 per cent. respectively.

Illegitimate Births.—Of the 8,065 nett births registered 7,631 (3,929 males, 3,702 females) or 94.6 per cent. were legitimate and 434 (227 males, 207 females) or 5.4 per cent. illegitimate. The ratio of illegitimate to legitimate was 1 to 18.

YEAR.	Illegitimate births.	Percentage of nett births registered.	Rate per 1,000 estimated population.
1917 ..	576	7.6%	1.31
1918 ..	528	7.1%	1.23
1919 ..	567	7.5%	1.32
1920 ..	631	5.6%	1.41
1921 ..	565	5.6%	1.21
1922 ..	511	5.5%	1.09
1923 ..	438	5.0%	0.93
1924 ..	423	4.9%	0.90
1925 ..	422	5.2%	0.89
1926 ..	434	5.4%	0.92

Reference to the illegitimate death rate will be found on pages 141 and 143.

Deaths.—During 1926, 6,285 deaths, comprising 3,314 males and 2,971 females, were registered as having occurred in the City. The deaths transferred in numbered 308, namely, 157 males and 151 females, whilst 531, including 321 males and 210 females, were transferred out, leaving a nett total of 6,062 deaths, made up of

3,150 males and 2,912 females, belonging to the City. The crude death-rate for the year was 13·3 and the recorded 12·8, exactly the same in both cases as for the previous year. These rates are lower than for any previous year except 1923. Compared with the average for the previous five years (13·4) the rate for 1926 shows a reduction of 0·6 or 4·5 per cent. This represents a saving of 284 lives, against which must be put the loss entailed by the reduction of the birth-rate in the same period which amounted to 970 lives.

Compared with the other large towns in England and Wales Leeds occupied sixth place, the towns with lower death rates being London, Birmingham, Sheffield, Bristol and Newcastle, whilst Liverpool, Manchester, Hull, Bradford and Nottingham were higher.

The Leeds death-rate was 1·2, or 10·3 per cent. in excess of that for England and Wales (11·6). This is higher than the corresponding figure for last year by 0·6.

Death-rate in Quarters.—The death-rate for the first quarter was 15·7, for the second, 12·7, for the third, 9·9, and for the fourth 13·1. That distribution is the usual one for the City; the first quarter is generally the highest and the third the lowest.

DEATH RATE IN QUARTERS.

	I.	II.	III.	IV.	Year.
1917	19·1	17·3	13·6	14·5	16·1
1918	19·7	16·0	14·3	29·8	19·9
1919	25·5	13·1	11·3	15·2	16·2
1920	20·6	13·9	11·2	13·1	14·7
1921	14·5	12·5	11·3	15·8	13·5
1922	17·5	14·6	10·6	12·9	13·9
1923	14·7	13·4	10·6	12·4	12·7
1924	22·4	12·9	9·9	12·2	14·3
1925	14·8	11·4	10·8	14·1	12·8
1926	15·7	12·7	9·9	13·1	12·8

DEATHS AND DEATH RATE IN WARDS.

MUNICIPAL WARD.	Area in Acres.	Estimated population middle of 1926.	Nett deaths.	Death- rate.
Central	209	12,364 ⁶³	198	15·67
North	3,026	43,528	517	11·88
North-East	1,268	36,661	480	13·09
New Ward*	4,677	9,625	88	9·14
East	1,650	36,109	479	13·27
South	343	12,949	198	15·29
East Hunslet†	3,022 ³ / ₄	37,950	487	12·83
West Hunslet	1,414	36,440	465	12·76
Holbeck	507	29,688	361	12·16
Mill Hill	233	5,273	73	13·84
West	291	22,075	394	17·85
North-West	732	31,702	406	12·81
Brunswick	498	24,002	306	12·75
New Wortley	412	18,006	242	13·44
Armley and Wortley ..	1,604	37,501	448	11·95
Bramley	4,599	24,681	288	11·67
Headingley‡	5,651	54,576	632	11·58
City	30,136 ³ / ₄	473,400	6,062	12·81

*Roundhay, Seacroft, Shadwell, and Crossgates. †Including Middleton.

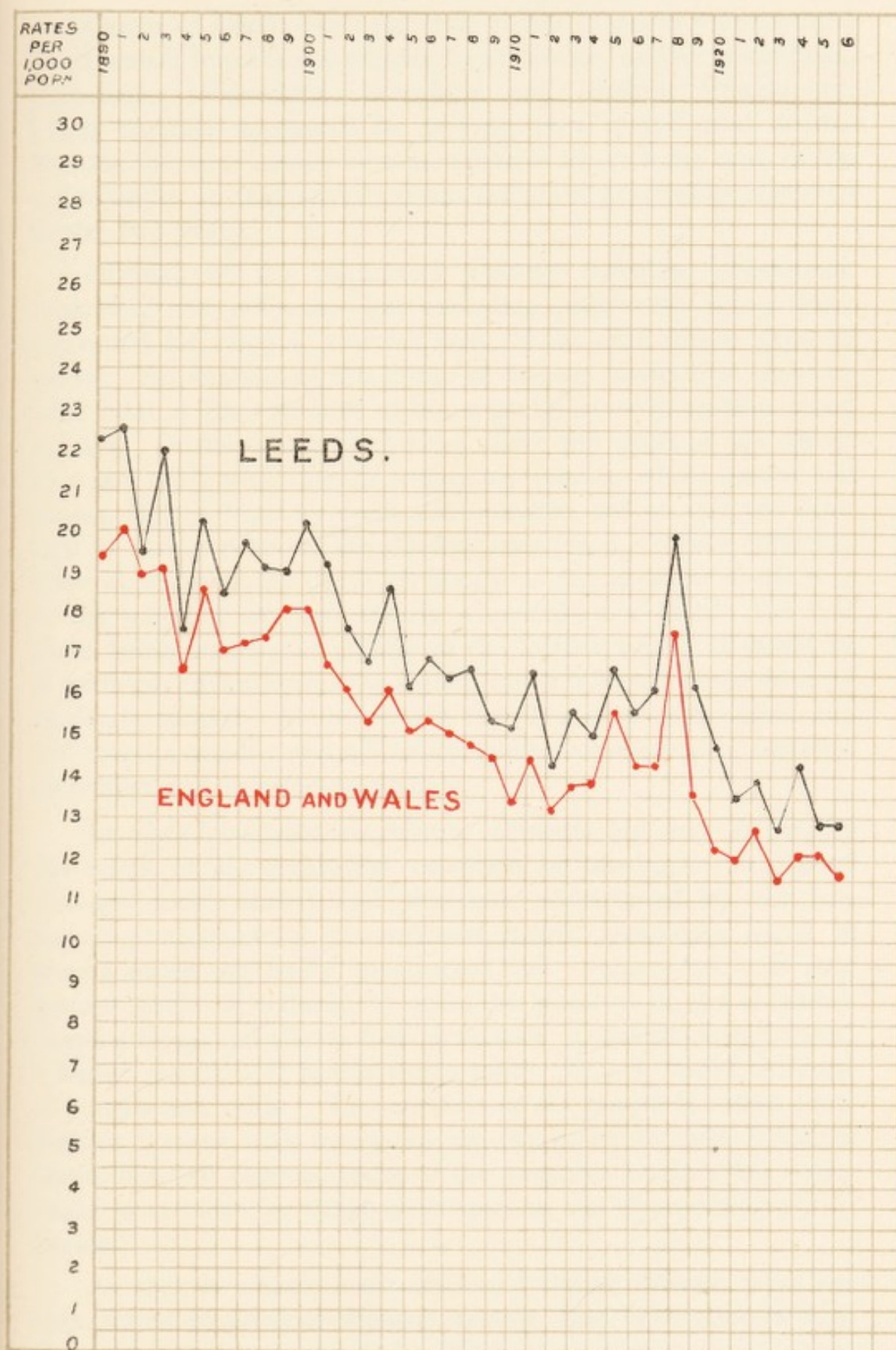
‡Including portion of Adel added to Leeds, April 1st, 1926.

ANNUAL DEATHS AND DEATH RATE.

Year.	Population.	Nett deaths.	Death-rate LEEDS.	Death-rate England and Wales.
1901	429,383	8,204	19.2	16.9
1902	431,043	7,699	17.6	16.3
1903	432,703	7,263	16.8	15.5
1904	434,363	8,039	18.6	16.3
1905	436,023	7,047	16.2	15.3
1906	437,683	7,350	16.9	15.5
1907	439,343	7,167	16.4	15.1
1908	441,003	7,430	16.6	14.8
1909	442,663	6,806	15.4	14.6
1910	444,323	6,711	15.2	13.5
1911	445,983	7,331	16.5	14.6
1912	447,746	6,396	14.3	13.3
1913	457,295	7,237	15.6	13.8
1914	459,260	6,885	15.0	14.0
1915	459,260	7,609	16.6	15.7
1916	446,349	6,946	15.6	14.4
1917	438,254	7,052	16.1	14.4
1918	427,589	8,529	19.9	17.6
1919	430,834	6,992	16.2	13.7
1920	448,913	6,591	14.7	12.4
1921	465,500	6,285	13.5	12.1
1922	466,700	6,479	13.9	12.8
1923	469,900	5,986	12.7	11.6
1924	471,600	6,747	14.3	12.2
1925	472,900	6,037	12.8	12.2
1926	473,400	6,062	12.8	11.6

Death-rates in Wards.—The wards with the highest death-rates in order of numerical importance were West, Central, South and Mill Hill, whilst those with the lowest were New, Headingley, Bramley and North. The difference between the highest and the lowest, that is West and New, amounted to 8.71 or 95.3 per cent., whilst that between the highest and the City rate was 5.04 or 39.3 per cent. In 1925 the same three wards, West, Central and South, were at the top of the list, and it is worthy of note that these three wards are congested in parts and possess a large number of insanitary dwellings. I do not infer that the congestion and bad housing are the only explanation of the high death-rate, but I do suggest they are important contributory factors.

DEATH RATE, 1890 - 1926.



DEATH RATE - 1900-1902

Year	1900	1901	1902
1	1.0	1.0	1.0
2	1.0	1.0	1.0
3	1.0	1.0	1.0
4	1.0	1.0	1.0
5	1.0	1.0	1.0
6	1.0	1.0	1.0
7	1.0	1.0	1.0
8	1.0	1.0	1.0
9	1.0	1.0	1.0
10	1.0	1.0	1.0
11	1.0	1.0	1.0
12	1.0	1.0	1.0
13	1.0	1.0	1.0
14	1.0	1.0	1.0
15	1.0	1.0	1.0
16	1.0	1.0	1.0
17	1.0	1.0	1.0
18	1.0	1.0	1.0
19	1.0	1.0	1.0
20	1.0	1.0	1.0
21	1.0	1.0	1.0
22	1.0	1.0	1.0
23	1.0	1.0	1.0
24	1.0	1.0	1.0
25	1.0	1.0	1.0
26	1.0	1.0	1.0
27	1.0	1.0	1.0
28	1.0	1.0	1.0
29	1.0	1.0	1.0
30	1.0	1.0	1.0
31	1.0	1.0	1.0
32	1.0	1.0	1.0
33	1.0	1.0	1.0
34	1.0	1.0	1.0
35	1.0	1.0	1.0
36	1.0	1.0	1.0
37	1.0	1.0	1.0
38	1.0	1.0	1.0
39	1.0	1.0	1.0
40	1.0	1.0	1.0
41	1.0	1.0	1.0
42	1.0	1.0	1.0
43	1.0	1.0	1.0
44	1.0	1.0	1.0
45	1.0	1.0	1.0
46	1.0	1.0	1.0
47	1.0	1.0	1.0
48	1.0	1.0	1.0
49	1.0	1.0	1.0
50	1.0	1.0	1.0
51	1.0	1.0	1.0
52	1.0	1.0	1.0
53	1.0	1.0	1.0
54	1.0	1.0	1.0
55	1.0	1.0	1.0
56	1.0	1.0	1.0
57	1.0	1.0	1.0
58	1.0	1.0	1.0
59	1.0	1.0	1.0
60	1.0	1.0	1.0
61	1.0	1.0	1.0
62	1.0	1.0	1.0
63	1.0	1.0	1.0
64	1.0	1.0	1.0
65	1.0	1.0	1.0
66	1.0	1.0	1.0
67	1.0	1.0	1.0
68	1.0	1.0	1.0
69	1.0	1.0	1.0
70	1.0	1.0	1.0
71	1.0	1.0	1.0
72	1.0	1.0	1.0
73	1.0	1.0	1.0
74	1.0	1.0	1.0
75	1.0	1.0	1.0
76	1.0	1.0	1.0
77	1.0	1.0	1.0
78	1.0	1.0	1.0
79	1.0	1.0	1.0
80	1.0	1.0	1.0
81	1.0	1.0	1.0
82	1.0	1.0	1.0
83	1.0	1.0	1.0
84	1.0	1.0	1.0
85	1.0	1.0	1.0
86	1.0	1.0	1.0
87	1.0	1.0	1.0
88	1.0	1.0	1.0
89	1.0	1.0	1.0
90	1.0	1.0	1.0
91	1.0	1.0	1.0
92	1.0	1.0	1.0
93	1.0	1.0	1.0
94	1.0	1.0	1.0
95	1.0	1.0	1.0
96	1.0	1.0	1.0
97	1.0	1.0	1.0
98	1.0	1.0	1.0
99	1.0	1.0	1.0
100	1.0	1.0	1.0

Causes of Death.—The principal causes of death were in order of numerical importance, organic heart disease, cancer, pneumonia, pulmonary tuberculosis, bronchitis and cerebral hæmorrhage, which together accounted for 52.5 per cent. of the total deaths. In 1925 the same causes were accountable for 51.8 per cent. of the total deaths, so that causation has remained practically unaltered in the two years.

Diseases of the respiratory system, including pneumonia, bronchitis and influenza, but excluding pulmonary tuberculosis, accounted for 1,099 or 18.1 per cent. of the total deaths from all causes. An analysis of this group of diseases shows that they are most fatal at the two ends of life, namely, in early childhood and old age. Of the deaths of children under five years of age 288 or 25.2 per cent. were due to respiratory causes, whilst among old people, that is from 65 years and upwards, 388 or 17.8 per cent. died of one or other of the diseases mentioned. Whilst influenza often appears on the death certificate as the cause of death it is in the majority of cases merely a contributory factor, the true cause being pneumonia usually of the lobular type. It would be of immense advantage to the statistician if influenza could be more distinctly defined. At the present time it is used quite empirically and covers a number of conditions including common colds, catarrhs, bronchitis and broncho-pneumonia.

In early childhood respiratory ailments are very frequently the result of the unhealthy condition of the upper respiratory passages (nose, throat and pharynx), accentuated by the hot, humid atmosphere of ill-ventilated rooms, commonly found in houses which are badly constructed and overcrowded. If only parents could be induced to open the windows of the children's sleeping rooms and allow a freer circulation of cold air through them, a higher standard of health would result and less would be heard of coughs and colds. The problem in old people is rather more difficult because with increasing age the power to resist infection diminishes, but even so, much of the mortality in the early sixties might be avoided by closer observance of the elementary rules of hygiene.

As regards organic heart disease, I would reiterate what has been stated in previous reports, namely, that until some definite steps are taken to control the incidence of rheumatic infection,

PRINCIPAL CAUSES OF DEATH.

Death rate.	Diseases.	No. of deaths in 1926 (nett.)	Increase or decrease compared with 1925.	Houses.	
				Through.	Back-to-back.
0.00	Enteric Fever	1	- 2	1	..
..	Small-pox .. ..	..	..	..	..
0.04	Measles	20	- 19	2	18
0.01	Scarlet Fever	5	- 10	..	5
0.25	Whooping Cough	119	+ 72	25	94
0.05	Diphtheria	26	- 13	5	21
0.21	Influenza	100	- 59	41	58
0.03	Erysipelas	12	- 1	4	8
1.01	Pulmonary Tuberculosis ..	477	- 34	140	334
0.23	Other Tuberculous Diseases	108	+ 20	26	82
1.39	Cancer, malignant disease	657	+ 51	278	376
0.05	Rheumatic Fever	25	+ 3	9	16
0.10	Meningitis	46	- 6	14	32
0.74	Cerebral Hæmorrhage ..	351	+ 29	137	214
1.63	Organic Heart Disease ..	774	+ 100	275	499
0.56	Arterio-sclerosis	265	+ 29	104	161
0.93	Bronchitis	439	- 74	147	292
1.02	Pneumonia (all forms) ..	484	- 19	135	347
0.16	Other diseases of respiratory organs	76	- 11	29	47
0.39	Diarrhœa and Enteritis ..	185	+ 6	46	139
0.05	Appendicitis and Typhlitis	23	+ 3	5	18
0.05	Cirrhosis of Liver	23	- 7	16	7
0.37	Nephritis and Bright's Disease	175	- 30	71	104
0.03	Puerperal Fever	14	- 10	4	10
0.06	Other accidents and diseases of Pregnancy and Parturition	27	+ 6	12	15
0.54	Congenital Debility and Malformation, including Premature Birth ..	254	- 3	72	182
0.37	Violent Deaths, excluding Suicide	177	- 9	70	104
0.12	Suicide	57	+ 17	18	39
2.38	Other Defined Diseases ..	1,129	- 8	446	680
0.03	Diseases ill-defined or unknown	13	+ 4	6	7
12.81	Totals	6,062	+ 25	2,138	3,909

Of the 6,062 deaths, 15 had no home.

which is the general source of cardiac morbidity, there is not much hope of effecting a reduction in the death-rate. The cause of rheumatism is still a matter of some doubt but sufficient is known to warrant the assumption that it is a germ infection, and, to some extent at least, capable of being controlled. But, whether prevention is possible or not, there seems no reason why the disability resulting from it should not be lessened. According to the evidence collected by school medical officers throughout the country, heart disease is one of the commonest crippling conditions found in childhood and is the one for which up to the present least provision has been made. There seems no doubt that with proper care and the application of a suitable regimen the heart cripple would respond as readily to treatment as does the bone or joint cripple. As far as Leeds is concerned, apart from the General Infirmary, no attempt so far has been made to meet the needs of this class of cripple, and I would like to throw out the suggestion that negotiations might be entered into with the Board of Guardians to set apart accommodation in one of their institutions for the reception of such cases, or failing that, a special ward for the purpose might be included in the plans for the projected new hospital on the Elmet Hall Estate.

For notes on infantile diarrhoea, bronchitis and pneumonia, cancer and tuberculosis see pages 90, 93, 94 and 108.

Housing and Death.—Of the total number of deaths which occurred in Leeds during the year 3,909 (or 64·5 per cent.) occurred in back-to-back houses, 2,138 (or 35·3 per cent.) in throughs, whilst 15 (or 0·2 per cent.) had no fixed domicile.

These figures are not given with the intention of comparing the two types of house. They are merely statements of fact and it is left to the reader to draw his own conclusions. It must be borne in mind that amongst the back-to-back houses in the City are a considerable number of an old and unsatisfactory type. They are found mostly in the working-class areas, and judged by modern standards of house construction should be condemned. But one would not, therefore, condemn all the back-to-back houses as unhealthy. Generally speaking, the bad back-to-back house is an unhealthier type of building than the bad through, though, on the other hand, the new type of back-to-back may show as good a health record as the new through and a much better record than either the old type of back-to-back or the old type of through.

Deaths in Age Groups.—In dealing with figures of mortality it must be borne in mind that death is the invariable lot of mankind as it is of everything which possesses life. Amongst the baser creatures of the animal kingdom length of life is determined entirely by function. After that has been subserved, no matter how short the period of existence may have been, comes decay and death. In man, however, function plays a subsidiary part ; his being is not entirely overshadowed by it. Life in him is a bigger, more varied, and more complex thing and involves much more than the mere fulfilment of a natural decree. Service to the race and usefulness to the community as a whole are the standards by which human life is tested, hence the desire to postpone the event of death as long as possible. A man's power to serve is at its maximum about the age of fifty or perhaps a little before. After that he begins to fail though he may still be a useful member of society at sixty-five.

A study of the table on page 25, where the deaths have been analysed according to age groups, shows that as many as 2,229 or 36·8 per cent. of the total occurred in persons below the age of 45 years, whilst above that age the deaths numbered 3,833 or 63·2 per cent. of the total. Taking 45 as the period of maximum efficiency the loss to the community occasioned by the premature removal of 2,229 lives is serious. The whole aim of preventive medicine is to reduce this loss by postponing death until the later age periods. That we are succeeding is shown by the fact that 15 years ago the ratio of the deaths under 45 to those over was 1 to 0·81, ten years ago it was 1 to 1·10, last year it was 1 to 1·72. Progress is therefore being made and at a pace which, if not rapid enough for some people, certainly proves that the community is responding to the efforts which are being made to sterilize the sources of disease and introduce healthier conditions of life amongst all classes.

Of the total deaths from all causes, 12·3 per cent. were of infants under one year of age, 6·5 per cent. in children from 1 to 5, and 4·1 in young persons of 15-25. The fact that the deaths of persons above 65 constituted 35·9 per cent. of the total, though satisfactory, does not entirely compensate for the loss at the younger ages.

Infant Mortality.—The number of deaths of children under one year numbered 748 (or 12·3 per cent.) of the total deaths. The infant mortality rate corresponding was 93 per thousand births, or two more than for the previous year.

This subject is dealt with in detail on page 136.

DEATHS IN AGE GROUPS (NETT), 1916-26.

Together with the percentage of the total deaths, represented by each group
(in italics).

Year.	Under 1	1-2	2-5	5-15	15-25	25-45	45-65	65+	Total.
1916	1,216	391	285	240	287	885	1,683	1,959	6,946
	<i>17.5%</i>	<i>5.6%</i>	<i>4.1%</i>	<i>3.5%</i>	<i>4.1%</i>	<i>12.7%</i>	<i>24.2%</i>	<i>28.2%</i>	
1917	1,023	400	422	331	302	835	1,734	2,005	7,052
	<i>14.5%</i>	<i>5.7%</i>	<i>6.0%</i>	<i>4.7%</i>	<i>4.3%</i>	<i>11.8%</i>	<i>24.6%</i>	<i>28.4%</i>	
1918	984	474	743	514	579	1,214	2,007	2,014	8,529
	<i>11.5%</i>	<i>5.6%</i>	<i>8.7%</i>	<i>6.0%</i>	<i>6.8%</i>	<i>14.2%</i>	<i>23.5%</i>	<i>23.6%</i>	
1919	899	239	298	299	344	957	1,780	2,176	6,992
	<i>12.9%</i>	<i>3.3%</i>	<i>4.3%</i>	<i>4.3%</i>	<i>4.9%</i>	<i>13.7%</i>	<i>25.4%</i>	<i>31.2%</i>	
1920	1,232	255	283	283	291	844	1,572	1,831	6,591
	<i>18.7%</i>	<i>3.9%</i>	<i>4.3%</i>	<i>4.3%</i>	<i>4.4%</i>	<i>12.8%</i>	<i>23.9%</i>	<i>27.8%</i>	
1921	997	278	130	202	297	765	1,562	2,054	6,285
	<i>15.9%</i>	<i>4.4%</i>	<i>2.1%</i>	<i>3.2%</i>	<i>4.7%</i>	<i>12.2%</i>	<i>24.9%</i>	<i>32.7%</i>	
1922	935	283	211	198	282	766	1,661	2,143	6,479
	<i>14.4%</i>	<i>4.4%</i>	<i>3.3%</i>	<i>3.1%</i>	<i>4.4%</i>	<i>11.8%</i>	<i>25.6%</i>	<i>33.1%</i>	
1923	773	189	153	166	277	751	1,620	2,057	5,986
	<i>12.9%</i>	<i>3.2%</i>	<i>2.6%</i>	<i>2.8%</i>	<i>4.6%</i>	<i>12.5%</i>	<i>27.1%</i>	<i>34.4%</i>	
1924	921	270	202	173	275	786	1,804	2,316	6,747
	<i>13.7%</i>	<i>4.0%</i>	<i>3.0%</i>	<i>2.6%</i>	<i>4.1%</i>	<i>11.6%</i>	<i>26.7%</i>	<i>34.3%</i>	
1925	748	177	161	159	297	709	1,657	2,129	6,037
	<i>12.4%</i>	<i>2.9%</i>	<i>2.7%</i>	<i>2.6%</i>	<i>4.9%</i>	<i>11.7%</i>	<i>27.4%</i>	<i>35.3%</i>	
1926	748	206	190	158	251	676	1,658	2,175	6,062
	<i>12.3%</i>	<i>3.4%</i>	<i>3.1%</i>	<i>2.6%</i>	<i>4.1%</i>	<i>11.2%</i>	<i>27.4%</i>	<i>35.9%</i>	

It is interesting to compare the percentages of deaths at the various ages for 1926 with the average of the previous ten years. In the age groups 0-1, 1-2, 2-5, 5-15, 15-25 and 25-45 the decline has been steady, more marked in the earlier than in the later groups. Beyond the 45 mark, that is from 45-65 and 65 upwards, the increase has been rapid, in the oldest age group as much as 5.3 per cent. The significance of all this is that to-day a man may expect to live from 12-15 years longer than did his grandfather.

The figures are set out in detail in the table below.

COMPARISON OF PERCENTAGES OF DEATHS IN THE VARIOUS AGE GROUPS OF 1926 AS COMPARED WITH THE PREVIOUS DECENNIAL.

Period.		-1	1-2	2-5	5-15	15-25	25-45	45-65	65+
1916-1925	..	14.4	4.4	4.3	3.8	4.8	12.6	25.2	30.6
Year 1926	..	12.3	3.4	3.1	2.6	4.1	11.2	27.4	35.9
Decrease	-	-2.1	-1.0	-1.2	-1.2	-0.7	-1.4	..	..
Increase	+	..	..	..	..	..	..	+2.2	+5.3

Cremation.—The response which the community has made to education in matters of health during the last two decades is remarkable, but in relation to one thing, namely, the disposal of the dead, it has failed entirely to appreciate the urgency of the need for reform. Year after year in these pages I have asked for a greater interest to be taken in this most important subject, but so far my pleading has been in vain. Last year out of a total of 6,062 deaths which occurred in Leeds the number disposed of by the simpler, more expeditious, and more hygienic method of cremation was only 14. Why this should be so is difficult to explain, but undoubtedly tradition and prejudice have much to do with it. The forlorn and dilapidated condition of many of the graveyards in our City invites reflection. They are not things of beauty, indeed, for unabashed ugliness some of them would be hard to beat. But there is another and a more important aspect of the subject. The existence of these accumulations of decaying matter in the midst

CREMATIONS IN LEEDS, 1905-1926.

Year.	No. of Leeds people cremated.	Nett total deaths in City.	Percentage of cremations on nett deaths (Leeds people cremated).
1905	7	7,047	0·10
1906	10	7,350	0·14
1907	12	7,167	0·17
1908	16	7,430	0·22
1909	9	6,806	0·13
1910	5	6,711	0·07
1911	7	7,331	0·10
1912	14	6,396	0·22
1913	7	7,237	0·10
1914	18	6,885	0·26
1915	13	7,609	0·17
1916	9	6,946	0·13
1917	10	7,052	0·14
1918	23	8,529	0·27
1919	18	6,992	0·26
1920	13	6,591	0·20
1921	9	6,285	0·14
1922	17	6,479	0·26
1923	11	5,986	0·18
1924	24	6,747	0·36
1925	26	6,037	0·43
1926	14	6,062	0·23
Total	292	151,675	0·19

LEEDS CITY HOSPITALS, SEACROFT.

ABSTRACT FROM REGISTERS.

28

YEAR 1926.	Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Typhus.	Enteric Fever.	Pneumonia.	Inf. Diarr.	Other Diseases.	For Quarantine (Cottages).	Total.
Patients remaining in Hospitals and Isolation Cottages, on Saturday, January 2nd, 1926	..	1 (1)	131 (190)	49 (40)	..	..	1 (2)	.. (1)	28 (18)	..	210 (252)
Admitted from January 3rd, 1926, to January 1st, 1927	5	97 (92)	708 (1,085)	362 (386)	..	3 (4)	29 (38)	43 (41)	343 (369)	10 (2)	1,600 (2,017)
Total treated	5	98 (93)	839 (1,275)	411 (426)	..	3 (4)	30 (40)	43 (42)	371 (387)	10 (2)	1,810 (2,269)
Discharged	5	83 (82)	732 (1,128)	343 (340)	..	1 (3)	25 (29)	28 (19)	311 (325)	10 (2)	1,538 (1,928)
Died .. ..	..	1 (10)	5 (16)	24 (37)	..	.. (1)	4 (10)	15 (23)	34 (34)	..	83 (131)
Mortality per cent. ..	..	1.2 (10.9)	0.7 (1.4)	6.5 (9.8)	..	.. (25.0)	13.8 (25.6)	34.9 (54.8)	9.9 (9.5)	..	5.1 (6.4)
Patients remaining in Hospitals and Isolation Cottages, on Saturday, January 1st, 1927	..	14 (1)	102 (131)	44 (49)	..	2	1 (1)	..	26 (28)	..	189 (210)

of areas crowded with the homes and workplaces of human beings constitutes a menace to health which cannot be justified on any ground. Some of the graveyards I have in mind have long ago ceased to provide the natural conditions necessary for hygienic earth burial—if earth burial can ever be called hygienic—and I would like to suggest that the time has now arrived when further burials in them should be prohibited. From the health point of view, cremation affords the most satisfactory—and whatever may be said to the contrary—the least objectionable method of sepulture, and it would be greatly to the advantage of the City if it were more widely adopted.

Hospital Accommodation.—I have little to add to what I have already said and reiterated on many occasions concerning the need for a larger number of hospital beds in the City. The present institutions, according to the published waiting lists, only partially satisfy the demand, which means that a number urgently in need of hospital treatment have either to wait until such time (weeks or it may sometimes be months) as accommodation can be found for them, or seek it elsewhere. In this connection it is gratifying to note that arrangements have now been completed by the Board of Guardians for the admission of paying cases to the wards in St. James' Hospital. This is a step in the right direction and one that should appeal to the public. I have no doubt the facilities thus provided for obtaining skilled treatment at moderate cost will be taken full advantage of. But why should the accommodation in such a splendidly equipped hospital as St. James' not be available to the whole community without reference to class or station? This is what ought to be and what the force of logic and commonsense will insist upon in the not very far distant future.

During the year the proposal to extend the Maternity Hospital, mentioned in my last report, was advanced a stage further. Plans of the new building have now been prepared and approved and building operations will probably be commenced during the current year. When completed the hospital will rank amongst the finest of its kind in the North of England and will prove of immense value to the working-class mothers of the community as well as to those who come to the City to learn the practice of obstetrics.

Comparative Statistics of the larger English Cities, 1926.

	RATE PER 1,000 POPULATION.					DEATH RATE PER 1,000 BIRTHS.	
	Population.	Birth Rate.	Death Rate.	Phthisis. Death Rate.	Other Tuberculosis. Rate.	Deaths under One Year.	Diarrhoea and Enteritis under 2.
London ..	4,605,400	17·1	11·6	0·88	0·15	64	12·0
Birmingham ..	961,222	18·7	11·3	0·94	0·12	73	11·2
Liverpool ..	849,593	23·3	13·7	1·2	0·26	104	26·4
Manchester ..	761,320	18·3	13·2	1·19	0·22	87	16·3
Sheffield ..	523,300	17·2	11·3	0·74	0·18	79	13·6
Leeds ..	473,400	17·0	12·8	1·01	0·23	93	18·2
Bristol ..	383,600 383,300	17·1	11·4	1·0	0·16	71	6·1
Hull ..	294,600	19·9	12·8	1·0	0·2	89	14·6
Bradford ..	288,700	16·3	13·6	0·81	0·17	92	15·1
Newcastle ..	284,700	21·0	12·8	1·16	0·30	88	14·1
Nottingham ..	268,000	18·4	13·1	0·84	0·24	100	15·6

SANITARY CIRCUMSTANCES.

Rivers and Streams.—A careful watch is maintained on all water-courses in the area in order to prevent pollution either from the discharging of trade effluents or of sewage. During the year the drainage from three properties which formerly discharged into a beck has been connected up to a recently laid sewer. In another case, that of a dairy farm in Spen Lane, Kirkstall, arrangements have been made for the more frequent emptying of the cesspool, the overflow from which was polluting an adjoining stream. In a fifth case garden refuse which was causing the pollution of a beck was removed and the practice of disposing of the rubbish in this way discontinued.

Rivers and streams provide very suitable depositories for all kinds of waste, and many people use them for this purpose without giving any thought to the consequences. In the interests, both of health and beauty, greater care should be observed by the citizens to preserve the waters of the rivers and streams in and in the vicinity of the City as near their natural state of purity as possible.

Water.—Particulars of important extensions during the year of public water supplies are given below :—

During the year ended March 31st, 1927, 50,144 yards of public mains have been laid as extensions and 6,978 yards as renewals.

Weetwood Filter Beds.—The filter beds have been maintained in a satisfactory working condition, and the gradual renewal of the sand in the beds has proceeded during the year without interfering with filtering operations.

Eccup Reservoir.—The storage here has been well maintained during the year, the lowest level of the water being 60' 0", this being equal to a fall of 2' 3" from top water level. The work of raising the pitching in the conduit on the North side of the Reservoir between Eccup Beck and the Embankment has been proceeded with during the past year, and this length (1,900 yards) will be completed during the coming Summer.

Goodrick Farm, Eccup.—During the year the purchase of this farm, which has an area of 163 acres, was negotiated, the main reason for the purchase being the safeguarding of the purity of the water in the Reservoir, which it adjoins, and on the banks of which the farm house (which will be demolished) stands.

The total consumption of water during the year was 6,449,022,000 gallons, or an average daily consumption of 17,668,553 gallons. This shews an increase of 10,888 gallons per day as against the previous year.

For the above particulars I am indebted to Mr. H. Shortreed of the Waterworks Department.

Drainage and Sewerage.—As in previous years, representations have been made to the City Engineer's Department for sewer extensions to enable outlying property to be drained. During the year 1926, branch sewers of a total length of approximately 1,463 yards have been completed, and this has resulted in the conversion of 51 privies, the abolition of 16 cesspools, and the connection of the drains of 65 houses to sewers.

I should like to acknowledge the ready response which the City Engineer and his staff always give to requests from the Public Health Department for help in the matter of the extension of sewers, or indeed in any matter of a constructional or engineering character.

Sewage Disposal.—The Sewage Purification Works of the City are situated on the new Sewage Disposal Estate at Thorpe Stapleton, about three miles from the centre of the City, to the south-east, and are approximately completed to the extent of about three-fourths of the ultimate capacity to which they are to be developed to meet requirements of the prospective population. These works have been in course of construction since 1909, and when completed will deal with the sewage from practically the whole of the City with the exception of a small area on the south-western boundary which is served by the Rodley Works.

The new high level intercepting sewer has been completed and connected up, and it is anticipated that the work at Thorpe Stapleton will be finished in the course of another year or so, when the City can claim to possess one of the finest and most up-to-date Sewage Works in the country.

The Sewage Works at Rodley deal with a smaller amount of sewage. These Works have recently been extended and have undergone reconstruction. Two new Sewage Tanks, Detritus Pits, Stormwater Separator, reconstruction of the existing Sewage Tanks and one new Tank (all three to be used for stormwater), three new Settlement Tanks for the collection of Humus from the Sewage Filters, and a new Sludge Pump House have been completed.

The new Scheme is designed to deal with a dry weather flow of 26 million gallons per day and Rodley 660,000 gallons per day.

For the above particulars I am indebted to Mr. E. H. Howatson of the Sewerage Department.

Scavenging and Cleansing.—The amount of household refuse including nightsoil collected by the Cleansing Department during the year was 174,308 tons, of which 69,297 were dealt with at the destructors, 104,692 tons at tips and for agricultural purposes and 319 tons sold as manure to farmers.

I regret to note that the number of tips within the City is increasing. From time to time I receive from occupiers of dwelling-houses in the vicinity of certain tips complaints of nuisances resulting from the smoke from burning rubbish which is peculiarly acrid and offensive, and from the paper and rags littering the fields and highways. The disposal of refuse by tipping is at the best unsatisfactory, as even with the greatest care a certain amount of nuisance is bound to arise. The only way to avoid nuisance or to reduce it to a negligible amount is to cover the rubbish with a layer of fresh earth as soon as deposited. This prevents the loose material like paper being blown about and allows fermentation and decomposition to proceed without offence. The quickest and most satisfactory method of dealing with domestic refuse from a sanitary point of view is by burning. But burning involves the provision of destructors, and destructors are costly, besides which, except for the centre of the City, they are uneconomical and impracticable.

Ashpits and Ashbins.—The total number of metal ashbins provided in response to notices from the Department during the year was 4,730. The sunken ashpit is admittedly a most objectionable and insanitary type of refuse receptacle. Owing to its structure thorough cleansing is difficult, and a further disadvantage is that these ashpits in many cases are not water-tight, with the result

that the refuse inevitably becomes offensive. There are 1,851 ashpits of this type in the City. Unless a sunken ashpit is so defective as to constitute a public health nuisance the Department has no power to require its abolition, but every effort is made to induce property owners to substitute the more sanitary metal ashbin. The number of sunken ashpits abolished during the year was 197.

The policy of the Department in requiring one bin for each house has been continued. In certain localities the ashpit has had to remain on account of the fact that the site made available by its abolition would not be large enough to accommodate the requisite number of bins.

Closet Accommodation.—During the year the conversion of trough-closets into modern pedestal water-closets has been continued. The number of such conversions was 537, or 22 less than the previous year. The amount paid in compensation was £3,644 8s. 8d., as compared with £5,735 4s. 5d. for the preceding year. In addition, 65 privies were dealt with, 64 being converted into pedestal water-closets and one abolished. Twelve cesspools were abolished and 110 houses properly drained and connected to the sewer.

A Bill is at present before Parliament which seeks powers to compel owners, where necessary, to convert the trough-closets in connection with their property into pedestal water-closets. There are certain property owners in the City who will do nothing in the matter of conversion until forced. Should the Corporation be successful in obtaining the powers it seeks it will still retain the right to make a grant to property owners in aid of the work, though whether that grant will remain at the present figure of 75 per cent. of the actual cost of conversion, I am unable to say.

On the 1st April, 1926, a portion of the Township of Adel-cum-Eccup was added to the City. In this area there were at the end of the year 65 privies, 136 pail-closets and 133 cesspools. In fulfilment of the promises made by the City at the time of incorporation steps are being taken to provide an up-to-date system of drainage throughout the populated part of the area. Sewers are in course of construction, and wherever possible cesspools are being abolished and sanitary conveniences of a modern type substituted for pail-closets and privies.

The general position with regard to the various types of sanitary conveniences in the City on December 31st, 1926, was as follows :— Privies 332, Cesspools 330, Pail-Closets 219, Trough-Closets 7,685, and Water-Closets approximately 113,000 (including trough-closets).

TABLE SHEWING NUMBERS OF TROUGH CLOSETS, PRIVIES AND PAIL CLOSETS IN THE CITY DURING THE LAST TWENTY-TWO YEARS.

Year.	Trough Closets.	Privies.	Pail Closets.
1905	10,507	1,669	231
1906	10,461	1,193	229
1907	10,424	963	228
1908	10,410	875	202
1909	10,120	851	198
1910	10,047	821	165
1911	9,963	785	164
*1912	9,934	1,284	221
1913	9,790	1,269	217
1914	9,760	1,211	207
1915	9,738	1,047	188
1916	9,725	1,026	185
1917	9,723	1,023	169
1918	9,693	1,022	166
1919	9,655	1,014	166
†1920	9,594	1,051	155
1921	9,521	900	128
1922	9,324	651	111
1923	9,256	558	102
1924	8,781	472	101
1925	8,222	332	94
‡1926	7,685	332	219

*Roundhay, Seacroft, Shadwell and Crossgates were brought within the city boundary in this year. In this area there were 502 privies and 61 pail closets.

†Middleton was brought within the city boundary in this year. In this area there were 148 privies.

‡Portion of Adel was brought within the city boundary in this year. In this area there were 65 privies and 136 pail closets.

Public Conveniences.—Work has been completed during the year in connection with the construction or reconstruction of the following public conveniences referred to in my last report, viz. :—Junction of Jack Lane and Nineveh Road ; junction of Low Road and Pepper Road ; Hunslet Lake ; *Holbeck Moor ; Cross Flatts Park ; Cherry Row, Newtown ; York Road Circus ; junction of Whitehall Road and Springwell Road ; East Street. These bring the total completed and now in use to nine.

Tenders have been accepted for the proposed public convenience at the *Junction of Woodhouse Lane and Cookridge Street, and work will be commenced at an early date.

With regard to the proposed conveniences at the *Killingbeck and *Lawnswood tram termini, a site has been obtained for the former but the latter is still under consideration.

The total number of urinal stalls in the new conveniences is 75, water-closets for males 3, and water-closets for females 15.

The Middleton Park Estate Householders' Association have petitioned the Health Committee for the erection of public conveniences on the new Middleton Estate. The matter is receiving consideration.

I should like to say with regard to these new conveniences that the public have a duty to perform to ensure their immunity from damage at the hands of vandals and irresponsible persons. Already it has been necessary to replace certain parts of the metal work in some of them at considerable expense.

Sanitary Inspection of District.—An attempt has been made to maintain the inspectorial work at the standard of previous years. But it becomes increasingly difficult, year by year, to keep houses which are bad and ought to be demolished in anything like a reasonable condition of repair. Attention has necessarily to be concentrated upon these houses else they would rapidly become so dilapidated as to be unfit for human use. There is nothing more disheartening to or calculated to engender despair more quickly in the heart of an inspector than trying to keep a rotten house from falling about the ears of its occupants. And yet in the present state of housing shortage this forms no inconsiderable part of his work.

*Those marked with an asterisk include provision for females as well as for males.

The annual routine inspection of the sanitary conditions obtaining in the theatres and music halls in the City has resulted in considerable improvement to the sanitary accommodation at one of the principal houses of entertainment. The nuisance caused by the gentlemen's urinal for the dress circle ventilating directly into the theatre has been removed and the urinal now communicates direct with the outside air.

Training of Pupil Sanitary Inspectors.—In connection with the new regulations for the training of sanitary inspectors thirteen student sanitary inspectors were trained in the department during the year. The instruction was given by the district sanitary inspectors who combined the duties of teacher with their daily routine. Whilst most willing to give their services in this capacity it must be borne in mind that teaching is no part of their statutory duties, and I think they should have extra remuneration by way of acknowledgment.

The Rent Acts.—The administration of the Rent and Mortgage Interest Restrictions Acts 1920-25, as far as these relate to domestic sanitation, has continued to make considerable demands on the sanitary staff. Since the introduction of these measures in July 1920 up to the end of December 1926, 1,222 applications for certificates have been received and 1,146 certificates and 25 reports issued. During the year under review 160 applications were received and 152 certificates and 3 reports issued. The small number of reports issued is explained by the fact that in nearly all cases the work was done voluntarily by the owner on the presentation of the certificate by the tenant.

Notices.—The number of preliminary notices served during the year for the abatement of nuisances and for the repair of insanitary property was 12,016, and the number of statutory notices 4,675. Of the latter 4,027 were effective and 648 were outstanding at the end of the year. Compared with the previous year there was an increase of 1,919 in the number of statutory notices issued which became effective, and a decrease of 269 in the number outstanding at the end of the year.

Legal Proceedings.—In seven cases legal proceedings were instituted for failure to carry out the requirements of notices served under the Public Health Acts. These included one case of contravention of the Byelaws with respect to pig-keeping.

Complete details of the sanitary work are given on pages 38, 39 and 40.

Analysis of work done by District Inspectors in the several Wards, 1926.

38

Northern Division.											Southern Division.											
North.	North East.	New.	West.	Headingley.	Kirkstall.	Burley.	North West.	Bramswick.	Central.	Mill Hill.	Total.	HOUSE INSPECTION.										
												1. Houses and premises completely examined ..	114	52	141	97	92	86	112	62	756	1,345
104	128	18	24	36	16	55	96	54	44	14	589	2. } on account of { Infectious disease ..	69	13	3	11	5	36	13	13	150	288
11	10	4	13	12	6	44	2	21	12	3	138	3. } House-to-house work { Alleged nuisances ..	161	156	154	132	137	112	128	190	1,170	2,502
131	139	..	153	2	203	105	152	140	131	176	1,332											
												4. Houses and premises examined only { Occupants ..	8	13	37	17	18	9	2	5	109	185
10	21	1	3	6	2	3	8	9	12	1	76	5. } as to { Alleged nuisances ..	738	386	530	609	211	228	173	237	3,112	6,156
300	283	44	431	397	169	231	260	374	464	91	3,044	6. } Drainage ..	48	18	20	105	33	41	1	32	298	568
36	14	9	126	1	1	28	..	16	34	5	270											
												7. Number of houses wholly or partly examined	1,138	638	885	971	496	512	416	539	5,595	11,044
592	505	76	750	454	397	466	518	614	697	290	5,449	8. Total number of above houses where sanitary defects or nuisances were found ..	937	471	631	634	334	350	253	290	3,900	7,739
323	351	34	653	385	291	362	269	443	572	156	3,839	NUISANCES FOUND DURING ABOVE EXAMINATIONS AND DAILY INSPECTIONS.										
												9. Houses dirty ..	40	14	7	12	11	21	7	1	113	291
24	15	3	24	..	7	12	8	22	51	12	178	10. Overcrowded houses ..	24	9	27	13	15	9	12	1	110	232
16	43	..	4	5	12	2	8	16	12	4	122	11. Defective roofs, fallpipes and spouting, &c. ...	575	173	443	558	364	324	411	119	2,967	6,881
457	334	56	662	101	196	482	700	484	334	108	3,914	12. Defective drains ..	68	38	59	124	90	61	181	55	676	1,188
69	66	14	37	37	81	14	17	143	81	27	512	13. Houses without proper drains ..	2	..	2	..	1	4	38	8	55	104
..	1	7	1	27	9	2	..	1	1	..	49	14. " without proper water supply ..	..	..	..	3	..	..	..	2	5	38
..	..	..	..	8	..	..	16	..	9	..	33	15. " badly lighted or ventilated ..	..	2	..	..	..	..	..	7	15	29
..	1	..	..	..	..	..	..	..	4	..	14	16. Privies ..	..	..	3	1	..	..	20	8	44	65
2	1	15	..	2	..	1	..	..	..	..	21	17. Additional closets required ..	..	..	11	5	..	..	8	..	26	30
..	..	..	1	..	3	..	..	..	3	3	4	18. Pail closets ..	1	..	9	4	..	..	..	2	5	9
..	..	1	..	..	..	..	..	..	..	..	1,509	19. Defective or unsuitable trough or water closets	2	..	..	..	..	..	1	2	5	9
254	282	8	154	31	44	133	13	420	131	39	77	20. Ashpits { (a) Sunken ..	81	91	148	230	211	160	158	83	1,162	2,671
20	4	..	14	11	8	11	3	4	8	1	67	21. Houses with unsuitable or insufficient accommodation ..	3	..	23	15	22	4	24	7	98	175
5	1	..	23	16	4	10	1	3	3	1	67	22. Dirty closets ..	5	..	19	27	27	21	13	6	118	185
815	471	66	241	340	168	348	500	469	204	81	3,702		356	127	469	342	353	199	647	238	2,731	6,434
66	34	..	38	8	32	18	14	30	91	6	337		41	22	46	1	17	20	27	5	179	516

Common Lodging Houses.—During the year an additional lodging-house for men with accommodation for 26 lodgers at 28, New Camp Road, was added to the register.

The general standard of cleanliness of the common lodging-houses has been well maintained, and such complaints as have been received have been in respect of failure to carry out the Byelaws. It was, however, necessary to take legal action against the Keeper of one registered common lodging-house, for failure to keep his house in a cleanly state and to make provision for its supervision by a responsible person in his absence. The latter default is a contravention of Section 269 of the Leeds Corporation (Consolidation) Act, 1905. The court found the charges proved and imposed a penalty of £10 and costs. This house has now ceased to exist.

I understand that the women's common lodging-house at No. 54, Lady Lane, will be abolished when the street improvements contemplated in this area are put in hand. Before this takes place alternative accommodation should be found, as unless this is done there will be a shortage of women's beds.

At six of the registered common lodging-houses for men the use of some of the beds was discontinued, the total number of beds surrendered being forty. On the other hand four extra beds have been provided at one of the women's lodging-houses and three extra beds at another, the accommodation for women being thereby increased to the extent of seven beds.

At the end of the year there were in the City 32 registered common lodging-houses, 29 of which were for men and three for women. The total number of beds was 1,854, namely, 1,727 for males and 127 for females and children. In the 29 men's lodging-houses there were accommodated during the year 3,478 permanent and 49,251 casual lodgers, whilst in the three women's lodging-houses the numbers were 249 permanent lodgers, 7,568 casual lodgers and 866 children. The male beds were occupied on 435,519 occasions, the female on 24,491 occasions, and the children's on 3,525 occasions.

There are in addition to the common lodging-houses enumerated above four unregistered houses, namely, three for men and one for women, which are under the control of the Salvation Army and the Church Army. These houses together have 278 beds for men and 27 beds for women and during the year were occupied on 120,615 occasions by male and on 6,243 occasions by female lodgers.

COMMON LODGING-HOUSES.

Number registered—						
Men's	29	Beds available	1,727\	..	..
Women's	3	"	"	127\	..	
Routine visits paid	..	..	..	..	1,006	
Visits as to drain tests and abatements	..	..	..	..	202	
Visits to smallpox contacts	..	..	..	..	..
Visits for infectious disease	..	..	..	..	20	
Nuisances found and abated :—					FOUND.	ABATED.
Dirty closets	..	..	..	..	2	2
Dirty rooms	..	..	..	..	19	19
Dirty bedding	..	..	..	..	42	42
Defective or stopped drains	..	..	..	..	10	10
Defective roofs or eaves spouts	..	..	..	..	31	31
Other nuisances	..	..	..	..	99	99
Total	..	..	..	..	203	203

HOUSES LET IN LODGINGS.

	HOUSES.	ROOMS.
Registered during 1926, let as furnished rooms	12	78
Removed from Register	8	17
On register at end of 1926	70	342
Houses let in lodgings visited though not registered	755	2,115
Houses examined (new lodgings)	24	89
Drains tested 475, in 171 houses		
Drains re-tested 18, in 7 houses		
Visits for abatement of nuisances .. 1,138		
„ infectious disease (9 cases) 10		
„ additional inspection .. 1,883		
Nuisances—	FOUND.	ABATED.
Dirty or bad bedding	30	15
Dirty rooms	182	158
Overcrowding	43	43
Dirty closets	36	28
Other nuisances	403	368
Structural defects	286	244

University Lodgings.—In accordance with established practice, lodgings which are to be placed on the register of approved premises for the use of students at the University have been inspected by the Public Health staff and the results reported to the University Authorities. Details of these inspections are as follows :—

New lodgings inspected during 1926, 39 houses with 102 rooms.

Houses previously examined :—inspected 79, with 230 rooms.

Drains tested :—166 drains in 59 houses.

Total number of visits to above houses, 139.

Details of the nuisances found and abated are included in the table under houses let-in-lodgings.

Residential Flats.—In 30 houses there are 118 flats to which 56 visits were paid. As a result of these visits defects to the number of 6 were abated. Particulars of the nuisances found and abated are set out in the table under houses let-in-lodgings.

Canal Boats.—The work in connection with the registration and inspection of canal boats has been carried on as in past years, and details of the operations of this section of the Department appear in the table appended.

CANAL BOATS.

Registered during the year 1926	3
Re-registered and Transferred to fresh owners ..	6
Struck off register (on revising register) .. ..	..
Remaining on register at end of year.. ..	167
Visits of inspection to wharves and locks	534
Complete inspections of boats (242 boats)	657
Cases of infectious disease .. ..	..
Cases of overcrowding .. ..	..
Dirty cabins .. ..	..
Absence of registration certificate	15
Boats not marked with registered number	20
„ not properly ventilated .. ..	..
„ requiring painting or repairing	9

Vans and Tents.—Of the 52 camping grounds which existed at the commencement of the year only 22 now remain, the others having been closed down in consequence of contraventions of the Byelaws. Such grounds as remain in occupation have been improved by the laying on of town's water and the provision of sufficient and proper sanitary conveniences. In one instance legal proceedings were taken for a breach of Number 15 of the Byelaws with respect to Tents, Vans, Sheds and similar Structures used for human habitation, and an order was made by the court for the paving of the land on which the vans were placed.

VANS AND TENTS.

Visits to 288 vans during 1926	589
„ „ vans for infectious diseases .. ..	..
„ „ 9 tents	18
„ „ 52 camping grounds	163
Additional visits for nuisances	131
Nuisances—	
	FOUND. ABATED.
Dirty camping grounds	16 16
Dirty vans and tents	2 2
Overcrowded vans .. ..	.. ..
Camping grounds with no accommodation for van dwellers	20 20
Other nuisances on camping grounds	35 35

Ice Cream—Street Vendors, Shops and Sheds.—The improvement in the manufacture and distribution of ice cream referred to in my last report has been maintained during the year. The local Bill at present before Parliament includes a clause which makes the registration of premises engaged in the manufacture and sale of ice cream, except hotels, compulsory. These new powers, if granted, will strengthen the hands of the Local Authority tremendously in their efforts to raise the standard of care and cleanliness observed by manufacturers and vendors in the handling of this commodity.

ICE CREAM—STREET VENDORS AND SHEDS.

Ice cream sheds at end of 1926	79 visits 1,402	
Number of vendors at end of 1926 ..	123	
Ice cream carts inspected	205 visits 963	
Sheds unsuitable	33	
Sheds repaired	4	
Sheds closed	29	
Other visits in respect of abatements ..	267	
Nuisances—	FOUND.	ABATED.
Sheds requiring limewashing	19	19
Defective walls and floors	14	12
Defective drains	13	13
Other structural defects	59	56
Carts not marked	12	12
Total	117	112

Cellar Dwellings.—The following table has reference to the cellar dwellings existing in the City. These are not numerous and are kept under strict supervision.

CELLAR DWELLINGS AND UNDERGROUND SLEEPING ROOMS.

Visits to 8 cellar dwellings	11	
Visits to 21 underground sleeping rooms ..	49	
Nuisances—	FOUND.	ABATED.
Underground sleeping rooms	21	16
Other Nuisances	2	2

Offensive Trades.—The number of applications to establish offensive trades in the City was 14, of which 13 were granted and one refused. Of those granted 11 were for fish-frying, one for the trade of artificial manure manufacturer and one involving four trades, namely, gut scraper, tripe boiler, fat extractor and tallow melter, carried on in one set of premises.

As regards fish-frying it is the policy of the Department, providing the situation of the premises is suitable, to concern itself only with the sanitary conditions and to take no cognizance whatever of the number of other establishments carrying on a similar business in the same area. I mention this because the impression seems to have got about that the powers recently acquired by the

Corporation for the control of fish-frying establishments includes powers to restrict the number. This is quite erroneous. The powers contained in the Public Health Acts take no knowledge whatever of the number of premises but only of the conditions under which individual trades are carried on.

It is gratifying to know that both from the point of view of cleanliness and of the equipment of the shops the general standard of the fish-frying trade in the City has undergone a great improvement in recent years. There are still a certain number of shops which in both these respects leave much to be desired, but it is hoped that these in due course will also fall into line, but if no improvement can be obtained by methods of persuasion further powers will have to be acquired in the shape of byelaws to amplify those which we already possess. A series of such byelaws are already in existence in draft, and it is hoped will be put into force during the coming year.

The number of firms (other than fish friers) carrying on offensive trades on the list at the end of the year was 120, which includes 38 rag dealers not previously listed. There were 490 fish-frying establishments including the eleven added during the year. The total number of offensive trades of all kinds in the City was therefore 610.

The total number of visits of inspection made to offensive trades during the year was 603.

Factories and Workshops.—On pages 47 and 48 will be found a complete summary of work done under the Factory and Workshop Act, 1901, and in a separate table a report on the inspection of bakehouses.

Draft byelaws have already been drawn up to supplement Section 72 of the Public Health Act, 1925, in relation to our food supplies, which will give us additional powers for the protection of food from contamination during transport.

The new Factories Bill at present before Parliament contains many admirable provisions respecting the hygiene of factories and workshops, but it has one serious defect, and that is that it divorces the factory and the workshop from the general public health system of the area. This division of responsibility for a service which is, or should be one and indivisible, is most regrettable and I hope wiser counsels will prevail to rectify the mistake before the Bill actually becomes law.

FACTORIES AND WORKSHOPS.

1.—INSPECTION.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories (Including Factory Laundries.)	453	173	..
Workshops (Including Workshop Laundries.)	3,320	264	..
Workplaces	691	54	..
Total	4,464†	491	..

2.—DEFECTS FOUND.

Particulars.	Number of Defects.			Number of Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector.	
<i>Nuisances under the Public Health Acts :—*</i>				
Want of cleanliness	82	83	..	..
Want of ventilation	8	5	..	..
Overcrowding	4	3	..	..
Want of drainage of floors ..	2	2	..	..
Other nuisances	619	665	..	..
Sanitary accom- modation. { insufficient ..	39	35	..	..
{ unsuitable or defective..	91	84	..	..
Sec. 22 in force. { not separate for sexes ..	41	45	..	..
<i>Offences under the Factory and Work- shop Act :—</i>				
Illegal occupation of underground bakehouse (S. 101)	2	2	..	..
Breach of special sanitary require- ments for bakehouses (SS. 97 to 100)	27	26	..	..
Other offences .. ..	..	..	..	..
Total	915	950	..	..

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

† Exclusive of 2,595 visits to 643 bakehouses by ward inspectors, see page 49.

3, 4, 5.—OTHER MATTERS.

	Number of		
	Lists.	C.	W.
Homework :—			
<i>List of Outworkers</i> (S. 107) :—			
(No homeworkers on our register except amongst those engaged in making wearing apparel)*	..	..	..
Lists received twice in the year	356	572	840
" once in the year	35	23	52
Addresses of } received from other Authorities		123	
outworkers } forwarded to other Authorities		2	
Notices to occupiers as to keeping or sending lists		559	
Prosecutions..		..	
Inspection of Homeworkers' premises		674	
<i>Homework in unwholesome premises</i> :—			
Instances		10	
Notices		10	
Prosecutions..		..	
<i>Homework in infected premises</i> :—			
Instances		2†	
Orders made (S. 110)		2	
Prosecutions (SS. 109, 110)		..	
[Infectious cases removed, disinfection carried out under ordinary powers.]			
<i>Workshops on the Register</i> (S. 131) at the end of year :—			
Ordinary (137 trades)		1,106	
Domestic (10 trades)		55	
Bakehouses on register as workshops		283	
Do. domestic		360	
Total number of workshops on Register		1,824	
<i>Matters notified to H.M. Inspectors of Factories</i> :—			
Failure to affix Abstract of the Factory and Workshop Act (S. 133)		43	
Action taken in matters referred by H.M. Inspectors as remediable under the Public Health Acts, but not under the Factory Act (S. 5)	Notified by H.M. Inspector	58	
	Reports (of action taken) sent to H.M. Inspectors..	27	
Other		..	
<i>Underground Bakehouses</i> (S. 101) :—			
Certificates granted during the year		..	
In use at the end of 1926		27	

* One of the above lists (containing 2 workpeople) received once a year—home workers engaged in nut cracking. All others in wearing apparel.

† Measles patients.

The above table is that required by the Home Office and represents work done by the male workshops inspectors and by the women inspectors.

BAKEHOUSES.

WARD.	OVERGROUND.			UNDERGROUND.			Total visits to all.
	Em- ployees beyond family.	Work- shop bake- houses.	Domestic bake- houses.	Em- ployees beyond family.	Work- shop bake- houses.	Domestic bake- houses.	
Central	72	in 15	1	10	in 3	..	97
North	69	.. 31	11	12	.. 4	..	131
North-East	27	.. 17	40	3	.. 1	..	79
*New Ward	17	.. 7	3	..	..	..	25
East	50	.. 18	36	..	..	..	216
South	19	.. 8	20	1	in 1	..	139
East Hunslet	13	.. 8	31	6	.. 2	..	146
West Hunslet	41	.. 19	34	3	.. 2	..	277
Holbeck	184	.. 12	27	..	..	..	254
Mill Hill	41	.. 10	8	..	..	..	51
West	39	.. 23	17	..	..	..	85
North-West	76	.. 14	32	5	in 2	4	154
Brunswick	47	.. 14	8	4	.. 1	..	126
New Wortley	9	.. 6	14	..	..	..	208
Armley & Wortley	43	.. 25	22	..	..	..	190
Bramley	14	.. 9	16	..	..	..	94
Headingley	53	.. 27	33	6	in 4	3	323
Totals.. ..	814	in 263	353	50	in 20	7	2,595

* Roundhay, Seacroft, Shadwell and Crossgates.

These visits made by Ward Inspectors only. This work is included in the figures given in table on page 39.

OTHER VISITS PAID BY MALE WORKSHOPS INSPECTORS.

			Factories.	Workshops.	Workplaces.
Non-abatements	..	..	289	435	72
Drain Inspection	..	..	54	43	9
Drains tested	..	..	38	40	16
Disease enquiries	..	..	54	8	7
River pollution	..	..	8	..	..
Complaints	..	..	19	33	33
Measurement of workrooms	..	..	..	27	..
Other causes	..	..	170	333	29
TOTAL	..	..	632	919	166

Plans.—The system whereby plans submitted to the Building Surveyor and dealing with alterations to property involving sanitary works are reviewed by this Department before being finally approved by the Corporation was continued throughout the year. The total number of plans examined and commented upon was 321, as compared with 342 for the previous year.

Work of Women Inspectors.—Two women sanitary inspectors are constantly engaged in visiting the homes of outworkers, carrying out investigations into outbreaks of infectious disease in factories, workshops and schools, and attending to complaints received from the factory inspectors or other sources as to sanitary defects affecting the health of the workers in factories and workshops, also in making routine inspection of workshops and restaurants.

The following is a summary of their work :—

Infectious Diseases.—The following visits were made :—

To schools (on account of 679 cases)	..	1,301
To absent pupils	..	74
To factories (54 cases)	..	53
To workshops	..	—
To workplaces, including restaurants (5 cases)	3	
To absent employees	..	15

Factories and Workshops.—Part of the work done by the women inspectors under this heading appears on pages 47 and 48.

In addition to that appearing in the table the following visits were paid :—

Outworkers' homes	1,702
Outworkers, employers' premises ..	183
Factories	87
Workshops (routine and complaint) ..	140
Workplaces and restaurants do. ..	51
Special visits	10
	<hr/>
	2,173
	<hr/>

Inspections of public sanitary conveniences	
for women	78
Nuisances found 39, abated 32.	

Rat Repression.—Particulars of the work done under the Rats and Mice Destruction Act are given in the subjoined table.

Complaints received	134
Premises inspected	253
Premises cleared	109
Rats caught by ferrets, dogs, cats, traps or killed	
by hand or found poisoned	2,309
Visits for purposes of observation work in progress	
or work done	389
Visits for other causes such as appointments,	
interviews with owners and other enquiries..	160
Informal notices served	13
Notices complied with	11

The work of rat repression under the Rats and Mice (Destruction) Act, 1919, has been carried out in a satisfactory manner by the two executive rats officers. A whole-time rat catcher has not yet been appointed by the Corporation. There is sufficient work for such an one in and about Corporation property as well as to follow up the work of the executive rats officers.

A special endeavour was made during the first week in November—Rat Week—to interest the public and especially property owners in rat extermination. Special leaflets and a pamphlet on “Some Simple Suggestions on Rat Destruction”

were circulated among the small shopkeepers in the City, as well as the owners of mills and warehouses inviting their co-operation in the Anti-Rat Campaign. How far such campaigns achieve the desired results cannot be estimated.

Rag Flock Act, 1911.—In October last the Corporation appealed to the High Court successfully from a decision of the Stipendiary Magistrate dismissing a summons in respect of a breach of the provisions of the Rag Flock Act, 1911. The Stipendiary held that the standard prescribed in the regulations issued in connection with the Act was not practicable. The effect of the appeal being sustained is very material in that the Rag Flock Act, 1911 can now be operated in Leeds as strongly as an admittedly weak Act will permit. The summing up of the Lord Chief Justice in the case was as follows :—

“ This is a perfectly clear case. It is not necessary to repeat the facts. If one looks at Article 1 of the Rag Flock Regulations, 1912, the mere form of it might suggest, apart from anything else, that one standard was being laid down, but Article 1 must be read closely in connection with the section of the Act under which it is made. By S. 1 (1) of the Rag Flock Act, 1911, it is provided : ‘ It shall not be lawful for any person to sell or have in his possession for sale flock manufactured from rags or to use for the purpose of making any article of upholstery, cushions or bedding flock manufactured from rags or to have in his possession flock manufactured from rags intended to be used for any such purpose, unless the flock conforms to such standard of cleanliness as may be prescribed by regulations to be made by the Local Government Board.’ What then, is the standard of cleanliness and what is conformity ? Article 1 of the Rag Flock Regulations says : ‘ Flock shall be deemed to conform to the standard of cleanliness for the purpose of sub-section (1) of section 1 of the Act when the amount of soluble chlorine in the form of chlorides, removed by thorough washing with distilled water at a temperature of not exceeding 25 degrees Centigrade from not less than 40 grammes of a well mixed sample of flock, does not exceed 30 parts of chlorine in 100,000 parts of flock.’ That article, being read with the section, clearly means that flock shall be deemed to conform to the standard only when this test is satisfied. The finding of the learned stipendiary appears clearly to be in conflict with the decision of this court in *Cooper v. Swift*, *supra*. I think it is clear that the learned stipendiary magistrate misdirected himself in this case, and that this appeal ought to be allowed.”

As a result of the above finding, the Stipendiary convicted and inflicted a penalty of £1 and costs on each of the two defendants concerned in the case.

In addition, six samples of flock were taken during the year and submitted for analysis of which five were reported upon as being within the standard fixed by the Regulations, and one in excess.

Pending the hearing of the appeal above mentioned, no action further than a warning was taken in respect of the latter.

SMOKE.

The coal strike which lasted from May to November demonstrated in a convincing manner how much the sunlessness and gloom of the city are due to the presence of smoke in the atmosphere. The effects on vegetation of the clearer air were also noted, there being more growth and a greater profusion of bloom on flowering shrubs than at ordinary times.

The improved visibility was remarkable, the sky-line being pushed back many miles revealing to the eye vistas long forgotten. It was the elimination of domestic rather than factory smoke which was responsible for these effects. As a matter of fact the emission of smoke from certain factories was increased rather than diminished owing to the poor type of fuel being burned and to the substitution of crude oil for coal in furnaces not adapted for oil burning. Allowances had to be made for the unusual circumstances prevailing and flagrant breaches of the law were allowed to pass without any action more than the issue of a formal warning being taken. Having experienced the pleasures—mental and physical—of a clear atmosphere it will be disappointing if the people allow things to drift back to the old dirty, dismal state.

The problem of smoke abatement is really a people's problem—the coal strike proved that beyond dispute—and only when owners of mills and factories and individual householders realise their responsibility and take steps to clean the skies and rid the city of this abomination will any permanent improvement in the condition of the atmosphere be secured.

The experience of the year goes to strengthen my conviction that, as far as the factory is concerned, the firing by mechanical means is much superior to that governed by the human element, and I would strongly urge all owners to consider the advisability of substituting mechanical for hand firing.

Oil burnt in a furnace properly constructed for the purpose can be quite smokeless and presents an alternative to coal which is quite worth considering. The drawback is the cost which in this country is so high as to make its use almost if not quite prohibitive.

As regards the domestic side of the problem coke is now to be had of a type which can, with slight modification of the grate, be made to burn quite readily. A form of coke burning grate has recently been invented which ensures a bright fire even when the quantity of fuel is small thus overcoming the objection that

coke does not keep alight except when there is a considerable body of fuel. Models of this new grate can be seen at the showrooms of the Gas Department.

I am pleased to report that during the year the Corporation completed the building of 8 houses in which gas or electricity was the only form of heating. There are still 40 more to be built to complete the scheme. It is too early yet to pass an opinion on this new type of house but I hope the experiment will be successful.

During the year three summonses were issued against one firm for breaches of the law in respect of smoke emission. On each occasion the defendants pleaded poverty owing to bad trade and the Magistrate dismissed the summons.

When the new Act comes into force in July, 1927, manufacturers may expect a tightening up of the administration.

The West Riding of Yorkshire Regional Smoke Abatement Committee continued to meet during the year, and a summary of the report is given hereunder :—

The Executive Committee have held eight meetings during the year and the average attendance per meeting has been eleven.

The Committee lost by the death of Councillor H. L. Cribb, of Guiseley, in December, a highly respected and much valued member. Councillor Cribb was a regular attender at the meetings and took a keen interest in all the Committee's deliberations.

The subjects discussed by the Committee during the year have included the circulation of the Final Report of the Conference, instruction to engineers and stokers, boiler firing tests, and the drafting of Bye-laws under the new Smoke Abatement Act.

The Final Report approved by the Conference in June, 1926, was circulated to all the constituent authorities with a special request that it might be formally adopted by their respective Councils. The response, generally speaking, has been fairly good, though the number adopting the report in its entirety fell considerably short of the Committee's expectations. Out of the total number of authorities represented at the Conference, 47 have adopted the report in its entirety, 4 in part, 21 have not adopted it, whilst from 29 no information has been received.

The subject which absorbed most of the Committee's time during the year was the question of the provision of suitable instruction in fuel economy and boiler-house management for engineers and stokers throughout the area. The decision arrived at was to ask the Education Committees of the most important centres of population in the area to institute courses of instruction which would be available not only to men in their own but also to those working in adjoining areas. This suggestion was well received and resulted in nine authorities, namely, Leeds, Bradford, Dewsbury, Halifax, Wakefield, Keighley, Morley,

Pudsey, and Castleford agreeing to establish such courses. The reports received from some of these authorities show that the courses have met with very gratifying success and have been well supported by both employers and men.

The possibility of introducing a test of efficiency for stokers was also considered and in this connection the evidence of several experts was sought with a view to ascertaining whether such a test was practicable. The opinion of these experts whilst not definitely unfavourable, was that to carry the suggestion into effect would present very great difficulties, and to be of any value would necessitate a considerable amount of organisation and the employment of experts to supervise the tests.

An opportunity was taken of discussing the matter with the Fuel Department of the Leeds University for which purpose three members of the Committee, namely, Councillor D. H. Currer Briggs (Methley), Mr. W. Holmes (W.R.C.C.) and the Honorary Secretary, had an interview with Professor Cobb who expressed himself as being rather sceptical as to the practicability and usefulness of such a test. In any case, because of its extra-academic nature, it was not a thing which the University could handle. The Committee has not yet concluded its deliberations, but in all probability the proposal will either be modified or entirely abandoned.

Another subject which occupied the Committee's attention was the formation of Bye-laws in pursuance of Section 2 of the Public Health (Smoke Abatement) Act, 1926. In framing these Bye-laws the Committee had in mind the importance of securing uniform standards throughout the area. The Bye-laws have been submitted to the Ministry of Health and it is hoped it may be possible to include some or all of them in any series of model Bye-laws the Ministry may contemplate issuing.

During the year the Committee has been addressed by Mr. C. Elliott, Honorary Secretary, Smoke Abatement League of Great Britain; Mr. W. M. Hebblethwaite, Lecturer in Engine and Boiler House Practice at the Huddersfield Technical College, and Engineer i/c of the Power Plant at the Huddersfield and Manchester Works of the British Dyestuffs Corporation, Ltd., and Mr. W. B. Maclusky, the Halifax Gas Manager.

Mr. Elliott explained the objects of the League to the Committee, Mr. Hebblethwaite dealt with the proposal to institute a test of efficiency for stokers, and Mr. Maclusky described the production and advantages of coke made in vertical retorts, etc. Enquiries were also made with regard to the McLaurin coke or "Kincole" made in Glasgow, and samples were obtained for trial by the members. The results have not yet been reported.

The Committee has been successful in concluding an agreement with the Halifax Corporation whereby, on certain terms, the services of Mr. H. G. Clinch, its Smoke Inspector, and an expert in the subject, may be placed at the disposal of any local authority in the area desiring them. The intention is to help small authorities who have no expert of their own and who find themselves faced with problems respecting smoke abatement of a difficult nature.

The work of the smoke inspectors is given in detail in the subjoined table.

	(1)	1926.	1925.
Furnaces inspected	1,913	3,036
Observation of chimneys (1 hour each)	4,114	4,373
Number of minutes dense smoke	2,548	3,397
Average duration of dense smoke per observation of one hour	0 mins. 37 secs.	0 mins. 47 secs.
Number of chimneys found emitting dense smoke three minutes per hour	63	92
Smoke prevention appliances adapted to furnaces	6	20
Furnaces altered or reconstructed	32	69
Furnaces superseded, plant electrified	—	—
Firms who have adopted smokeless fuel	17	30
Chimneys newly erected	6	4
Furnaces in connection with new chimneys		6	7
Notices served on manufacturers	15	25
Notices served on stokers	23	51
Prosecutions (one firm, three summonses)	3	4
Total amount in fines	Case dismissed.	To pay costs.

SMOKE OBSERVATIONS, 1922-1926.

(2)

Year.	Observations of Chimneys (1 hour each).	No. of Chimneys found emitting dense smoke (three minutes per hour).	Percentage to observations.
1922	3,853	275	7.1
1923	6,007	202	3.3
1924	6,773	113	1.7
1925	4,373	92	2.1
1926	4,114	63	1.5

Sunshine.—The sunshine record for the year shows that the sunniest month was August and the most sunless January. In the former the hours of actual sunshine numbered 183.5 and in the latter 12.92. The daily mean for August was 5.92 hours and for January, 0.42 hours, whilst the average for the whole year was 3.33.

In my last report I mentioned that arrangements had been made for recording the amount of actinic light in various parts of the City by means of a solution of Methylene Blue in acetone exposed in quartz tubes. These observations have been continued throughout the year at five stations, namely, Park Square ; Powell Street, Hunslet ; Filter Beds, Headingley ; All Saints' Church, York Road ; and Oakwood Lane, Roundhay. In October a new station was opened at Middleton. The district with the best record, that is with the least atmospheric pollution, was Headingley, followed in order by Roundhay, Park Square, Hunslet and York Road.

Schools.—The following extracts from the report of the School Medical Officer, Dr. Algernon Wear, for the year 1926 states the position with regard to the hygienic conditions of the schools of the City :—

“ Two new Elementary Schools have been opened during the year ; one at Cross Gates and one at Middleton. These buildings, similar in design, are of one storey and represent the most modern practice of building construction, containing ample floor space, means of free ventilation, and isolated assembly halls. The class-room windows extend from the eaves to the ground and are divided into upper and lower lights, the upper being pivot hung casements and the lower French casements, each of which can be kept open independently of the direction of the wind. Thus free ventilation can be maintained, while the orientation of the buildings allows of the maximum of sunlight to all class-rooms.

“ Blenheim and Armley Council Schools have been remodelled and brought up-to-date. These alterations provide for more separate class spaces and allow more floor space and freer ventilation. The cloakrooms have been extended and the sanitation modernised.

" In view of the necessary situation of the various school buildings of the City their hygienic conditions are satisfactory. In some of the poorer districts, the removal of adjoining slum property during recent years has allowed freer ventilation to the schools. During the summer and the warmer months of the year the ventilation of the schools is good, but during the colder months there is a tendency to overheat and under-ventilate. It is now an established fact that the worst ventilated schools are exactly those in which there is usually found a large amount of infectious sickness. Too little attention is paid to the necessity for a thorough flushing with fresh air of all rooms and corridors during recess and at the dinner interval. The plenum system of ventilation is not found in any Elementary School, but it is still installed in two Secondary Schools and in the Blenheim Walk School.

" *Lighting.*—Conversion from lighting by gas to electricity is being carried out where practicable. This is already a marked feature of those schools where Evening Classes are held ; the remaining gas-lighted schools will, it is hoped, in due course be converted to electric light. The change to electricity is beneficial not only from its better illuminating power, but also from the consequent lessened impurity of the air and the more lasting qualities of the decorations. The number of schools in which electric light is now installed is 51.

" *Warming.*—The heating of the schools is, on the whole, satisfactory. Open fires have practically ceased as a means of warming in Council Schools.

" *Sanitation.*—The sanitary conveniences of the Council Schools fulfil modern requirements. The old iron troughs have all been removed, and in the few cases where troughs still exist they are of glazed earthenware. The majority of the Council Schools are fitted with separate modern pedestal water closets. The lavatories are clean and generally well kept, and washing arrangements are ample and satisfactory.

" *Drinking Facilities.*—The drinking facilities for the children are generally good. In a few schools the teachers retain the drinking mugs under their own control ; this is inadvisable, as children should be allowed to drink when they desire.

" *Drying Clothes and Service of Meals.*—There appears to be no official arrangements for the drying of clothes or the warming and serving of dinners. Local arrangements exist in the different schools whereby the hot water pipes and the radiators and the boiler house are brought into use. In 135 cases the drying is done on pipes and radiators, and in 58 cases before open fires. In 70 cases no definite arrangements are made, but it is probable that more or less effective methods are taken.

LEGISLATION IN FORCE.

The following is a list of Acts relating to the Public Health in force in Leeds :—

GENERAL ACTS.

The Public Health Act, 1875.
 The Public Health Acts Amendment Act, 1890 (Part III.).
 The Public Health Act, 1907 (Sec. 19, 36, 37, 51).
 The Public Health Act, 1925.
 The Bakehouse Regulation Act, 1863.
 The Infant Life Protection Act, 1872.
 The Midwives Acts, 1902 and 1918.
 The Sale of Food and Drugs Acts, 1875 to 1907.
 The Margarine Act, 1887.
 The Butter and Margarine Act, 1907.
 The Fertilisers and Feeding Stuffs Act, 1906.
 The Rivers Pollution Prevention Act, 1876.
 The Local Government Act, 1888 (relating to Pollution of Rivers).
 The Canal Boats Acts, 1877 and 1884.
 The Sale of Horseflesh, &c. Regulation Act, 1889.
 The Factory and Workshop Acts, 1891, 1895, 1901.
 The Infectious Disease (Notification) Act, 1889.
 The Infectious Disease (Prevention) Act, 1890.
 The Public Health (Venereal Diseases) Regulations, 1916.
 The Vaccination Acts, 1867 to 1898.
 The Cleansing of Persons Act, 1897.
 The Public Health (Tuberculosis) Act, 1921.
 The Milk and Dairies (Consolidation) Act, 1915.
 The Milk and Dairies (Amendment) Act, 1922.
 The Alkali, &c. Works Regulation Act, 1906.
 The Rag Flock Act, 1911.
 The Rats and Mice (Destruction) Act, 1919.
 The Maternity and Child Welfare Act, 1918.
 The Diseases of Animals Acts, 1894 to 1925.
 The Notification of Births Act, 1907.
 The Housing Act, 1925.
 The National Insurance Act, 1911 (Provision of Sanatoria).
 The Salmon and Freshwater Fisheries Act, 1923.

LOCAL ACTS.

The Leeds Corporation (General Powers) Act, 1901.
 The Leeds Corporation (Consolidation) Act, 1905.
 The Leeds Corporation Act, 1924.

BYE-LAWS.

Common Lodging-houses, 1876.
 Houses-let-in-Lodgings, 1876.
 Pigstyes and Keeping of Swine, 1913.
 Spitting in Public Places, 1904.
 Slaughterhouses (Public Abattoirs), 1922.
 Slaughterhouses (Privately Owned), 1922.
 Tents, Vans, Sheds and similar Structures, 1923.
 Maternity Homes, 1926.

ORDERS AND REGULATIONS.

Connection of Drains to Sewers.
 Underground Sleeping Places, 1923.
 The Public Health (Milk and Cream) Regulations, 1912 and 1917.
 The Milk and Dairies Order, 1926.
 The Milk (Special Designations) Order, 1923.
 The Public Health (Meat) Regulations, 1924.
 The Tuberculosis Order, 1925.

FOOD.

There surely never was a time like the present when the food we eat had so much attention paid to it by all classes of the community. On the public platform, in the press, and at the meetings of learned societies, it is the main topic of discussion. Of counsellors the people have a wide choice and though much of the counsel offered is worthless and some of it even dangerous, there is to be found amongst the chaff an occasional grain of good wheat. All who speak and write of food and dietetics (precious word) are not imbued with the pure motive of improving the public health. Some want publicity for themselves, others for their wares, whilst not a few take up the study merely because it is the fashion of the time. The public must be careful, therefore, in choosing whom to follow lest they be led astray. Beware of the man whose advice is of the negative order "don't eat this and don't drink that." He is usually either a crank or a charlatan. Rather be guided by the man who sees in a varied and well balanced diet, composed of things that please both eye and palate, the surest guarantee of physical comfort and mental contentment. After all, eating subserves a dual function; it delights the senses and provides nourishment for the body. Which is the more important it would be hard to say; both are necessary.

The main things to bear in mind with respect to food is that it shall be simple, fresh, sufficient and appetising. There is no relation between food value and money value—the dearest is often the most worthless from a food value point of view. A pound of good oatmeal (notwithstanding its traducers) is worth a stone of caviare, value for value, and when well cooked, just as appetising. The present day hankering after food in tins with pretty labels is much to be deplored, not only because of its relatively higher cost, but also because of its lack of freshness and hence reduced food value.

There is no evidence that there is any relationship, casual or otherwise, between diet and cancer, and all statements to the contrary should be discounted. In the same way because a food

happens to be poor in vitamins there is, therefore, no occasion to condemn it. It may possess a very high food value all the same, and in a well selected diet the supply of vitamins is generally ample. The ability to select the food best fitted to meet the physiological demands of the body and to purchase it on the most favourable terms should be coveted by every modern housewife, and it should be the aim of our education system to equip every school-girl with this knowledge. This is the surest way of maintaining the standard of fitness of the people and at the same time conserving our food supplies. Legislation such as the Public Health (Preservatives, &c., in Food) Regulations, 1925, which comes into force next year may do much to protect the consumer from the food adulterator and dishonest trader, but the most effective safeguard is knowledge.

Graded Milk and Issue of Licences.—

LICENCES ISSUED UNDER THE MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

Description of Licences.	Number in force on 31st December, 1926.
(1) Producers' Licences to use the designation "Grade A"	5
(2) Dealers' licences to use the designation "Certified"	2
(3) Dealers' licences to use the designation "Grade A (Tuberculin Tested)":—	
(a) Bottling establishments	3
(b) Shops	53
(4) Dealers' licences to use the designation "Grade A":—	
(a) Bottling establishments	4
(b) Shops	140
(5) Dealers' licences to use the designation "Pasteurised":—	
(a) Pasteurising establishments	—
(b) Shops	—

The amount of graded milk produced per day in the City approximates 360 gallons, all of which is bottled at the place of production.

The cows are inspected once a month by the Veterinary Inspector who reports to the Medical Officer of Health on his inspection with any criticisms or remarks he wishes to make. In the interval between the Veterinary Inspector's visits the farms are visited by the Dairies and Cowsheds Inspector who sees that the premises are maintained in a cleanly and proper condition and that the methods of production employed are such as to conform with the requirements of the Order.

Apart from the graded milk produced in the City, the following amounts are imported by road or rail every day :—" Certified " milk, 30 gallons ; " Grade A (tuberculin tested) " milk, 55 gallons ; and " Grade A " milk, 390 gallons (including 200 gallons produced at Templenewsam).

During the year the City Council Farm at Templenewsam obtained a licence from the West Riding County Council to produce " Grade A " milk, whilst the farm at Skelton Grange, although not in possession of a licence, produces milk of " Grade A (tuberculin tested) " quality. Both farms are regularly inspected and reported upon just as in the case of " Grade A " farms.

Cows and Cowsheds.—The total number of farms in the City visited for purposes of inspection of cows and cowsheds was 148, and the total number of visits paid was 580. At four of the farms there were no cows kept ; eight farmers discontinued and eight commenced the keeping of dairy cows during the year, whilst 16 farms were added by the inclusion of a portion of the Township of Adel-cum-Eccup on April 1st, 1926, leaving at the end of the year a total of 148 farms in use as dairy farms in the City. The average number of cows kept in the City was 2,116, and the total number of examinations made was 8,464. At 7,747 (or 91·5 per cent.) of the examinations the cows were found to be clean, and at 717 (or 8·5 per cent.) dirty. As regards the health of the 2,116 cows examined, 30 (or 1·4 per cent.) were found to be diseased, nine (or 0·4 per cent.) having tuberculosis of the udder, six (or 0·3 per cent.) generalised tuberculosis, and 15 (or 0·7 per cent.) diseases other than tuberculosis. In all cases where tuberculosis was diagnosed the animals affected were dealt with under the Tuberculosis Order of 1925.

The number of cowsheds inspected was 240 and the total number of inspections 914, whilst the number of yards inspected

was 145 with a total of 566 inspections. At 804 (or 88.0 per cent.) of the visits the sheds were reported clean, whilst at 110 (or 12 per cent.) they were dirty; the yards at 440 (or 77.7 per cent.) of the visits were clean, and dirty at 126 (or 22.3 per cent.) of the visits.

Milk and Dairies Order, 1926.—A special feature of the year with reference to the milk supply was the introduction of the Milk and Dairies Order of 1926, which was forecasted by the Milk and Dairies (Consolidation) Act of 1915. This Order which came into force on October 1st cancelled the Dairies, Cowsheds and Milkshops Orders and all regulations made thereunder. A very important feature of the Order is that it leaves little or no discretionary power to local authorities but must be administered by County Borough Councils, County Councils, Urban District Councils, and Rural District Councils throughout the country, and there will thus be removed a standing complaint on the part of milk producers in the City that they were more strictly dealt with than their competitors who carried on business beyond the boundaries. In order to explain the new Order to those interested the Health Committee authorised two meetings to be held, one of milk producers, and the other of milk distributors. Both were well attended and the Medical Officer of Health and the Veterinary Assistant went fully into the requirements of the Order and explained the difficulties likely to arise. Extracts of the Order were made and sent to all milk traders in the City—producers and distributors—and to assist producers still further special cards were prepared setting out in simple language what was required of them with respect to the cleanliness of milkers, of cowsheds and of cows. A copy of this card was supplied to each registered producer with the request that it be displayed in a prominent place in his cowshed. If breaches of the Order do occur, no producer can excuse himself on the plea of ignorance, nor in like manner can his assistants and servants. After the assurance given by producers and retailers alike at the above-mentioned meetings that they would endeavour to the best of their ability to comply with the requirements of the Order I have every confidence that the Order will be loyally adhered to.

The experience gained in the short period—three months only—which has elapsed since the Order came into effect strengthens this confidence. The main object of the Order is a clean milk supply, an object with which few will quarrel and to realise which, I hope, all concerned will strive with single-hearted earnestness.

Under the Order no improvements in the lighting and ventilation of cowsheds can be demanded until April, 1928. Whilst this provision occasions little or no anxiety with respect to the majority of the cowsheds in the City, there are some, especially in the outlying parts, in regard to which the postponement of these improvements is regretted. Generally speaking, the standard of milk production in the outlying districts is lower than in the City itself.

During the year efforts have been made to secure for every dairy farm a supply of water suitable and sufficient to meet the requirements of the new order. Where the farms are within easy reach of the town's mains there is no difficulty, but in the outlying districts where town water is not available resort has to be made to sources of a more dubious and uncertain character, such as wells and springs. The matter is at present the subject of discussion between the Health and Waterworks Committees.

Tuberculosis Order.—During the year 14 notifications of tuberculosis in cattle under the Tuberculosis Order were received, eleven being from owners and three from Veterinary practitioners. Twenty animals affected by the disease were discovered by the Veterinary Inspector during the course of his routine inspections under the Dairies, Cowsheds and Milkshops Orders, and later under the Milk and Dairies Order of 1926.

These figures indicate that it is only by systematic veterinary inspection that cows affected with tuberculosis can be discovered and dealt with. One dairy farmer was prosecuted for failing to give notice that he had a cow in his herd suffering from tuberculosis as required by the Order and was fined £10. The investigations conducted under the Order involved the examination of 630 cows in milk, 41 other cows or heifers, and 17 other bovine animals, whilst four cows were tested with tuberculin; 21 cows were slaughtered, all of which, on post mortem examination, were found to be affected, nine with tuberculosis emaciation, six with tuberculosis of the udder, and six otherwise. The owners of 19 of the condemned animals received compensation at the lowest rate, namely, one-fourth of the agreed value or 45/—, whilst two received compensation at the rate of three-fourths of the agreed value. It is interesting to observe that of the 21 animals slaughtered, the average cost in compensation to the City was 11/1. In addition to dealing with cows suffering from tuberculosis within the City, the Tuberculosis Order

empowers the Veterinary Inspector to order the removal from a cattle market of any animal which he considers to be affected with tuberculosis within the terms of the Order, and during the year such action was taken with respect to two cows at the Victoria Cattle Market, and on slaughter both animals were found to have the disease in an advanced form.

TUBERCULOSIS ORDER OF 1925.

TOTAL NUMBER OF ANIMALS REPORTED—									
(a)	By Owner	..	..	..	..	..	..	..	11
(b)	By Veterinary Advisor to owner	..	..	..	..	..	..	..	3
(c)	By Veterinary Inspector acting under the Dairies, Cowsheds and Milkshops Orders and the Milk and Dairies Order, 1926	..	..	..	..	..	..	..	20
ANIMALS EXAMINED—									
(a)	Cows in milk	..	..	..	..	..	..	..	630
(b)	Other Cows or Heifers	..	..	..	..	..	..	..	41
(c)	Other Bovine animals..	..	..	..	..	..	..	..	17
ANIMALS TESTED WITH TUBERCULIN									
..	..	..	..	..	..	..	..	..	4
RESULTS OF POST-MORTEM EXAMINATION—									
(a)	Having Tuberculosis of the Udder	..	..	..	..	..	..	..	6
(b)	Giving Tuberculous Milk and showing lesions of Tuberculosis	..	..	..	..	..	..	..	—
(c)	Suffering from Tuberculous Emaciation	..	..	..	..	..	..	..	9
(d)	Affected, but not as in a, b, or c	..	..	..	..	..	..	..	6
COMPENSATION PAYABLE—									
							£	s.	d.
(a)	Full value	..	..	..	(0)	..	0	0	0
(b)	Three-fourths value	..	..	..	(2)	..	23	5	0
(c)	One-fourth value or 45/-	..	..	..	(19)	..	47	15	0
Total Compensation							£71	0	0
Total Salvage received							24	7	5
Nett Compensation							46	12	7
Recoverable from Government, 75% of Net Compensation							34	19	5
Nett Cost to City Council							11	13	2
Average Cost per animal to the City Council as Compensation							£0	11	1
ADMINISTRATION EXPENSES—									
							£	s.	d.
(a)	1. Veterinary examinations (notification fees)	..	..	..	..	..	0	5	0
	2. Cost of tuberculin	..	..	..	..	..	0	4	6
(b)	Reference to a Pathological Institute	..	..	..	..	..	3	3	0
(c)	Valuation of Animals slaughtered	..	..	..	..	..	0	0	0
(d)	Cost of travelling	..	..	..	..	..	24	6	1
Total Expenses							£27	18	7

Dairy Farms and Milkshops.—The following tables show the number of registered dairy farms and milkshops in the City on December 31st, 1926.

DAIRY FARMS.

Number of dairy farms in the City on the register on	
December 31st, 1925	132
Number added to register during the year (including	
16 in Adel from April 1st)	25
Number removed from register during the year ..	8
Number on register on December 31st, 1926	149

MILKSHOPS.

Number of milkshops in the City on the register on	
December 31st, 1925	356
Number added to register during the year	69
Number removed from register during the year ..	8
Number on register on December 31st, 1926	417

The following visits were paid during the year by the Food and Drugs Inspectors and Dairies and Cowsheds Inspector in connection with the Milk and Dairies Acts and Orders :—

	VISITS
To milkshops	1,704
To cowsheds	468
To railway stations.. .. .	762
To farms or milkshops <i>re</i> infectious disease	18
To food shops and bottled milk stores	1,203

Milk and Food Analysis.—The subjoined tables set out the number of samples of milk taken during the year and examined by the City Analyst, with information as to quality and composition and results of Court proceedings.

**SAMPLES OF MILK AND CREAM SENT TO THE CITY
ANALYST FOR EXAMINATION DURING 1926.**

Article.	Genuine.	Adul- terated.	Total.	Taken formally.		Taken informally.	
				Genuine.	Adul- terated.	Genuine.	Adul- terated.
Milk	822	45	867	814	39	8	6
Skim Milk ..	2	1	3	2	1	..	..
Cream .. ..	..	3	3	..	3	..	..
Preserved Cream	17	..	17	17	..	..	..
TOTAL	841	49	890	833	43	8	6
				876		14	

The average composition of the 870 milk samples taken during the year was :—

	1926.	Standard.
Non-fatty solids ..	9.18 per cent.	8.50 per cent.
Fat	3.70 „	3.00 „
Total solids ..	12.88 per cent.	11.50 per cent.

Of the 46 samples of milk found to be adulterated, seven were adulterated by the addition of water, 36 by the partial abstraction of fat, one by the addition of water and the partial abstraction of fat, one by the addition of colouring matter, and one by the addition of preservative.

The largest amount of added water found in any sample was 8.5 per cent., whilst the most serious deficiency of fat was 32.7 per cent.

SUMMONSES ISSUED DURING 1926, UNDER THE SALE OF FOOD
AND DRUGS ACTS.

No. of Sample	Article.	Adulteration or Offence.	Fines. £ s. d.	Remarks.
46	Milk ..	5.9% added water ..	..	to pay costs : retailer.
214	Vinegar	25.0% acetic acid deficient	..	adjourned for 12 months
409	Cream ..	0.12% boric compounds ..	..	to pay costs ; retailer.
411	Cream	0.27% boric compounds ..	..	to pay costs ; retailer.
595	Whiskey	4.0% added water ..	..	to pay costs ; publican.

Guinea Pig Tests.—During the year in addition to the samples of milk submitted to the City Analyst, 48 samples were sent to the School of Medicine for examination for the presence of the tubercle bacillus and five (10.4 per cent.) were returned as positive, all being from farms outside the City. In all five cases, the local authority in whose district the milk had been produced was informed in accordance with Section 4 (1) of the Milk and Dairies (Consolidation) Act, 1915, and the Veterinary Inspector, in company with the Veterinary advisers of the districts concerned, visited the farms, seven in number, and inspected 115 cows. As a result, three cows were discovered with tuberculosis (two at one farm and one at another) and dealt with under the Tuberculosis Order. The source of infection in the other three cases was not discovered.

Special Bacterial Tests.—Three samples were submitted to the City Bacteriologist for bacteriological analysis. All three were samples of graded milk produced outside the City. Only one was returned as having a bacterial content within the standard prescribed by the Ministry of Health. The other two showed evidence of gross pollution.

Departmental Laboratory.—During the year 399 samples of milk were examined in the departmental laboratory, comprising 154 of graded milks, 83 obtained informally at the railway stations, 112 taken on delivery to local institutions, and 50 miscellaneous (*e.g.*, samples brought to the office by customers, retailers, etc.). All the samples were examined for (1) keeping properties, (2) the number of bacteria of all kinds present in 1 cc. and (3) the presence of *B. Coli.* in the three dilutions 1/10, 1/100 and 1/1000 cc. These involved the making of 1,197 tests to which must be added 83 tests for sediment, making a total of 1,280 tests.

The average keeping quality of the samples of graded milk examined was 3.2 days, the average for the station milks 2 days, and the average for the institution milks 2.3 days.

Particulars of the samples examined are as follows :—

SAMPLES EXAMINED AS TO BACTERIAL CONTENT.

Bacterial Content per c.c.	Graded Milk.	Station Milks.	Institution Milks.	Total.
1- 5,000	65	3	16	84
5,001- 10,000	28	12	20	60
10,001- 50,000	41	24	37	102
50,001-100,000	9	18	17	44
100,001-200,000	4	19	12	35
200,001-300,000	2	1	1	4
300,001-400,000	1	1	1	3
400,001-500,000 .. ..	..	..	1	1
500,001 +	4	5	7	16
Total Samples	154	83	112	349

SAMPLES EXAMINED AS TO B. COLI. CONTENT.

	Number of samples.	B. Coli. present in 1/10 cc.	B. Coli. present in 1/10 and 1/100 cc.	B. Coli. present in 1/10, 1/100 and 1/1000 cc.	B. Coli. absent.
Graded Milk ..	154	16	15	11	112
Station Milks ..	83	14	26	25	18
Institution Milks ..	112	32	25	18	37
Totals ..	349	62	66	54	167

Milk Samples tested by the Gerber Method.—During the year 793 samples of milk were tested in the departmental laboratory by the Gerber method, the results of which were as follows :—

Total.	Genuine.	Deficient in fat only.	Deficient in Solids-not-fat only.	Deficient in fat and Solids-not-fat.
*793	667	45	60	21

* These were all informal samples.

Other samples of food examined in the departmental laboratory include :—Ice Cream for bacterial content and presence of B. Coli., Apples for arsenic, and Meat for microscopic examination. Article 13 (1) of the Milk and Dairies Order of 1926, demands that the water supply to farms shall be suitable and sufficient, and 24 samples of water have been taken by the Dairies and Cowsheds Inspector, and examined as to their bacteriological purity with the following results :—

Contained B. Coli.	..	..	..	16
Free from B. Coli.	..	..	..	8

EXAMINATION OF ICE CREAM FOR BACTERIAL CONTENT.

Number.	B. Content.	B. Coli. 1/10 cc.	B. Coli. 1/100 cc.	B. Coli. 1/1000 cc.
1	10,350 ..	..	..	..
2	8,300 ..	..	..	..
3	201,000 ..	..	..	..
4	410,000 ..	..	..	..
5	352,000 ..	..	..	..
6	5,000 ..	..	..	..

During the year the laboratory has been found of considerable educational benefit. Individual farmers, representatives of the local branch of the National Farmers' Union, and dairymen interested in the improvement of the milk supply have visited the laboratory and had the various steps in the examination of milk samples explained to them.

In addition the following investigations were undertaken and other work done :—

Milk examined for presence of tubercle bacillus	17 samples
Diseased meat for microscopical examination	3 „
Apples for presence of arsenic	11 tests
Chocolate for presence of arsenic	1 test
Sputum, tubercle bacillus	1 „
Throat swabs made and issued	1,497
Tubes of media prepared	2,019
Microscopic slides prepared and stained in connection with the various bacterial tests	63

Milk and Cream Regulations.—All samples of milk submitted to the Analyst were tested for the presence of preservatives. One of the samples taken formally was found to contain boron compounds but as the amount present was so small proceedings were not taken. The retailer was warned.

Three samples of fresh cream proved on analysis to contain boron compounds. Two of the retailers were prosecuted, and the other warned.

Food and Drugs.—The Food and Drugs Inspectors took 308 formal and four informal samples of food other than milk, the results of the analysis of which appear in the subjoined table. The total number of formal samples of all kinds taken during the year was 1,184 and informal 18.

SAMPLES OF FOOD OTHER THAN MILK AND CREAM, SENT TO
THE CITY ANALYST FOR EXAMINATION DURING 1926.

Article.	Genuine.	Adul- terated.	Total.	Taken formally.		Taken informally.	
				Genuine.	Adul- terated.	Genuine.	Adul- terated.
Apples	3	13	16	3	12	..	1
Cocoa	11	..	11	11	..	..	..
Rice	4	..	4	4	..	..	..
Tea	10	..	10	10	..	..	..
Cheese	4	..	4	4	..	..	..
Vinegar	19	1	20	19	1	..	..
Malt Vinegar ..	10	..	10	10	..	..	..
Pepper	21	..	21	21	..	..	..
Oatmeal	10	..	10	10	..	..	..
Baking Powder ..	9	..	9	9	..	..	..
Coffee	11	..	11	11	..	..	..
Lard	10	..	10	10	..	..	..
Margarine	10	..	10	10	..	..	..
Flour	24	3	27	24	3	..	..
Self-raising Flour ..	5	..	5	5	..	..	..
Tea Cake	2	..	2	2	..	..	..
Bread	4	..	4	4	..	..	..
Cherries	3	1	4	3	1	..	..
Cordials	3	..	3	3	..	..	..
Mineral Waters ..	11	..	11	11	..	..	..
Ground Ginger ..	9	..	9	9	..	..	..
Polony, Potted Meats, etc. ..	5	5	10	5	5	..	..
Sago	1	..	1	1	..	..	..
Condensed Milk ..	7	..	7	7	..	..	..
Dried Milk	3	..	3	2	..	1	..
Butter	19	1	20	19	1	..	..
Beer	14	..	14	14	..	..	..
Jellies	4	..	4	4	..	..	..
Honey	1	..	1	1	..	..	..
Olive Oil	4	..	4	4	..	..	..
Demarara Sugar ..	1	..	1	1	..	..	..
Tent Wine	2	..	2	2	..	..	..
Boric Ointment ..	1	..	1	1	..	..	..
Whisky	4	1	5	4	1	..	..
Rum	2	..	2	2	..	..	..
Cream of Tartar ..	4	..	4	4	..	..	..
Prescription	2	..	2	2	..	..	..
Ham Bone .. ..	..	1	1	..	..	..	1
Ground Rice	3	..	3	3	..	..	..
Nut Oil	1	..	1	1	..	..	..
Glycerine and Borax	1	..	1	..	..	1	..
Gin	1	..	1	1	..	..	..
Jam	9	..	9	9	..	..	..
Lemon Crystals ..	1	..	1	1	..	..	..
Carbonate of Soda	1	..	1	1	..	..	..
Sugar	2	..	2	2	..	..	..
TOTAL	286	26	312	284	24	2	2
				308		4	

MEAT.

During the year the system of meat inspection inaugurated in 1925 was continued. The senior assistant inspector takes charge of the Public Abattoir and the Wholesale Meat Market as well as a group of private slaughterhouses in the immediate vicinity and is responsible for the inspection of all foodstuffs in the Kirkgate Market. The other two assistants are occupied in the inspection of the other private slaughterhouses and shops in the City, whilst the Chief Inspector, Mr. J. A. Dixon, maintains a general supervision over the whole work and relieves the senior assistant for meals and at other times when necessary. By this means it is so arranged that there is always an inspector on duty at the Public Abattoir when slaughtering is in progress.

The appended table indicates the amount of diseased and unsound foodstuffs which was condemned and disposed of during the year.

MEAT, ETC., DESTROYED BY CONSENT.

	1926.	1925.	1924.	1923.
Beef	122,471 lbs.	134,725 lbs.	137,660 lbs.	121,087 lbs.
Veal	7,580 "	7,767 "	8,103 "	4,659 "
Mutton	8,894 "	8,279 "	8,214 "	6,963 "
Bacon and Ham..	160 "	82 "	224 "	214 "
Pork	16,785 "	14,987 "	9,004 "	9,957 "
Goat Flesh .. ..	..	70 "	80 "	..
Offals	43,521 lbs.	39,931 "	25,971 "	23,270 lbs.
Rabbits	11,815 "	9,839 "	16,407 "	20,095 "
Poultry	3,267 "	2,758 "	10,825 "	4,707 "
Game	549 "	545 "	111 "	476 "
Eggs	7,725 "	23,110 "	15,453 "	27,138 "
Cheese .. ..	..	..	56 lbs.	..
Fish	91,537 lbs.	80,882 lbs.	100,502 "	103,877 lbs.
Shellfish	72,901 "	70,621 "	86,952 "	103,672 "
Fruit	42,439 "	27,606 "	24,336 "	16,174 "
Vegetables	159,525 "	75,581 "	66,087 "	114,030 "
Inedible fungi .. ..	..	..	..	14 "
Edible fungi	50 lbs.	634 lbs.	120 lbs.	168 "
Yeast	4,794 "	2,381 "	448 "	3,920 "
Tinned Goods	1,538 "	7,883 "	3,947 "	5,643 "
Sundries	30 "	465 "	..	..
TOTALS	595,581 lbs.	508,146 lbs.	514,500 lbs.	566,064 lbs.

An improvement has been made in the method of dealing with unsound food. All of it is now collected at the condemned meat depot at the Public Abattoir where it is suitably treated by sprinkling liberally with chloride of Lime to ensure that none of it gets into circulation, and then transported to the destructor by Corporation employees under the supervision of the meat inspectors.

Tuberculous Carcases.—The number of carcases condemned for tuberculosis during 1926 was as follows :—127 carcases of beef with organs, five carcases of veal with organs and 54 carcases of pork with organs.

Slaughterhouses.—During the year the number of private slaughterhouses was reduced from 65 to 55 by the removal from the register of 10 which had ceased to be regularly used as slaughterhouses.

The following table shows the number of slaughterhouses in the City in 1926 and for comparison the number in 1920.

SLAUGHTER-HOUSES IN USE.

	1920.	January, 1926.	December, 1926.
Public Abattoir	1	1	1
Private slaughter-houses (registered)	63	56	47
Do. (licensed)	8	9	8
Knackers' Yard	2	2	2

Of the 55 private slaughterhouses remaining on the register, some are used every day, whilst others are not used on more than one or two days a week. The inspectors paid a total of 8,587 visits to these slaughterhouses or an average of 156 visits or three visits per week to each private slaughterhouse.

The extension of the Public Abattoir and the Wholesale Meat Market is now in progress, and, although the immediate intention of the Council is to provide additional facilities for the wholesale trader, it is hoped that it will be found possible to increase the accommodation available for the retail butchers, many of whom are at the present time slaughtering in small, often overcrowded, and totally unsuitable private slaughterhouses. The extended premises will afford facilities for the slaughter of pigs, a much desired improvement, the lack of which has, at times, occasioned the Department a good deal of embarrassment. Additional lairage will also be provided for sheep and pigs as well as improved facilities for the storage and removal of refuse and manure. When the extensions

are complete the Abattoir will fulfil its functions much more perfectly than it has done hitherto, though the absence (temporary only I hope) of adequate provision for the retail butcher is a defect the importance of which from a public health point of view cannot be overestimated.

Legal Proceedings.—During the year, proceedings were taken against a butcher for having in his possession a carcase and its organs unsound and unfit for food and a penalty of £5 was imposed. The occupier of a private slaughterhouse was fined £3 for failing to observe the byelaws with regard to the disposal of slaughterhouse refuse. One butcher was prosecuted for unclean and insanitary premises and was fined £2 on each of seven summonses. A fishmonger was fined 40/- for being in possession of unseasonable trout contrary to the Salmon and Freshwater Fisheries Act, 1923.

Public Health (Meat) Regulations, 1924.—The Public Health (Meat) Regulations continued to be energetically administered. Small holders, allotment holders and cottagers are permitted by the Ministry of Health to slaughter on their own premises and this at times causes confusion and leads to unnecessary trouble and misunderstanding. There is little to complain of with regard to the notification of slaughter, the butchers throughout the City observing the regulation dealing with that in a satisfactory manner, but it is regretted that there does not appear to be the same willingness to report the finding of unsound conditions after slaughter. Whilst admitting that some of this reluctance may be ascribed to the ignorance of butchers and slaughtermen, there is just the suspicion that in addition to ignorance there exists an indifference and carelessness much to be deplored in men handling such an important article of diet as meat. The Regulations ensure a more complete inspection of animals slaughtered for food, and, though it is not yet possible to say that every carcase is inspected, very few escape. Until the private slaughterhouse is abolished and slaughtering is concentrated in one place the ideal of every animal slaughtered being inspected cannot be attained.

The supervision of shops and stores has resulted in raising the standard of cleanliness observed by butchers and others engaged in the sale and distribution of meat. Even so there is still room for improvement. Meat is still too freely exposed to contamination and insufficient care is exercised to see that carcasses hung in shops are adequately protected.

The Regulations are defective in so far as they do not include fish, dressed poultry and rabbits which require just as much care in storage and handling as does butcher's meat. The absence of a definite rule prohibiting the exposure of foodstuffs in open places where they are subject to contamination is also a grave weakness. As long as it is left to the trader's discretion to open or close his shop windows, so long will valuable foodstuffs continue to be damaged and rendered unsaleable by contamination by filth, flies and the unwashed hands of prospective purchasers.

Meat marking continues to be disregarded by meat traders who fail to appreciate the advantages to themselves to be derived therefrom. The subject has been constantly kept before their notice and every opportunity taken to explain to them the advantages of having their meat properly inspected and marked. What is voluntary now must sooner or later be made compulsory as meat marking is the only safeguard the public has against the unscrupulous trader.

The transport and handling of meat has considerably improved and although the disparity of treatment as between the wholesaler and the retailer is to be regretted, the general effect of the Regulations has been to raise the standard of the meat trade in this City, especially on the retail side.

The following is a summary of the cases taken into Court under the Regulations during the year :—

THE PUBLIC HEALTH (MEAT) REGULATIONS, 1924.
PROSECUTIONS FOR THE YEAR 1926.

No.	Offences.	Result of Hearing.	Remarks.
1	Dirty sheets and vehicle ..	Fined 10/- and costs Fined 10/- and costs	Carrier. Employee.
2	Having insufficient protection for meat exposed for sale	Dismissed under Probation of Offenders Act	Butcher.
3	Unsatisfactory conditions under which meat was stored contravening the whole of Art. 20 (7 summonses)	Fined £14 (£2 on each count)	Butcher.

Shellfish.—On the opening of the shellfish season in September, two new importers from the Irish Free State, Dundalk and Drogheda, began sending mussels. The bacteriological report on Dundalk mussels received some years ago was unfavourable. Samples of mussels from each district were again submitted to the City Bacteriologist and a favourable report received in each case. Samples from the same sources were later submitted to the Bacteriologist of the Worshipful Company of Fishmongers, who also reported favourably.

In April, Morecambe Bay Cockles were declared by the Fisheries Board as unfit for food, and an order was made prohibiting their sale.

INFECTIOUS AND OTHER DISEASES.

A complete summary of cases notified to this department during the year of all notifiable infectious diseases will be found in the Appendix (Table II.).

The most conspicuous feature of the year's record as far as the prevalence of infectious disease is concerned was the increased number of cases of measles and whooping cough and the fall in the incidence of scarlet fever, diphtheria and encephalitis lethargica.

Co-operation with School Medical Services.—Co-operation with the School Medical Service has continued throughout the year as intimately as possible having regard to the fact that the two services are entirely separate and under two distinct Committees of the Council without any bond save that of public safety and service. As formerly, visits have been paid to infected houses by health visitors and sanitary inspectors for the purpose of investigating suspicious cases reported by the school authorities. Appropriate precautionary measures have been taken to prevent the further spread of the disease where the suspicions have proved to be well founded.

Smallpox.—Five cases of smallpox were notified in the City during the year. Two were removed to hospital from a private house in the Stoney Rock district of the North-East Ward on January 20th. They were youths *aet* 17 and 13 years respectively, un-vaccinated, and had probably contracted the infection whilst residing in the Hull area during the Christmas vacation. They went to Hull on December 24th, returned to their home in Leeds on December 27th, commenced to be ill on January 9th and 12th respectively, and the rash appeared on January 12th and 14th. The house together with the bedding and clothing were disinfected, and the rest of the family, five in number including the parents, were taken to the Isolation Cottages at Seacroft for quarantine.

On February 3rd the father and mother, who had persistently refused to be vaccinated, were taken ill, diagnosed as suffering from smallpox, and transferred from the Isolation Cottages to the Smallpox Hospital.

On January 14th one of the patients attended a party given by the Lord Mayor at the Town Hall. A list of the names and addresses of the children (over 2,000) who attended this function was obtained. These, together with 138 other contacts, were kept under observation for 21 days. The inspectors paid 5,251 visits to houses in the infected area for the purpose of following up cases of suspicious illness.

In connection with the outbreak 29 contacts were re-vaccinated and as a result of a special circular letter sent out to the Head Teachers of the Schools, several hundred school children were vaccinated or re-vaccinated.

A fifth case unconnected with the previous cases was removed to hospital on May 25th. The patient was a man *aet* 57 years, un-vaccinated, and resident in the Burley district. He probably picked up the infection during his travels—he was employed as a canvasser for a local newspaper and went all over the country. From May 3rd to May 15th he visited the Doncaster district which at the time was an infected area. He first commenced to be ill on May 18th whilst staying at a commercial hotel at Halifax. The rash appeared on May 22nd.

The other members of the family, the daughter and son-in-law, both vaccinated, were taken to the Isolation Cottages at Seacroft and kept under observation for the quarantine period.

Fifty-one contacts were found of whom 37 were re-vaccinated. They were kept under observation for 21 days but no further case was reported.

The publicity given to the cases induced many to be vaccinated or re-vaccinated and for a time the Public Vaccinators had difficulty in keeping pace with the demand.

Considering how prevalent the disease was in Yorkshire and the North of England generally, even in areas immediately adjacent, the City is to be congratulated on having escaped so lightly. I do not hesitate to say that had it got a footing, with so much inflammable material about, a conflagration would have been inevitable. Happily, by the vigilance of the staff and by the careful observation of contacts, disaster was averted. Nevertheless the few cases that did occur, and the many that possibly were prevented, should have the effect of emphasising the value of vaccination and driving home the lesson that the ampler the protection the surer the prevention.

The number of primary vaccinations carried out by the Public Vaccinators during the year was 3,629 or 45.0 per cent. of the nett births registered.

During the year, 21 Leeds persons who had been in contact with smallpox cases in other towns were kept under observation. This supervision entailed 441 visits to houses by the inspectorial staff during the quarantine period and represented the expenditure of a considerable amount of valuable time.

The medical staff of the department visited 17 cases of doubtful smallpox reported by medical practitioners, all of whom were found to be suffering from other diseases.

Measles.—The number of cases of measles notified during the year was 7,702 (measles 7,076, German measles 626) an increase of 2,401 as compared with the previous year and the second largest figure since the notification of measles came into operation in 1916. The case-rate was 16.3 as compared with 11.2 in 1925 and 21.6 in 1922 the last epidemic year. The total number of deaths certified as due to the disease was 20 giving a death-rate of 0.04 as compared with 39 deaths and a death-rate of 0.08 for the previous year and 152 deaths and a death-rate of 0.33 in 1922. Although the death-rate for 1926 was very small compared with previous years, this is no reason why the infection of measles should be considered lightly for even from the mildest case complications of a serious nature, immediate or remote, may arise. Hospital treatment of measles, even if it were practicable, is neither necessary nor advisable except in cases where the home conditions are bad and proper nursing is impossible. But where such is the case, as in overcrowded or insanitary dwellings, removal to hospital is abundantly justified and has the effect of ensuring a more rapid and more complete recovery. This fact is becoming more generally recognised by Local Authorities who are showing an inclination to admit such cases in preference to certain cases of scarlet fever which could without detriment be treated at home.

Of the total number of cases notified 98 (or 1.3 per cent.) were treated in hospital, whilst the usual arrangements were made for the nursing of cases in their own homes by the district nurses.

MEASLES.

Year.	Cases notified.	Case-rate.	Deaths.	Death-rate. LEEDS.	Death-rate England and Wales.
1916	6,911	15.48	149	0.33	0.16
1917	5,094	11.62	277	0.63	0.31
1918	6,719	15.71	417	0.98	0.29
1919	2,605	6.05	48	0.11	0.10
1920	5,523	12.30	148	0.33	0.19
1921	240	0.52	5	0.01	0.06
1922	10,078	21.59	152	0.33	0.15
1923	5,224	11.12	50	0.11	0.14
1924	7,037	14.92	46	0.10	0.12
1925	5,301	11.21	39	0.08	0.14
1926	7,702	16.27	20	0.04	0.09

AGES AT DEATH FROM MEASLES.

1926	0-1	1-2	2-3	3-4	4-5	5-10	15 +	Total.
No. of Deaths	1	10	3	1	2	3	..	20

Whooping Cough.—The number of deaths from this disease registered during the year was 119, an increase of 72 over the number for the preceding year and incidentally the largest number of deaths registered from this disease since 1918. The strange and as yet unexplained association between measles and whooping cough was thus repeated. A certain number of cases, 45 in all, which could not be properly nursed in their own homes were removed to Seacroft Hospital.

When one reflects that whooping cough was responsible for more deaths of children than any other infectious disease or than all the other infectious diseases put together the folly of neglecting it at once becomes apparent. And yet parents continue to underestimate its importance and to expose their children to risk of infection in a manner which suggests either great ignorance or unpardonable negligence.

WHOOPIING COUGH.

Year.	Deaths.	Death-rate. LEEDS.	Death-rate England and Wales.
1916	45	0·10	0·18
1917	69	0·16	0·13
1918	130	0·30	0·30
1919	66	0·15	0·07
1920	100	0·22	0·12
1921	72	0·15	0·12
1922	115	0·25	0·17
1923	32	0·07	0·11
1924	87	0·18	0·10
1925	47	0·10	0·16
1926	119	0·25	0·10

AGES AT DEATH FROM WHOOPING COUGH.

1926	0-1	1-2	2-3	3-4	4-5	5-10	10-15	Total.
No. of deaths	43	40	21	9	4	2	..	119

Scarlet Fever.—The number of cases notified as suffering from scarlet fever in the City during the year was 756 as compared with 1,166 for the previous year. The case-rate was 1.60, the corresponding rate for 1925 being 2.47. This is the smallest number on record since 1918. The mortality was remarkably low, there being only five deaths, the equivalent of a death-rate of 0.01, the lowest rate recorded since 1890 and considerably lower than the death-rate of England and Wales for this disease. The type was unusually mild and complications were few, which raises the whole question of the advisability of admitting such cases into the fever hospital unless they come from houses which are overcrowded or insanitary or from institutions or homes where isolation cannot be effectually provided.

The number of cases removed to hospital was 708 or 93.7 per cent. of the total notifications.

During the year 21 "return" cases were reported. Three of the primary cases were re-admitted to hospital for further treatment.

SCARLET FEVER.

Year.	Cases notified.	Case-rate.	Deaths.	Death-rate. LEEDS.	Death-rate England and Wales.
1916	881	1.97	23	0.05	0.04
1917	543	1.24	7	0.02	0.02
1918	570	1.33	19	0.04	0.03
1919	1,340	3.11	23	0.05	0.03
1920	1,363	3.04	17	0.04	0.04
1921	1,526	3.28	14	0.03	0.03
1922	2,722	5.83	33	0.07	0.04
1923	2,134	4.54	31	0.07	0.03
1924	1,256	2.66	20	0.04	0.02
1925	1,166	2.47	15	0.03	0.03
1926	756	1.60	5	0.01	0.02

Erysipelas.—Notifications were received of 327 cases of this disease as compared with 321 in 1925. There were 12 deaths or one less than the previous year. The death-rate was 0.03 the same as for the previous year. Of the 327 cases 107 were treated in hospital. Most of these patients were admitted from institutions and from overcrowded houses in congested areas.

Puerperal Fever.—There were 46 cases of this disease notified during the year as compared with 52 in the previous year. Of these 20 (or 43.5 per cent.) were in the practices of midwives; 15 (or 32.6 per cent.) in the practices of doctors, and 11 (or 23.9 per cent.) in institutions.

The number of deaths recorded was 14, a decrease of 10 as compared with the previous year, and the death-rate was 0.03 as compared with 0.05. Of the total cases notified 26 (or 56.5 per cent.) were removed to the City Hospital, the remainder being treated either in their own homes or in one or other of the institutions possessing accommodation for the purpose.

The Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926.—It has been recognised for some time that the notification of puerperal sepsis was very unsatisfactory and that only a limited proportion of the cases came to the knowledge of the Local Authorities. The explanation was mainly that there never has been a proper definition of the term "puerperal sepsis" in this country, coupled with the unwillingness of the average medical practitioner to admit that he had a case of sepsis in his practice. He drew a fine distinction between "raised temperature" and the fever accompanying the septic state. To get over this difficulty the Ministry of Health has extended the list of notifiable diseases (*The Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926*) so as to include not only puerperal fever but also puerperal pyrexia which is defined as:—
"Any febrile condition (other than a condition which is required to be notified as puerperal fever) occurring in a woman within 21 days after child-birth or miscarriage in which a temperature of 100.4° F. (38° Centigrade) or more has been sustained during a period of 24 hours or has recurred during that period."

The Ministry of Health realises that many cases of increased temperature during the puerperium are due to conditions un-connected with septicæmia but by including the doubtful with

the obvious it is hoped to obtain more complete information of the actual cases of sepsis than hitherto. The above named regulations came into operation on October 1st, 1926, and in connection with them a letter was sent to all doctors practising in the city calling attention to the new provisions and their obligations in respect thereto.

Encephalitis Lethargica.—Only 10 cases of this disease were notified during the year as compared with 20 in the previous year. There were 11 deaths giving a death-rate of 0.02 the same as in the previous year. One case was removed to the City Hospital.

The most serious part of this disease lies in its after effects, or *sequelae*, which usually are nervous in character. Some degree of mental infirmity is often left which cripples the victim for the remainder of his life and may necessitate the making of special provision for ensuring his safety, and, if a child, his education. It has been suggested that special institutions should be provided for this purpose and the matter is at present under discussion by the Ministry of Health and the larger Local Authorities.

Acute Anterior Polio-Myelitis.—Two cases were notified during the year and there were no deaths as compared with three notifications and one death in 1925.

Cerebro-Spinal Meningitis.—Only one case of this disease was reported during the year and there were four deaths. Last year (1925) there was one case which ended fatally.

Diphtheria.—The number of cases notified during the year was 374 as compared with 422 in the previous year, giving a case-rate of 0.79, a decrease of 0.10 on the figure for 1925. There were 26 deaths equivalent to a death-rate of 0.05 as compared with 39 deaths and a death-rate of 0.08 for the previous year. Of the total cases notified 360 (or 96.3 per cent.) were removed to hospital. There is not the same objection to the hospitalisation of diphtheria as is the case with scarlet fever, as apart from its infectious nature diphtheria is a most dangerous and treacherous malady. The modern treatment of the disease calls for skilled handling practically throughout the whole of its course, which is an additional reason for the provision of ample hospital facilities.

Since my last report our knowledge concerning the immunisation of children against diphtheria by what is now generally known as the toxin-antitoxin method has been further advanced. The

DIPHTHERIA AND MEMBRANOUS CROUP.

Year.	Cases notified.	Case-rate.	Deaths.	Death-rate. LEEDS.	Death-rate England and Wales.
1916	423	0.95	39	0.09	0.16
1917	549	1.25	60	0.14	0.13
1918	542	1.27	47	0.11	0.14
1919	811	1.88	43	0.10	0.13
1920	885	1.97	64	0.14	0.15
1921	665	1.43	38	0.08	0.13
1922	470	1.01	28	0.06	0.11
1923	368	0.78	20	0.04	0.07
1924	289	0.61	27	0.06	0.06
1925	422	0.89	39	0.08	0.07
1926	374	0.79	26	0.05	0.07

evidence, if not quite conclusive, certainly proves that properly applied the method confers immunity to attack in a majority of cases. How far the immunity is permanent cannot as yet be determined but there is reason to believe that it persists for a considerable time. It has become a practice in most fever hospitals, Seacroft included, to immunise the nurses when they join the staff and before they take up duty in the diphtheria wards. The effect has been to reduce the incidence of the disease amongst the members of the nursing staff of isolation hospitals to a negligible figure.

Certain local authorities including Aberdeen, Edinburgh and Birmingham have adopted schemes for immunising children attending the elementary schools free of charge to the parents. The venture has been attended with considerable success especially in Edinburgh where close on 6,500 children have been immunised since the end of 1923. The practice in that city is to invite the parent of every child under 10 years of age attending an elementary school to allow his child to be tested and if necessary immunised. If consent

is given, the test is applied by a medical officer, expert at the work, and, if found susceptible, the necessary injections are administered to produce immunity. Similar procedure is followed in the other two towns. In Aberdeen an important modification has recently been introduced which entirely cuts out the preliminary test to ascertain the susceptibility or otherwise of the child. It is assumed that every case is susceptible and a course of immunising injections is given straight away. In Leeds nothing of the sort has yet been attempted though the question has been the subject of a conference between the medical staffs of the Health and the Education Departments.

The great difficulty in introducing an innovation of this kind is to secure the co-operation of the parents. Many are bitterly opposed to vaccination or inoculation of any kind though it must be said that much of their opposition is due to blind prejudice and a failure to recognise their parental obligations. And, after all, he must surely be a strangely ill-informed and misguided individual who is unable to appreciate the difference between the passing discomfort of a needle prick and the prolonged suffering and weakness entailed by an actual attack of the disease, if indeed, death is averted.

The present method of swabbing contacts and isolating, either at home or in hospital, those which are positive is not entirely satisfactory to say nothing of the cost entailed in examining large numbers of swabs. I hope to be able to put forward certain concrete proposals on the subject during the current year.

Enteric Fever.—There were nine cases of this disease notified during the year, giving a case-rate of 0.02 the same as in 1925. Three of the cases were removed to the City Hospital. There was one death, with a death-rate of 0.00 as compared with three deaths and a death-rate of 0.01 last year.

Enteric fever may now be considered a rare disease, not as it was half a century ago when it was one of the commonest and most important of the notifiable infections. One of the nine cases notified in 1926 was associated with a previous case of enteric fever and the question of the latter being a carrier had to be considered. Careful investigations were made but with negative results. How the disease was acquired was not determined. Precautionary measures were taken to ensure that certain contacts engaged in the handling of food were free from infection.

ENTERIC FEVER.

Year.	Cases notified.	Case-rate.	Deaths.	Death-rate. LEEDS.	Death-rate England and Wales.
1916	48	0·11	9	0·02	0·03
1917	37	0·08	7	0·02	0·03
1918	42	0·10	5	0·01	0·03
1919	33	0·08	8	0·02	0·02
1920	29	0·06	4	0·01	0·01
1921	24	0·05	2	0·00	0·02
1922	14	0·03	7	0·01	0·01
1923	9	0·02	1	0·00	0·01
1924	25	0·05	6	0·01	0·01
1925	9	0·02	3	0·01	0·01
1926	9	0·02	1	0·00	0·01

CASES OF ENTERIC FEVER MONTH BY MONTH.

Jan.	Feb.	March	April	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
—	1	2	—	1	—	—	—	—	2	1	2

Malaria.—Four cases of this disease were notified during the year as compared with nine in the previous year. There was no death.

Dysentery and Trench Fever.—There was one case of dysentery and none of trench fever reported during the year. The case of dysentery recovered.

Ophthalmia Neonatorum.—Seventy-three cases of this disease were notified during the year as compared with 50 last year. There were no deaths. Of the 73 cases 23 (or 31·5 per cent.) occurred in the practices of medical practitioners, 38 (or 52·1 per cent.) in those of midwives, and 12 (or 16·4 per cent.) in institutions. Fifty-four cases were treated at home and 19 in hospital as in-patients, namely, seven in the Maternity Hospital, one in St. James' Hospital, and eleven in the General Infirmary. The number nursed in their own homes by the district nurses was 15.

During the year the Ministry of Health revised the Public Health (Ophthalmia Neonatorum) Regulations, 1914, and issued amended Regulations (The Public Health (Ophthalmia Neonatorum) Regulations, 1926) which removes the onus of notification from the midwife and places it upon the medical practitioner in attendance on the case. The question of responsibility for notifying is thus finally settled as between doctor and midwife. The Regulations came into force on October 1st, 1926. A letter was sent out to all general medical practitioners and practising midwives in the City calling attention to the amended Regulations and their respective duties in respect thereto.

DAY OF ONSET FROM BIRTH.

1926.	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	10th-15th	15th-20th	20th-25th
No. of Cases	4	4	5	6	3	7	10	3	6	5	13	3	4

The results of treatment were as follows :—

Recovery apparently perfect	..	..	66
Recovery not perfect	..	..	4
Sight of both eyes affected	..	..	—
Still under treatment	..	..	—
*Died	..	..	3

* Death was due to causes other than ophthalmia neonatorum.

Diarrhœa and Enteritis.—Though the Summer of 1926 was comparatively cool as may be observed from the meteorological data given in the table on page 91, nevertheless there was a considerable incidence of epidemic, or more familiarly, summer diarrhœa, especially during the Autumn months. The deaths of children under two years of age from the disease numbered 147 which is practically the same as for the previous year. The death-rate per thousand births of children under two years of age dying from diarrhœa and enteritis during the year was 18·2 which is the same as for 1925 and 3·8 above the average for the previous five years. The figure is much too high as may be observed from a comparison between the Leeds rate and that for England and Wales set out in the table on page 91. Why it should be so is difficult to explain. The milk supply might and probably did account for some of the infection, but I am convinced there are other factors besides milk, the chief of which are unsuitable feeding and bad mothering. As regards the milk supply, now that graded milk in bottles can be had at a rate at which, if not as cheap as it might be, is still within the reach of most mothers, there is no longer any excuse for a child being fed on dirty milk, whether the dirt in the milk be due to the carelessness on the part of the producer and distributor or the mother herself. Any mother who has difficulty in obtaining a supply of graded milk has only to apply to the Public Health Department where she will be furnished with information as to where she can most conveniently obtain it. It is interesting to note that most of the deaths occurred amongst infants living in back-to-back houses in the poorer parts of the City which fortifies one's suspicion that dirt, carelessness and bad feeding were the exciting causes.

The 147 deaths from diarrhœa and enteritis were of children aged as follows :—

Under one month ..	12	6-9 months ..	23
1-3 months	35	9-12 months ..	12
3-6 months	40	1-2 years ..	25

Further details are given in the table on page 141.

DIARRHŒA AND ENTERITIS DEATHS UNDER TWO YEARS
WITH RATES PER 1,000 BIRTHS.

Year.	Deaths.	Rate per 1,000 Births.	
		Leeds.	England and Wales.
1916	214	22·7	13·1
1917	171	22·6	12·8
1918	146	19·8	11·7
1919	140	18·5	10·2
1920	140	12·5	8·9
1921	184	18·1	16·1
1922	92	9·9	6·6
1923	118	13·6	8·1
1924	103	12·0	7·6
1925	149	18·2	8·8
1926	147	18·2	8·7

The incidence of diarrhœa month by month is shown in the following table.

DEATHS AND METEOROLOGICAL CONDITIONS IN EACH MONTH
OF THE YEAR.

1926.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Year.
Deaths	10	9	3	4	5	9	6	23	32	36	5	5	147
Barom. (inches) ..	29·53	29·65	29·93	29·72	29·79	29·96	29·91	29·92	30·01	29·74	29·43	30·12	29·82
Attached Ther.°F. ..	54·75	57·10	58·73	59·87	59·46	64·09	69·13	68·44	65·28	56·15	55·37	55·81	60·41
Dry Bulb	42·31	45·54	47·00	51·10	53·46	60·54	66·60	64·63	60·32	49·10	44·94	43·67	52·49
Wet Bulb	40·48	43·77	43·97	47·83	49·69	55·94	61·42	60·96	57·05	46·13	43·21	41·50	49·37
Humidity	85·33	86·79	78·94	79·00	76·50	74·48	73·21	79·67	81·11	80·25	87·25	83·50	80·42
Mn. of highest reading	47·89	49·32	52·68	57·43	59·71	67·97	73·64	71·11	67·34	54·39	49·29	47·51	58·24
„ lowest „	36·96	40·64	39·85	42·79	42·82	50·54	57·39	55·04	52·51	42·03	38·79	37·54	44·77
„ daily range ..	10·93	8·68	12·82	14·64	16·89	17·43	16·25	16·07	14·83	12·36	10·50	9·97	13·47
Total rainfall (inches)	2·00	2·44	0·72	1·31	2·28	3·24	2·72	2·63	1·17	2·42	5·09	1·58	27·60

The meteorological data are compiled from returns sent us by Mr. Crowther, Curator of the Museum. They are uncorrected readings, made at 10 a.m. and 4 p.m.

Influenza.—Judged by its predecessors the year 1926 was not an influenza year. The number of deaths attributed to it was 100 or 59 fewer than for the previous year and 104 less than the average for the previous five years. The death-rate was 0·21 as compared with 0·34 for the previous year and an average of 0·43 for the previous five years. Of the deaths the majority, 67·0 per cent., occurred in persons over 45 years of age whilst to a greater extent than has been the case in any previous year since 1923 the children escaped.

INFLUENZA.

Year.	Deaths.	Death-Rate. LEEDS.	Death-Rate England and Wales.
1916	65	0·15	0·25
1917	59	0·13	0·21
1918	1,401	3·28	3·13
1919	623	1·45	1·22
1920	170	0·38	0·28
1921	164	0·35	0·24
1922	169	0·36	0·56
1923	122	0·26	0·22
1924	404	0·86	0·49
1925	159	0·34	0·33
1926	100	0·21	0·22

AGES AT DEATH FROM INFLUENZA.

1926	0-1	1-2	2-5	5-15	15-25	25-45	45-65	65+	Total.
No. of Deaths	8	3	3	1	2	16	33	34	100

Bronchitis and Pneumonia.—As in the case of influenza so with bronchitis and pneumonia there was a considerable drop in the death-rate. In 1925, bronchitis and pneumonia accounted for no fewer than 1,016 deaths, or 16·8 per cent. of the total whilst last year the number fell to 923 or 15·2 per cent. of the total. The death-rate in 1926 from bronchitis was 0·93 and from pneumonia 1·02. The corresponding figures for 1925 being 1·08 and 1·06, and the average for the previous five years 1·20 and 1·12. Here again as in influenza the majority of the deaths occurred in persons over 45 years of age, though the number dying in the age groups below 15 years showed an increase over the previous year.

BRONCHITIS.

Year.	Deaths.	Death-Rate. LEEDS.	Death-Rate England and Wales.
1916	620	1·39	1·25
1917	646	1·47	1·25
1918	653	1·53	1·23
1919	741	1·72	1·24
1920	625	1·39	1·01
1921	556	1·19	0·89
1922	596	1·28	1·07
1923	518	1·10	0·85
1924	643	1·36	0·97
1925	513	1·08	0·91
1926	439	0·93	

AGES AT DEATH FROM BRONCHITIS.

1926	0-1	1-2	2-5	5-15	15-25	25-45	45-65	65+	Total.
No. of Deaths	39	10	9	1	3	22	110	245	439

PNEUMONIA (ALL FORMS).

Year.	Deaths.	Death-Rate. LEEDS.	Death-Rate England and Wales.
1916	586	1.31	1.07
1917	565	1.29	1.14
1918	768	1.80	1.65
1919	560	1.30	1.06
1920	622	1.39	0.99
1921	562	1.21	0.92
1922	502	1.08	1.07
1923	440	0.94	0.87
1924	619	1.31	1.00
1925	503	1.06	0.95
1926	484	1.02	

AGES AT DEATH FROM PNEUMONIA.

1926	0-1	1-2	2-5	5-15	15-25	25-45	45-65	65+	Total.
No. of Deaths	99	70	39	22	15	61	92	86	484

Cancer.—Concerning this subject which grows in importance from year to year and is attracting public attention to a greater extent than perhaps any other disease is doing or ever has done, I have to report as follows:—

The number of deaths attributable to it during 1926 was 657 which includes 307 males and 350 females. These figures represent a total increase of 51 deaths over the figure for the previous year and of 63 deaths over the average for the previous five years. With the

exception of four deaths the increase was entirely of females which is a point of some importance inviting further investigation. In this respect the experience of 1926 is at variance with that for the previous five years, the tendency in Leeds as for the whole country being for the disease to increase at a more rapid rate amongst males than amongst females. At one time it was thought that the reason for the relatively high incidence of cancer especially of the breast and generative organs amongst the female population was the influence of excessive child bearing but with the birth-rate declining at the rate it has been doing in recent years that explanation can hardly now be accepted. As a matter of fact, the evidence points exactly in the opposite direction and appears to discount child bearing as an important factor in the causation of cancer in the female.

The death-rate from the disease for 1926 was 1.39 as compared with 1.28 for the previous year and 1.26 for the average for the previous five years. The chart opposite page 96 gives a better indication of the rate of increase than mere figures.

The investigation into the deaths from breast cancer occurring in the Leeds General Infirmary and the Women and Children's Hospital during the years 1910-1913 and 1919-1921 referred to in my last report and issued by the Ministry of Health in a special report in 1926 proves conclusively that cancer is a curable condition providing the disease is detected and tackled early enough. Delay is fatal, and every day that lapses after the diagnosis has been established reduces the patient's chances of recovery. Surgical operation is the treatment which up to the present has given the most favourable results and offers to the victim of the disease the best hope of recovery, but even operation performed under the most favourable circumstances often fails. The percentage of complete recoveries resulting from operation is very much higher than from any other method of treatment—ninety per cent. of the cases of breast cancer operated upon in the early stages of the disease before the surrounding tissues had become involved were alive 10 years after operation, *vide* Reports on Public Health and Medical Subjects, No. 34, "The Late Results of Operation for Cancer of the Breast (Leeds)"—This emphasises the need for constant vigilance, especially on the part of those of either sex past middle age, so that the disease may be detected in its beginnings, and when once discovered no time should be lost in having it removed.

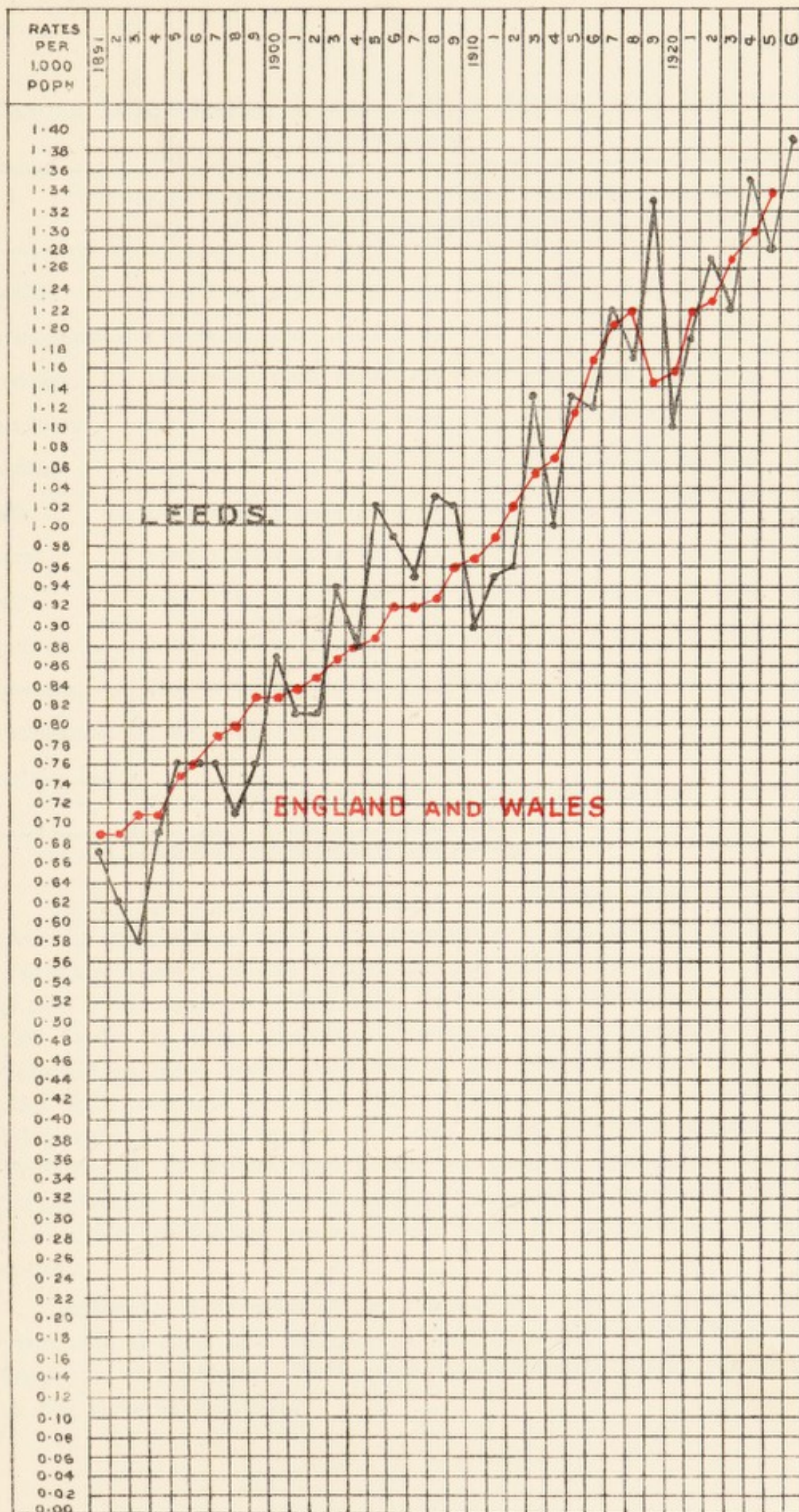
CANCER.

Year.	Deaths.	Death-Rate. LEEDS.	Death-Rate England and Wales.
1916	500	1.12	1.17
1917	535	1.22	1.21
1918	500	1.17	1.22
1919	575	1.33	1.15
1920	492	1.10	1.16
1921	554	1.19	1.22
1922	595	1.27	1.23
1923	574	1.22	1.27
1924	639	1.35	1.30
1925	606	1.28	1.34
1926	657	1.39	

AGES AT DEATH FROM CANCER.

1926.	0-1	1-2	2-5	5-15	15-25	25-45	45-65	65+	Total.
Males	2	1	15	165	124	307
Females	33	187	130	350
Total	2	1	48	352	254	657

CANCER DEATH RATE. — 1891 - 1926.



CANCER DEATH-RATES, ELEVEN LARGE TOWNS, ALSO ENGLAND
AND WALES.

	Year 1915.	Year 1916.	Year 1917.	Year 1918.	Year 1919.	Year 1920.	Year 1921.	Year 1922.	Year 1923.	Year 1924.	Year 1925.
London ..	1.24	1.24	1.35	1.33	1.25	1.25	1.33	1.33	1.39	1.42	1.44
Birmingham..	1.04	1.06	1.06	1.03	1.09	1.11	1.10	1.16	1.18	1.31	1.29
Liverpool ..	1.01	1.11	1.08	1.10	1.03	1.07	1.10	1.06	1.13	1.13	1.21
Manchester ..	1.12	1.18	1.19	1.24	1.17	1.28	1.28	1.29	1.41	1.40	1.40
Sheffield ..	0.91	1.08	1.03	1.06	0.97	1.08	1.17	1.18	1.19	1.26	1.33
Leeds ..	1.19	1.16	1.29	1.19	1.35	1.09	1.19	1.29	1.24	1.37	1.28
Bristol ..	1.20	1.12	1.24	1.30	1.18	1.15	1.26	1.21	1.32	1.28	1.32
Hull ..	1.05	1.11	1.26	1.17	1.15	0.97	1.21	1.21	1.04	1.29	1.20
Bradford ..	1.22	1.36	1.46	1.45	1.38	1.28	1.39	1.49	1.33	1.56	1.42
Newcastle ..	0.97	1.00	0.97	0.87	1.13	0.94	1.10	1.08	1.16	1.24	1.32
Nottingham ..	1.11	1.09	1.27	1.52	1.23	1.36	1.43	1.23	1.46	1.40	1.25
England and Wales ..	1.12	1.17	1.21	1.22	1.15	1.16	1.22	1.23	1.27	1.30	1.34

The rates are calculated from figures given in the Registrar General's Annual Reports.

In my last report I mentioned a proposal then afoot to hand over the work of the Local Cancer Committee to the newly established Yorkshire Council of the British Empire Cancer Campaign. This is now a *fait accompli*. The Local Committee is represented on the new body by three members. Medical and Propaganda Sub-Committees have been appointed by the Council, the former to deal with research and the latter with publicity. A research laboratory has been opened in Great George Street in charge of Professor R. D. Passey and a staff of qualified assistants, whilst arrangements have been completed by the Propaganda Sub-Committee for holding special cancer weeks in various parts of the county.

Anthrax.—Two cases of this disease were reported during the year and in each case information was forwarded to the District Inspector of Factories. Both cases received institutional treatment in the General Infirmary.

INFECTIOUS DISEASES HOSPITAL.

Leeds possesses a large modern infectious diseases hospital (Seacroft Hospital), capable of accommodating 489 cases of infectious diseases of all types, exclusive of smallpox.

Provision has been made for smallpox at Killingbeck about a quarter of a mile distant from Seacroft Hospital. This hospital has accommodation for 180 cases. At present it is being used for the treatment of tuberculosis. A small emergency smallpox hospital of 20 beds has been erected at the north-east corner of the Killingbeck estate, and is kept in readiness for the reception of any sporadic cases of the disease which may occur. In the event of an outbreak of any size occurring, it would be necessary to evacuate the buildings at Killingbeck and the problem of alternative accommodation for tuberculosis would then arise.

The work of Seacroft Hospital for the year is given in the table on page 28.

The following is an extract from the annual report of Dr. A. E. Pearson, Medical Superintendent of Seacroft Hospital for the year ended April 3rd, 1926 :—

Admissions.—Patients admitted numbered 1,948, as against 2,041 of the previous annual period, against an average of 2,414 for the previous five years, and a yearly average of 2,099 for the past twenty years. Thirty-five of the admissions were from outside the City's boundaries.

"Of the four cases of smallpox admitted, two were unvaccinated and two had been vaccinated in infancy.

"The average length of stay in hospital for 2,208 patients, whose treatment was complete, was 42.5 days as against 36.2 days in the annual period preceding.

"The daily average number of patients in the hospitals during the year was 214.3. The numbers of the two preceding years were 232.4 and 276.3 respectively. Since the year 1891 the average was 216.1.

Death-rates.—Mortality rates are calculated on the number of discharges and deaths. The fatality rate for all cases was 6.3 per cent. In the previous year it was 5.5 per cent. and for the past ten years 5.2 per cent.

Measles.—There were 81 cases under treatment of which seven were fatal (9.6 per cent.).

Scarlet Fever.—The number of patients whose treatment was complete (1,062) was 282 less than that of the previous year, and 550 less than the average number of the previous five years.

" The death-rate (1.03 per cent.) was less by .6 per cent. than the rate of the previous year, and less by .2 per cent. than the average of the previous five years.

" The commoner complications incidental to the disease (albuminuria, otitis media, rhinitis and rheumatism) were less by 1.1 per cent. than the average for ten years.

" The cost of the Scarlet Fever antitoxin used was £90.

" Seventy-seven patients (7.2 per cent.) developed cross-infections, viz., Measles 30, Whooping Cough 12, Chicken-pox 26, and Rubella 9.

" Thirty-nine patients (3.6 per cent.) admitted were 'Return Cases,' i.e., cases directly or indirectly connected with previously discharged cases of which 2 per cent. occurred within 14 days and 1.6 per cent. within 14 to 56 days of the discharge of primary cases.

" To aid in diagnosis 163 bacteriological cultures were made.

" *Diphtheria*.—The number of patients under treatment was 420 as against 335 of the last annual period. The average annual number under treatment for the previous 20 years had been 533.

" The deaths numbered 35 (9.1 per cent.).

" Diphtheria antitoxic serum was used in 370 patients to the extent of 4,401,000 units, costing approximately £460, or about £1 5s. for each patient. The average amount used per patient was about 12,000 units, the largest amount used having been 60,000 units and the smallest, 2,000 units. In eleven patients the serum was not used for various reasons and four patients received serum before admission.

" Six patients (1.5 per cent.) developed cross infections, viz., three of scarlet fever, two of whooping cough and one of chicken-pox.

" For diagnosis and discharging purposes 1,321 bacteriological cultures and examinations were made, or 3.1 for each patient.

" *Enteric Fever*.—There were five patients under treatment, of whom one died.

" *Other Diseases*.—These include cases of Zymotic Enteritis (Summer Diarrhoea) Puerperal Fever, Erysipelas, Chicken-pox, Whooping Cough and other conditions.

" *Laboratory*.—The numbers of bacteriological examinations are given under the diseases aforementioned. The average analysis of milk samples are as hereunder :—

Fat. %	Non-fatty Solids. %	Total Solids. %	Specific Gravity at 60° F.
3.1	8.3	11.5	1030.1

" *Pig and Poultry Farming.*—No pigs were bought during the year on account of the Smallpox Hospital having been, for part of the year, in use for patients.

" The following were received from the farm (Killingbeck Smallpox Hospital) for use in the Seacroft Hospitals :—Eggs, 11,466 ; Fowls, 18 ; Chickens, 44 ; Geese, 25. The cost for food, etc., for poultry was £58 6s. 1d., and the profit for the year £63 15s. 1d.

" *Isolation Cottages for Contact Persons.*—Six persons who had been in contact with smallpox, one who had been in contact with diphtheria, and one with scarlet fever, admitted for disinfection and observation, stayed an average period of 16 days.

" *Expenditure.*—The expenditure on revenue account was :—

					£	s.	d.
Seacroft Hospitals	..	..	..	..	39,135	0	0
Less Income	..	..	..	..	2,800	0	0
					<hr/>		
					£36,335	0	0
					<hr/>		

" The daily cost per patient on the above amounted to 8s. 10³/₄d., or with deduction of income to 8s. 3¹/₂d. The daily cost for the period 1924-5 had been 8s. 4d. and 7s. 1d. respectively.

" The expenditure on capital charges for the annual period was £16,095, or 3s. 7¹/₂d. per patient per day."

AMBULANCE WORK AND DISINFECTION.

Ambulances.—As compared with the previous year the number of cases removed by the ambulances to the City Hospital and Killingbeck Sanatorium was 1,704, a decrease of 407. The decrease was largely accounted for by the reduction in the incidence of ordinary infectious diseases. In addition one case was removed to the smallpox hospital for observation, and seven smallpox contacts to the isolation cottages at the City Hospital. Fifty-five cases were removed from the City Hospital and Killingbeck Sanatorium to their own homes or to other institutions and over and above these 45 other journeys were made.

Details of the cases removed to hospitals and lying-in institutions by the ambulances are given below :—

Smallpox	..	..	..	..	..	5
Scarlet Fever	..	..	..	..	..	726
Diphtheria	..	..	..	..	..	407
Measles ..	..	..	..	..	..	91
Typhoid Fever	..	..	..	..	..	14
Tuberculosis	..	..	..	..	..	193
Other Diseases	..	..	..	..	..	268
Maternity	..	..	..	..	..	455
TOTAL						2,159

The total mileage run by the four ambulances was 22,884.

Disinfection.—The following work was done by the Disinfecting Staff :—

Houses disinfected	..	..	..	..	2,194
Rooms disinfected	..	..	..	..	5,779
Beds and Mattresses disinfected	..	..	..	..	2,568
Articles of Bed Clothing disinfected	..	..	..	..	15,492
Articles of Wearing Apparel disinfected	..	..	..	..	24,661
Miscellaneous Articles disinfected	..	..	..	..	4,016

Also 540 infected persons or contacts went, or were taken, to one or other of the sanitary depots to have a disinfecting bath and disinfection of clothing carried out.

The total mileage run by the three bedding vans was 19,191.

Verminous Houses and Persons.—The number of verminous persons dealt with at the cleansing stations during the year was 233, while 81 rooms in 28 houses, and 4,018 articles of bedding and clothing were disinfected.

BACTERIOLOGICAL WORK.

The following is a complete summary of the work done for the Health Department by the Department of Pathology and Bacteriology in the Leeds University Medical School, under the supervision of Professor James W. McLeod, the City Bacteriologist.

GENERAL.

DESCRIPTION OF EXAMINATIONS.	No. of SPECIMENS.
Throat Swabs for diphtheria bacillus	1,416
Sputum for tubercle bacillus	1,276
Sputum for other organisms	1
Faeces for dysentery	1
Faeces for typhoid group	3
Urine for tubercle bacillus	5
Urine for pus	2
Urine for casts	1
Urine for other organisms	8
Milk for bacterial count	4
Milk for guinea pig inoculation	48
Water for bacterial count	1
Water for bacterial examination	48
Chest fluid for guinea pig inoculation	6
Chest fluid for culture and guinea pig inoculation	7
Chest fluid for culture	1
Chest fluid for tubercle bacillus	3
Chest fluid for other organisms	1
Cerebro spinal fluid for tubercle bacillus	2
Cerebro spinal fluid for other organisms	1
Pus for tubercle bacillus	1
Mussels for typhoid group	3
Agglutination (Widal) Test for typhoid group	15
Hair for ringworm	12
Miscellaneous	8
TOTAL	2,874

WORK DONE IN THE DEPARTMENT OF PATHOLOGY AND
BACTERIOLOGY OF THE UNIVERSITY OF LEEDS IN CONNECTION
WITH THE V.D. REGULATIONS.

NATURE OF TEST.	NUMBER OF TESTS.
For detection of spirochetes—	
for treatment centre	49
for practitioners .. ..	..
for institutions	1
For detection of gonococci—	
for treatment centre	1,423
for practitioners	275
for institutions	215
For Wassermann reaction—	
for treatment centre	3,159
for practitioners	219
for institutions	1,619
Other examinations—	
for treatment centre	453
for practitioners .. ..	..
for institutions .. ..	..
TOTAL	7,413

PERSONS TREATED AT THE GENERAL INFIRMARY, LEEDS.
(LOCAL TREATMENT CENTRE).

	Year 1925.		Year 1926.		Increase or decrease.	
	M.	F.	M.	F.	M.	F.
Syphilis .. first cases ..	343	227	335	196	- 8	- 31
Soft chancre .. ..	..	..	..	..	..	..
Gonorrhœa	498	87	504	66	+ 6	- 21
Other diseases not Venereal	246	57	371	98	+125	+ 41
Total	1,087	371	1,210	360	+123	- 11
Total attendances of all cases	58,165		60,259		+ 2,094	
Aggregate No. of In-patient days	3		105		+ 102	
No. of doses of Salvarsan substitutes	11,617		11,629		+ 12	
Pathological specimens examined —						
Spirochetes	51		58		+ 7	
Gonococci	2,143		2,154		+ 11	
Other organisms	3		16		+ 13	
Blood—Wassermann reaction	3,798		3,992		+ 194	

LEEDS PATIENTS

	Year 1925.		Year 1926.		Increase or Decrease.	
	M.	F.	M.	F.	M.	F.
Syphilis first cases	301	165	252	151	- 49	- 14
Soft chancre .. ..	..	..	..	..	..	..
Gonorrhœa	433	70	429	50	- 4	- 20
Other diseases, not Venereal	192	48	301	79	+109	+ 31
Total	926	283	982	280	+ 56	- 3
Total attendances of all cases	50,164		51,302		+ 1,138	
Aggregate No. of In-patient days	3		105		+ 102	
No. of doses of Salvarsan substitutes	8,938		8,047		+ 109	
Pathological specimens examined:—						
Spirochetes	47		49		+ 2	
Gonococci	1,848		1,876		+ 28	
Other organisms .. ..	..		..		+ —
Blood—Wassermann reaction	2,887		3,159		+ 272	

VENEREAL DISEASES.

There were 54 deaths certified during the year as due to syphilis which is equal to a death-rate of 0·11 per thousand of the population. Of these, 38 were children under one year of age, 23 males and 15 females; one male and two females between 1 and 2 years; one male and one female between 2 and 5; one female between 5 and 15; five females between 25 and 45; and three males and two females between 45 and 65. This is the highest death-rate from syphilis recorded in Leeds since 1920. It exceeds the rate for the previous year by 0·04 or 57·1 per cent. and the average for the previous five years by 0·03 or 37·5 per cent. The increase was chiefly in children under one year of age. The figure for 1926 exceeded that for the previous year by nine or 31·0 per cent. One assumes therefore that the disease was chiefly of the congenital variety. This rise in the deaths from congenital syphilis must not necessarily be taken as indicating an increase in the incidence of the disease; much of it can undoubtedly be explained by improved methods of diagnosis. Cases which in the imperfect state of our knowledge of the malady were previously labelled by some other name can by the use of new tests and modern methods of examination now be definitely classified as syphilitic in origin. In connection with this subject of infantile syphilis I might here draw attention to the fact that special clinics have now been established in connection with the Infant Welfare Centres at which cases of the disease are seen and treated by one of the medical officers attached to the Venereal Diseases Clinic, also arrangements are made for the treatment of infected mothers so as to obviate the possibility of future children being born with the disease.

Work of the Treatment Centre.—The total number of new cases registered at the Centre at the Leeds General Infirmary from Leeds and the contributory areas during the year was 1,570 or 112 in excess of the figure for the previous year. The increase was made up as follows:—gonorrhœa, male 6 or 1·2 per cent., other diseases not venereal, male 125 or 50·8 per cent., female 41 or 71·9 per cent. In syphilis there was an actual decrease of 39 in the number of new cases registered, namely, males 8 and females 31, and in gonorrhœa there was a decrease of 21 females. The total number of attendances of all cases was 60,259, an increase of 2,094 over the figure for the previous year.

Turning to the Leeds cases, the total number of new cases registered was 1,262 comprising 252 males and 151 females suffering from syphilis, 429 males and 50 females suffering from gonorrhœa, and 301 males and 79 females suffering from other diseases not

LEEDS GENERAL INFIRMARY (LOCAL TREATMENT CENTRE).

Cases on the register on January 1st, 1926 ..	1,852
Old cases re-admitted	86
New cases admitted	1,570
Cases ceased to attend	477
Transferred to other centres	129
Discharged on completion of treatment	974
Cases on the register on January 1st, 1927 ..	1,928

venereal. These figures represent a decrease in the case of syphilis of 49 males and 14 females, gonorrhœa 4 males and 20 females and an increase of 109 males and 31 females suffering from other diseases not venereal. The total attendances of all Leeds cases was 51,302 or an increase of 1,138 over the figure for the previous year.

It will be observed that there was an actual decrease in the number of new cases of syphilis registered. This is interesting in view of the figures given in the preceding paragraph which show that there was a considerable rise in the mortality from syphilis during the past year. It would appear therefore that one is justified in assuming that the rise was the result of better diagnosis rather than of any actual increase in the infection. Another notable feature about the report of the Venereal Diseases Centre is the relatively large number of cases, both male and female, accounting for no fewer than 469 or 29.9 per cent. of the total presenting themselves for treatment, who on examination were found not to be suffering from venereal disease of any kind. This is proof, if proof be required, that the public appreciate the advantages offered by the Centre and the necessity for early diagnosis and treatment.

Of the total cases attending the centre for treatment during the year 477, or 13.6 per cent., gave up attending before treatment was complete. This is 129 more than for the previous year and includes 333 males and 144 females, 67.3 per cent. of them suffering from syphilis. That so many should discontinue treatment before a cure is effected is much to be deplored. Such conduct results only in disappointment to the individual and loss of money to the Local Authority and the State. Everything possible is done to induce them to resume attendance, letters are sent coaxing, cajoling and even threatening but without avail. They prefer to retain the disease rather than take the trouble to attend the clinic.

Institutions.—The number of new cases treated as in-patients at the Leeds Maternity Hospital increased from 11 in 1925 to 64, whilst the total cases treated rose from 12 to 65, namely 34 syphilis and 31 gonorrhœa. The in-patient days correspondingly increased from 197 to 1,270. The number of cases attending for treatment at the Out-patient Department for the first time was 86 (syphilis 29, gonorrhœa 57), an increase of 60 over the figure for the previous year.

At the Leeds General Infirmary the in-patient days increased from three in 1925 to 105 in 1926.

At the Hope Hospital, the chief function of which is to deal with women and girls of the rescue class suffering from venereal diseases, the number of cases treated was 58 as against 55 for the previous year, whilst the number of new admissions rose from 43 to 50. The in-patient days increased from 4,599 to 5,396. It should be pointed out, however, that these figures do not include babies admitted with their mothers or born whilst their mothers were in residence. This institution continues to do very useful work and is a most valuable adjunct to the Venereal Diseases Scheme. It is under the control of a Voluntary Committee composed of representatives of the five Dioceses in Yorkshire, representatives of the Health Committee and other social bodies. The medical treatment of the cases is under the control of the Venereal Diseases Officer who sees that they are visited regularly either by himself or his assistant and that the appropriate treatment is prescribed and carried out. The efficient manner in which the hospital is run reflects credit on the Voluntary Committee which spends a great deal of time in managing its affairs and seeing that the patients and staff are comfortably housed and well treated.

On behalf of the Health Committee I should like to acknowledge our indebtedness to the Voluntary Committee for the good service it has rendered during the year and express our thanks for the same.

Further particulars of the cases admitted to and treated in the Maternity and Hope Hospitals are given on page 107.

Ophthalmia neonatorum is dealt with on page 89.

Supply of Salvarsan Substitutes.—The number of medical practitioners in the area qualified to receive free supplies of salvarsan substitutes up to the end of the year was 49. The amount of salvarsan substitutes distributed to practitioners was 1,286 doses, an increase of 208 over the figure for 1925.

Pathological Work.—The extent to which practitioners have availed themselves of the facilities for pathological examinations provided by the Council is shown on page 102.

MATERNITY HOSPITAL, 42, HYDE TERRACE.

	Cases in residence on Jan. 2nd, 1926.	Cases admitted.	Cases discharged.	Cases in residence on Jan. 1st, 1927.
Syphilis	1	33	34	..
Gonorrhœa .. ..	..	31	28	3
Syphilis and Gonorrhœa .. ..	..	..	..	..
Other disease .. ..	..	..	..	..
Total	1	64	62	3

Total days in residence 1270
No. of doses of Salvarsan substitute .. 386

Pathological specimens examined :—

Spirochetes —
Gonococci 5
Other organisms —
Blood—Wassermann reaction.. .. 107

In addition to the above the following attended for the first time and were treated as out-patients, namely, syphilis, 29; and gonorrhœa, 57. The total attendances made by these out-patients were 204.

HOPE HOSPITAL, 126, CHAPELTOWN ROAD.

	Cases in residence on Jan. 2nd, 1926.	Cases admitted.	Cases discharged.	Cases in residence on Jan. 1st, 1927.
Syphilis	1(+1)	25(+10)	17(+ 8)	9(+3)
Gonorrhœa	4(+1)	21(+8)	16(+ 6)	9(+3)
Syphilis and Gonorrhœa	3	2	4	1
Other disease .. ..	..(+1)	2	2(+ 1)	..
Total	8(+3)	50(+18)	39(+15)	19(+6)

Total days in residence 5,396(+1,545)
No. of doses of Salvarsan substitute .. 288

Pathological specimens examined :—

Spirochetes —
Gonococci 51
Other organisms —
Blood—Wassermann reaction.. .. 63

Of the 50 women admitted, 18 had babies shown in the above table in brackets.

TUBERCULOSIS.

The total accommodation at all the institutions provided by the Corporation for the treatment of tuberculosis of all forms on December 31st, 1926, was :—

		Males.		Females.		Children.		Total.
Killingbeck	..	88	..	78	..	54	..	220
Gateforth	..	50	..	—	..	—	..	50
"The Hollies"		—	..	—	..	40	..	40

The total number of names on the register on December 31st, 1926, was 8,288 as compared with 7,599 at the corresponding period of the previous year, or an increase of 689.

Statistics.—During the year 1,299 cases of pulmonary and 161 of non-pulmonary tuberculosis were notified, making a total of 1,460 cases. Of these, 800 were males and 660 females. Compared with the previous year this is a decrease of 421 in the number of notifications of pulmonary tuberculosis and an increase of 12 in the number of non-pulmonary, and compared with the average of the previous five years an increase of 178 in pulmonary tuberculosis and a decrease of 25 in non-pulmonary. Of the cases notified during 1926, 1,309 were by medical practitioners and 151 came from institutions.

The number of cases of pulmonary tuberculosis not heard of until the time of death was 53, a decrease of 7 on the figure for the previous year. Of non-pulmonary cases, the number unnotified was 58 or 15 more than in 1925. Taking both types together, the number unnotified at the time of death was 111 or 8 more than in 1925. It is discouraging to note that attention is still not being paid by medical practitioners to the duty imposed upon them by law to notify every case of tuberculosis as soon as they become aware of its existence. I quite realize that it is not always easy to say whether a person is suffering from tuberculosis or not, and weeks and even months may lapse before a definite diagnosis can be made, but it is of the very first importance that as soon as it is made notification to that effect should be forwarded to the Public Health Department. In the absence of such notification the patient's chances of recovery may be seriously jeopardized, and what is of even greater moment, appropriate measures cannot be taken to prevent the spread of the disease to others working in the same place or living in the same house. I make no apology for reiterating my appeal to medical practitioners, both in private and institutional practice, to exercise greater care to see that all

The following tables show the number of notifications of tuberculosis received during the year.

PULMONARY.

Ages.	-1	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65+	Total.
Males ..	1	20	128	108	122	134	122	63	22	720
Females ..	..	11	99	158	138	107	41	17	8	579
Totals ..	1	31	227	266	260	241	163	80	30	1299

NON-PULMONARY.

Ages.	-1	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65+	Total.
Males ..	2	18	34	14	3	4	3	..	2	80
Females ..	3	16	36	12	2	4	4	2	2	81
Totals ..	5	34	70	26	5	8	7	2	4	161

TUBERCULOSIS.

YEAR.	DEATHS.						NOTIFICATIONS.					
	Pulmonary tuberculosis.		Non-pulmonary tuberculosis.		All forms tuberculosis.		Pulmonary tuberculosis.		Non-pulmonary tuberculosis.		All forms tuberculosis.	
	Deaths.	Death-rate.	Deaths.	Death-rate.	Deaths.	Death-rate.	Cases.	Case-rate.	Cases.	Case-rate.	Cases.	Case-rate.
1916	695	1.56	268	0.60	963	2.16	1,029	2.31	320	0.72	1,349	3.03
1917	674	1.54	280	0.64	954	2.18	1,081	2.47	336	0.77	1,417	3.24
1918	705	1.65	257	0.60	962	2.25	1,238	2.90	241	0.56	1,479	3.46
1919	542	1.26	177	0.41	719	1.67	1,076	2.50	208	0.48	1,284	2.98
1920	552	1.23	146	0.33	698	1.56	962	2.14	209	0.47	1,171	2.61
1921	519	1.11	122	0.26	641	1.37	867	1.86	234	0.50	1,101	2.36
1922	533	1.14	120	0.26	653	1.40	824	1.77	172	0.37	996	2.14
1923	515	1.10	122	0.26	637	1.36	1,002	2.13	197	0.42	1,199	2.55
1924	513	1.09	144	0.31	657	1.40	1,191	2.53	180	0.38	1,371	2.91
1925	511	1.08	88	0.19	599	1.27	1,720	3.64	149	0.32	1,869	3.96
1926	477	1.01	108	0.23	585	1.24	1,299	2.74	161	0.34	1,460	3.08

cases of the disease coming to their knowledge are promptly notified. I would also remind medical practitioners in forwarding the notification to make sure that the question asking them whether the case is to be referred to the Tuberculosis Officer or not is duly answered in the space provided. If a doctor neglects to do so his patient may be deprived of any benefit he might receive from attendance at the Tuberculosis Dispensary or admission to a Sanatorium or the benefit might be so long delayed as to greatly reduce its value. I find that the greatest culprits as regards non-notification of cases are the institutions. This refers particularly to non-pulmonary cases. As a result, the register of non-pulmonary cases in this City is almost certainly incomplete, there being many more cases of the surgical type, that is, bones and joints, glands etc., than the Department has any knowledge of. I hope this reproach will be removed in the current year and that the institutions will recognise that they have an obligation to perform in respect of notification just as binding as that of the private medical practitioner.

The particulars set out in the table on page 116 indicate clearly the extent to which medical practitioners fail to recognise the statutory obligation with respect to notification, as many as 35·2 per cent. of the total deaths from tuberculosis registered during the year being notified in the same year that death occurred. Even allowing for those cases where the termination is rapid, such as meningitis or acute miliary tuberculosis, the number is still much in excess of what it ought to be.

An analysis of the notifications in age groups will be found in the table on page 109.

Of the total cases of pulmonary tuberculosis notified during the year 80·1 per cent., were persons over 15 years of age, whereas in non-pulmonary by far the greater number, namely 67·7 per cent., were under 15 years. I should like to call attention to the fact that the number of cases of pulmonary tuberculosis under 15 years seems to be increasing. A decade ago the percentage of the total cases of pulmonary disease under 15 years was 17·2. Last year it had increased to 19·9 per cent. The explanation may be either that the methods of diagnosis have improved or that owing to the bad housing conditions in certain parts of the city and the amount of overcrowding there has been a greater dissemination of the disease.

The total deaths from tuberculosis of all types during the year numbered 585, of which 351 were males and 234 females. Last

year the total number of deaths from tuberculosis was 599, comprising 343 males and 256 females. Pulmonary tuberculosis accounted for 477 (or 81.5 per cent.) of the total deaths from tuberculosis and non-pulmonary 108 (or 18.5 per cent.). The death-rate from pulmonary tuberculosis was 1.01 per thousand of the population and from non-pulmonary 0.23, making a total death-rate of all forms of the disease of 1.24 or a decrease of 0.07 in the pulmonary and an increase of 0.04 in the non-pulmonary or on the total figure a decrease of 0.03 on the figures for the previous year. Compared with the average rates for the previous five years, there was a decrease of 0.12 in the total death-rate and 0.09 and 0.03 in the pulmonary and non-pulmonary rates respectively.

The decline in the pulmonary death-rate is slow but sure, last year being the fourth consecutive year in which a decrease has been recorded. Most of the deaths took place as might readily be supposed, in the congested working-class areas of the City, such as West, Central, New Wortley, East and South Wards. In these wards there is much insanitary property and the overcrowding on the site as well as inside the house is considerable, but if bad environment be the exciting cause, one would expect the same wards to have a high infantile mortality because, as is well known, the infant reacts very readily to bad surroundings. This is exactly the case here; all the wards mentioned with the exception of New Wortley and East have infantile mortality rates considerably in excess of that for the city as a whole. Thus West Ward had an infantile mortality rate of 136, Central 145, and South 136, whilst the rate for the City was 93.

One recognises, of course, that there are other factors to be taken into account besides environment, for example, natural susceptibility to the disease, and proximity to cases of a highly infective type.

That there is however a very close association between housing and tuberculosis I think there can be no doubt, indeed I would go so far as to say that the problems are the same, by which I mean that if the problem of the slum could be solved the solution to the other would at once emerge. When tuberculosis attacks a man, one of the first things it does is to reduce his earning capacity. As his income shrinks he is forced to lower his standard of living to meet his changed circumstances. He seeks a smaller and cheaper house. The low rented house is to-day only to be found in the older parts of the City and the slums. Many of them are small, lacking in light and ventilation, and with no or very inadequate sanitary conveniences, precisely the conditions which favour the spread of

the disease. A more unsuitable place for the tuberculosis subject than the average slum dwelling could not be imagined, and yet to the man struggling to maintain his wife and family and at the same time hold his own against the disease there is no alternative. You may take such a one out of his surroundings, put him into a sanatorium, keep him there for three months or even longer and wholly or partially restore him to health, but on his return, and he must return, he has the same adverse conditions to face which were responsible for his undoing in the first instance. Under such conditions any benefit derived from his treatment is soon undone. Not only so, but as the disease advances he becomes an ever present danger not only to other members of his own household but also to his neighbours. If only he could be housed under conditions where he would have the advantage of those natural aids to health, fresh air and sunshine, how much better would be the return for any money expended on his treatment and how infinitely more hopeful would his chances of ultimate recovery be. It is therefore obvious that the best, and most economical way of dealing with the disease, and certainly the surest way of preventing its spread would be to provide suitable houses at a low rental for families attacked or likely to be attacked by it. If local authorities could be induced to set aside a certain number of houses on their new housing estates, particularly those favourably situated for light and air, more would be achieved towards the final eradication of tuberculosis than by our present methods. What I have said regarding housing and tuberculosis is amply illustrated by the vital statistics of the West Street Unhealthy Area on page 176 where it will be noted that the average death-rate from tuberculosis for the last decade was 4.93 as against 1.57 for the City as a whole or more than three times as high.

The tables on pages 113 and 114 give the analysis of the deaths in the various wards and age groups.

The table on page 117 indicates the occupation of persons notified during the year as suffering from tuberculosis or registered as dying from the disease. With the exception of the textile no one trade seems to be more prone to attack than another. The clothing trade because of its dusty nature, and also perhaps because of the unhealthy conditions obtaining in some of the factories and workshops, is more conducive to pulmonary disease than the heavier trades. It must be borne in mind, however, that the number of persons engaged in the textile industries is considerably greater in Leeds than in any other industry.

PULMONARY TUBERCULOSIS.

AGES AT DEATH.

1926.	-5	5-10	10-15	15-20	20-25	25-45	45-65	65+	Total.
Males ..	14	5	2	15	31	116	99	9	291
Females	4	6	4	28	29	76	33	6	186
TOTALS	18	11	6	43	60	192	132	15	477
Average 10 years 1916-1925	24	10	19	58	63	238	140	24	576

NON-PULMONARY TUBERCULOSIS. DEATHS.

1926.	Tubercular meningitis.	Abdomin- al.	Bones and Joints.	Other tuber- culosis.	Total.
Males ..	14	16	10	20	60
Females ..	9	16	5	18	48
Totals ..	23	32	15	38	108

AGES AT DEATH.

1926.	-5	5-10	10-15	15-20	20-25	25-45	45-65	65+	Total.
Males ..	25	6	1	2	6	9	9	2	60
Females	12	5	6	6	4	6	6	3	48
Totals ..	37	11	7	8	10	15	15	5	108
Average 10 years 1916-1925	74	24	16	16	8	18	12	4	172

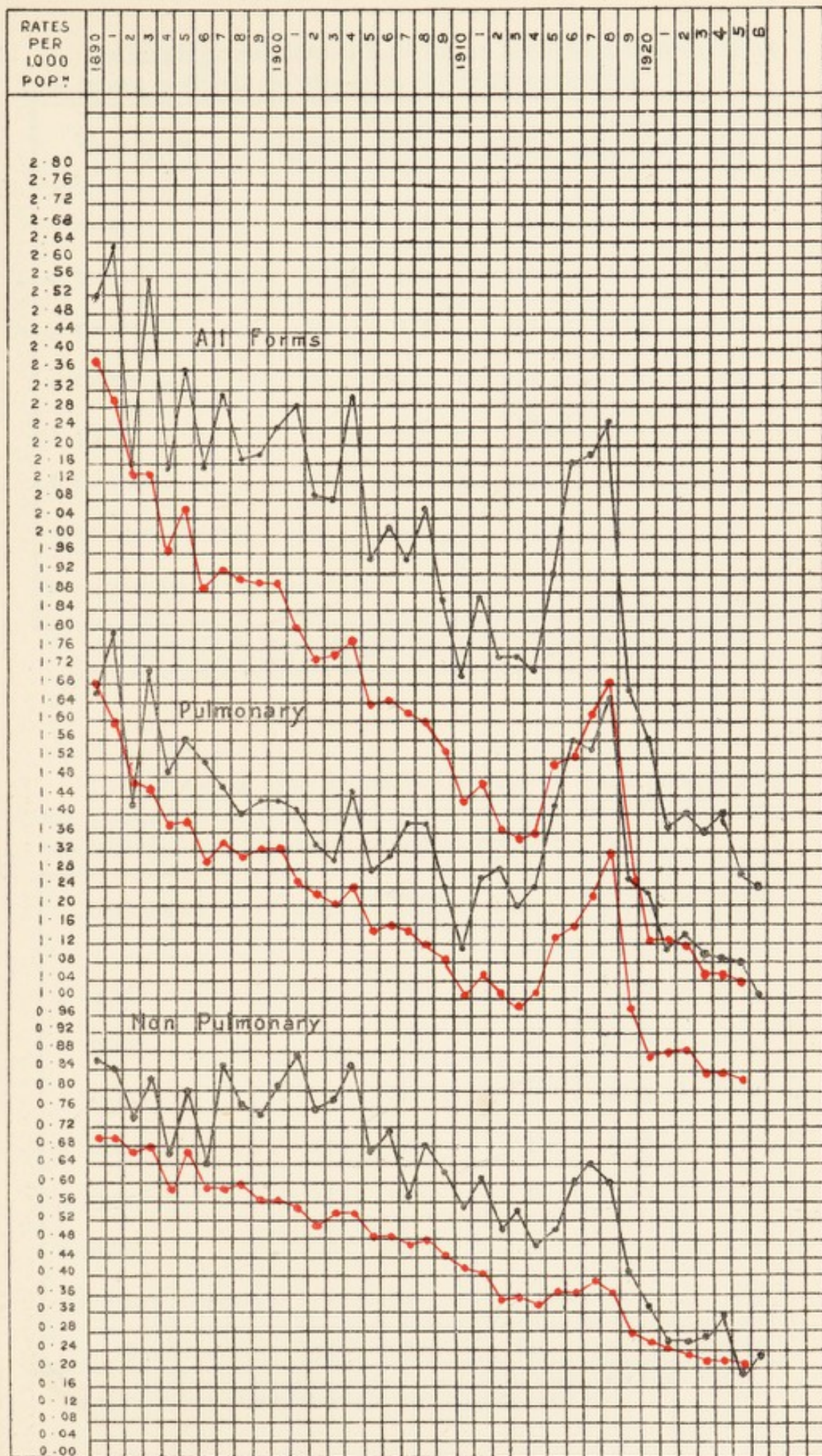
TUBERCULOSIS—DEATHS AND RATES IN WARDS.

MUNICIPAL WARD.	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		All Forms Tuberculosis.	
	Deaths.	Death-rate.	Deaths.	Death-rate.	Deaths.	Death-rate.
Central	20	1.58	2	0.16	22	1.74
North	41	0.94	5	0.11	46	1.06
North-East	39	1.06	7	0.19	46	1.25
New Ward*	5	0.52	..	..	5	0.52
East	45	1.25	14	0.39	59	1.63
South	16	1.24	3	0.23	19	1.47
East Hunslet†	41	1.08	11	0.29	52	1.37
West Hunslet ..	30	0.82	7	0.19	37	1.02
Holbeck	24	0.81	7	0.24	31	1.04
Mill Hill	11	2.09	1	0.19	12	2.28
West	37	1.68	6	0.27	43	1.95
North-West	24	0.76	10	0.32	34	1.07
Brunswick	22	0.92	3	0.12	25	1.04
New Wortley ..	28	1.56	2	0.11	30	1.67
Armley and Wortley	32	0.85	9	0.24	41	1.09
Bramley	25	1.01	5	0.20	30	1.21
Headingley‡	37	0.68	16	0.29	53	0.97
City	477	1.01	108	0.23	585	1.24

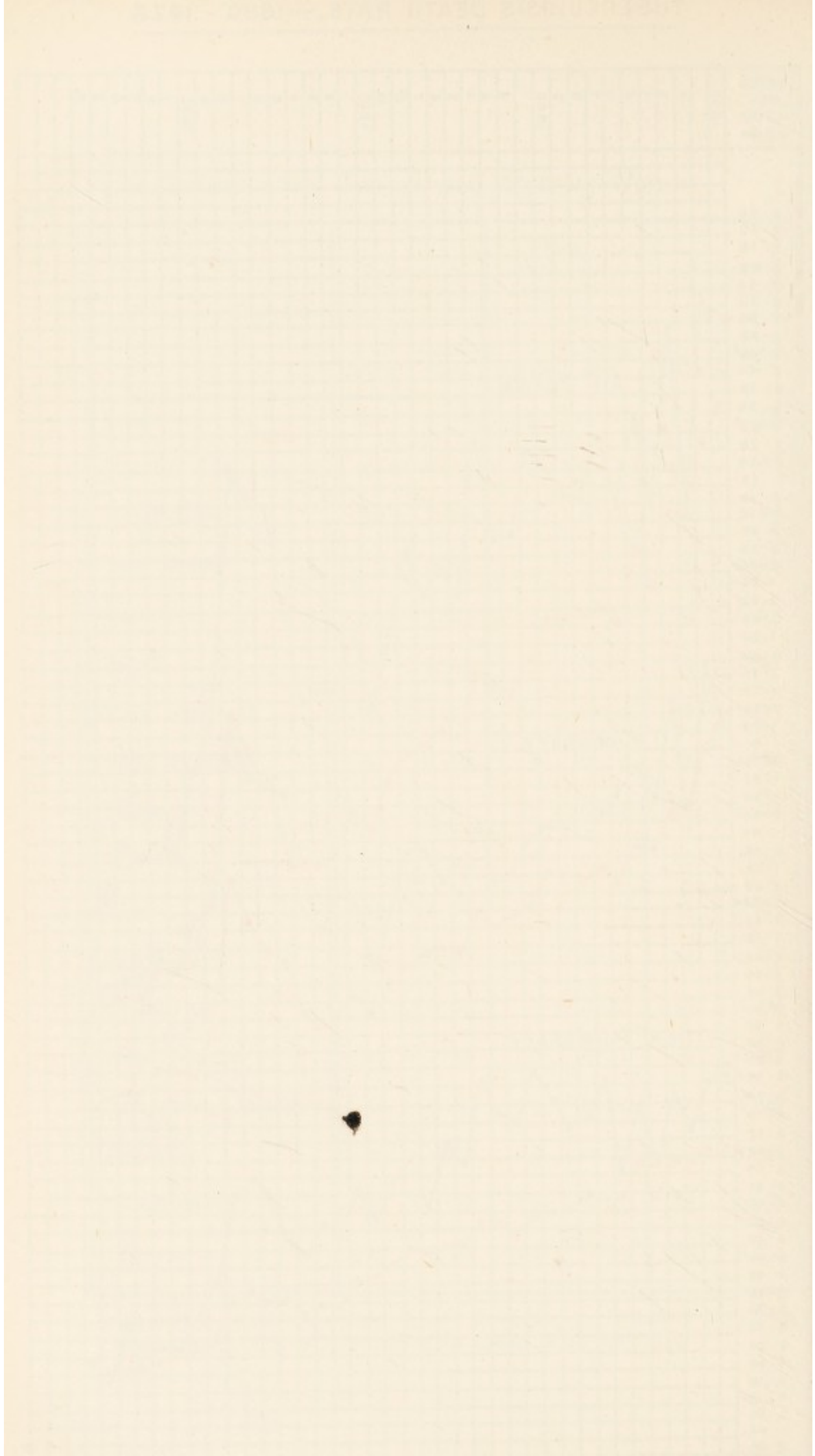
*Roundhay, Seacroft, Shadwell, and Crossgates. †Including Middleton.

‡Including portion of Adel added to Leeds, April 1st, 1926.

TUBERCULOSIS DEATH RATE.— 1890 - 1926.



LEEDS ——— BLACK.
ENGLAND AND WALES — RED.



The housing conditions of 1,406 of the 1,460 cases of tuberculosis (all forms) notified, are shown in the table subtended :—

Rooms in house.	Through house.	Percentage of total throughs.	Back-to-back house.	Percentage of total back-to-back.	Percentage of total cases.
1 room	9	2.7	8	0.8	1.2
2 rooms	13	3.9	236	22.0	17.7
3 rooms	31	9.3	465	43.4	35.3
4 rooms	61	18.3	278	25.9	24.1
5 rooms	97	29.0	58	5.4	11.0
6 rooms	76	22.8	23	2.1	7.1
7 or more rooms	47	14.0	4	0.4	3.6
Total ..	334	100.0	1,072	100.0	100.0

In addition to the 334 through houses and 1,072 back-to-back houses, there were 47 cases notified from common lodging houses, etc., and seven that could not be traced, making a total of 1,460 cases of all forms of tuberculosis notified during the year.

The sub-joined table indicates the type of house occupied by 203 persons who were notified during 1926 as suffering from tuberculosis of all forms and who died during the year :—

Rooms in house.	Through house.	Percentage of total throughs.	Back-to-back house.	Percentage of total back-to-back.	Percentage of total deaths.
1 room	3	5.6	3	2.0	2.9
2 rooms	4	7.4	28	18.8	15.8
3 rooms	6	11.1	61	40.9	33.0
4 rooms	13	24.1	44	29.5	28.1
5 rooms	15	27.8	10	6.7	12.3
6 rooms	7	12.9	2	1.4	4.4
7 or more rooms	6	11.1	1	0.7	3.5
Total ..	54	100.0	149	100.0	100.0

In addition to 54 through houses and 149 back-to-back houses, there were 3 deaths in which the home address was given as common lodging houses, etc.

DEATHS FROM ALL FORMS OF TUBERCULOSIS IN 1926 WITH YEAR
OF NOTIFICATION.

Year of Notification.			No. dying in 1925.	Percentage of total deaths.
1912	..	..	4	0.7
1913	..	..	6	1.0
1914	..	..	6	1.0
1915	..	..	2	0.3
1916	..	..	1	0.2
1917	..	..	7	1.2
1918	..	..	4	0.7
1919	..	..	8	1.4
1920	..	..	5	0.9
1921	..	..	8	1.4
1922	..	..	9	1.5
1923	..	..	24	4.1
1924	..	..	34	5.8
1925	..	..	135	23.1
1926	..	..	206	35.2
Not notified	..		111	18.9
Died outside City			15	2.6
Total	..		585	100.0

NOTIFICATIONS AND DEATHS FROM ALL FORMS OF TUBERCULOSIS
OCCURRING IN 1926 CLASSIFIED ACCORDING TO OCCUPATION.

Occupation.	Notifications.		Deaths.	
	Number.	Percentage of total Notifications.	Number.	Percentage of total deaths.
Textile Workers ..	237	16.2	100	17.1
Leather „ ..	36	2.5	19	3.2
Metal „ ..	124	8.5	69	11.8
Coal „ ..	62	4.2	19	3.2
Stone „ ..	32	2.2	18	3.1
Wood „ ..	23	1.6	5	0.9
Other dusty Trades ..	44	3.0	20	3.4
Printers	20	1.4	9	1.5
Clerks, Typists, etc. ..	53	3.6	21	3.6
House Workers ..	216	14.8	95	16.3
Nurses	5	0.3	..	..
Food Trades, etc. ..	47	3.2	20	3.4
Labourers	76	5.2	37	6.3
Out-door Workers ..	57	3.9	29	5.0
Various	65	4.5	27	4.6
School Age	292	20.0	34	5.8
Infants	64	4.4	54	9.2
No Occupation ..	7	0.5	8	1.4
No Trace .. ..	..	..	1	0.2
Total ..	1,460	100.0	585	100.0

DISPENSARY AND SANATORIA.

The work of the Central Tuberculosis Dispensary is explained in detail on pages 126 and 127 whilst particulars of cases admitted to and discharged from the three Sanatoria, Killingbeck, Gateforth and "The Hollies" are given in the tables on pages 129, 132 and 125.

Respecting these, Dr. N. Tattersall, the Chief Clinical Tuberculosis Officer writes :—

Central Tuberculosis Dispensary.—In order to extend the activities of the dispensary and to bring its equipment into line with modern practice, the addition of departments for X-ray work, Artificial Sunlight and Dental Treatment have for some time been projected.

The completion of this scheme, which will make the dispensary a more efficient and self-contained unit has been delayed owing to exceptional and unforeseen circumstances. These difficulties have now been removed and there is every prospect that by the middle of 1927 the new departments will be in operation.

X-Ray Work.—The value of X-ray work as an aid to the diagnosis of tuberculosis is undoubted, and a well taken radiograph should be considered an essential part of the investigation of every doubtful case. It is also generally accepted that the greatest efficiency is obtained when the Tuberculosis Officer is his own radiographer. He is in a position to follow up his cases throughout every stage of their illness, to build up a knowledge of X-ray appearances and to correct and modify his opinions in the light of every development of the cases. To appreciate the full value of radiography in chest cases the apparatus must be close at hand, and of a type specially adapted for chest work which will admit of the use of very short exposures. This is the type of plant shortly to be installed at the dispensary and it is confidently expected that its extended use will add greatly to the efficiency of the diagnostic work of the department. Up to the end of the year all the radiographic work was done outside the dispensary by a private practitioner and the total examinations made by him was 559.

Artificial Sunlight Therapy.—The Light Department is to commence its activities with Carbon-arc lamps for general irradiation. For local treatment of skin lesions and other superficial conditions a Kromayer lamp is to be used. Our knowledge of the benefits to be expected from artificial sunlight is still far from complete.

In most cases of Pulmonary Tuberculosis its use is not to be recommended, but in cases of surgical tuberculosis and for the lymphatic type of tuberculosis so prevalent in childhood it is of undoubted value. It seems likely that this work will ultimately become one of the foremost activities of the dispensary.

Dental Treatment.—The Dental Department will aim at giving every diagnosed patient a clean mouth. It is of little use sending a patient to a sanatorium with a septic mouth which will not only be a constant drain on his recuperative powers but will prevent his taking full advantage of the dietetic side of Sanatorium regime. Experience in the past has abundantly shown that it is better to send a patient to a Sanatorium with no teeth at all than with a number of teeth in various stages of decay embedded in infected gums. The same applies of course to patients on domiciliary or other forms of treatment.

General.—The General work of the dispensary has continued along the usually accepted lines. The chief function of the Tuberculosis Officer is to establish accuracy in diagnosis. In fully half the cases referred for diagnosis this cannot be achieved by one examination. Repeated clinical and sputum examinations with X-ray and temperature records, must often be carried out before a decision can be reached. These repeated examinations prior to diagnosis add to the work of the department both on the clinical and clerical side—but if they result in winning the confidence of both patient and doctor, the labour will be amply repaid.

In accordance with the suggestions of the Ministry of Health an effort is being made to reduce the number of patients attending regularly at the dispensary for treatment by medicine, cod liver oil, etc. If a patient has a panel doctor or can afford a private medical attendant he is referred to him for all such treatment. Arrangements are made for periodical examinations to ascertain progress and fix the nature of any further treatment required. Patients who have no panel doctor or who cannot afford medical attention attend the ordinary dispensary clinics, but for both classes there is still need to devote more time to personal talks and instruction in hygienic modes of life rather than pander to their inborn belief in the efficiency of the bottle of physic.

By the reduction of the numbers attending the clinics more time can be devoted to the periodical examinations, and especially to the personal talks to patients which are of proved value and which are undoubtedly appreciated.

A more intensive effort has been made to keep in touch with patients who for one reason or another have failed to keep appointments or to attend regularly at the dispensary. The effect of this has been to enable me to write off the register many old cases as cured or not needing or desiring further dispensary treatment.

It is hoped that by further enquiry into the old cases, the patients attending the dispensary may be more truly those who can obtain most benefit therefrom. Sputum positive cases in particular should receive the special attention of the dispensary as it is from their homes that infected contacts are most likely to come.

A list of these cases has been made and the special attention of the nurse-visitors is drawn each week to any cases which are sputum positive with a view to the careful investigation of the contacts.

The relations with the general practitioners of the city have been maintained in a state of cordial co-operation. An effort is being made to increase the use by them of Form G.P. 17 or 35, when first referring cases for examination. The prompt return and full reports submitted by them on Forms G.P. 36 (for patients on domiciliary treatment) and which entail for them considerable clerical work, are a criterion of their active sympathy with the general scheme. It is hoped that the future will see an increasing number of cases referred to the dispensary prior to diagnosis or notification so that the fullest use may be made of the facilities existing for the investigation of the early or doubtful case, thus bringing those cases in which a positive diagnosis can be established under treatment at the earliest moment.

There still exists a misconception with some practitioners that the statutory notification to the Health Department is equivalent to referring the case to the Tuberculosis Officer. This sometimes leads to delay in bringing the case under treatment.

Co-operation with School Medical Department.—Co-operation with the School Medical Staff has been substantially improved during the latter part of the year. One of the School Medical Officers now attends the dispensary regularly on the days when the school children are seen and acts as a liaison officer between the two departments. Full returns are forwarded two or three times a week to the School Medical Department of every school child examined, showing the diagnosis made, the treatment recommended and whether the child is fit or unfit for attendance at school.

Surgical Tuberculosis.—The number of cases of surgical tuberculosis referred to the dispensary for diagnosis and treatment, or already on the dispensary register is surprisingly small for a city the size of Leeds. It is apparent, however, that the number of such cases, particularly those with bone or joint affections, is much larger than the dispensary statistics would suggest. The bulk of them seem to be referred in the first instance to the General Infirmary or Public Dispensary, and their existence may for a long time be unknown to the dispensary or to the Medical Officer of Health. Many of these patients become known to the dispensary for the first time only when assistance is sought through the Care Committee to provide special splints, etc., or when sinuses have formed and a request is made for admission to a Sanatorium for prolonged treatment. This is a state of affairs which cannot be considered satisfactory from the point of view of the Tuberculosis Scheme. Not only is there a likelihood of the patient "falling between two stools" in the matter of actual treatment, but there is also a tendency in some quarters to adopt active measures of surgical intervention rather than the conservative treatment which is usually productive of better results.

Closer co-operation between the Infirmary and the Dispensary is desirable particularly in the field of surgical tuberculosis.

The provision of beds for surgical cases is also a matter of difficulty. In addition to the beds at Marguerite Home which are kept fully occupied a certain number of children are sent to Alton. These institutions are only available for young children. Adult patients have to be sent to Killingbeck which is neither staffed nor equipped for such cases, and in any case has very few beds available for non-pulmonary cases. They cannot, as a rule be admitted to the same wards as the pulmonary cases and a long delay is often inevitable until admission can be arranged for.

It is hoped the suggested use of Elmet Hall for orthopædic cases will shortly mature and that a certain number of tubercular patients will be treated there.

During 1926 eight cases of surgical tuberculosis were sent to Marguerite Home, Thorparch, and five to Lord Mayor Treloar's Hospital, Alton, Hampshire. The number seems small but it must be borne in mind that the stay in hospital of these cases is often as much as one year, in some cases longer.

The Advanced Infective Case.—In approximately 50 per cent., of new diagnosed cases it is possible to trace the source of infection to some previous case in the same house or family. The prolonged isolation of advanced cases which are sputum positive therefore becomes a matter of paramount importance. The housing conditions of a large number of cases in Leeds are such that their effective isolation at home is a matter of impossibility. Such patients are apt to become dissatisfied with their lack of improvement after a long period of sanatorium treatment and eventually decide to return home against medical advice. It would often seem that the worse the home the more anxious is the patient to return to it. It must also be acknowledged that the presence of many advanced cases in such an institution as Killingbeck has rather a depressing effect on the early cases who are making satisfactory progress.

The need for the prolonged isolation of such cases must be strongly kept in mind as they are known to be active centres of infection, and although extreme measures must be adopted with caution it would appear that before long the compulsory powers conferred by Section 62 of the Public Health Act, 1925, will have to be used in certain cases. If possible such advanced and infectious cases should be accommodated in a separate institution, and in this connection use might be made of one or more of the unoccupied blocks at the Seacroft Isolation Hospital.

Contacts.—The number of new contacts examined during the year has been increased but is still much lower than it should be. The practice in the past has been to select only such contacts for examination as appeared to the relatives or nurse-visitors to be showing suspicious symptoms. A more intensive examination of contacts, especially from those houses where sputum positive cases are known to exist must be adopted. Difficulty arises more particularly in the case of adult contacts who are often unwilling to attend or plead inability to leave work as their excuse. In many cases also the adult contact is on the panel of some other doctor than the one who referred the original case, which renders the patient less easily accessible. To make the examination of contacts more complete it will be necessary that more of those who appear unwilling or unable to attend shall be sought out and examined in their own homes by the tuberculosis staff.

There were 404 new contact cases examined, together with 231 old cases of previous years, making a total of 635. The number of examinations of contacts was 1,138. Of the new contact cases 122 (or 30.2 per cent.) were found to have definite signs of tuberculosis, 129 (or 31.9 per cent.), were suspicious and 153 (or 37.9 per cent.) were negative.

Of the definitely diagnosed cases 56.6 per cent., were adults.

Domiciliary Work.—The nurse-visitors of the dispensary make a primary visit to the home of every notified case, and in addition to helpful advice to the patient, complete a report on the environmental conditions and notify sanitary or other defects to the Health Department.

They refer contacts to the dispensary and give much assistance to the Tuberculosis Officer and Care Committee in the selection of cases suitable for extra nourishment grants.

Their work and intimate knowledge of the home conditions are an invaluable link between the Tuberculosis Officer and the patients.

The medical staff made 572 visits to patients in their own homes. This number includes 40 consultations and 42 special treatments, such as aspirations, artificial pneumothorax, etc.

The nurse-visitors made a total of 26,573 visits, of which 1,603 were for environmental reports, 1,625 to contacts, 20,475 re-visits to civilians, 2,466 re-visits to ex-service men and 404 visits to houses where deaths had occurred.

Research.—The introduction by Calmette of his Vaccine for the "premunisation" of infants has led to considerable discussion on the mortality and cause of death of children born into infected surroundings. Very wide variations of opinion have been expressed on this point. With a view to obtaining accurate information a card system has been devised in order to follow up all these cases over a period of three years.

The information is being obtained for me by the nurse-visitors and it is hoped that a preliminary report may be available twelve months hence.

Without accurate knowledge of this nature it will be impossible to control the results of treatment on the lines suggested by Professor Calmette.

Laboratory.—During the past year 226 cases have attended the laboratory for diagnostic tests, tuberculin and other injections, artificial pneumothorax, splinting, and surgical operations of a minor character. Where patients were unable to attend the Dispensary such treatment was given in the patients' own homes by the Medical Officers in 12 cases, making a total of 238 cases.

The total number of attendances by, and visits to, these cases was 1,387, and are detailed as follows:—

Tests.

Sub-cutaneous	11
Von Pirquet	45
Wassermann reaction	70

Injections.

Chemo-therapy	101
Tuberculin.. .. .	117
Insulin (for Phthisis with Diabetes Mellitus)	144
Artificial Pneumothorax	30
Plaster applications, and splints for Bone and Joint cases	12
Aspirations of Tuberculous abscesses	178
Dressings, fomentations, etc.	582
Observation	97

Other work done in the laboratory include 870 urine tests, and 160 sputum examinations. The examination of sputum was only in progress during the last few weeks of the year, and of the tests made 23 per cent. were found to be positive.

Clerical.—The Ministry of Pensions have been supplied with 1,827 reports regarding treatment given to pensioners.

Panel practitioners, private doctors, and the School Medical Officer have been informed of the diagnosis, change of treatment, etc. by the issue of 4,599 reports.

The number of forms G.P. 36 issued to practitioners under National Health Insurance Regulations was 1,151, and of this number 1,050 have been completed and returned.

“The Hollies” Sanatorium School.—This institution has been kept fully occupied. Most of the children are from infected homes and are selected on account of signs or symptoms of early tuberculous infection.

As a rule they respond well to treatment and greatly enjoy their stay in the institution. During the year a second teacher has been appointed so that the younger and older children can be more

effectively separated for teaching purposes. A small plot of ground in the adjoining park has been granted for the use of the children as a garden, and should prove to be a source of interest as well as provide valuable outdoor exercise. Through the kindness of many friends gramophones have been obtained which are a great help in their outdoor exercises, folk dances, etc. An appeal through the press for books for the children has led to the establishment of an excellent library of some hundreds of suitable books.

The number of children admitted to the school register was 127 (boys 54 and girls 73).

The number of school sessions was morning 250, afternoon 249, total 499.

The total number of attendances was 18,066, and the average attendance per session was 36.

The average number on the school register was 39.8.

Details of the cases admitted to and discharged from the institution during the year will be found below.

"The Hollies" Sanatorium School.

PULMONARY TUBERCULOSIS FOR PERIOD ENDED 1st JANUARY, 1927.

"THE HOLLIES," WEETWOOD LANE.	Males.		Females.		Total.
	Under 5	Over 5	Under 5	Over 5	
Remaining Jan. 2nd, 1926	2	16	..	22	40
Admitted	2	51	2	75	130
Discharged	4	49	2	75	130
Died .. .. .	..	..	..	..	..
Remaining Jan. 1st, 1927	..	18	..	22	40

Average length of stay, 82.2 days.

ANALYSIS OF CASES DISCHARGED.

"THE HOLLIES," WEETWOOD LANE.	Males.		Females.		Total.
	Under 5	Over 5	Under 5	Over 5	
Disease arrested .. ..	..	..	..	..	..
.. improved	4	48	2	74	128
.. not improved .. ..	..	..	..	..	..
Observation and negative cases .. .. .	..	1	..	1	2
TOTALS	4	49	2	75	130

PATIENTS EXAMINED AT CENTRAL TUBERCULOSIS DISPENSARY FROM JANUARY 3rd, 1926 TO JANUARY 1st, 1927,
PULMONARY TUBERCULOSIS.

	New cases examined.			Number bacteriologically positive.			Number clinically positive, but not T.B. +.			Number found to be indefinite or negative.			Number recommended for Sanatoria.										
	M.	F.	G.	M.	F.	G.	M.	F.	G.	M.	F.	G.	M.	F.	G.								
Insured	490	279	..	90	40	276	181	124	58	159	92	
Non-insured	59	111	144	92	21	26	..	3	33	72	74	43	5	13	70	46	16	42	50	46

OTHER FORMS OF TUBERCULOSIS.

	New patients.			Glands.			Bones and joints.			Abdominal.			Others.			Number recommended for Sanatoria.							
	M.	F.	G.	M.	F.	G.	M.	F.	G.	M.	F.	G.	M.	F.	G.	M.	F.	G.					
Insured	14	8	..	6	4	..	4	2	1	1	3	1	6	4	
Non-Insured	2	9	29	26	2	4	9	10	..	2	5	3	..	2	..	1	1	1	1	16	19

Total attendances of all cases:—Males	..	8,596
Females	..	7,323

Total cases attended at
Central Tuberculosis
Dispensary

Dispensary	3,281
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Total Number of Clinical Examinations (included in the above)

6,486

Killingbeck Sanatorium.—During the latter part of the year an outbreak of measles and several cases of diphtheria amongst the children led to a temporary cessation of admissions and consequent low bed average.

Painting operations in the adult wards also entailed a temporary reduction in accommodation. Apart from these factors the institution has been fully occupied. The reduction in the waiting list of cases for admission has enabled cases of all classes, especially the more urgent ones, to be admitted with a minimum of delay.

It appeared to me that the graduated exercise and occupational side of the treatment provided was in need of fuller development, and that if this was carried out considerable benefit would accrue to the patients both physically and educationally. This view has been further stressed following a recent inspection by one of the Medical Inspectors of the Ministry of Health.

A scheme of graduated occupational therapy has therefore been drawn up and will shortly be brought into operation. This will entail the abolition of the system by which many patients have had a daily pass of two hours from the Sanatorium, and by bringing their activities more closely under the control of the Medical Superintendent will not only benefit the patients but should enable the Medical Officers more accurately to gauge the response to treatment and the period of treatment required.

The Medical Superintendent, Dr. W. A. Todd, writes :—

“ During the year ended 1st January, 1927, the total number of cases treated in the Institution was 1,030, comprising 439 males, 359 females and 232 children, as compared with 1,119, made up of 454 males, 415 females and 250 children for the previous year. Of the total 263 were ex-service men. All types of the disease were admitted, but pulmonary cases predominated, there being 1,000 of this type against 30 non-pulmonary. The accommodation remains the same, viz., 220 beds allocated as follows :—88 males, 78 females and 54 children.

“ The conduct of the patients continues to be very satisfactory and the School carries on its useful work amongst the children. The Head Teacher's report is appended.

“ It is hoped next year to introduce occupational therapy amongst the adult patients. This consists of a preliminary rest in bed until the pulse and temperature become normal and remain so for several days. The patient is then allowed up for short periods which are gradually increased as the patient's condition indicates. This is followed by five minutes' walking in the morning and gradually increased until the

Killingbeck.

PULMONARY TUBERCULOSIS FOR YEAR ENDED
1st JANUARY, 1927.

KILLINGBECK SANATORIUM.	Males.		Females.		Total.
	Under 15	Over 15	Under 15	Over 15	
Remaining Jan. 2nd, 1926	26	82	21	68	197
Admitted	93	348	78	284	803
Discharged	97	303	83	263	746
Died	1	45	1	22	69
Remaining Jan. 1st, 1927	21	82	15	67	185

Average length of stay, 94 days.

ANALYSIS OF CASES DISCHARGED.

KILLINGBECK SANATORIUM.	Males.		Females.		Total.
	Under 15	Over 15	Under 15	Over 15	
Disease quiescent	67	92	57	89	305
„ improved	23	154	22	119	318
„ not improved	7	57	4	55	123
TOTALS	97	303	83	263	746

Restoration of working capacity—				Males.	Females.	Total.
100 per cent. approximately	..			83	78	161
80	„	„	..	51	41	92
60	„	„	..	48	54	102
40	„	„	..	51	30	81
20	„	„	..	13	5	18
10	„	„	..	..	..	..
TOTALS	..	..		246	208	454

NON-PULMONARY TUBERCULOSIS FOR YEAR ENDED
1st JANUARY, 1927.

KILLINGBECK SANATORIUM.	Males.		Females.		Total.
	Under 15	Over 15	Under 15	Over 15	
Remaining Jan. 2nd, 1926	1	4	5	3	13
Admitted	7	5	1	4	17
Discharged	3	7	6	5	21
Died.. .. .	..	1	..	..	1
Remaining Jan. 1st, 1927	5	1	..	2	8

Average length of stay, 132 days.

ANALYSIS OF CASES DISCHARGED.

KILLINGBECK SANATORIUM.	Males.		Females.		Total.
	Under 15	Over 15	Under 15	Over 15	
Disease quiescent .. ..	..	..	..	..	..
„ improved	3	6	5	5	19
„ not improved .. ..	..	1	1	..	2
TOTALS	3	7	6	5	21

Restoration of working capacity—				Males.	Females.	Total.
100 per cent. approximately	..	..	..	2	1	3
80	„	„	..	3	1	4
60	„	„	..	1	..	1
40	„	„	..	..	3	3
20	„	„	..	..	..	..
10	„	„	..	..	..	..
TOTALS .. ..	..	..	..	6	5	11

patient is doing 60 or 80 minutes' walking morning and afternoon. From this the patient passes in turn to "Grade A," which is light work, "Grade B," medium work, and "Grade C," heavy work. It is hoped that the adoption of this system will enhance the value of the treatment at the sanatorium and make it more interesting to the patients themselves.

"Produce of the kitchen garden during the year was valued at £150.

"The keeping of pigs continues to be profitable, the nett profit for the year being £125.

"*School Report.*—The total number of children on roll during the year was 175, varying in age from 5 to 15. The total number of attendances was 16,769. In June Dr. Bywaters, an Inspector of the Board of Education, visited the sanatorium and expressed her satisfaction with the work of the school.

"The discipline of the children has been good and the training afforded by the school beneficial in every way."

Gateforth Sanatorium.—This institution continues to perform a useful function as a link between Killingbeck and the return to work. As far as possible the cases are selected from Killingbeck, but a certain number who merely require recuperation from a temporary breakdown are sent direct from the dispensary. It has been difficult to keep the beds fully occupied with suitable cases. Many of the most favourable cases from Killingbeck, whose chance of a breakdown after return to work would be much diminished by a further period of treatment at Gateforth, refuse to accept this extension of their treatment owing to the fear of losing work which has been kept open for them or for other economic or domestic reasons.

Care Work.—Care work in connection with the Tuberculosis scheme is in the hands of the Leeds Association for the Care of Consumptives. This body carried out its functions during the year in an eminently satisfactory manner. But it hankers too much after work of a more dramatic nature and fails to appreciate the value of that which lies to its hand. An employment agency for young tuberculous subjects is badly wanted. Here is a field which should provide abundant scope for thought and energy and I respectfully commend it to the attention of the Association.

Again the public want to know something about Tuberculosis and how it can be prevented. To spread knowledge of this kind is surely a worthy and appropriate work for a Care Committee. I suggest, as I have done previously, that propaganda might have the Association's attention during the coming year.

Gateforth.

**PULMONARY TUBERCULOSIS FOR YEAR ENDED
1st JANUARY, 1927.**

GATEFORTH SANATORIUM.	Males.		Females.		Total.
	Under 15	Over 15	Under 15	Over 15	
Remaining Jan. 2nd, 1926	..	50	..	..	50
Admitted	174	..	..	174
Discharged	188	..	..	188
Died
Remaining Jan. 1st, 1927	..	36	..	..	36

Average length of stay, 89 days.

ANALYSIS OF CASES DISCHARGED.

GATEFORTH SANATORIUM.	Males.		Females.		Total.
	Under 15	Over 15	Under 15	Over 15	
Disease arrested	37	..	..	37
„ improved	116	..	..	116
„ not improved	35	..	..	35
TOTALS	188	..	..	188

Restoration of working capacity—				Males.	Females.	Total.
100 per cent. approximately	..			33	..	33
80 „ „	..			76	..	76
60 „ „	..			58	..	58
40 „ „	..			15	..	15
20 „ „	..			6	..	6
10 „ „	..			..	..	..
TOTALS .. ..	..			188	..	188

I take this opportunity on behalf of the Health Committee of thanking the members of the Association for their very valuable services during the year.

Appended is the report of the Secretary of the Case Sub-Committee of the Association.

" In this, its Sixth Annual Report, the Tuberculosis Care Committee has to record the removal of its offices in July from 37, Great George Street to the rooms in the Central Tuberculosis Dispensary lately vacated by the Insurance Committee. The closer proximity to the general offices of the Dispensary has greatly facilitated the work of this Committee in the matter of ready reference, the speedier return of reports, etc., and has proved of mutual benefit.

" The general work of the Committee has progressed along its usual lines and has been marked by continuity of interest as well as by increased activity.

" *Convalescent Work.*—The convalescent work was greatly hampered by the General Strike; whilst prevailing economic conditions were responsible for the heavy demand for clothing, which is ever on the increase. This Committee has been happily placed as regards the facilities at its disposal for meeting all justifiable claims in this direction. It owes much to the generous response to its appeal to employers of labour, the two ex-Servicemen's Funds (for whom its secretary is the Local Representative) and to the many private donors of both new and second-hand garments.

" The increase in the number of persons dealt with under the heading " Friendly Advice " calls for special comment. The help given includes general and particular advice to patients who wish information on all sorts of subjects relative to themselves and their families or dependents.

" With regard to convalescent treatment, 96 children were sent away during the year, for periods varying from four to eight weeks each, at a cost to the Association of £131 9s. 6d.

" *Clothing and Bedding.*—The supply of extra beds and bedding to enable the patient to sleep alone is a very important factor in the preventive treatment of tuberculosis. The returns in this respect show a slight decrease compared with those of last year. This is accounted for by the fact that the lamentable over-crowding which still obtains in many of the houses of our patients does not allow of the placing of extra beds. Many patients are sleeping and living seven and eight, and sometimes ten, in one room for which they are paying a rental which should normally cover the cost of a small house. The ever-increasing applications for small houses witness to a faith which we must sadly acknowledge ends too often in disappointment.

" The number of cases assisted in this way was 22, and extra clothing to persons in poor circumstances was provided in 106 cases.

" *Food*.—An analysis of the returns for the year shows a decrease in the number of persons who have received a grant of extra nourishment. This is not due to any lessening of the Committee's activities in this direction but to the fact that an overdraft on the item last year necessitated some curtailment. The help given in this respect cannot, however, be adequately estimated by its numerical return; several families have had special grants of food supplies from the Voluntary Funds; the selection, purchase and delivery of the food has been effected by Friendly Visitors, thus ensuring not only the best possible expenditure of the money, but also giving a practical lesson in marketing and dietetics which has been much appreciated.

" The total amount expended on extra nourishment, through the special grant of the Ministry of Health during the year was £93 15s. 2d. The small figure is due to the overspending during the last financial year and the necessity for reviewing the methods of allotment and distribution which took some time to complete.

" In addition to the above amount, the Association spent £56 os. 5d. in supplying milk to those cases which were considered to be ineligible for the Ministry's Grant.

" *Appliances and Sick-room Accessories*.—The loan of sick-room requisites such as air-cushions, water beds, etc., can bring great comfort to bed-ridden patients, and paper handkerchiefs in place of scraps of newspaper can do much to improve the hygiene of the sick-room. The provision of a wireless set (a free gift to the Committee) has been a source of much enjoyment to a bed-fast patient.

" The effective work of any Care Committee is largely dependent on the constancy and scope of its co-operation with the various other bodies, both public and private, voluntary and official, which exist within its area and the Committee wishes to record its appreciation of the practical help and sympathy which it has received from these bodies. In particular it would like to express its indebtedness to the Children's Convalescent and Summer Holiday Fund, the Leeds Adult Convalescent Society, The United Services Fund, Emergency Help Committee, Poor Law Authorities, War Pensions Committee, and not least of all to the ladies and gentlemen members of the Committee itself whose time and thought have been so generously given to the work.

" Nine patients were recommended to the Health Committee for surgical appliances and in addition the sum of £34 9s. was spent in this way during the year.

" *Home Service*.—One of the most important and responsible calls upon this Committee's resources is that of arranging for the maintenance and general welfare of a family when one or both parents are required to go away for treatment. The provision of some competent woman, or Home Help, to see to things generally during the mother's absence is an essential. In one case the husband was in Sanatorium when the wife who preferred working to receiving what she termed "charity" fell ill

through sheer exhaustion and want of food. She was a young mother who proved on examination to be a case of arrested tuberculosis, which had broken down under the unfavourable conditions. No time was lost in getting her away to a sea-side home where six weeks of rest and good food should prove efficacious in restoring her to health.

“Employment.”—The question of the employment of the tuberculous man is one that gives most cause for uneasiness. The main source of help in this direction at present is the “Factory in the Field,” whose enterprise and activity are only equalled by the urgency of the demands upon its resources.

“In the case of ex-servicemen, the Care Committee has been able to achieve some measure of success by co-operation with one of the Ex-Servicemen’s Funds for which it acts locally. In one instance a man, disabled by War service, was established in a lucrative business as a result of co-operation with this Fund.

“Various.”—A sum of £396 os. 11d. has been received from the Emergency Help Fund of the British Red Cross Society on behalf of 45 ex-servicemen, also £211 3s. 6d. from the United Services Fund on behalf of 50 ex-servicemen.

“The following is a summary of the services rendered:—

HELP GIVEN.	NO. OF PERSONS ASSISTED.
By money grants for various purposes	59
By food, both through Nourishment Grant and by the Case Sub-Committee	145
By beds and bedding	22
By sick-room requisites and surgical appliances ..	30
By convalescent treatment	96
By clothing	106
By notes, reports, friendly visits and advice ..	359
TOTAL	817
Number of visits and interviews made by Secretary	1,860
Number of times the Committee has met during the year	48
Number of Committees (External) attended by Secretary	100
Number of milk coupons issued during the year	161
British Red Cross—	
No. of cases helped with grants of money and clothing	45
United Services Fund—	
No. of cases helped with grants of money and clothing	50

MATERNITY AND CHILD WELFARE.

Statistics.—The number of children under one year of age who died during 1926 was 748 (males 431 and females 317), a total exactly the same as for 1925. The infant mortality rate was 93 or two more than the rate (91) for last year. Compared with the average of the previous five years (97) the rate for 1926 represents a reduction of 4.1 per cent. and with the average of the decade, 7.2 per cent. The infant mortality rate for Leeds compares badly with the other large towns in England and with England and Wales as a whole. The only towns with higher rates than Leeds were Liverpool and Nottingham, whilst the Leeds figure was 32.9 per cent. higher than that for England and Wales. Why Leeds should be so prodigal of infant life is a question to which I can find no adequate answer. Doubtless the bad housing in the poorer quarters of the city coupled with overcrowding, dirt and ignorance, the smoky atmosphere and bad feeding, all play a part and by their cumulative effects render survival difficult. But why these influences, which after all are not peculiar to Leeds, should result in a rate of infant death so much higher than the majority of the other large towns is hard to explain.

When one examines the list of causes of death given on page 141, one is immediately struck by the preponderating number of deaths attributed to respiratory disease. Out of a total of 748 deaths of children under one in 1926 no fewer than 189 (or 25.3 per cent.) were due to such infections as bronchitis, pneumonia, whooping cough and influenza. These are without exception preventable causes and the toll of infant life taken by them is a measure of the failure of parents to appreciate their dangerous nature and the need of taking proper precautions to protect young children from attack. In the worst house some fresh air is available and a hot stuffy atmosphere is not inevitable even in the dwellings of the poor. Yet it is precisely in the houses of the poor that respiratory disease is most common. This fact is always being emphasized and parents urged to avoid overheating either by excessive clothing or too high a room temperature, but the warning is too often ignored.

Another important cause of the high infantile mortality is Prematurity which accounted for 149 (or 19.9 per cent.) of the total infant deaths. Here we are on less certain ground. The exact cause of premature birth is not known. There may be a variety of causes and until further light has been shed on the subject there is not much

we can do to prevent it. But something can be done by proper ante-natal care, facilities for which have been provided at many of the infant welfare centres, to reduce the loss from this cause. The difficulty is to get expectant mothers to avail themselves of these facilities.

A third cause which has already been touched upon in another part of this report is infantile diarrhoea. Last year this disease accounted for 16.3 per cent. of the total deaths under one year. In an enlightened age when sanitation has reached the high standard of perfection it has, there is no reason why this disease should not disappear. It remains only because the people will it should be so. When they choose otherwise, it will follow its sister diseases cholera and typhoid into the limbo of forgotten things.

Other causes of infantile death will be found in the table on page 141. Glancing down that list one cannot escape the conviction that 50 per cent. at least of the infantile mortality in this city is avoidable and unnecessary. That is a statement which the citizens would do well to ponder over. It is their responsibility to see that the city is made safe for the children and that the infants who arrive in their midst have a reasonable chance of surviving and reaching maturity. At present far too many die because the odds of survival are against them and too many reach manhood and womanhood in a condition of health which makes their survival a very doubtful advantage either to themselves or the city.

Death-rate in quarters.—The infant mortality rate for the four quarters of the year is given in the accompanying table.

	I.	II.	III.	IV.	Year.
1917	121	122	152	151	135
1918	162	101	114	155	133
1919	173	102	123	96	119
1920	139	95	88	112	110
1921	108	78	101	108	98
1922	119	106	77	101	101
1923	114	74	86	82	89
1924	171	83	68	109	108
1925	84	62	100	126	91
1926	120	78	75	100	93

The quarter with the highest death-rate was the first followed by the fourth whilst the figures for second and third were comparatively low. The explanation of the high rate in the first was the prevalence of respiratory infections.

Deaths in Age Groups.—Of the total (748) infant deaths 187 (or 25.0 per cent.) took place in the first week of life, 312 (41.7 per cent.) in the first month, 134 (or 17.9 per cent.) between one and three months, 118 (or 15.8 per cent.) between three and six months, 96 (or 12.8 per cent.) between six and nine months, and 88 (or 11.8 per cent.) between nine and twelve months.

The percentage changes in the infant death-rate per 1,000 births in 1926 as compared with the average of the previous ten years are as follows :—

Under 1 week, decrease	6.1%	3-6 months, decrease ..	25.5%
Under 1 month ..	10.0%	6-9	23.2%
1-3 months ..	14.9%	9-12	21.0%
Whole year decrease, 16.2%			

It is interesting to note the changes which have taken place at the various age periods of infancy since the quinquennium 1905-1909. These are set out in the special table on page 142. The quinquennial average has been taken in order to make a better comparison.

Neo-natal Death-rate.—The number of deaths of infants occurring in the first month of life was 312 or three more than for the year 1925 and the corresponding rate was 38.7 as against 37.8.

Nearly one half, to be correct 41.7 per cent., of the total deaths under one year occurred in the first month of life, and of the deaths in the first month 59.9 per cent. occurred in the first week and 78.8 per cent. in the first two weeks. These early deaths do not respond so readily as those at a later period to measures of prevention largely because of the obscurity surrounding their causation and the difficulty of control. Only by more efficient ante-natal supervision can the loss of life in these early days of life be reduced and for that supervision we must depend on the doctors and midwives, and where they fail, on the ante-natal clinics.

Causes of Infant Death.—The main causes contributing to the infantile death-rate in order of numerical importance were premature birth (149), diarrhoea and enteritis (122), pneumonia (99), atrophy, debility and marasmus (51), congenital malformations (47) and whooping cough (43).

These are set out in detail in a table on page 141.

INFANTILE MORTALITY DURING THE ELEVEN YEARS 1916-1926 AT DIFFERENT PERIODS OF
THE FIRST YEAR OF LIFE.

YEAR.	Births in year.	Under one week.		Under one month.		One and under three months.		Three and under six months.		Six and under nine months.		Nine and under twelve months.		Under one year.	
		Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.
1916	..	247	26.2	437	46.3	220	23.3	234	24.8	156	16.5	169	17.9	1,216	129
1917	..	179	23.6	318	42.0	185	24.4	213	28.1	159	21.0	148	19.5	1,023	135
1918	..	189	25.6	316	42.7	154	20.8	199	26.9	175	23.7	140	18.9	984	133
1919	..	230	30.4	373	49.3	147	19.4	156	20.6	125	16.5	98	13.0	899	119
1920	..	304	27.1	520	46.3	260	23.2	191	17.0	146	13.0	115	10.2	1,232	110
1921	..	249	24.5	419	41.3	184	18.1	180	17.7	116	11.4	98	9.7	997	98
1922	..	206	22.2	401	43.3	159	17.2	125	13.5	127	13.7	123	13.3	935	101
1923	..	204	23.5	363	41.8	110	12.7	125	14.4	92	10.6	83	9.6	773	89
1924	..	185	21.6	331	38.7	156	18.2	155	18.1	150	17.5	129	15.1	921	108
1925	..	184	22.5	309	37.8	141	17.2	119	14.5	88	10.8	91	11.1	748	91
1926	..	187	23.2	312	38.7	134	16.6	118	14.6	96	11.9	88	10.9	748	93

INFANTILE MORTALITY IN WARDS AT DIFFERENT PERIODS OF THE FIRST YEAR OF LIFE,
CALENDAR YEAR, 1926.

WARD.	Births in year.	Under one week.		Under one month.		One and under three months.		Three and under six months.		Six and under nine months.		Nine and under twelve months.		Under one year.	
		Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.
Central ..	228	5	21.9	14	61.4	5	21.9	7	30.7	4	17.5	3	13.2	33	145
North ..	682	18	26.4	23	33.7	8	11.7	9	13.2	11	16.1	9	13.2	60	88
North-East ..	664	25	37.7	33	49.7	11	16.6	6	9.0	5	7.5	8	12.0	63	95
*New Ward ..	149	3	20.1	3	20.1	..	..	..	..	..	..	..	..	3	20
East ..	791	18	22.8	27	34.1	8	10.1	14	17.7	12	15.2	12	15.2	73	92
South ..	250	9	36.0	11	44.0	9	36.0	9	36.0	1	4.0	4	16.0	34	136
†East Hunslet ..	787	16	20.3	31	39.4	13	16.5	10	12.7	9	11.4	6	7.6	69	88
West Hunslet ..	540	7	13.0	15	27.8	8	14.8	1	1.9	8	14.8	13	24.1	45	83
Holbeck ..	532	9	16.9	19	35.7	12	22.6	8	15.0	10	18.8	2	3.8	51	96
Mill Hill ..	67	1	14.9	2	29.9	1	14.9	2	29.9	2	29.9	1	14.9	8	119
West ..	449	15	33.4	27	60.1	7	15.6	12	26.7	5	11.1	10	22.3	61	136
North-West ..	472	9	19.1	21	44.5	13	27.5	7	14.8	2	4.2	2	4.2	45	95
Brunswick ..	379	6	15.8	11	29.0	8	21.1	6	15.8	5	13.2	5	13.2	35	92
New Wortley ..	345	5	14.5	15	43.5	4	11.6	6	17.4	4	11.6	1	2.9	30	87
Armley & Wortley ..	557	14	25.1	23	41.3	8	14.4	8	14.4	4	7.2	2	3.6	45	81
Bramley ..	387	7	18.1	10	25.8	6	15.5	2	5.2	5	12.9	2	5.2	25	65
†Headingley ..	786	20	25.4	27	34.4	13	16.5	11	14.0	9	11.5	8	10.2	68	87
CITY ..	8,065	187	23.2	312	38.7	134	16.6	118	14.6	96	11.9	88	10.9	748	93

* Roundhay, Seacroft, Shadwell and Crossgates.

† Including Middleton.

‡ Including portion of Adel added to Leeds, April 1st, 1926.

DEATHS FROM STATED CAUSES UNDER ONE YEAR OF AGE.

Causes of death.	Year 1925.	Year 1926.	Increase or decrease.	Percentage of total deaths under one.
Smallpox .. ..	..	..	..	..
Chickenpox	I	..	- I	..
Measles	II	I	- IO	0.1
Scarlet Fever .. ..	..	I	+ I	0.1
Whooping Cough	21	43	+22	5.7
Diphtheria	I	..	- I	..
Influenza	16	8	- 8	1.1
Erysipelas	I	I	- +	0.1
Tuberculous Diseases	15	12	- 3	1.6
Meningitis	7	11	+ 4	1.5
Convulsions	30	38	+ 8	5.1
Bronchitis	38	39	+ I	5.2
Pneumonia (all forms)	96	99	+ 3	13.2
Other diseases of Respiratory Organs	3	3	- +	0.4
Diarrhœa and Enteritis	133	122	- 11	16.3
Gastritis	6	2	- 4	0.3
Syphilis	29	38	+ 9	5.1
Rickets	I	7	+ 6	0.9
Suffocation, including overlying	15	8	- 7	1.1
Injury at birth	19	19	- +	2.5
Atelectasis	17	19	+ 2	2.5
Congenital Malformations	32	47	+15	6.3
Premature birth	146	149	+ 3	19.9
Atrophy, Debility, and Marasmus	73	51	- 22	6.8
Other Causes	37	30	- 7	4.0
Totals	748	748	- +	100

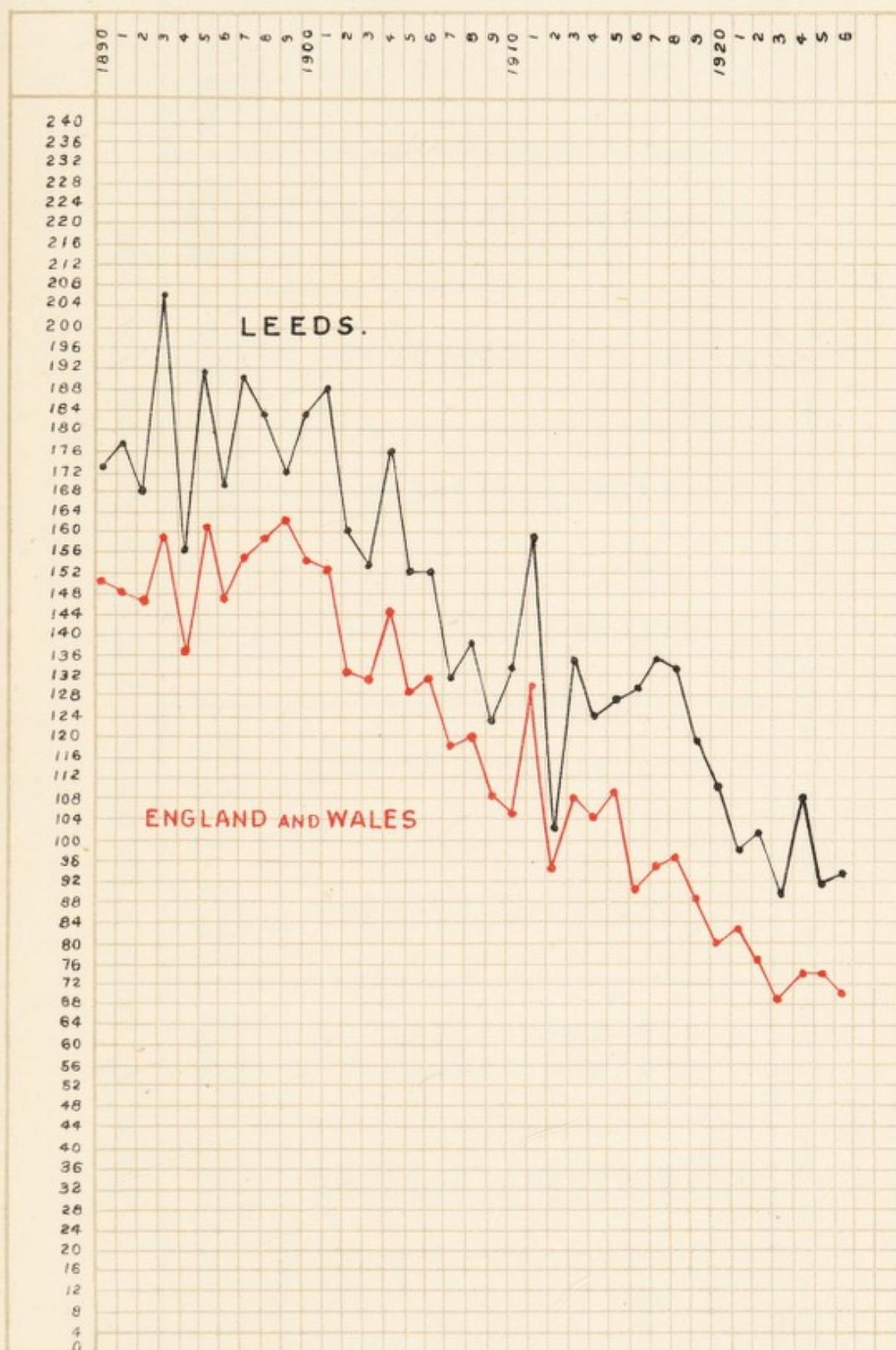
Taking the list as a whole the causes of death fall naturally into four groups, viz., (1) the respiratory group including those conditions already referred to which effect the lungs and respiratory passages, (2) the congenital group including conditions affecting the unborn child of which prematurity is the chief, (3) the group due to the ordinary infectious diseases, whooping cough, measles, etc., and (4) the group of diseases more or less general in nature and often of unknown origin, *e.g.*, convulsions, gastritis, rickets and injury at birth. The first and third groups, and to some extent the fourth, are preventable, the second only doubtfully so.

Illegitimate Death-rate.—Of the 434 illegitimate births 89 (or 20.5 per cent.) died before reaching the age of one year which is equal to an infantile death-rate of 205. This is a decrease of 13 per thousand as compared with the rate for 1925 which was 218.

PERCENTAGE CHANGES (5 YEAR PERIODS, ALSO YEARS 1925 AND 1926) IN THE INFANT DEATH-RATE PER 1,000 BIRTHS AS COMPARED WITH THE AVERAGE OF THE FIVE YEARS 1905-1909.

Five year period.	Under one week		Under one month.		One and under three months.		Three and under six months.		Six and under nine months.		Nine and under 12 months.		Under one year.	
	Rate.	Percentage increase or decrease over 5 years period 1905-1909.	Rate.	Percentage increase or decrease over 5 years period 1905-1909.	Rate.	Percentage increase or decrease over 5 years period 1905-1909.	Rate.	Percentage increase or decrease over 5 years period 1905-1909.	Rate.	Percentage increase or decrease over 5 years period 1905-1909.	Rate.	Percentage increase or decrease over 5 years period 1905-1909.	Rate.	Percentage increase or decrease over 5 years period 1905-1909.
1905 to 1909	26.2	—	44.3	—	25.5	—	28.0	—	23.0	—	18.6	—	139	—
1910 to 1914	26.6	+1.5%	44.1	-0.5%	24.7	-3.1%	23.9	-14.6%	20.1	-12.6%	18.0	-3.2%	131	-5.8%
1915 to 1919	26.4	+0.8%	44.4	+0.2%	21.5	-15.7%	25.0	-10.7%	19.7	-14.3%	17.9	-3.8%	129	-7.2%
1920 to 1924	23.8	-9.2%	42.3	-4.5%	17.9	-29.8%	16.1	-42.5%	13.2	-42.6%	11.6	-37.6%	101	-27.3%
Year 1925	22.5	-14.1%	37.8	-14.7%	17.2	-32.5%	14.5	-48.2%	10.8	-53.0%	11.1	-40.3%	91	-34.5%
Year 1926	23.2	-11.5%	38.7	-12.6%	16.6	-34.9%	14.6	-47.9%	11.9	-48.3%	10.9	-41.4%	93	-33.1%

INFANT MORTALITY PER 1000 BIRTHS. 1890 - 1926.



THEATRE NATIONAL DE L'OPERA - 1900-1901

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THEATRE NATIONAL DE L'OPERA - 1900-1901

BIRTHS AND DEATHS UNDER ONE YEAR WITH RATES.—CALENDAR YEAR 1926.

W. RD.	Total Births (nett).	Birthrate per 1,000 population.	No. of legitimate births.	No. of illegitimate births.	Total deaths under one year (nett).	Death rate per 1,000 births.	No. of legitimate deaths under one year.	Legitimate death rate per 1,000 legitimate births.	No. of illegitimate deaths under one year.	Illegitimate death rate per 1,000 illegitimate births.
Central ..	228	18.05	211	17	33	145	25	118	8	471
North ..	682	15.67	647	35	60	88	49	76	11	314
North-East ..	664	18.11	630	34	63	95	56	89	7	206
*New Ward ..	149	15.48	147	2	3	20	3	20	..	..
East ..	791	21.91	753	38	73	92	65	86	8	211
South ..	250	19.31	225	25	34	136	30	133	4	160
†East Hunslet ..	787	20.74	750	37	69	88	65	87	4	108
West Hunslet ..	540	14.82	522	18	45	83	42	80	3	167
Holbeck ..	532	17.92	492	40	51	96	44	89	7	175
Mill Hill ..	67	12.71	61	6	8	119	7	115	1	167
West ..	449	20.34	421	28	61	136	53	126	8	286
North-West ..	472	14.89	438	34	45	95	40	91	5	147
Brunswick ..	379	15.79	352	27	35	92	31	88	4	148
New Wortley ..	345	19.16	324	21	30	87	29	90	1	48
Armley & Wortley ..	557	14.85	536	21	45	81	40	75	5	238
Bramley ..	387	15.68	370	17	25	65	23	62	2	118
†Headingley ..	786	14.40	752	34	68	87	57	76	11	324
CITY ..	8,065	17.04	7,631	434	748	93	659	86	89	205

* Roundhay, Seacroft, Shadwell and Crossgates.

† Including Middleton.

‡ Including portion of Adel added to Leeds April 1st, 1926.

SUPERVISION OF MIDWIVES.

Number of Midwives.—The number of midwives on the register at December 31st, 1925 was 108. Thirty-five new names were added during the year, 38 names were removed, leaving a total on the register at December 31st, 1926 of 105. Of the total, 39 were attached to institutions. The actual number who took cases during the year was 100 of whom 87 (or 87 per cent.) were trained and 13 (or 13 per cent.) untrained. The number of births attended by midwives was 3,770 (or 44·7 per cent.) of the total births registered.

The following table gives an analysis of the cases attended by midwives :—

TRAINED.			UNTRAINED.	
87 midwives.			13 midwives.	
Total cases attended . . 3,274			Total cases attended . . 496	
Average per midwife 38 cases.			Average per midwife 38 cases.	
No. of Cases.	Practising on their own account.	Attached to institutions.	No. of Cases.	Practising on their own account.
Over 300	—	—	Over 300	—
" 200	—	1	" 200	—
" 150	1	1	" 150	—
" 100	5	3	" 100	1
" 75	5	1	" 75	1
" 50	3	3	" 50	2
" 25	6	5	" 25	3
" 10	10	7	" 10	3
" 5	12	8	" 5	2
Under 5	6	10	Under 5	1

Twenty trained midwives (7 attached to institutions) and one not trained, took no cases during the year.

Inspection of Midwives.—The inspection of midwives' bags, books and appliances was carried out regularly during the year, the total number of such inspections made being 176. In addition to these inspections, the inspector of midwives made 42 enquiries into maternal deaths and paid 119 other visits. Midwives were interviewed on 48 occasions in connection with breaches of the rules of the Central Midwives Board and other minor misdemeanours. Fourteen midwives were reported to the Medical Officer of Health for offences against the Rules of the Central Midwives Board. One was summoned to appear before the Maternity and Child Welfare Committee and was censured.

Advising Medical Help.—Notifications of having advised medical assistance were received in 1,048 cases which may be classified as follows :—

Illness during pregnancy, or abortion	33
Malpresentation	49
Delayed or obstructed labour	191
Ruptured perineum.. .. .	225
Retained membrane or placenta.. .. .	31
Hæmorrhage	43
Convulsions, eclampsia	8
Puerperal rise of temperature	47
Illness of mother during puerperium	44
Illness of child	160
Infants—discharging eyes	78
Artificial feeding	18
Death of infant under ten days	27
Still-births	76
Suspected infectious disease	17
Maternal deaths	1

Midwives' Emergencies.—During the year 345 claims were made by medical practitioners in the City for attendance on emergencies of labour under Section 14 of the Midwives Act, 1918. Of these nine were paid direct by the parent whilst the remainder, 336, were met in whole or in part by the Local Authority at a total cost of £336 19s. 2d.

Accouchement Sets.—During the year 123 Accouchement Sets were distributed to mothers in straitened circumstances either through the midwives or the maternity centres.

Puerperal Fever Cases.—All cases of high temperature were investigated and where the case was diagnosed as one of puerperal fever, however slight, disinfection of the midwife's person, clothing and maternity bag was carried out under the personal supervision of the chief woman inspector. The total number of visits paid for this purpose was 58 and the total number of midwives disinfected 32. In addition 48 visits were paid to cases of an infectious nature other than puerperal fever.

The number of cases of puerperal infection referred to the district nurses for treatment was 23. The object of this provision is to free the midwife from her obligation to continue her attendance on the case for the specified period of 10 days after the birth of the child, thus preventing the spread of infection to other cases and securing the midwife against loss of practice.

Handywomen.—In addition to visits paid to midwives 60 visits were paid to handywomen and 12 handywomen were disinfected.

The Midwives and Maternity Homes Act, 1926, which came into operation during the year contains special provisions forbidding unqualified persons to attend women in child-birth otherwise than under the direction and personal supervision of a duly qualified medical practitioner. These additional powers will enable Local Supervising Authorities to maintain a better control over the handywomen practising in their areas than was possible under the Midwives Act of 1902.

Revision Course.—The revision course for midwives held for the first time in 1925 was repeated in 1926. The venue was again the Leeds Maternity Hospital which undertook the whole of the arrangements for the course. The course extended over a fortnight and included lectures and demonstrations on modern methods of practice. The attendance was disappointingly small, only four midwives enrolling and though they appear to have benefited from the instruction given, the smallness of the class made the trouble and expense of arranging the course hardly worth while. It is unlikely there will be any further repetition of the course until the midwives themselves evince a desire for it, and then only on condition that a definite number indicate their intention to join. The chief reason for the poor attendance at last year's course was the difficulty—evidently a very real one—of arranging for substitutes to overlook the practices whilst the midwives were absent at the classes. This difficulty can only be solved by mutual agreement amongst the midwives themselves.

Still-Births.—The number of still-births do not vary to any extent from year to year. For the last decade since 1916 they have averaged 4.3 per cent. of the total births. The number notified during 1926 was 380 (or 4.6 per cent.) of the total births notified which is an increase of 46 on the figure for last year which was 334 (or 4.0 per cent.).

The following table shows the comparison between live births and still-births for the last eleven years :—

BIRTHS NOTIFIED (LIVE AND STILL).

Year.	Live births notified.	Still-births notified.	Total births notified live and still.	Percentage of still-births to total births.
1916	7,836	394	8,230	4·8
1917	7,017	328	7,345	4·5
1918	6,892	287	7,179	4·0
1919	7,684	340	8,024	4·2
1920	10,749	461	11,210	4·1
1921	9,462	466	9,928	4·7
1922	8,658	418	9,076	4·6
1923	8,264	379	8,643	4·4
1924	8,105	348	8,453	4·1
1925	8,034	334	8,368	4·0
1926	7,828	380	8,208	4·6

Notification of Births Act came into force in Leeds 1st January, 1914.

Of the 380 still-births, 83 (or 21·8 per cent.) were notified by midwives, and the remainder, 297 (or 78·2 per cent.) by medical practitioners and institutions.

It is interesting to note that the majority 70·5 per cent. of the still-births investigated (308) during the year were into families of two children and under. Thus of the 308 still-births investigated 41·6 per cent. occurred in families with no children, 18·8 per cent. in families with one child, 10·1 per cent. in families with two children, 7·1 per cent. in families with three children, 4·5 per cent. in families with four children, 6·2 per cent. in families with five children, and 11·7 per cent. were in families of six children and over.

On the other hand if one takes the families according to size it is found that the ratio of still-births in those with six children and over to those under, is 1 to 7·6.

Ante-Natal Work.—The total number of expectant mothers attending the 15 ante-natal centres during the year was 1,658, which represents an increase of 171 over the figure for the previous year. Of these, 1,314 were new and attended for the first time. The total attendances was 7,130 as compared with 7,306 for the previous year, a decrease of 176.

Particulars of the work of the ante-natal clinics are set out in the following table:—

EXPECTANT MOTHERS ON REGISTER.

Welcome.	No. on register at beginning of year.	Registered during year.	Live Births.		On register end of year.	Total attendance of expectant mothers.
			Full Term.	Premature.		
Ellerby ..	38	123	106	2	42	649
West Street ..	25	76	64	3	25	381
Burmantofts ..	23	73	59	1	26	577
Hunslet ..	22	104	90	2	31	710
University ..	21	60	59	1	15	403
Woodhouse ..	32	131	100	..	50	414
Holbeck ..	41	188	156	1	45	771
Armley ..	46	164	148	1	49	1,212
Chapelton ..	16	78	56	1	26	370
St. Nicholas ..	16	65	56	1	20	282
Bramley ..	19	47	40	..	14	399
New Wortley ..	20	69	61	1	22	413
Middleton ..	9	24	24	..	5	140
West Hunslet ..	11	75	58	1	22	301
Burley ..	5	37	30	1	10	102
Totals ..	344	1,314	1,107	16	402	7,124

Of the 1,658 mothers on the register 19 miscarried and 40 had still births.

In addition to the above 6 expectant mothers attended at Centres where no ante-natal clinic is held, namely:—Harehills 1, Crossgates 5, making a total of 7,130 attendances.

Ante-natal care is the key to the problems of intra-uterine death, maternal mortality, and neo-natal mortality. Many of the dangers to mother and child associated with pregnancy and childbirth could be removed by timely treatment, but that is only possible if expectant mothers are willing to submit themselves to regular supervision either by their own doctors or midwives or at an ante-natal clinic. Disease or abnormality detected early can often be removed and much unnecessary suffering and even death avoided. It is therefore in her own interest that every pregnant woman should place herself under the care of a skilled and competent person at an early period in her pregnancy.

The ratio of still to live births amongst the mothers attending the ante-natal clinics who were confined during the year was 1 to 28 as compared with 1 to 20 amongst the non-clinic mothers. The clinic mothers therefore show a distinct advantage over the non-clinic.

Natal Work.—Of the total births registered in the City 2,105 (or 25.0 per cent.) took place in institutions or nursing homes as compared with 1,888 (or 22.2 per cent.) in 1925.

Every year for the last nine years with one exception an increase in the number of births taking place in institutions has been recorded. There was a time when it was considered most improper for a woman to be confined out of her own home. But those days have gone and at the present rate of increase in the number of away-from-home confinements the time will soon arrive when it will be the exception rather than the rule to have a woman brought to childbed in her own home. The custom, especially for the working-class mother living in a back-to-back house with no privacy and none of the conveniences required by modern midwifery, is one to be encouraged. Even the well-to-do woman recognises the advantages of confinement in an institution, and prefers to have her baby where she can have constant attention without upsetting the routine of the house or increasing the work of an already over-worked domestic staff. Another advantage especially for the poor woman is that in an institution skilled help is always at hand in case of emergency. This knowledge of itself, apart from any other advantage, lends a sense of security and takes away that feeling of apprehension which usually assails the mind of expectant mothers as the time of their delivery approaches.

The increasing demand for maternity beds has rendered it necessary to increase the provision in the City. The Leeds Maternity Hospital has under consideration at the present time a proposal to raise the number of available beds to 100 whilst the Board of Guardians contemplate building a new maternity block at St. James' Hospital as soon as the times are more propitious. The accommodation provided by the Corporation at St. James' Hospital and Bramley Infirmary has been well taken advantage of during the year, indeed the demand for accommodation in the latter has at times been greater than could be met.

**SCHEME FOR UTILISATION OF MATERNITY BEDS IN POOR LAW INFIRMARIES.
REPORT FOR YEARS 1924 (9 MONTHS), 1925 AND 1926.**

	ST. JAMES' HOSPITAL.			BRAMLEY UNION INFIRMARY.			HUNSLET UNION INFIRMARY.		
	1924 (9 months).	1925.	1926.	1924 (9 months).	1925.	1926.	1924 (9 months).	1925.	1926.
Number of Beds reserved ..	3	3	3	3	3	3	2	2	2
Total Number of Cases for which accommodation is available ..	58	78	78	58	78	78	39	34	34
Number of Cases treated—									
(a) Normal ..	6	21	19	13	47	73	5	7	7
(b) Abnormal ..	1	1	1	5	13	25	..	1	1
(c) Not delivered ..	..	2	1	..	2	2	..	2	2
TOTAL ..	7	24	21	18	62	100	5	10	10
Number of Births—									
(a) Full term ..	6	22	19	19*	56	95	5	8	8
(b) Premature ..	..	..	..	..	..	2	..	..	..
(c) Stillborn ..	1	..	1	..	4	1	..	..	..
TOTAL ..	7	22	20	19	60	98	5	8	8
Average length of stay (in days) ..	17.3	16.3	14.9	16.7	13.8	13.8	14.6	12.0	12.0
Total Cost per case ..	£5 3s. 8½d.	£4 15s. 6d.	£4 9s. 1½d.	£6 6s. 10d.	£5 6s. 8½d.	£5 9s. 3½d.	£4 8s. 7½d.	£3 14s. 7½d.	£3 14s. 7½d.
Cost per case per week ..	£2 1s. 11½d.	£2 1s. 0d.	£2 2s. 0d.	£2 13s. 2d.	£2 14s. 2½d.	£2 15s. 6½d.	£2 2s. 5½d.	£1 16s. 3½d.	£1 16s. 3½d.
Gross Cost to Corporation ..	£36 6s. 0d.	£114 12s. 0d.	£93 12s. 0d.	£114 3s. 0d.	£330 15s. 0d.	£546 11s. 0d.	£22 3s. 0d.	£37 6s. 0d.	£37 6s. 0d.
Total nett cost to Corporation ..	1924 (9 months) ..	1925 ..	1926 ..	Amount of patients' payments, 1924 (9 months) ..	1925 ..	1926 ..	..	£43 15s. 0d.	£43 15s. 0d.
Do. do. do.	1925 ..	1926 ..	1927 ..	Do. do. do.	1925 ..	1926 ..	..	£161 0s. 0d.	£161 0s. 0d.
Do. do. do.	1926 ..	1927 ..	1928 ..	Do. do. do.	1926 ..	1927 ..	..	£298 18s. 6d.	£298 18s. 6d.

* Includes 2 twins.

† Closed August 31st, 1925.

Maternity Homes.—The number of registered maternity homes in the City, excluding all institutions and lying-in homes carried on by medical men, on December 31st, 1925, was 21. Four new homes were registered during the year, in three cases the registration was cancelled or voluntarily surrendered, leaving a total of 22 on the register on December 31st, 1926. All registered homes are visited regularly and inspected. The number of visits paid for this purpose was 28. Copies of the Bye-laws have now been supplied to each home on the register and special registers prepared for use in registered homes.

An analysis of the births registered as occurring in the various lying-in institutions in the City is given in the following table:—

Institution.	No. of births.	Percentage of total registered.
Leeds Maternity Hospital	1,428	16·93
St. Faith's Home	120	1·42
Leeds Township Infirmary	178	2·11
Holbeck Township Infirmary	—	—
Bramley Township Infirmary	87	1·03
Hospital, H.M. Prison	—	—
Hope Hospital	10	0·12
Leeds General Infirmary	11	0·13
Women and Children's Hospital.. ..	12	0·14
City Hospital, Seacroft	1	0·01
Private Nursing Homes	258	3·06
Total	2,105	24·95

Illegitimate Births in Institutions.—Of the 2,105 births which took place in institutions 381 (18·1 per cent.) were illegitimate. This is an increase of 19 on the figure for last year.

For the number of cases removed to the various lying-in institutions by the special ambulance provided and maintained for the purpose, see page 101.

Maternal Mortality.—During the year 41 mothers lost their lives in childbirth. Last year the number was 45 so that there was a decrease of four. The rate of mortality was 5·08 per thousand births. Of the 41, eight (or 19·5 per cent.) were in the practices of midwives, 25 (or 61·0 per cent.) in the practices of doctors, and eight (or 19·5 per cent.) in institutions.

The chief causes of maternal death were puerperal sepsis (14 cases), other diseases of pregnancy (27 cases).

The following table gives particulars of the maternal death rate in Leeds for the last 15 years (since 1911):—

MATERNAL MORTALITY.

Year.	No. of deaths.	Death-rate per 1,000 births from		
		Sepsis.	Other causes.	Total childbirth.
1911 ..	42	1·51	2·46	3·97
1912 ..	41	1·15	2·78	3·93
1913 ..	61	2·74	3·02	5·76
1914 ..	62	3·16	2·61	5·77
1915 ..	41	1·62	2·53	4·15
1916 ..	39	1·48	2·65	4·13
1917 ..	22	1·06	1·85	2·91
1918 ..	21	0·95	1·89	2·84
1919 ..	36	1·72	3·04	4·76
1920 ..	58	3·03	2·14	5·17
1921 ..	38	1·28	2·46	3·74
1922 ..	33	1·84	1·73	3·57
1923 ..	49	2·07	3·57	5·64
1924 ..	34	1·28	2·69	3·97
1925 ..	40	3·18	1·71	4·89

From Registrar-General's Annual Reports.

Specialist Service.—The facilities provided by the Committee whereby medical practitioners may call in the help of an expert in cases of doubt or difficulty have not been taken advantage of to the extent one had hoped for. This may be explained by the paucity of such cases or by the medical men themselves preferring to send them, when they do occur, right away to hospital. But whatever the explanation, the number of claims received from consultants for services rendered in connection with the scheme numbered only 13 and the total nett cost to the Corporation was £43 1s.

Post Natal Work.—The number of births notified during the year (exclusive of still-births) was 7,828 (or 92·8 per cent.) of the total births registered.

Home Visiting.—First visits were paid by the health visitors to 8,235 infants. The number of re-visits was 52,186 which together with first visits makes a total of 60,421 visits for the year.

These figures represent a decrease of 424 in first visits and an increase of 437 in re-visits or an increase in the total visits of 13.

The staff of health visitors numbered the same as in the previous year, namely, 21. Under the existing plan of visiting every baby born irrespective of class or social circumstances it is impossible to keep in touch with any but a small proportion of the babies between two and five years of age. This is unfortunate as it is precisely during that period that such conditions as rickets and other crippling deformities appear. I hope it may be possible in the future, either by increasing the number of health visitors or by careful selection of those babies to whom first visits are to be made, to keep a closer watch over the children from two to five years. If a mother is attending a Babies' Welcome regular visiting of the child in its home is not necessary, but so often the mother ceases to attend after the first year, and then the child is lost sight of and by the time it is old enough to attend school irreparable damage may have been done. It is that damage one wants to reduce or obviate and it is only by keeping in close touch with the mother and child that that can be effected.

A complete summary of the work of the health visiting staff is appended :—

	VISITS.
Notified births including re-visits ..	60,421
Still-births including re-visits ..	649
Ophthalmia neonatorum	50
Measles	12,275
Whooping Cough	3,348
Pneumonia	1,804
Medical aid claims	388
Other cases	504
Expectant mothers	464
Ill children notified from the Leeds General Infirmary and Public Dispensary	3,030

Infant Welfare Centres.—There are 18 infant welfare centres in the City situated mostly in the working-class districts. The premises in which they are held are rented for the purpose by the Leeds Babies' Welcome Association. A certain number of these premises consist of houses or shops which have been converted for the purpose, whilst others are in churches, chapels or buildings of that nature. Owing to the house shortage it has been very difficult to obtain exactly the kind of accommodation required for an ideal infant welfare centre. Some of the centres fall short of the ideal, being small and ill-adapted for the work, whilst others, chiefly those in connection with churches and chapels, offer only very restricted facilities. The Association is, however, constantly on the outlook for new premises and it is hoped that it may be possible to abandon some of the less satisfactory now in use within the current year. Leeds stands very much in need of central premises for maternity and infant welfare work. This lack is most felt when it becomes necessary to provide facilities of a special kind, say for the care of the teeth of expectant mothers or the treatment of orthopædic deformities in young children, besides which, a building of that description in a central position is a constant reminder to the public of the important work being done on behalf of the mothers and babies of the City. I hope it may be possible at no distant date to make good this defect in the scheme.

The number of new babies under one year of age admitted to the centres during 1926 was 4,326 as compared with 4,194 for the previous year, an increase of 132. Of these, 1,496 (or 34·6 per cent.) were under one month, and 3,334 (or 77·1 per cent.) under three months. Only 614 were between 1 and 2 years, whilst between 2 and 5 the number admitted was 1,044. The older children, that is those over one year, do not attend the centres as well as they might which is a matter of some concern to me. Mothers, are very apt to assume that the infant welfare centre is only intended for the infant in arms and that it has nothing to offer the child over one year. This is quite an erroneous impression and one which I wish to correct. The child over one year of age is beset with many dangers which if not guarded against may result in permanent deformity or disability. Quite an undue number of children when admitted to the school registers at the age of five years show physical defects, some trivial, others serious, which by greater care on the part of the parents could have been prevented. A parent's duty does not end with weaning, it should continue right throughout the years of infancy until the child is admitted to school and becomes the charge of the School Medical Authority.

Of the total children born during the year 53·6 attended one or other of the centres as against 51·3 per cent. for last year. This is a record for the City and is, I should say, an achievement equalled by very few areas in the country. That the Welcomes should be taken advantage of to this extent by the mothers of the community is a source of encouragement as it demonstrates clearly that the public does appreciate the efforts that are being made to safeguard the health of the infant population. At the same time, there is still a considerable residue of mothers who are indifferent to their children's welfare and refuse to avail themselves of the opportunities afforded by the centres of acquiring knowledge relating to the care and management of infancy. At least 60 per cent. of the babies born should appear on the Welcome registers, and I shall not rest content until this has been achieved. The total attendances of all babies at all the centres during the year was 122,765, which includes attendances at the morning or treatment clinics. The average attendance of each child on the register was nine.

It is interesting to note that the infant mortality rate of infants attending the Welcomes was 44 as against 93 for the City, sufficient proof of the good work which these institutions are doing. What they do to prevent disease and damage cannot be computed but it is fair to assume that the results in this respect are likely to be as important as the prevention of death.

A list of the centres and the wards in which they are situated, together with the times when the clinics are held, is given on page 156.

Infant Consultations.—The number of infant consultations at six of the centres is three per week, at eight, two, and at four, one. In addition special morning clinics are held at 14 centres for the treatment of minor ailments, so that some of the centres are open practically the whole day. A clinic nurse is in charge who undertakes any special treatment in the way of massage or dressings and makes all the arrangements for the holding of the various clinics. It is also her duty to advise the mothers in any difficulties they may have which do not require the attention of a doctor. She is also expected to hold special classes at which mothers are taught how to make garments for their children and the elements of simple household cookery.

Details of the work at the various centres will be found in the tables on pages 157, 158 and 159.

The following is a list of the Clinics —

WARD.	ADDRESSES.	DAYS.	TIMES.
E.	Wesleyan School, Richmond Hill	Tues.	9.30 a.m.
	Do. do. (New Babies) ..	Thurs.	9.30 a.m.
	Do. do.	Thurs.	2 p.m.
	Do. do. (Expectant Mothers) ..	Mon.	2 p.m.
E.	University Club, Berking Avenue, York Road ..	Mon.	2 p.m.
	Do. do. (New Babies) ..	Thurs.	9.30 a.m.
	Do. do. (Expectant Mothers) ..	Tues.	2 p.m.
N.	39, Burmantofts Street (New Babies) ..	Tues.	2 p.m.
	Do. do.	Wed.	9.30 a.m.
	Do. do.	Fri.	2 p.m.
	Do. do. (Expectant Mothers) ..	Thurs.	9.30 a.m.
N.W.	Church of the Holy Name, Servia Road, Woodhouse Street	Tues.	2 p.m.
	Do. do. (New Babies) ..	Thurs.	9 a.m.
	Do. do. (Expectant Mothers) ..	Thurs.	9 a.m.
M.H.	Little Queen Street, West Street	Mon.	2 p.m.
	Do. do.	Tues.	9 a.m.
	Do. do.	Wed.	2 p.m.
	Do. do. (Expectant Mothers) ..	Thurs.	2 p.m.
A. & W.	Oddy House, Theaker Lane, Armley	Tues.	2 p.m.
	Do. do.	Thurs.	2 p.m.
	Do. do.	Fri.	2 p.m.
	Do. do. (Expectant Mothers) ..	Wed.	9.30 a.m.
New Wor.	Holdforth Street, New Wortley	Mon.	2 p.m.
	Do. do.	Thurs.	2 p.m.
	Do. do. (Expectant Mothers) ..	Tues.	9.30 a.m.
Hol.	6, Granville Terrace, Holbeck	Tues.	2 p.m.
	Do. do.	Thurs.	2 p.m.
	Do. do.	Fri.	2 p.m.
	Do. do. (Expectant Mothers) ..	Wed.	9.30 a.m.
E.H.	St. Oswald's Institute, Balm Road Terminus, Hunslet Carr .. (New Babies) ..	Mon.	9.30 a.m.
	Do. do.	Mon.	2 p.m.
	Do. do.	Fri.	2 p.m.
	Do. do. (Expectant Mothers) ..	Thurs.	9.30 a.m.
Bnk.	Back Barrack Street, off Chapeltown Road ..	Tues.	9.30 a.m.
	Do. do.	Wed.	2 p.m.
	Do. do. (Expectant Mothers) ..	Mon.	9.30 a.m.
S.	St. Nicholas, 205, Hunslet Road	Tues.	2 p.m.
	Do. do.	Wed.	2 p.m.
	Do. do. (Expectant Mothers) ..	Tues.	9.30 a.m.
Bmy.	Town End House, Bramley (New Babies) ..	Mon.	9.30 a.m.
	Do. do.	Wed.	2 p.m.
	Do. do. (Expectant Mothers) ..	Fri.	9.30 a.m.
E.H.	Institute, Town Street, Middleton	Thurs.	1.30 p.m.
Hdy.	Wesleyan School, Meanwood	Wed.	1.30 p.m.
W.H.	West Hunslet, Wesleyan School, Ladypit Street (New Babies) ..	Mon.	9.30 a.m.
	Do. do.	Wed.	1.30 p.m.
	Do. do. (Expectant Mothers) ..	Fri.	9.30 a.m.
N.	St. Aidan's School, Roundhay Road	Fri.	2 p.m.
New.*	Cross Gates Wesleyan School, Crossgates ..	Tues.	2 p.m.
Hdy.	All Hallows School, Hyde Park Road	Tues.	2 p.m.
	Do. do.	Thurs.	2 p.m.

* Roundhay, Seacroft, Shadwell and Crossgates.

ATTENDANCES MADE AT INFANT WELFARE CENTRES DURING
YEAR 1926

WELCOME.	Consultations and meetings.			Morning treatment.			
	Mothers.	Babies under 1 year.	Babies 1—5 years.	Mothers.	Babies under 1 year.	Babies 1—5 years.	Callers.
Ellerby ..	3,464	4,010	2,946	45	676	849	467
West Street ..	2,083	3,597	2,827	69	812	2,627	233
Burmantofts ..	4,667	3,757	3,542	288	1,346	2,012	120
Hunslet ..	3,941	3,988	4,010	140	449	426	517
University ..	3,131	3,144	2,703	120	1,653	1,322	222
Woodhouse ..	1,367	3,228	1,783	76	506	272	185
Holbeck ..	2,603	4,875	4,610	70	1,407	2,478	675
Armley ..	2,749	3,623	3,324	535	1,498	3,195	986
Chapelton ..	1,542	3,076	2,166	6	1,168	529	331
St. Nicholas ..	4,077	2,461	2,363	179	849	1,027	799
Bramley ..	1,108	1,626	1,810	355	708	611	242
New Wortley ..	2,274	2,229	2,073	270	1,075	3,003	228
Middleton ..	675	1,464	1,010	1	157	121	12
Meanwood ..	..	856	851	..	5	..	..
West Hunslet	1,168	2,639	1,970	47	487	651	71
Harehills ..	10	1,697	909	..	343	..	..
Crossgates ..	7	555	329	..	..	..	..
Burley ..	723	2,442	1,306	51	354	341	71
Totals ..	35,589	49,267	40,541	2,252	13,493	19,464	5,159

BABIES UNDER ONE REGISTERED DURING YEAR 1926.

WELCOME.	0-1 month.	1-3 months.	3-6 months.	6-12 months.	Total.
Ellerby ..	120	132	50	22	324
West Street ..	120	116	36	50	322
Burmantofts ..	114	152	35	27	328
Hunslet ..	140	123	24	32	319
University ..	83	104	23	13	223
Woodhouse ..	101	121	21	34	277
Holbeck ..	174	153	42	41	410
Armley ..	108	157	33	37	335
Chapelton ..	102	132	43	32	309
St. Nicholas ..	96	98	25	28	247
Bramley ..	30	78	22	20	150
New Wortley ..	101	67	23	22	213
Middleton ..	33	42	12	27	114
Meanwood ..	17	37	18	21	93
West Hunslet	59	98	25	24	206
Harehills ..	26	82	22	26	156
Cross Gates ..	14	28	3	8	53
Burley ..	58	118	49	22	247
Totals ..	1,496	1,838	506	486	4,326

BABIES OVER ONE REGISTERED DURING YEAR 1926.

WELCOME.	1-2 years.	2-3 years.	3-4 years.	4-5 years.	Total.
Ellerby ..	43	71	12	9	135
West Street ..	47	35	21	15	118
Burmantofts ..	31	74	6	3	114
Hunslet ..	54	30	31	14	129
University ..	28	27	10	4	69
Woodhouse ..	21	18	9	7	55
Holbeck ..	56	57	36	14	163
Armley ..	32	44	29	24	129
Chapelton ..	43	40	14	11	108
St. Nicholas ..	50	25	13	12	100
Bramley ..	19	14	15	5	53
New Wortley ..	41	26	14	10	91
Middleton ..	28	30	23	10	91
Meanwood ..	21	11	6	2	40
West Hunslet	31	46	12	8	97
Harehills ..	17	9	6	..	32
Cross Gates ..	9	11	9	4	33
Burley ..	43	35	17	6	101
Totals ..	614	603	283	158	1,658

HOME VISITS PAID BY CLINIC NURSES DURING YEAR 1926.

WELCOME.	Babies under 1 year.	Babies 1—5 years.	Odd Visits.	Total Visits.	Expect- ant Mothers.	Total Visits to both.
Ellerby ..	36	159	11	206	32	238
West Street ..	119	464	6	589	55	644
Burmantofts ..	193	476	22	691	286	977
Hunslet ..	9	197	24	230	38	268
University ..	2	69	2	73	8	81
Woodhouse ..	542	311	182	1,035	141	1,176
Holbeck ..	64	115	12	191	189	380
Armley ..	18	43	1	62	13	75
Chapelton ..	66	173	19	258	70	328
St. Nicholas ..	5	177	5	187	..	187
Bramley ..	176	187	14	377	76	453
New Wortley ..	78	137	11	226	70	296
Middleton ..	..	40	..	40	..	40
West Hunslet ..	28	27	13	68	19	87
Burley ..	1	1	1	3	..	3
Totals ..	1,337	2,576	323	4,236	997	5,233

Leeds Babies' Welcome Association.—The Leeds Babies' Welcome Association continued to play an important part in the scheme for Maternity and Infant Welfare in the City during the year. The splendid services it renders in maintaining the premises in which the Welcomes are held, making provision for the comfort of the mothers and children attending the various clinics, and organising the voluntary side of the work generally is worthy of the highest commendation. It is work which cannot pass unacknowledged as it undoubtedly contributes in great measure to the success of the whole scheme. I fear the average citizen fails to appreciate all that the Association means to his own and the City's welfare, and in consequence it is not numbered amongst the objects which have a claim on his largess. But it ought to be, for no movement is more worthy of his support. I take the opportunity again of extending my thanks to the Association—President, Officers, Members of Committees and helpers generally—for the valuable assistance afforded to the Public Health Department during the year and for much personal help and support.

Orthopædic Scheme.—A scheme for the treatment of cases of orthopædic deformity in children under five years of age was adopted during the latter part of the year, details of which will appear in my next report. A copy of my first report to the Committee on the scheme is appended.

Suggested scheme for the Treatment of Orthopædic Cases :—

It has long been evident that sooner or later definite steps would require to be taken to deal with cases of crippling and deformity due to rickets and other diseases in children under five years attending the Infant Welfare Centres and not on the school register. At the present time such treatment as is given for these conditions at the Centres is palliative. It chiefly consists of massage and simple remedial exercises, and is supervised by the nurse in charge of the Centre who, though not an expert masseuse, has as a rule had a course of training in massage and is acquainted with the general principles of remedial work. In addition, advice is given as to diet, and in suitable cases cod liver oil is supplied.

It is unnecessary to remind members of the committee that the main object of maternity and child welfare work is to prevent the diseases responsible for crippling, and that aspect is never lost sight of.

It must, however, be borne in mind that a relatively small percentage of the children under five attend the Infant Welfare Centres regularly, and, though the statistics show that upwards of 50 per cent. of the total children born attend one or other of the Centres, a much smaller number than this continue in regular attendance up to five years. The result is that in many instances deformities escape detection and go untreated until the child begins to attend school and treatment at the school clinics becomes available. By that time the crippling may have advanced to such a degree as to be permanent or only remediable by drastic means. In the early stages it is comparatively simple to correct bony deformities, especially those due to postural faults and bad feeding, but if neglected successful treatment becomes more and more difficult until a stage is reached when cure is impossible.

The Education Committee has recently adopted a comprehensive scheme for the treatment of these crippling deformities in children of school age. The scheme includes :—

- (a) The appointment of a part-time orthopædic surgeon ;
- (b) The appointment of two additional qualified masseuses ;
- (c) Equipment of existing clinics for electrical, massage and remedial exercises ;
- (d) Arrangements for use of 10–15 beds at local hospitals for operation ;
- (e) Purchase of site, capable of development, for open-air school and administrative block for 200–250 debilitated children.

Manifestly, in order to make this scheme complete a complementary scheme on similar lines should be adopted for children under school age, because in the absence of such a scheme treatment might be delayed until the damage to the child's health becomes so marked as to be

irreparable or the child becomes too old to respond. I have had careful enquiries made as to the number of children suffering from crippling conditions attending the Infant Welfare Centres, and find that they total somewhere in the region of 560. Not all these are so marked as to require any special treatment, indeed many are quite trivial and will, in all probability, disappear as the child increases in years. It must be recognised, however, that all are potential cripples and, therefore, call for constant care and supervision in the hands of a skilled person.

I would suggest as a practical scheme for dealing with the problem :—

- (a) The appointment of three trained masseuses to attend regularly at the various Centres to supervise the massage and remedial treatment ;
- (b) The establishment at certain Centres of special orthopædic clinics at which a surgeon versed in orthopædic surgery would attend to examine cases and give instructions as to treatment ;
- (c) An agreement with the Leeds General Infirmary to undertake operative treatment in any cases requiring the same ;
- (d) The provision of facilities for hospital treatment on open-air lines.

An alternative to this scheme would be to make use of the machinery already set up by the Education Committee for dealing with these cases or such part of it as would fit in with the general scheme of infant welfare adopted by the Health Committee.

One cannot deal with this subject without touching upon the treatment of surgical or non-pulmonary tuberculosis, which is one of the most important causes of crippling in children. The introduction of this subject raises the question of the possibility of combining the two in the same scheme, and I should like to suggest that this would be the most satisfactory and economical course to take. To do this effectively, however, would mean the linking up of the Health Committee's scheme with that of the Education Committee, because it must be borne in mind that the Health Committee is responsible for the treatment not only of orthopædic conditions in children under five years of age (not on the school register), but also of surgical tuberculosis at all ages, including those in school children.

I would, therefore, suggest as a first step that a conference be held between the two Committees to decide as to the best and most economical way in which the whole problem could be tackled. There seems little doubt that unless this is done overlapping and waste of effort will result.

The next question that arises is that of ways and means. On that aspect I am assured by the Ministry of Health that any money expended on orthopædic work in children under five years of age will be eligible for grant at the usual rate of 50 per cent. As far as surgical tuberculosis is concerned the Treasury at present pay 50 per cent. of approved expenditure. As to the extra expense which such a scheme as above outlined would entail, it is somewhat difficult to state a figure until the question of co-operation between the Health and Education Departments has been definitely settled.

Milk Distribution.—Particulars respecting the amount of liquid and dried milk supplied to necessitous mothers and babies attending the centres are given in the accompanying tables. As in previous years the scheme of distribution has been in the hands of a special committee composed of representatives from the Maternity and Child Welfare Committee, the Leeds Babies' Welcome Association, and other outside bodies engaged in social work.

The Committee met on 50 occasions and considered 10,021 applications, which is 2,186 more than the previous year. In addition it supervised generally the work of the milk staff, details of which appear in the table on page 163.

It will be noted that there was an increase of 12,235 lbs. in the amount of dried milk distributed. As regards the recipients there was an increase from 3,424 in 1925 to 3,921 in 1926. The increase is accounted for by the distress consequent upon the dispute in the coal mining industry which commenced in May and continued until November. This, superimposed on the unemployment already existing, added greatly to the hardships of the working classes and rendered it necessary to increase the amount of milk distributed free or at reduced rates.

The amount of cows' milk distributed decreased from 26,989½ to 24,883 pints and the number of recipients from 250 to 209.

The cost of the milk distribution scheme for the year was £4,472 os. 10d., which is £604 9s. 3d. in excess of the figure for last year. The nett cost per head to the Corporation was £1 1s. 7¾d.

COST OF MILK DISTRIBUTION SCHEME FOR YEAR ENDED
31st DECEMBER, 1926.

INCOME.				EXPENDITURE.			
	£	s.	d.		£	s.	d.
To cash received for sale of dried milk	1,479	0	5	By salaries and wages	616	19	6
				„ Cost of dried milk	4,802	3	9
				„ Cost of cows' milk	440	4	3
				„ Printing, stationery, etc.	59	18	0
				„ Superannuation			
				„ Contributions..	29	3	2
„ balance—loss	4,472	0	10	„ Sundries	2	12	7
	£5,951	1	3		£5,951	1	3

Nett cost per head to Corporation, £1 1s. 7¾d.

WORK OF MILK STAFF.

	I. Quarter.	II. Quarter.	III. Quarter.	IV. Quarter.	Year.
Applications dealt with (new)	361	485	610	378	1,834
" " (repeat)	3,079	3,024	4,277	4,360	14,740
" " (refused)	..	..	..	..	..
No. of re-applications ..	137	129	160	144	570
*No. of external cases dealt with at the office ..	171	239	225	315	950
	3,748	3,877	5,272	5,197	18,094
No. of visits to Welcomes paid by the milk secre- taries	154	135	132	171	592

* Persons under treatment at the Public Dispensary and the General Infirmary.

AMOUNT OF DRIED MILK DISTRIBUTED IN LBS. (YEAR 1926).

WELCOME.	Free.	Assisted.	Full Price.	TOTAL.
Ellerby	6,824	3,710	177	10,711
West Street	3,536	1,615	165	5,316
Burmantofts	3,765	2,328	229	6,322
Hunslet	4,559	2,935	216	7,710
University	3,884	2,232	114	6,230
Woodhouse	1,631	889	198	2,718
Holbeck	3,162	2,580	343	6,085
Armley	2,644	1,601	215	4,460
Chapelton	1,906	1,591	274	3,771
St. Nicholas	3,918	2,558	94	6,570
Bramley	401	320	154	875
New Wortley	2,124	1,223	186	3,533
Middleton	1,210	715	31	1,956
West Hunslet	899	877	321	2,097
Burley	152	157	241	550
Crossgates	151	..	6	157
External	1,397	507	3	1,907
Totals	42,163	25,838	2,967	70,968

NUMBER OF RECIPIENTS (YEAR 1926).

WELCOME.	Free.	Assisted.	Full Price.	TOTAL.
Ellerby	241	119	17	377
West Street	159	107	18	284
Burmantofts	151	93	32	276
Hunslet	205	96	17	318
University	134	73	21	228
Woodhouse.. ..	84	65	22	171
Holbeck	216	194	36	446
Armley	160	86	55	301
Chapelton	126	105	28	259
St. Nicholas	179	151	11	341
Bramley	40	45	34	119
New Wortley	97	74	40	211
Middleton	66	46	5	117
West Hunslet	51	86	59	196
Burley	11	18	19	48
Crossgates	6	1	2	9
External	163	56	1	220
Totals	2,089	1,415	417	3,921

COWS' MILK DISTRIBUTED—NUMBER OF RECIPIENTS.

WELCOME.	Pints (Free).	Recipients (Free).
Ellerby	1,419	21
West Street	2,460	15
Burmantofts	1,869½	17
Hunslet	3,514	28
University	2,252	19
Woodhouse.. ..	..	..
Holbeck	2,100	20
Armley	2,035½	14
Chapelton	2,627	18
St. Nicholas	1,335	10
Bramley	357	1
New Wortley	773	5
Middleton	1,024½	13
West Hunslet	548	4
Burley .. ..	..	..
Crossgates .. ..	..	..
External	2,568½	24
Totals	24,883	209

THE INFANTS' HOSPITAL, WYTHER.

The encroachment of the Wyther building estate on the grounds of the hospital coupled with the fact that the building is not altogether suitable for hospital purposes makes it imperative that the Committee should take early steps to find new premises. The difficulty of finding accommodation for patients and staff as well as of carrying out any special form of treatment is a grave handicap to progress and should be removed. It is hoped that it will be possible to include in the plans for the development of the Elmet Hall Estate a special block for such cases as are now treated in Wyther. Should this suggestion mature it would be possible to abandon the present building in the course of the next two or three years. Meanwhile the most must be made of such accommodation as exists.

Details of the work of the hospital are given in the appended tables. The staff of the hospital now consists of Matron, two sisters, two staff nurses, 14 probationer nurses, eight domestics, one handyman and one gardener.

SUMMARY OF CASES TREATED IN THE INFANTS' HOSPITAL, WYTHER.

	Males.	Females.	Total.
Remaining in Hospital, January 1st, 1926	15	24	39
Admitted during the year ..	90	89	179
Discharged during the year ..	68	81	149
Died during the year	12	11	23
Remaining in Hospital, December 31st, 1926	25	21	46

Mortality rate per cent. on admissions 12·8. Average stay in Hospital 73·4 days.

CLASSIFICATION OF ADMISSIONS ACCORDING TO AGE AND SEX.

Males.		Females.		Total Infants		Grand Total.
Under 1 year.	Over 1 year.	Under 1 year.	Over 1 year.	Under 1 year.	Over 1 year.	
36	54	29	60	65	114	179

ANALYSIS OF DEATHS.

Cause.	Under 1 year.		Over 1 year.		Total.
	Males.	Females	Males.	Females	
Marasmus	2	2	1	..	5
Marasmus Terminal enteritis	1	1	..	..	2
Marasmus. Influenza .. ..	..	1	..	..	1
Gastro enteritis .. ..	..	1	..	..	1
Enteritis. Toxæmia .. ..	..	..	..	1	1
Chronic enteritis .. ..	..	..	2	..	2
Tuberculous meningitis .. ..	..	1	1	..	2
Abdominal tuberculosis .. ..	..	..	..	1	1
General tuberculosis .. ..	..	..	1	..	1
Acute influenza, enteritis	1	..	..	..	1
Convulsions .. ..	..	1	..	..	1
Debility from birth .. ..	..	1	..	..	1
Dermatitis Acute pneumonia	1	..	..	..	1
Congenital syphilis	1	..	..	..	1
Fibrosis of lung .. ..	..	..	..	1	1
Purulent pericarditis } .. ..	..	..	..	..	..
Acute pneumonia	1	..	..	..	1
Totals	7	8	5	3	23

ANALYSIS OF CASES TREATED DURING 1926.

Reason for admission.	Under one year.		Over one year.		Total.
	M.	F.	M.	F.	
Rickets	1	1	12	10	24
Severe rickets and deformity .. .. .	..	..	7	10	17
Rickets and malnutrition	2	2	9	14	27
" " marasmus	1	..	3	3	7
" " enteritis .. .. .	..	..	1	..	1
Malnutrition	4	3	10	10	27
" and anaemia .. .. .	..	1	..	2	3
" T.B. contact .. .. .	..	..	..	1	1
" after colitis .. .. .	..	..	1	..	1
Marasmus	15	17	1	2	35
" after D. and V.	2	1	1	..	4
Tuberculous meningitis .. .. .	..	1	1	..	2
Abdominal tuberculosis .. .. .	..	..	2	1	3
General tuberculosis .. .. .	..	..	1	..	1
Acute enteritis	1	2	..	..	3
Chronic enteritis .. .. .	..	1	5	7	13
Acute colitis	1	..	..	2	3
Chronic colitis .. .. .	..	..	1	..	1
Cœliac disease .. .. .	..	..	1	..	1
Intestinal toxæmia	2	..	1	5	8
Enteritis and tetany .. .. .	..	1	..	..	1
Tetany and stomatitis .. .. .	..	..	1	..	1
Lobar pneumonia .. .. .	..	..	1	..	1
Broncho pneumonia	4	..	..	..	4
Acute bronchitis	1	2	..	3	6
Unresolved pneumonia .. .. .	..	..	2	3	5
Fibrosis of lung .. .. .	..	..	..	1	1
Influenza	2	..	..	..	2
Spastic paraplegia .. .. .	..	..	..	1	1
Infantile paralysis .. .. .	..	..	1	..	1
Congenital heart disease .. .. .	..	..	..	1	1
Convulsions .. .. .	..	1	..	..	1
Purpura	1	..	..	..	1
Pyelitis	1	..	..	1	2
Debility from birth .. .. .	..	1	..	..	1
Congenital syphilis	1	..	1	..	2
Dermatitis	2	..	..	..	2
Corneal ulcer .. .. .	..	..	..	1	1
Nil .. .. .	..	..	1	1	2
Totals	41	34	64	79	218

Day Nursery.—The number of children who have been regular attenders for whole or half days during the year was 25. The total attendances are given in the accompanying table.

Residential Nursery.—There were 22 children in residence on January 1st, 1926, 83 were admitted during the year, and 28 remained on December 31st. Seventeen of the children admitted

were illegitimate. The average length of stay was 68 days. The reasons for admission were as follows:—In 61 cases, mother's illness; in 1 case, the death of the mother; in 1 case, illness of father; in 17 cases, mothers working; in 1 case, desertion by the mother; and in 2 cases desertion by the father.

I should like to place on record my appreciation of the services rendered by the Executive Committees of the Day and Residential Nurseries during the year.

TOTAL ATTENDANCES OF RESIDENT AND DAY CHILDREN AT THE
NURSERIES, IN AGE GROUPS FOR THE YEAR ENDED 31ST DECEMBER,
1926.

Nursery.	Whole attendances.				Half attendances.			
	Under 3 years.	3-5 years.	Over 5 years.	Total.	Under 3 years.	3-5 years.	Over 5 years.	Total.
Red House Residential Nursery ..	7,146	367	..	7,513	..	..	..	..
Cobden Place Day Nursery	8,349	878	239	9,466	893	75	3	971

Convalescent Treatment for Mothers and Babies.—The number of mothers and babies for whom convalescence was arranged was 66 and of mothers without babies 8. The average period of stay at the convalescent homes was 14.1 days. The cost to the Corporation of this provision was £301 4s., or an average of £2 os. 5d. per case per week. Twenty-five of the mothers were too poor to contribute anything towards their convalescence but the remainder contributed various amounts according to their means. The total sum contributed by the parents was £27 1s. 6d.

As in previous years arrangements for convalescence were made by the Leeds Children's Convalescent and Summer Holiday Fund on behalf of the Maternity and Child Welfare Committee.

In addition to the above, 116 children were sent for convalescence to the Meanwood Convalescent Home. The average stay of each child was 28.8 days, the cost to the Corporation was £477 7s. 5d., or an average of £4 2s. 3½d. per case.

HOUSING.

The housing riddle remains unsolved and as far as outward appearances go the solution is as far off as ever. True, in all parts of the city there is great activity in house building and one way and another over 8,000 houses have been completed and occupied since the war. Still the demand for new houses has not been satisfied and applications continue to come in at the rate of 60 or more a week. Some years ago, we were told that with the opening out of the new housing estates and the increase in the number of working-class dwellings there would be a general move up of those living in the slum areas, and thus the problem of the unhealthy areas would be solved. I see no signs of the prophecy materializing. The upward move has not begun, or if it has, it has been so slight as to be imperceptible. It certainly has not relieved the congestion at the bottom which is just as acute as it ever was, indeed, judging from the reports one constantly receives overcrowding is still undiminished.

I have always been of the opinion that the only way to deal with the slum problem with any hope of success is by direct attack. It is not the same problem as that of supplying houses to meet the demand of those who can pay a fair rental, say, from 9/- to 12/6 a week. The tenant of a house in an insanitary area cannot as a rule pay more than 6/- as a maximum. The problem can only be met then, by building houses to let at a rental not exceeding 6/- or at the most 7/6. Is that possible? By varying the design, and intermingling with houses of the larger type, small two-roomed houses suitable for childless and elderly couples, it should be possible to reduce the average cost per house to such a figure as to come within the limits mentioned. I would even go so far, much as I dislike flats for the working classes, to suggest the advisability of building a number of houses on the tenement principle, providing they are through and not back-to-back. Every year that passes increases the urgency of the situation, and sooner or later, a solution to the problem will be forced upon the community. The expense will be great but I doubt if it will be greater than is being borne at present in the shape of damaged lives, time lost through sickness, reduction of output, bodily disablement and premature death, to say nothing of the moral

effects which are far reaching. If there is anything which would make me change my opinion as to the need for a constant and full stream of fresh young lives into the community it would be the fear that they could not be provided with healthy and respectable habitations.

Number of Houses.—The total number of houses in the City on December 31st, 1926, was 118,894, made up of approximately 41,166 through houses and 77,728 back-to-back houses.

New Houses.—The total number of new houses completed and occupied during the year was 2,065, of which 1,784 were suitable for persons of the working classes and 281 were of a larger type. Private enterprise is once more coming into its own, but so far most of the houses produced have been for sale, very few for letting. It is only the Local Authorities, at the present time, which are building houses to rent. They are mostly intended for the working classes, and, as stated in a previous paragraph, are being let at rentals which as far as the poorer section of the community is concerned are quite prohibitive.

The great activity in road construction has given a wonderful fillip to house building. Wherever new roads have been made, and especially along the Ring Road which, when complete, will encircle the City, housing estates have been opened out, and houses, mostly of the villa type, are at the present time being constructed in large numbers. Indeed, as far as this class of house is concerned there is a danger of overrunning the demand and even now evidence is not wanting that saturation point has been reached. It is in the smaller class of house that the shortage is most acute, as trade improves and unemployment diminishes, and with the return to more prosperous times with higher wages, the private builder should be able to divert some of his energy into this channel.

Up to December 31st, 1926, the Leeds Corporation had built a total of 4,478 houses, all of which were in occupation. Details of these are given in the table on page 174, which also indicates the various housing estates. At the present time there are in course of erection some 400 houses on the estates at Wyther House, Meanwood, Middleton, Harehills and Hawksworth.

As mentioned in my previous report the Improvements Committee has authorised the erection of a certain number of houses, the chief characteristic of which is the absence of coal fires in all

the rooms. Half are to be heated by gas and the other half by electricity. At the end of the year eight had been completed and were in occupation. It is perhaps too early to say how the public will view the innovation but so far the houses appear to have given satisfaction. I hope the experiment will have a fair trial and that the proposal will not be killed by prejudice or a slavish adherence to tradition.

TABLE SHEWING THE NUMBER OF HOUSES ERECTED IN LEEDS DURING THE LAST TWENTY-FIVE YEARS, ENDED 31ST MARCH, 1927.

Year.					Number of Houses.
1903	..	..	..	..	2,572
1904	..	..	..	..	2,923
1905	..	..	..	..	2,442
1906	..	..	..	..	1,748
1907	..	..	..	..	1,135
1908	..	..	..	..	919
1909	..	..	..	..	836
1910	..	..	..	..	584
1911	..	..	..	..	505
1912	..	..	..	..	350
1913	..	..	..	..	220
1914	..	..	..	..	287
1915	..	..	..	..	228
1916	..	..	..	..	146
1917	..	..	..	..	51
1918	..	..	..	..	5
1919	..	..	..	..	4
1920	..	..	..	..	7
1921	..	..	..	..	196
1922	..	..	..	..	1,048
1923	..	..	..	..	1,918
1924	..	..	..	..	618
1925	..	..	..	..	951
1926	..	..	..	..	1,376
1927	..	..	..	..	2,378
TOTAL					23 447

With the object of meeting the demand for a low rented house, the Corporation is about to launch a new experiment in the shape of small tenement houses. The intention is to build these in blocks of four, with entrances at the ends, the first floor flat being approached by an inside stair. They will be through in principle and planned so as to economise space and give the maximum amount of convenience and comfort. Tenement houses are not popular in Leeds but in the present circumstances they may be the best solution to a difficult problem. Providing the rents are reasonably low they should prove very attractive.

Housing Shortage.—The waiting list of applicants for new houses at the end of the year contained 5,487 names, which is an increase of 2,483 on last year's total and is almost as high as the total was soon after the war. How far the list is real one cannot say, but I cannot help thinking that some of the applications are made by persons well enough able to afford a better house but unwilling to buy. If the list is to be taken as real and not in any degree fictitious, then it means that instead of getting nearer the solution of the housing shortage we are really getting further away. Many of the applicants whose names appear on the list are poor and even if offered a house on one of the estates, it is doubtful whether they could pay the rent. Perhaps when times are better and there is less unemployment, they may be able to do so and it is probably with that possibility in mind that they retain their names on the list. But, whatever the explanation, it is most disquieting to find after all these years of housing activity that the demand is still so far from being satisfied.

Overcrowding.—The number of notices served by the Department during the year was 232 of which 53 were abated. Owing to the shortage of houses it was impossible to press for the abatement of the remainder. Some of the cases of overcrowding reported during the year were pitiful in the extreme. One of the worst was that of a man, wife, and 12 children, living in a small back-to-back house consisting of one living room and bedroom. Scarcely a day passes but one's attention is drawn by the Sanitary Inspectors or Almoners of the various Institutions in the City to homes so overcrowded that it is quite impossible to provide even the ordinary decencies of life much less to prevent disease. This problem of overcrowding is one of the most painful, because the most hopeless, that the Department has to tackle. One has the desire to help, but the means are absolutely lacking, hence my anxiety to see the housing shortage

met with the least possible delay. What the exact number of overcrowded houses in the City is I cannot say, because I have no means of estimating it, but the figure cannot be inconsiderable.

Unfit Houses.—The number of houses inspected and found to be unfit for human habitation was 226 as against 343 in the previous year, whilst 325 though capable of being made fit were defective in some respect or other. The defects were chiefly connected with the structure, walls, roofs and floors, and the lack of air and sunlight. Only one closing order was made during the year, though 21 houses were demolished in respect of which demolition or closing orders had previously been made.

In response to notices served by the Department 302 houses were rendered fit.

In addition to the above 26,959 houses were found defective in some respect or other and repaired. Further details of housing work are set out in the table on page 175.

Unhealthy Areas.—It is now three years since I represented an area in the vicinity of West Street as an unhealthy area, but so far nothing has been done to carry the representation into effect. That circumstances should have intervened to prevent the suggested scheme of improvement in this area maturing is to me a matter of great regret not to say personal disappointment. I know the difficulties but I also know that other cities have tackled the problem and found a solution. Glasgow is, I understand at present, about to launch its third scheme of insanitary area improvement since 1916 which when complete will make the total houses demolished since that date over 3,000. Birmingham, Liverpool and Sheffield have also had their schemes which are either complete or in progress. Altogether since the war 99 schemes of slum clearance have been submitted to the Ministry of Health by some 73 Local Authorities, 93 of which have been confirmed. I confess that my anxiety to see the West Street Scheme brought to fruition is not entirely impersonal, it is tinged with jealousy for the reputation of my own Department and the City. West Street Area is not a credit to Leeds as may be observed by the statistics which are given in the special table on page 176. From this table it will be noted that the death-rate for the area was 93.0 per cent. higher than the City rate, the infantile mortality rate 82.4 per cent. higher, the tuberculosis death-rate (all forms) 214 per cent. higher and respiratory disease death-rate 149.8 per cent. higher, surely evidence enough of the urgency for improvement.

TABLE SHEWING THE TOTAL AMOUNT OF HOUSING WORK
DONE TO 31st MARCH, 1927.

ASSISTED SCHEMES.

NAME OF ESTATE.	Sewers laid. Length in yds.	Roads formed, pitched and ashed. Length in yds.	No. of Houses for which Contracts have been signed.	No. of Houses upon which work has been com- menced.	No. of Houses completed included in previous column.
Hawksworth Wood ..	4,436	5,109	402	402	402
Wyther House ..	3,857	4,048	492	492	492
Meanwood	4,394	5,931	800	800	800
Crossgates	4,510	6,063	488	488	488
Middleton	4,239	5,477	697	697	697
Ivy House	Existing	Existing	46	46	46
Section 12/3 Houses	Do.	Do.	398	398	398
Demonstration Houses, Meanwood	included	above.	6	6	6

OTHER THAN ASSISTED SCHEMES
(including 1923 and 1924 Acts).

Wyther House— (Phormium Houses)	included	above.	6	6	6
(Gas, Electric and Ordinary)	included	above.	18	18	..
(N. Area)	1,058	342	160	112	..
Meanwood— (Part of 500 scheme)	770	812	100	100	100
(Atholl Steel Houses)	51	53	2	2	2
(Gas, Electric and Ordinary) .. ..	..	..	18	18	..
Crossgates	included	above.	26	26	..
Do. (Part of 500 scheme)	included	above.	150	150	150
Middleton— (For Improvements Committee)	503	500	200	200	200
(Gas, Electric and Ordinary)	included	above.	18	18	8
(Part of 500 scheme)	1,896	2,341	250	250	250
Hollin Park	2,647	2,396	351	335	171
York Road	2,951	2,458	500	500	262
Harehills .. ..	..	..	72	..	..
Hawksworth— (Gas, Electric and Ordinary)	included	above.	18	18	..
Grand Totals ..	31,312	35,530	5,218	5,082	4,478

HOUSING, TOWN PLANNING, &c. ACTS, 1909, 1919, 1920, and THE HOUSING OF THE WORKING CLASSES ACT, 1890, Parts I. & II.

Table showing the number of houses examined by the Medical Officer of Health as part of the general survey of the town during the year ending December 31st, 1926, and the numbers represented or otherwise dealt with, pursuant to the Housing Acts, with the corresponding figures for 1924 and 1925.

	1924.	1925.	1926.
Number of new houses erected during the year :—			
(a) Total including numbers given separately under (b)	650	1,199	2,065
(b) With State Assistance under the Housing Acts :			
(i) By the Local Authority	126	239	780
(ii) By other bodies or persons .. .. .	..	583	1,004
1. <i>Unfit dwelling-houses.</i>			
Inspection—(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	8,383	9,127	11,695
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910, or the Housing Consolidated Regulations, 1925	607	614	651
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	365	343	226
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation ..	242	271	325
2. <i>Remedy of Defects without Service of formal Notices.</i>			
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	239	262	302
3. <i>Action under Statutory Powers.</i>			
A.—Proceedings under Section 3 of the Housing Act, 1925.			
(1) Number of dwelling-houses in respect of which notices were served requiring repairs .. .. .	..	..	..
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—			
(a) By owners	212	242	286
(b) By Local Authority in default of owners .. .. .	..	..	..
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close .. .. .	..	..	1
B.—Proceedings under Public Health Acts.			
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	21,078	22,339	26,869
(2) Number of dwelling-houses in which defects were remedied :—			
(a) By owners	20,548	24,235	26,959
(b) By Local Authority in default of owners .. .. .	..	..	..
C.—Proceedings under Sections 11, 14, and 15 of the Housing Act, 1925.			
(1) Number of representations made with a view to the making of Closing Orders	39	1	1
(2) Number of dwelling-houses in respect of which Closing Orders were made	34	1	1
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	11	..	..
(4) Number of dwelling-houses in respect of which Demolition Orders were made	1	..	1
(5) Number of dwelling-houses demolished in pursuance of Closing or Demolition Orders ..	9	24	21

And West Street is not the only area which clamours for improvement, there are others if not quite so bad, still bad enough to have a very serious effect on the vital statistics of the City as a whole, but it is useless to proceed with them until West Street area has been disposed of. One of the tests of a City's greatness in sanitary administration is the manner in which it deals with its disease spots. Leeds in this respect has a worthy reputation which I hope it will maintain.

WEST STREET UNHEALTHY AREA.

AVERAGE RATES FOR TEN YEARS 1917-1926.

Approximate Population 1,136.

	West Street Unhealthy Area.	Leeds.	Percentage Increase or Decrease over Leeds figures.
Birth-rate	27.73	18.98	+ 46.1
Death-rate	28.35	14.69	+ 93.0
Infant Mortality rate ..	197	108	+ 82.4
Measles	1.14	0.27	+ 322.2
Whooping Cough	0.70	0.18	+ 288.9
Influenza	1.32	0.76	+ 73.7
Tuberculosis (all forms) ..	4.93	1.57	+ 214.0
Cancer (all forms) ..	1.14	1.25	- 8.8
Heart disease	3.35	1.45	+ 131.0
Respiratory diseases ..	6.87	2.75	+ 149.8
Diarrhoea (all ages) ..	0.70	0.38	+ 84.2

PROPAGANDA.

During Health and Baby Week in October a series of lectures on various aspects of public health was given in different parts of the City, also a number of dinner-hour talks to the employees of certain of the large firms. The programme was arranged by the Leeds Committee for Social Hygiene and the speaker was Mr. T. Bowen Partington of the British Social Hygiene Council, London. Other lectures on health subjects have been given from time to time by members of the staff of the Public Health Department and others.

Leaflets and pamphlets dealing with subjects relating to personal and communal health were distributed at all the important meetings.

DEPARTMENTAL ORGANISATION.

All the health services of a city should come within the purview of its Health Department. The School Medical Service, Mental Deficiency, Maternity and Child Welfare, Tuberculosis, Venereal Diseases, Infectious Diseases, Food, Housing and the General Sanitary Services, all form integral parts of the same organisation. Unless it is so, co-ordination is impossible and waste of effort unavoidable. In Leeds the School Medical work and Mental Deficiency are under Departments entirely divorced from each other and from the Health Department. The result is there is divided responsibility for the same service and consequently overlapping and confusion. It is not suggested there should be any change in the Committees which, with perhaps a little modification, would remain as at present, but in a co-ordinated scheme each of these services would become a sub-department of the Health Department. Each sub-department would have a head answerable to the Medical Officer of Health as the chief administrative officer who in turn would report to the particular Committee or Sub-Committee concerned. The heads of the various sub-departments would, as far as possible, have equal status and be responsible for the organisation and control of their own departments. They would be paid salaries commensurate with their responsibilities. Each sub-department would fit into its neighbour, making a complete whole and working round one central axis.

This is the ideal which I have in mind for Leeds and which I hope will one day be realised. It has already come to pass in many other cities and works most efficiently.

STAFF CHANGES.

Norman Tattersall, M.D., B.S., Ch.B., appointed Chief Clinical Tuberculosis Officer, February, 1926.

Nora F. Smith, M.B., B.S., D.P.H., Assistant Medical Officer of Health for Maternity and Child Welfare, resigned December, 1926, on being appointed Assistant Medical Officer of Health for Maternity and Child Welfare at Manchester.

J. S. Hoyle retired April, 1926, from the position of Chief Statistical Clerk after 36 years service and John P. Moir was promoted to the vacancy May, 1926.

F. Sharp retired from the position of sanitary inspector April, 1926, after 36 years service.

T. Swallow retired from the position of sanitary inspector May, 1926, after 49 years service.

APPENDIX.

I.

MINISTRY OF HEALTH TABLES.
TABLE I.

VITAL STATISTICS OF WHOLE DISTRICT DURING 1926 AND PREVIOUS YEARS.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NETT DEATHS BELONGING TO THE DISTRICT.			
		Un-corrected Number.	Nett.		Number.	Rate.	Of Non-residents registered in the District.	Of Residents not registered in the District.	Under 1 Year of Age.		At all Ages.	
			Number.	Rate.					Number.	Rate per 1,000 Nett Births.	Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1916	446,349	9,572	9,432	21.1	6,867	15.4	302	381	1,216	129	6,946	15.6
1917	438,254	7,738	7,566	17.3	6,962	15.9	307	397	1,023	135	7,052	16.1
1918	427,589	7,609	7,392	17.3	8,452	19.8	318	395	984	133	8,529	19.9
1919	430,834	7,837	7,564	17.6	7,099	16.5	401	294	899	119	6,992	16.2
1920	448,913	11,587	11,229	25.0	6,725	15.0	417	283	1,232	110	6,591	14.7
1921	465,500	10,427	10,144	21.8	6,424	13.8	408	269	997	98	6,285	13.5
1922	466,700	9,500	9,253	19.8	6,589	14.1	425	315	935	101	6,479	13.9
1923	469,900	8,991	8,684	18.5	6,128	13.0	451	309	773	89	5,986	12.7
1924	471,600	8,862	8,558	18.1	6,824	14.5	435	358	921	108	6,747	14.3
1925	472,900	8,518	8,180	17.3	6,286	13.3	570	321	748	91	6,037	12.8
1926	473,400	8,437	8,065	17.0	6,285	13.3	531	308	748	93	6,062	12.8

Area of District in
acres (land and
inland water) } 30,136 $\frac{1}{4}$

Total population at all ages at the 1921 Census 458,232

Do. adjusted for the 1921 Census 465,500

TABLE II. CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE CALENDAR YEAR 1926.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.						TOTAL CASES NOTIFIED IN EACH LOCALITY. (e.g. Parish or Ward) of the District.														Total Cases re- moved to Hos- pital.				
	At all Ages.	At Ages—Years.						Central.	North.	North-East.	New Ward.	East.	South.	East Hunslet.	West Hunslet.	Holbeck.	Mill Hill.	West.	North-West.	Brunswick.		New Wortley.	Armley and Wortley.	Bramley.	Headingley.
		under 1.	1 and 5 years.	5 and 15 years.	15 and 25 years.	25 and 45 years.	45 and 65 years.																		
Small-pox ..	5	..	..	1	1	1	2	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	1	5
Cholera (C) Plague (P) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria (including Mem- branous croup) ..	374	2	88	211	44	26	2	7	30	33	5	30	24	40	26	23	14	10	17	10	15	29	8	53	360
Erysipelas ..	327	5	7	16	23	86	145	19	27	27	6	27	8	28	27	23	21	13	22	9	10	25	12	23	107
Scarlet Fever..	756	2	201	460	73	20	..	19	60	62	14	63	25	69	50	40	13	22	56	33	52	69	45	64	708
Measles ..	7,076	277	3,266	3,425	67	40	1	294	689	753	47	319	92	184	344	825	47	300	356	516	323	702	137	1,148	90
German Measles ..	626	12	162	395	40	17	..	20	45	19	10	15	4	21	63	35	10	19	31	29	37	110	28	130	8
Typhus Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever ..	9	..	1	4	1	3	..	..	1	..	..	..	..	..	2	..	1	2	1	..	..	2	..	..	3
Relapsing fever (R) Continued fever (C) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever ..	46	..	..	..	12	34	..	1	7	1	..	2	..	6	3	5	1	7	6	1	1	1	1	3	26
*Puerperal Pyrexia ..	23	..	..	..	7	16	..	1	1	2	..	..	1	3	..	2	1	2	1	1	4	1	..	3	2
Cerebro-Spinal Meningitis ..	1	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Polomyelitis ..	2	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ophthalmia Neonatorum ..	73	73	..	..	..	..	..	..	4	4	..	4	6	10	3	9	1	7	9	5	5	2	1	3	..
Encephalitis Lethargica ..	10	..	..	..	2	5	3	1	..	1	..	1	..	1	1	..	..	..	..	..	..	1	2	2	1
Malaria ..	4	..	..	..	..	..	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery ..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Trench Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
Other Diseases ..	210	11	70	50	41	33	5	11	9	14	41	14	10	11	4	18	9	9	3	4	9	5	13	26	210
Pulmonary Tuberculosis ..	1,299	1	31	227	266	501	243	49	107	123	6	137	68	131	110	81	22	96	59	76	58	56	29	91	806
Other Forms of Tuberculosis ..	161	5	34	70	26	13	9	2	11	14	..	19	10	17	16	10	2	11	10	8	7	10	2	12	13
Pneumonia (Acute primary) ..	819	47	204	146	100	154	126	19	60	42	8	59	56	170	58	70	4	46	49	41	35	38	29	35	29
Do. (Acute Influenzal)	160	19	37	20	18	30	25	8	35	24	..	24	7	9	17	10	1	3	4	2	1	6	2	7	..
TOTALS ..	11,982	454	4,104	5,026	721	982	562	451	1,090	1,123	138	714	311	700	724	1,151	147	548	625	735	557	1,057	309	1,602	2,368

Isolation Hospital or Hospitals, Sanatoria, &c.:—City Fever Hospital, Seacroft and Killingbeck.

In addition to the 806 Pulmonary Tuberculosis and 13 Tuberculosis (Other Forms), removed, 122 Pulmonary Tuberculosis and 6 Tuberculosis (Other Forms), were admitted to "The Hollies," Westwood Lane, and 170 Pulmonary Tuberculosis, were admitted to Gateforth Sanatorium which is outside the City. They are included in the 1,299 and 161 notified.

* Notified from 1st October, 1926.

3.

TABLE III.

CAUSES OF, AND AGES AT DEATH DURING THE CALENDAR YEAR 1926.

CAUSES OF DEATH.	Nett Deaths at the subjoined ages of " Residents " whether occurring within or without the District.										Total Deaths whether of " Residents " or " Non-Residents " in Institutions in the District.
	ALL AGES.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and upwards.		
1. Enteric Fever	1	..	..	..	..	..	1	..	..	..
2. Small-pox .. ..	..	..	..	..	..	..	..	..	..	..
3. Measles	20	1	10	6	3	..	..	..	..	4
4. Scarlet Fever	5	1	1	1	2	..	..	..	..	5
5. Whooping Cough	119	43	40	34	2	..	..	..	..	39
6. Diphtheria	26	..	1	9	14	1	1	..	..	25
7. Influenza	100	8	3	3	1	2	16	33	34	15	
8. Erysipelas	12	1	..	..	..	..	1	5	5	10
9. Pulmonary Tuberculosis ..	477	4	5	9	17	103	192	132	15	202	
10. Other Tuberculous Diseases	108	8	5	24	18	18	15	15	5	73	
11. Cancer, malignant disease	657	..	..	..	2	1	48	352	254	297
12. Rheumatic Fever	25	..	..	1	9	4	3	2	6	3
13. Meningitis	46	11	7	4	3	3	5	2	11	34	
14. Cerebral Hæmorrhage, &c...	351	..	..	..	1	1	15	124	210	69
15. Organic Heart Disease ..	774	..	..	..	7	21	57	272	417	218
16. Arterio-sclerosis	265	..	..	..	..	..	1	52	212	66
17. Bronchitis	439	39	10	9	1	3	22	110	245	20	
18. Pneumonia (all forms) ..	484	99	70	39	22	15	61	92	86	121	
19. Other diseases of respiratory organs	76	3	1	4	2	4	10	29	23	30	
20. Diarrhoea and Enteritis ..	185	122	25	9	2	..	3	3	21	92	
21. Appendicitis and Typhlitis	23	..	..	1	4	3	7	5	3	39
22. Cirrhosis of Liver	23	..	..	..	..	..	2	15	6	17
23. Nephritis and Bright's Disease	175	1	..	1	1	5	26	54	87	73	
24. Puerperal Fever	14	..	..	..	..	2	12	..	..	18
25. Other accidents and diseases of Pregnancy and Parturition	27	..	..	..	..	3	24	..	..	27
26. Congenital Debility and Malformation, including Premature Birth ..	254	247	4	1	..	1	..	1	..	150	
27. Violent Deaths, excluding Suicide	177	12	5	14	21	13	25	44	43	140	
28. Suicide	57	..	..	..	..	6	15	28	8	12
29. Other Defined Diseases ..	1,129	147	17	21	26	41	112	284	481	549	
30. Diseases ill-defined or unknown	13	1	2	..	..	1	2	4	3	2
Totals	6,062	748	206	190	158	251	676	1,658	2,175	2,350	

4.

TABLE IV.

INFANT MORTALITY. CALENDAR YEAR 1926. NETT DEATHS FROM STATED CAUSES
AT VARIOUS AGES UNDER 1 YEAR OF AGE.

CAUSES OF DEATH.	Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	4 weeks and under 3 months.	3 months and under 6 months.	6 months and under 9 months.	9 months and under 12 months.	Total Deaths under 1 year.
Small-pox .. .. .	..	..	..	..	..	..	..	..	..	..
Chicken pox .. .. .	..	..	..	..	..	..	..	..	..	..
Measles .. .. .	..	..	..	..	..	..	..	..	1	1
Scarlet fever .. .. .	..	..	..	..	..	..	..	..	1	1
Whooping Cough .. .. .	..	..	..	1	1	13	7	9	13	43
Diphtheria .. .. .	..	..	..	..	..	..	..	..	..	..
Influenza .. .. .	..	..	..	..	..	..	1	3	4	8
Erysipelas .. .. .	..	..	1	..	1	..	..	..	..	1
Tuberculous Meningitis .. .. .	..	..	..	..	..	..	..	..	3	3
Abdominal Tuberculosis .. .. .	..	..	..	..	..	..	..	1	..	1
Other Tuberculous Diseases .. .. .	..	..	..	..	..	2	..	4	2	8
Meningitis (not Tuberculous) .. .. .	..	..	1	..	1	3	4	..	3	11
Convulsions	4	6	4	3	17	6	2	5	8	38
Bronchitis .. .. .	..	1	3	2	6	15	9	4	5	39
Pneumonia (all forms)	3	4	3	2	12	11	18	31	27	99
Other diseases of respiratory organs .. .. .	..	..	..	..	..	..	1	1	1	3
Diarrhœa	2	3	4	3	12	35	40	23	12	122
Enteritis .. .. .	..	..	..	..	..	..	..	..	..	..
Gastritis .. .. .	..	..	..	1	1	1	..	..	..	2
Syphilis	1	2	3	3	9	12	12	3	2	38
Rickets .. .. .	..	..	..	..	..	1	1	2	3	7
Suffocation, including overlying	3	..	..	1	4	2	2	..	..	8
Injury at birth	18	1	..	..	19	..	..	..	..	19
Atelectasis	18	1	..	..	19	..	..	..	..	19
Congenital Malformations	14	9	5	2	30	8	6	3	..	47
Premature birth	95	22	12	4	133	15	1	..	..	149
Atrophy, Debility and Marasmus	18	7	2	5	32	7	9	2	1	51
Other Causes	11	3	..	1	15	3	5	5	2	30
Totals	187	59	38	28	312	134	118	96	88	748

