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THE EIGHTY-EIGHTH

ANNUAL REPORT

UPON THE

HEALTH OF LEICESTER

FOR THE YEAR 1936

BY

E. K. MACDONALD, M.D., B.S., D.P.H.

MEDICAL OFFICER OF HEALTH.

APPENDICES

INCLUDING

I. REPORT of the TUBERCULOSIS OFFICER.
II. REPORT on the ISOLATION HOSPITAL AND SANATORIUM.
III. REPORT on the CITY GENERAL HOSPITAL.
IV. REPORT on the ORTHOPAEDIC DEPARTMENT
V. REPORT of the MATERNITY and CHILD WELFARE MEDICAL OFFICER.
VI. REPORT of the CITY ANALYST.
VII. REPORT of the CHIEF SANITARY INSPECTOR.
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IX. FINANCIAL TABLES

LEICESTER :

THE BLACKFRIARS PRESS LTD., SMITH-DORRIEN ROAD.

CITY OF LEICESTER

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MRS. WARNER, J.P.
ALD. WILFORD, J.P.

The Committee meets on the 2nd and 4th Friday in each month in the Committee Room, Town Hall, at 3.30 p.m.

The Health Committee, together with the following co-opted members, not being members of the City Council, constitute the Statutory Maternity and Child Welfare Committee :—Mrs. Banton, Mrs. Cooper, Mrs. Taylor, Miss E. J. Windley, B.A.

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MR. RICHARDS.
,, RUSSELL.
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,, COOPER.
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,, FRISBY.
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MR. PENTNEY.
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MISS FORTEY.
MR. HARRISON.
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ALD. HINCKS.
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MRS. SWAINSTON.

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,, CORT.
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ALD. PARBURY.
MR. PENTNEY.
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„ COOPER.
„ TAYLOR.
MISS WINDLEY.

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MISS FORTEY.
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MR. JOHNSON.
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MR. RICHARDS.
MRS. SWAINSTON.
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„ CORT.
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ALD. HINCKS.
„ PARBURY.

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„ COOPER.
„ CORT.
MISS. FORTEY
MR. HARRISON.
MR. JACKSON.
„ JOHNSON.
ALD. PARBURY.
MR. RICHARDS.
„ SIMPKINS.
MRS. WARNER.

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MISS FORTEY.
„ FRISBY.
ALD. HAND.
MR. HARRISON.
ALD. PARBURY.
MR. RUSSELL.
ALD. WILFORD.

Staff of the Health Department

(*As constituted January*, 1937.)

Medical Officer of Health.

E. K. MACDONALD, M.D., B.S., D.P.H.

Assistant Medical Officers.

Tuberculosis Officer and Assistant M.O.H.	WYVILLE S. THOMSON, M.D., D.P.H.
Assist. Tuberculosis Officer	E. G. LAWRIE, M.B.
Medical Supt. City General Hospital	E. C. HADLEY, M.D. (LOND.), F.R.C.S.
Deputy Medical Superintendent	A. P. M. PAGE, M.D. (Lond.), M.R.C.P. (Lond.).
Resident Medical Officers	R. M. CASE, M.B., Ch.B., M.R.C.S., L.R.C.P. L. V. ROBERTS, M.B., Ch.B. M. S. SPINK, M.D., M.R.C.S., L.R.C.P.
Consulting Physicians	J. V. C. BRAITHWAITE, M.D., M.R.C.P. R. M. CAIRNS, M.D.
Consulting Ear, Nose and Throat Surgeon	N. E. KENDALL, F.R.C.S.
Consulting Ophthalmic Surgeon	A. L. McCURRY, M.D., B.Ch.
Consulting Dermatologist	F. A. E. SILCOCK, M.D.
Visiting Radiologist	D. F. LAWSON, D.M.R.E., M.A., M.R.C.S., B.Ch.
Consultant Gynaecological and Obstetrical Surgeon	T. C. CLARE, F.R.C.S. M.D., B.S., M.R.C.S., L.R.C.P., M.C.O.G.
Consultant General Surgeon	E. R. FRISELLE, M.Ch., M.B., B.Ch., B.A.O., F.R.C.S.
Consultant Cardiologist	J. P. W. JAMIE, M.A., M.D., B.Ch., M.R.C.S., L.R.C.P.
Consultant Dental Surgeon	J. ROWLETT, L.D.S.R.C.S.
Visiting Anaesthetists	D. JUSTIN DAVIES, M.B., M.R.C.S., D.A. MRS. PHILIP MASON, M.R.C.S.
Part-time Medical Officer, Swain St. Institution	J. A. CHAPEL, M.B., Ch.B.
Medical Supt. Isolation Hospital and Sanatorium	J. C. H. MACKENZIE, M.B., D.P.H.
Senior Resident Medical Officer	J. CARSON, M.B., B.Ch., M.D., D.P.H.
Resident Medical Officers	F. BUNTING, M.B., Ch.B., D.P.H. I. GORDON, M.D., M.B., Ch.B., D.P.H.
Pathologist	E. M. WARD, M.B. (LOND.), M.R.C.S.
Maternity and Child Welfare Officer	E. B. B. HUMPHREYS, M.B.
Orthopaedic Surgeon	LESLIE MORRIS, M.D., F.R.C.S.
Medical Officer, Westcotes Maternity Home	T. W. ALLEN, B.A., M.B., B.A.O.
Medical Officer, Female Venereal Disease Clinics	B. W. SYMINGTON, M.D. (LOND.).
Asst. Med. Off. „ „ „ „	MRS. M. H. NEWTON-DAVIS, M.B. (LOND.)
Medical Officer, Male Venereal Disease Clinic	C. H. WILKIE, M.B., B.Sc.
Asst. Med. Off. „ „ „ „	H. N. C. ATKINSON, M.R.C.S.
Public Vaccinators	A. J. L. SPEECHLY, M.R.C.S. J. W. FORDHAM, M.R.C.S.

Secretary of Health Department.

WILFRID CARR, F.C.C.S.

Matrons.

City General Hospital	MISS N. N. CLAYE.
Isolation Hospital and Sanatorium	„ B. NESBITT.
Maternity Home	„ EDITH BRADSHAW.
Day Nursery	„ F. BERKSON.
"Home Place," Holt	„ R. E. FRY.

Clerical Staff.

Chief Clerk, Sanitary Office — T. P. POYNOR.

General Clerks—

F. KELLETT.	MISS D. R. POTTERTON.	MISS E. E. BATTLE.
E. SLINGSBY.	„ K. M. TUSTAIN.	„ G. HADDON.
G. H. SEAL.	„ E. WHITWELL.	„ D. I. MITCHELL
R. FIELDMAN.	„ V. DAWN.	„ D. SMITH.

Tuberculosis Dispensary	MISS J. HEATON. „ R. BREWARD.
Isolation Hospital and Sanatorium	MISS V. ALLSOP. „ M. F. HALE.
City General Hospital—	
Steward	E. H. BALL.
Asst. Steward	S. WHATSIZE.
Clerks	L. HEATHERLEY. MISS E. M. BRADSWORTH. „ M. L. READ. J. GUILLAIN.
Milk Depot	MRS. BREWIN. MISS A. JESSON.
Vaccination Officer	J. H. LOCKWOOD

Public Analyst's Laboratory.

Public Analyst .. .. F. C. BULLOCK, B.Sc., F.I.C.

Laboratory Assistants .. .. J. L. PINDER, B.Sc., A.I.C.; J. SMART; P. G. WRIGHT.

Sanitary Inspectors.

Chief Inspector .. .. F. G. McHUGH, 1 3 4 5

Deputy Chief Inspector .. .. A. T. PRICE, 1 3

Inspectors—

R. T. BLAYLOCK, 1 3 4 7
T. W. BERESFORD, 2 3
F. BURKE, 2 3
H. BURLEY, 2 3
H. CLOUGH, 1 3
M. C. CRIPPS, 1 3
H. ELKINGTON, 3 5
R. V. FIDDES, 1 3
G. H. FYFE, 2 3
W. J. GETGOOD, 1 3 4
T. HINES, 1 3
C. JONES, 14 7
W. C. LONG, 1 3
A. McCARTNEY, 2 15
F. W. MURRAY, 7 8
W. MUSTON, 1 3
J. W. NORTH, 1 3
E. OWEN, 2 3
W. J. PARKINSON, 1 3 6
G. V. PENN, 2 3
A. SMITH, 2 3
E. THOMPSON, 1 3
A. G. WATKIN, 2 3
G. H. WATMOUGH, 1 3
A. WELTON, 1 3
J. WRIGHT, 2 3
J. YATES, 1 3

Health Visitors.

Superintendent .. .. MRS. REED, 9 10

District Health Visitors—

MISS M. ASH, 9 11 12 13
„ L. CHAMBERS, 9 11 13
„ M. CONLON, 9 11 12 13
„ E. M. CRAGG, 9 10 11 13
„ H. M. DENSHAM, 9 11 12 13
„ A. M. M. GIRDLESTONE, 9 11 12 13
„ G. M. HARRINGTON, 9 11 12 13
„ H. HIRD, 9 12
„ A. KAVANAGH, 9 11 12 13
„ F. KEYNES, 9 11 12 13
MISS B. M. LANGTON, 9 11 12 13
„ M. D. LLOYD, 9 11 12 13
„ D. L. MALLISON, 9 11 12 13
„ J. G. MASTERS, 9 10
„ E. R. MATTHEWS, 9 11 13
„ S. H. G. PAYNE, 9 11 12 13
„ H. E. RICH, 9 11 12 13
„ M. R. WHITE, 9 11 12 13
„ E. WILFORD, 9 11 13
„ E. L. WOLLASTON, 9 11 13

Manageress of Milk Depot .. .. MRS. E. STANION, 10

Tuberculosis Nurses .. .. MISS F. BEASLEY, 9 11 13; „ E. MOUND, 9 11 13; „ C. NEILL, 11

1. Holds Sanitary Inspector's Certif. Roy. San. Inst.
2. Holds Royal Sanitary Institute and Sanitary Inspectors Exam. Joint Board Certificate.
3. Holds Meat and Food Inspector's Certif. Roy. San. Inst.
4. Holds Certif. of Roy. San. Inst. for San. Science as applied to Buildings and Public Works.
5. Holds Sanitary Inspector's Certif. under Public Health (London) Act, 1891.
6. Holds Sanitary Inspector's Certif. San. Inspector's Assocn.
7. Holds Certif. of Royal San. Assocn. of Scotland for Meat Inspection.
8. Holds Certif. of Royal San. Assocn. of Scotland for Sanitary Science.
9. Holds Certif. of the Central Midwives' Board.
10. Holds Health Visitors' Certif. of the Roy. San. Inst.
11. Holds Certif. as fully Trained Nurse.
12. Holds Health Visitors' Certificate.
13. Holds State Registered Nursing Certificate.
14. Holds the Royal Sanitary Association of Scotland (Sanitary Science) Certificate.
15. Holds Liverpool University Certificate of Competency as Meat and Food Inspector.

CONTENTS.

SUMMARY OF STATISTICS

FOR THE YEAR 1936.

CITY OF LEICESTER.

Population at Census, 1931	239,169
,, (estimated) at Mid-year 1936	261,800
Marriages	2,291
Births (corrected)	3,786
Birth-rate	14.46
Deaths (corrected for transferable deaths)	3,030
Death-rate	11.57
(Standardised death-rate=11.80)	
Deaths under One Year	221
Infant Mortality (per 1,000 Births)	58.4
Maternal Mortality (per 1,000 live births)	3.43
Zymotic-rate (per 1,000 population)	0.34
Respiratory-rate ,, ,,	0.90
Cancer-rate ,, ,,	1.54
Tuberculosis-rate ,, ,,	0.90
Phthisis-rate ,, ,,	0.78
Correction Factor (R.G.)	1.02

Area of City (in acres) as extended April, 1935	16,979
Number of persons per acre at Census, 1931	27.9
Number of persons per "structurally separate dwelling" at Census, 1931	3.80
Number of Inhabited Tenements, December, 1936	75,699
Number of Empty Houses, December, 1936	749
Number of Empty Cottages, December, 1936	414
Rateable value (1936-1937)	£1,913,600
General Rate for the year, 1936-1937	13s. 8d. in the £
Produce of 1d. Rate (for 1935-1936) net	£7,365

	England & Wales	122 County Boro's and Great Towns including London	London Administrative County
Birth-rate	14.8	14.9	13.6
Death-rate	12.1	12.3	12.5
Infant Mortality (per 1,000 Births	59.0	63.0	66.0

(Registrar General's Figures.)

APPENDIX IX.

List of Financial Tables

List of Statistical Tables appearing in the Report

Graphs

To the Chairman and Members of the Health Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit herewith the Annual Report on the Health of the City of Leicester for the year 1936.

Statistics.

The population of the City at the middle of 1936 was estimated at 261,800, a slight increase on that for the previous year.

The birth-rate, death-rate and infantile mortality rate were all slightly better than in 1935, though in no case was a record attained. The tuberculosis death-rate, however, which touched a record in 1935, improved still further in 1936.

There was no particular cause of unusual mortality or of infectious disease during the year. It is very pleasing to note the improvement in the maternal mortality rate (see page 28).

Housing.

Slum Clearance and Rehousing have continued steadily during the year. A special survey of overcrowding has been held and is fully reported on page 51.

The importance of good housing in the prevention of tuberculosis is again emphasised. (See page 81.)

Hospital Extensions.

Considerable work was done in this connection during the year, under which the provision of additional fever pavilions and sanatorium beds at the City Isolation Hospital was decided upon. (See page 104.)

The unsatisfactory character of the accommodation at the Central Health Offices (see page 31), and the need for more beds at the City General Hospital (see page 114) are fully discussed.

At the latter hospital the Consultant Service has been extended. (See page 110.)

Finally, before completing this report I would place on record my indebtedness to every member of the Health Department Service. Whatever success the Service may have had is due entirely to the excellent team work rendered by every officer, Senior and Junior—it would be invidious to make special mention of any individual.

To the Chairman, the Chairmen of Sub-Committees and the Members of the Committee I offer thanks for their unvarying support and encouragement.

I am,

Ladies and Gentlemen,

Your obedient Servant,

E. K. MACDONALD, M.D., B.S., D.P.H.,

Medical Officer of Health.

Health Department,
Grey Friars,
Leicester.

5th July, 1937.

SECTION A.

Statistics and Social Conditions

ANNUAL REPORT, 1936

(The Report takes the form requested by the Ministry of Health in Circular 1561)

SECTION A.

Statistics and Social Conditions of the Area

The City of Leicester lies in the centre of England, in the middle of an agricultural district. The situation of the City is important for many reasons but probably the most important from the point of view of health is that as there is no large town within many miles and the real countryside is only three or four miles from the centre of the City, no smoke-laden clouds reach us from our neighbours and the atmosphere is proportionately cleaner.

Leicester is a prosperous city, the staple industries, hosiery and boots and shoes, providing a large volume of employment. So that although there is a certain amount of unemployment, it does not reach the unfortunate proportion met with in some parts of England.

Comments on the Vital Statistics.

General Note.

The Registrar General estimates that the population of the City for mid-year 1936 was 261,800. This shows a small increase of 800 over the population estimated for 1935.

Births.

The corrected number of births for the year was 3,786 (M.1,867, F.1919) compared with 3,571 for 1935 and 3,417 for 1934. The birth rate was 14.46 compared with 13.94 for 1935 and 14.17 for 1934.

The birth rate for 1936 was the highest since 1932.

TABLE 1.—Vital Statistics of whole District during 1936 and previous years. City of Leicester.

Year.	Population estimated to middle of each year, revised in light of 1921 and 1931 Census.	Births.			Total Deaths Registered in the District.		Transferable Deaths.		Net Deaths belonging to the District.			
		Uncorrected Number.	Net.		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 1000 Net Births.	Number.	Rate
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1920	236,873	5934	5905	24.91	2535	10.69	173	512	528	89.4	2874	12.13
1921	237,900	5074	5097	21.42	2527	10.62	182	532	438	85.9	2877	12.09
1922	238,240	4729	4646	19.50	2675	11.22	181	544	408	87.8	3038	12.71
1923	238,580	4647	4593	19.25	2396	10.04	182	560	386	84.0	2774	11.63
1924	238,920	4466	4380	18.33	2511	10.50	218	638	346	77.4	2931	12.27
1925	239,260	4316	4197	17.54	2709	11.32	212	637	368	87.6	3134	13.10
1926	239,600	4268	4119	17.19	2542	10.60	214	649	319	77.4	2977	12.42
1927	239,940	4124	3965	16.53	2657	11.07	273	660	298	75.1	3044	12.69
1928	240,280	4216	3988	16.60	2395	9.96	268	621	282	70.7	2748	11.44
1929	240,620	4044	3747	15.57	2946	12.24	277	748	301	80.3	3417	14.20
1930	240,960	4171	3872	16.07	2345	9.73	204	603	216	55.7	2744	11.39
1931	241,300	3950	3684	15.28	2673	11.09	342	653	235	63.7	2984	12.38
1932	240,800	3846	3583	14.88	2686	11.15	349	685	251	70.0	3022	12.55
1933	241,500	3532	3242	13.42	2750	11.39	356	689	242	74.65	3082	12.77
1934	241,100	3749	3417	14.17	2478	10.28	335	688	180	52.68	2831	11.74
1935	261,000	4025	3571	13.94	3075	12.07	340	239	212	59.37	2974	11.61
1936	261,800	4322	3786	14.46	3327	12.71	360	63	221	58.37	3030	11.57

Number of inhabited houses, December, 1936 .. 75,699

Average number of persons per house, Census, 1931 3.79

Area of District in acres (exclusive of area covered by water) 16,979

NOTE.—This Table has been filled in, in accordance with the instructions given on the form supplied by the Ministry of Health.

TABLE 2.

LEICESTER BOROUGH.

Showing estimated Population, Birth-rates, and Death-rates (General and Zymotic) per 1000 living during the last 38 years, 1899-1936.

Year. (1)	Estimated Population. (2)	Birth Rate. (3)	Death Rate. (4)	Zymotic (Death) Rate. (5)	Infant Mortality. (6)
1899	204,900	30.6	18.1	3.4	196.0
1900	208,600	29.7	17.8	3.6	174.1
1901	212,498	29.0	15.7	2.3	178.0
1902	213,974	29.5	14.8	1.5	153.3
1903	215,461	27.9	14.2	1.4	161.3
1904	216,958	27.5	15.0	2.0	161.1
1905	218,464	26.9	14.0	1.6	146.5
1906	219,980	26.6	15.1	2.4	166.2
1907	221,508	24.9	13.4	.9	130.1
1908	223,046	25.4	13.9	1.6	129.7
1909	224,595	24.1	14.0	1.3	126.6
1910	226,154	23.7	12.4	.7	126.3
1911	227,634	22.9	13.4	1.4	130.0
1912	229,294	22.5	13.5	.9	109.0
1913	230,970	22.8	13.3	.7	119.3
1914	232,664	22.1	14.1	1.1	119.9
1915	232,664	20.8	14.9	.5	122.8
1916	225,907	20.7	13.6	.8	104.8
1917	217,537	16.9	13.5	.7	105.0
1918	217,537	14.9	17.8	.5	108.1
1919	236,059	15.3	13.0	.3	98.0
1920	236,874	24.9	12.1	.8	89.4
1921	237,900	21.4	12.0	.5	85.9
1922	238,240	19.5	12.7	.5	87.8
1923	238,580	19.2	11.6	.4	84.0
1924	238,920	18.3	12.3	.7	79.0
1925	239,260	17.5	13.1	1.3	87.6
1926	239,600	17.2	12.4	.7	77.4
1927	239,940	16.5	12.7	.5	75.1
1928	240,280	16.6	11.4	.2	70.7
1929	240,620	15.6	14.2	1.3	80.3
1930	240,960	16.1	11.4	.4	55.7
1931	241,300	15.3	12.4	.5	63.7
1932	240,800	14.9	12.5	.8	70.0
1933	241,500	13.4	12.8	1.0	74.6
1934	241,100	14.2	11.7	.4	52.7
1935	261,000	13.9	11.6	.4	59.4
1936	261,800	14.5	11.6	.3	58.4

The above figures have been revised in the light of the census figures of the different census years. The population for the year 1920 having been considerably over-estimated has necessitated important corrections in that year.

TABLE

Showing the Population, Birth-rates, Death-rates, Zymotic Death-rat

Name of Town	Population as estimated by the Registrar General Mid-1936	Comparability Factor	Per 1,000 Population		Death Rate as adjusted by Factor	Rates		
			Birth Rate	Crude Death Rate		Small-pox	Measles	Scarl Feve
1. CROYDON ..	241,739	—	13.4	—	10.7	—	0.09	0.0
2. PORTSMOUTH ..	251,400	0.99	15.56	11.81	11.69	—	0.05	0.0
3. LEICESTER ..	**261,800**	**1.02**	**14.46**	**11.57**	**11.80**	—	—	—
4. BRISTOL ..	413,900	0.98	14.24	12.27	12.02	0.00	0.10	0.0
5. SHEFFIELD ..	518,200	1.13	15.21	10.81	12.22	—	0.08	0.0
6. PLYMOUTH ..	206,400	0.98	14.8	12.5	12.25	—	0.01	0.0
7. BIRMINGHAM ..	1,038,000	1.10	15.8	11.3	12.4	—	0.04	0.0
8. LONDON ..	4,141,100	1.02	13.59	12.35	12.60	—	0.14	0.0
9. WEST HAM ..	265,800	1.15	15.7	11.6	13.3	—	0.18	0.0
10. CARDIFF ..	221,500	1.06	15.1	12.6	13.3	—	0.01	0.0
11. NOTTINGHAM	279,400	1.03	15.20	13.21	13.61	—	0.08	0.0
12. HULL	321,500	1.10	18.4	12.7	14.0	—	0.21	0.0
13. SUNDERLAND ..	184,179	1.12	19.6	12.8	14.3	0.00	0.01	0.0
14. LEEDS	489,800	1.07	14.99	13.61	14.56	—	0.10	0.0
15. NEWCASTLE ..	290,400	1.13	15.6	13.1	14.8	—	0.06	0.0
16. LIVERPOOL ..	867,110	1.15	20.07	12.90	14.83	0.00	0.20	0.0
17. BRADFORD ..	290,500	1.00	13.42	14.92	14.92	—	0.05	0.0
18. STOKE-on-TRENT	273,100	1.22	16.8	12.4	15.1	0.00	0.13	0.0
19. MANCHESTER ..	759,058	1.14	14.71	13.50	15.39	—	0.16	0.0
20. SALFORD ..	206,000	1.18	15.0	14.0	16.5	—	0.24	0.0

Maternal Mortality, etc., in 20 Large Towns for the year 1936.

,000 Population from :—								Maternal Mortality (per 1,000 Total Births)		
Whooping Cough	Diphtheria	Typhoid and Para-typhoid	Diarrhoea (under 2 years)	Influenza	Tuberculosis		Infantile Mortality Rate	From Sepsis	From Other Causes	Total
					Pulmonary	Other Forms				
0.06	0.03	0.02	0.09	0.16	0.55	0.08	41	1.48	2.08	3.56
0.00	0.03	0.00	0.06	0.13	0.68	0.13	49	0.73	1.47	2.21
0.04	**0.03**	**0.00**	**0.08**	**0.13**	**0.78**	**0.11**	**58**	**2.3**	**1.0**	**3.3**
0.04	0.04	0.00	0.06	0.11	0.71	0.10	48	1.46	1.64	3.10
0.08	0.17	0.00	0.09	0.10	0.58	0.10	59	1.34	2.56	3.90
0.09	0.19	0.01	0.06	0.02	0.60	0.13	56	1.57	1.25	2.82
0.10	0.06	0.00	0.08	0.13	0.71	0.07	62	1.47	2.06	3.53
0.07	0.05	0.01	0.20	0.13	0.69	0.09	66	0.72	1.14	1.86
0.06	0.05	0.00	0.27	0.11	0.70	0.10	70	0.7	1.1	1.8
0.05	0.07	0.02	0.09	0.18	0.87	0.18	55	2.60	1.15	3.75
0.09	0.09	0.00	0.15	0.09	0.83	0.10	89	1.13	3.38	4.51
0.02	0.39	—	0.18	0.12	0.79	0.16	65	1.30	1.95	3.25
0.06	0.16	0.02	0.34	0.17	0.78	0.13	72	1.38	2.22	3.60
0.06	0.07	—	0.14	0.13	0.71	0.13	65	1.30	1.83	3.13
0.02	0.12	0.01	0.36	0.13	0.90	0.14	90	2.12	3.81	5.92
0.12	0.16	0.00	0.15	0.08	0.82	0.14	75	1.10	2.43	3.53
0.04	0.18	0.01	0.13	0.19	0.52	0.14	82	1.46	3.18	4.64
0.06	0.07	0.01	0.16	0.13	0.73	0.12	74	1.03	2.28	3.31
0.06	0.12	0.00	0.09	0.17	0.87	0.14	77	1.69	3.29	4.98
0.11	0.15	—	0.21	0.12	0.98	0.14	90	1.5	3.7	5.2

Infantile Mortality. (See Graph I and Table 4.)

The rate for 1936 was 58.37. This is calculated on the number of infants dying before reaching one year of age per 1,000 live infants born. The rate for 1935 was 59.4. Only twice previously, viz., in 1930 (55.7) and in 1934 (52.7) has this rate been lower. As pointed out in last year's report, we cannot expect a record each year, but it is very satisfactory that the rate remains low.

Many of these deaths occur in the first few days or weeks of life, and the problem of how to reduce this mortality is intimately bound up with the question of maternal mortality. A fuller consideration of the matter will be found in the report of the Maternity and Child Welfare Medical Officer on Page 180.

Still Births.

The number of still births, as given by the Registrar General, was 137. This amounts to 3.5 per cent. of the total births, compared with 3.6 per cent. for 1935.

The remarks just above relating to the importance of the ante-natal period in infant deaths equally hold good here.

Illegitimacy.

The corrected number of illegitimate births, including still births, was 180, equal to 4.6 per cent. of the total births. The figure for 1935 was 5.3 per cent.

Marriages.

The number of marriages solemnised in Leicester during the year was :—

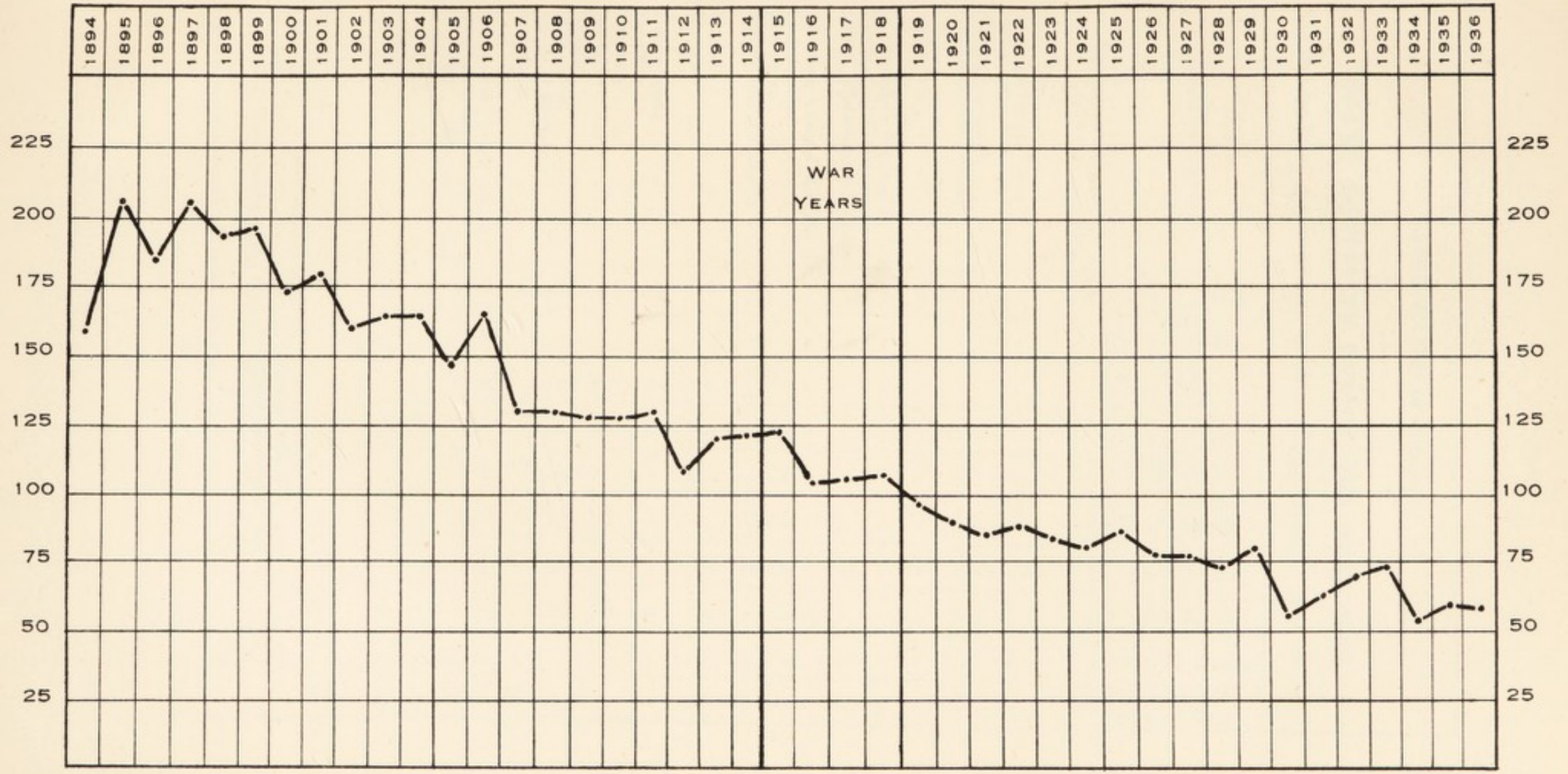
		(1935)
Church of England	1,260	(1,228)
Elsewhere	1,031	(1,035)
Total	2,291	(2,263)

Deaths.

The corrected number of deaths which occurred during 1936 was 3,030, namely 1,461 males and 1,569 females. The death rate per 1,000 of the estimated population was 11.57, compared with 11.61 for 1935.

GRAPH 1

INFANT MORTALITY. ANNUAL RATES IN LEICESTER. 1894 — 1936



FOR ACTUAL FIGURES SEE TABLE 10

TABLE 4. City of Leicester.

INFANT MORTALITY DURING THE YEAR 1936.

Net Deaths from stated Causes at various Ages under 1 year of Age.

Cause of Death.	Under 1 Week	1 to 2 Weeks	2 to 3 Weeks	3 to 4 Weeks	Total under 1 Month	1 to 3 Months	3 to 6 Months	6 to 9 Months	9 to 12 Months	Total Deaths under 1 Year
All Causes Certified.	88	11	7	6	112	38	33	23	15	221
Cerebro Spinal Fever	–	–	–	–	–	–	–	–	1	1
Spina bifida	1	1	–	1	3	2	2	–	–	7
Whooping-cough	–	–	–	–	–	1	–	3	3	7
Diphtheria and Croup	–	–	–	–	–	–	–	1	–	1
Erysipelas	–	–	–	–	–	–	–	1	–	1
Tuberculous Meningitis	–	–	–	–	–	–	–	–	–	–
Abdominal Tuberculosis	–	–	–	–	–	–	–	–	–	–
Other Tuberculous Diseases	–	–	–	–	–	–	–	–	1	1
Meningitis (*not Tuberculous*)	–	–	–	–	–	–	–	1	–	1
Convulsions	2	–	–	–	2	1	1	1	1	6
Bronchitis	–	1	–	–	1	1	1	–	–	3
Pneumonia (all forms)	–	1	–	1	2	17	12	6	8	45
Diarrhœa	–	–	1	1	2	5	11	3	–	21
Enteritis	2	–	–	–	2	1	–	–	–	3
Pink Disease	–	–	–	–	–	–	–	1	–	1
Jaundice	2	–	–	–	2	–	–	–	–	2
Gastritis	–	–	–	–	–	–	–	–	–	–
Syphilis	–	–	–	–	–	–	–	–	–	–
Rickets	–	–	–	–	–	–	1	1	1	3
Suffocation	1	–	–	–	1	–	3	–	–	4
Injury at Birth	5	–	–	–	5	–	–	–	–	5
Atelectasis	10	–	–	–	10	–	–	–	–	10
Congenital Malformations	5	3	2	–	10	2	–	1	–	13
Premature Birth	55	3	1	2	61	3	–	–	–	64
Atrophy, Debility and Marasmus	3	1	–	1	5	2	1	–	–	8
Other Causes	2	1	3	–	6	3	1	4	–	14

Net Births in the Year { legitimate, 3,617
illeg...

Net Deaths in the Year of { legiti...
illegitimate ...

Only on two previous occasions has this rate been lower than 11.57, so the rate for the year under review can be considered a fairly satisfactory one.

The comparability factor for the area as estimated by the Registrar-General was 1.02. The corrected death rate is therefore 11.80. It is interesting to note that this is the lowest standardised death rate for 1936 for any Midland County Borough.

Standardised Death Rates for Midland Boroughs.

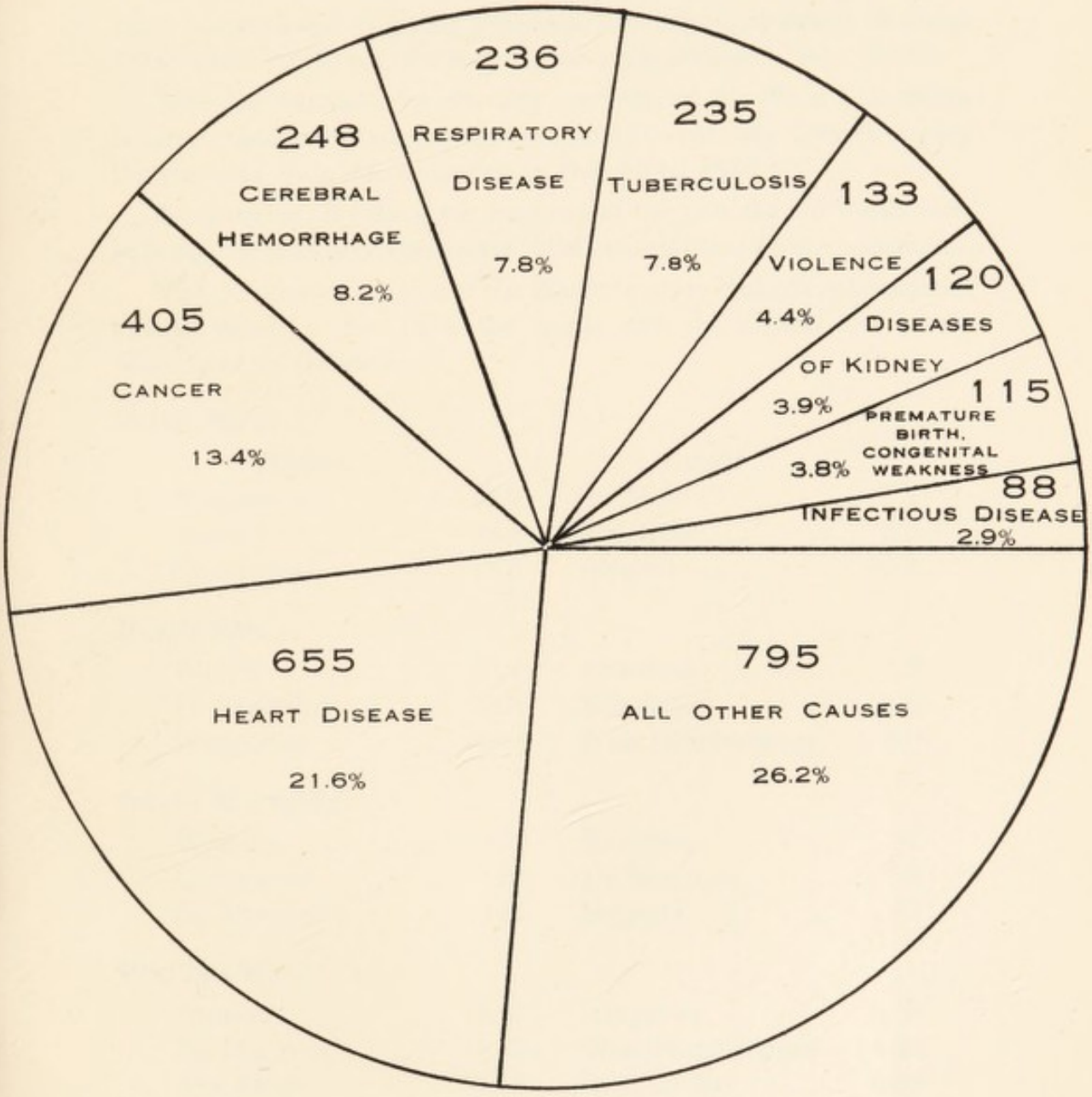
Leicester	11.80
Gloucester	11.9
Wolverhampton	11.98
Smethwick	12.04
Burton-on-Trent	12.05
Northampton	12.1
Coventry	12.2
Worcester	12.2
Birmingham	12.39
Derby	12.5
Dudley	13.25
Walsall	13.31
Nottingham	13.61
West Bromwich	13.97
Stoke-on-Trent	15.1

Causes of Deaths.

Table 9 shows the deaths classified according to certain specified causes, and to age and sex. Graph II shows certain of the more important causes of death arranged as proportionate parts of a disc. One sees at a glance what a very large proportion of deaths is caused by heart disease, cancer, respiratory diseases (mainly bronchitis and pneumonia), tuberculosis and cerebral haemorrhage. These between them accounted, during 1936, for more than half the total deaths. A word of caution is necessary as regards deaths ascribed to "heart disease." By no means all the deaths ascribed to this need be regarded as due to any definite lesion of the heart. Thus "myocarditis" or "heart failure" is sometimes given as one of the causes—possibly as *the* cause of death, and in the absence of any more specific cause, the death would be classified among the "heart disease" deaths.

Graph 2

Showing proportion of Deaths from Principal Causes. 1936



Zymotic Mortality.

The zymotic death rate is based upon all the deaths shown in Table 8, excepting those from pneumonia which are included under deaths from respiratory disease. The rate for the year was 0.34. There were 33 deaths from influenza, no deaths from measles as against 9 in 1935, 11 deaths from whooping cough compared with 16; there was one death from cerebro-spinal fever, and one from enteric fever and none from scarlet fever. Diphtheria caused 7 deaths as against 8 in 1935.

Comparative Ward Statistics.

Leicester is divided into 16 Municipal Wards which vary greatly in size and population, the smallest, St. Martin's, now largely given up to business and shopping purposes, has only a population of about 1,000 while Westcotes, the largest, has a population of over 35,000.

With the extension of the City, revision of the Ward boundaries became urgent and a scheme was presented to the City Council during the year and came into operation in December, 1936.

As, however, for the great majority of the year the old wards were in being, the rates given below are calculated on the old ward population.

The variation of the size of the Wards tends to make Ward Statistics of little value. For 1936, the wards with the highest and lowest rates were as follow:—

Birth Rate.

Highest.		*Lowest.*	
Wyggeston	20.9	St. Martin's ..	7.4
Newton	16.4	Knighton	8.5
Charnwood ..	15.8	Wycliffe	10.2

Death Rate.

Wycliffe	17.4	Aylestone	7.5
De Montfort ..	15.4	Belgrave	8.6
Wyggeston	13.9	West Humberstone	9.0

Infant Mortality.

Wycliffe	129	Knighton	27
Charnwood ..	122	De Montfort ..	39
St. Margaret's ..	114	Belgrave	43

Phthisis Rate.

Newton	1.27	Knighton	0.38
St. Margaret's ..	1.23	West Humberstone	0.43
The Castle	1.14	Spinney Hill ..	0.56

TABLE 5.

MUNICIPAL WARDS. VITAL STATISTICS, 1936.

WARD. (1)	*No. of Inhabited Houses, Dec., 1936. (2)	Estimated Population, Dec., 1936. (3)	No. of Persons per "structurally separate Dwelling." Census, 1931. (4)	Births (corrected). (5)	Deaths. (6)	Deaths under 1 year. (7)
1. St. Martin's	279	943	3.38	7	11	-
2. Newton	1,970	7,072	3.59	116	84	6
3. St. Margaret's	2,610	9,788	3.75	132	131	15
4. Wyggeston	2,685	10,874	4.05	227	151	10
5. Latimer	3,998	16,312	4.08	252	213	18
6. Charnwood	1,922	7,265	3.78	115	99	14
7. Wycliffe	2,538	9,086	3.58	93	158	12
8. De Montfort	1,468	5,388	3.67	77	83	3
9. The Castle	2,901	10,531	3.63	126	148	13
10. Westcotes	9,816	35,141	3.58	408	333	18
11. The Abbey	7,273	28,219	3.88	333	263	21
12. Belgrave	6,793	26,629	3.92	327	228	14
13. West Humberstone ..	8,149	32,352	3.97	492	292	25
14. Spinney Hill	9,018	33,727	3.74	366	349	24
15. Knighton	6,757	26,623	3.94	226	254	6
16. Aylestone	7,522	30,991	4.12	464	233	22

* Figures supplied by City Treasurer.

TABLE 6.

MUNICIPAL WARDS. VITAL STATISTICS, 1936.

WARD.	Birth-rate.	Death-rate.	Infant Mortality.	Zymotic rate.	Phthisis rate.	Average Phthisis Rate, Years 1922-31.	Average Phthisis Rate, Years 1932-36.
1. St. Martin's	7.4	11.7	—	—	1.06	1.08	0.60
2. Newton..	16.4	11.9	52	0.28	1.27	1.47	1.54
3. St. Margaret's	13.5	13.4	114	0.20	1.23	1.46	1.47
4. Wyggeston	20.9	13.9	44	0.46	0.92	2.06	1.32
5. Latimer	15.4	13.1	71	0.25	0.74	1.35	1.05
6. Charnwood	15.8	13.6	122	0.14	0.69	1.26	0.93
7. Wycliffe	10.2	17.4	129	0.44	0.88	0.91	1.12
8. De Montfort	14.3	15.4	39	0.18	0.93	0.63	1.31
9. The Castle	12.0	14.1	103	0.19	1.14	1.31	0.98
10. Westcotes	11.6	9.5	44	0.20	0.65	0.92	0.73
11. The Abbey	11.8	9.3	63	0.35	0.64	1.05	1.0
12. Belgrave	12.3	8.6	43	0.26	0.75	0.94	0.85
13. West Humberstone	15.2	9.0	51	0.28	0.43	1.04	0.88
14. Spinney Hill	10.9	10.3	66	0.27	0.56	0.85	0.58
15. Knighton	8.5	9.5	27	0.04	0.38	0.55	0.43
16. Aylestone	15.0	7.5	47	0.06	0.77	0.85	0.66

TABLE 7.
Deaths in each Ward, classified for Age and Cause, 1936.

WARD. (1)	Under 1 year. (2)	1 to 4 years. (3)	5 to 54 years. (4)	Over 55 years. (5)	Total all ages. (6)	Influenza. (7)	Measles. (8)	Scarlet Fever. (9)	Whooping Cough. (10)	Diphtheria. (11)	Typhoid Fever. (12)	Other Zymotics. (13)	Total (14)	Diarrhœa. (15)	Phthisis. (16)	Respiratory Diseases. (17)	Developmental Diseases. (18)	Cancer. (19)	Total. (20)
1. St. Martin's	..	..	6	5	11	..	..	..	..	..	..	..	..	..	1	1	6	3	11
2. Newton	6	4	25	49	84	1	..	..	..	1	..	..	2	1	9	11	52	9	84
3. St. Margaret's	15	1	32	83	131	..	..	..	1	1	..	..	2	4	12	16	77	20	131
4. Wyggeston	10	5	35	101	151	1	..	..	2	1	..	1	5	3	10	27	91	15	151
5. Latimer	18	4	57	134	213	3	..	..	1	..	..	..	4	3	12	24	144	26	213
6. Charnwood	14	..	24	61	99	1	..	..	..	..	..	..	1	2	5	11	71	9	99
7. Wycliffe	12	..	33	113	158	1	..	..	1	1	..	1	4	..	8	16	106	24	158
8. De Montfort	3	..	9	71	83	1	..	..	..	..	..	..	1	..	5	11	53	13	83
9. The Castle	13	4	33	98	148	1	..	..	1	..	..	..	2	2	12	22	87	23	148
10. Westcotes	18	4	76	235	333	3	..	..	2	1	..	1	7	3	23	29	227	44	333
11. The Abbey	21	6	61	175	263	7	..	..	..	..	..	3	10	2	18	27	173	33	263
12. Belgrave	14	6	62	146	228	4	..	..	..	..	1	2	7	..	20	28	143	30	228
13. West Humberstone ..	25	2	70	195	292	3	..	..	1	2	..	3	9	4	14	33	195	37	292
14. Spinney Hill	24	6	79	240	349	5	..	..	2	..	..	2	9	3	19	40	225	53	349
15. Knighton	6	..	63	185	254	..	..	..	..	..	..	1	1	..	10	32	183	28	254
16. Aylestone	22	3	81	127	233	1	..	..	..	..	..	1	2	1	24	18	163	25	233
Infirmary	31	15	138	135	319	1	..	..	1	..	..	..	2	6	2	39	218	52	319
City General Hospital ..	67	9	212	312	600	4	..	..	1	1	1	6	13	11	82	84	321	89	600
City Mental Hospital ..	..	..	9	49	58	..	..	..	..	..	..	..	..	..	1	9	46	2	58
Isolation Hospital	6	5	52	..	63	..	..	..	5	6	..	8	19	..	29	1	14	..	63

Deaths in Institutions have been subtracted from the Wards in which the Institutions are situated; and (except in some cases in the Workhouse where the home address is unobtainable) have been distributed to the Wards to which they belong. Deaths of persons transferred from the Workhouse to the City General Hospital, however, have not been distributed, as the home addresses of such persons are not obtainable.

TABLE 8.

Showing the number of Deaths from Zymotic (or Germ) Diseases in the Fourteen Years 1923-1936.

Disease.	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
Smallpox ..	0	0	0	0	0	0	0	1	1	0	0	0	0	0
Measles ..	21	0	43	8	18	1	17	5	14	10	17	12	9	0
Scarlet Fever ..	2	4	10	5	3	4	2	2	0	2	1	1	1	0
Diphtheria ..	9	35	34	37	11	17	13	7	6	5	11	20	8	7
Whooping Cough ..	31	18	69	21	29	7	56	8	9	16	13	6	16	11
Enteric Fever ..	2	1	1	0	1	0	0	1	1	0	0	1	1	1
Diarrhœa ..	38	62	57	40	22	50	27	33	40	28	34	21	23	20
Enteritis ..	22	19	10	5	2									
Erysipelas ..	2	8	10	9	5	0	0	0	3	4	9	8	11	4
Influenza ..	31	39	55	15	54	18	214	27	39	100	159	26	26	33
Puerperal Fever ..	3	3	7	11	2	7	3	8	2	5	5	8	8	9
Cerebro-Spinal Fever	0	0	3	5	2	0	4	4	9	7	2	2	4	1
Poliomyelitis ..	0	0	0	7	2	0	0	1	0	1	0	0	1	0
Encephalitis Lethargica	4	7	10	9	7	3	12	8	7	9	4	1	3	2
Pneumonia ..	210	218	245	168	208	187	284	206	238	244	229	225	135	192
Totals ..	375	409	554	340	366	294	632	311	369	431	484	331	246	280

N.B.—In calculating the Zymotic rate since 1923, all the above deaths have been included except pneumonia. Particulars of deaths from Tuberculosis are given on page 64.

TABLE 9.

Deaths during 1936 of Persons belonging to City of Leicester as classified by the Registrar General according to Disease, Sex and Age-period.

Causes of Death.	Sex.	All Ages.	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
All Causes	M	1461	122	12	12	25	37	67	91	155	271	336	333
	F	1569	99	9	12	18	44	66	107	138	228	391	457
1. Typhoid and Paratyphoid Fevers	M	–	–	–	–	–	–	–	–	–	–	–	–
	F	1	–	–	–	–	1	–	–	–	–	–	–
2. Measles	M	–	–	–	–	–	–	–	–	–	–	–	–
	F	–	–	–	–	–	–	–	–	–	–	–	–
3. Scarlet fever ..	M	–	–	–	–	–	–	–	–	–	–	–	–
	F	–	–	–	–	–	–	–	–	–	–	–	–
4. Whooping cough	M	5	3	2	–	–	–	–	–	–	–	–	–
	F	6	4	1	1	–	–	–	–	–	–	–	–
5. Diphtheria ..	M	6	1	–	1	4	–	–	–	–	–	–	–
	F	1	–	–	–	1	–	–	–	–	–	–	–
6. Influenza ..	M	19	–	–	–	–	–	1	1	4	5	5	3
	F	14	–	–	–	–	–	2	3	–	2	4	3
7. Encephalitis lethargica ..	M	1	–	–	–	–	–	–	–	–	1	–	–
	F	1	–	–	–	–	–	–	–	–	1	–	–
8. Cerebro-Spinal Fever	M	–	–	–	–	–	–	–	–	–	–	–	–
	F	1	1	–	–	–	–	–	–	–	–	–	–
9. Tuberculosis of respiratory system	M	118	–	–	–	–	9	30	25	29	14	8	3
	F	87	1	–	–	–	22	19	19	13	9	3	1
10. Other tuberculous diseases	M	17	–	2	4	6	3	–	–	2	–	–	–
	F	13	–	–	1	2	3	–	5	2	–	–	–
11. Syphilis	M	4	–	–	–	–	–	–	1	2	–	1	–
	F	4	1	–	–	–	–	–	1	1	1	–	–
12. General Paralysis of Insane, Tabes Dorsalis	M	6	–	–	–	–	–	–	1	1	2	2	–
	F	1	–	–	–	–	–	–	–	–	–	1	–
13. Cancer, malignant disease	M	173	1	–	–	–	2	1	8	21	50	60	30
	F	232	–	–	–	1	–	4	19	34	60	75	39
14. Diabetes	M	20	–	–	–	–	–	–	–	–	2	12	6
	F	33	–	–	–	–	–	–	1	4	6	13	9
15. Cerebral hæmorrhage, &c. ..	M	102	–	–	–	–	–	–	2	3	22	41	34
	F	146	–	–	–	–	1	–	2	4	27	60	52
16. Heart disease ..	M	293	–	–	–	3	2	5	6	27	77	74	99
	F	362	–	–	–	4	3	9	16	25	47	114	144
17. Aneurysm ..	M	8	–	–	–	–	–	–	1	–	5	1	1
	F	1	–	–	–	–	–	–	–	1	–	–	–

TABLE 9—continued.

Causes of Death.	Sex.	All Ages.	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
18. Other Circulatory Diseases	M	58	–	–	–	–	–	–	–	1	10	22	25
	F	57	–	–	–	–	–	–	2	4	7	18	26
19. Bronchitis ..	M	58	2	–	–	–	1	1	–	4	11	16	23
	F	53	5	–	–	–	1	–	2	1	7	15	22
20. Pneumonia (all forms)	M	111	28	5	3	1	3	6	6	13	16	16	14
	F	81	17	4	6	–	3	1	4	6	12	14	14
21. Other respiratory diseases	M	24	–	–	1	1	–	3	2	3	2	6	6
	F	9	–	1	–	–	–	–	2	–	2	–	4
22. Peptic Ulcer ..	M	18	–	–	–	–	–	1	5	6	4	2	–
	F	4	–	–	–	–	–	–	–	–	1	2	1
23. Diarrhoea, &c. ..	M	17	13	–	–	–	–	–	–	1	1	–	2
	F	9	7	–	1	–	–	–	–	–	–	–	1
24. Appendicitis ..	M	8	–	–	1	1	–	1	–	2	1	2	–
	F	6	–	–	1	1	–	1	1	–	–	1	1
25. Cirrhosis of Liver	M	7	–	–	–	–	–	1	1	2	2	1	–
	F	2	–	–	–	–	–	–	–	–	1	–	1
26. Other Diseases of Liver, etc. ..	M	2	–	–	–	–	–	–	–	1	–	1	–
	F	7	–	–	–	–	–	1	1	–	1	1	3
27. Other Digestive Diseases	M	28	3	1	1	2	–	1	4	3	4	7	2
	F	24	–	–	–	1	1	–	3	2	3	9	5
28. Acute and chronic nephritis ..	M	55	–	–	–	1	1	3	7	11	7	16	9
	F	65	–	–	–	–	2	8	3	5	13	23	11
29. Puerperal sepsis ..	F	9	–	–	–	–	1	6	2	–	–	–	–
30. Other Puerperal Causes	F	4	–	–	–	–	–	3	1	–	–	–	–
31. Congenital debility, premature birth, malformation, etc.	M	60	59	–	1	–	–	–	–	–	–	–	–
	F	55	52	–	–	2	–	–	1	–	–	–	–
32. Senility	M	44	–	–	–	–	–	–	–	–	–	3	44
	F	88	–	–	–	–	–	–	–	–	–	8	80
33. Suicide	M	19	–	–	–	–	2	–	4	2	7	4	–
	F	16	–	–	–	–	–	–	3	8	2	2	1
34. Other violence ..	M	61	2	1	–	2	7	8	9	11	7	5	9
	F	37	4	1	2	–	1	–	1	4	8	3	13
35. Other Defined Diseases	M	116	10	1	–	4	6	5	8	6	20	30	26
	F	138	7	2	–	6	5	12	15	24	18	24	25
36. Causes Ill-defined or unknown ..	M	3	–	–	–	–	1	–	–	–	1	1	–
	F	2	–	–	–	–	–	–	–	–	–	1	1

VACCINATIO

J. H. Lockwood, City Health Depa

The work undertaken by the Vaccination Offic

Return respecting the Vaccination of Children whose births were registered fro

Registration Sub-Districts comprised in the Vaccination Officer's District.	Number of Births returned in the "Birth List Sheets" as registered from 1st January to 31st December, **1935**	Number of these Births duly entered by **31**st January, **1937**, in Columns I., II., IV. and V. of the "Vaccination Register" (Birth List Sheets), viz.:				
		Col. I. Successfully Vaccinated	Col. II.		Col. IV. Number in respect of whom Statutory Declarations of Conscientious Objection have been received.	Col. V. Died unvaccinate
			Insusceptible of Vaccination	Had Small Pox		
1	2	3	4	5	6	7
North West ..	1694	24	—	—	1579	55
North East ..	564	8	—	—	531	25
South	1438	65	1	—	1268	96
Total	3696	97	1	—	3378	176

Number of Children successfully vaccinated after the declarati

Total number of Certificates for year 1936 sent to other Vaccinati

)FFICER. Table 11.

nent, Grey Friars, Leicester.

s summarised in the following table :—

st January to 31st December, 1935, inclusive.

Number of these Births which on **31st January, 1937**, remained unentered in the "Vaccination Register" on account (as shown by "Report Book") of			Number of these Births remaining on 31st January, **1937**, neither duly entered in the "Vaccination Register" (columns 3, 4, 5, 6 and 7 of this Return) nor temporarily accounted for in the "Report Book" (columns 8, 9 and 10 of this Return).	Total number of Certificates and copies of Certificates of Successful Primary Vaccination of **Children under 14** received during the **Calendar Year 1936**	Number of Statutory Declarations of **Conscientious Objection actually received** by the Vaccination Officer irrespective of the dates of birth of the children to which they relate, **during the Calendar Year, 1936**
Post-ponement by Medical Certificate	Removal to Districts the Vaccination Officers of which have been duly apprised	Removal to places unknown, or which cannot be reached ; and Cases not having been found.			
8	9	10	11	12	13
				These figures are to be obtained from columns 2 and 6 of the Summary (Form N.).	
5	4	24	3	32	1642
—	—	—	—	10	566
3	2	1	2	71	1391
8	6	25	5	113	3599

f conscientious objection had been made .. .. .. Nil

)fficers 2

TABLE 12.

Return showing the numbers of Persons successfully vaccinated and re-vaccinated at the cost of the rates by the Medical Officers of the Poor Law Institution and the Public Vaccinators during the year ended 31st December, 1936.

Name of the Poor Law Institution or Vaccination District	Name of the Medical Officer or Public Vaccinator	Numbers of Successful Primary Vaccinations of Persons :—			Numbers of Successful Re-vaccinations, i.e., successful vaccinations of persons who had been successfully vaccinated at some previous time	Observations
		Under one year of age	One year and upwards	Total		
Swain St. Institution ..	Dr. E. C. Hadley	—	—	—	—	Of the Vaccinations of children under one year, 54 were private
City General Hospital ..	Dr. E. C. Hadley	—	—	—	—	
North West District ..	Dr. J. W. Fordham	32	3	35	—	
North East District ..	Dr. J. W. Fordham	10	—	10	—	
South District	Dr. A. J. L. Speechley	71	14	85	—	
	Totals	113	17	130	—	

COMMENTS ON SPECIFIC CAUSES OF DEATH.

SMALLPOX.

No case and no death occurred during 1936.
For Vaccination Return, see Table 11.

SCARLET FEVER.

Notifications, 534. Deaths, Nil.

The figure for notifications is markedly less than in the previous two years when just over 1,400 cases were notified in each year. The epidemic abated during the year and the incidence of the disease returned to normal.

It is very satisfactory to record that no deaths occurred from this disease. This is due in part to the low virulence of the disease but also to the prompt serum treatment given to every case admitted to Hospital.

Only on one previous occasion has there been no death from Scarlet Fever.

DIPHTHERIA.

Notifications, 267. Deaths, 7.

The vast majority of these cases were admitted to Hospital. The case mortality of such cases was 2.5 per cent., the second lowest on record for the City. Reference should be made to the Hospital report on page 88.

Diphtheria Immunisation.

In the last Annual Report it was pointed out that hospitalisation of diphtheria as a preventive measure had been ineffective in reducing the amount of this disease in the City. The mortality from the disease has certainly been reduced, particularly of late years, since 1927, due to intensive intravenous Antitoxin treatment, but the number of cases notified has not decreased. The average number of notifications for the ten years 1901-1910 was 271, the average number of notifications 1931-1935 was 283 ; this in spite of the general improvement in health and sanitation that has occurred during the present century.

The Committee at the end of the year under review (1936) decided to make Diphtheria Immunisation available to the general public, and appointed Dr. Pauline K. Hearth, a part-time medical officer, and Miss M. E. Woolcock, Health Visitor, for this purpose.

It is proposed to hold three sessions a week for immunisation, on Monday afternoons at Richmond House School Clinic, and on Thursday mornings at Highcross Street Clinic and a lecture propaganda session with film at a School or Clinic on Tuesday afternoon or evening.

All parents of children (a) aged 8 months, (b) aged 4 years and (c) at Infant Schools are being circularised and offered immunisation for their children, and the co-operation of the local medical profession is being sought in the campaign.

TYPHOID FEVER.

Twelve cases occurred with one death. These figures are practically exactly the same as in 1935.

The usual investigation into the cause of these cases was made but nothing definite was found. A considerable amount of unsatisfactory shellfish finds its way into the City from time to time, and although no definite connecting link could be found suggesting that a case of Typhoid had followed the consumption of shellfish, it is possible that this may have been a factor in the spread of the disease. (See page 186.)

MEASLES.

No deaths occurred from this disease during 1936. Not since 1924 has so happy a state of affairs existed.

Measles, however, is a serious disease and has a marked tendency to occur in waves. The fact that no deaths occurred in 1936 does not suggest that no deaths will occur in 1937 and unfortunately at the time of writing (May, 1937) the expected epidemic is beginning.

It is vitally important that measles should be avoided in the very young. It is particularly fatal to children under 5 years of age. Serum treatment for its prevention is available at the Isolation Hospital.

WHOOPING COUGH.

Eleven deaths occurred from this disease, compared with 16, 6, 13, 16 and 9 for the previous five years respectively.

Whooping Cough, like Measles, is a serious disease, and particularly dangerous to the very young. All the deaths this last year occurred in children under five years of age.

TABLE 10.

MEASLES AND WHOOPING COUGH DEATHS AND MORTALITY per 1,000 BIRTHS.

Quinquennial Period.	Births.	Measles Deaths.	Mortality per 1,000 Births.	Whooping Cough Deaths.	Mortality per 1,000 Births.
1902-6 ..	30,065	312	10.3	354	11.1
1907-11 ..	27,247	420	15.4	191	7.0
1912-16 ..	25,139	437	17.3	190	7.5
1917-21 ..	21,710	248	11.4	134	6.1
1922-26 ..	21,935	120	5.5	164	7.4
1927-31 ..	19,256	55	2.8	109	5.6
1932-36 ..	17,599	48	2.7	62	3.5

INFLUENZA.

Thirty-three deaths occurred, all in persons of over 25 years of age. Twenty-two were in persons of 55 years of age and over. Nothing in the nature of an epidemic occurred during the year but early in 1937 there was a serious epidemic which will be reported in next year's report.

PNEUMONIA.

	Cases Notified.	*Deaths.*
1936	301	192
1935	239	135
1934	259	225

Analysing the cases that died in 1936 according to age, we find :—

Age.	*Deaths.*
0-4 years ..	63
5-14 ,, ..	1
15-24 ,, ..	6
25-34 ,, ..	7
35-54 ,, ..	29
55 and over ..	86

It is obvious that pneumonia is particularly a disease of the two extremes of life.

Forty-five of the deaths or 23.4 per cent. of the total occurred in children under one year of age, and caused 20 per cent. of the total infant mortality.

Pneumonia also is more fatal to adult males than females.

BRONCHITIS.

111 deaths assigned to this cause, 94 occurring in persons of 55 years and older.

MALIGNANT DISEASE (CANCER).

405 deaths occurred in 1936.

The classification of cancer deaths into age groups is as follows :—

	DEATHS.		
	Males.	Females.	Total.
Under 25 years	3	1	4
25-34 years	1	4	5
35-44 ,, ...	8	19	27
45-54 ,, ...	21	34	55
55-64 ,, ...	50	60	110
65 and over	90	114	204
Totals	173	232	405

The disproportion between the sexes is marked as is also the fact that cancer is a disease of later life.

The comparative figure for 1935 was 408 cases.

Arrangements for Diagnosis and Treatment.

As stated elsewhere in this Report, the two main hospitals in the City are the Leicester Royal Infirmary (voluntary) and the City General Hospital (municipal).

Practically all cases of cancer are referred for diagnosis and treatment to one or other of these two institutions. As, however, the Royal Infirmary is an approved Radium Centre and is the main surgical hospital of the district, the majority of such cases are, in the first instance, referred there. Full facilities for diagnosis are available at this hospital which has a completely equipped surgical out-patient department and in-patient accommodation. All methods of treatment are also available, e.g., surgery, radium and deep X-ray therapy.

The specialist in charge of the X-ray plant at the Royal Infirmary is also on the staff of the Health Department at the City General Hospital.

Some cases of cancer (132 in 1936) are admitted to the City General Hospital for diagnosis and treatment. Surgical treatment is available, but apart from co-operation with the Royal Infirmary no facilities exist for radium treatment and deep X-ray therapy.

Cases of inoperable cancer are also admitted for nursing and other care to the Swain Street Public Assistance Institution. Ordinary nursing and minor surgical treatment is available at this institution, and should the patient require more active treatment he is transferred to the City General Hospital.

In their consideration of the extension of the City General Hospital (see page 119) the Health Committee have given the fullest thought to the inclusion of a deep X-ray therapy unit in the scheme. The present X-ray plant at this hospital is totally inadequate, and a new unit for diagnosis is urgently required. The Committee have decided to provide such a unit, but the question at issue was whether it should include facilities for deep X-ray therapy.

It was, however, known that the Royal Infirmary was the recognised Radium Centre for the area and was also considering extension of their X-ray plant.

The Committee, therefore, decided not to proceed at the present with the deep X-ray therapy unit at the City General Hospital, but to try and come to an agreement with the Royal Infirmary whereby the responsibility for the diagnosis and treatment of all cases and types of cancer should be in the hands of the one hospital—the Royal Infirmary. The hope was that the Royal Infirmary would make itself responsible for treatment of this disease from beginning to end, and, in fact, establish a cancer unit for Leicester and Leicestershire.

Obviously, this course is highly desirable and although no joint meeting to discuss the matter has as yet been held (12.1.1937), it is hoped that very shortly steps may be taken to bring the scheme into being.

A detailed analysis of deaths from cancer is being made at the present time, but the inquiry has not yet proceeded far enough to give any results in this Report.

Propaganda.

No propaganda work, by leaflets or lectures, has been undertaken during the year under review.

Reference to previous Reports (especially those for 1932 and 1933) will show that a cancer diagnosis clinic was tried in Leicester and regretfully had to be closed in May, 1933, "owing to the smallness of the numbers attending."

TABLE 13. DEATHS FROM CANCER, 1936.

Tabulated as to Age, Sex and Organ Affected, in accordance with local classification.

Organ Affected.	Under 40 years.		40-60 years.		Over 60 years.		All Ages.	
	M.	F.	M.	F.	M.	F.	M.	F.
Lip	–	–	–	–	–	–	–	–
Tongue	–	–	1	–	6	–	7	–
Jaw	–	–	–	–	-	1	–	1
Mouth	1	–	1	–	3	2	5	2
Larynx	–	–	3	1	1	-	4	1
Oesophagus ..	–	–	2	1	9	3	11	4
Stomach	3	1	13	9	26	22	42	32
Intestines	–	–	–	–	4	4	4	4
Colon	–	1	4	6	10	30	14	37
Rectum	1	1	3	4	21	15	25	20
Liver	–	1	1	1	4	7	5	9
Pancreas	–	–	2	2	6	2	8	4
Spleen	–	–	–	–	–	–	–	–
Lungs	1	–	3	1	3	2	7	3
Kidney	–	–	1	–	–	–	1	–
Bladder	–	–	2	2	6	6	8	8
Prostate	–	–	1	–	9	–	10	–
Testicle	–	–	–	–	–	–	–	–
Ovary	–	–	–	–	–	2	–	2
Uterus	–	1	–	21	–	19	–	41
Breast	–	2	–	17	1	24	1	43
Bones	–	–	1	–	2	–	3	–
Other Forms or not specified	2	2	1	7	7	7	10	16
Total	8	9	39	72	118	146	165	227

TABLE 14.

CANCER STATISTICS, 1904-36.
(Calculated locally)

Year.	Total Cancer Deaths.	Cancer Deaths—per cent. of Total Deaths.	Cancer Death-rate per 100,000 Population.
1904	213	6.5	98
1905	180	5.8	82
1906	168	5.0	76
1907	199	6.6	89
1908	214	6.8	95
1909	195	6.1	86
1910	200	7.1	88
1911	236	7.7	103
1912	226	7.2	98
1913	252	8.1	109
1914	269	8.1	115
1915	219	6.4	94
1916	228	7.3	100
1917	255	8.6	117
1918	309	7.9*	132
1919	249	8.0	108
1920	257	8.9	104
1921	307	10.6	129
1922	276	9.0	116
1923	274	9.8	114
1924	281	9.5	116
1925	318	10.1	131
1926	395	13.2	163
1927	324	10.6	132
1928	349	12.7	142
1929	357	10.4	145
1930	372	13.5	151
1931	357	11.9	148
1932	356	11.8	148
1933	367	11.9	152
1934	377	13.3	156
1935	384	12.9	150
1936	392	12.9	150

*In 1918 the total deaths from all causes were very high so that the per cent. figure was proportionately lower.

TUBERCULOSIS.

The number of fresh cases notified and deaths registered during 1936 was as follows (corresponding figures for 1935 in brackets) :—

	Cases		Deaths	
Pulmonary Tuberculosis ..	335	(460)	205	(228)
Other forms	79	(100)	30	(24)
Total	414	(560)	235	(252)

It is satisfactory to report that the death rate for Tuberculosis and particularly for Pulmonary Tuberculosis, is again the lowest on record for Leicester. The matter is further dealt with in the report of the Tuberculosis Officer, Appendix I, page 59.

In connection with tuberculosis of non-pulmonary type, it is of interest to note that research suggests that the great majority of cases of cervical gland tuberculosis, about 40 per cent. of cases of tuberculous meningitis and about one-third of the cases of bone and joint tuberculosis, are all caused by tubercle bacilli of bovine origin, presumably from milk infection. There were 16 deaths from tuberculous meningitis, 10 from miliary tuberculosis, one from abdominal tuberculosis and one from tuberculous cystitis.

MATERNAL MORTALITY.

During the year there were 13 deaths from Puerperal Causes, 9 of these being classified to Puerperal Sepsis.

In 1935 there were 22 deaths of which 8 were due to sepsis.

It is difficult to state why there has been such a drop in the deaths from causes other than sepsis, i.e., from 14 deaths to four, and one can only hope that such a satisfactory state of affairs will continue. It should not be forgotten, however, that one extra death makes a considerable difference in the rate—the figures being so comparatively small. Still, the rate for 1936 is a source of satisfaction and encouragement. The matter is fully discussed in the special section of this report devoted to Maternity and Child Welfare. Page 189.

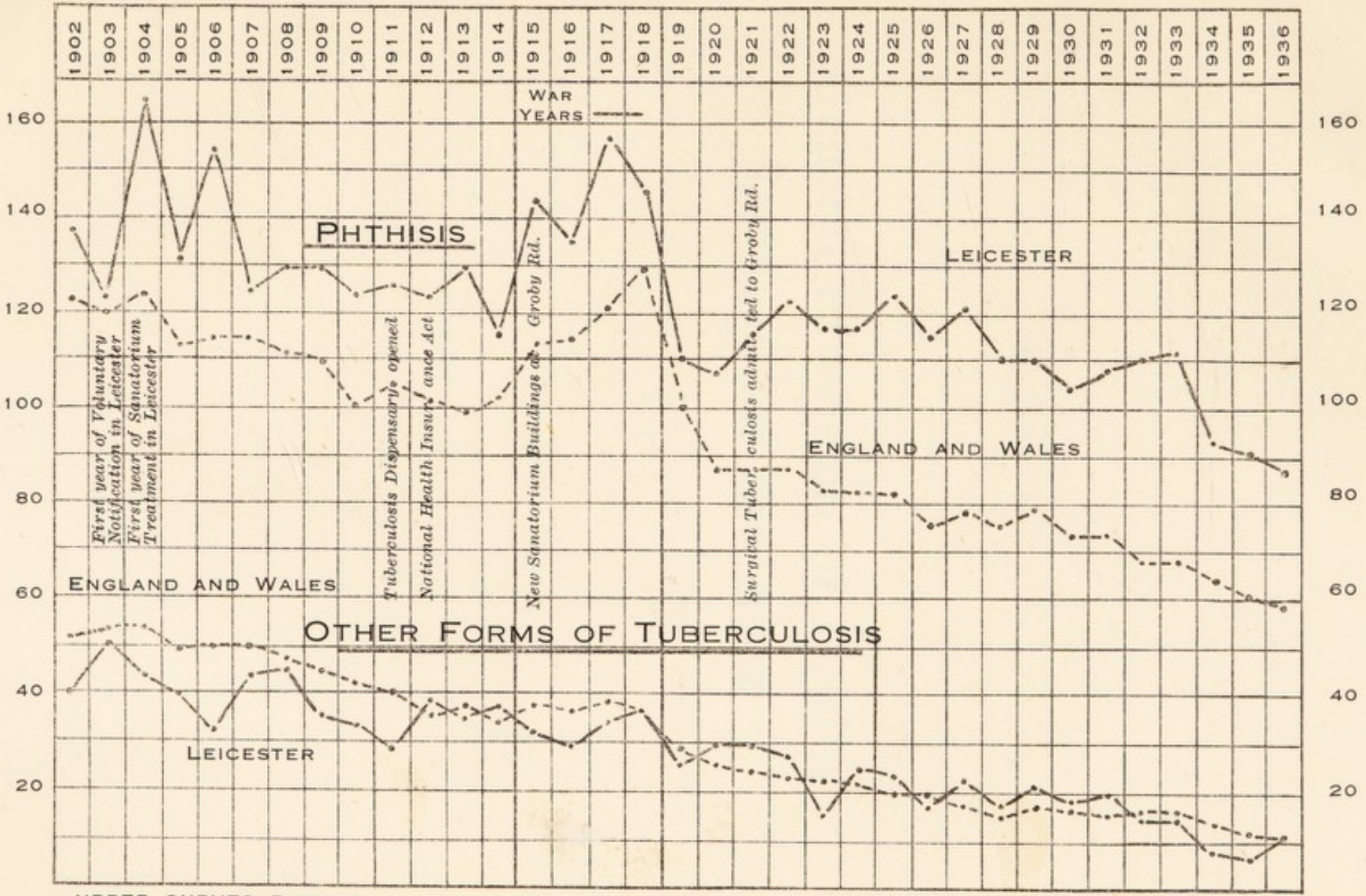
DEATHS FROM VIOLENCE.

Included under this heading are 35 deaths from suicide (19 males and 16 females), 30 deaths from road accidents (24 males and 6 females), and 68 deaths from other types of violence, totalling in all 133 deaths (80 males and 53 females).

GRAPH 3

TUBERCULOSIS MORTALITY PER 100,000 POPULATION

1902—1936



UPPER CURVES—PHTHISIS

LOWER CURVES—OTHER FORMS OF TUBERCULOSIS

FULL LINE— LEICESTER

BROKEN LINE—ENGLAND AND WALES

SECTION B.

General Provision of Health Services for the Area

SECTION B.

General Provision of Health Services for the Area

1. (i) Full particulars of the Public Health Officers of the Authority are incorporated at the beginning of this Report.

(ii) (a) **Laboratory Facilities.**

Public Analyst. No change. See special report in Appendix VI, Page 187.

Pathologist. No change. See pages 100 and 135.

(b) **Ambulance Service.**

City Isolation Hospital. Two ambulances are provided at this hospital for the removal of infectious patients. There has been no change in this service during 1936.

City General Hospital. The ambulance service for this hospital is provided by the City Fire Brigade Department. There has been no change in this service during 1936. But see page 122.

Westcotes Maternity Home. Patients make their own arrangements.

(c) **Nursing in the Home.** No change.

(d) **Clinics and Treatment Centres.** No change.

Accommodation for the Central Office of the Health Department and certain Clinic Services.

For some considerable time the attention of the Health Committee has been directed towards the unsatisfactory nature of the office accommodation at Grey Friars.

These offices were opened in March, 1923, and at that time accommodated 39 persons.

Owing to expansion of the service the Tuberculosis Department removed to Regent Road in 1930, but in spite of this relief, the numerical increase in the Sanitary and Secretarial Staff rapidly absorbed the extra accommodation so that in March, 1936, when a report was made on the matter to the Health Committee, approximately 75 persons were accommodated in premises originally meant for 39.

In summarising the defects of the premises it may be stated that :—

(a) Every room is overcrowded : this applies especially to those occupied by the Cleansing, Sanitary Inspecting and Health Visiting Staff.
(b) There is insufficient waiting room accommodation.
(c) The sanitary accommodation is totally inadequate.
(d) There is no accommodation for cars, bicycles, smoke machines, etc., for Staff or Visitors.
(e) The basement Scabies Clinic is very unsatisfactory.
(f) There is inadequate storage room.

It was recommended that a Health Centre be built to accommodate

(a) The Office Staff.
(b) The Tuberculosis Dispensary.
(c) A Central Maternity and Child Welfare Centre and Milk Depot.
(d) Public Analyst's Laboratory.
(e) Scabies Clinic.
(f) X-ray Department.
(g) Orthopaedic and Light Treatment Department.
(h) Garage.
(i) Storeroom.
(j) Committee room.

The Committee approved of the recommendation and decided that the building should be erected on a site in Belgrave Gate already the subject of slum clearance procedure and partly cleared.

It is, however, very desirable that, if possible, the building should include the Central School Clinic, which is at present accommodated at Richmond House.

There are obvious and outstanding administrative and medical advantages in fusion of the accommodation occupied by the two departments.

This aspect of the matter is still under consideration.

(e) **Hospitals : Voluntary and Public :—**

VOLUNTARY.

The Royal Infirmary, Leicester. The following details are obtained from the Annual Report of the Royal Infirmary for 1936 :—

In-Patients.	1936	1935	1934
Remaining in on 1st January	346	370	350
Admitted	8,066	7,687	7,428
Children's Hospital :—			
Remaining in on 1st January	50	60	63
Admitted	1,322	1,350	1,425
	9,784	9,467	9,266

The average daily number of Beds occupied during the same three years was respectively :—

513.7 496.85 464.81

The average stay per In-patient in 1936 was 20 days.

The number of operations advanced from 6,148 in 1935 to 6,492 in 1936.

The average cost per occupied Bed was £172.

197 patients died within 48 hours of admission.

2,263 In-patients in an early stage of recovery were transferred to Convalescent Homes where they remained for an average stay of 14.77 days.

Out-Patients.	1936	1935	1934
New patients	16,379	15,934	14,793
Renewed attendances ..	54,809	55,850	59,836
	71,188	71,784	74,629
Casualties.			
New patients	23,868	22,303	21,419
Renewed attendances ..	89,641	87,115	79,330
,, ,, fracture clinic from 18th May, 1936	6,028	—	—
Total ..	119,537	109,418	100,749

Casualties.			1936	1935	1934
Operations			5,905	5,655	5,378
Radiography :—					
X-Ray Department attendances			36,358	28,433	30,774
Fluorescent screen examinations			10,384	9,070	9,225
X-Ray photographs taken ..			37,307	32,134	26,921
X-Ray treatments :—					
Deep Therapy ..	2,070				
Superficial	1,340				
Examinations ..	1,048				
	——		4,458	4,283	2,312
Ultra Violet Ray treatments			8,020	5,955	7,146
Radium treatments ..			613	483	482
Pathological and Bio-Chemical Departments :—					
Examinations made ..			24,848	25,385	23,716
Orthopaedic Department (Massage and Electrical) :—					
Number of attendances ..			49,624	50,299	48,196
Number of treatments :—					
Massage			58,512	57,805	59,255
Electrical			33,066	32,582	27,224
Total treatments ..			91,578	90,387	86,479

The Leicester Faire Hospital.

Intended to meet the needs of those who prefer to pay for their accommodation, but are not able to afford the usual fees of private nursing homes. It has 40 beds, and patients pay both for residence and for operations according to an approved scale. The terms are very moderate.

The Fielding Johnson Private Hospital.

This was the gift to the City of the late Mr. T. Fielding Johnson. It is a high-class, completely equipped, private hospital run on a self-supporting basis, doing the work usually done by private-venture nursing homes. It can accommodate 48 patients, including maternity cases.

It is controlled by a Committee, on which the medical profession are well represented. The fees (for residence and nursing) are necessarily higher than at the Faire Hospital.

Highfield Hospital.

Fourteen beds. This is really a nursing home, managed by a Committee and partly supported by voluntary subscriptions. The fees paid by patients are much the same as those at Faire Hospital.

The Leicester and Leicestershire Maternity Hospital, Leicester.

During the year ended the 31st March, 1937, 916 patients were admitted and 892 patients were delivered.

1,029 patients made 5,649 attendances at the ante-natal clinics.

During 1936 the question of the grant to this hospital, under the M. & C.W. Scheme and the L.G.A., 1929, was fully discussed.

The Hospital for several years has been running more and more into debt, so that in 1936 over £2,000 was owing to the bank on the general account and a similar amount on the Building Fund.

It was finally decided to increase the Council's contribution (from the 1st April, 1937) from £660 a year to £1,200 with the proviso that adequate representation on the Hospital Committee should be given to the Health Committee. The Hospital Committee were very pleased to accept this recommendation and the increased grant should enable the Hospital to carry on its excellent work. The closest co-operation exists between the Hospital authority and your Health Department.

PUBLIC.

The City General Hospital, Leicester.

See special report in Appendix III, page 109.

The City Isolation Hospital and Sanatorium, Groby Road.

See special report in Appendix II, page 83.

The Municipal Maternity Home, Westcotes Drive.

See special report in Appendix V, page 167.

City Mental Hospital, West Humberstone.

The number of beds is about 1,000, and paying cases are admitted in addition to ordinary cases.

An Out-Patient Clinic for Nervous Ailments is held on Wednesday afternoons, when cases referred by their medical attendant are seen and advised. This Clinic is situated in the Mental Hospital grounds. It would be an advantage if it could be held elsewhere, as some borderline cases must necessarily object to the association with a mental hospital.

2. (i) Institutional medical services transferred under the Local Government Act, 1929 :—

The question of the accommodation at some place other than Swain Street Institution for the chronic aged sick has received the close attention of the Health Committee. Plans are now going forward to erect at the City General Hospital a block in which to house these people. Full details will be found on page 114.

(ii) Poor Law Medical Out-Relief. No change.

(iii) Institutional provision for the care of Mental Defectives :—

Leicester Frith Certified Institution. No change.

3. (i) Midwifery and Maternity Services. See special Section, page 178.

(ii) Institutional Provision for Mothers or Children. See special Section, page 173.

(iii) Health Visitors. See special Section, page 161.

(iv) Infant Life Protection. See special Section, page 173.

(v) Orthopaedic Treatment. See special Section, page 153.

4. Maternity and Nursing Homes. See special Section, page 170.

5. The Leicester and County Saturday Hospital Society.

One of the most important and successful voluntary health institutions in Leicester is the Saturday Hospital Society.

By means of a voluntary weekly levy (2d. per week), which is "automatically" deducted from wages, a really wonderful amount of money is subscribed by the weekly wage-earners of the City and County for the purpose of supporting the Royal Infirmary, of maintaining two fine Convalescent Homes, as well as rendering other important health services.

Last year (1936), a fresh record was again established, the total amount collected being the really magnificent sum of £57,345.

3,566 persons received assistance during the year, of whom 1,759 were sent to Overstrand Hall, 459 to Roecliffe Manor and 1,000 patients treated in the City General Hospital.

The work of this Society deserves all possible praise and support. It fills a most important place in the social services of Leicester.

6. Public Abattoir.

Throughout the year, continued consideration was given to the erection of a Public Abattoir. Conferences were held with the Butchers and other representative traders concerned. The chief difficulty was that the trade objected to the principle of a two-storey abattoir, whereas the committee considered that it was most important, on the grounds of health, to have this type of building. Finally, the council decided to go on with the abattoir as planned and to make application to the Government for its recognition as a special abattoir under the Livestock Industry Bill, 1936, when this becomes law.

7. The Butchers' Market.

In my last report I criticised seriously the method of screening the butchers' stalls in the market. I am glad to report that the Markets Committee have provided suitable screening material so that the stalls can be screened more adequately and as required by the Meat Regulations. As a result there has been considerable improvement.

Some butchers, however, were inclined to be slack in the arrangement of the screens, and it was necessary to institute proceedings against one man. (See page 237.)

The Health Department has no desire to pursue a policy of "pin-pricking" in this matter, but the Regulations must be observed.

Even with the provision of these screens, I do not feel that the present arrangement of the market is suitable. There are many objections to it from a health and cleanliness standpoint and it would be much better if the whole meat market could be transferred to a covered hall. See Page 220.

8. Meteorology.

The rainfall and mean temperature for each month of the year are given in Table 15.

The rainfall was 27.71 inches compared with 29.55 inches in 1935. The average rainfall for the ten years, 1923-1932, was 27.3 inches.

The number of days on which rain (0.1 inches or more) fell was 176 compared with 202 in 1935, and a ten years' average of 198.

During the year the Department of Scientific and Industrial Research commenced an enquiry into the amount of Atmospheric Polution in and around the city. Fuller details will be found in the report of the City Analyst on page 198.

9. Cremation.

I am indebted to Mr. A. C. Addison, Superintendent Registrar, for the following facts and figures, which are taken from his Annual Report for 1936 :—

"The following figures show the progress of cremation since its inception in Leicester :—

Period.	*Cremations.*	*Annual Average.*
1902-1912	125	12.5
1913-1922	260	26.0
1923-1932	727	72.7
1933	122	122
1934	129	129
1935	149	149
1936	198	198

A new gas apparatus together with general alterations to the Incinerating Room and at the Catafalque were under construction at the end of the year under review.

The gas apparatus was brought into service on the 23rd January, 1937, and has proved entirely satisfactory.

In the County as a whole 11,289 cremations were carried out as compared with 9,614 in 1935.

This most hygienic method of disposal is showing a slow but satisfactory increase in popularity.

10. Air Raid Precautions.

The problem of creating adequate medical and first aid services for the City in the event of an air raid has been occupying the attention of the Department very considerably during the year.

In brief, such a scheme from the medical point of view should consist of the following services :—

(a) Stretcher parties—about 48 parties.
(b) First aid posts—about 20 posts.
(c) Casualty clearing hospitals—200-250 beds required.
(d) Base hospitals—about 1,300 beds required.
(e) Ambulance services.
(f) Laundry.

The organisation of the first aid posts alone, with adequate provision for the decontamination of personnel from gas, entails an enormous amount of work. Dr. J. A. Chapel has been appointed to assist me in this and has attended the special course at the Civilian Anti-Gas School, Falfield, Glos.

The Council have approved the above scheme and work is actively going forward in its organisation.

11. Waste Utilisation Plant, Cattle Market.

Considerable nuisance has occurred in the past from this plant and from the adjoining manure and offal dumps. The attention of the appropriate committees was drawn to the matter with the request that the nuisance be abated. A more satisfactory method of working the plant was put into operation forthwith, but it is unlikely that the trouble will be entirely obviated until the new plant, which it is proposed to build in connection with the new abattoir, is erected.

As regards the manure dumps, the Committee agreed to abolish these. This has been done and the refuse is being tipped at a more suitable spot. I wish to thank the Sanitary and Baths Committee for their prompt co-operation in this matter.

TABLE 15.

Monthly Rainfall and mean Temperature during 1936, as recorded at the City Mental Hospital.

Figures supplied by Dr. J. Francis Dixon.

MONTH.	Rainfall in inches.	Mean Temperature Fahr.
January	3.70	41.0
February	2.04	34.9
March	1.33	44.3
April	2.20	43.4
May	0.98	52.6
June..	4.29	57.9
July	4.25	59.9
August	0.79	61.1
September	2.45	57.6
October	1.72	49.0
November	2.23	41.2
December	1.73	40.7

Total rainfall and number of days on which rain fell (.01 inches or more)

	Inches of rain.	No. of days on which rain fell
1936	27.71 ..	176
1935	29.55 ..	202
1934	21.1 ..	191
1933	21.1 ..	161
1932	26.9 ..	168
1931	26.8 ..	177
1930	31.4 ..	200
1929	25.5 ..	260
1928	26.4 ..	210
1927	32.6 ..	210
1926	26.8 ..	186
1925	23.1 ..	175
1924	28.5 ..	198
1923	25.0 ..	201
1922	29.2 ..	187
1921	19.0 ..	136

SECTION C.

Sanitary Circumstances of the Area

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Sanitary Circumstances of the Area

1. (i) Water.

I am indebted to the courtesy of Mr. G. T. Edwards, M.I.C.E., Water Engineer, for the following information :—

"There have been no new sources of water supply during the past year, and the only extensions of mains within the City have been those to the various building estates.

"The local watersheds have been inspected weekly for any possible sources of contamination.

"The supply has been satisfactory, both in quality and quantity."

The water supplied to consumers in the City has been frequently analysed by the Public Analyst, and has invariably been found to be satisfactory.

Details are given in the Analyst's report, Appendix VI, page 194.

(ii) Drainage and Sewerage.

I am indebted to the courtesy of Mr. A. T. Gooseman, M.I.C.E., City Engineer and Surveyor, for the following information :—

"Sewers.

"During the year the main sewer in Groby Road has been extended to the new City Boundary to take any drainage from the houses in the area including the Isolation Hospital, Gilroes Cemetery and the Leicester Frith Institution, thus doing away with the ejector at the Hospital, and 12 cesspools.

"The main valley sewer from the Humberstone Tram terminus along the Scraptoft Valley and that along the Uppingham Road and Spencefield Lane are well in hand ; both these sewers are in the extended area ; the latter causing the abolition of 45 cesspools.

"Other smaller sewers in the extended area have been laid in Mowmacre Hill as far as the British United Sports Ground and also

at the foot of the hill to take the Stocking Farm Estate. Part of Roman Road foul water sewer has been reversed to deliver into the City sewerage system. The foul and storm water sewers in connection with the widening of the Melton Road to the new City Boundary are well in hand, whilst those for the Welford Road, which were commenced last year, have been completed.

"In the old area of the City sewers have been extended in Thurmaston Lane, Marsden Lane and Beaumont Leys Lane, whilst old brick tributary sewers have been replaced with modern pipe sewers in Guthlaxton Street, East Goscote Street, Gartree Street and Gartree Terrace, Framland Street, Seymour Street, Severn Street, Welland Street, Avon Street, Milligan Road and Park Hill Drive ; the two latter streets were commenced last year and have been completed this year.

"The length of sewers laid by the Corporation during the year was 7.16 miles and in addition to these are the sewers laid on new estates.

"Sewage Disposal.

"The total flow of sewage during the year was 5,132,448,000 gallons, whilst some 147,000 tons of sludge have been dealt with on the land.

"The effluents from the Farm which are tested regularly by the Resident Chemist have been satisfactory throughout the year.

"A scheme is in hand for the installation of a Partial Activated Sludge Plant which will deal with an additional 1,000,000 gallons of sewage per day, and it is proposed also to instal a tank to deal with approximately a quarter of the sludge by Sludge Digestion.

2. "Rivers and Watercourses.

"The river is dredged periodically as required and is patrolled regularly for the removal and disposal of dead animals and other floating debris.

"The improvement of the Evington and Saffron Brooks was continued during the year, the watercourses being straightened, widened and given uniform gradients to prevent the collection of silt and other debris which might otherwise putrefy and cause pollution of the waters. In certain cases, through built-up areas, the inverts have been concreted and a summer channel provided to prevent stagnation during small flows.

"All the brook courses are cleared out periodically and debris removed; any cases of deliberate fouling being reported."

3. (i) Closet Accommodation.

See page 216 in Chief Sanitary Inspector's Report.

(ii) Public Cleansing.

No change of importance to report. The method of disposal by controlled tipping was extended so that over one-third of the City's refuse was dealt with in this manner. The Lero destructor was closed and in 1937 a second destructor, that at Nedham Street, will also be closed.

(iii) **Sanitary Inspection of the Area.** See page 211.

(iv) **Shops.** See page 234.

(v) **Smoke Abatement.** See pages 198 and 236.

(vi) **Swimming Baths and Pools.** See page 183.

(vii) **Eradication of Bed Bugs.** See page 216.

These matters are all dealt with in the reports of the Chief Sanitary Inspector and Public Analyst.

4. Schools.

Reference should be made to my report as School Medical Officer.

SECTION D.

HOUSING

SECTION D.

HOUSING

New Houses.

During the year 1936, 2,214 new houses were erected within the City. Of these, 1,798 were built by private enterprise, and 416 by the Housing Committee.

The houses erected by the Housing Committee were allocated as follows :—

Northfield House Estate	188
Braunstone Estate	228
Total	416

The following Table shows the number of houses built during the last ten years :—

NUMBER OF NEW HOUSES ERECTED, 1927-1936.

Year.	By Private Enterprise.		By Housing Committee.	Total.
	Without subsidy.	With subsidy.		
1927	726	265	1,590	2,581
1928	481	523	587	1,591
1929	348	680	396	1,424
1930	583	—	505	1,088
1931	632	—	372	1,004
1932	792	—	584	1,376
1933	1,085	—	62	1,147
1934	1,493	—	82	1,575
1935	1,800	—	245	2,045
1936	1,798	—	416	2,214
Totals ..	9,738	1,468	4,839	16,045

Note : The figures prior to 1935 relate to the City previous to extension.

It is very interesting to note the great increase of building by private enterprise which has taken place of late years. Unfortunately, many of the houses thus built are not suitable for the poorest classes, so that the problem of their better housing still remains with us.

No houses were built during the year under the Housing (Financial) Act, 1933.

SLUM CLEARANCE.

Considerable progress has been made during the year under the Slum Clearance Scheme.

A total of 599 houses was represented as unfit for human habitation during the year. Of these, 122 were dealt with as individually unfit under Section 11 of the Housing Act, 1936, and 477 were included in 8 clearance areas.

The following Table shows the progress of the scheme up to the end of 1936 :—

Area.	No. of Old Houses.		Population.		No. of New Houses required.	No. of Houses Demolished.
	In Scheme.	Confirmed.	In Scheme.	Confirmed.		
A. Nos. 1-15 and 17-48 (i.e., up to end of 1935) ..	1,516	1,400	5,453	5,105	1,433	273
A. Individual unfit houses (i.e., up to end of 1935)	277	277	955	955	277	95
B. No. 49 (Northgate Street) ..	24	(24)	50	(48)	21	—
C. Nos. 50-51 (Palmer Street)	23	23	46	46	20	—
D. Nos. 52-54 (Navigation St.-Lr. Brown St.)	414	(412)	1,316	(1,308)	411	—
E. Nos. 55-56 (Brierley Street-Bath Street) ..	16	—	49	—	16	—
Individual unfit houses ..	122	73	403	276	121	139
Nos. 1-15 and 17-48 (action during 1936 or 1937)	—	(73)	—	(204)	—	346
Totals ..	2,392	(2,282)	8,272	(7,942)	2,299	853

The figures shown in brackets include areas confirmed in 1937.

NOTES : A. See page 47 of Annual Report for 1935.
B. Reported to Health Committee, 10.1.36—Inquiry held 21.9.36—Confirmed 14.1.37.
C. Van dwellings.
D. Reported to Health Committee 1.5.36—Inquiry held 21.9.36—Confirmed 15.12.36, 14.1.37 and 3.2.37.
E. Reported to Health Committee 12.6.36.

REHOUSING.

On the 1st January, 1937, the position was as shown in the following Table :—

Areas.	No. of Houses required.	New Estate.	Houses available.	Houses occupied.
Nos. 1-3 ..	225 (all rehoused)	Tailby	213	213
Nos. 4-7 ..	85 ,,	Freake's ..	241	241
Nos. 8, 11-15	169 ,,	Northfield No. 1	70	70
Nos. 9, 10 and 17-19 ..	239 (rehousing in progress)	Northfield No. 2	200	192
Nos. 20-47 ..	712 ,,	Braunstone ..	240	228
Nos. 48-51 ..	44	Northfield No. 3	307	—
Nos. 52-54 ..	411 (rehousing in progress)	New Parks ..	—	—
Nos. 55-56 ..	16	Braunstone ..	350	—
Individual unfit houses	418 (212 rehoused)			
	2,319 (944 rehoused)		1,620	944

OVERCROWDING.

As mentioned in my report for 1935, the Housing Act, 1935, required a complete survey of the working-class houses of the City to be carried out. This was done and in June, 1936, I reported to the Health Committee on the results of the survey.

OVERCROWDING SURVEY, 1936.

Summary of Findings.

Houses inspected	64,026
Number of separate families	65,566
Families per house	1.024
Number of families overcrowded	1,048
Percentage of families overcrowded	1.6
Number of families in Corporation houses	6,921
Number of families in Corporation houses overcrowded	215
Percentage of families in Corporation houses overcrowded	3.1
Total population surveyed	213,805
Average number of individuals per house	3.33
Average number of individuals per family	3.27
Number of houses vacant at survey	746

ANALYSIS OF OVERCROWDED FAMILIES.

Total families overcrowded	1,048
Corporation families overcrowded	215
Slum clearance families overcrowded	290

OVERCROWDING SURVEY.

Analysis of the Number and Size of Overcrowded Families.

Number of "persons" in family.	Number of families of these sizes surveyed.	Number of families of these sizes overcrowded.		
		In Corporation houses.	In other houses.	TOTAL.
1	3,969	—	—	—
1½	314	—	—	—
2	16,557	1	55	56
2½	5,872	—	19	19
3	14,036	2	112	114
3½	3,560	1	57	58
4	9,768	—	55	55
4½	2,389	—	43	43
5	3,998	—	68	68
5½	1,198	1	47	48
6	1,764	—	50	50
6½	547	60	42	102
7	659	41	53	94
7½	258	30	27	57
8	302	22	59	81
8½	155	23	48	71
9	100	11	37	48
9½	41	7	21	28
10	51	11	20	31
10½	12	—	11	11
11	11	3	6	9
11½	3	1	2	3
12	2	1	1	2
Totals ..	65,566	215	833	1,048

TABLE SHOWING NUMBER OF ROOMS OCCUPIED BY FAMILIES.

No. of Rooms.	TOTAL FAMILIES			CORPORATION FAMILIES		
	Over-crowded.	Not over-crowded.	Total.	Over-crowded.	Not over-crowded.	Total.
1	90	347	437	4	1	5
2	212	2,404	2,616	1	132	133
3	200	2,662	2,862	—	149	149
4	346	12,033	12,379	174	2,828	3,002
5	155	39,254	39,409	36	3,567	3,603
6	44	5,887	5,931	—	25	25
7	1	1,417	1,418	—	4	4
8	—	514	514	—	—	—
Totals ..	1,048	64,518	65,566	215	6,706	6,921

OVERCROWDING SURVEY—ANALYSIS OF WARDS.

Overcrowding Survey, 1936.	Houses.	Families.	Overcrowded Families.	
	Number Surveyed.	Number in Survey.	Number.	%
City of Leicester totals ..	64,026	65,566	1,048	1.6
Ward.				
1. St. Martin's	213	220	1	.45
2. Newton	1,999	2,019	118	5.34
3. St. Margaret's ..	2,631	2,670	110	5.12
4. Wyggeston	2,774	2,818	166	5.89
5. Latimer	4,014	4,096	53	1.29
6. Charnwood	1,770	1,829	22	1.2
7. Wycliffe	2,585	2,810	31	1.1
8. De Montfort	1,047	1,236	35	2.83
9. Castle	2,930	3,004	27	.9
10. Westcotes	7,829	7,879	38	.48
11. Abbey	6,042	6,096	55	.9
12. Belgrave	6,651	6,771	97	1.43
13. West Humberstone ..	6,583	6,758	99	1.46
14. Spinney Hill ..	7,888	8,136	30	.36
15. Knighton	3,185	3,225	4	.12
16. Aylestone	5,885	5,999	162	2.7

COMMENTS ON THE OVERCROWDING SURVEY.

A perusal of the above tables will show that at the first survey 1,048 families were overcrowded. During 1936, these families were reviewed and it was found that 119 were not overcrowded, so that the correct figure of overcrowding should have been 929 families. This discrepancy arose from the fact that when detailed measurements of the 1,048 houses were made, a certain number were found to be somewhat larger than was at first estimated. During 1936, every effort was made to abate overcrowding in these 929 families as follows :—

Total families known to be overcrowded			929
Overcrowding Abated in 1936.			
(a) by Corporation	30		
(b) by owner or agent	3		
(c) by tenant	87		
(d) by removal of lodger	17		
(e) by removal of sub-tenant	13		
(f) by reduction of families	29		
	—	179	
Slum Clearance Cases		290	
		——	469
Net overcrowding outstanding on December 31st, 1936 ..			460

The 460 families still overcrowded on 31st December, 1936, may be further analysed as follows :—

Total families overcrowded	460
Total families overcrowded in Corporation Houses ..	115
Total families overcrowded in other houses	345
Tenant-occupiers	290
Owner-occupiers	24
Sutton Trust houses	12
Caravans and huts	19
Shop-dwelling-houses (included above)	39

Action Taken to Abate Overcrowding.

The fullest co-operation has been obtained both with the Housing Department of the Corporation and with the owner or agent of private houses overcrowded, and I desire to express my thanks for the very great assistance received by the Department.

Complete lists of overcrowded houses have been sent to the owner or agent concerned and in many instances overcrowding has been abated without any action being necessary by the Corporation.

Early in January, 1937, the Health Committee having surveyed the position at December 31st, 1936, summarised above, passed a resolution requesting the Housing Committee

(a) to rehouse in their existing houses those families (346 in number) which require 3 or 4 bedroomed houses and

(b) to inform the Health Committee as to their proposals to deal with those families (114 in number) which require 5 or 6 bedroomed houses.

It has been suggested by the Property Owners' and Ratepayers' Association that the Corporation might be willing to buy or rent large houses available for this purpose in the City. Up to the present, however, no house has been offered for consideration.

DISINFESTATION.

The policy and methods indicated in previous reports have been continued without change during the year. A table giving details of work done will be found in the Chief Sanitary Inspector's Report on page 216.

TABLE 16.

HOUSING STATISTICS

For year ended 31st December, 1936.

1.—Unfit Dwelling Houses—Inspection.

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	8,957
(b) Number of inspections made for the purpose	14,764
(2) (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	2,526
(b) Number of inspections made for the purpose	5,807
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ..	1,359
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found to be not in all respects reasonably fit for human habitation	1,885

2.—Remedy of Defects without Service of Formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by Local Authority or their officers	1,099

3.—Action under Statutory Powers.

A—*Proceedings under Sections* 17, 18 *and* 23 *of the Housing Act*, 1930 :

(1) Number of dwelling houses in respect of which notices were served requiring repairs	Nil
(2) Number of dwelling houses which were rendered fit after service of formal notices :	
(a) By owners	Nil
(b) By Local Authority in default of owners ..	Nil

B—*Proceedings under Public Health Acts :*

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied ..	2,536
(2) Number of dwelling houses in which defects were remedied after service of formal notices :	
(a) By owners	58
(b) By Local Authority in default of owners ..	3

C—*Proceedings under Sections* 19 *and* 21 *of the Housing Act*, 1930 :

(1) Number of dwelling houses in respect of which Demolition Orders were made	127
(2) Number of dwelling houses demolished in pursuance of Demolition Orders	138

D—Proceedings under Section 20 *of the Housing Act*, 1930 :

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

SECTION E.

Inspection and Supervision of Food

Details of matters in this section will be found in the reports of the Public Analyst and Chief Sanitary Inspector, pages 185 and 211.

APPENDIX I.

Report on the Tuberculosis Dispensary for 1936

By

WYVILLE S. THOMSON, M.D., D.P.H., Edin.,
Tuberculosis Medical Officer,

with foreword by the Medical Officer of Health.

COMMENT BY THE MEDICAL OFFICER OF HEALTH.

In the following pages is printed the report of Dr. Thomson, Tuberculosis Officer, on the work of his Department during 1936.

In the report for 1935, it was pointed out that the number of deaths for that year from Tuberculosis constituted a low record for this City. It is very gratifying to be able to report that this record was even improved upon in 1936.

In 1935, 252 deaths occurred from Tuberculosis of which 228 were caused by Pulmonary Tuberculosis. In 1936, 230 persons died from this cause, and of these 202 were assigned to the Pulmonary form of the disease.

It is also of great interest to note the fall in notifications in that period of life (the adolescent or young adult period, age 15-24 years) in which this disease is so fatal. A table is inserted in the report showing that the notifications (both sexes) during the last five years have fallen by nearly 40 per cent. The deaths in this age group have shown a similar fall. This is most satisfactory and augurs well for the future.

The investigation into the question of occupation and incidence of tuberculosis has been continued throughout the year, but no very definite evidence has as yet emerged.

In another part of this Report, I refer to the extension of the Sanatorium at Groby Road. When built, the new ward block, operating theatre suite, etc., should have a most beneficent effect on the treatment of tuberculosis. Up till the present there has always been a waiting list for patients at the Sanatorium—the new provision should enable prompt admission to be offered.

A final point to which I would direct attention is Dr. Thomson's report on Tuberculosis and Housing. At the end of his report he includes a Table showing the incidence, etc., of the disease in the Housing Estates compared with that of the City as a whole. The results are strikingly in favour of the estates. It is not too much to say that good housing is, and in the future, even more will be, the greatest factor in the campaign against this disease.

Report on the Tuberculosis Dispensary for 1936

By

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Tuberculosis Medical Officer.

Premises.

The Tuberculosis Dispensary, situated at 59, Regent Road, is the Centre for dealing with all work in connection with Tuberculosis in the City.

Staff.

The Medical Staff consists of one full-time and one part-time Medical Officer, three fully trained nurses (each of whom is responsible for the visitation over one-third of the City), and a senior and junior clerk.

Notification Register.

Tuberculosis being a notifiable disease, all persons suffering from it must be notified, and their names entered in the "Notification Register" which is kept thoroughly up to date. Whenever a patient dies, the name is removed from the Register. Similarly when a patient recovers, and can no longer be regarded as suffering from Tuberculosis, the name is removed. Or, if a patient removes to another area (when the Medical Officer of Health for that area is notified) the name is removed from the Register. The result is that only those living in the City, suffering from tubercular disease, are retained on the Notification Register.

The following Table gives the numbers on the Notification Register on December 31st, 1936 :—

PULMONARY.			NON-PULMONARY.			TOTAL CASES
Males	Females	Total	Males	Females	Total	
897	966	1,863	182	170	352	2,215

Notifications.

The number of new cases of Tuberculosis notified during the year was 434, of which 335 were pulmonary and 79 non-pulmonary. The total number for 1935 was 560 (460 pulmonary and 100 non-pulmonary), but this figure included 162 (139 pulmonary and 23 non-pulmonary) taken over from the County when the City Boundary was extended, increasing the population by about 20,000. Excluding those taken over, we find that the pulmonary cases have increased by 14 and the non-pulmonary by 2. As, however, we are now dealing with a larger population, this increase was not unexpected.

The following table gives the number of notifications since 1918 :—

1918	....	Pulmonary,	746 ;	Non-pulmonary,	82 ;	Total,	828
1919	....	,,	658 ;	,,	47 ;	,,	705
1920	....	,,	572 ;	,,	59 ;	,,	631
1921	....	,,	497 ;	,,	105 ;	,,	602
1922	....	,,	566 ;	,,	43 ;	,,	609
1923	....	,,	692 ;	,,	71 ;	,,	763
1924	....	,,	725 ;	,,	65 ;	,,	790
1925	....	,,	606 ;	,,	77 ;	,,	683
1926	....	,,	650 ;	,,	77 ;	,,	727
1927	....	,,	700 ;	,,	80 ;	,,	780
1928	....	,,	668 ;	,,	117 ;	,,	785
1929	....	,,	657 ;	,,	77 ;	,,	734
1930	....	,,	582 ;	,,	66 ;	,,	648
1931	....	,,	511 ;	,,	61 ;	,,	572
1932	....	,,	442 ;	,,	69 ;	,,	511
1933	....	,,	438 ;	,,	74 ;	,,	512
1934	....	,,	331 ;	,,	72 ;	,,	403
*1935	....	,,	460 ;	,,	100 ;	,,	560
1936	....	,,	355 ;	,,	79 ;	,,	434

*City Boundary extended and population increased by about 20,000. The figure given for 1935 included 139 pulmonary and 23 non-pulmonary taken over from the County.

During the year 136 of the pulmonary and 35 of the non-pulmonary cases were notified by the Tuberculosis Officer and it is interesting to note that 81 per cent. of all the notified cases of Pulmonary Tuberculosis had either been examined by one of the Tuberculosis Officers or had had their sputum examined and reported on previous to notification.

Every effort is still being made to prevent the spread of infection and so reduce the number of new cases, and the public generally are now more willing to act on advice given in regard to means of preventing infection. The ambulatory case, who goes about coughing up the germs of consumption is a perpetual source of danger to others. If only he could be segregated till free from infection, the number of new cases would rapidly diminish. Similarly, all bed-ridden infective cases should be treated in hospital in order to reduce the danger to which other members of the family are exposed. It is for this reason that I have continually pressed for additional accommodation at the Sanatorium. The larger the number of beds occupied by infectious cases in institutions, the smaller is the number free to go about disseminating the germs of the disease.

The following table gives the sex and age periods of those notified during 1936 :—

Age Periods	0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 & up.	Total
Pulmonary												
Males ..	—	1	3	8	18	27	40	35	32	30	10	204
Females ..	1	1	5	3	15	25	46	27	11	15	2	151
Non-pulmonary												
Males ..	4	8	6	11	5	—	1	1	1	—	—	37
Females ..	1	8	4	3	8	3	9	1	3	1	1	42

Comparing these figures with those of previous years, it is interesting to note that there is quite an appreciable reduction in the number of adolescents between the ages of 15 and 25 notified as suffering from Tuberculosis of the lungs, as seen from the following table :—

	Pulmonary Tuberculosis in Young Adults (Notifications) (15-25) during the past 5 years									
	1932		1933		1934		1935		1936	
Ages.	15–20	20–25	15–20	20–25	15–20	20–25	15–20	20–25	15–20	20–25
Males ..	30	31	22	31	18	26	18	24	18	27
Females ..	32	43	34	40	19	27	21	36	15	25
Total ..	62	74	56	71	37	53	39	60	33	52
Total both sexes	136		127		90		99		85	

A fall from 136 to 85 in 5 years means a reduction of about 38 per cent. Another important point is that whereas the number of

young adult females always exceeded that of the males, in 1936 there were actually 5 fewer females of this age notified than males. The reduction is seen both in the age period 15 to 20 and 20 to 25. (See note on deaths also, page 68.)

These young adult cases are generally acute and unless promptly dealt with are most likely to proceed to a rapidly fatal termination. It is in such cases as these that prolonged Sanatorium treatment, together with Collapse Therapy, gives the best results. Generally, not less than twelve months' institutional treatment is necessary, and where collapse of the diseased lung is by means of artificial pneumothorax, weekly refills at the Sanatorium, to maintain the collapse, are continued for at least another twelve months. By this method of treatment the great majority, infective on admission, are discharged in a non-infective condition. Many such patients, formerly regarded as hopeless, have now a fair chance of making a perfect recovery.

Deaths.

(Note.—In the following paragraph the figures for 1936 for deaths are those allocated locally, which differ somewhat from those given by the Registrar-General (see page 16.)).

It is again satisfactory to report that the year 1936 constitutes another low record for deaths from tuberculous disease.

The total deaths numbered 230, a reduction of 22 as compared with 1935, when there were 252 deaths.

The pulmonary deaths actually fell from 234 in 1935 to 202, but the non-pulmonary, unfortunately, increased from 18 in 1935 to 28. Considering that we are now dealing with an increased population, the total reduction is really better than it appears. It means that the total death-rate has fallen from 98 to 88 per 100,000. The phthisis rate (i.e., the pulmonary or infectious variety) has fallen from 91 to 77, but the non-pulmonary rate has increased from 7 to 11 per 100,000.

Sixteen children under 15 years of age are included in the 230 deaths. Of these one died from pulmonary and 15 from non-pulmonary Tuberculosis. In 1935 the deaths of children under 15 years of age numbered 16 (6 pulmonary and 10 non-pulmonary).

Wherever possible it is preferable that dying cases should be dealt with in hospital rather than in their own homes, not only for the skilled nursing they receive but in order to lessen the strain and danger of infection to relatives. Of the total 230 deaths, 37 died in Groby Road Sanatorium, 94 in the City General Hospital, 12 in other institutions and 87 at home.

The following Table gives the number of Deaths and death-rate from Tubercular Diseases since 1904 :—

TABLE 17.

Number of Deaths from Tubercular Diseases in Leicester in past years.

Year.	Phthisis.		Other Tuberculous Diseases.		Total Tuberculous Deaths.	
	Deaths.	Rate per 100,000 Population.	Deaths.	Rate per 100,000 Population.	Deaths.	Rate per 100,000 Population.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1904	353	163	96	44	449	207
1905	288	132	87	40	375	171
1906	339	154	71	32	410	187
1907	275	124	99	44	374	169
1908	287	128	104	46	391	175
1909	290	129	82	36	372	166
1910	281	124	77	34	358	158
1911	288	126	66	28	354	155
1912	284	123	89	38	373	162
1913	301	130	82	35	383	165
1914	273	117	88	37	361	155
1915 (War Years)	325	143	76	33	401	177
1916 (War Years)	306	135	67	29	373	165
1917 (War Years)	343	157	78	35	421	193
1918 (War Years)	316	145	82	37	398	182
1919	264	111	62	26	326	138
1920	255	107	72	30	327	138
1921	278	116	73	30	351	147
1922	294	123	67	28	361	151
1923	285	119	36	15	321	135
1924	287	120	62	25	349	146
1925	305	127	59	24	364	152
1926	282	118	43	17	325	136
1927	283	118	63	26	346	144
1928	265	110	42	17	307	128
1929	266	110	53	21	319	132
1930	227	94	44	18	271	112
1931	262	108	49	20	311	129
1932	240	100	33	14	273	113
1933	269	111	32	14	301	125
1934	223	92	19	8	242	100
1935	234	91	18	7	252	98
1936	202	77	28	11	230	88

The following Tables give the Age, Sex Distribution and Occupations of those dying from Pulmonary Tuberculosis during 1936 :—

TABLE 18.

Age and Sex Distribution of Deaths from Phthisis in 1936.

Age Period.	Males.	Females.	Total.
0—1	..	1	1
2—4	..	..	..
5—9	..	..	..
10—14	..	..	..
15—19	3	4	7
20—24	6	18	24
25—34	30	19	49
35—44	25	19	44
45—54	28	13	41
55—64	14	9	23
65 and upwards ..	10	3	13
All ages ..	116	86	202

Occupations of Persons Dying from Phthisis in 1936.

	M.	F.		M.	F.
SHOE TRADE :					
Finishers	5	..	Army Pensioners ..	1	..
Clickers	8	..	Boxmakers	1	..
Rivetters	..	..	Porters	..	..
Pressmen	3	..	Licensed Victuallers ..	..	..
Machinists	1	..	Shop Assistants ..	8	..
Various	12	4	Warehousemen ..	3	..
			Various	32	4
Total in Shoes ..	29	4	Occupations not stated (includes Married Women, Widows, Children and Persons of no occupation)	4	65
*Hosiery Trades.. ..	9	8			
Labourers	12	..			
Clerks	8	4			
Tailoring Trade ..	..	1			
Vanmen	1	..			
Soldiers	..	..			
Engineers	8	..			
Painters	..	..			
Dressmakers	..	..	Grand Total ..	116	86

* A large number of *married* women are engaged in the Hosiery Trade, but these are not included, for in the case of deaths of married women and widows, only the husband's occupation is registered.

An analysis of the **Pulmonary** deaths which occurred during 1936 shows, in the first portion of the following tables those who had had institutional treatment, the stage of the disease when first examined and the length of time elapsing between notification and death. In the second portion of the table similar information is given about those who had not had institutional treatment. In the third portion details are given of those who were never examined at the Dispensary—chiefly patients in other institutions, e.g., Mental Hospital, Royal Infirmary, &c. Included here are also those patients who did not desire examination at the Dispensary.

ANALYSIS OF DEATHS.

PULMONARY CASES HAVING HAD INSTITUTIONAL TREATMENT.

Stage when first examined	Died within one month of notification	Within two months	Within three months	Within six months	Within twelve months	Within 18 months	Within two years	Within three years	Lived three years or over
T.B. – ve cases 17	2	1	1	2	—	5	—	—	6
T.B. + ve Stage I. 31 ..	—	—	—	1	4	2	1	1	22
T.B. + ve Stage II. 86 ..	5	6	5	8	15	13	6	6	22
T.B. + ve Stage III. 24 ..	8	3	3	3	1	3	—	—	3
Total 158	15	10	9	14	20	23	7	7	53

Of the total 158 recorded in this table 32 were treated at both Groby Road Sanatorium and the City General Hospital. 66 were treated at Groby Road Sanatorium only and 60 at the City General Hospital only.

PULMONARY CASES NOT HAVING HAD INSTITUTIONAL TREATMENT.

Stage when first examined	Died within one month of notification	Within two months	Within three months	Within six months	Within twelve months	Within 18 months	Within two years	Within three years	Lived three years or over
T.B. – ve cases. 2	—	—	—	—	—	—	—	—	2
T.B. + ve Stage I. 4 ..	—	—	—	—	—	1	—	1	2
T.B. + ve Stage II. 5 ..	2	1	1	—	—	—	1	—	—
T.B. + ve Stage III. 2 ..	2	—	—	—	—	—	—	—	—
Total 13	4	1	1	—	—	1	1	1	4

PULMONARY CASES NOT EXAMINED AT OR IN CONNECTION WITH THE DISPENSARY.

TOTAL	Died within 1 month of notification	Within two months	Within three months	Within six months	Within twelve months	Within 18 months	Within two years	Within three years	Lived three years or over
23	16	—	3	—	1	1	—	—	2

These tables account for 194 deaths. In addition there were 8 deaths of patients who had never been notified as suffering from Tuberculosis. This gives the total of 202 Pulmonary deaths.

An analysis of the **Non-pulmonary** deaths shows that a large proportion (26 out of the 28) were due to an acute form of Tuberculosis, 16 were due to Tuberculous Meningitis and 10 to Miliary Tuberculosis. Eight of these are known to have been in contact with a notified case of Pulmonary Tuberculosis.

Of the remaining 2 Non-pulmonary deaths, one was due to Abdominal Tuberculosis and one to Tuberculous Cystitis.

Deaths from Pulmonary Tuberculosis in Young Adults (15-25) during the past 5 years.

A remarkable reduction in the number of deaths of young adults has taken place, corresponding with the reduction in the number of notifications (see page 63) as will be seen from the following table.

Deaths of Pulmonary Tuberculosis in Young Adults (15-25) during the past 5 years, 1932-1936.

Ages.	1932		1933		1934		1935		1936	
	15–20	20–25	15–20	20–25	15–20	20–25	15–20	20–25	15–20	20–25
Males ..	7	14	7	14	5	15	5	10	3	6
Females ..	16	15	16	24	9	21	17	12	4	18
Total	23	29	23	38	14	36	22	22	7	14
Total 15-25	52		61		50		44		31	

Dispensary Register.

In the Dispensary Register (not to be confused with the Notification Register) are entered the names of all patients examined at or in connection with the Dispensary. Many of those examined are, of course, found to be non-tubercular. Others have to be examined repeatedly before one can come to a definite decision. As soon as a negative decision is arrived at, the name is crossed off the Register. Similarly (as in the case of the Notification Register) the names of those who remove to other areas outside the City Boundary are taken off, and an intimation is sent to the Medical Officer of Health of the district to which they remove. Also on the death or recovery of a patient the name is removed, so that the Register, which is kept thoroughly up to date, contains the names of all patients as long as they are under dispensary supervision.

Recovered Cases.

During the past year it has been possible to remove the names of 167 patients from the register as having "recovered." Of these 155 were Pulmonary and 12 were Non-pulmonary. The Pulmonary cases had remained free from signs of active disease for not less than five years. On discharge 135 were adults (of whom 32 had at one time had Tubercle Bacilli in the sputum) and 20 were children.

All of the 12 Non-pulmonary cases had remained free from active trouble for not less than three years. In 6 cases the trouble was in the bones and joints and most of them had received treatment from Mr. Morris (the Orthopaedic Surgeon) or his predecessor, Mr. Lawson. In 3 cases the disease was in the abdominal organs and in 3 cases in the peripheral glands.

It is interesting to note that of the 1,630 patients discharged as "recovered" during the past six years only 34 (a little over 2 per cent.) have broken down and been taken on again with signs of active disease.

The following tables made out for the Ministry of Health from information contained in the Register for the year 1936, and containing information as to the condition of patients previous to 1926, and for each subsequent year, should prove of considerable interest.

Analysis of Cases on Dispensary Register.

DIAGNOSIS	Pulmonary				Non-Pulmonary				Total				Gr'd T'ls.
	Adults		Children		Adults		Children		Adults		Children		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A. New Cases examined during the year excluding contacts:—													
(a) Definitely Tuberculous ..	150	98	8	3	6	13	14	10	156	111	22	13	302
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	16	16	30	22	84
(c) Non - Tuberculous	—	—	—	—	—	—	—	—	162	198	48	44	452
B. Contacts examined during the year:—													
(a) Definitely Tuberculous ..	2	5	4	3	—	—	2	1	2	5	6	4	17
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	3	7	21	20	51
(c) Non - Tuberculous	—	—	—	—	—	—	—	—	80	143	147	139	509
C. Cases written off Dispensary Register :—													
(a) Recovered ..	66	69	15	5	7	2	2	1	73	71	17	6	167
(b) Non - Tuberculous ..	—	—	—	—	—	—	—	—	262	372	216	199	1049
D. Number of Cases on Dispensary Register on December 31st :													
(a) Definitely Tuberculous ..	676	605	76	56	94	81	60	64	770	686	136	120	1712
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	22	27	58	51	158

1. Number of cases on Dispensary Register on January 1st	1,860	2. Number of cases transferred from other areas and cases returned after discharge	64
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ..	75	4. Cases written off during the year as dead (all causes)	178
5. Number of attendances at the Dispensary ..	12,024	6. Number of Insured Persons under Domiciliary Treatment on December 31st	244
7. Number of consultations with medical practitioners. (a) Personal .. .. (b) Other	95 781	8. Number of visits by Tuberculosis Officers to homes of patients for the purpose of examination	521
9. Number of visits by Nurses to homes for Dispensary purposes ..	7,404	10. Number of : (a) Specimens of sputum .. .. .. (b) X-ray examinations made in connection with Dispensary work	1,635 1,543
11. Number of "recovered" cases restored to the Dispensary Register ..	6	12. Number of "T.B. plus" cases on Dispensary Register on December 31st	792

PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (*a*) the condition at the end of 1936 of all patients remaining on the Dispensary Register and (*b*) the reasons for the removal of all cases written off the Register. The table is arranged according to the years in which the patients were first entered on the Dispensary Register as definite cases of Pulmonary Tuberculosis, and their classification at that time.

	Condition at the time of the last record made during the year to which the return relates.		Previous to 1926.					1926.					1927.					1928.					1929.					1930				
			Class T.B. Minus.	Class T.B. plus.				Class T.B. Minus.	Class T.B. plus.				Class T.B. Minus.	Class T.B. plus.				Class T.B. Minus.	Class T.B. plus.				Class T.B. Minus	Class T.B. plus.				Class T.B. Minus	Class T.B. plus.			
				Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).		Group 1.	Group 2	Group 3.	Total (Class T.B. plus).		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).
(*a*) Remaining on Dispensary Register on 31st December.	Disease arrested.	Adults M	16	14	1	1	16	3	3	2	–	5	3	5	1	–	6	5	5	4	–	9	4	11	2	–	13	8	9	1	1	11
		Adults F	14	6	5	–	11	5	3	2	1	6	4	3	2	–	5	10	6	2	–	8	3	7	3	1	11	19	5	2	–	7
		Children	22	6	1	–	7	7	–	–	–	—	18	1	–	–	1	20	2	–	–	2	37	–	–	–	—	31	–	–	–	–
	Disease not arrested.	Adults M	4	11	7	2	20	—	2	1	–	3	1	–	–	–	—	—	2	3	–	5	—	5	4	–	9	2	15	3	–	18
		Adults F	13	8	8	1	17	—	3	1	–	4	1	3	4	–	7	1	6	2	1	9	1	3	3	–	6	2	3	2	1	6
		Children	—	1	2	–	3	1	–	–	–	—	—	–	–	–	—	1	–	–	–	—	2	1	–	–	1	1	1	–	–	1
	Condition not ascertained during the year		11	1	–	–	1	—	6	–	–	6	3	–	–	–	—	2	1	3	–	4	2	–	–	–	—	5	4	–	–	4
	Total on Dispensary Register at Dec. 31st		80	47	24	4	75	16	17	6	1	24	30	12	7	–	19	39	22	14	1	37	49	27	12	1	40	68	37	8	2	47
(*b*) Not now on Dispensary Register and reasons for removal.	Discharged as recovered.	Adults M	—	–	–	–	549	25	4	4	1	9	33	6	3	–	9	39	10	3	–	13	13	15	4	–	19	17	10	–	–	10
		Adults F	—	–	–	–	571	35	6	1	–	7	40	3	–	–	3	52	8	6	–	14	40	14	2	–	16	34	7	2	–	9
		Children	—	–	–	–	942	86	7	1	–	8	110	–	–	–	—	113	–	3	–	3	65	2	–	–	2	25	1	–	–	1
	Lost sight of or otherwise removed from Dispensary Register		—	–	–	–	1781	145	25	14	6	45	182	16	8	9	33	110	24	2	2	28	84	35	10	1	46	51	21	14	1	36
	Dead.	Adults M	—	–	–	–	1401	24	25	36	33	94	53	24	39	17	80	20	22	31	15	68	15	38	49	16	103	23	35	41	18	94
		Adults F	—	–	–	–	1058	24	19	25	30	74	35	9	27	26	62	18	20	25	11	56	14	19	29	12	60	5	16	19	13	48
		Children	—	–	–	–	412	6	–	2	–	2	6	–	–	1	1	4	–	–	1	1	5	2	1	–	3	1	–	–	–	—
	Total written off Dispensary Register		—	–	–	–	6714	345	86	83	70	239	459	58	77	53	188	356	84	70	29	183	236	125	95	29	249	156	90	76	32	198
	GRAND TOTALS		—	–	–	–	6789	361	103	89	71	263	489	70	84	53	207	395	106	84	30	220	285	152	107	30	289	224	127	84	34	245

PULMONARY TUBERCULOSIS—CONTINUED FROM PREVIOUS PAGE.

Condition at the time of the last record made during the year to which the return relates.			1931.					1932.					1933.					1934.					1935.					1936.				
			Class T.B. minus.	Class T.B. plus.				Class T.B. minus.	Class T.B. plus.				Class T.B. minus.	Class T.B. plus.				Class T.B. minus.	Class T.B. plus.				Class T.B. minus.	Class T.B. plus.				Class T.B. minus.	Class T.B. plus.			
				Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).
(a) Remaining on Dispensary Register on 31st December.	Disease arrested.	Adults M	15	24	4	–	28	14	15	9	1	25	10	17	2	–	19	2	3	2	–	5	—	—	—	—	—	—	—	—	—	—
		Adults F	29	12	4	–	16	19	9	4	–	13	9	6	1	–	7	6	1	1	–	2	—	—	—	—	—	—	—	—	—	—
		Children	22	–	–	–	—	4	–	–	–	—	3	–	–	–	—	4	–	–	–	—	—	—	—	—	—	—	—	—	—	—
	Disease not arrested.	Adults M	1	9	5	–	14	3	11	6	3	20	1	14	12	1	27	16	21	30	5	56	19	19	28	5	52	39	18	50	13	81
		Adults F	1	5	4	1	10	3	4	6	1	11	4	21	16	3	40	20	9	12	1	22	28	17	18	4	39	32	8	40	9	57
		Children	1	–	–	–	—	1	–	–	–	—	—	–	–	–	—	4	–	–	–	—	5	–	1	–	1	15	–	1	–	1
	Condition not ascertained during the year		3	1	1	–	2	3	–	–	–	—	—	2	–	–	2	3	–	–	–	—	—	–	–	–	—	—	–	–	–	—
	Total on Dispensary Register on Dec. 31st		72	51	18	1	70	47	39	25	5	69	27	60	31	4	95	55	34	45	6	85	52	36	47	9	92	86	26	91	22	139
(b) Not now on Dispensary Register and reasons for removal therefrom.	Discharged as recovered.	Adults M	6	5	–	–	5	—	–	–	–	—	—	–	–	–	—	—	–	–	–	—	—	–	–	–	—	—	–	–	–	—
		Adults F	15	3	1	–	4	—	–	–	–	—	—	–	–	–	—	—	–	–	–	—	—	–	–	–	—	—	–	–	–	—
		Children	6	–	–	–	—	—	–	–	–	—	—	–	–	–	—	—	–	–	–	—	—	–	–	–	—	—	–	–	–	—
	Lost sight of or otherwise removed from Dispensary Register		32	18	14	1	33	27	15	14	2	31	15	5	6	–	11	4	3	6	2	11	2	7	–	–	7	—	1	–	–	1
	Dead.	Adults M	17	30	34	8	72	7	21	40	20	81	4	13	45	33	91	8	10	37	24	71	10	5	22	16	43	6	1	17	8	26
		Adults F	12	25	32	14	71	14	15	26	15	56	13	11	42	29	82	7	3	20	5	28	6	5	19	7	31	1	2	2	9	13
		Children	3	1	2	–	3	3	1	–	2	3	2	–	–	1	1	—	–	–	–	—	1	1	–	–	1	2	–	–	–	—
	Total written off Dispensary Register		91	82	83	23	188	51	52	80	39	171	34	29	93	63	185	19	16	63	31	110	19	18	41	23	82	9	4	19	17	40
GRAND TOTALS ..			163	133	101	24	258	98	91	105	44	240	61	89	124	67	280	74	50	108	37	195	71	54	88	32	174	95	30	110	39	179

NON-PULMONARY TUBERCULOSIS.

Condition at the time of the last record made during the year to which the return relates.			Previous to 1926.					1926.					1927.					1928.					1929.					1930				
			Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.
(a) Remaining on Dispensary Register on December 31st.	Disease arrested.	Adults M	1	–	–	–	1	–	–	–	–	–	–	–	–	1	1	2	–	1	–	3	1	–	–	–	1	1	–	–	–	1
		Adults F	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	–	–	2	1	1	–	–	2	3	–	1	–	4
		Children	3	1	–	1	5	–	–	–	–	–	3	–	–	1	4	1	1	–	–	2	4	–	–	2	6	2	1	–	3	6
	Disease not arrested.	Adults M	–	–	4	–	4	–	–	1	–	1	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		Adults F	1	–	–	–	1	–	–	1	–	1	1	–	1	–	2	1	–	1	–	2	1	–	–	–	1	–	–	–	–	–
		Children	1	–	2	–	3	1	–	–	–	1	–	–	1	–	1	–	–	–	–	–	1	–	–	–	1	4	–	–	–	4
	Condition not ascertained during the year		2	–	–	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1	2	–	–	1	3
	Total on Dispensary Register on Dec. 31st		8	1	6	1	16	1	–	2	–	3	5	–	2	2	9	6	1	2	–	9	8	2	–	2	12	12	1	1	4	18
Transferred to Pulmonary ..			–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
(b) Not now on Dispensary Register and reasons for removal therefrom.	Discharged as recovered.	Adults M	–	–	–	–	26	2	–	–	–	2	–	–	–	–	–	3	1	–	1	5	–	–	–	4	4	2	1	1	1	5
		Adults F	–	–	–	–	51	1	–	–	1	2	2	2	1	–	5	2	6	1	1	10	–	–	–	1	1	2	–	2	–	4
		Children	–	–	–	–	68	10	2	2	1	15	6	8	4	5	23	6	3	–	7	16	1	4	–	4	9	3	1	–	3	7
	Lost sight of or otherwise removed from Register ..		–	–	–	–	90	8	4	3	10	25	7	4	1	2	14	9	3	2	6	20	8	3	2	7	20	1	2	–	2	5
	Dead.	Adults M	–	–	–	–	98	4	1	2	–	7	2	2	–	1	5	2	1	1	1	5	3	–	1	–	4	–	1	1	1	3
		Adults F	–	–	–	–	156	–	–	–	–	–	1	–	1	–	2	2	3	–	1	6	–	1	1	–	2	–	3	–	–	3
		Children	–	–	–	–	175	–	–	1	–	1	1	–	–	1	2	1	1	–	–	2	1	2	–	–	3	2	1	–	1	4
	Total written off Dispensary Register		–	–	–	–	664	25	7	8	12	52	19	16	7	9	51	25	18	4	17	64	13	10	4	16	43	10	9	4	8	31
GRAND TOTALS .. .. .. (excluding those transferred to Pulmonary)			–	–	–	–	680	26	7	10	12	55	24	16	9	11	60	31	19	6	17	73	21	12	4	18	55	22	10	5	12	49

NON-PULMONARY TUBERCULOSIS—CONTINUED FROM PREVIOUS PAGE.

Condition at the time of the last record made during the year to which the return relates.			1931.					1932.					1933.					1934.					1935.					1936.				
			Bones and Joints.	Abdominal	OtherOrgans	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	OtherOrgans	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	OtherOrgans	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	OtherOrgans	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	OtherOrgans	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	OtherOrgans	Peripheral Glands.	Total.
(*a*) Remaining on Dispensary Register on December 31st.	Disease arrested.	Adults M	1	1	–	1	3	2	1	–	–	2	2	1	3	–	5	2	1	3	1	6	4	2	3	–	9	1	1	–	–	1
		Adults F	1	–	–	–	1	–	2	–	–	2	3	–	1	3	7	3	–	2	3	8	1	1	1	1	4	1	1	1	–	3
		Children	4	1	1	1	7	4	1	2	6	13	7	2	2	6	17	6	6	1	10	23	8	7	–	8	23	2	3	1	2	8
	Disease not arrested.	Adults M	–	–	1	–	1	4	–	–	–	4	–	–	–	–	–	1	–	–	–	1	3	1	1	1	6	4	1	1	–	5
		Adults F	–	1	1	–	2	1	–	1	–	2	1	1	–	–	2	2	–	–	1	3	–	2	3	–	5	3	2	1	1	7
		Children	1	–	–	–	1	3	–	–	–	3	3	–	–	–	3	5	–	–	1	6	8	–	1	1	10	13	1	–	4	18
	Condition not ascertained during the year		3	–	–	–	3	–	–	–	–	–	1	2	1	1	5	–	1	2	–	3	–	–	–	–	–	–	–	–	–	–
	Total on Dispensary Register on December 31st		10	3	3	2	18	14	3	3	6	26	17	5	7	10	39	19	7	8	16	50	24	13	9	11	57	24	8	3	7	42
Transferred to Pulmonary ..			–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
(*b*) Not now on Dispensary Register and reasons for removal therefrom.	Discharged as recovered.	Adults M	2	1	1	2	6	2	–	–	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		Adults F	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		Children	1	2	–	1	4	–	–	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	Lost sight of or otherwise removed from Dispensary Register		7	2	–	2	11	7	3	2	2	14	3	2	–	2	7	–	–	2	3	5	–	–	1	1	2	–	1	–	1	2
	Dead.	Adults M	2	2	–	–	4	–	1	–	–	1	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		Adults F	2	–	–	1	3	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	2	–	–	–	2	1	1	–	–	2
		Children	1	2	–	–	3	1	2	–	2	5	1	–	1	–	2	–	–	–	–	–	1	–	–	–	1	–	–	–	–	–
	Total written off Dispensary Register		16	9	1	6	32	10	6	3	6	25	5	2	1	2	10	–	–	2	3	5	3	–	1	1	5	1	2	–	1	4
GRAND TOTALS .. .. .. (excluding those transferred to Pulmonary)			26	12	4	8	50	24	9	6	12	51	22	7	8	12	49	19	7	10	19	55	27	13	10	12	62	25	10	3	8	46

Tuberculosis Dispensary as the "Centre for Diagnosis."

The Tuberculosis Dispensary continues to hold its place as the "Centre for Diagnosis," and doctors have no hesitation in sending patients whenever they have any doubts as to the presence or absence of Tuberculosis. Notes from 113 different doctors requesting an opinion on 886 cases were received and dealt with during the past twelve months. In addition, many patients, not under medical attention, called on their own initiative desiring to know whether they had consumption.

Clinical Examinations.

Altogether 4,524 clinical examinations were made as compared with 4,389 the previous year. Particulars are as follow :—

	Men	Women	Children	Total
First examinations	417	466	450	1,333
Re-examinations	1,182	1,215	794	3,191
Totals	1,599	1,681	1,244	4,524

"Contacts" Examinations.

In every house where there is a case of Tuberculosis it is most important that all "contacts" should be examined, as in this way one often finds cases in the earliest stage of the disease, when with prompt treatment, the prospects of recovery are really good. Occasionally one comes across the infecting source, who may be a person who never suspected the presence of any such disease. All possible steps are then taken to prevent the infection of others.

During the past year 577 contacts were examined of whom 17 were found to be definitely tubercular and 51 are still regarded as suspicious and are being kept under observation.

Many of the children show signs of having been infected (primary infection) without actually developing the disease. Repeated examination of "contacts" is regarded as a very important part of the work of the Dispensary.

Difficulty is often experienced in getting the "young adult" contact of either sex to appear for examination, and these are just the ones in whom the disease is most likely to develop in an acute form. Stress is always laid on the importance of the examination of these cases.

Bacteriological Examinations.

Bacteriological examinations to the number of 1,770 have been made for the tubercle bacillus, as compared with 1,550 in 1935—an increase of 220. Of these 558 specimens were examined for doctors in practice in the City, and the remainder were obtained from patients examined at the Tuberculosis Dispensary. Sputum examination, if there be any expectoration, forms part of the complete examination of every patient sent for an opinion, before reporting to a doctor.

The following figures give the results of examinations :—

Nature of Specimen	Positive	Negative	Total
Specimens of Sputum :—			
From Practitioners	91	467	558
From Patients examined at the Dispensary	424	783	1,207
Specimens other than sputum ..	—	5	5
Total ..	515	1,255	1,770

Radiological Examinations.

The value of Radiology as an aid in the diagnosis of tubercular disease, both surgical and pulmonary, cannot be overestimated. By its means, one can often detect lesions which are not revealed on clinical examination, and it shows more clearly than can clinical examination the exact extent and type of the disease. It is of great value in giving a prognosis, as well as in deciding the method of treatment which should be adopted. A series of "X-rays" shows clearly whether progress is satisfactory or otherwise. For such reasons as these much greater use has been made of Radiology during the past two years. All such examinations are made at the Sanatorium to which in 1936 1,543 patients were sent. The figure for 1935 was 1,539, almost the same. Whenever possible we always arrange for a final X-ray examination before removing patient's name from the Register as "recovered."

Patients Passed for Sanatorium Treatment.

The Medical Superintendent of the Sanatorium (Dr. Mackenzie) and the Tuberculosis Officer meet at the Dispensary each Monday afternoon and interview and select, from patients examined during the previous week, cases for Sanatorium Treatment. During the past year 319 patients were passed for a course of Sanatorium treatment;

230 adults (of whom 12 were surgical), 18 children (surgical cases), and 71 children (pulmonary cases.) In 1935 the total was 310, being 263 adults (of whom 9 were surgical), 26 children (surgical cases), and 21 children (pulmonary cases).

During the earlier months of 1936 (as well as during the preceding year) the Children's Sanatorium at Anstey Lane had to be used for Scarlet Fever cases, owing to the high prevalence of this disease. On the 14th April, 1936, however, we were again able to obtain it and since this date it has been in constant use for children who have been infected with Tuberculosis (Primary infection). These are generally the children of infective tubercular parents, and have symptoms, though rarely signs, of pulmonary trouble. A period of treatment at Anstey Lane Sanatorium almost invariably improves their general condition and lessens the possibliity of their developing active disease. 61 children have been admitted since it was re-opened for this purpose.

Owing to our limited accommodation, many patients who desired admission or re-admission to Sanatorium had to be refused. The waiting list is carefully studied each week before deciding whether a case can be admitted (or re-admitted) to Sanatorium. Often we have had to keep patients on the waiting list for several weeks or even months, to the serious detriment of their health, before they could be admitted to Sanatorium.

During the past year, as in the preceding one, if delay was likely to prove injurious, instead of putting names on the waiting list, when we have known that a considerable time must elapse before the patient could be admitted to Sanatorium we have preferred to recommend their admission to the City General Hospital, pointing out that that institution is now under the care of the Health Committee, just as is the Sanatorium.

Patients passed for Treatment at the City General Hospital.

In June, 1931, it was decided by the Health Committee that cases of Tuberculosis could only be admitted to the City General Hospital if recommended by the Tuberculosis Officer. Previous to this, a recommendation by the general practitioner was all that was required, and it occasionally happened that patients who had never been notified as suffering from Tuberculosis, and were therefore unknown to this Department, were admitted. During the past year the Tuberculosis Officer has recommended 203 tubercular patients for admission to and treatment at the City General Hospital. This number includes 40 Non-pulmonary cases, of whom those suffering from Tuberculosis

of the Bones and Joints were sent to the Orthopaedic Ward under the care of Mr. Morris. There were 163 cases of Pulmonary Tuberculosis, some of whom were acutely ill and required immediate attention. Others were advanced or dying cases who could not be dealt with at the Groby Road Sanatorium. It is satisfactory to report that it has always been possible to have Pulmonary cases admitted immediately to the City General Hospital. On their discharge a report on their condition is sent to the Tuberculosis Officer by the Medical Superintendent.

Patients on Dispensary Treatment.

Medical benefit is available for most patients by means of the State Insurance, Public Medical Service, etc., so that only those patients so provided for are dealt with at the Dispensary. During the year 116 patients received weekly treatment at the Dispensary, and at the end of the year 66 patients were attending the Dispensary each week. All other patients are advised to attend periodically for advice.

Those children who have had a course of treatment and been discharged from the Anstey Lane Sanatorium or the City General Hospital are advised to attend the Dispensary once a week in order that they may be kept under careful supervision.

Attendances.

The total number of attendances of patients at the Tuberculosis Dispensary during the year was 12,024 (as compared with 12,013 in 1935), a weekly average of nearly 250.

Domiciliary Treatment.

Those insured persons under the State Insurance who, for one reason or another do not receive Sanatorium Treatment, besides others discharged from the Sanatorium, are recommended for "Domiciliary Treatment" under the panel doctors. An intimation to this effect is sent to the doctor, and quarterly reports on the patient's condition are sent by the doctor to the Tuberculosis Officer. During the year, 331 patients received Domiciliary Treatment, and at the end of the year 244 insured persons were receiving such treatment. Four hundred and thirty-nine quarterly reports were sent in regarding patients under Domiciliary treatment.

Visits.

There are three nurses on the Dispensary staff who spend about one-third of their time indoors and two-thirds outdoors visiting newly notified cases besides all those patients whose names are on the Dispensary Register. As one nurse is constantly required for the indoor work, only two nurses can be visiting at a time. They give advice, both verbal and printed, to each patient, and obtain full particulars as to the home conditions, contacts, etc. Their total visits for the year amounted to 7,835, as compared with 8,200 in 1935. In order to ensure regular visitation to each patient the card index system is in use for each nurse.

The number of visits paid by the Tuberculosis Officers for the purpose of examination was 521, as compared with 487 in 1935.

Nursing of Bedridden and Surgical Cases.

The Health Committee, by an arrangement with the District Nursing Association, provides the services of a nurse to assist bedridden cases of Pulmonary Tuberculosis and those Surgical cases in need of dressings, etc. This work is under the general supervision of the Tuberculosis Officer, and each patient having the services of a district nurse is periodically visited by one of the Tuberculosis Health Visitors. During the past year 89 received assistance in this way. Altogether 5,629 visits were paid at a total cost of £281 9s. The figures in the previous year were 5,957 costing £297 17s.

Sleeping Shelters.

We have a number of sleeping shelters which are lent out, free of charge, to suitable patients possessing the necessary ground on which they can be erected. During the year four patients have been using sleeping shelters. One has had a shelter for four years, one for over three years and two for under twelve months.

Additional Nourishment.

The Health Committee grant milk to necessitous cases, under arrangement made by the Ministry of Health. They can do so up to a sum not exceeding £2 per 1,000 of the population per annum.

In April, 1927, the Committee decided to purchase only Grade A (T.T.) milk and this has been obtained ever since for this purpose.

Mr. Coun. C. E. Keene has again dealt with the applications for milk. He attends at the Dispensary every alternate Friday and reviews each case every four weeks. I desire here to record my appreciation for the very thorough way in which he deals with them.

During the past year 102 persons were granted a daily supply of milk (as compared with 126 in 1935) free of charge, at a total cost of £238 18s. Last year the total cost was £248 14s. 10d.

At the end of the year 47 patients were in receipt of a daily allowance of Grade A (T.T.) milk.

After-Care.

Many of the previous headings such as visits, use of sleeping shelters, additional nourishment, nursing of bedridden cases, etc., might well have been included under the term "After-Care." A very important branch of the work consists in looking after patients after their discharge from Sanatorium.

The After-Care Committee, of which Alderman Hincks is the Chairman, meets once a quarter and deals with the reports from the Tuberculosis Officer and each of the nurses.

We have at present 1,870 patients with signs of tubercular disease on our Dispensary Register. Our endeavour is to keep in touch with each of these patients by visitation by the Nurses and regular examination at the Dispensary as long as their names remain on the Register.

It is found that patients very much appreciate these visits, and the knowledge that they are not allowed to drift after leaving Sanatorium stimulates them to help themselves. They seek advice in many different directions, and the nurses have been able to help and encourage them in many different ways. Forty patients were given the use of air-rings.

The problem of suitable work for tubercular patients still confronts us. Many of these patients are only fit for light work and cannot be dependedupon to turn upwith the same regularity as healthy individuals. so one cannot blame employers for hesitating to engage them. Light outdoor work such as might be suitable for many of them is extremely difficult to obtain and is almost always unremunerative, so for a married man with dependents, is out of the question. Yet we know that in many cases a return to arduous indoor work is simply asking for trouble.

From the After-Care fund we have been able to assist seven patients with clothing, etc., at a total cost of £10 2s. 9½d. In addition to this, thanks to numerous parcels of clothing received by our Nurses, many other patients in poor financial circumstances have been helped.

Prevention of Tuberculosis.

Infection with Tuberculosis, especially in infants and young children, is sometimes due to drinking milk from tuberculous cows, so a very careful watch on all milk entering the City is carried out by the Sanitary Staff.

But the great source of infection is the human one—from person to person. One infective individual in the home is a constant source of danger to others. The poorer and more overcrowded the home, the greater is the danger to the other members of the family.

In order to lessen the danger of infection, our chief hope lies in so housing the population as to reduce the infecting agent as much as possible. Eradication of the slums and proper housing of all the inhabitants of the City should lead to a much more rapid decline in the number of new cases.

By May, 1936, the Health Committee, working in conjunction with the Housing Committee, had allotted houses to 555 of our tubercular patients, whose previous homes were unsatisfactory and overcrowded. They have now good homes in healthy areas where there is ample fresh air and sunlight. This, in my opinion, is the most important step yet taken in preventing the spread of the disease.

In 1935 an investigation was made into Tuberculosis on the Saffron Lane Corporation Housing Estate on which during its 10 years of existence 224 of our tubercular patients had been granted houses. It was shown that its Death rate was just about half that of the City as a whole ; its New Case rate was just about two-thirds ; and its Recovery Rate was just about twice as good as for the City as a whole.

In 1936 a similar investigation was made into all the other Corporation Housing Estates and a report presented to the Health Committee. A summary of the results of this investigation is given here in tabular form :—

Comparison of the Death Rate, New Case Rate and Recovery Ra for the City as a whole and for the various Corporation Housing Estates.

	Death Rate.	New Case Rate.	Recovery Rate.
For City as a whole ..	12.7	26.2	15.6%
Saffron Lane Estate ..	6.9	16.5	30.0%
Knighton Lane Estate ..	7.9	22.0	25.3%
Uppingham Road Estate	8.1	16.2	29.6%
Coleman Road Estate ..	8.9	21.6	30.5%
Westcotes, &c., Estate ..	7.1	14.2	34.0%
Weymouth St., &c., Estate	8.6	19.7	26.5%
Braunstone (City) Estate	7.0	11.7	27.6%
Average of the Estates ..	7.8	17.4	29.1%

From these figures it is clearly shown that, though there is slight variation on each Estate, the results are in each case greatly better than for the City as a whole.

Housing obviously plays a very large part not only as regards the prospects of the patient, as shown by the reduced Death Rate and increased Recovery Rate, but also as regards the safety of others as shown by the reduction in the New Case Rate.

WYVILLE S. THOMSON.

Report on the Isolation Hospital and Sanatorium for the year 1936

By

J. C. HAMILTON MACKENZIE, M.D. (Glas.), D.P.H. (Lond.)
Medical Superintendent.

With foreword by the Medical Officer of Health.

COMMENTS BY THE MEDICAL OFFICER OF HEALTH.

In presenting the report of the Medical Superintendent on the work of this Hospital during 1936, there are one or two matters relating to the incidence of infectious disease to which I would especially draw the Committee's attention.

(1) The epidemic of scarlet fever which occurred in 1934 and continued throughout 1935, abated during 1936. 534 notifications were received with 447 admissions to Hospital, numbers much nearer to the normal. No death occurred—a very satisfactory indication of the good work done in this Hospital.

(2) The incidence of diphtheria was also more satisfactory. 269 cases were admitted to Hospital. Six deaths occurred giving a fatality rate of 2.5 per cent.

In the last five years, 47 children have died from this cause. Elsewhere in this report I have mentioned the commencement of a Diphtheria immunisation scheme.

The Medical Superintendent refers to a method of avoiding the operation of tracheotomy, a most important development.

(3) A special attempt has been made to improve the treatment of Puerperal Sepsis, and to concentrate at this Hospital all such cases from the City. The question of accommodation, however, has been a difficulty—this is mentioned below.

(4) A most important matter under consideration has been the question of extension of the Hospital.

The Medical Superintendent reports that "many cases of infectious disease were refused admission owing to our limited accommodation." This is not only true of infectious diseases, e.g., Scarlet Fever, Diphtheria, Measles, Whooping Cough, etc., but also of Tuberculosis.

The Committee has been well aware of the difficulty and reference to the end of this appendix will show that a comprehensive scheme of extensions has been approved. It is regrettable that owing to financial reasons the complete scheme cannot be gone on with for the present—the male sanatorium block of 40 beds being omitted—but the provision of the extra accommodation already sanctioned will do much to enhance the already great value of the Hospital to the City.

Report on the Isolation Hospital and Sanatorium for the year 1936

By

J. C. HAMILTON MACKENZIE, M.D. (Glas.), D.P.H. (Lond.)
Medical Superintendent.

I herewith submit the Annual Report on the work of the above Hospital for the year 1936.

The following Table A shows the number of cases of the various diseases admitted, discharged and died.

Further on in the report the commoner Infectious Diseases will be dealt with individually, the crude figures being adjusted by allowing for altered diagnosis, readmissions, etc.

The statistics on the above diseases will be based on the verified cases discharged during the year.

See Tables A and B, pages 105 and 106.

SCARLET FEVER.

GENERAL STATISTICS.

Cases admitted	447
Cases discharged	457
Altered diagnosis	23
Readmissions	16
Verified cases discharged	418
Deaths	Nil

Concurrent Infections on admission :

Scarlet Fever and Chickenpox	4
,, ,, ,, Diphtheria	1
,, ,, ,, Whooping Cough	1
,, ,, ,, Mumps	1

Cross Infections :

With Enteritis	14
,, Whooping Cough	1
Return Cases	28
Return Case Rate	6.7 per cent.
Average Period of Residence	17.3 days

COMPLICATIONS.

Otorrhoea	24
Nephritis	2
Albuminuria	3
Arthritis	3
Secondary Adenitis	44
,, **Tonsillitis**	6
,, **Rash**	2
Nasal discharge	82
Abscesses	2
Minor Sepsis	77
Bronchopneumonia	1

The epidemic of Scarlet Fever which was present in 1934 and 1935 declined in the first quarter of 1936, and the decline was maintained throughout the year. Anstey Lane Children's Hospital which had been utilised as an overflow unit for Scarlet Fever in September, 1934, resumed its original function on April 14th, 1936.

418 verified cases of Scarlet Fever were discharged during the year. The type of disease was mild and there were no deaths.

During the year there was a reduction in the number of concurrent infections and cross infections, the reduction is explained by the smaller number of cases of Scarlet Fever admitted. The only outstanding cross infection was mild enteritis which occurred in 14 cases.

Complications were mild. There was a relative increase in the amount of minor sepsis particularly associated with nasal discharge, and Adenitis. There were 24 cases of Otorrhoea, the majority of cases occurring under 5 years of age, and having a previous history of ear discharge ; it was possible in all cases to have ears dry prior to discharge from Hospital.

During the year there was an increase in the return case rate, no doubt associated with the amount of minor sepsis in the Ward. There is no doubt that both minor Sepsis and Return Case rate would have been reduced had it been possible to isolate septic cases, but owing to our very limited accommodation we had to nurse all Scarlet Fever

cases in one ward, a position which will be much improved by the addition of the cubicle wards in the scheme for extension, which the City Council has approved.

Treatment.

The policy of previous years was continued, namely, the use of Scarlet Fever Antitoxin, the dosage graduated to the age of the patient and the severity of the disease, combined with discharge of uncomplicated cases in 14 days.

It is appreciated that hospitalisation of Scarlet Fever has little or no effect in controlling infectivity, since a large amount of infection takes place prior to removal of the patient to Hospital. Furthermore, many cases of mild tonsillitis are produced by haemolytic streptococci which have the same infective penetration as the Scarlet Fever streptococcus ; these cases are equally infectious as Scarlet Fever, and no particular Public Health measures are directed towards them. The logical conclusion is that the Isolation Hospital is a treatment hospital for Infectious Diseases. By the use of Antitoxin, Scarlet Fever is adequately treated in 14 days and there is no necessity to keep the patient in hospital longer than this period, unless complications or persistent discharges are present.

The majority of cases were admitted in the early stages of the disease, and Antitoxin was given to a great proportion of cases. The average period of residence was 17.3 days.

Treatment :—

Number of cases receiving intramuscular antitoxin	426
,, ,, ,, ,, no antitoxin..	31

Follow-up Clinic.

As in previous years, all cases of Scarlet Fever discharged within three weeks were seen one week after discharge at the above Clinic.

Sixteen cases were re-admitted to the Hospital from this Clinic for further investigation. The following conditions were found :—

Observation (no pathological condition found)	6
Recurrent Nasal Discharge	9
Slight Bacilluria	1

Nasal discharge varied from slight crusting to mucopurulent discharge. All conditions cleared up satisfactorily.

DIPHTHERIA.

Cases admitted	269
Cases discharged	303
Altered diagnosis	68
Verified cases discharged	235
Deaths	6
Case mortality	2.5 per cent.

Concurrent Infections on Admission :

Diphtheria and Chickenpox	1
„ „ Mumps	2

Cross Infections :

With Scarlet Fever	3
„ Mumps	1

COMPLICATIONS.

Paralysis of Heart (*a*) Severe	4
„ „ „ (*b*) Slight	35
„ „ **Palate**	8
„ „ **Ocular Muscles**	6
Laryngeal Diphtheria	25
Recovered	22

OPERATIONS.

	Cases.	Recovered.
Tracheotomy	2	1
Suction	2	2
Suction and Intubation	11	8
Blood Transfusions	1	1

Virulence Tests :

Positive	16
Negative	34

Schick Tests :

Positive	28
Negative	39

Active Immunisation	17

235 verified cases of Diphtheria were discharged during the year ; there were 6 deaths. The fatality rate for the year was 2.5 per cent. In my report for 1935 the fatality rate was 2 per cent., the lowest rate ever recorded in this Hospital ; in the year under review, the fatality rate was 2.5 per cent., the second lowest rate recorded.

It is pleasing to record this low fatality rate, but it must be remembered that Diphtheria still remains a grave and treacherous disease,

and apart from financial considerations very special efforts are made by our staff to save the lives of these children.

Table showing Mortality in Severe Cases.

Type of Disease.	Number of Cases.	Deaths.	Mortality of the Group.
Group A. Early	3	0	
Late ..	7	3	30 per cent.
Group B	48	0	Nil.
Laryngeal ..	24	3	12.5 per cent.

Group A.	Early.	Malignant, with thin rapid spreading membrane.
	Late.	Extensive membrane, with late toxic symptoms, admitted after third day of disease.
Group B.		Moderately toxic cases.
Laryngeal.		Respiratory symptoms predominate.

The above table shows that there were 10 very severe cases of the toxic type of Diphtheria, and of the three deaths which occurred in the group, all were admitted in the late stage of the disease. Three deaths occurred in 24 cases of Laryngeal Diphtheria.

It is opportune to emphasise the importance of active immunisation in the protection of individual children against this disease. The experience of Leeds and Hull suggests that an epidemic of a virulent form of Diphtheria may come on suddenly associated with a sharp rise in fatality rate. It is possible that we may be faced with this position in Leicester, and in spite of our efforts there may be a rise in the fatality rate. From these considerations there is no doubt that active immunisation against Diphtheria is the policy of the future.

Classification of Types of Diphtheria Germs in Cases admitted during the year 1936.

Gravis Type	22
Intermediate Type	23
Mitis Type..	67
Atypical	17

Systematic typing of Diphtheria germs as routine measure in all cases of Diphtheria was only commenced in the second quarter of the year. From April to November the predominant types were "Mitis" and "Intermediate," the severer clinical forms of the disease being associated with the "Intermediate" type, but suddenly, commencing

in November there was a series of 20 cases of severe clinical Diphtheria all due to the "Gravis" type of germ. In view of the experience of Leeds and Hull that an epidemic of virulent Diphtheria may occur with the sudden appearance of a large number of "Gravis" or "Intermediate" types of germs, considerable consternation was felt, but fortunately the number of cases declined in December, and up to date in 1937 there has been no recurrence of that position. Four cases of this severe clinical Diphtheria due to the "Gravis" type of germ showed no apparent response to the injection of large dosage of Antitoxin intravenously—an attempt was made to meet this position, and it may be possible to give the results of this investigation in the next annual report.

Treatment.

As in former years we continued our policy of assessing the toxicity of each case on admission and giving the appropriate dose of Antitoxin. On general principle our dosage of antitoxin is in accordance with the report of the Departmental Committee of the London County Council on the Dosage of Antitoxin in Diphtheria.

Two important points I would emphasise are :—

(1) In toxic cases (Groups A and B) antitoxin is given intravenously.

(2) The complete dose of antitoxin is assessed and given on admission of the patient. Interrupted dosage is wasteful and inefficient.

Laryngeal Diphtheria.

For the above type of Diphtheria two tracheotomies were performed in the first month of the year, but after that date this operation was dropped in favour of suction through a direct Laryngoscope. For many years in this Hospital, tracheotomy has been the operation of choice for relieving the suffocative stage of Laryngeal Diphtheria, but by advances made in instrument manufacture it is now possible to relieve the condition by sucking diphtheria membrane from the larynx and windpipe by means of an electric suction pump. The operation was commenced in America, and introduced into this country by Dr. Joe. In several of our cases it was necessary to pass a bronchoscope into the windpipe to relieve an obstruction further down in the respiratory tract.

The adoption of suction with or without intubation has justified itself and has been instrumental in reducing the fatality rate from this form of Diphtheria.

Schick Tests and Active Immunisation.

67 Schick Tests were performed on patients admitted with doubtful Diphtheria.

17 patients who had not Diphtheria were actively immunised against the Disease.

PUERPERAL PYREXIA.

Verified cases discharged	48

ANALYSIS OF CASES.	Cases.	Deaths.
Puerperal Septicaemia	13	9
,, **Sapraemia**	29	1
Perineal Sepsis	3	—
Axillary Abscess	1	—
Pyelitis	1	—
Septic Abortion	1	—
	—	—
Totals	48	10
	—	—

COMPLICATIONS.

Peritonitis	8
Pyelitis	7
Thrombo-Phlebitis	2
Parametritis	4
Pulmonary Abscess	1
Multiple Abscess	1

During the year there was a marked increase in the number of cases of Puerperal Pyrexia admitted. This is due to the policy of admitting all such cases to this Hospital.

There were 10 deaths, 9 of which came into the Septicaemia group ; Peritonitis was the terminal complication in 8 of the fatal cases.

The majority of the severer cases occurred in the first quarter of the year, and almost all cases admitted at that time were infected with Haemolytic Streptococci.

The septicaemia form of the disease was by far the most severe and most fatal form, and in all cases of this type the causative germ was a haemolytic streptococcus.

Investigation and Treatment.

On every case blood culture, blood count and uterine swab were investigated on admission. Blood counts were repeated at weekly intervals and blood cultures as appeared necessary.

Blood transfusion was given where the blood count was low, or where there was a progressive decline in the count, all septicaemic cases had blood transfusions.

Scarlet Fever antitoxin was given to selected cases, and in the latter part of the year the preparation known as Prontosil was given where a haemolytic streptococcus was found in blood culture or uterine swab.

As in former years routine local treatment with glycerine was carried out.

29 babies were admitted with mothers and breast feeding was satisfactorily maintained.

On discharge of patients, clinical notes were sent to the Maternity and Child Welfare Officer, in order that the Department might follow up the after-care of mothers and babies.

MEASLES.

Cases discharged	19
Deaths	—

COMPLICATIONS.

Broncho-Pneumonia	2
Purpura	1
Pemphigus	1

Owing to our very limited cubicle accommodation we could only admit selected cases of Measles. There were very few severe cases, the majority being children where home conditions prevented adequate nursing.

Five adults were admitted with this disease, and with their permission we obtained samples of their blood during convalescence. This blood was pooled with our stock of convalescent Measles Serum. The Convalescent Measles Serum was used to limit cross infection in our own Wards, and some samples were given to other Institutions for the same purpose.

WHOOPING COUGH.

Cases discharged	44
Deaths	5

COMPLICATIONS.

Broncho-Pneumonia	12
Otorrhoea	3
Convulsions	2
Impetigo	1

Only selected cases of this disease were admitted to Hospital, and twelve of these were admitted on account of Broncho-Pneumonia, five of whom died.

As far as possible all cases were nursed in the open air. Radiation with Mercury Vapour was a routine measure, and was found to be extremely useful in controlling convulsions and correcting rachitic tendencies.

ERYSIPELAS.

Cases discharged	21
Deaths	—

COMPLICATIONS.

Impetigo	1

21 cases of the above disease were discharged during the year. As in former years radiation with Mercury Vapour was a routine method of treatment. Antitoxin was not employed. All cases cleared up satisfactorily.

TYPHOID FEVER.

Cases discharged :	
Typhoid Fever	5
Paratyphoid B	1
Deaths	—

COMPLICATIONS.

Intestinal haemorrhage	1
Recrudescence	1

As noted above 6 cases of this intestinal infection were discharged during the year. The five Typhoid cases were fairly severe and two complications occurred in this group.

CEREBRO-SPINAL FEVER.

Cases discharged	7
Altered Diagnosis	3
Verified cases discharged	4
Deaths	1

As noted above one fatal case occurred in 4 verified cases.

All cases were treated by intravenous Meningococcal Antitoxin combined with drainage of the theca, either by lumbar or cisternal puncture. Saline lavage of the theca was performed in two cases.

Other Infectious Diseases Discharged during the year 1936.

	Recovered.	Died.	Total.
Pneumonia	3	—	3
Undulant Fever	1	—	1
Chickenpox	15	1	16
Scabies	2	—	2
Mumps	1	—	1
Acute Ascending Poliomyelitis	—	1	1
Lupus Erythematosis	1	—	1

Many cases of Infectious Disease were refused admission owing to our very limited accommodation. It is hoped that the additional cubicle beds in the new scheme will improve this position in the future. The details of the new scheme will be found later in this report.

TUBERCULOSIS.

Reference to Table A will show the number of cases of Tuberculosis admitted and discharged during the year.

During the year accommodation for Tuberculosis was as follows :—

	Adult Males.	Adult Females.	Children.
Pulmonary Tuberculosis	76	46	50
	Adults.		
Surgical Tuberculosis ..	12		14

As in previous years, the waiting list for Pulmonary Tuberculosis was heavy, our accommodation for this disease being now inadequate, but I am happy to record that a scheme for extending the sanatorium accommodation has been passed by the Leicester City Council.

It was possible during the year to admit more cases of Glandular and Abdominal Tuberculosis to our surgical unit, since the majority of cases of bone and joint Tuberculosis were admitted to the City General Hospital.

See Tables, pages 95 and 96.

Pulmonary Tuberculosis.

During the year 1936, 197 classified cases of Pulmonary Tuberculosis were admitted and 145 were discharged.

The majority of cases admitted to this Sanatorium were of the young adult type. In young adult life Pulmonary Tuberculosis is an acute and quickly spreading disease. Throughout England and Wales there has been a gradual fall in the death rate from Pulmonary Tuberculosis, the decline affecting every age group except the young

	In Hosp. on 1st Jan., 1936	Adm. during year	Disch. during year	Died during year	In Hosp. on 31st Dec. 1936
(a) Number of doubtfully tuberculous cases admitted for observation :—					
Adult males	—	15	14	—	1
Adult females	1	10	11	—	—
Children	—	69	45	—	24
Total	1	94	70	—	25
(b) Number of patients suffering from pulmonary tuberculosis :—					
Adult males	66	114 38 Holt	84 38 Holt	21	75
Adult females	41	64 36 Holt	52 36 Holt	10	43
Children	5	19 3 Holt	9 3 Holt	1	14
Total	112	197	145	32	132
(c) Number of patients suffering from non-pulmonary tuberculosis :—					
Adult males	2	2 1 Holt	3 1 Holt	—	1
Adult females	3	13	11	1	4
Children	18	13 1 Holt	10 1 Holt	1	20
Total	23	28	24	2	25
Grand Total (a), (b) and (c)	136	319	239	34	182

Diagnosis on discharge from observation.	For Pulmonary Tuberculosis.						For Non-pulmonary Tuberculosis.						Totals.		
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ..	–	–	–	3	2	13	–	–	1	–	–	2	3	2	16
Non-tuberculous ..	5	4	–	5	4	26	1	–	–	–	1	3	11	9	29
Doubtful	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Totals ..	5	4	–	8	6	39	1	–	1	–	1	5	14	11	45

TABLE E. As required by the Ministry of Health.

RESULTS OF TREATMENT, GROBY ROAD SANATORIUM.

Classification on admission to the Institution.		Condition at time of discharge.	Duration of Residential Treatment in the Institution.												TOTAL
			Under 3 months.			3-6 months.			6-12 months.			More than 12 months.			
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
PULMONARY TUBERCULOSIS.	Class T.B. minus.	Quiescent	–	3	–	3	7	–	1	1	1	–	–	–	16
		Not Quiescent ..	3	5	2	2	1	1	2	2	5	1	1	1	26
		Died in Institution ..	1	–	–	–	–	–	–	–	–	1	–	–	2
	Class T.B. plus Group 1.	Quiescent	1	1	–	1	–	–	1	2	–	–	–	–	6
		Not Quiescent ..	1	5	–	10	4	–	6	4	–	2	1	–	33
		Died in Institution ..	–	–	–	–	–	–	–	–	–	–	–	–	–
	Class T.B. plus Group 2.	Quiescent	1	–	–	2	–	–	1	1	–	–	–	–	5
		Not Quiescent ..	11	8	–	26	11	–	13	14	–	14	9	–	106
		Died in Institution ..	–	1	–	–	–	–	–	3	–	–	1	–	5
	Class T.B. plus Group 3.	Quiescent	–	–	–	–	–	–	–	–	–	–	–	–	–
		Not Quiescent ..	2	1	–	8	–	–	2	–	–	–	2	–	15
		Died in Institution ..	3	1	–	4	1	–	5	2	–	3	–	–	19
NON-PULMONARY TUBERCULOSIS.	Bones and Joints.	Quiescent or Arrested	–	–	–	–	–	–	–	–	–	–	–	–	–
		Not Quiescent ..	1	–	1	–	2	–	2	3	2	–	1	4	16
		Died in Institution ..	–	1	–	–	–	–	–	–	1	–	–	–	2
	Abdominal.	Quiescent	–	–	–	–	1	–	–	–	–	–	–	–	1
		Not Quiescent ..	1	–	–	–	1	1	–	–	–	–	–	–	3
		Died in Institution ..	–	–	–	–	–	–	–	–	–	–	–	–	–
	Other Organs.	Quiescent	–	–	–	–	–	–	–	–	–	–	–	–	–
		Not Quiescent ..	–	–	–	–	–	–	–	1	–	–	–	–	1
		Died in Institution ..	–	–	–	–	–	–	–	–	–	–	–	–	–
	Peripheral Glands.	Quiescent	–	–	–	–	–	–	–	–	–	–	–	–	–
		Not Quiescent ..	–	–		–	1	–	–	–	–	–	–	–	1
		Died in Institution ..	–	–		–	–	–	–	–	–	–	–	–	–

adult group. We have appreciated this position in Leicester and for the past few years we have been concentrating on the detection and early treatment of this group of cases. With the active co-operation of the Tuberculosis Officer the following measures have been adopted.

(1) X-ray examination of as many young adult contacts as possible.
(2) Young adults suffering from Pulmonary Tuberculosis are admitted to the Sanatorium as emergency cases.

Investigations and Treatment :

Apart from clinical examinations, the following investigations were carried out on all patients as a routine measure.

(a) **Sputum.** Routine bacteriological examinations every month, special cases every week, and observation cases daily if necessary. "Mirror" tests were carried out on patients where no sputum was obtainable.

(b) **Blood Sedimentation Rate.** This test was carried out at monthly intervals on all cases.

(c) **X-ray Examinations.** As routine, every patient was X-rayed at three-monthly intervals, but all patients on active treatment were X-rayed at monthly intervals.

All patients having Artificial Pneumothorax treatment were screened at weekly intervals.

The assessing of treatment and progress of a case can only be evaluated by a consideration of all the above results. A complete review of every patient was carried out at three-monthly intervals as a routine, and monthly intervals in special cases.

Special Treatment for Pulmonary Tuberculosis carried out in the Sanatorium during 1936.

Artificial Pneumothorax :

New cases induced	57
Refills (In-patients)	2248
„ (Out-patients)	1130
Total	3,435
Oleothorax	1
Aspirations and Air replacements	374
„ „ „ Out-patients	100
Phrenic Avulsions	11
Gold injections	746
Blood examinations	869

The nature of the disease process in Pulmonary Tuberculosis leads to the formation of cavities in the lungs, and from these cavities the disease spreads, haemorrhages occur, and germs persist in the sputum. To attempt permanent healing, it therefore becomes essential to heal cavities.

The treatment of Pulmonary Tuberculosis resolves itself into two parts :—

(a) **Immunological.** This infers increasing the immunity of the patient to the toxins of the disease, and is accomplished by improving his general condition under the hygienic sanatorium régime.

(b) **Mechanical.** Since complete arrest of the disease cannot be accomplished without complete closure of cavities, it becomes necessary to employ mechanical measures to attain this object. Collapse of the lung or the chest wall are the operations adopted for this purpose. The modern improvements in X-ray technique have given us a clearer understanding of this part of our treatment. Small cavities may be healed by prolonged recumbency, but in the majority of young adults it is necessary to perform some form of collapse therapy.

The most effective form of collapse therapy is Artificial Pneumothorax. In certain cases where Artificial Pneumothorax is impossible, Phrenic Avulsion by itself or combined with some other form of treatment may be effective in attaining our object.

During the year 57 new cases of Artificial Pneumothorax were successfully induced. The total number of refills given to our In-patients was 2,248.

This hospital is not yet equipped for the major form of collapse therapy, namely, the operation of Thoracoplasty, but during the year one patient was transferred to a London Hospital for this operation.

Out-Patient Refill Clinic.

An Out-patient Refill Clinic was held at this Hospital every Saturday morning. Pneumothorax cases attended the Clinic for refills and observation. As with in-patients, each case was screened before refill, and X-rayed at monthly intervals. The progress of the case was reviewed every three months.

During the year 1,130 refills, and 100 air replacements and pleural washouts were given. Seventy out-patients are now attending for refills, and it will be noted that the number has been increasing every year; this is associated with the increasing number of in-patients receiving Artificial Pneumothorax treatment.

Observation Cases.

Observation cases are doubtful cases of Tuberculosis referred from the Tuberculosis Dispensary for investigation in the Sanatorium. Twenty-two observation cases were admitted during the year, and in 5 cases a diagnosis of Tuberculosis was established.

Convalescent Sanatorium, "Home Place," Holt.

For many years this beautiful Sanatorium situated near the Norfolk coast, has been performing a very useful function. The Sanatorium has 27 beds which are used for the convalescent and ambulatory stage of patients, who have had their initial recumbent or active treatment in Groby Road Hospital. This Sanatorium has become a valuable auxiliary hospital and during the year 77 patients received treatment.

Of necessity, the cases must be selected as only certain types of disease are suitable for this form of treatment.

X-RAY DEPARTMENT.

	In-patients.	Out-patients.	Total.
Chest films	1380	2103	3483
Lipiodal examinations (chest)	14	—	14
Films of bones and joints ..	112	260	372
Screen examinations (chest)	1011	1115	2126
Ante-Natal Films	—	4	4
Staff	—	6	6

For the year 1936 I again record an increase of X-ray films, the increase being chiefly in the number of chest films. The following table shows the increase in chest films (in-patients and out-patients) in the last 5 years.

	In-patients.	Out-patients.
1932	498	588
1933	787	798
1934	832	1070
1935	807	1815
1936	1380	2103

The increase in the in-patient chest films is due to serial radiography, i.e., X-raying every patient at regular monthly or three-monthly intervals.

The out-patient chest films are taken for the Tuberculosis Dispensary, and as shown in the above table the number of films taken for this purpose has greatly increased in the last 5 years. All the in-patient and out-patient films were interpreted and reported on at this Hospital.

The out-patient films of bones and joints were taken for the Orthopaedic Clinic. In the latter part of the year arrangements were made with the Maternity and Child Welfare Service to have ante-natal films taken at this Hospital.

The work of the X-ray Department has increased so much that it has become necessary to appoint a full-time Radiographer.

Ultra-Violet Light Department.

Carbon Arc and Mercury Vapour Light Baths :	Attendances.
1. Surgical Tuberculosis	564
2. Pulmonary Tuberculosis	17
3. Septic Conditions	70

Laboratory.

With the services of our Pathologist, Dr. E. M. Ward, the work in the Laboratory has continued to increase. Dr. Ward, the Pathologist, and the Medical Superintendent continue to hold Home Office Licences for animal experiments.

Report of the Work in the Laboratory of the Leicester Isolation Hospital.

By Dr. E. M. WARD, M.B., B.S. (Lond.)

Swabs for Diphtheria :	Total.	Positive.	Negative.
(*a*) Practitioners	1249	103	1146
(*b*) Wards	3992	315	2677
	5241	418	3823
Sputum examined for Tubercle bacilli :			
(*a*) Out-patients	459	205	254
(*b*) In-patients	3385	1448	1937
	3844	1653	2191

Smears examined for Vincent's Spirillae	27
Swabs cultured for Haemolytic Streptococci	122
Pleural Fluids examined for Tubercle Bacilli :	
Total	33
Positive	10
Negative	23
Laryngeal smears examined for Tubercle Bacilli	52
Pus examined microscopically	23
Urines examined microscopically	535
Faeces cultured	85
Widal Reactions	28
Cerebro-Spinal Fluids examined for Tubercle Bacilli	3
,, ,, ,,	58
,, ,, cultured for Meningococci	9
Cervical smears examined microscopically	24
Smears cultured for Gonococci	2
Blood cultured for Haemolytic Streptococci	104
,, grouping	47
Complete blood counts	201
Post mortem examinations	39

Typing of Diphtheria Bacilli :

Mitis Type	Found on 67	occasions
Intermediate Type	,, 23	,,
Gravis Type	,, 22	,,
Atypical Type	17	
Negative	58	
	187	

Media manufactured in Laboratory for Isolation Hospital	8290
,, ,, ,, ,, City General Hospital	1014
Sterile swabs to Health Department	1450

Examinations done at Groby Road for the City General Hospital :

Widal reactions	29
Faeces examined for Tubercle Bacilli	13
Blood culture for Tubercle Bacilli	1
	43

Examinations done at City General Hospital for Groby Road :

Microtome Section	14
Chemical examination of Blood	37
,, ,, ,, C.S. Fluids	8
,, ,, ,, Pleural Fluids	1
,, ,, ,, Urine	2
	62

Animal experiments	519
Animal experiments for City General Hospital	48

I beg to present a report of the work done in the Pathological Laboratory of the Isolation Hospital during the year 1936. Examination of the figures tabulated above reveals that there has been an all-round increase during the year under review.

Diphtheria Swabs.

A total of 5,241 swabs have been examined for the Diphtheria Bacillus in the Laboratory during the year. The majority of these swabs are taken in order to see when a convalescent patient is ready for discharge, negative swabs being found in over 90 per cent. of cases from the wards.

The typing of the bacillus, using the technique of the Leeds School, has been continued with very interesting results. During the large part of the year, the type of organism found in 1935 continued to be predominant. Suddenly in the month of November, the Gravis type of organism appeared, and was identified in 22 cases in quite a short time. This organism appeared to correspond in all particulars to the classical strains reported from other laboratories. We have also found atypical organisms in 17 cases and the majority of these closely followed the characteristics of the Gravis type ; so that our experience follows fairly closely that of Edinburgh in this particular, where the Gravis type has been subdivided into several sub-divisions. There is evidence to show that the Gravis type appeared in the County before reaching the City.

Examination of Tubercle Bacillus.

The examination of slides prepared from sputum obtained from the larynx during direct examination has been instituted during the year, and has occasionally been the means of getting a positive result in cases in which sputum obtained in the normal way is negative. This method is especially useful for patients who say that they have no sputum.

Animal Experiments.

As in previous years, the Laboratory has been responsible for the examination of milk samples for the presence of Tubercle Bacillus. A positive result has been given in 9 cases ; in 5 of these cases a positive result was given in three weeks, and in 4 cases a negative result given in three weeks has been altered to a positive after six weeks. In no cases has a three-weeks' positive result been reversed.

The attempt to obtain the Tubercle Bacillus by cultural methods has been discontinued.

Clinical Pathology.

The laboratory investigation into the cases of Puerperal Sepsis in the Hospital has been responsible for the majority of the work under this head. A large number of swabs have been examined for Haemolytic Streptococcus, in many cases for the Maternity and Child Welfare Officer. 104 blood cultures have been examined from these cases and donors for blood transfusions have been found on 47 occasions. It has been the routine to do weekly blood counts in all cases of Puerperal Sepsis and to make use of a blood transfusion when the blood count was below a certain figure which experience has shown to be a critical one. A positive blood culture has also been an argument in favour of a transfusion.

Investigations for General Practitioners.

The scope of this work has undergone no change during this year.

STAFF.

On January 2nd, Dr. J. Carson was appointed Resident Medical Officer in place of Dr. Anderson, resigned. On May 18th Dr. F. Bunting commenced duty as Resident Medical Officer in place of Dr. W. Wildman, resigned, and on June 18th Dr. I. Gordon was appointed Resident Medical Officer in place of Dr. A. L. F. Thomson, resigned.

Miss M. S. Clifford was appointed Assistant Matron on October 12th, 1936, in place of Miss D. Lee, resigned.

Staff Illness.

Tonsillitis	20
Diphtheria	2
Scarlet Fever	1
Acute Pharyngitis	1
Laryngitis	1
Acute Nephritis	1
Erythema Nodosum	1
Septic Throat	1
,, Bursitis	1
Influenza	1
Acute Decryocystitis	1
Swelling left arm	1
Fibrositis	1

Immunisation of Nursing Staff against Diphtheria.

The Schick test was performed on 25 nurses—15 nurses gave a positive reaction and they were all actively immunised aganst Diphtheria.

BUILDING AND EQUIPMENT.

New Nurses' Home.

During the year building operations were continued on the New Nurses' Home. This Home provides for 148 bedrooms, together with Reception Rooms, Lecture Room, Library, etc. It is anticipated that the Home will be opened in September, 1937.

Extensions to Hospital.

For some years, the bed accommodation in this Hospital has been inadequate to meet the demands made upon it and the position became more acute when the City boundary extensions became operative. To meet the position, the Leicester City Council has approved a scheme for the addition of 74 beds for Infectious Diseases and 30 beds for Pulmonary Tuberculosis. The scheme provides for the following additional buildings :—

1. **Infectious Diseases.**

   Four Wards built on the cubicle principle, each ward containing 12 cubicles. One ward will be particularly adapted for the treatment of Puerperal Fever.

2. **Tuberculosis.**

   A Women's Sanatorium of 80 beds, divided into two ward units.

3. **A Treatment Centre,** providing Operating Theatre, Dental Room and Recovery Rooms.

4. **Patients' Dining Rooms and Assembly Hall.**

5. **Laundry.**

6. **Extensions to Laboratory.**

The re-allocation to Infectious Disease of one of the pavilions at present used for Tuberculosis will make a total of 180 beds available for the treatment of ordinary Infectious Disease, while the provision of the new female Sanatorium will make 156 beds available for Tuberculosis after allowing for the demolition of the Training Centre.

J. C. H. MACKENZIE.

ISOLATION HOSPITAL AND SANATORIUM. TABLE A.

Number of Patients admitted, discharged and died during 1936.

Disease.	Remaining 31st December, 1935 (as diagnosed).	Admitted during Year.	Discharged during Year.	Died during Year.	Remaining 31st December, 1936 (as diagnosed).
Scarlet Fever	41	447	480	—	8
Diphtheria	70	269	300	6	33
Enteric Fever	—	8	8	—	—
Measles	—	22	21	—	1
Erysipelas	2	19	21	—	—
Cerebro-Spinal Fever	—	8	6	2	—
Puerperal Fever	3	51	38	10	6
Whooping Cough	2	49	43	4	4
Other Diseases	3	158	142	10	9
Tuberculosis :					
Observation Cases	1	20	20	—	1
Adults	112	194	150	34	122
Surgical	23	51	45	2	27
Children	—	64	33	—	31
Discharged Soldiers	—	1	—	—	1
Total	136	1361	1307	68	243

ISOLATION HOSPITAL AND SANATORIUM.

TABLE B.

Patient Days during 1936-1937.

	For 12 months ending Dec. 31st, 1936.	For 12 months ending March 31st, 1937.
Smallpox	—	—
Smallpox Contacts	—	—
Scarlet Fever	8311	6930
Diphtheria	11558	9291
Enteric Fever	232	232
Cerebro-Spinal Fever	240	193
Puerperal Fever	1751	1402
Measles	433	512
Whooping Cough	1435	1502
Erysipelas	313	253
Poliomyelitis	—	49
Meningitis	15	15
Other Diseases	2071	2581
Tuberculosis :—		
Adults	42842	44803
Discharged Soldiers	44	73
Children	6441	9119
Surgical Cases	10019	9969
Observation Cases	573	543
	86278	87467

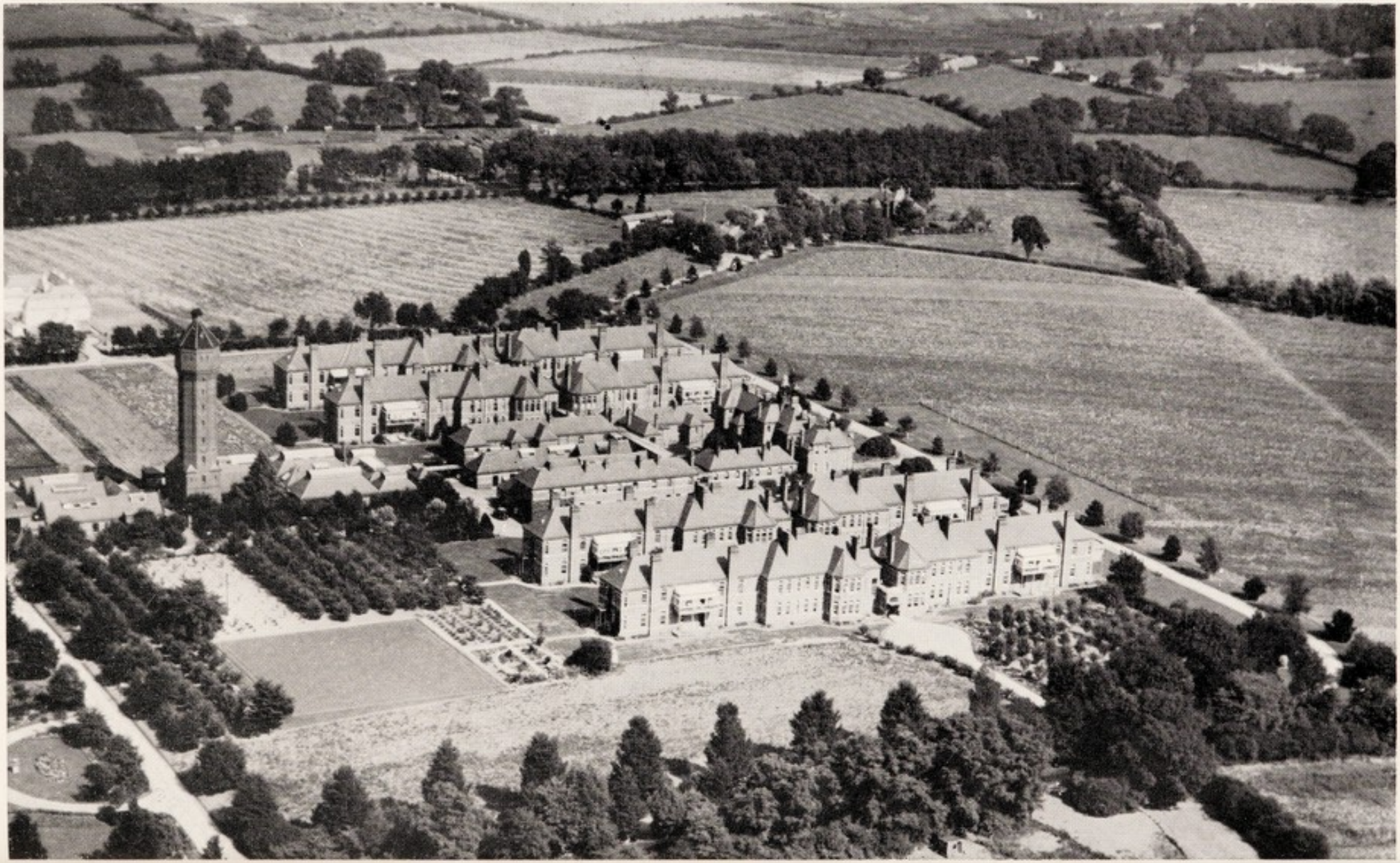
SUMMARY.

Infectious Diseases	26359	22960
Tuberculosis	59919	64507
Total	86278	87467

TABLE 19.

Showing the number of Cases notified of the principal Notifiable Diseases for the Fourteen Years, 1923-1936.

Disease.	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
Smallpox	0	5	72	0	6	90	320	1192	1353	183	0	0	0	0
Scarlet Fever	576	335	774	477	620	1971	517	423	404	463	432	1401	1405	534
Diphtheria	142	429	350	366	309	461	253	198	115	76	338	463	424	267
Enteric Fever..	6	5	4	3	3	6	2	5	3	1	1	4	13	12
Erysipelas	87	96	126	110	132	141	158	99	108	90	150	182	161	145
Puerperal Fever	7	11	7	22	9	10	11	12	8	13	9	13	12	14
Puerperal Pyrexia	..	..	..	21	34	45	25	50	32	48	52	38	52	81
Phthisis	692	725	606	650	700	668	657	582	511	442	438	332	460	355
Other Forms of Tubercle	71	65	77	77	80	117	77	66	61	69	74	71	100	79
Ophthalmia	53	28	37	36	38	24	35	32	14	20	18	24	21	17
Cerebro-Spinal Fever	3	2	2	4	4	4	8	11	16	13	6	5	10	6
Poliomyelitis	1	12	..	81	8	8	4	3	..	2	4	1	13	1
Encephalitis Lethargica	12	22	26	14	9	7	4	3	7	2	30	2	1	0
Pneumonia	209	247	239	143	236	239	364	202	216	236	47	259	239	301
Chickenpox	..	..	639	..	..	..	..	..	..	..	..	..	..	..
Totals	1859	1982	2959	2004	2188	3791	2435	2878	2848	1658	1869	2795	2911	1812



APPENDIX III.

Report on the City General Hospital, Leicester, for the year 1936

By

ERNEST C. HADLEY, M.D., B.S.(Lond.), F.R.C.S.(Ed.)

Medical Superintendent, General Surgeon, Lecturer and Internal Examiner to Nurses.

With foreword by the Medical Officer of Health.

COMMENTS BY THE MEDICAL OFFICER OF HEALTH.

As stated in my foreword to the Medical Superintendent's Report for 1935, the passing of the Local Government Act, 1929, and the consequent appropriation of this Hospital as a Public Health Hospital in 1930 was a most important step in the progress of the Health Services of the City.

A change of name without a change of state would however have been valueless and it is due to the modernising policy of the Health Committee, that this Hospital is fast becoming recognised as one of the foremost Public Health Hospitals in the country.

During the seven years such changes have been made in the equipment and in staffing that the service now available to the patient is of an entirely superior order from that provided before appropriation.

In the following report Dr. Hadley outlines the bare bones of a year's work but his figures can be clothed with the gratitude of countless patients and their friends for the devoted work of the medical and nursing staff.

During the year two important matters exercised the attention of the Committee—the extension of the Consultant Service and the extension of the Hospital accommodation.

Consultants.

Previously no co-ordinated policy was in operation as to the engagement and work of the Medical Officers of consultant rank. Each individual sub-committee appointed such officers as it thought necessary for the service for which it was responsible and these officers could not be employed in any other branch of the Health Department service.

It was suggested that a better plan would be to appoint the consultant to the Health Department as a whole, thus making his services available to any branch of the Department. Definite conditions of appointment and a standard rate of salary would also help to consolidate the service.

The Health Committee fully considered the matter and finally passed a resolution of which I now give a summary.

(a) All appointments are now made to the Health Department, and not to any particular Hospital.

(b) Definite conditions of service are laid down.

(c) The appointments are to be reviewed yearly and re-advertised every three years.

(d) The following additional appointments were made :—

(1) Surgeon.

(2) Gynaecological and obstetric surgeon.

(3) Ear, Nose and Throat Surgeon—to visit Isolation Hospital once a week.

(4) Dental Surgeon—for both hospitals.

(5) The Tuberculosis Officer and Medical Superintendent of the Isolation Hospital as Consultants to the City General Hospital.

Name of Consultant.	Designation.	Detailed Duties.
Braithwaite	Physician	To visit the City General Hospital twice a week, one session being for general purposes and one for acute rheumatism in childhood.
Cairns	Physician	To visit the City General Hospital once a week for general purposes
Jamie	Cardiologist	To visit the City General Hospital once a month as Cardiologist.
Morris	Orthopaedic Surgeon	To visit the City General Hospital twice a week and the Isolation Hospital twice a month as Orthopaedic Surgeon, and to act as General Surgeon to the Health Department as required.
Kendall	Ear, Nose and Throat Surgeon	To visit the Isolation Hospital once a week as Ear, Nose and Throat Surgeon.
McCurry	Ophthalmic Surgeon	To visit the Hospitals as required as Ophthalmic Surgeon and to be paid on a Sessional basis. No annual retaining fee.
Silcock	Dermatologist	To visit the City General Hospital as Dermatologist once a month.
Lawson	Radiologist	To visit the City General Hospital as Radiologist once a week.
Wilkie	Venereologist	To visit the City General Hospital as Venereologist once a month.
Davies Mason	Anaesthetists	To visit the Hospitals as Anaesthetists as required on a sessional basis.
Rowlett	Dental Surgeon	To visit the Hospitals under control of Health Committee.

The above persons, with the exception of the Orthopaedic Surgeon, not to be in charge of beds and patients.

All the above consultants may be called in for additional sessions to any branch of the Department.

Notwithstanding anything to the contrary mentioned in these minutes, any appointments are to be terminable by three months' notice on either side.

That the scale of remuneration of consultants and specialists (other than anaesthetists and dental surgeon) be as follows :—

One visit a week	£105 p.a.
Two visits a week ..	£200 p.a.
Three visits a week ..	£275 p.a.
Each additional session ..	£75 p.a.
Once a fortnight	£52 10s. 0d. p.a.
Once a month	£27 10s. 0d. p.a.

Additional sessions at the rate of £2 12s. 6d. per session.

That sessions be for two-and-a-half hours.

That meals be not provided at the Hospital, and that no travelling expenses be allowed.

That consultants and specialists be required to provide their own deputy in case of annual leave or absence through sickness.

All the above appointments to be for the period ending 31st May, 1939.

It is hoped that with the appointment and consolidation of the Consultant Service, great improvement may be achieved not only in the City General and Isolation Hospitals but in the Health Service of the City as a whole.

EXTENSIONS.

The other matter to which I would draw attention is the question of the extensions at the City General Hospital.

This has been the subject of very numerous discussions during the year under review and is of such paramount importance that I have thought it wise to insert in this report a full memorandum presented to the Health Committee in January, 1937, which summarises the whole problem.

This memorandum must not however be taken as final—modifications in the plans have already been requested at informal meetings with the Ministry of Health and it is probable that considerable alterations may even now have to be made.

EXTENSIONS AT THE CITY GENERAL HOSPITAL.

Memorandum by the Medical Officer of Health.

1. The proposed extensions at the hospital fall into three main groups :—

(a) A hospital for the Chronic Sick.
(b) Accommodation for the Medical, Nursing and Domestic Staff.
(c) Other modernisations of the hospital.

I propose, therefore, to submit this memorandum under these headings.

(A) A HOSPITAL FOR THE CHRONIC SICK.

2. Under the Local Government Act, 1929, the Council made a declaration that in the future sick persons should be treated under the Public Health Acts and not under the Poor Law, and therefore appropriated the City General Hospital for this purpose.

3. At the Public Assistance Institution, Swain Street, and therefore under the care of the Public Assistance Committee, there remains, however, a large number of persons who can be described as "chronic sick," for the care of whom, under the declaration above mentioned, it is the duty of the Health Committee to make the necessary provision.

4. Although the Committee, in the early part of 1935, appointed an assistant medical officer, acting as the deputy of the Medical Superintendent of the City General Hospital, whose duty it is to look after these chronic sick at the Swain Street Institution, it is considered desirable that accommodation should be made available for these patients at the City General Hospital.

5. The question of the number of beds which should be provided at the City General Hospital is obviously a most important matter, and has been the subject of communications, both written and verbal, with the Ministry of Health.

Officials of the Ministry have pointed out that the problem is twofold, viz. :—

(a) how many chronic sick should be transferred from Swain Street Institution, and
(b) whether the beds thus vacated at the Swain Street Institution would be properly utilised.

6. At my request, the Medical Superintendent surveyed the inmates of Swain Street Institution, and as a result of his survey I

informed the Ministry, on the 2nd July, 1936, that I was of the opinion that 327 patients (138 male and 189 female) required to be transferred, that there would be no difficulty in utilising the space thus vacated, and that proper classification of the remaining inmates would be possible for the first time.

7. In a reply dated the 27th July, 1936, Dr. Macewen (of the Ministry) expressed surprise that "as many as 327 persons require to be removed," and asked me to investigate the matter personally. The figure the Ministry's Inspector had in mind was from 150-200.

Further, Dr. Macewen commented on the fact that I had said that 52 persons were already accommodated at the City General Hospital in the *acute* wards and would require to be transferred to the *chronic* wards. He stated that "the department would require to be satisfied that the wards at the City General Hospital at present occupied by chronic cases are required for acute work before they would be justified in sanctioning the building of alternate accommodation."

8. Together with the Medical Superintendent, I therefore surveyed every inmate of the infirm wards at Swain Street Institution and confirmed the former's opinion that about 327 persons required to be transferred (see Para. 7).

9. As regards Dr. Macewen's remarks relating to the 52 persons already in the City General Hospital (see Para. 8), I informed him on the 31st July, 1936, that the accommodation (excluding balcony beds) at the hospital is 509 beds; that the "peak" number of patients in hospital during the last three years has been 491, 469 and 477, or an average of 479; that with the removal of the 52 patients, a figure of 427 would be left, and that I did not consider it unreasonable always to have 80 spare beds.

10. The total number of chronic sick for whom new accommodation is considered necessary at the City General Hospital is therefore as follows :—

Name of Institution.	Males.	Females.	Total.
Swain Street	130	195	325
City General Hospital ..	28	24	52
City Mental Hospital	15	20	35
Totals	173	239	412

11. But in deciding on the size of the new hospital, it is desirable that allowance should be made for eventualities, and in the scheme now submitted to the Committee, extension up to (about) 520 beds is possible. The Sub-Committee feels, however, that for the present it is not necessary to go forward with the full scheme, and therefore the architect has prepared plans and estimates for a Chronic Hospital of 348 beds in four wings.

12. Included in the plans of the new Chronic Hospital are 24 bedrooms for domestic staff, and a kitchen to serve this hospital. The kitchen has been designed so that it can be extended if necessary ; the cost of the kitchen (which is included in the figures for the hospital given below) is :—

Kitchen	£5,086
Equipment	2,058
Total	£7,144

Summary of new Chronic Hospital :—

Four wings, 348 beds in all.
24 bedrooms for staff.
Kitchen.

Estimated cost :—

Architect's estimate	92,267
Equipment	11,737
Total	£104,004
Cost per bed	£265

(B) ACCOMMODATION FOR THE MEDICAL, NURSING AND DOMESTIC STAFF.

13. Medical Staff.

The present hospital is staffed by the Medical Superintendent, his Deputy and three Resident Medical Officers.

With the alteration in character of the hospital to more acute work, and with its extensions to include a chronic hospital block of 348 beds, the present number of Resident Medical Officers will be inadequate. It is recommended that there shall be six Resident Medical Officers to cover both the acute and chronic cases.

Accommodation will be required for this increase, if agreed upon, and it is recommended that a house be built for the Deputy Medical Superintendent.

It is further recommended that the existing accommodation on the first floor of the Administrative Block be altered to provide room for the three new (six in all) Resident Medical Officers.

14. Plans and estimates will, therefore, be submitted to the Committee as follow :—

Deputy Medical Superintendent's house (including layout)	£1,450
Alteration of existing Administrative Block ..	200
Total	£1,650

15. **Nursing and Domestic Staff.**

The adoption by the Council of the 48-hour week for the hospital resident staff, the normal expansion of the existing hospital, together with the erection of a new Chronic Hospital to accommodate 348 patients, necessitate a substantial increase in the accommodation now available for the resident staff, both nursing and domestic.

16. To staff the *Acute* Hospital adequately and to allow of the operation of the 48-hour week, it is estimated that the following staff is required :—

Nursing ..	232
Domestic ..	96
Total Staff ..	328

The *Chronic* Hospital will partly be staffed by non-resident male nurses, but it is estimated that a hospital of 348 beds will require the following resident staff :—

Nursing ..	84
Domestic ..	28
Total Staff ..	112

It is therefore necessary to provide accommodation for 440 staff.

17. There are at present available at the existing hospital 102 beds for resident nursing and domestic staff, so that new accommodation is required for 338.

In the proposed Chronic Hospital, 24 staff bedrooms are provided, and the architect has prepared plans and estimates for a Nurses' Home of 317 beds.

New Nurses' Home—317 beds.

Architect's estimate ..	£127,870
Equipment	11,571
Total	£139,441

The above Home provides 272 bedrooms for the nurses, sisters and administrative staff, and 45 bedrooms for the maids, a recreation hall to seat 400 persons, dining-room accommodation for 224 nurses, 46 sisters and 45 maids, lounges, library, lecture room and a kitchen.

18. In connection with the new Nurses' Home, it is considered desirable that a new entrance to the hospital should be constructed into Coleman Road. This entrance, with a small office, will not only serve the Nurses' Home, but will also provide a convenient means of access to the mortuary. The cost of this entrance, including the office and apportioned cost of roads, is estimated to be £930.

19. Associated also with the new Nurses' Home is a proposal to erect a small cloakroom for the nurses at the end of the corridor of the Acute Hospital, on the side nearest the Nurses' Home.

The cost of this cloakroom is estimated to be £673.

(C) OTHER MODERNISATIONS OF THE HOSPITAL.

20. New Operating Theatre Unit.

At the present time, there are two operating theatres in use at the hospital, one used solely for orthopaedic work, and the other for all general hospital purposes. Both theatres are merely converted "day rooms" attached to ordinary wards of the hospital and are therefore not suitable for their purpose. There is no accommodation for anaesthetic rooms, sterilising rooms, wash-up rooms, etc.

The appointments of a gynaecological surgeon and of a general surgeon will increase the surgery carried out at the hospital, and the provision of better operating facilities is urgently required.

From the point of view of the general value to the community of the hospital, and also of its value as a training school for nurses, it is desirable that the best possible facilities for this branch of medicine should be available.

Consideration has been given to the alteration of an existing ward to an operating theatre unit, but it is felt that the alteration at best would be of a makeshift character. The architect, after consultation with the medical staff, has therefore prepared, and has submitted plans, for an *ad hoc* operating theatre unit, situated conveniently between the old and the new hospitals and providing two complete theatre units. Your Sub-Committee feels that this provision will meet the requirements of the hospital for a considerable number of years.

The estimated cost of the operating theatre block is :—

Architect's estimate ..	£7,466
Equipment	800
Total	£8,266

21. **New X-ray Unit.**

The present X-ray unit is housed in small wards attached to an ordinary ward and is quite inadequate for the hospital. An up-to-date X-ray unit with full facilities for diagnosis and provision for treatment if necessary, is absolutely essential. The architect has submitted plans for such a unit, adjoining the operating theatre block, with room for future extension if necessary.

Your Sub-Committee has also given full consideration to the provision of apparatus for deep X-ray therapy. This apparatus is mainly, though not exclusively, used for the treatment and alleviation of patients suffering from inoperable cancer.

The Royal Infirmary is the recognised hospital for radium treatment in the area, and as radium treatment is closely associated with deep X-ray therapy, it is felt that treatment of this nature should be concentrated at the one unit. Your Sub-Committee therefore hopes to enter into an arrangement with the Royal Infirmary for this purpose and do not propose to establish a deep X-ray therapy unit at the City General Hospital, at any rate for the present, though room has been left for its provision if considered necessary at any time.

The estimated cost of the X-ray unit is :—

Architect's estimate ..	£11,002
Equipment	9,500
Total	£20,502

22. **New Pathological, etc., Laboratories.**

As the Committee is aware, the present pathological laboratory is much too small for its purpose.

Plans have been prepared and approved by your Sub-Committee for a complete laboratory unit. These plans are based on designs recommended by the London County Council for a hospital of similar size.

The new laboratories are part of the same building as the proposed operating theatre and X-ray units, and are on the first floor.

The cost of the new laboratories is :—

Architect's estimate ..	£2,578
Equipment	500
Total	£3,078

23. It is necessary to provide some covered means of communication between the new operating theatre, X-ray and laboratory units and the Acute Hospital.

Plans and estimates for a covered corridor are submitted. It will be possible to extend this corridor to the Chronic Hospital when felt necessary.

Cost of corridor	£2,743

24. **Permanent Sewing Room.**

Your Sub-Committee recommends that the (temporary) recreation room be converted into a permanent sewing room. The existing sewing room accommodation will be totally inadequate when the new Chronic Hospital is occupied.

Alternative accommodation for recreation will be provided in the new Nurses' Home.

The cost of reconstruction is estimated to be :—

Architect's estimate ..	£800
Equipment	100
Total	£900

25. Reconstruction of Mortuary Block.

The present accommodation for storage and viewing of bodies is very unsatisfactory. The architect has submitted plans for the remodelling of the existing mortuary and post-mortem room, the provision of a refrigerator chamber and a new mortuary chapel.

The estimated cost of this reconstruction is :—

Architect's estimate ..	£3,248
Equipment	170
Total	£3,418

26. Heating Apparatus.

In connection with the proposed extension of the hospital, it will be necessary to provide additional heating plant.

A building is available and it is proposed to erect an additional boiler and boiler setting, together with the necessary flues, at an estimated cost of £1,500.

27. Gwendolen Road Entrance.

The City Surveyor, some time ago, prepared plans, which are now submitted, for the remodelling of the hospital entrance on Gwendolen Road.

Even with the extension of the hospital the Gwendolen Road entrance will remain the main entrance to the hospital, and your Sub-Committee considers it desirable that these improvements should be carried out.

The estimated cost is £2,500.

28. Future Extensions.

Though your Sub-Committee, up to the present, has been unable to give any detailed consideration to them, there are certain further extensions which will ultimately come up for decision, and it is perhaps desirable that some mention of them should be made in this report.

In planning the present scheme of extensions, consideration has been given to the future, and, where necessary, buildings are so planned and arranged that future extensions can be carried out easily and economically.

Possible Future Extensions.

(a) *Chronic Hospital.* Two additional wings, bringing the total beds to about 520.
(b) *X-ray Unit.* Deep X-ray therapy unit.
(c) *Operating Theatre.* A third unit.
(d) *Corridor.* Extension of corridor between operating theatre unit and Chronic Hospital.
(e) *New Maternity Block.*
(f) *Nurses' Home.* As required.
(g) *Ambulance Station and Garages.*
(h) *Swimming Pool for Staff.*
(i) *Cottages for key men on non-resident staff.*

29. **Air Raid Precautions.**

It is understood that the Home Office is prepared to consider applications for a grant to be made towards the cost of new hospital bed provision.

30. This Memorandum has been prepared after full discussion with the Medical Superintendent and the Architect, and has their full concurrence.

Ambulance Service.

Consideration has also been given during the year to this service.

At the present time the ambulance service required for the removal of patients to and from the City General Hospital is supplied by the Fire Brigade Department.

While this service is excellent in practically every way, there is one major criticism that I would like to make—no female attendant or nurse is carried in the ambulance. The ambulance men are fully qualified in first aid and have rendered most valuable service, friends of the patients may also accompany the ambulance but I am of the opinion that a nurse also should be available.

The main difficulty is that the ambulance is garaged so far from the Hospital that it is not practicable to fetch a nurse before going for the patient.

There are two ways of getting over the difficulty : (1) to garage the ambulances at the Hospital or (2) to establish at the Fire Brigade Headquarters a central ambulance station with non-resident ambulance sisters available for attending female patients.

Report on the City General Hospital Leicester, for the year 1935-6

By

ERNEST C. HADLEY, M.D., B.S.(Lond.), F.R.C.S.E., etc.

Medical Superintendent, General Surgeon, Lecturer and Internal Examiner to Nurses.

The Foundation Stone of this Hospital was laid in 1903 and it was opened for the reception of patients on September 29th, 1905.

From 1914 to 1919 the Hospital was taken over by the Council of War for the reception of British Sick and Wounded Soldiers in the Great War.

On April 1st, 1930, the Hospital was "appropriated" by the Health Committee of the Leicester City Council under the Public Health Acts, 1875 to 1926, as extended by Section 14(2) of the Local Government Act, 1929, from which date the Hospital was re-named "The City General Hospital."

The area served by the Hospital is :--

City of Leicester. Population—estimated 1936—261,800.

County of Leicestershire. To a limited extent, viz.,

The County Orthopaedic and Surgical Tuberculosis cases of the County Education Committee and others.

The County Public Assistance cases that need specialised and Modern Hospital Treatment.

The mode of admission and conditions of eligibility for treatment were altered from the date of appropriation, suitable cases being accepted at the discretion of the Medical Superintendent, on the recommendation of the patient's own doctor, a condition of admission being that the patient is normally resident within the City of Leicester : it should be noted, however, that arrangements have been made with the County Authorities by which cases from the County can be treated, provided that the Medical Officer of Health for the County, or the Public Assistance Officer of the county, authorise and recommend such patients for treatment.

It should be noted also that Saturday Hospital Fund contributors, resident in the City, are eligible for admission as patients to this Hospital without any financial call being made upon them, as the Saturday Hospital Committee have agreed to assume responsibility, by arrangement with the City General Hospital Committee.

The medical practitioners of the City have been notified and are now all aware that all Acute General Medical, General Surgical, Orthopaedic and Surgical Tuberculosis, and also Gynaecological and Maternity cases, are eligible for admission as In-Patients.

Phthisical Patients should be referred to the Tuberculosis Medical Officer, and infectious cases to the Medical Superintendent of the City Isolation Hospital, in the first instance.

Full details as to how to deal with special cases can be found on the back of the recommendation forms, which are in use by the general medical practitioners in the City, and a supply of which can be obtained from the Secretary of the City Health Department, Grey Friars.

Every doctor recommending a patient for admission is written to on the discharge or death of the Patient and given a private and confidential Report in the form of brief clinical notes, and any features of special interest, copies of X-ray and Pathological Reports, or post mortem findings, etc.

The medical practitioners of the City from letters received seem to appreciate these letters.

The General Features of the Hospital have been dealt with in detail in previous reports. The following is a brief survey of the structural additions and alterations which have been carried out during the past year.

Laundry. Installation of new plant, and modernising and reconditioning of existing equipment continues.

Balcony Beds have now been added to eight wards on the front of the Hospital, providing eighteen extra beds to each of the four ground floor wards and six extra beds to each of the four first floor wards.

The Children's Ward has now been completely re-equipped and re-designed on modern lines especially suitable for the treatment of infants and children, verandahs have been provided round two sides of this ward in such a way that patients can be placed under shelter during bad or unfavourable weather or left completely out in the open air.

Gynaecological Ward, Ward 15, has been divided up into cubicles in a novel manner, with half-glazed partitions and curtains. The object is to give patients greater privacy : this has been already greatly appreciated by the patients and has not, as might have been expected, inconvenienced the Nursing Staff in any way—in fact, they speak very favourably of the experiment.

City General Hospital Council School.

All children who remain in Hospital for long periods continue to receive educational instruction in the City General Hospital Council School. Three teachers are employed on the various wards. The Rheumatic and Heart Wards are included amongst those wards recently supplied with open-air balconies, and the children on these wards derive much benefit from this addition.

Maternity Department.

The work of this department continues to increase. The eight beds provided are continuously occupied, and we frequently have to provide for the surplus on other Wards of the Hospital. I feel that the time is rapidly approaching when the possibility of a new and larger department will have to be considered, as more accommodation for this type of case is definitely justified.

Nursing Staff.

It was mentioned in last year's report that the Committee were hoping to be able to provide additional facilities for a larger supply of nurses, that is, additional accommodation for the necessary Nursing and Domestic Staff to make shorter working hours possible. During the year under report temporary accommodation has been provided and the Night Nurses are now all being housed in a temporary Nurses' Home at University Road. Although this arrangement is, of course, only temporary, it is still working very well and has eased the situation considerably. It is hoped soon to submit more permanent plans for providing accommodation in the Hospital grounds for sufficient extra nurses and maids to work a 48-hour week.

Voluntary Work.

The work of the V.A.D.'s who help out with the ward work at week-ends has been very much appreciated, and especially the work of Mrs. York, who has given much time and thought to the library, which has been greatly appreciated by the patients.

I. Medical Staff.

(*a*) *Resident :* 1 Medical Superintendent and General Surgeon.
1 Deputy Medical Superintendent.
3 Medical Officers.

(*b*) *Visiting :* 1 Orthopaedic Surgeon.
1 Pathologist.
1 Radiologist.
2 Physicians.
2 Anaesthetists.
1 V.D. Specialist.
1 Skin Specialist.
1 Eye Specialist.
1 Aural Specialist.
1 Radiographer, Non-Resident.
1 Gynaecological Surgeon.
1 General Surgeon.
1 Cardiologist.

II. Resident Nursing Staff.

(*a*)
1 Matron.
1 1st Assistant Matron.
1 2nd Assistant Matron.
1 Sister Tutor.
2 Home Sisters.
1 Night Superintendent.
1 Assistant Night Superintendent.
1 Theatre Sister.
1 Maternity Sister.
13 Ward Sisters.
86 Probationer Nurses.
12 Staff Nurses.

N.B.—Probationer Nurses are in training for four years, during which time they are expected to pass the Preliminary and Final State Examinations, and also that of the Central Midwives Board. The remainder of the Resident Nursing Staff are all fully qualified Registered Nurses and in most cases hold the C.M.B. Certificate.

(*b*) *Non-Resident Nursing Staff.*
1 Head Orthopaedic Sister.
2 Orthopaedic Ward Sisters.
7 Male Nurses.

III. Resident Domestic Staff.

2 Lodge Porters.
1 Cook.
1 Assistant Cook.
15 Maids.

IV. Other Non-Resident Staff.

1 Head Laundress.
2 Masseuses.
3 Teachers for City General Hospital Council School.
2 Laboratory Assistants.
2 Barbers.

Total Resident Staff.

143

Visiting Staff.

Attendances during the year of the Visiting Staff :—

2 Visiting Physicians	110	
2 Visiting Anaesthetists	129	
1 Consultant Venereal Diseases Specialist		14
1 ,, Eye Specialist		14
1 ,, Ear, Nose and Throat Specialist		34
1 ,, Skin Specialist		11
1 ,, Radiologist		51
1 ,, Gynaecologist		7
1 ,, Surgeon		5
1 ,, Cardiologist		4
1 ,, Dental Surgeon		5
Attendances of special consultants		3
		387

Specialised Services supplied by the Hospital :—

1. Orthopaedic.
2. Massage and Ultra-Violet Light Treatment.
3. X-Ray.
4. Ante natal.
5. Maternity.
6. Venereal Disease.
7. Anaesthetists.
8. Rheumatism, Chorea and Heart Cases.
9. City General Hospital Council School.
10. Gynaecologic.

Accommodation provided by the Hospital :—

	Excluding Balcony Beds (which are not recognised as Permanent Accommodation).	Including Balcony Beds.
(a) For Men	190	220
(b) For Women ..	223	271
(c) For Children ..	96	138
Total ..	509	629

Classification of Accommodation showing, also, number of beds occupied on December 31st, 1936, i.e., approximate average number of beds occupied on various Wards.

Classification of Wards.	No. of Wards Assigned.	BEDS.							
		Men.		Women.		Children.		Total.	
		Provided.	Occupied.	Prov.	Occ.	Prov.	Occ.	Prov.	Occ.
1. Medical ..	2	32	28	31	26	—	1	63	55
2. Surgical ..	2	32	33	28	22	—	6	60	61
3. Chronic Sick	2	31	34	32	33	—	1	63	68
4. Children ..	1	—	—	—	—	32	29	32	29
5. Venereal ..	Part of Med.Wds.								
6. Tuberculosis	2	32	32	32	29	—	1	64	62
7. Isolation ..	—	—	—	—	—	—	—	—	—
8. Maternity ..	2	—	—	8	8	—	—	—	8
9. Mental ..	—	—	—	—	—	—	—	—	—
10. Orthopædic ..	2	31	12	31	9	—	36	62	57
11. Rheumatic and Heart ..	2	—	1	—	—	64	46	64	47
12. Gynæcological	1	—	—	32	17	—	—	32	17
Wards vacant	2								
Total ..	18	158	142	255	145	96	120	509	407
								Babies	9
N.B. This return corresponds with that submitted to the Ministry of Health								Grand Total	416

GENERAL STATISTICS.

	1935	1936
Admissions	2801	3357
Discharges	2289	2725
Deaths	577	604
Deaths within 7 days of admission ..	236	222
Number of Patient Days	150,380	156,270
Average duration of residence (in days)..	52.459	46.942
Average number of beds occupied ..	423.730	426.97
Highest—On 7/2/35	477	—
On 4/4/36	—	498
Lowest— On 8/9/35	359	—
On 8/11/36	—	364
Post-mortem Examinations held ..	194	264
Inquests held	22	17
Operations performed	351	602
X-Ray films exposed	3175	3792
Confinements	231	222
Laboratory figures—		
Pathological investigations	5011	7247
Wasserman blood tests	866	1088

SUMMARY OF YEARLY RETURN OF CASES.

	Remaining on 31/12/35	Admitted	Discharged	Died	Remaining on 31/12/36
Men	107	1046	738	272	143
Women ..	132	1345	1090	237	150
Children (under 16 years) ..	149	966	897	95	123
Totals	388	3357	2725	604	416

Transfers from Other Institutions and Cases sent in by other Local Authorities.

Leicester Royal Infirmary	41
Groby Road Hospital	45
Westcotes Maternity Home	11
School Medical Service	67
County Health Department / County Public Assistance	56

Saturday Hospital Society.

707 patients in 1934 ..	£ 707 0s. 0d.
in 1935 ..	£717 1s. 9d.
1,000 patients in 1936 ..	£1,000 0s. 0d.

OPERATION TABLE.

GENERAL SURGERY CLASSIFIED.

Class of Case.	Operation under G.A.	No. Performed.
I. Abdominal Operations	Appendicectomy	16
	Cholecystectomy	1
	Cholecystotomy	1
	Caecostomy	6
	Enterorrhaphy (faecal Fistula) ..	1
	Colostomy	2
	Ischiorectal abscess	9
	Intussusception	1
	Internal Haemorrhoids (ligation) ..	3
	Laparotomy	7
	Herniae, Strangulated	2
	,, Radical cure	10
	Pyloric obstruction, Congenital Stenosis (Rammstedt's Oper.)	2
	Strangulation by bands	1
	Rectal Stricture	2
II. Urino-Genital	Circumcision	2
	Cystoscopy and Ureteral Catheterisation	6
	Cystotomy, suprapubic	9
	Orchectomy	2
	Urethral Stricture, External Urethrotomy	2
	Perinephritic abscess	2
III. Respiratory	Empyema Rib Rescetion and Draining	9
	Phrenic Avulsion	2
IV. Bones	Amputations, Thigh	8
	Arm	1
	Fingers and Toes ..	5
	Trephining for Acute Osteomyelitis	4
	Opening and Draining Knee Joint ..	5
V. Diseases of the Nose, Ear, Throat and Eye	Eneucleation of Eyeball	1
	Fibro-Neuroma of Neck	1
	Mouth Clearances	95
	Hare Lip	1
	Mastoidectomy	4
	Myringectomy	1
	Tonsils and Adenoids	4
	Thyroidectomy, subtotal	3

OPERATION TABLE—continued.

Class of Case.	Operation under G.A.	No. Performed.
VI. Gynaecological	Caesarian (twins)	1
	Colporrhaphy	1
	Dilatation and Curettage	63
	Fothergill's Operation for Retroversion	1
	Atresia Vaginae	2
	Amputation of Breast	3
	Abscess of Breast	6
	Abscesses, Labial, Douglas's Pouch ..	2
	Bartholin Cyst	1
	Hysterectomy	4
	Perineorrhaphy	2
	Ovariotomy	5
	Salpingectomy	1
VII. Miscellaneous	Abscesses (various)	25
	Embolectomy of Common Iliac and Common Femoral Artery	1
	Extraction of Bullet	2
	Excision of Rodent Ulcer	1
	Kondoleon Operation	1
	Fracture reductions	3
	Muscle Biopsy	1
	Sebaceous Cyst	1
	Removal of Prepatellar Bursae ..	3
	Skin Grafting	1
	Blood Transfusions	15
	Cisternal Punctures	10
	Lumbar Punctures	75
		468

ORTHOPAEDIC OPERATIONS.

Albéespinal Bone Graft	1
Bone Graft to Tibia	1
Arthodesis, Hip Joint	3
,, Knee Joint	4
Hip Joint Operations	4
Amputations	3
Laminectomy	1
Osteotomy	2
Stoffles Operation	1
For Spina Bifida	1
Rickets, Osteoclasis	2
Manipulation of Spine	2
Congenital Dislocation of Hip	3
Fractures	5
Removal of Exostosis of Tibia	1
Trochanter Operation	1
Correction of Feet by Manipulation	11
,, ,, ,, ,, Open Operation	4
Stabilisation of Feet	10
Astragalectomy	2
Toe Operations	7
Abscesses	29
Replasters and others	32
	134
GRAND TOTAL 602	

ANAESTHETICS USED.

Chloroform	2
Ether, open	20
Nitrous Oxide	9
Nitrous Oxide, Oxygen	25
Nitrous Oxide, Oxygen, Ether	30
Ethyl Chloride	36
Evipan	156
Evipan, Ether	6
Evipan, Chloroform	1
Evipan, Nitrous Oxide, Oxygen, Ether	2
Evipan, Nitrous Oxide, Oxygen	13
Chloroform and Ether	12
Chloroform, Oxygen, Ether	10
Chloroform (2), Ether (3), Ether	54
Ethyl Chloride, Ether	118
Ethyl Chloride, Nitrous Oxide, Oxygen	1
Spinal (Decicaine)	34
Spinal, Nitrous Oxide, Oxygen	1
Avertin, Nitrous Oxide, Oxygen, Ether	3
Paraldehyde, Nitrous Oxide, Oxygen	2
	533

TUBERCULOSIS REPORT.

Number of Beds available for the treatment of Tuberculosis.

For Pulmonary Cases	64 Adults
For Non-Pulmonary Cases	31 Adults
	31 Children
Total ..	126

Return showing the Extent of Residential Treatment during the Year.

	Remaining 1.1.36	Admitted during year	Discharged	Died	Remaining 31.12.36
Number of Patients suffering from Pulmonary Tuberculosis :—					
Men	17	112	50	47	32
Women	25	80	43	33	29
Children	0	2	0	1	1
Total	42	194	93	81	62
Number of Patients suffering from Non-Pulmonary Tuberculosis :—					
Men	11	23	22	2	10
Women	7	27	23	1	10
Children	17	25	23	5	14
Total	35	75	68	8	34
GRAND TOTAL ..	77	269	161	89	96

Summary of Tuberculosis Cases discharged and died—showing those cases also whose period of Residential Treatment was under 28 days.

		Discharged			Died		
	Length of Stay	Male	Female	Children	Male	Female	Children
Pulmonary Tuberculosis	Over 28 days ..	51	37	—	11	14	—
	Under 28 days	53	59	1	36	29	1
	Total	104	96	1	47	43	1
Non-Pulmonary Tuberculosis	Over 28 days ..	21	21	—	—	—	—
	Under 28 days	22	24	27	2	1	5
	Total	43	45	27	2	1	5

TUBERCULOSIS RETURN FOR 1936.

Condition at time of discharge			Duration of Residential Treatment in Institution.													TOTALS.			GRAND TOTALS.
			* Under 28 days.			28 days-3 months.			3-6 months.			6-12 months.			Over 12 months.						
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
PULMONARY TUBERCULOSIS.	T.B.—	Quiescent	–	5	–	1	–	–	–	–	–	–	–	–	–	–	–	1	5	–	6
		Non-Quies.	3	3	–	2	2	–	–	–	–	–	1	–	–	–	–	5	6	–	11
		Died in Inst.	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	3	2	–	5
	T.B.+I.	Quiescent	2	5	–	–	1	–	–	–	–	–	–	–	–	–	–	2	6	–	8
		Non-Quies.	1	3	–	3	1	–	–	–	–	1	–	–	–	–	–	5	4	–	9
		Died in Inst.	7	2	–	–	–	–	–	–	–	–	–	–	–	–	–	7	2	–	9
	T.B.+II.	Quiescent	2	2	1	–	–	–	–	–	–	1	–	–	–	1	–	3	3	1	7
		Non-Quies.	5	3	–	5	8	–	6	6	–	7	3	–	1	1	–	24	21	–	45
		Died in Inst.	7	10	1	–	–	–	1	1	–	–	–	–	–	–	–	8	11	1	20
	T.B.+III.	Quiescent	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1
		Non-Quies.	3	9	–	10	5	–	1	–	–	2	3	–	1	1	–	17	18	–	35
		Died in Inst.	19	15	–	8	3	–	1	–	–	–	–	–	1	–	–	29	18	–	47
Total of Pulmonary ..			53	59	2	29	20	–	9	7	–	11	7	–	3	3	–	105	96	2	203
NON-PULMONARY TUBERCULOSIS	Bones and Joints.	Quiescent	5	1	9	2	4	–	2	–	–	1	3	–	3	3	–	13	11	9	33
		Non-Quies.	13	23	10	4	3	–	2	2	–	2	1	–	1	2	–	22	31	10	63
		Died in Inst.	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	4
	Abdominal.	Quiescent	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	1	–	–	1
		Non-Quies.	2	3	4	–	–	–	–	–	–	–	1	–	1	–	–	3	4	4	11
		Died in Inst.	–	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2
	Other Organs.	Quiescent	2	–	4	–	–	–	–	1	–	–	1	–	–	–	–	2	2	4	8
		Non-Quies.	–	–	–	1	–	–	1	–	–	–	–	–	–	–	–	2	–	–	2
		Died in Inst.	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	2
	Peripheral Glands.	Quiescent	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		Non-Quies.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		Died in Inst.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total of Non-Pulmonary..			24	28	32	7	7	–	6	3	–	3	6	–	5	5	–	45	49	32	126

* Figures in this column have been excluded from Ministry of Health Returns, but are given here for comparison.

LABORATORY REPORT FOR 1936.

By

E. M. WARD, M.B., B.S.(Lond.).

There has been no change during the year in the allocation of the pathological work in the Health Department between the laboratories of the City General Hospital and City Isolation Hospital.

Biochemical Investigations.

The Biochemical investigations for both institutions are carried out in this laboratory ; the work is done under some difficulties, but it has been possible to increase the number of investigations. As many as possible of these investigations are performed using a "micro" method. This is especially useful in the estimation of the Blood Urea since it enables a number of experiments to be done at the same time. Modifications of the recognised methods have to be employed in several instances owing to the lack of a fume cupboard.

Recently there has been some difficulty with regard to the use of one microscope by the three workers in the laboratory. This has been a source of delay sometimes in the performance of investigations. The provision of a second microscope will remedy this, and it will also enable the necessary repairs to the microscope to be made from time to time without complete disorganisation of the department.

Cerebro-Spinal Fluids.

There has been a marked increase in the number of Cerebro-Spinal fluids examined, 214 compared with 123 in 1935.

The technique of the Lange gold curve has been modified, so that now only one-fifth of the quantity of colloidal gold is used with the consequent considerable saving of reagent. The mercuric chloride test used for tuberculous meningitis has been made in all cases in which this diagnosis has been suggested. It has given helpful and suggestive results. In this connection, there seems to be a considerable degree of disagreement between different workers as to whether it is possible to find the tubercle bacillus in the cerebro-spinal fluids in this disease without a search extending over two or three hours. It is, of course, impossible to spend this amount of time in a hospital laboratory engaged in a large number of routine examinations. It is my opinion that it is possible, using a careful technique, to find the organism in over 90 per cent. of cases within a quarter of an hour's search.

Blood Sedimentation Rate.

The investigation of the blood sedimentation rate in the Rheumatic, Orthopaedic and Tuberculosis Wards has been of considerable help in estimating progress.

Post Mortem Examinations.

The number of Post Mortem examinations during the year was 264—an increase of over 25 per cent. It will be possible to furnish an excellent museum from this department for the use of the nurses' training school. The nucleus of this museum is being gathered ready for the time when enough shelf room will be available for the necessary display.

Histological Specimens.

The number of histological specimens examined shares in the general increase. The majority of these specimens are Post Mortem material, and owing to the difficulty of working there is often a considerable delay before a report is available. Reports in cases from the operating theatre or other biopsies can, however, be given within quite a short space of time—this is of considerable importance when the diagnosis of doubtful malignant growth is dependent upon this report.

Wassermann and Kahn Reactions.

The Wassermann and Kahn reactions are still carried out in the laboratories of the Leicester Royal Infirmary. The examination of smears from suspected cases of gonorrhoea is performed in this laboratory. In every case an attempt is made to culture the gonococci on a special medium. This procedure is of considerable importance, since many venereologists refuse to accept as diagnostic, the simple report of the presence of organism morphologically gonococci in smears from suspected cases.

Haematological Investigations.

Haematological investigations comprise over 15 per cent. of the total work of the laboratory. The finding of blood donors among the relatives of patients requiring blood transfusions is carried out. Direct typing of the two bloods is done, and the risk attendant upon the transfusion is thus lessened.

There has been no change in the staff of the laboratory during the year under review.

E. MILFORD WARD.

LABORATORY REPORT.

Statistics.

Blood Count (Complete)	526
,, ,, (White)	231
,, ,, ,, Price Jones Curve	1
,, ,, (Red)	144
,, ,, (Reticulocyte or Platelet)	66
,, Grouping	60
,, Coagulation or Bleeding Time	6
,, Bicarbonate	31
,, Calcium	29
,, Cholesterol	39
,, Creatinine	3
,, Chloride	7
,, Indican	2
,, Phosphorus	3
,, Protein	2
,, Sugar Tolerance Curve	34
,, ,, (Single Estimations)	110
,, Urea	421
,, Urea Clearance	23
,, Uric Acid	19
,, for Van den Bergh Test	52
,, ,, Icterus Index	30
,, ,, Fragility of Cells	9
,, ,, Culture	85
,, ,, Sedimentation Rate	1,469
,, ,, ,, ,, and Cell Volume (Wintrobe)	192
Cerebro-Spinal Fluid (Complete)	214
Throat Swabs for K.L.B. (Some Aural and Nasal)	203
,, ,, ,, Haem. Streps, etc.	99
Swabs for G.C., etc.	109
Pus, Pleural Fluid, etc., for Culture	226
Fractional Test Meals	120
Sputum for Organisms, Cells, etc.	165
,, ,, for T.B.	1,001
Sputum for Typing of Pneumococci	13
Urine for p.H. Estimation	436
,, ,, Microscopical Examination	162
,, ,, Micro. and Culture	152
,, ,, ,, ,, Chemical Examination	82
,, ,, Urea Concentration	66
,, ,, Diastase	30
,, ,, T.B.	87
,, ,, Spirochaetes	4
Faeces for Occult Blood or Parasites	78
,, ,, Culture	30
,, ,, T.B.	14
Hairs for Ringworm	7
Mantoux Reactions	12
Spectroscopic Examination of Blood, Urine, etc.	4

Vaccines prepared	13
Microtome Sections	210
Miscellaneous	15
	7,146
Post Mortem examinations	264

EXAMINATIONS OTHER THAN FOR CITY GENERAL HOSPITAL.

Isolation Hospital :—

Microtome Sections	14
Blood Urea	19
,, Cholesterol	1
,, Bicarbonate	1
,, Sugar	1
,, Urea Clearance	7
Van den Bergh	5
Icterus Index	3
Cerebro-Spinal Fluid	8
Pleural Fluid	1
Urine	2
	62

Westcotes Maternity Home :—

Urine (Microscopic and Culture)	4
Blood Grouping	3
	7

Bond Street :—

Breast Milk (?organisms)	7
Blood Grouping	7
	14

Sanitary Inspector :—

Microtome Sections	7

Various :—

Blood Urea	2
,, Bicarbonate	2
,, Sugar	1
,, Count	1
,, Culture	1
Urine (Micro. Deposit)	1
Urea Clearance	1
,, Concentration	1
Faeces (Culture, etc.)	1
	11

OUTSIDE EXAMINATIONS FOR CITY GENERAL HOSPITAL.

Isolation Hospital :—

Guinea Pig Inoculations for T.B.	42
,, ,, ,, ,, K.L.B. Virulence	1
,, ,, ,, ,, B. Tetanus	2
,, ,, ,, ,, Spirochaetes	3
Blood for Widal Reaction	29
Blood Culture ?T.B.	1
Faeces for T.B.	13
	91

Royal Infirmary :—

Wassermann Reactions	1,088
Kahn Reactions	299
Complement Fixation for G.C.	40
Faeces for Fat, etc.	6
	1,433

Edinburgh University (Pregnancy Diagnosis Laboratory) :—

Aschein Zondek Reactions	13

City Analyst :—

Cerebro-Spinal Fluid for Barbiturates	1

MATERNITY DEPARTMENT.

Number of Maternity Beds provided	8
,, ,, Cases admitted during the year	222
Average duration of stay (in days)	14
Number of cases delivered by Midwives	206
,, ,, ,, Doctors	16
,, ,, notified as Puerperal Fever	0
,, ,, ,, ,, Pyrexia	0
,, ,, ,, Ophthalmia Neonatorum	0
,, Maternal Deaths	2
,, Infant Deaths in children born in the Hospital	19
,, of Stillbirths	18
Percentage of Stillbirths per Live Birth	9.26
Transfers from Westcotes Maternity Home—Mothers	11
Infants	11

Maternal Deaths.

1. A case of Active Tuberculosis with Tuberculous Laryngitis.
2. A case of severe nephritis, urine boiled solid with albumen.

Infant Deaths.

Prematurity	12
Enteritis Haemorrhagiea	1
Mother advanced phthisis	1
Intracranial haemorrhage	1
Breech Delivery	1
Spina bifida, Hydrocephalus	1
White Asphyxia	1
	18

Operative Midwifery.

Caesarian section	1
Embryotomy	1
Internal Version	4
Forceps	10
General Anaesthetics	10
	26

Abnormal Cases.

Complicated with Fibroid of Uterus	1
,, ,, Ovarian Cyst	1
Breech Presentations	9
Twins	2
Transverse Lie	3
Other Abnormal Presentations	4
	20

CLASSIFICATION OF CASES TREATED DURING 1936

From January 1st to December 31st and DISCHARGED.

MEDICAL CASES.

I. General Infections.

Chorea	46	Scarlet Fever	1
Diphtheria	6	Septicaemia	7
Erysipelas	32	Specific Parotitis	2
Influenza	15	Tetanus	1
Measles	2	Typhoid Fever	2
Pertussis	21	Varicella	11
Rheumatic Fever	56		

II. Respiratory Disorders.

Actinomycosis of Lung	1	Pleurodynia	3
Bronchial Fistula	1	Pulmonary Congestion	4
Bronchial Asthma	13	,, Embolism	6
Bronchiectasis	21	,, Fibrosis	11
,, Congenital Cystic	23	,, Infarction	1
Bronchiolitis	2	,, Oedema	1
Carcinoma of Bronchus	3	,, Phthisis	3
Phthisis	171	Miliary Tuberculosis	3
Pleurisy, Dry	12	Silicosis	2
,, with Effusion	22	Spontaneous Pneumonthorax	3
,, Diaphragmatic	2	Suppurative Pneumonitis	1
Pneumonia, Influenzal	2	Bronchitis, Acute	74
,, Broncho-	122	,, Chronic	54
,, Hypostatic	13	,, Chronic and Emphysema	7
,, Lobar	131	,, Capillary	1
,, Pleuro-	3		

III. Diseases of the Heart and Circulation.

Angina Pectoris	2	Hyperpiesis	59
Aortic, Aneurysm	6	Mitral, Regurgitation	18
,, Regurgitation	14	,, Stenosis	33
,, Stenosis	1	,, and Aortic	5
Arterio-sclerosis	14	Myocarditis	73
Auricular Fibrillation	45	Myocardial Infarction	1
Cardiac Asthma	2	Neuro-circulatory Asthenia	6
Congenital Heart	4	Pericarditis, Acute	5
Cardiovascular Syphilis	8	,, Suppurative	1
Coronary, Thrombosis	7	,, Adherent	2
,, Sclerosis	4	Paroxysmal Tachycardia	1
Embolism of Femoral and Iliac Artery	3	Syphilitic Aortitis	2
Functional Tachycardia	1	Rheumatic Carditis	29
Heart Block, complete	3	Ulcerative Endocarditis	6

IV. Nervous Disorders.

Amyotonia Congenita	1	Paralysis Agitans	7
Amyotrophic Lateral Sclerosis	2	Post Diphtheritic Paralysis	1
Cerebral Abscess	3	Sciatica	6
,, Concussion	7	Spastic Paralysis	4
,, Haemorrhage	28	Status Epilepticus	1
,, Embolism	7	Subdural Haemorrhage	3
,, Softening	4	Syphilitic Meningo-Encephalitis	3
,, Thrombosis	50	Tabes Dorsalis	5
,, Tumour	6	Transverse Myelitis	2
Disseminate Sclerosis	8	Tumour of Cauda Equina	1
Encephalopathy	4	Cerebral Arterio-sclerosis	2
Epilepsy	29	Bulbar Softening	1
Erb's Paralysis	1	Pyknolepsy	1
General, Paralysis of the Insane	1	Syringomyelia	1
Hydrocephalus	1	Pseudo-Bulbar Paralysis	1
Hysterical Paralysis	1	Microcephalic	1
Intercostal Neuralgia	1	Encephalitis Lethargica	1
Korsakoff's Syndrome	1	Anterior Poliomyelitis	1
Menieres Syndrome	1	Convulsions	2
Meningitis, Tuberculous	11	Sub-acute Combined Degeneration	5
,, Pneumonococcic	6	Laundry's Paralysis	1
,, Meningococcic	4	Paraplegia	1
,, Basal	1	Cushing's Syndrome	1
Meningismus	2	Tetany	1
Migraine	1	Glio-sarcoma of Brain	1
Neuro-Syphilis	1	Acute Encephalo-myelitis	1
Neuritis	11	Little's Disease	2
Parkinsonian	5		

V. Mental Disorders.

Acute Mania	2	Malingerer	1
Anorexia Nervosa	1	Mental Instability	3
Anxiety Neurosis	4	Melancholia	9
Depression Psychosis	4	Obsessional Mental Psychosis	1
Habit Spasm	4	Problem Defective Child	3
Globus Hystericus	2	Psychoneurosis	5
Hysteria	7	Presbyophrenia	2
Hypochondriasis	3	Neurosis	3
Insomnia	3	Schizophrenia	6
Idiocy	1	Neurasthenia	17
Insanity, Delusional	16	Suicidal	6
,, Confusional	5	Paranoia	2
,, Puerperal	4	Senile Dementia	9
Mental Deficiency	6		

VI. Metabolic and Endocrinal Disorders.

Diabetes Mellitus	55	Gout	7
Addison's Disease	1	Myxoedema	1
Adenitis	9	Toxic Goitre	1
Endrocrinal Disturbance	1	Acetonuria	1
Exophthalmic Goitre	10		

VII. Nutritional and Congenital Defects.

Congenital Abnormality of Femur	1	Multiple Congenital Deformities	1
Infant admitted with Mother for Feeding	30	Prematurity	19
Malnutrition and General Debility	30	Rickets	10
		Senility	23

VIII. Intoxications, Poisonings, etc.

Acute Alcoholism	6	Belladonna Poisoning	1
Alcoholic Dypsomania	2	Food Poisoning	1
Aspirin Poisoning	1		

IX. Kidney Diseases.

Albuminuria	2	Nephritis, Acute Focal Haemorrhagic	9
Haematuria	2	Nephrosclerosis,	2
Hydronephrosis	1	,, Chronic	15
Paroxysmal Haemoglobinuria	1	,, Pyelo-	9
Nephritis, Acute Diffuse	15		

X. Bones, Joints and Fibrous Tissue (Affections of)

Arthritis, Simple	7	Bursitis	1
,, Osteo-	22	Fibrositis	7
,, Pneumococci	1	Lumbago	5
,, Rheumatoid	32	Rheumatoid Arthritis	32
,, Gonorrhoeal	2	Synovitis	2

XI. Digestive System (Disorders of).

Achlorhydria	3	Gastritis, Atrophica	9
Acute Stomatitis	1	,, Hypertrophic	2
Abdominal Tympanites	1	Hepatitis	2
Allergic Colitis	1	Hyperchlorhydria	3
Catarrhal Jaundice	5	Icterus Gravis	1
Cirrhosis of Liver	4	Intestinal Stasis	14
Dyspepsia	2	Megacolon	1
Enteritis	3	Ulcerative Colitis	5
Duodenal Ulcer	14	Pyloric Stenosis	2
Gastric Ulcer	30	Pyloro-spasm	1
Gastro-Enteritis	33	Pyorrhoea	1
Gastro-Jejunal Ulcer	1		

XII. Diseases of the Skin.

Acne Vulgaris	1	Herpes Zoster	1
Alopecia Areata	2	,, Ophthalmic	1
Bazin's Disease	1	Impetigo Contagiosa	49
Besnier's Prurigo	1	Jacquet's Erythema	1
Dermatitis	10	Leucodermia	1
,, Exfoliative	1	Lupus Erythematosus	1
,, Artefacta	1	Phtheiriasis	2
,, Infective	3	Pityriasis Rubra	1
,, Iodine	1	Rodent Ulcer	2
,, Seborrhoeic	4	Rosacea	1
,, Varicose	4	Scabies	51
,, Venenata	2	Tinea Tonsurans	2
Ecthyma	2	Urticaria	1
Erythema Nodosum	5	Verruca Sebum	1
Eczema	8	Xanthosis	1
Furunculosis	4		

XIII. Blood Disorders.

Anaemia	2	Anaemia Haemorrhagica	1
,, Agranulocytosis	1	Pink Disease	1
,, Hyperchromic	4	Purpura	1
,, Hypoplastic	2	Leukaemia, Acute Lymphatic	1
,, Haemolytic	1	,, Spleno-medullary	4
,, Pernicious	14	Meloena Neonatorum	1

CLASSIFICATION OF DISCHARGES.

SURGICAL CASES.

I. Alimentary System.

Appendicitis	.. .. ..	20	
Acute Hepatitis	.. ..	2	
Carcinoma of Caecum	..	1	
,, Colon	..	14	
,, Gall Bladder	..	1	
,, Ileum	..	1	
,, Liver	.. ..	4	
,, Oesophagus	..	2	
,, Palate	..	1	
,, Pharynx	..	1	
,, Pancreas	..	6	
,, Rectum	..	15	
,, Sigmoid	..	2	
,, Stomach	..	15	
,, Tongue	..	6	
Cholecystitis	.. .. ..	5	
Cholelithiasis	.. .. ..	5	
Congenital Hypertrophic Pyloric Stenosis	.. ..	2	
Enteritis, Haemorrhagica	..	1	
Enteritis, Tuberculous	..	1	
Faecal Fistula	.. .. ..	1	
Gastro-colic Fistula	.. ..	2	
Haemorrhoids	.. ..	4	
Herniae, Inguinal	.. ..	16	
,, Ventral	.. ..	2	
,, Strangulated	..	10	
Ischio-rectal Abscess	.. ..	10	
Intussusception	.. ..	1	
Mesenteric Thrombosis	..	2	
Proctitis	.. .. ..	1	
Pyloric Adhesions	.. ..	1	
Prolapsus Recti	.. ..	5	
Pyloric Achalasia	.. ..	14	
Peritonitis, Suppurative	..	9	
,, Tuberculous	..	15	
Rectal Polypus	.. ..	1	
Tuberculous Prancreatitis	..	1	
Visceroptosis	.. .. ..	1	

II. Urino-Genital System.

Carcinoma of Prostate	..	3	
,, Penis	.. ..	1	
Cryptorchitism, Bilateral	..	1	
Dysuria	.. .. ..	1	
Eneuresis	.. .. ..	1	
Epididymo-orchitis	.. ..	4	
Cystitis and Pyelitis	.. ..	3	
Cystitis	.. .. ..	18	
Gonorrhoea	.. .. ..	20	
Hydrocele	.. .. ..	2	
Papilloma of the Bladder	..	2	
Phimosis	.. .. ..	2	
Pyelitis	.. .. ..	9	
Perinephritic Abscess	.. ..	6	
Prostatic Abscess	.. ..	1	
Prostate, Enlarged	.. ..	13	
Renal Tuberculosis	.. ..	4	
Sarcoma of Kidney	.. ..	1	
Mobile Kidney	.. ..	1	
Stricture of Urethra	.. ..	5	
Syphilis	.. .. ..	36	
Tuberculous Epididymitis	..	1	
Surgical Kidney	.. ..	1	
Vesico-vaginal fistula	.. ..	1	

III. Affections of Mouth, Nose, Ear and Throat.

Alveolar, Abscess	.. ..	7	
,, Periostitis	.. ..	1	
Cancrum Oris	.. .. ..	1	
Carcinoma of Ethmoid	..	1	
,, Larynx	..	1	
Epithelioma of Lip	.. ..	1	
Fibroma of Neck	.. ..	1	
Glossitis, Acute	.. ..	1	
Hare Lip	.. .. ..	1	
Lympho-Sarcoma of Tonsil		1	
Gumma of Larynx	.. ..	1	
Mastoid Disease	.. ..	4	
Nasal Polypus	.. ..	1	
Laryngitis, Acute	.. ..	1	
Tonsils, Suppurative	.. ..	4	
,, Peritonsillar Abscess		1	
,, Acute Inflammation		17	
Otitis Media	.. .. ..	30	
,, Externa	.. ..	1	
Pyorrhoea Alveolaris	.. ..	4	
Stomatitis	.. .. ..	1	
Otosclerosis	.. .. ..	1	
Sinusitis	.. .. ..	5	
Parotid Tumour	.. ..	2	
Vincent's Angina	.. ..	1	

IV. Affections of the Eyes.

Blepharitis	.. .. ..	3	
Ectropion	.. .. ..	1	
Cataract	.. .. ..	1	
Conjunctivitis	.. ..	5	
Glaucoma	.. .. ..	4	
Hypopyon	.. .. ..	1	
Keratoma Senilis	.. ..	1	
Foreign Body in Eye	.. ..	2	
Ophthalmia Neonatorum	..	2	
Refractive Error	.. ..	1	
Tuberculous Keratitis	.. ..	5	

V. Affections of the Bones and Joints.

Brodies Abscess	2	Fractures, Patella	1
Carcinoma Bone	1	,, Spine	13
Charcot's Joints	2	Loose Meniscus in Knee Joint	2
Fractures, Metacarpals	1	Malignant Enchondromata	1
,, Pelvis	3	Osteomyelitis Humerus	2
,, Clavicle	2	,, Ischium	2
,, Tibia	3	,, Mandible	2
,, Tibia and Fibula	20	,, Tibia	10
,, Radius and Ulna	4	,, Femur	4
,, Ribs	6	Sacro-Iliac Sprain	1
,, Humerus	5	Sprained Ankle	2
,, Femur	17	Periostitis Ischium	1
,, Os Calcis	1		

VI. Respiratory System.

Carcinoma of Bronchus	4	Empyema	11
Abscess of Lung	1		

VII. Gynaecological Cases and Disorders Connected with Pregnancy.

Disorders of Pregnancy.

Albuminaria	10	Dermatitis, Gestationis	1
Acute Uraemic Toxaemia	1	Hyperemesis	9
Anaemia	1	Mania	1
Accidental Haemorrhage	1	Pyelitis	12
Eclampsia	2	Toxaemia	6

Disorders of the Puerperium.

Devility	1	Melancholia	1
Bilateral Femoral Thrombosis	1	Post-Partum Haemorrhage	3
Insanity	3	Ruptured Perineum	1
Phlegmasia Alba Dolens	2	Sapraemia	4

Disorders of the Uterus.

Carcinoma of Cervix	18	Fibroids	6
,, Uterine Body	7	Gonorrhoeal Cervicitis	4
Cervical Erosion	2	Metrorrhagia	7
Endometritis	2	Menorrhagia	3
Dysmenorrhoea	2	Procidentia and Displacements	6

Disorders of the Ovaries.

Carcinoma of Ovary	3	Ovarian Cysts, Parovarian	2
Ovarian Cysts, Malignant	2	Tubo-Ovarian Abscess	1
,, Twisted Pedicle	3		

Diseases of the Fallopian Tubes.

Salpingitis	11		

Disorders of the Vagina.

Vaginitis	6	Labial Abscess	1
Atresia	1	Bartholin Cyst	1

Disorders of the Breast.

Carcinoma of Breast	13	Mastitis, Chronic	1
Mastitis, Suppur.	5		

General Disorders and Miscellaneous.

Hydatidiform Mole	3	Pelvic Abscess	1
Menopausal Disturbance	1	Septicaemia	2

VIII. Orthopaedic.

Anterior Poliomyelitis	16	Torticollis	1
Congenital Dislocation of Hip	2	Spina Bifida	4
,, Defect of Spine	2	Talipes Equino Varus	7
Contracted Knee	1	Tuberculous Spine	29
Coxa Vara	1	,, Ribs	2
Foot Strain	2	,, Knee	7
Ingrowing Toe Nail	6	,, Hip	17
Hammer Toes	3	,, Wrist	1
Hemiplegia	1	,, Elbow	2
Lymphoedema	1	,, Shoulder	1
Pes Cavus	3	,, Sacro-Iliac Joint	2
Pes Planus	3	Osteomyelitis Cases (see Bones)	
Spinal Injury	1	Osteomata	1
Scoliosis of Spine	1	Warts of Heels	1
Sprained Sacro-Iliac Joint	2		

IX. Malignant Growths—Summary of

Sarcoma of the Kidney	1	Carcinoma of Oesophagus	2
Lympho-sarcoma of the Tonsil	1	,, Caecum	1
Rodent Ulcer	3	,, Larynx	1
Carcinoma of Pancreas	6	,, Palate	1
,, Rectum	15	,, Ileum	1
,, Colon	14	,, Sigmoid	2
,, Tongue	6	,, Ovaries	3
,, Bronchus	7	,, Cervix Uteri	18
,, Gall Bladder	1	,, Body of Uterus	7
,, Prostate	3	,, Lip	1
,, Liver	4	,, Breast	13
,, Ethmoid	2	Epithelioma of Foot	1
,, Stomach	15	Glio-sarcoma of Brain	1
,, Pharynx	1	Multiple Endrochondromata	1

X. Miscellaneous

Abscesses (various)	17	Thrombo-phlebitis	9
Abrasions	1	Septic Wounds (various)	8
Carbuncle	6	Pyaemia	1
Cellulitis (various parts)	19	Ulcers (various)	18
Femoral Thrombosis, bilateral	1	Varicose Veins	2
Gangrene, dry	4	Wounds (various)	6
,, moist	7	Whitlow	2
Burns	4	Mouth clearances	29
Injuries (various)	11		

CAUSES OF DEATH.

January 1st to December 31st, 1936.

I. General Infections.

Erysipelas	4	Septicaemia Staphylococcic	1
Tetanus	1	,, Pneumococcic	1
Typhoid Fever	1		11
Septicaemia	3		

II. Respiratory System.

Bronchitis, Chronic	3	Pulmonary Embolism	4
,, Acute	5	Pneumonic Phthisis	6
Pneumonia, Lobar	26	Milliary Tuberculosis	1
,, Hypostatic	11	Bronchiectasis	7
,, Broncho	32	Diaphragmatic Pleurisy	1
,, Influenzal	2		174
,, Pleuro	1		
Pulmonary Tuberculosis	75		

III. Circulatory System.

Malignant Endocarditis	5	Aortic Aneurysm	2
Myocarditis	27	Arterio-Sclerosis	8
Rheumatic Pericarditis	1	Pericarditis	1
,, Carditis	4	Aortic Disease	1
Mitral Disease	1	Hyperpiesis	6
,, Stenosis	3	Heart Block	1
Auricular Fibrillation	9	Coronary Thrombosis	1
Congenital Heart Disease	2	Cerebral Thrombosis	1
Cardiac Asthma	1		76
Raynaud's Disease	1		
Agranulocytic Angina	1		

IV. Nervous System.

Cerebral Haemorrhage	26	Hydrocephalus	1
,, Thrombosis	22	Encephalitis Lethargica	1
,, Tumour	2	Disseminate Sclerosis	1
,, Embolism	2	Pseudo-bulbar Palsy	1
Meningitis	3	Paralysis Agitans	2
,, Pneumococcal	2	Paraplegia	1
,, Pleuro	1	Tabetic Paresis	1
,, Tuberculous	11	Intercranial Haemorrhage	1
Sub-dural Haemorrhage	2	Sarcoma of Brain	1
Convulsions	1		85
Epilepsy	1		
Acute Encephalitis	2		

V. Mental Disorders—Nil.

VI. Metabolic and Endoctrinal Disorders.

Diabetes Mellitus	14	Hyperthyroidism	1
Diabetic Gangrene	2		18
Haemolytic Jaundice	1		

VII. Nutritional and Congenital Defects.

Mesenteric Thrombosis	1	Insufficient Vitality at Birth	3
Senility	18		—
Prematurity	18		44
Spina Bifida	4		—

VIII. Kidney Diseases.

Uraemia	23	Syphilis	1
Nephritis	8	Cardio - vascular Renal Degeneration	1
Extravacation of Urine	1		—
Peri-nephritic Abscess	1		36
Sarcoma of Kidney	1		—

IX. Digestive System.

Gastric Ulcer, Perforated	1	Gastric Ulcer	1
Gastro-enteritis	5		—
Gastro-intestinal Catarrh	5		12
			—

X. Affections of the Skin.

Dermatitis	1

XI. Diseases of the Blood.

Anaemia, Pernicious	4	Leucomyelocytic Anaemia	1
,, Haemolytic	1	Streptococcal Pyaemia	1
Lymphatic Leukaemia	1		—
Leukaemia Myeloid	1		9
			—

XII. Alimentary System.

Peritonitis	1	Strangulated Ventral Hernia	1
Carcinoma of Liver	4	Intestinal Obstruction	2
,, Stomach	13	Cirrhosis of Liver	2
,, Colon	10	Acute Hepatitis	2
,, Pancreas	5	Enteritis Haemorrhagia	1
,, Rectum	11	Strangulated Umbilical Hernia	1
,, Caecum	1		—
Peritonitis : Septic	1		55
			—

XIII. Urino-Genital System.

Cystitis	1	Carcinoma of Prostate	1
Enlarged Prostrate	5		—
Tertiary Syphilis	1		8
			—

XIV. Affections of Ear, Nose and Throat.

Carcinoma of Tongue	5	Carcinoma of Pharynx	1
,, Ethmoid	1	Laryngeal Diphtheria	1
,, Oesophagus	2	Tuberculous Laryngitis	2
,, Palate	1	Cancrum Oris	1
,, Bronchus	3		—
,, Larynx	1		18
			—

XV. Affections of the Eye.

Acute Otitis Media	1

XVI. Affections of Bones and Joints.

Fractured Clavicle—Shock	1	Sarcoma of Spine	1
Fracture of Skull	1	Osteo-arthritis	1
,, Spine	1	Carcinoma of Os Coxae	1
,, Femur	5		14
,, Ribs	1		
Numerus fractures	2		

XVII. Respiratory System (Surgical).

Empyema	2	Gangrene of Lungs	1
Abscess of Lungs	1		5
Carcinoma of Lung	1		

XVIII. Maternity and Gynaecological.

Carcinoma of the Cervix	7	Carcinoma of Breast	4
,, ,, Uterus	6		20
Malignant Ovarian Cyst	2		
Uraemia (in Puerperium)	1		

XIX. Miscellaneous.

Lymphosarcoma	1	Concussion of Brain	3
Rodent Ulcer	1		5

XX. Orthopaedic.

Spina Bifida	4	Tuberculous Spine	1
Tuberculous Knee	1		6

XXI. Malignant Growths—Summary of.

Carcinoma of Cervix	7	Carcinoma of Pancreas	5
,, Liver	4	,, Bronchus	3
,, Tongue	5	,, Rectum	11
,, Ethmoid	1	,, Prostate	1
,, Uterus	6	,, Pharynx	1
,, Colon	10	,, Caecum	1
,, Stomach	13	Rodent Ulcer	1
,, Breast	4	Sarcoma of Kidney	1
,, Larynx	1	,, Brain	1
,, Lung	1	,, Spine	1
,, Oesophagus	2	Malignant Ovarian Cyst	2
,, Palate	1		84
,, Os Coxae	1		

Total of Deaths during 1936 .. 604

ERNEST C. HADLEY,
Medical Superintendent.

APPENDIX IV.

Report by the Orthopaedic Surgeon

LESLIE MORRIS, M.D., F.R.C.S.

with Foreword by the Medical Officer of Health.

COMMENT BY THE MEDICAL OFFICER OF HEALTH.

In the following pages will be found the report of the Orthopaedic Surgeon on the work of his Department during 1936.

The co-ordination of the work, which is subdivided into three main branches, the Central School Clinic, the City General Hospital and the City Isolation Hospital, has been increased during the year by the establishment of a central filing records bureau at the School Clinic.

The standard of work done remains of a very high order.

Report by the Orthopaedic Surgeon

LESLIE MORRIS, M.D., F.R.C.S.

Orthopaedics.

The City Health and Education Authorities provide a complete orthopaedic service in Leicester, a service whose value is enhanced by full co-operation between City and Voluntary authorities.

The Orthopaedic Service consists of :—

1. A central clinic at Richmond House.
2. An Orthopaedic department at the City General Hospital.
3. A block for the treatment of cases of surgical Tuberculosis at the Isolation Hospital.

The Orthopaedic Clinic is under the control of the Education Committee working in full co-operation with the Health Committee.

Cases are referred to the clinic from the following sources :—

1. Maternity and Child Welfare Centres.
2. School Medical Service.
3. Surgical Tuberculosis Service.
4. County Health and Education Authorities.
5. Patients who have been in-patients in the Orthopaedic Wards of the City General Hospital.

The treatment provided at the Clinic is as follows :—

1. General massage and Electro-therapeutics.
2. Remedial exercises.
3. In-patient and out-patient operations for short stay cases.

Records. During the year a central filing system for all Orthopaedic records in the Service has been established at the Clinic. A

complete medical history and record of investigation is therefore available, with each patient, whether in Hospital or attending the Clinic.

Clinics are held :—

Weekly : Thursdays, 9.45—Main consultations.
Mondays, 2.0—Postural defects, Maternity and Child Welfare.
Saturdays 10.0—Operations.

Monthly : Every 3rd Thursday 2.0—Adult Orthopaedic and Surgical Tuberculosis.

Staff consists of :—

Orthopaedic Surgeon assisted by an Assistant School Medical Officer.

A nurse masseuse.

An instructress in remedial exercises.

The staff of the Clinic.

Orthopaedic Department at the City General Hospital.

There are two wards, reconstructed to provide verandah and open-air facilities, with adjacent Operating Theatre, plastic room, massage room, and room for teaching staff. Education is provided for the children.

Cases are referred :—

1. Largely from the Central Clinic.
2. Practitioners in the City on the advice of the Orthopaedic Surgeon.
3. Superintendent of the Hospital from the General Wards.

All forms of Orthopaedic treatment, including major operations, are provided, and the splints and appliances are made in the Hospital.

A Workshop staffed by an instrument-maker, leather-worker and metal-worker supplies all appliances for the service. The standard of this work is very good.

Follow-up. All cases are referred to the Central Clinic.

Staff consists of :—

Orthopaedic Surgeon.

One Senior Orthopaedic Sister.

One Orthopaedic and one general trained sister.

A part-time masseuse.

Assisted by the general staff of the Hospital.

During the year one orthopaedic sister resigned, and it was found necessary to replace her by a general trained sister.

City Isolation Hospital.

Ward 9 was the original orthopaedic unit of the service. Cases treated are those of surgical Tuberculosis from the City only.

Treatment provided is chiefly immobilisation and minor operations, with excellent facilities for Artificial Sunlight, X-rays and Education.

Follow-up. A special clinic is held at the Hospital itself.

Statistics in relation to the service are outlined below. The main statistics are given in the reports of the individual departments.

Orthopaedic Clinic.

Summary of the Statistics given in the Annual Report of the Education Committee.

	Orthopaedic.	Postural.
New Cases	392	134
Old Cases	505	160
Secondary Examinations	1215	238
Treatments	3840	4809
Operations	91	—

Cases referred by the Health Department.

	New.	Old.
Maternity and Child Welfare	121	108
Orthopaedic from City General Hospital ..	9	19
Surgical Tuberculosis	29	32

City General Hospital, Orthopaedic Department.

Ward Accommodation	62
Cases in Wards on 1st January, 1936	57
Admissions, 1936	151
Discharges	124
Re-admissions	19
Deaths	8
Cases in Wards on 1st January, 1937	57
Operations	134

Orthopaedic Cases Treated in 1936.

	Adults.	Children.
Anterior Poliomyelitis	1	15
Congenital Dislocation of Hip	—	2
,, Defect of Spine	—	2
Contracted Knee	—	1
Coxa Vara	—	1
Foot Strain	2	—
Ingrowing Toe Nails	6	—
Hammer Toes	3	—
Hemiplegia	1	—
Lymphoedema	1	—
Pes Caviss	—	3
,, Planus	—	3
Spinal Injury	1	—
Scoliosis of Spine	—	1
Sprained Sacro-iliac Joint	2	—
Torticollis	—	1
Spina Bifida	—	4
Talipes Equina Varus	—	7
Tuberculous Spine	16	13
,, Ribs	2	—
,, Knee	3	4
,, Hip	7	10
,, Wrist	—	1
,, Elbow	1	1
,, Shoulder	—	1
,, Sacro-iliac Joint	2	—
Osteomyelitis (see Bones)	6	6
Osteomata	1	—
Warts "Plantar"	1	—
	—	—
	56	76
	—	—

Operations, 1936.

Knee operations	3
Albee Bone Graft Spine	1
Bone Graft Tibia	1
Arthordesis Hip Joint	3
,, Knee Joint	4
Hip Joint operations	4
Amputations	3
Laminectomy	1
Osteotomy	2
Stoffels operation	1
Spina Bifida	2
Rickets, Osteoclasis	2
Manipulations of Spine	2
Congenital dislocation of Hip	3
Fractures	5
Removal of Exostosis of Tibia	1
Trochanter operation	1
Correction of Feet by Manipulation	11
,, ,, ,, Open Operation	4
Stabilisation of Feet	10
Astragalectomy	2
Toe operation	7
Abscesses	29
Replasters and others	32
	134

Isolation Hospital and Sanatorium, Groby Road.

Ward Accommodation, 26 beds. City cases only.	
Cases admitted during 1936	22
Cases discharged during 1936	21

Types of cases :	Admitted.	Discharged.
Tuberculous Spine	5	5
,, Hip	4	6
,, Knee	1	4
,, Ankle	1	1
,, Foot	4	2
,, Wrist	1	1
,, Rib	1	1
,, Sternum	1	1
For Observation	4	—
Attendances at Out-Patient Clinic		119

APPENDIX V.

Report on Maternity and Child Welfare

for the year 1936.

By

E. B. BERENICE HUMPHREYS, M.B., Ch.B., Edin.,
Maternity and Child Welfare Medical Officer.

With foreword by the Medical Officer of Health.

COMMENT BY THE MEDICAL OFFICER OF HEALTH.

In submitting the following report by the Maternity and Child Welfare Medical Officer there are some points to which I wish to draw attention.

(1) The main points of criticism in my 1935 Report, viz., the staffing of the Infant Welfare Clinics and the inadequacy of the City Ante-natal Service, have received attention and the necessary action has been taken by the Committee. Full details will be found on pages 163 and 166. The increase in the Ante-Natal Service is especially welcome.

(2) The organisation of the King Street Milk Depot has been overhauled and a greatly increased number of children now see the doctor.

(3) It is gratifying to find a marked increase in the popularity of Westcotes Maternity Home. This Home has practically worked to capacity during the year.

(4) The great improvement in the maternal mortality rate is most welcome, but should not be viewed with self-congratulation. There is still much to be done before the service can be considered perfect.

(5) The treatment of Puerperal Sepsis has been centralised at the Isolation Hospital.

(6) Two members of the staff retired during the year. Both Miss Mason, Matron at the Day Nursery, and Miss Walker, Health Visitor. had been members of the staff for many years. They gave much devoted service and carry with them into their retirement the best wishes of Committee and Staff.

Report on Maternity and Child Welfare

for the year 1936.

By

E. B. BERENICE HUMPHREYS, M.B., Ch.B., Edin.,
Maternity and Child Welfare Medical Officer.

The statutory Maternity and Child Welfare Committee (appointed under the provisions of the Maternity and Child Welfare Act, 1918) consists in Leicester of the full Health Committee, together with four co-opted lady members.

Actually, the work is carried out by a Sub-Committee of five members of the Health Committee, together with the four co-opted members, which meets each month.

Health Visitors.

The present staff comprises nineteen District Health Visitors, together with a Superintendent Health Visitor, and their names and qualifications are set out on page vi.

The following is a statistical report of the work done by the Health Visitors during 1936:—

(Corresponding figures for the previous year are shown in brackets)

Number of first visits to children under one year old	3,618	(3,471)
,, ,, revisits to children under one year old ..	20,213	(17,675)
,, ,, visits to children one to five years old ..	22,304	(17,944)
,, ,, visits to cases of Ophthalmia Neonatorum	31	(90)
,, ,, first visits to ante-natal cases	447	(478)
,, ,, other visits to ante-natal cases	384	(464)
,, ,, visits to children under Infant Life Protection Act	964	(941)
,, ,, other visits (no access)	7,531	(6,352)
,, ,, ,, ,, (not classified)	1,151	(1,022)
Totals	56,643	(48,437)

Attendances at Schools for Mothers and Infant Welfare Centres	1,683	(1,575)
Attendances at Ante-Natal Clinics	291	(217)
Attendances at Birth Control Clinic	92	(53)

The home visiting is regarded as the most important duty of a health visitor and in spite of the increasing demands of other branches of the work, e.g., attendances at infant welfare centres, it is gratifying to record an increase in the amount of visiting, to the extent of 8,206 visits.

Owing to transferable births and neo-natal deaths, it is not possible accurately to compare the number of first visits to children under one year with the number of births registered in the city, but a total of 3,618 such visits in connection with 3,786 corrected births seems satisfactory.

Special importance is attached to the need for visiting children between the ages of one and five years and the steady increase in the number of such visits in the last few years has been maintained during 1936, an increase of 2,538 over the figure for the previous year being noted.

Schools for Mothers and Infant Welfare Centres.

There were no new Centres, as such, opened during the year, but at two of the existing Centres, viz., Belgrave Hall and Uppingham Road, the attendances had become so large that additional weekly sessions were necessary. These were established early in 1937 and have relieved the previous congestion.

The need for reorganisation of the Centres, in view of the re-housing of certain sections of the population, is being kept in mind.

There are now twenty Centres in Leicester at which mothers may attend and bring their children under five years of age. Two centres, Highcross Street and 18 King Street (Milk Depot) are open daily, while the others have one or more medical afternoon sessions each week.

The following is a detailed list of the Centres.

Name.	President.	Day of Meeting.
Western Road	Mrs. Beale	Monday
Curzon Street	Mrs. Frears	,,
Clipstone Street	Mrs. Throsby	,,
Braunstone	Mrs. Mould	,,
18 King Street	—	,, (morning)
Bedford Street	Mrs. Macdonald	Tuesday
Wesley Hall	Mrs. Furnish	,,

Name.	President.	Day of Meeting.
Aylestone Road	Miss Windley	Tuesday
Cavendish Road	Mrs. Johnson	,,
Fosse Road South ..	—	,,
Uppingham Road ..	Mrs. Judge	Wednesday and Friday
Kelland College	Mrs. Goodger	Wednesday
Justice Street	Mrs. Bouskell and Miss West	,,
Coleman Road	Mrs. Herbert	,,
Humberstone	Mrs. Wheatley	Alternate Wednesdays
Belgrave Hall	Mrs. Mantle	Thursday and Friday
Clarendon Park	Mrs. Roberts	Thursday
Highcross Street ..	Mrs. Viccars	,,
Evington	Mrs. Richardson	Alternate Thursdays

Mrs. J. D. Mantle reluctantly resigned her post at Curzon Street Centre to devote her time to Belgrave Hall Centre which now has two weekly sessions. Her place was taken by Mrs. C. R. Frears who was already attached to the Centre.

Miss Weston resigned from Clipstone Street Centre upon taking up hospital work and was succeeded by Mrs. Throsby.

A doctor is in attendance at each session to give free medical advice to the mother about her child and herself in relation to the child. When any treatment is considered necessary, the mother is advised as to where she should obtain it.

All children are medically examined on their first visit, and thereafter as the health visitor considers necessary.

The majority of the Centres are staffed by part-time general practitioners, whose attendance is usually limited to about one hour. This has made it impossible, hitherto, to establish a systematic and periodic examination of toddlers. Various schemes were therefore presented to the Committee during 1936 which made provision for a doctor to be in attendance for not less than two hours per session. The Committee finally agreed to a scheme of co-ordination with the School Medical Service whereby whole-time medical officers will be available for all infant welfare centres and ante-natal clinics; this scheme to come into operation in November, 1937.

The following medical practitioners conduct the medical consultations at various Infant Welfare Centres each week: Dr. Gertrude Austin, Dr. Lucy Simpson Davies, Dr. P. K. Hearth, Dr. Maurice

Millard, Dr. Catherine Mitchell, Dr. Philip Snoad and Dr. George Taylor.

The Assistant Tuberculosis Officer, the M. & C.W. Medical Officer, and a member of the medical staff of the City Isolation Hospital also attend at some of the Centres each week.

One or more Health Visitors are attached to each Centre and in addition to the routine work, maintain a series of fortnightly talks on all aspects of the work of mothercraft and child welfare.

The following numerical details for 1936 indicate the amount of work which is undertaken at the Centres :—

(Corresponding figures for the previous year in brackets.)					
Number of Sessions held			888		(880)
Total attendances of Mothers ..			54,895		(50,371)
Total attendances of Children—					
Under one year old	34,836	62,584	(32,167)	(55,027)	
Over one year old	27,748		(22,860)		
First visits of Children—					
Under one year old	2,653	3,822	(2,269)	(2,962)	
Over one year old	1,169		(693)		
Number of Children attending—					
Under one year old	2,246	6,875	(2,948)	(6,082)	
Over one year old	4,629		(3,134)		
Number of Sessions at which a doctor was present			887		(833)
Number of children seen by a doctor ..			16,923		(13,484)

It will be seen that there is an increase in all sections of the work, and it is specially gratifying to record an increase of 3,439 in the number of medical consultations held.

There are two Infant Welfare Centres which are open daily in premises permanently rented by the Corporation, viz. : 18 King Street and 119 Highcross Street.

1.—**The Infants' Milk Depot** (18 King Street), was established 31 years ago primarily for the distribution of dried milk in the days when infantile diarrhoea was epidemic.

Mrs. Stanion continues as Manageress and there are two assistants for the routine work in connection with the sale of dried milk and other foodstuffs, and the distribution of supplies to the various Infant Welfare Centres.

Two infant consultation clinics, an ante-natal clinic and a birth control clinic are held on the premises each week.

The depot is open throughout the day and mothers may attend at any time to have their infants weighed and to receive advice from Mrs. Stanion. The half-day closing was altered from Thursday to Saturday to bring the Depot into line with the rest of the department and there has been no falling off in attendances or hardship to the mothers.

The details of the work expressed numerically are as follow :—

	1936	1935
Number of children weighed	5,047	5,039
Attendances for advice only	2,443	2,395
Number of new cases	367	349
Number of Test Feeds carried out	223	197
Number of Infant Clinics held (Monday) ..	48	48
Average attendance at Clinic	19	15.5

2.—**Highcross Street Consultation Centre.** These premises comprise a three-storey house of eight rooms, five of which are actually in use. Two health visitors are attached to the Centre and share the work of the Centre and the home visiting to children under five years of age in the surrounding district. One health visitor is in attendance throughout the day to advise mothers and to weigh the children. Dried milk is also supplied from the Centre. Test feeds are carried out for cases belonging to the district and also for those mothers referred from other districts by the health visitors. An infant consultation clinic and an ante-natal clinic are held each week on the premises.

The window in the front of the premises affords excellent opportunity for the demonstration of various branches of mothercraft.

The details of the work, expressed numerically, are as follow :—

	1936	1935
Number of New Cases	264	147
Attendances of Children under one year old	3,054	2,797
Attendances of Children 1 to 5 years old ..	1,025	889
Advice to Mothers	131	191
Attendances for Dried Milk, etc.	876	1,596
Number of Test Feeds carried out	302	219
Number of Clinics held	51	50
Number of Mothers attending Clinic ..	2,132	1,881
Number of Medical Consultations at Clinic	1,415	1,058

The number of new cases, which has been decreasing during the last few years, shows a marked increase, from 147 in 1935 to 264 in 1936.

The attendances of children at various ages, and the number of medical consultations, also show a definite increase due to the fact that this Centre is now serving a large portion of a new population in the vicinity, on an estate built to re-house the people from a slum clearance area.

Ante-Natal Clinics.

During the year under review, arrangements were made for the establishment of four additional ante-natal clinics in the outer areas of the City. These were opened early in 1937 and there are now seven municipal clinics for expectant mothers, viz :—

Municipal Maternity Home ..	Wednesday morning Thursday afternoon
Braunstone	Monday afternoon
18 King Street	Tuesday morning
119 Highcross Street	Wednesday morning
Marriott Road School Clinic ..	Alternate Wednesday afternoons
Uppingham Road	Friday morning
Belgrave Hall	,, ,,

(In addition, there are now 3 weekly sessions held at the Leicester and Leicestershire Maternity Hospital for those women who have their confinement there.)

With the establishment of these new clinics, the city is more adequately and conveniently served and it now remains for health visitors and midwives to encourage expectant mothers to attend.

The women who attend the municipal clinics include those who come independently or are referred by a doctor, a midwife or a health visitor. In addition, the majority of the women who are recommended to the City General Hospital for their confinement attend one of the clinics for their ante-natal supervision, as this obviates the long journey to the Hospital during pregnancy. All recommendations received at the Hospital are notified to the M. & C.W. Department, and unless it is found on enquiry that the general practitioner wishes to supervise the pregnancy, the health visitor visits the home and advises the patient to attend the nearest ante-natal clinic.

Concerning those patients who come of their own accord, details of their cases are sent to the person subsequently engaged to attend the confinement, and doctors and midwives are supplied with a written medical report after the first visit of each case referred by them, and thereafter as is necessary.

The number of ante-natal sessions held and the attendances during 1936 were as follow :—

(Corresponding figures for the previous year in brackets.)

	Number of Sessions.	Attendances : First Visits.	Revisits.	Totals.
18, King Street	50 (49)	222 (199)	472 (413)	694 (612)
119, Highcross Street ..	53 (51)	167 (167)	411 (353)	578 (520)
Municipal Maternity Home	100 (100)	391 (379)	1530 (1157)	1921 (1536)
Leicester and Leicestershire Maternity Hospital ..	156 (106)	1044 (863)	4605 (2765)	5649 (3628)

The following are particulars concerning the source of the new patients who attended the Municipal Clinics :—

	King Street.	Highcross Street.
Referred by Health Visitors	61	59
,, Midwives	51	27
,, Doctors	28	16
,, Ex-Patients or Friends ..	31	22
,, City General Hospital ..	13	8
,, Probation Officer	—	4
Came of own accord	38	31
	222	167

Of the above 389 new patients, 113 were recommended for admission to the City General Hospital.

The figures for the whole city show that 1,824 new cases—43 per cent. of the total births registered in the city—attended an ante-natal clinic. The question of the effect of the large amount of female labour in the city on the attendance of expectant mothers at clinics has been elaborated in previous reports, but the opening of additional and more conveniently situated clinics is expected to show the desired increase in these attendances.

Municipal Maternity Home.

The Municipal Maternity Home, situated in Westcotes Drive, was opened in August, 1920. It provides accommodation for 25 beds, together with one isolation bed.

The number of confinements at the Home during the last five years has been as follows :—

1932 ..	359	1934 ..	412	1936 ..	475
1933 ..	402	1935 ..	398		

TABLE 20.

MUNICIPAL MATERNITY HOME, WESTCOTES DRIVE.

Return relating to Maternity Homes maintained or subsidised by the Council, as required by the Ministry of Health, for Year 1936.

Form M.C.W. 96a.

1. Name and Address of Institution :—
   Municipal Maternity Home, Westcotes Drive, Leicester.

2. Number of beds in the Institution 25

3. Number of cases admitted during the year 475

4. Average duration of stay .. .. 20.3 days

5. Number of cases delivered by—
   (a) Midwives 339
   (b) Doctors 128

6. Number of cases in which medical assistance was sought by a midwife 132

7. Number of cases notified as—
   (a) Puerperal fever .. .. —
   (b) Puerperal pyrexia 15

8. Number of cases of pemphigus neonatorum .. .. —

9. Number of infants not entirely breast-fed while in the Institution .. 20

10. (a) Number of cases notified as ophthalmia neonatorum .. .. —
    (b) Result of treatment in each case .. .. —

11. (a) Number of maternal deaths .. .. none
    (b) Cause of death in each case.

12. (a) Number of fœtal deaths—
    (i) Stillborn 17
    (ii) Within 10 days of birth 6
    (b) Cause of death in each case and results of post-mortem examination (if obtainable)—
    Prematurity 5
    Intercranial Haemorrhage 1

While this increase in the number of patients is very gratifying, and the number of bookings for 1937 continues to be high, the risk of overcrowding in the Home has to be kept in mind, and early in 1936 the number of bookings had to be limited, with the result that from time to time it has been necessary to refuse to book patients who have applied to come into the Home.

The ante-natal clinic is held on the premises for two sessions each week and the attendances are recorded on a previous page. The number of new cases attending the clinic has no definite relationship to the number of admissions in each year as it is a feature of the Home that women may engage their own doctor to attend them in the Home if they wish, and such women do not usually attend the clinic. The absentees and defaulters are very few and are followed up in every case.

A tabular statement of the work done at the Home is given on the previous page, and a financial statement on page 266.

Training of Midwives. The Home is an approved training school for pupil midwives, and during the year 14 general trained nurses and one untrained person were accepted for training. Nine pupils were in training at the beginning of the year, and 9 pupils were in training at the end of the year.

Of the 15 pupils who sat for the examination, 13 were successful n obtaining the certificate of the Central Midwives Board.

Midwifery Lectures for Pupil Midwives. The arrangement continues whereby a combined lecture course for pupil midwives from the three recognised training schools in Leicester is held, half at the Municipal Maternity Home and half at the Leicester and Leicestershire Maternity Hospital. Income is derived from the fees of the pupils attending the course, and out of these all expenses, including lecturers' fees, have to be paid. One lecture, at the close of each course, dealing with the relationship of the midwife to the Local Supervising Authority, is given by the Medical Officer of Health.

Staff. Dr. T. W. Allen continues as Medical Officer on call for the Home, and Miss E. Bradshaw as Matron.

Midwives.

A list of midwives who during 1936 notified their intention to practise within the City of Leicester appears on page 183. Their inspection is carried out by domiciliary visits by the M. & C.W. Medical Officer who is the Inspector of Midwives.

The Midwives' Act, 1936.

At the time of the writing of this report, the inauguration of a scheme for the working of this Act in the City is taking place. The supply of midwives in the City has been greater than the demand for many years and the number of applicants far exceeds the requirements of a municipal midwifery service. The City has been divided into eight areas, with a team of midwives in each area. Taking into consideration three midwives, with extensive practices, who are remaining outside the scheme, and the fact that at first it is probable that many midwives left outside the scheme will retain a certain number of patients, only 20 municipal midwives are considered necessary at present. The midwife with the C.M.B. certificate only will be paid £170 rising to £200 per annum, while the midwife who is also a state registered nurse will be paid £200 rising to £250 per annum. While recognising that the qualifications of many of the midwives appointed at the inception of the new service will not be comparable with that of health visitors, we visualise a service in which all midwives will be of one grade, adequately trained, and that their work will be closely co-ordinated with that of the health visitors.

The Midwives' Act will certainly improve the lot of those midwives who are brought into the scheme ; many such midwives have never made an independent living out of their practice. But in improving the conditions of the midwives, a concomitant improvement in the welfare of the mother and child may reasonably be expected.

Much has been heard about maternal mortality in relation to the Midwives' Act, but it is not claimed for the new service that it will bring about an immediate reduction in the number of maternal deaths. By its operation eventually we shall eliminate the unsatisfactory midwife and the handywoman, and recruit to the service the general trained nurse, adequately trained in midwifery. Maternal mortality is too complex a problem to be reduced entirely by one factor, but it is reasonable to expect that the good results obtained in certain areas where a well-organised midwifery service is maintained will become more general with the establishment of a comparable national service.

Registered Nursing and Maternity Homes.

A list of registered Nursing and Materrity Homes within the city at the end of 1936 is given on the next page.

There were 3 new Homes registered during the year, each for 8 beds. In one case, this meant the closure of a smaller Home.

TABLE 21.

LIST OF REGISTERED NURSING HOMES

(INCLUDING MATERNITY HOMES.)

Address.	No. of Beds.
9 Mere Road	1
13 Beckingham Road	5
Central Nursing Home, 6 University Road	15
40 Farnham Street	2
56 Clarendon Park Road	12
66 Uppingham Road	4
38 Cromford Street	1
58 Loughborough Road..	6
348 Aylestone Road	15
Sundial Nursing Home, Aylestone Road	12
22 Vicarage Lane	3
337 Fosse Road North	14
85 Narborough Road	11
306 Aylestone Road	2
3 Danes Hill Road	10
Stoneygate Nursing Home, Stoneygate Road ..	6
Southfields Nursing Home, 84 Regent Road ..	4
"South View," Humberstone Lane	2
39 Scraptoft Lane	4
"Broadview," Goodwood Road	5
"Western House," Hinckley Road	4
"Clifton Nursing Home," 58 Fosse Road Central ..	6
350 Aylestone Road	8
22 Springfield Road	8
The Laurels, 185 Uppingham Road	8

One Home, previously registered for 6 beds, was transferred to much more commodious premises and the registration increased to 15 beds.

One Home of 2 beds was closed upon the retirement of the keeper of the Home.

All Homes are inspected periodically by the M. & C.W. Medical Officer, who is also in constant touch with Homes which admit maternity patients, especially when any emergency arises.

The accommodation and facilities vary considerably, but no new application for registration is granted unless a high standard of efficiency and accommodation is assured.

Day Nursery.

The Corporation took over the work of the Leicester Day Nursery Society in July, 1920 and since February, 1923, the work has been carried on in premises in St. Martin's.

Attendances. The Day Nursery was open during the year for 246 full days and 50 half-days, (Saturdays). The total full attendances were 9,214 and the half-day attendances were 1616, as compared with 8,938 and 1,599 respectively for the previous year. The attendances and their seasonal variation are an index of the amount of employment in the city amongst married women, though sickness also accounts for a falling off in the attendances from time to time. In addition to providing skilled and constant daily supervision for children of mothers who are obliged to go out to work, such mothers who are nursing their children may return to the nursery for this purpose during the dinner hour, when they are provided with a nutritious mid-day meal for a modest sum.

The M. and C.W. Medical Officer pays frequent visits to the Nursery and undertakes the periodic examination of all children attending regularly, as well as being in close touch with the matron concerning any emergencies and doubtful cases of admission.

The Teaching of Mothercraft. The Day Nursery affords excellent opportunity for the training of nurses and for the teaching of mothercraft to schoolgirls. The arrangement with the Education Committee continues and the girls attend in groups of not more than eight, one group attending in the mornings and one in the afternoons, each group attending for a period of four weeks.

The total attendances made by the 347 schoolgirls were 2881,

drawn from the following schools:—Avenue Road, Elbow Lane, Folville Rise, Holy Trinity, Lansdowne Road, Linwood Lane and Willow Street.

Staff. Miss Alice M. Mason who had been matron at the Day Nursery almost from its inception, retired in June, 1936, upon reaching the age of 65 years, and sincere appreciation of her pioneer and painstaking efforts for the work to which she had devoted her whole energy was expressed by the Committee and members of the department upon her departure.

Miss F. Berkson was appointed as her successor and commenced duties in July. She is assisted by a staff of two Sisters, a Mothercraft Teacher and probationer nurses as required.

Local Government Act, 1929.

The two sections of this Act which concerned the Maternity and Child Welfare Department were (1) the care of destitute children and (2) the supervision of children who were nursed for gain (Infant Life Protection).

Up to the present the Maternity and Child Welfare Sub-Committee has not taken over from the Public Assistance Authority the care of the destitute children under five years of age.

As regards the working of the Infant Life Protection Section of the Children Act, 1908, this was transferred to the Public Health Authority, and each Health Visitor is now the appointed inspector of young children who are nursed out for gain.

The amendments as to the type of children to be registered and the methods of supervision which came into force following the alteration of the law in 1932 and which are detailed in earlier reports, continue to work satisfactorily.

During the year, 964 visits were paid to children in the care of persons who receive them for reward. Registration was refused by the Committee on the report of the visitor in only two cases, but legal proceedings were not necessary; the unsatisfactory conditions were not grossly bad and suitable alternative accommodation was found for the children concerned.

A high standard is insisted upon for all women recommended for registration and in several instances, the health visitor has arranged for the transfer of a child as soon as it is found to be in unsatisfactory surroundings.

At the end of the year, there were 62 persons and 67 children on the Infant Life Protection Register.

Treatment at the School Clinics.

Arrangements whereby children under five years of age may be referred from the Maternity and Child Welfare Centres for treatment at the School Clinics, as detailed in earlier reports, have continued during the year. A medical report on each case is now received from the School Medical Officer as to the treatment recommended and/or carried out.

This scheme works very satisfactorily.

Details as to cases treated are given below.

Dental Clinic. One of the School Dental Surgeons sets aside one afternoon of each week for the treatment of mothers and of children under five years of age. When, from time to time, this provision does not prove adequate for the number of cases referred for treatment, an additional weekly session is held.

Details of the work done during the year are set out below :—

(The corresponding figures for the previous year are shown in brackets.)

Number of Cases treated	329	(268)
Number of Attendances	767	(612)
Extractions—Permanent Teeth	920	(783)
Temporary Teeth	364	(248)
Anaesthetics—Local	384	(289)
Gas	12	(16)
Fillings	107	(49)
Scalings	22	(19)
Dentures	103	(37)
Prosthetic Dressings, &c.	272	(133)
Dressings	16	(14)
Consultations	45	(56)
Repairs, &c.	8	(5)
Number of Sessions held	89	(71)
Number of Cases under treatment on 31.12.36	48	(44)

The following extracts concerning the treatment of children under five years of age are taken from the report for 1936 of the school Medical Officer :—

Artificial Sunlight.

The total number of infants who finished their treatment in 1936 was 161, grouped as follows :—

Rickets	74	Debility	48
Malnutrition	26	Various	13

Rickets. This group gave the best results and over 80% showed marked improvement. These cases were practically all in the incipient or active stages. The remainder were chiefly old cases where the

disease was no longer active and only the bony deformities were present. All the latter cases except one with severe bronchitis, showed improvement in general health and a few were referred for orthopaedic treatment. Another factor in a few cases was irregular attendance. It should be noticed that nearly half the cases were breast-fed.

Debility. Many of the cases were due to previous illnesses and these gave the best results. Congenital cases, though treatment was prolonged, seldom gave a satisfactory reaction. Considerable attention was given to those cases arising from improper feeding and other hygienic errors. One child developed T.B. and received treatment at the Sanatorium. Altogether 75% of the cases gave excellent results.

Malnutrition. As the case improves, the appetite returns, the child gains colour and becomes more lively and energetic and the muscles firm up. The gain in weight was often marked. The younger children generally showed some Rachitic symptoms. There were no cases of Marasmus. Out of 26 cases, 18 were marked very good and only 2 were unchanged.

Various. Three cases of T.B. abdomen were much improved, as were 2 cases of Cervical Adenitis. Other cases treated were Anorexia (2), Erythema Pernio (1), Backward development (2), Otitis media (1) and Dyspepsia (1). All these were improved. One case of slight Coeliac Disease was unaffected.

Orthopaedic Clinic.

There were 178 children under five years of age admitted to the clinic as new cases, as compared with 151 in the previous year. Many were referred for diagnosis and advice concerning some deformity, often slight but of real concern to the parent. In 112 cases no treatment was recommended, in 16 cases the treatment advised was remedial, while instruments were recommended for 32 cases. For the remaining 18 cases in-patient treatment was advised.

In addition there were 162 old patients treated during the year.

Other Clinics.

There were 188 children under five admitted to the ear, nose and throat clinic, 79 to the eyes clinic and 95 to the skins and minor ailments clinic.

Birth Control Clinic.

The municipal birth control clinic was opened in March, 1931. A weekly session is held at 18 King Street and married women who need the advice on medical grounds are admitted to the clinic.

By an arrangement with the Leicester County Council similar patients from their area are eligible for advice at the city clinic.

The following figures refer to the year 1936 :—

	City.	County.	Total.
Number of patients who sought advice ..	79	22	101
,, accepted for advice ..	73	22	95
,, who were refused advice	6	0	6

Concerning the 95 women accepted for advice, the following are the medical reasons for which the advice was given :—

		City.	County.	Total.
Husband :	Active Tuberculosis	3	1	4
Children :	Mental defective	1	—	1
Patient :	Active Tuberculosis	8	2	10
	General debility	16	7	23
	Gynaecological condition ..	8	—	8
	Complications of Pregnancy and Childbirth	17	7	24
	Heart Disease	3	—	3
	Kidney Disease	3	1	4
	Anaemia	6	1	7
	Various other conditions ..	8	3	11
		73	22	95

Cases in which advice was refused. There were no refusals from the county area, as cases are referred in the first instance to the medical officer of the clinic by the patient's own doctor. In this way women are spared a vain journey from country districts. The number of women who were refused advice was 6 ; in 4 there were no medical grounds for contraception, one woman was unmarried and one was already pregnant.

Follow-up work. The necessity for keeping in touch with all the women advised has been kept in mind from the inception of the clinic and is accomplished by various methods. It is from this follow-up work that one is able to assess the true value of the work of the clinic. It is recognised that there are women who will not carry out the instructions given although it is in their own interests to do so.

But the improvement in the health and happiness of those women who have faithfully carried out the advice for a number of years is an encouragement to continue this work, which is an integral part of any scheme for maternal and child welfare.

Puerperal Pyrexia and Puerperal Fever.

During the year there were 81 notifications of puerperal pyrexia and 14 cases of puerperal fever.

The following table sets out various data of interest concerning these patients :—

PUERPERAL PYREXIA AND PUERPERAL FEVER

Notifications and Result of Treatment.

1936.

	CONFINED AT					TREATED AT						RESULT OF TREATMENT											
												Recovered at						Died at					
	Home.	Maternity Home or Hospital.	City General Hospital.	Private Hospital.	Royal Infirmary.	Home.	Maternity Home or Hospital.	City Isolation Hospital.	City General Hospital.	Private Hospital.	Royal Infirmary.	Home.	Maternity Home or Hospital.	City Isolation Hospital.	City General Hospital.	Private Hospital.	Royal Infirmary.	Home.	Maternity Home or Hospital.	City Isolation Hospital.	City General Hospital.	Private Hospital.	
Puerperal Pyrexia ..	29	52	—	—	—	10	32	37	—	1	1	10	32	31	—	—	1	—	—	*6	—	1	
Puerperal Fever ..	13	—	—	1	—	—	1	12	—	1	1	—	—	9	—	1	1	—	—	3	—	1	

*One died in 1937. One was a county case.

The attributable causes in the 81 cases of Puerperal Pyrexia were : Complicated labour 16, Adherent or retained placenta 5, Inflamed breast 10, Engorged breast 11, Pyelitis 3, Abortion 3, Phlebitis 2, Cystitis 4, Haemorrhage 1, Intercurrent diseases 8, Cause not defined 18.

The attributable causes in the 14 cases of Puerperal Fever were : Complicated labour 7, Retained or adherent placenta 3, Breast abscess 1, Pyelitis 1, Cause not defined 2.

Reference to the above table will show that many of the cases of puerperal pyrexia were transferred to the City Isolation Hospital which admits all cases of pyrexia of doubtful origin, as well as the cases of diagnosed sepsis. This procedure is encouraged as being the most satisfactory for the patient, as well as for any midwife or maternity home concerned. The diagnosis of "pyrexia" is often changed to one of "fever" subsequently, the actual notifications of cases of puerperal fever being less than the incidence of the disease.

Obstetric Consultant.

Concerning a second medical opinion, Memo. 156/M.C.W. of the Ministry of Health authorises the services of a consultant, and these are now available, from a panel prepared by the Local Authority, in all cases of difficulty arising ante-natally or during the confinement or lying-in period.

During 1936, a consultant was called in for 24 cases for the following emergencies : Pyrexia 3, Retained placenta 3, Adherent placenta 1, Difficult labour 8, Haemorrhage 5, Albuminurea 1, Hyperemesis of pregnancy 1, Abdominal pains 2 days after confinement 1,Oedematous anterior lip of cervix, cervical prolapse 1.

In 8 cases removal to hospital was advised, the remaining 16 cases were treated at home or in the place where the original illness occurred.

Emergency Maternity Service.

During the year a request was received from the medical practitioners of the City for the establishment of an emergency maternity service to be available for those cases where the condition of the patient is too critical for removal to hospital. Negotiations are now nearly completed which will enable a medical practitioner to summon a consultant and at the same time to requisition the services of a trained nurse who will be on call from the staff of the Royal Infirmary. In addition, the nurse will take a specially prepared sterilised outfit, containing all the necessary dressings, drugs and apparatus for treating

emergency conditions, e.g., haemorrhage, shock, in the home or maternity home where they may arise.

These additional facilities will thus make complete the scheme for the treatment of all obstetric complications wherever they may occur.

Maternal Mortality.

During the year there were 13 maternal deaths registered. Of these, 9 were due to sepsis and 4 were due to "other accidents and diseases of pregnancy and parturition."

Taking the corrected number of live births, 3,786, this gives a maternal mortality rate of 3.4 per 1,000 live births, as compared with 6.16 in 1935, and a puerperal sepsis rate of 2.4 as compared with 2.24 in 1935.

The figures for England and Wales for 1936 are a maternal mortality rate of 3.81 and a puerperal sepsis rate of 1.40 per 1,000 live births. It will thus be seen that the total rate for the City compared favourably with that for the country as a whole.

The following table sets out the total and the sepsis rates for the City for the last five years :—

MATERNAL DEATHS AND DEATH RATES FOR FIVE YEARS 1932-1936.

	1932	1933	1934	1935	1936
Puerperal Sepsis :					
Deaths	4	6	8	8	9
Rate per 1,000 live births	1.1	1.8	2.3	2.2	2.4
Non-Sepsis :					
Deaths	16	11	11	14	4
Rate per 1,000 live births	4.5	3.4	3.2	4.0	1.0
Total Maternal Deaths :					
Deaths	20	17	19	22	13
Rate per 1,000 live births	5.6	5.2	5.5	6.2	3.4

It will thus be seen that the rate for the year under review is the lowest during the last five years and yet the sepsis rate 2.4 is the highest in the same period.

In the early months of 1936, a series of cases of puerperal fever occurred in various parts of the City and 6 of the 9 deaths occurred in the first quarter of the year. Two of these occurred almost simul-

taneously in a small private maternity home and the midwife attending was found to be a carrier of haemolytic streptococci. The Home was closed for several weeks until the midwife was proved to be free from infection. Nurses in all maternity homes have been instructed in the use of masks, as well as other precautionary measures, and there has been no further outbreak of puerperal fever.

The causes of death in the 13 cases were puerperal sepsis 9, ruptured ectopic gestation 1, placenta praevia-Caesarean section 1, accidental ante-partum haemorrhage 1, acute uraemia-toxaemia of pregnancy 1.

Through the cordial co-operation of the various members of the medical profession concerned, it has been possible to obtain the fullest details concerning the pregnancy and confinement in all these cases, and from a close survey of these confidential records it would seem that the hope for a permanent maintenance of the mortality rate at its present low level lies in the reduction of the incidence of puerperal sepsis.

As stated elsewhere, maternal mortality is too complex a problem to be reduced entirely by one factor, but the comprehensive facilities now available should bring about a lessening of the obstetric complications which necessitate surgical intervention at childbirth and leaves us with the problem of the uncomplicated case which ends tragically in unexpected sepsis. The research work which has been carried out at Queen Charlotte's Hospital on puerperal fever indicates a new line of preventive as well as curative treatment and, since the latter part of 1936, this treatment is being carried out extensively in private and hospital practice in the city. The results are being watched with interest and with hope.

Infant Mortality.

There were 221 deaths in infants under one year during 1936. The corrected number of births was 3,786, which gives an infant death rate of 58.37 per 1,000 births. The infant mortality rate for England and Wales was 59, and for the Great Towns 63, so that Leicester compares favourably with the rest of the country.

But a study of the causes and age incidence of these 221 deaths, detailed in Table 4 on page 9, bears out an observation which I have made in previous reports, viz., that the greatest number of deaths are neo-natal deaths, i.e., they occur in infants under four weeks of age. There were 112, more than 50 per cent. of the total such deaths during 1936, and of these no fewer than 88 were in infants under one week old.

Further, this figure—112—includes 62 deaths from premature birth, which factor alone appears to be responsible, from year to year, for maintaining the infant mortality rate at its present level.

It is therefore evident that the various causes of premature birth—maternal ill-health and accident amongst the chief of these—must be constantly borne in mind.

The need for adequate ante-natal supervision has been stressed in these reports for successive years. The City is now much better served by the establishment of additional ante-natal clinics and it remains for midwives and health visitors to see that all mothers who are not already under the care of their own doctor attend these clinics as soon as pregnancy is diagnosed, and thereafter as often as is considered necessary, so that continuous medical supervision may be carried out, thereby assisting the pregnant woman to carry her child to maturity, and thus increasing its chances of survival.

Ophthalmia Neonatorum.

The following details show the incidence and results of treatment of this disease of the new-born during 1936 :—

OPHTHALMIA NEONATORUM, 1936.

Cases notified during year		17
Visited by Health Visitors		17
Removed to hospitals		5
Vision unimpaired	14	
,, impaired	—	
,, lost	1	
Still under treatment at end of year	1	
Patients died	—	
,, removed from the district	1	
Total	17	

Most of the cases were of a very mild nature and responded to domiciliary treatment within a few days. The regrettable case in which there was loss of vision of one eye occurred in a child whose mother did not avail herself of the facilities for ante-natal supervision, which would have prevented the infection of the child's eyes.

Assistance in Necessitous Cases.

A special sub-committee, of which Mrs. Cooper continues as Chairman, meets twice a month to consider applications for help in necessitous cases of mothers or children under five years of age. Every

application has to be made in writing on a special form, which includes a full statement of all sources of incomes, together with particulars as to rent, number of dependent children, etc. The health visitor appends a report on each case.

A medical certificate is also required concerning the health of the person for whom help is sought. This is usually supplied at an M. & C.W. Centre, but a certificate from a private practitioner is accepted in cases which cannot attend a centre.

The amount and variety of assistance granted may be seen from the following figures :—

(The corresponding figures for the previous year are shown in brackets.)

Number of new cases granted milk	396	(398)
Number of old cases granted milk	1139	(1167)
Number of gallons of milk granted free ..	5764	(5752)
Number of cases granted dried milk free ..	103	(134)
Number of cases admitted to the Day Nursery at reduced rate	34	(37)
Number of cases admitted to the Maternity Home at reduced rate	3	(5)
Number of cases in which doctors' fees were remitted	62	(38)
Number of cases in which total fees for midwives were allowed	18	(28)
Number of cases in which part fees for midwives were allowed	3	(2)
Number of cases in which dental fees were remitted	15	(19)
Number of home helps supplied	1	(1)
Number of cases in which no action was taken ..	29	(39)

Staff.

Miss L. Walker, who had been a health visitor under the Leicester Health Society, and later was appointed in a similar capacity in the Health Department, retired on 3rd January, 1937, under the provisions of the Superannuation Act. She is the first health visitor to reach the retiring age and carries with her into her retirement the good wishes of all the members of the staff and many of the mothers of her district who remember her services in the pioneer days of the child welfare movement.

Miss G. M. Harrington was appointed to the vacancy thus created, otherwise there have been no changes in the staff.

E. B. BERENICE HUMPHREYS.

TABLE 22.

MIDWIVES NOTIFYING INTENTION TO PRACTISE IN LEICESTER, 1936.

Reg. No.	Name.	Address.
32386	Adcock, Hannah Elizabeth	56, Clarendon Park Road.
88021	Bagshaw, Amy	5, Thoresby Street.
42983	Bamber, Mabel E.	12, Portman Street.
82087	Barton, Hilda May ..	Stoneygate Nursing Home, Stoneygate Road.
87311	Beedham, Elizabeth	Maternity Hospital, Causeway Lane.
2760	Blyth, Eliza	13, Fairfield Street.
69860	Bowsher, Aline Mary ..	58, Fosse Road Central.
55200	Bradshaw, Edith	Maternity Home, Westcotes Drive.
84355	Brooks, Doris Irene	22, Gwencole Crescent.
66156	Brown, Mary Elizabeth ..	Fosse Road House Nursing Home.
82884	Bullock, Ethel Annie ..	Stoneygate Nursing Home, Stoneygate Road.
57274	Camacho, Marie Stella ..	649, Aylestone Road.
75031	Carr, E. Scott	56, Clarendon Park Road.
73803	Carr, B. E.	106, Kedleston Road.
67186	Carroll, Elizabeth	Broad View, Goodwood Road.
92028	Clarke, Dorothy L.	Maternity Hospital, Causeway Lane.
73062	Clarke, Violet E.	Har-Treviann, Canon Street Ext.
61753	Conway, C. M.	Maternity Hospital, Causeway Lane.
72390	Copson, Rose Lilian ..	517, Saffron Lane.
80145	Corrin, M.	Maternity Hospital, Causeway Lane.
84413	Cotton, Elspeth Ivy	Maternity Home, Westcotes Drive.
26697	Davies, Amelia May ..	39, Scraptoft Lane.
76297	Davis, Muriel M.	58, Fosse Road Central.
80786	Dennis Ethel	51, Bannerman Road.
66243	Dodson, Sarah Elizabeth ..	Dorsal Cottage, Burnaston Road.
68879	Eden, Lily	5, Thoresby Street.
50887	East, Florrie	11, New Bridge Street.
83685	Elliott, Marion F.	32, Winchester Avenue.
88220	Evans, Violet May	Maternity Hospital, Causeway Lane.
77108	Fearn, Edna Doris	13, Perseverance Road, Birstall.
82264	Found, Dulcie	Maternity Hospital, Causeway Lane.
95026	Foster, G. E.	Maternity Hospital, Causeway Lane.
30974	Gawthorne, Fanny	45, Aylestone Road.
82304	Green, Doris Blanche ..	Dorsal Cottage, Burnaston Road.
92926	Gregory, Edna	56, Clarendon Park Road.
60388	Harding, Laura	224, Welford Road.
91406	Hawkesley, Sarah	Maternity Hospital, Causeway Lane.
75166	Haynes, Nellie Elizabeth ..	19, The Newarke.
59161	Headley, Grace C.	16, Dane Street.
82345	Hewitson, Margaret	Westcotes Maternity Home.
26452	Heggs, Mary Louisa ..	Maternity Hospital, Causeway Lane.
37583	Hicks, Louisa	58, Bassett Street
55864	Holyoak, Elsie Elizabeth ..	187, Sheridan Street.
71043	Hopkins, Margaret L. ..	39, Hallam Crescent East.
85708	Howard, Margaret	52, Kerrydale Avenue.
5223	Howsam, M.	90, Sylvan Street.
74592	Hull, Doris Emily	Maternity Home, Westcotes Drive.
25486	Hunt, Annie Amelia ..	182, St. Saviour's Road.
70351	Hurd, H. M.	34, Diseworth Street.
41739	Ingham, Adelaide	58, Loughborough Road.
66160	Japlin, Annie	Jesmond Dene, Narborough Road.
94563	Jeremy, Ila	Maternity Home, Westcotes Drive.
60932	Joels, Violet Cecilia ..	Maternity Hospital, Causeway Lane.

TABLE 22—continued.

Reg. No.	Name.	Address.
53197	Johns, Marguerite Bennett	Maternity Hospital, Causeway Lane.
97718	Joplin, Emma	Maternity Hospital, Causeway Lane.
67959	Kingham, Ida	11, Cameron Avenue.
77418	Kirk, Veronica	1, Walnut Street.
75842	Knott, Florence Mabel ..	Maternity Home, Westcotes Drive.
11389	Laughton, Annie	236, Clarendon Park Road.
90765	Laws, Jennie	Maternity Hospital, Causeway Lane.
51258	Ledger, Sarah Ellen Martha	205, Birstall Street.
90796	Maclean, Agnes M. ..	Sundial Nursing Home, Aylestone Rd.
76493	Mansfield, Edna	130, Beaconsfield Road.
41332	Martin, Lilian M. C. ..	301, Clarendon Park Road.
54386	Mather, E.	35, Went Road, Birstall.
82460	McCrea, Martha	8, Cross Road, Clarendon Park.
43204	McKerman, Rosaleen ..	Stoneygate Nursing Home, Stoneygate Road.
82499	Morris, Lilian Eva	Maternity Hospital, Causeway Lane.
49841	McCaull, Jean	85, Narborough Road.
87706	Morton, Isabella	Maternity Home, Westcotes Drive.
30688	Noon, Lucy A.	68, Uppingham Road.
67428	Pateman, Clara	20, Warwick Street.
43317	Payne, Lilian Emily	7, Gipsy Road.
36784	Pilsworth, Maria	54, Blackbird Road.
49911	Potter, Frances A.	85, Narborough Road.
24652	Reeve, Clara	22, Vicarage Lane.
91693	Rimmer, Evelyn	Maternity Hospital, Causeway Lane.
89404	Rigby, L.	Maternity Hospital, Causeway Lane.
77256	Rimmington, May	Redcar, Radiant Road.
69226	Ritchie, Ethel A. R.	504, Aylestone Road.
74783	Roberts, D. C. F.	Fosse Road House Nursing Home.
67995	Shelbourne, E. W.	68, Uppingham Road.
80504	Shercliff, G. I.	75, Hopefield Road.
28446	Simister, Edith Alice ..	36, Wood Hill.
79163	Smith, Emily	256, Hinckley Road.
69730	Smith, Edith E.	12, Dashwood Road.
49218	Smith, Gertie	141, Catherine Street.
75428	Smith, Lillie Catherine M. ..	85, Narborough Road.
55034	Smith, Mary Ann	32, Narborough Road.
58618	Starmer, Emma	Osterley, Glenfield Road Extension.
94067	Stone, Lilian Elsie	Maternity Hospital, Causeway Lane.
33774	Wakeling, Ada	27, Melton Road.
86392	Ward, Ivy	Maternity Hospital, Causeway Lane.
74890	Warrington, Ada E.	Stoneygate Nursing Home.
76125	Watt, Henrietta	Sundial Nursing Home, Aylestone Rd.
39491	West, Alice R.	84, Regent Road.
79981	Weston, Kathleen Green ..	Maternity Hospital, Causeway Lane.
54561	Whinnett, Ann M.	35, Went Road, Birstall.
90316	Whitbread, Eileen M. ..	56, Clarendon Park Road.
73046	Wilkinson, Ethel A.	73, Aylestone Road.
82026	Wilson, Grace	5, Thoresby Street.
80263	Yarham, Margaret	Maternity Hospital, Causeway Lane.
82040	Young, Violet D.	Sundial Nursing Home, Aylestone Rd.

NOTE.—Many of the above named are doing very little practice. There are very few who are fully engaged. Some attended no cases during the year.

APPENDIX VI.

Report of the City Analyst

For the Year 1936.

By

F. C. BULLOCK, B.Sc., F.I.C.
Public Analyst and Official Agricultural Analyst.

With foreword by the Medical Officer of Health.

COMMENTS BY THE MEDICAL OFFICER OF HEALTH.

In the following pages will be found the report of the Public Analyst, whose Department is one of the most important branches of the Health Service. It is agreed by all that the question of nutrition is fundamental to good health. The Public Analyst by his continued check on the quality of foodstuffs plays no small part in safeguarding the health of the community.

There are one or two special comments I would like to make.

(a) In 1936 in Leicester 4 per cent. of all samples examined proved to be adulterated, though of course not necessarily fraudulently so. Were it not for the work of sampling and analysis, there is no doubt but that this figure would be much higher.

(b) The method of sampling has been improved so that there is better co-ordination between the sampling officer and analyst.

(c) The standard of fruit in jam is unsatisfactory. It would appear that a serious loophole exists in the law whereby jam manufacturers can set their own standard and the Public in its ignorance be defrauded. Full Fruit Standard is a euphonious term which may mean nothing, for the standard of the particular manufacturer may be as low as he likes. In one such instance referred to in the Analyst's Report, although the Jam contained only 25 per cent. of fruit, it was called Full Fruit Standard! No legal proceedings were possible, but with the co-operation of the wholesalers all the jam manufactured by this firm was withdrawn from sale and returned. It will not be sold again in the City if the Health Department can prevent it. In my opinion the action of this firm constitutes a deliberate, though perhaps legal, fraud on the Public.

(d) The Milk (Special Designations) Order, 1936, came into force on June 1st, 1936. By this order the classification of graded milks is simplified and brought more into accord with scientific practice. Three chief designations remain, viz., Tuberculin Tested, Accredited and Pasteurised Milk. The anomalous and misunderstood appellation "Grade A" has disappeared. Alterations in the methods of analysis and in the method of granting licenses were also introduced by the order.

(e) A good deal of trouble has been experienced with dirty mussels, nearly 50 per cent. failing to pass the test. Uncooked mussels are frequently a dangerous form of food, liable to sewage contamination. Mussels should never be eaten raw. The serious pollution of oysters mentioned in my last report did not recur during 1936.

(f) Finally I would like to draw your special attention to the closing remarks of the Analyst's report on the subject of Atmospheric Pollution—probably a much more important matter than we realise.

Report of the City Analyst

For the Year 1936.

By F. C. BULLOCK, B.Sc., F.I.C.

Public Analyst and Official Agricultural Analyst.

I beg to present my report on the work carried out in the City Laboratory during the year ending 31st December, 1936.

The work continues to be of a miscellaneous character, all the more interesting on that account, but requiring a considerable range of equipment for its efficient prosecution. We have, therefore, appreciated the policy of the Health Committee in approving an increased estimate for apparatus during recent years; and I record here that the new instruments acquired have proved useful and satisfactory. At the same time, the volume of work shows a tendency to increase from year to year, and the laboratory accommodation is now becoming somewhat strained. In particular, a separate room in which to segregate all bacteriological work, another room for suitably housing all optical instruments and better accommodation for literature, files and records are urgently needed.

The report follows the same lines as in previous years, concluding with various tabulated results.

I wish to end this introduction by expressing complete satisfaction with the work of my assistants. Mr. C. Hyde resigned during the year to take up the profession of Sanitary Inspector. Messrs. Smart and Wright were appointed as junior assistants.

A total of 3,292 samples was examined during the year, as follows :—

TABLE A.

Summary of Samples Analysed during 1936.

Food and Drugs (Adulteration) Act, 1928 :		
Samples submitted by Sanitary Inspectors	1,403	
,, ,, ,, Public	14	
Shellfish	38	
Total		1,455
Fertilisers and Feeding Stuffs Act, 1926 :		
Informal samples submitted by Sanitary Inspectors	13	
Private samples	3	
Total		16
Rag Flock Act, 1911		2
Milk (Special Designations) Orders, 1923, 1934, 1936		575
Reference Samples		10
Atmospheric Pollution Samples		700
Miscellaneous Samples for various Committees :		
Health Committee	249	
Water Committee	171	
Education Committee	5	
City Surveyor	21	
Refuse Disposal	12	
Transport	24	
Public Assistance	3	
Lighting	7	
Mental Hospital	7	
Watch Committee	33	
Coroner	1	
Leicester Frith	1	
Total		534
Grand Total		3,292

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

General.

The main work of the department consists in the analysis of samples submitted by the Sanitary Inspectors under the Food and Drugs (Adulteration) Act, 1928. This Act, originally a statute directed mainly against fraud, is now administered with a view rather to the safeguarding of the health of the consumer than to the protection of his pocket. However, many of the residual forms of food and drug adulteration prejudice a purchaser both ways. For example, when a householder buys watered milk his family are robbed of body-building material and calories, while he is defrauded financially.

The word "residual" above is used deliberately since the practice of food adulteration, even at this time of day, is by no means extinct though it manifests itself in new forms.

The percentage adulteration of all samples taken throughout the country was 5.5 in 1935, and 5.3 in 1934, and has remained fairly steady at about this level for some years. The Leicester figure was 4.0 per cent. in 1936 (5.0 per cent. in 1935, 4.7 per cent. in 1934). Whether the amount of detectable adulteration could be reduced much below this figure by more intensive sampling is doubtful. Mistakes and carelessness account for a big proportion of the "not genuine" samples, and the most recently designed dairy plant is known to allow access of water to milk. What is probably certain is that the percentage adulteration would increase very definitely if the present system of control were in any way relaxed. Systematic gross adulteration of a downright fraudulent nature, so notorious during the last century, is now probable a thing of the past, unless one excludes the practices of some jam manufacturers. On the other hand, new knowledge and the misguided notions of some of the public have led to the introduction of fresh forms of adulteration.

Under this Act, 1,455 samples were received, as follows :—

Milk	950
Miscellaneous Foods (including Shellfish)	348
,, Drugs	157

For details see tables at end. For action taken in regard to samples reported "not genuine" see page 229.

23 milk samples, or 2.4 per cent. of the total number of milks, were reported against. (5.07 per cent. in 1935.) See Table C.)

17 foods, or 5.7 per cent. of the total number, were reported against. (5 per cent. in 1935.) (See Tables B and D.)

13 drug samples, or 8.3 per cent., were reported as unsatisfactory. (11.2 per cent. in 1935.) (See Tables B and D.)

Milk.

The number of milk samples received was made up thus :—

Formal samples	368
Informal samples of graded milk	401
School milks	179
Private	2
Total	950

All milk samples other than those submitted by the public under Sec. 17 (ii) are now taken by the Sanitary Inspectors, including those from the hospitals, schools, Day Nursery and Maternity Home. This arrangement, together with the close co-operation possible between the Sanitary Inspectors and the Laboratory, is an improvement over the previous state of affairs, when odd samples were apt to arrive at unexpected and sometimes inconvenient times.

All samples are analysed for chemical composition, preservatives and extraneous dirt. In cases of low quality, the Hortvet Freezing Point test is applied. The informal graded samples and school milks are given the bacterial test appropriate to their grade, and pasteurised milks are further submitted to the Phosphatase test to check off the efficiency or otherwise of the pasteurising process. The percentage adulteration for the year was low. It will be seen from Table C that 18 samples were deficient of fat, three were deficient of solids other than fat, while two were of all round low composition. Added water was considered proved in the case of only three samples. Preservatives were absent in every case, and no samples were reported against for the presence of dirt.

Butter.

21 samples of butter contained amounts of water between 10.27 per cent. and 15.85 per cent. The maximum amount permitted is 16 per cent. No preservative nor excessive amount of free fatty acid were reported in any sample.

One sample (No. 612) contained an unusually low amount of the volatile fatty acids, characteristic of butter fat, and was abnormal in other respects. These variations from normal values were consistent

within themselves (Reichert Value 20.0, Saponification Value, 216.0, Iodine Value 49.6, Butryrometer Refraction at 40°C., 47.2°) and corresponded with figures available for butter either of Russian origin or made from late autumn milk from cows approaching the end of their lactation period.

Margarine.

The present food laws limit the amount of water permissible in margarine to 16 per cent., and restrict the amount of butter fat in the fat of margarine to 10 per cent. All the 19 samples examined complied with these conditions. Informal sample (No. 688) contained 0.01 per cent. of boric acid, and a repeat formal sample (No. 689) was likewise contaminated contrary to the Preservative Regulations.

Other Fats.

Twelve samples of lard were all genuine and free from moisture. The iodine values ranged from 52.6 to 66, pretty well the extreme limits recognised for normal lard.

Of three samples of dripping, only one contained moisture, but this was associated with brown extractive matter and therefore not likely to deceive or prejudice a purchaser.

Shredded Suet.

In nine samples of shredded suet all those containing starchy matter were sold as mixtures. The dry starch content ranged from 8.6 per cent to 14.4 per cent. One sample (No. 1092), which was free from added starch and consisted of 100 per cent. fat, seemed to keep in separate shreds equally as well as the other brands diluted with rice flour.

Jam.

Of all articles of food that come within the province of the Public Analyst to be examined, jam is probably the least welcome for a number of reasons. In the first place, there are special difficulties in interpreting the results of analysis of jam ; and although it is the essential purpose of the Act to protect the public from spurious products, the Public Analyst has in mind the fact that the reputations of the vendor and manufacturer may be at stake if Court proceedings are taken on the strength of his adverse certificate. Therefore, where the slightest doubt exists, the sample must have the benefit of the doubt. With articles of such variable composition as, say, strawberries

or black currants, naturally the exact percentage of fruit present cannot be estimated. The literature contains some figures for the maxima, minima and average compositions of many fruits and these figures are useful to refer to. If the manufacturer has put in his jam the right amount of fruit the sample will usually stand up to analysis and no difficulty arises. If the manufacturer has depreciated his product by using a lower amount of fruit, or if he has used pulp which unknown to him has been diluted by the preservative solution added, analysis will proably reveal the deficiency if average figures are used in calculating the fruit content. In that case, published data giving the most favourable interpretation possible must be used, and the Analyst, much against his will, sometimes has to pass a sample of jam as genuine when there is a strong probability that it is not so.

In the second place, there are no legal standards governing the composition of jam, and the matter of genuineness is left, in the first place, to the opinion of the Public Analyst, and ultimately to the decision of the Bench of Magistrates, who can form their own standard on the evidence submitted to them.

This difficulty was partly cleared up some years ago (1930) when jam manufacturers themselves took the initiative ; and in collaboration with representatives of the Society of Public Analysts agreed that all jam made by members of the Federation should conform to certain standards laid down, and be labelled accordingly. The agreed standards were lenient ; for instance, an article made of sulphited fruit pulp, sugar, added fruit juice, citric acid, aniline dyes and pectin could still be sold as new season's jam of full fruit standard without any declaration of the presence of foreign material. Nevertheless, it looked as if the public were at last getting some protection in that when one purchased a jam labelled "Full Fruit Standard" one had some reason to expect a certain minimum percentage of the named fruit or fruits to be present. During the year under review, the position of the public became rather worse than before by the adoption of private but undisclosed "full" fruit standards by at least one firm, who on legal advice used labels similar to but differing in detail from those authorised by the F.M.F. The products of this firm were found on analysis to be of very low fruit content (Nos. 1003 and 1008) (Table D) ; but it was not found possible to take legal proceedings.

A third unsatisfactory feature of formal samples of jam lies in the difficulty of the packer in getting all his jars to contain material representative of the whole batch, and the corresponding difficulty of the Sampling Officer in getting a fair division into three parts of the sample he purchases.

Miscellaneous Foods.

One sample of marmalade submitted privately (No. S.42), which had caused illness and bleeding in a child, was found to contain fragments of broken glass, although the jar itself was intact and free from flaws. Twelve separate fragments were isolated from half a pound of the marmalade, the largest being nearly one-tenth of an inch long. The manufacturer gave assurances that the trade were keenly alive to the possibility of this trouble and took elaborate precautions to prevent its occurrence, pointing out the rarity of contaminated samples considering the millions of glass-packed units of foods.

Three samples of sausage, not labelled to that effect, contained sulphite preservative contrary to Regulations.

Two samples of malt vinegar consisted mainly or entirely of acetic acid diluted with water and coloured with caramel.

One formal sample of whiskey (No. 1097) contained 8.5 per cent. of added water.

One sample of tinned tomatoes (No. 98) was condemned on the grounds of the "blown" condition of the tin, although the contents of the tin appeared sound and not unduly contaminated with tin.

One sample of flour submitted privately (No. S.53) was infested with live meal mites.

One sample of soft brown sugar (No. 899) was dirty, contained 175 parts per million of sulphur dioxide and 3¼ grains per pound of tin.

Drugs.

One sample of soda mints contained three per cent. of French chalk, the rest of the samples in the batch being free from this lubricant.

Three samples of sweet spirit of nitre were 10 per cent., 12 per cent. and 15 per cent. respectively deficient of the required amount of ethyl nitrite.

Four samples of lime water were 70 per cent., 59 per cent., 62 per cent. and 72 per cent. respectively deficient of the required amount of lime.

Two samples of tincture of iodine were 17.6 per cent. and 16.4 per cent. deficient of iodine.

One sample of Mercury Ointment was deficient of 63 per cent. of mercury. The dilute variety, known as "Mercurial Ointment," or more popularly "Troopers' Ointment" had been supplied in mistake for Mercury Ointment of the B.P.

One prescription was wrongly dispensed.

BACTERIAL.

Samples examined by bacterial methods are summarised below :—

Milks (classified in Table E)	575
Reservoir Waters (for Water Committee)	83
Drinking Waters (for Health Committee)	1
Bath Waters (for Health Committee, Table F) ..	58
Shellfish (for Health Committee, Table H)	38
Milk Bottles	2
Total	757

Milk (see Table E).

85 per cent. of all the samples examined were passed as satisfactory. The Milk (Special Designations) Order, 1936, came into force on the 1st June, revoking previous Orders. The main innovations were the substitution of four new designations for milk (see page 186), and the introduction of modified methods of testing samples, the latter to take effect from the 1st January, 1937. These will be referred to in more detail in the 1937 report.

Shellfish (see Table H).

The bacteriological technique recommended by the Worshipful Company of Fishmongers was again used. The method detects whether or not the molluscs have been gathered from beds polluted with sewage ; and a minimum standard of 60 per cent. cleanliness is recommended if the fish are to be passed for human consumption. All the 13 samples of oysters examined were passed as satisfactory. Of the 22 samples of mussels, only 12 were passed.

Bath Waters (see Table F).

The general remarks made in the 1932 and 1933 reports on the subject of swimming bath waters, the system of sampling adopted, and standards by which samples are judged still hold good. In 1936, most of the baths gave a satisfactory series of tests, and it is safe to say that the technique of controlling the quality of swimming bath water so as to ensure the public safety has kept pace with the increased vogue in swimming and public bathing.

Difficulties in chlorine control were again experienced at the Aylestone Baths owing to the development of nitrite in the water, but were met successfully by the adoption of the Chlorotex test in place of

the ortho-tolidine test for the use by baths attendants. On no sample taken during the year did we have occasion to report a serious excess of chlorine. One series of samples taken at Vestry Street Baths on Sunday, the 12th July, gave chlorine readings of one part per million, which is rather a higher concentration than necessary. But in view of the fact that over 300 bathers used the baths during the two or three hours it was open a generous dose of chlorine was probably justified.

Table G summarises the samples taken from Corporation baths during the last five years, and the percentages passed as satisfactory.

Milk Bottles.

The milk bottles examined had visible dirt on the inside, and microscopic examination revealed the presence of moulds. As the bacterial examination was satisfactory it appeared that the bottles had been sterilised, but that the preliminary washing process had been omitted.

FERTILISERS AND FEEDING STUFFS ACT, 1926.

This Act came into force on the 1st July, 1928, and is intended to protect purchasers of substances used for fertilising the soil and substances used for feeding cattle and poultry.

13 informal samples of fertilisers and three private samples of Sussex ground oats were received during the year, the results of analysis being shown in Table I.

Sulphate of Ammonia.

Two samples (F.58 and F.59) contained less free sulphuric acid than the declared amounts ; these irregularities were not to the prejudice of the purchasers.

Numbers F.60 and F.61 had their statutory statements incorrectly worded in that the amounts of free sulphuric acid present were not indicated.

Basic Slag.

In sample F.65, the fineness of grinding was not declared, and in sample F.68 the percentage of phosphoric acid was not declared. Sample F.66 was deficient of 22 per cent. of the declared amount of phosphoric acid, and sample F.67 had only 69 per cent. of the required fineness of grinding, although 80 per cent. had been declared.

The other samples were satisfactory.

RAG FLOCK ACT, 1911.

No samples of rag flock were received during the year, but two samples of feathers (Nos. R.20 and R.21) ,used for a similar purpose, were submitted. These appeared reasonably clean, but when examined by the official method gave a soluble chlorine contents of 63 and 135 parts per 100,000 respectively. In the case of rag flock samples, 30 parts of chlorine per 100,000 is the maximum permitted. So far as I am aware, feathers do not come under the Rag Flock Regulations.

MISCELLANEOUS WORK FOR VARIOUS DEPARTMENTS.

In Table K is summarised samples received under this heading. Only one or two points of interest can be referred to.

Aluminium Cooking Vessels.

The incidence of food on health is well recognised, and in this connection the Health Authority takes considerable pains to ensure that only pure and wholesome food is available to the public. Unfortunately, its work has to end there, although it is pretty certain that for many individuals the advantages of pure food are ultimately negatived by errors of diet, atrocities of cooking and by lack of wisdom in judging the optimum amount to eat. Not much can be done by the Health Authority as such in these directions, but there is one aspect of the subject which suggests fairly logically where further protection might be afforded to the public. This concerns the question of cooking vessels—to ensure that along with pure food materials, only cooking vessels of proved suitability shall be available. We did some work a few years ago (see 1933 report) on enamel ware, and several brands which yielded considerable amounts of antimony to acid food stuffs were condemned.

The vexed question of aluminium ware came up again in 1936, and though there is considerable literature on this subject a few experiments were made to obtain first-hand knowledge. A new aluminium saucepan yielded nothing to cold tap water after 48 hours, or to boiling distilled water. Tap water of pH 7.4 brought to the boil and cooled contained 3.4 parts per million of aluminium. On boiling down, the final water contained only 0.2 parts per million of aluminium, the balance having been deposited on the sides of the pan.

Salt solution and dilute acetic acid (vinegar) removed more alumium than tap water, but 0.1 per cent. of tartaric acid in one experiment removed 7.0 parts per million. In a later experiment, when the sauce-

pan had developed an adherent film, 0.1 per cent. tartaric acid only removed 0.8 parts per million of metal. 0.1 per cent. washing soda attacked the pan vigorously on boiling, and the solution contained 212 parts per million of aluminium. It was concluded that although aluminium foil was suitable for wrapping many kinds of food and for capping milk bottles, aluminium ware for cooking purposes was not without possible danger under certain conditions, assuming that aluminium in quantity has toxic properties. It was recommended :—

(i) that it should be avoided when vegetables such as peas or cabbage were boiled with soda ;

(ii) that undue scouring should not be practised once an adherent protective film had developed, and

(iii) that water softened in an apparatus using the permutit principle be avoided, as such water contains soda alkalinity.

Fur Dermatitis.

A fur (Reference H.66) alleged to have caused severe irritation and rash was received for examination. An extract in 1 per cent. acetic acid gave brown colouring material which gave reaction for meta-toluylenediamine. This is a basic aromatic substance which has a reputation for being irritant to the skin. The fur was described as American opossum, but the microscopic appearance was typical of fox fur, the sheath showing bearded edges. The opinion was expressed that this formation would account for a certain amount of mechanical irritation, which might aggravate any chemical eczema caused by the dye.

Police Samples.

An epidemic of diarrhoea and vomiting among the guests of a local hotel after a lunch which included blackberry and apple pie caused the analysis of thirty samples of foodstuffs found in the hotel to be necessary.

Most of the samples were normal, but the residue of a tin of blackberries was found to contain comparatively large amounts of arsenic. Several unopened tins of the same brand of fruit were not affected. The vomit from one of the persons who had been ill also contained arsenic.

It was computed that the original tin of fruit had contained as much as 65.5 grains of arsenic, and that anyone eating a single portion of pie made from the fruit had taken over one grain of arsenic.

The only other sample received in which arsenic was found was a tin of weed killer. This was a blue dyed solution of sodium arsenite and contained 28.2 per cent. arsenic, or, 1,530 grains per pound.

It transpired during subsequent Court proceedings that some of the weed killer had been deliberately added to the blackberries by one of the staff after the tin was opened.

In another police case, two samples of pills and one of medicine were analysed. One of the former proved to be the ordinary Pennyroyal and Steel pills. These are sold in the open market and have a legitimate use. Under certain conditions, however, it is safe to assume that they can only have been given or taken with criminal intent.

The medicine also contained oil of pennyroyal.

ATMOSPHERIC POLLUTION.

Work on this subject was continued during 1936 on the same lines as in previous years, and the summarised results are given in Tables L, M and N. The figures are similar to previous ones in order of magnitude, but a slight increase in sulphur pollution was recorded in January, February and March over 1935.

General.

It is not to be expected that the air in the vicinity of large centres of population will be as pure as sea or mountain air. However, the compensating effect of trees and other vegetation, and the enormous capacity of the atmosphere for diluting small amounts of local pollution would make reasonably pure air achievable anywhere but for the gross polluting effect of coal smoke, chiefly from factory and domestic chimneys. Leicester has a few of the former but many of the latter, and with smoke as with other things "many a mickle makes a muckle."

There are also hotels, restaurants, cafés and offices where raw coal is consumed throughout the year ; and the considerable volume of traffic on the twenty miles of railway route within the City boundary must be responsible for an appreciable percentage of the total pollution recorded. There are many other minor sources of pollution including motor vehicles, and allotment holders' bonfires. Smoke from the latter is usually of a less objectionable nature than coal smoke, but unfortunately occurs in greatest volume in the evening when the atmosphere is cooling, and so the smoke tends to hang. Further, the fact that Leicester is situated in a hollow depression of the Soar Valley,

between Charnwood Forest and the Crown Hills, operates against the effective dissipation of locally produced smoke. These few remarks may help to explain the figures in Table L which may seem surprisingly high to the patriotic supporters of the "cleanest City" legend. There is certainly still room for improvement, but no particular reason why one should suddenly occur without an increased public consciousness towards smoke abatement.

During the ten years for which we now have records for atmospheric pollution in Leicester, a slow but definite improvement seems to have occurred, no doubt due to the more general adoption of gas and electricity for domestic purposes.

If the same rate of improvement is maintained in the future, Leicester should have a smoke-free atmosphere by A.D.2037, perhaps not a long while to wait for so much desired an object.

Our systematic observations were continued up to the 31st March, 1937, after which date they are being merged into a large-scale investigation of the atmospheric pollution around Leicester. The following few remarks give a brief explanation of this survey.

An enormous amount of atmospheric pollution data has been accumulated during recent years by various authorities all over the country. While the scientific interest of the subject is great, the ultimate object is to institute remedial measures to deal with whatever remains of the smoke problem, particularly in the large industrial areas.

To gain further information on the nature and distribution of various types of pollution, how that of one area affects another area, for instance, and so get a better appreciation of data already available, the Atmospheric Pollution Research Committee of the Department of Scientific and Industrial Research decided in 1935 to initiate a special survey in one selected centre using a large number of instruments.

Leicester was eventually selected as a suitable centre for carrying out this work, partly owing to its comparative isolation from other industrial areas ; and towards the end of 1936 Dr. Meetham, with two assistants, came to Leicester to commence this comprehensive survey. They will employ

Four Standard Deposit Gauges ;

Twelve Volumetric Sulphur Dioxide Apparatuses ;

Twelve Lead Peroxide Cylinders ;

Four Automatic Filters ;

Twelve Daylight Measurers.

The original sites at the Town Hall and Grey Friars are being retained for some of the instruments to get a measure of pollution at its probable densest for this area. The other sites are distributed roughly in two rings round this central position and including sites at Westcotes Maternity Home, University College and Abbey Pumping Station. On the outer ring which follows roughly the City boundary, sites at the Isolation Hospital, Braunstone Aerodrome, Saffron Hill Cemetery, City General Hospital and City Mental Hospital are being used. In addition, some apparatus is installed at two country sites, one at Roecliffe Manor in the north, and one at Glen Gorse in the south.

The number of variable factors which enter into the significance of atmospheric pollution readings are many—weather conditions, for instance. The Health Committee have therefore installed a meteorological station at the City General Hospital, the data from which will be invaluable when taken in conjunction with the other data obtained.

Important and valuable information should become available from this survey, which will probably take two or three years, and the results are awaited with interest. In the meantime, we have suspended our own independent observations and have placed the apparatus and sites at the disposal of Dr. Meetham with whom we shall co-operate in every possible way to help to make the investigation a success.

F. C. BULLOCK, B.Sc., F.I.C.,
City Analyst.

TABLE B.

Foods Analysed during 1936.

Sample.	No.
Butter	21
Margarine	19
Cream	6
Cheese	6
Ice Cream	3
Lard	12
Dripping	3
Shredded Suet	9
Bread	3
Flour	5
Grape Fruit Butter	2
Jam	20
Dried Fruit	19
Sugar	11
Barley Sugar	3
Sugar Pigs	13
Chocolates	1
Jelly	13
Gelatine	1
Sausage	14
Potted Meat	12
Bacon	2
Tinned Tomatoes	1
Coffee	6
Tea	12
Cocoa	6
Pepper	14
Mustard	5
Spirits	12
Beer	6
Wine	16
Malt Vinegar	21
Apples	2
Mussels, Oysters, etc. (see separate table)	38
Total	337

Drugs Analysed during 1936.

Sample.	No.
Bicarbonate of Soda	6
Magnesium Carbonate	3
Epsom Salts	8
Glauber's Salt	9
Health Salts	6
Lime Water	8
Hydrogen Peroxide	3
Glycerine	9
Flowers of Sulphur	3
Tartaric Acid	3
Cream of Tartar	3
Aspirin Tablets	9
Soda Mints	12
Tincture of Iodine	13
Ammoniated Tinct. Quinine	3
Sweet Spirits of Nitre	11
Paregoric	3
Prescriptions	6
Medicines	3
Mercury Ointment	5
Boric Ointment	5
Zinc Ointment	4
Castor Oil	4
Olive Oil	3
Camphorated Oil	3
Halibut Liver Oil	4
Cod Liver Oil	3
Almond Oil	3
Wyandotte	1
Total	156

TABLE C.

Milk Samples reported "Not Genuine."

(For action taken see page 229.)

No.	Sample.	Nature of Deficiency.
38	Formal	6% added water
1040	Informal	8% ,, ,,
1047c	,,	10% deficient Fat
1050c	,,	15% ,, ,,
759	Formal	4% ,, ,,
769	,,	12% ,, ,,
898	,,	4% ,, ,,
941	,,	26% ,, ,,
778	,,	6% ,, ,,
647c	Informal	11% ,, ,,
948	Formal	4% ,, ,,
657c	Informal	15% ,, ,,
660c	,,	5% ,, ,,
38	Formal	23% ,, ,, 2% deficient S.n.F.
697c	Informal	10% ,, ,,
706c	,,	5% ,, ,,
905	Formal	5% ,, ,,
76	,,	3% ,, S.n.F.
716c	Informal	12% ,, Fat
727	,,	6% ,, ,,
729	,,	5% ,, ,,
756c	,,	5% ,, ,,
979	Formal	12% added water

TABLE D.

Defective Samples other than Milk.

(For action taken see page 229.)

No.	Description.	Sample.	Nature of Defection.
	Drugs.		
1142	Soda Mints	Informal	3% Talc
S43	Medicine	Submitted by Public	Wrongly dispensed
480	Prescription	Informal	16.3% excess Potassium Iodide
858	Sweet Spirits of Nitre	,,	10% deficient Ethyl Nitrite
870	,,	,,	12% ,, ,, ,,
876	,,	,,	15% ,, ,, ,,
862	Lime Water	,,	70% ,, Calcium Hydroxide
868	,,	,,	59% ,, ,, ,,
875	,,	Formal	62% ,, ,, ,,
877	,,	,,	72% ,, ,, ,,
72	Tincture of Iodine	Informal	17.6% ,, Iodine
600	,,	Formal	16.4 % ,, ,,
1021	Mercury Ointment	Informal	Mercurial Ointment supplied
	Foods.		
1041	Sausage	Informal	141 parts per million Sulphur Dioxide
1044	,,	Formal	76 ,, ,, ,, ,,
18	,,	Informal	350 ,, ,, ,, ,,
98	Tinned Tomatoes	,,	Blown
688	Margarine	,,	0.01% Boric Acid
689	,,	Formal	0.01% ,, ,,
1097	Whisky	,,	8.5% added water
899	Barbadoes Soft Sugar	Informal	175 p.p.m. Sulphur Dioxide 3.25 grains of tin per pound
86	Malt Vinegar	,,	Artificial Vinegar
1049	,, ,,	,,	At least 88% Artificial Vinegar
1064	,, ,,	,,	,, 90.7% ,, ,,
1065	,, ,,	,,	,, 90.7% ,, ,,
S53	Flour	Submitted by Public	Presence of meal mites
S47	Milk Bottle	,,	Dirty bottle
S42	Marmalade	,,	Contained broken glass
1087	Black Currant Jam	Informal	90 p.p.m. Sulphur Dioxide
99	,, ,, ,,	Formal	71 ,, ,, ,,
1004	,, ,, ,,	Informal	18% deficient Blackcurrants
1007	,, ,, ,,	Formal	10% ,, ,,
1003	Raspberry Jam	Informal	34% ,, Raspberries
1008	,, ,,	Formal	30% ,, ,,

TABLE E.
Result of Bacterial Examination of Milk, 1936

Grade.	Total number examined.	Passed as satisfactory.	Total count too high.	B. Coli too numerous.	% satisfactory				
					1936	1935	1934	1933	1932
Under regulations in force till June 1st, 1936									
Certified..	22	19	2	2	86	89	85	76	71
Grade A (T.T.)	32	25	2	7	78	90.5	100	94	82
Grade A..	41	41	0	0	100	85.5	87	88	88.5
Under regulations in force after June 1st, 1936									
Tuberculin Tested and Tuberculin Tested (Certified)	76	56	5	17	74	—	—	—	—
Accredited	34	29	1	5	85	—	—	—	—
Tuberculin Tested (Pasteurised) ..	14	14	0	0	100	—	—	—	—
Pasteurised	92	84	8	(3)	91.5	84	71	90	70
Sterilised	27	27	0	0	100	87.5	75	100	100
Bottled and Raw	36	21	7	12	58	89	79	82	78
Accredited Applications	33	24	6	6	72.5	94.5	—	—	—
School Milks (Pasteurised)	167	148	18	(10)	88.5	82	78	66	84
Total	574	488	49	49 (62)	85.0	86.0	81.5	85.4	81.5

TABLE F.

Swimming Bath Waters Examined in 1936.

Bath	Period	No. examined	No. of satisfactory bacter. quality	Unsatisfactory		% passed as satisfactory
				Count too high	B. Coli too numerous	
Aylestone ..	April-Sept.	19	10	9	4	52
Spence St. ..	,,	5	5	—	—	100
Cossington St.	,,	6	5	1	1	83
Bath Lane ..	Sept.	1	1	—	—	100
Vestry St. ..	Jan.-Dec.	15	15	—	—	100
Total (Corporation Baths) ..		46	36	10	5	78
Kenwood ..	May-Sept.	7	7	—	—	100
Wyggeston Boys' School	,,	3	2	1	1	66
Lido ..		2	2	—	—	100
Total ..	.. ..	58	47	11	6	81

TABLE G.

Summary of Results from Corporation Baths during last 5 years.

Year.	1932	1933	1934	1935	1936
Number of samples ..	90	77	51	41	45
% satisfactory	43	54.5	74	90	78

TABLE H.

Shellfish Examined during 1936.

Sample	Total No. examined	Total No. satisfactory	% Clean										
			0	10	20	30	40	50	60	70	80	90	100
Oysters ..	13	13	–	–	–	–	–	–	4	1	2	2	4
Mussels ..	22	12	1	2	1	1	4	1	4	5	3	–	–
Miscellaneous	3	2	–	–	–	–	1	–	–	–	–	–	2
Total ..	38	27	1	2	1	1	5	1	8	6	5	2	6

TABLE 1.

Fertilisers and Feeding Stuffs Analysed during 1936.

Sample	Number	Number Unsatisfactory.		
		Composition Incorrect	Statutory Declaration Defective	Total
Sussex Ground Oats ..	3	—	—	—
Bone Meal	2	—	—	—
Ammonium Sulphate ..	4	2	2	4
Basic Slag	4	2	2	4
Miscellaneous Fertilisers	3	—	—	—
Total	16	4	4	8

TABLE J.

Samples Submitted by Members of the Public.

Marmalade	1
Medicine	1
Apples	2
Quaker Oats	1
Lager Beer	1
Milk, Milk Bottle	3
Barley Sugar Drops	1
Chocolate	1
Sausage	1
Kidney Beans	1
Flour	1
Total	14

TABLE K.

Miscellaneous Samples Examined for Various Departments

Health Department.

Rain Water	36
Sulphur Cylinders	74
SO_2 observations	362
Ultra-Violet observations	228
Total	700
Waters	26
Bath Water	58
Sewage	1
Breast Milk	41
Milk Bottles	2
Barley Sugar	2
Jam	3
Pie	1
Nerve Food	1
Hospital Supplies, Foodstuffs	20
,, Soap, Floor Polish, etc.	85
Medicine	1
Aluminium Saucepan	1
Fur (Dermatitis)	1
Bath Deposit	1
Gassing Solution	1
Skin Specks	1
Grits	3
	249
Total	979

City Mental Hospital.

Turpentine substitute	1
Milk (Bacterial)	3
,, (Chemical)	3
	7

City General Hospital.

Cerebro-Spinal Fluid	1

Education Department.

Milks	4
Well-water	1
	5
School Milk (Bacterial)	76
,, ,, (Chemical)	76
	157

Water Department.

Water (Chemical)	46
,, (Bacterial)	83
,, (Biological)	36
Aluminium Plates	3
Clay	2
Deposit	1
	171

City Surveyor.

Waters	2
Copper Pipe	1
Concrete Pipes	2
Sand	2
Tarmac	2
Soap	12
	21

Transport Department.

Lubricating Oils	24

P.A. Committee.

Soap	3

Lighting Department.

Oils	7

Watch Committee.

Drugs	3
Hotel Arsenic Case	30
	33

Leicester Frith.

Bread	1

Refuse Disposal Department.

Fertilisers, etc.	12

TABLE L.

Atmospheric Pollution.

Deposit Gauges : Average monthly figures for 1936.

Expressed as tons per square mile.

		Town Hall.	Jarvis St.	Ment. Hos.
Insoluble Matter	Tarry matter ..	0.30	0.24	0.21
	Soot	5.03	6.74	2.52
	Ash	13.80	10.31	5.45
Soluble Matter	Volatile Matter ..	2.22	2.56	2.35
	Ash	5.13	4.69	3.20
Sulphate as SO_3		2.44	2.25	1.36
Chloride as Cl		0.89	0.85	0.53
Ammonia as NH_3		0.22	0.34	0.16
Total Solids..		26.48	24.54	13.73

TABLE M.

Atmospheric Pollution.

Deposit Gauges : Average monthly figures for 1936.

Volumetric method of estimation of SO_2 at Grey Friars.

Month.	Number of determinations.	Sulphur Dioxide in parts per million by volume.		
		Average monthly figure.	Highest.	Lowest.
January ..	31	0.149	0.557	0.054
February ..	29	0.135	0.300	0.069
March	31	0.102	0.196	0.053
April	30	0.087	0.153	0.022
May	27	0.054	0.108	0.028
June	27	0.045	0.077	0.016
July	28	0.031	0.057	0.016
August ..	25	0.032	0.058	0.012
September ..	27	0.050	0.143	0.018
October ..	34	0.087	0.160	0.042
November ..	38	0.108	0.310	0.044
December ..	35	0.129	0.315	0.027

TABLE N.

ATMOSPHERIC POLLUTION:

Lead Peroxide Method for SO_2. Average Monthly Figures for 1936 in mgms. of SO_3 per 100 sq. cm. per day.

Station.	Town Hall.	Grey Friars.	Bentley's (nr cricket ground)	Central Av.	Evington.	Mental Hosp.	Aerodrome.
January ..	5.25	4.60	—	1.07	1.07	—	—
February ..	4.07	4.25	—	0.85	.99	—	—
March ..	3.54	3.35	—	0.75	.72	1.08	1.85
April ..	2.66	2.83	2.54	0.59	—	0.82	0.83
May	1.79	2.39	1.68	0.58	—	0.53	0.60
June	1.11	1.42	1.27	0.49	—	0.41	0.57
July	1.31	1.05	1.80	0.43	—	0.53	0.37
August ..	1.16	0.93	0.90	0.30	—	0.41	0.42
September ..	1.59	1.20	1.15	0.31	—	0.58	0.63
October ..	3.09	2.50	3.15	0.70	—	1.26	0.91
November ..	4.06	4.08	3.40	0.85	—	1.94	1.39
December ..	5.20	4.27	3.02	0.98	—	2.28	1.04
Average ..	2.98	2.75	2.10	0.66	.93	0.99	0.86

Report on the Sanitary Inspection Department

for the year 1936.

By

F. G. McHUGH, M.R.San.I.,

Chief Sanitary Inspector.

With foreword by the Medical Officer of Health.

COMMENT BY THE MEDICAL OFFICER OF HEALTH.

The report of the Chief Sanitary Inspector on the work of his Department for the year 1936, which follows this note, outlines, mainly in statistical form, the enormous volume of preventive health work that the Inspectors carry out. The following matters may be of special interest, but it is not suggested in any way that other sections of the Inspectors' work to which I do not refer are not even more important.

Every year the work of the Health Committee, particularly that of the Sanitary Department, becomes more and more diverse and exacting. The policy of Parliament is to promote every measure that will increase the health of the people. This policy, excellent as it is, nevertheless places such extra work on the department that at intervals an increase of staff inevitably becomes necessary. The delegation to the Health Committee of duties under the Shops Act, 1934 (full details of which will be found on page 234), the Slum Clearance Programme, the Overcrowding Survey and the extension of the City Boundary in April, 1935, required the appointment of eight additional Inspectors. Full details of these appointments will be found on page 213.

The Butchers' Markets, although improved as regards the screens, remain a difficulty to the department. See page 220.

The slaughter of animals for food on Sundays is still the subject of justifiable criticism.

I would draw special attention to the remarks relating to food shops with open fronts, especially to fishmongers' shops. While so much is done to preserve the good quality of the people's food supply, it is most unsatisfactory that certain shopkeepers should refuse the request of the Department and allow their fish and other foodstuffs to be contaminated by dust and mud splashing from the road, etc. Proper covered shop fronts will not act as a bar to salesmanship and will certainly protect the food.

Report of Chief Sanitary Inspector

for the year 1936.

STAFF.

The sanitary inspection staff consists of a Chief Inspector, a deputy Chief Inspector and 27 Inspectors.

In January nine inspectors were appointed, eight being additional inspectors to cope with extra work entailed by Slum Clearance, by the administration of the Shops Acts, on account of the extension of the city boundaries, and one to fill the vacancy occasioned by the resignation of Mr. W. E. Weir who secured the post of Chief Sanitary Inspector for the County Borough of Preston.

The names of those appointed are :—

Thos. Wm. Beresford	of Coventry.
Frank Burke	,, Sheffield.
Herbert Burley	,, Gloucester.
Thos. Hugh Evans	,, Stoke-on-Trent.
George Henry Fyfe	,, Sheffield.
Charles Jones	,, Glasgow.
Arthur McCartney	,, Liverpool.
George Vincent Penn	,, Darlington.
Arthur Smith	,, Stockport.

The clerical staff consists of a Chief Clerk (male), one male clerk, three shorthand typists (one temporary), a telephonist, and a uniformed messenger ; the services of the two latter are shared.

For the purpose of making a survey of the overcrowding conditions in the city the number of temporary clerks employed was increased from six to thirty. These were employed till about the end of the year when twenty-two were discharged. Eight clerks were retained till the early part of 1937.

Several of your Inspectors attended a course arranged primarily for Sanitary Inspectors at the College of Technology in "Sanitary Science as applied to Buildings and Public Works," during the winter session 1936-37.

SYNOPSIS OF SANITARY INSPECTION WORK.

An "inspection" is the first visit paid to premises.

A "re-inspection" is a visit made after notice has been given for the remedying of a defect.

	Inspections.	Re-inspections.	Total.
Re Accumulations	157	—	157
Agricultural Produce (Grading and Marking) Act	34	—	34
Re Animals, Poultry, Swine, etc.	35	—	35
Ashpits and Ashbins	101	—	101
Bakehouses—Factory	136	—	136
Non-Factory	93	—	93
Canal Boats	36	—	36
Cesspools	198	—	198
Closets—Water	3789	118	3907
Privies	7	—	7
Pails	35	—	35
Cold Stores	122	—	122
Common Lodging Houses—Day	40	—	40
Night	10	—	10
Complaints Received	2568	2289	4857
Complaints Confirmed	1927	4653	6580
Cowsheds	200	2	202
Dairies and Milkshops	441	4	445
Dangerous Structures	50	—	50
Drains Inspected—Smoke Tests	2419	344	2763
Chemical Tests	8	—	8
Colour Tests	266	—	266
Drains Inspected	4186	3140	7326
Ditches and Watercourses	25	—	25
Entertainment Houses	14	—	14
Factories	138	—	138
Fish Frying Premises	118	—	118
Food Manufacturing Premises	270	—	270
Food Warehouses	315	—	315
Houses re Contagious Disease	912	—	912
Houses re Contagious Disease Contacts	371	—	371
Houses re Disinfection	249	—	249
Houses re Overcrowding	119	—	119
Houses re Vermin	341	336	677
Housing Acts—Houses	547	2183	2730
Other Buildings	34	—	34
Housing Acts (Slum Clearance):			
Section 1—Houses	649	354	1003
Other Buildings	12	—	12
Section 19—Houses	112	545	657
Special Visits	1167	166	1333
Houses Let in Lodgings—Day	21	—	21
Hotel and Restaurant Kitchens	65	—	65
Ice Cream Premises	73	—	73
Markets—Cattle	89	—	89
Retail Meat	345	—	345
Fish and Fruit	435	—	435
Wholesale Fish and Fruit	619	—	619
Wholesale Meat	1048	—	1048
Wholesale Tripe	114	—	114
Carried forward	25060	14134	39194

	Inspections.	Re-inspections.	Total.
Brought forward	25060	14134	39194
Meeting with Owner or Tradesman	3958	—	3958
Merchandise Marks Act	678	—	678
Offensive Trade Premises ..	158	—	158
Piggeries	82	—	82
Shops—Meat	1101	—	1101
Fish	168	—	168
Fruit	266	—	266
Other Food Shops ..	456	—	456
Shops Acts	2500	1978	4478
Slaughterhouses—Corporation ..	1719	—	1719
Private ..	6464	—	6464
Schools	78	—	78
Smoke Observations	380	—	380
Special Visits re Smoke ..	186	—	186
Special Visits	4157	—	4157
Sewers, etc.	91	—	91
Street Gullies	23	—	23
Streets or Back Roads	11	—	11
Stables	26	—	26
Tips	49	—	49
Urinal—Public	42	—	42
Private	37	—	37
Van Dwellings	126	—	126
Workshops and Workplaces (excluding Bakehouses)	322	—	322
Yards and Courts	504	—	504
Grand Totals	48642	16112	64754

Notices—Served	—Informal	1706
	—Formal	91
Complied with	—Informal	1219
	—Formal	73
Samples—Food and Drug Acts		1403
Water		58
Bacteriological		575
Shell Fish		38
Milk for T.B.		175
Rag Flock Act		2
Fertiliser and Feeding Stuffs Act		13

CANAL BOATS.

The whole of the "available" boats on the register, viz., 51, are "Narrow" boats. Thirty-six boats were inspected during the year, these were occupied by 56 males, 21 females, and 10 children over five years, and 3 children under five years.

The condition of the boats was clean and satisfactory.

TABLE OF CESSPOOLS, PRIVIES AND PAIL CLOSETS IN CITY.

	Cesspools.	Privies.	Pail Closets.	Chemical Closets.
No. in City previous to extension of City Boundary, 1st April, 1935 ..	10	—	56	—
No. added to City at extension of Boundary ..	153	2	89	3
No. abolished during year 1936	2	—	—	—
No. remaining December, 1936	161	2	145	3

The Corporation sewers are being extended in various directions in the added area and it is anticipated that the number of cesspools will be very much reduced in the near future.

DISINFECTION.

The total number of articles of clothing, bedding, &c., disinfected by steam during the year was 1,224. The number of houses or parts of houses disinfected was 2,074.

The above figures include clothing, bedding, &c., from 1 house which was found to be in a verminous condition.

DISINFESTATION.

The number of Houses and Furniture treated by hydrogen cyanide—

Lots of household furniture treated	364
Old houses treated before demolition	233
Old houses treated before demolition by spraying..	222

DRAINS.

Voluntary Cleansing of Stopped Drains by Health Department.

Ninety-seven drains were attended to and of these 83 were unstopped immediately. In the remaining 14 cases the owners' attention had to be called to them.

ADMINISTRATION OF FACTORY AND WORKSHOP ACT, 1901.

In connection with Factories, Workshops, Workplaces and Home Work.

1.—Inspection of Factories, Workshops and Workplaces.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions. (4)
Factories	138	8	—
Workshops	260	—	—
Total	398	8	—

2.—Defects found in Factories, Workshops and Workplaces.

Particulars. (1)	Number of Defects.		Number of Prosecutions. (4)
	Found. (2)	Remedied. (3)	
Nuisances under the Public Health Act :—			
Want of Cleanliness ..	3	3	—
Want of Ventilation ..	3	3	—
Overcrowding	—	—	—
Other Nuisances	4	3	—
Sanitary Accommodation Insufficient	5	3	—
Offences under the Factory and Workshop Act ..	—	—	—
Total	15	12	—

3.—Home Work.

The number of lists received from employers was as follows: —

	Twice in the year		Once in the year	
	Lists.	Outworkers.	Lists.	Outworkers
Wearing Apparel (making)	39	536	29	375

4.—Other Matters.

CLASS (1).

Matters notified to H.M. Inspector of Factories :—

Failure to affix Abstract of the Factory and Workshop Acts (S. 133, 1901)		None
Action taken in matters referred by H.M. Inspector as remediable under The Public Health Acts, but not under the Factory and Workshop Acts (S. 5, 1901)	Notified by H.M. Inspector	14
	Reports (of action taken) sent to H.M. Inspector	14

Underground Bakehouses (S. 101) in use at the end of the year 1

IMPROVEMENTS TO HOUSES.	No. of Houses.
Separate internal water supply in place of taps in common yards	222
Additional water closets	208
Houses formerly with common yards and common sanitary conveniences, which have now been provided with separate yards, separate sanitary conveniences, internal sinks, taps, &c.	206

HOUSING ACT, 1930.

Removals from Clearance Areas : Nos. 8 (Britannia Street), 9 (St. Mark's Street and Grove Street) C.P.O., 10 (George Street), 13 (Fleet Street), 14 (Fleet Street Terrace), 15 (Upper Hill Street), 17 (Bow Street), 18 (Bedford Street), 19 (Upper George Street), 20 (Wharf Street), 21 (Upper George Street, No. 2), 22 (Bedford Street, No. 2), 23 (Wharf Street, No. 2), 24 (Bow Street, No. 2), 25 (Acton Street), 26 (Old Milton Street), 27(Dryden Street), 28 (Fleet Street, No. 2) C.P.O., 29 (Lee Street), 30 (Fleet Street, No. 3) C.P.O., 32 (Belgrave Gate), 34 (Marquis Street), 35 (Gravel Street) C.P.O.

38 (Garden Street), 39 (Orchard Street), 40 (Archdeacon Lane), 41 (Foundry Lane), and 42 (Norton Square) C.P.O., to John Freake's, Northfields and Braunstone Estates.

No. of families re-housed.	No. of persons re-housed.	No. of new houses used for re-housing.
Sec. 1. 309	1,169	309
Sec. 19. 100	357	99

FOOD SUPPLIES—SUPERVISION OF.

The whole of the Sanitary Inspectors on the staff, twenty-nine in number, are qualified Inspectors of Meat and Other Foods and all take a part in the supervision of the food supplies of the city.

Routine inspections are carried out at our Markets during the times they are held.

The Wholesale Fish & Fruit Market is held daily, the main business being carried out in the early part of the day.

The Retail Meat, Fish & Fruit Market is held throughout the day and evening on Wednesdays, Fridays and Saturdays and the various Sanitary Inspectors in turn are on duty there during the market hours. Foodstuffs condemned are deposited in a special place under our control at the Wholesale Market.

Complaints have been received and investigated respecting improper marking of goods, imported apples and tomatoes in particular. Advice has been given and in a few cases stall-holders have been warned.

An Inspector found a quantity of Cat-fish exposed for sale in the Retail Fish Market labelled as Hake and he purchased a pound of the fish for 8d. The price per pound at the time was Cat-fish 4d. to 5d. and Hake 8d. to 9d. Legal proceedings for contravention of the Merchandise Marks Act 1887-1926 were contemplated, but the Town Clerk advised that action should have been taken under the Food and Drugs (Adulteration) Act 1928, by purchasing a sample of the article in question at the time of the offence, after which the vendor should have been indicted for selling an article of food "to the prejudice of the purchaser".

The stall-holder was cautioned.

I fear there would be considerable difficulty regarding the issue of the "Certificate of the Public Analyst" on his analysis of a sample of Cat-fish or Hake and there would be further difficulty I think if the Public Analyst were called by the defence to give evidence on his analysis.

Arsenic Deposit on Apples.

On one occasion the Medical Officer of Health purchased in the Retail Market for his own use some imported apples (Virginia, U.S.A.) and he noticed that the majority had what appeared to be deposits of arsenic near the stalks.

The apples were examined by the Public Analyst who found the deposits were copper arsenate, but the amount 1/300 gr. per lb., was not considered dangerous to the consumer.

About 10 years ago there was a certain amount of Press publicity at the use of lead arsenite as a "spray" for apple trees to combat the activities of certain insect pests, but I think it was generally found that the amount of arsenic remaining on the apples was insignificant.

Butchers' Stalls.

The butchers' stalls in the open market still demand a lot of our attention and it will continue so till a proper covered and equipped butchers' market is provided by the Corporation. The least troublesome part of the meat market now is the portion known as the West Market which is covered and enclosed permanently.

It must not be thought that our only trouble is the screening of the lls along the back and on two sides to prevent contamination of meat by mud or filth being splashed or blown thereon, but there are other hygienic considerations e.g. impervious floors capable of being readily cleansed from grease and filth, washing facilities for assistants' personal washing and for the cleansing of utensils and the proximity of open drains such as exist in our open market.

All over the city the department is dealing under the recent Shops Acts, with the sanitary condition and equipment of shops, and this is particularly important in those shops where foodstuffs are handled and attention must sooner or later be turned to stalls, which come within the definition of the term "Shop" under these Acts.

Regarding the definition of the term "Shop" a High Court Judge said "It seems to me to be quite clear that the ordinary dictionary meaning of 'shop' is a place where ordinary retail selling and the serving of customers takes place."

Another serious disadvantage of the butchers' stalls as they exist to-day is the supervision of the incoming meat. Much of the meat brought to the market is not from our own slaughterhouses, where our Inspectors have the opportunity of examining it during the process of slaughter and of seeing the organs of every carcase, but it comes from

outside our area and in many cases the organs are not brought in with the carcases. Our present Retail Market has 14 different entrances and I wish to stress the very great difficulty our Inspectors have in watching all these approaches, particularly after nightfall, in their endeavour to inspect all the meat offered for sale in the Market.

During the month of May the Medical Officer and I, owing to a number of complaints received, visited the butchers' stall area and took particulars of about a dozen butchers whose stalls were not properly screened. They were cautioned both verbally and by letter. One of these butchers, however, was found to be contravening the Meat Regulations two months later and proceedings were taken and a conviction obtained.

Inspection of Meat in Slaughterhouses.

There are 63 slaughterhouses in Leicester, including a group of 19 owned by the Corporation at the Cattle Market, and the supervision of these premises, which are scattered over the city, occupies a considerable amount of the Inspectors' time.

Each Inspector is responsible for the slaughterhouses on his district and every effort is made to be there during slaughtering operations.

It is most unsatisfactory that so much slaughtering is done on Sundays; in fact Sunday is the heaviest killing day of the week, except perhaps during the very hot weather.

Something like 450 animals are slaughtered each Sunday and I think this is regrettable if only on account of the bad situation of the slaughter-houses in relation to dwelling-houses.

While the discussions are going on regarding the provision of a public abattoir several of the private slaughterhouses are falling into such a bad state of decay that they have become dangerous structures. Two slaughterhouses were found in this condition during the year, one was demolished and action was being taken at the end of the year for the demolition of the other.

Food shops with open fronts.

Since the Public Health (Meat) Regulations 1924 came into operation great progress has been made in having butchers' and grocers' shops fitted with fixed glass fronts. In a few cases it is true the enclosing of

the shop was only undertaken on a threat of legal proceedings following contamination of meat.

It is unfortunate that all foods shops may not be dealt with in this way, but only those where meat is sold.

There are many fishmongers' shops in the city with open fronts where no precautions whatever are taken, in the words of the above Meat Regulations, "to prevent mud, filth or other contaminating substance being splashed or blown thereon," that is on to the fish exposed for sale.

The Medical Officer of Health and I have made representation on the matter to several fishmongers, but so far without results. It is not necessary from the point of view of the wholesomeness of the fish that the fronts of the shops should be open. A fishmonger's shop can be equipped with a satisfactory glass front just as a butcher's or a grocer's shop can. However, till fresh legislation appears we can only endeavour to persuade fishmongers to make their shops as hygienic as some of our butchers and grocers have made theirs.

SUMMARY OF FOODSTUFFS CONDEMNED.

TABLE A.

	Tons.	Cwts.	Qrs.	Lbs.
Meat	104	10	0	13
Fish	20	18	1	16
Fruit	6	18	2	11
Vegetables	35	18	3	11
Rabbits		..	1,889	
Preserved Foods (Tinned Goods)		..	8,940	
Poultry		..	305	
Eggs		..	219	
Hares		..	16	
Game		..	180	
Bacon		..	..	31
Sugar		..	..	90
Salad Cream			848 bottles	
Chestnuts		..	1,400	

TABLE B.

Total weights of British and Imported Meat and Offal rejected, at various premises.

	Tons.	Cwts.	Qrs.	Lbs.
British Meat	78	8	2	13
Imported Meat ..	1	10	1	19
British Offal	24	8	2	6
Imported Offal	—	2	2	3
Total Weight ..	104	10	0	13

	British Meat.				Imported Meat.				British Offal.				Imported Offal.			
	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.
Shops	–	–	–	–	–	–	3	–	–	–	–	–	–	–	–	–
Private Slaughterhouses ..	12	9	3	24	–	–	–	–	2	19	–	4	–	–	–	–
Cattle Market .. „ ..	62	13	2	15	–	–	–	–	21	9	0	8	–	–	–	–
Cold Stores	3	3	1	27	–	16	2	23	–	–	1	22	–	–	–	–
Retail Market	–	1	2	3	–	–	–	14	–	–	–	–	–	–	–	–
Wholesale Market (Imported)	–	–	–	–	–	12	3	10	–	–	–	–	–	2	2	3
Totals	78	8	2	13	1	10	1	19	24	8	2	6	–	2	2	3

TABLE C.

Total weights of Carcases, Parts of Carcases, and Offal, rejected for all diseases.

	Carcase.				Parts of Carcase.				Offal.				Total.			
	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.
Tuberculosis	26	5	2	15	26	18	3	13	13	7	1	14	66	11	3	14
Other defined Diseases ..	18	19	3	20	7	14	2	12	11	3	2	23	37	18	0	27
Totals	45	5	2	7	34	13	1	25	24	11	0	9	104	10	0	13

TABLE D.

Total number of Carcases found affected, for various diseases.

Carcases affected with Tuberculosis.	Carcases affected with other defined diseases.	Total number of Carcases affected. (All diseases)
3837	3714	7551

Number of healthy Carcases examined not available.

TABLE E.

Number of Carcases showing evidence of Tuberculosis and number of entire Carcases rejected.

	Beasts.	Calves.	Pigs.	Total.
Number of Carcases affected	1280	18	2539	3837
Number of entire Carcases rejected ..	103	3	33	139

TABLE F.

Total number of Carcases rejected for Tuberculosis and other defined diseases.

Disease.	Bulls.	Cows.	Heifers.	Bullocks.	Calves.	Sheep.	Lambs.	Pigs.	Total of all Carcases.
Tuberculosis ..	–	69	20	14	3	–	–	33	139
Other defined diseases	–	34	11	7	30	151	11	60	304
Totals ..	–	103	31	21	33	151	11	93	443

TABLE G.

Total number of all Carcases, parts of Carcases, and Offal, rejected for all diseases.

Disease.	Carcases.	Parts of Carcases.	Offals of Carcase.	Total number affected
Tuberculosis	139	3050	648	3837
Other defined diseases ..	304	476	2934	3714
Totals	443	3526	3582	7551

TABLE H.

Total number of Carcases, parts of Carcases and Offal condemned in :—

	Carcases.	Parts of Carcases.	Offals of Carcase.	Total number affected.
Corporation Slaughterhouses (including Co-operative Society Slaughterhouse at Cattle Market)	337	3228	3392	6957
Private Slaughterhouses ..	100	126	163	389
Shops, Markets and other Premises	6	172	27	205
Totals	443	3526	3582	7551

TABLE I.

Tabulated List of other defined Diseases and their incidence in Carcases rejected.

Disease.	Cows.	Heifers.	Bullocks.	Calves.	Sheep.	Lambs.	Pigs.	Total.
Malignant Neoplasm ..	1	–	–	–	–	–	–	1
Dropsy	5	2	2	2	84	1	5	101
Fever—Acute	4	2	–	3	13	–	5	27
Joint Ill..	–	–	–	1	–	–	–	1
Pneumonia	–	1	2	1	3	–	2	9
Decomposition ..	–	–	–	2	6	–	1	9
Emaciation	1	2	–	–	8	2	1	14
Asphyxia	–	–	1	1	9	1	2	14
Dead Animals ..	2	1	–	4	23	4	22	56
Immaturity	–	–	–	13	–	2	–	15
Bruising—Extensive ..	–	–	–	1	2	1	–	4
Black Leg	–	1	–	–	–	–	–	1
Septic Metritis ..	2	–	–	–	–	–	1	3
Septicæmia	4	1	1	–	–	–	1	7
Pyæmia	–	–	–	–	1	–	–	1
Johnnes' Disease ..	12	–	1	–	–	–	–	13
Jaundice	–	–	–	–	–	–	2	2
Swine Erysipelas ..	–	–	–	–	–	–	15	15
Acute Enteritis ..	1	1	–	1	1	–	3	7
Swine Fever	–	–	–	–	–	–	–	–
Septic Pericarditis ..	1	–	–	–	1	–	–	2
Uræmia	1	–	–	1	–	–	–	2
Total	34	11	7	30	151	11	60	304

Inspection of Dairy Cows.

The arrangement whereby the Chief Veterinary Officer of the Leicestershire County Council does the inspection of dairy cows for the city continues to work satisfactorily.

Under the Milk (Special Designations) Order, 1936, he made 12 visits to the premises of cowkeepers who are on the Accredited Roll and examined 320 cows. He found the standard of health very good, and only one cow suffering from Mastitis.

Under the Milk and Dairies Order, 1926, he visited the premises of 20 producers of ordinary milk, making 41 inspections. 898 cows were examined, 7 were found to be suffering from Tuberculosis with chronic cough and were slaughtered under the Tuberculosis Order, and 29 cows had Mastitis.

He took and examined microscopically 21 samples of milk and four of sputa. The four sputa samples contained tubercle bacilli and the cows concerned are included in the 7 which were slaughtered.

All dairy cows removed for slaughter are sent to one of our Corporation slaughterhouses at the Cattle Market and not to a knacker's yard.

Four licences were issued to cowkeepers to use the designation "Grade A" after the herds had been duly inspected and the premises reconstructed and put into a good sanitary condition.

Improvements to Cowsheds.

The improvements to cowkeepers' premises in the city are going along steadily. At one Corporation-owned farm a new shed housing 12 cows, a new dairy and dairy wash-house have been built.

At another cowshed where a Grade "A" licence was granted a septic tank with subsoil irrigation and a new system of foul drainage have been installed, two new water-closets provided, brick walls substituted for wooden fronts and wooden partitions, all cowshed walls rendered internally to a height of 5 feet with cement mortar with Parian cement finish, new concrete floors laid down and feeding troughs constructed with cement concrete, roof lighting and ventilation have been provided, a dairy and wash-house have been constructed and a new boiler installed with sterilising chamber and washing trough with live steam inlet.

This latter shed represents the standard of the work the Department is carrying out to cowsheds.

Milk and Dairies Order 1926.

	Number	Number refused	Number granted
Applications for registration of premises as "dairies"	7	3	4
Applications for registration of persons as "dairymen"	14	—	14

SAMPLING.

Food and Drugs (Adulteration) Act.

NUMBER OF SAMPLES TAKEN FOR CHEMICAL ANALYSIS.

1932	1933	1934	1935	1936
1470	1140	1099	1025	1403

Number of Samples taken under Fertilisers and Feeding Stuffs Act, 1926 13

Number of Samples taken under Rag Flock Act, 1911 .. 2

Milk (Special Designations) Order, 1923.

NUMBER OF SAMPLES TAKEN FOR BACTERIOLOGICAL EXAMINATION.

1932	1933	1934	1935	1936
352	365	380	362	575

ADMINISTRATIVE ACTION REGARDING SAMPLES NOT REPORTED TO BE GENUINE.

(For details of analysis, see Report of the Public Analyst, pages 202 and 203.)

Milk Samples Reported Not Genuine.

Sample No.	Article.	Formal.	Informal.	Remarks.
1040	Sterilised Milk	—	1	Repeat sample taken. Reported "genuine"
1047	Grade A (T.T.) Milk	—	1	Ditto
1050	Pasteurised Milk			Ditto
647	Grade "A" Milk	—	1	Repeat sample reported "not genuine." See No. 948.
657	Certified Milk	—	1	Copy of Certificate forwarded to Ministry of Health.
660	Grade A (T.T.) Milk	—	1	Followed up. Repeat sample "genuine"
948	Grade "A" Milk	1	—	Taken in connection with No. 647. Cautioned by C.S.I.
759	Milk	1	—	Repeat samples reported "not genuine." See Nos. 941 & 778
769	,,	1	—	Repeatsamplesreported"genuine" Cautioned before Committee
898	,,	1	—	Ditto
941	,,	1	—	Taken in connection with No. 759 Cautioned before Committee
778	,,	1	—	Ditto
38	,,	1	—	Producer and dealer interviewed and cautioned by M.O.H. and C.S.I. Repeat sample reported "genuine"
697c	Certified Milk	—	1	Repeat sample reported "genuine" Cautioned by M.O.H.
706c	Grade A (T.T.) Milk	—	1	Cautioned by M.O.H.
905	Milk	1	—	Repeatsamplesreported"genuine" Cautioned by M.O.H.
76	,,	1	—	Cautioned by M.O.H.
716c	Accredited Milk	—	1	Ditto
727	,,	—	1	Ditto
729	,,	—	1	Ditto
756c	T.T. (Cert.) Milk	—	1	Repeat sample reported "genuine" Cautioned by M..OH.
979	Milk	1	—	Summary proceedings taken. Vendor fined 10/-

Samples other than Milk Reported Not Genuine

Sample No.	Article.	Formal.	In-formal.	Remakrs.
86	Malt Vinegar	—	1	Cautioned by M.O.H.
1142	Soda Mints	—	1	No action taken
1087	Black Currant Jam	—	1	Repeat sample reported "not genuine." See No. 99
99	Ditto	1	—	Taken in connection with No. 1087. M.O.H. communicated with dealers.
858	Sweet Spirits of Nitre	—	1	Repeat sample reported "not genuine." See No. 876
870	Ditto	—	1	Repeat sample reported "genuine" Cautioned by M.O.H.
876	Ditto	1	—	Taken in connection with No. 858 Cautioned by M.O.H.
862	Lime Water	—	1	Repeat sample reported "not genuine." See No. 877
877	Ditto	1	—	Taken in connection with No. 862 Cautioned by M.O.H.
868	Ditto	—	1	Repeat sample reported "not genuine." See No. 875.
875	Ditto	1	—	Taken in connection with No. 868 Cautioned by M.O.H.
18	Sausage	—	1	Repeat sample reported "genuine" Cautioned by M.O.H.
899	Barbados Soft Sugar	—	1	Action left to London (Stepney) Authorities. Stock surrendered and destroyed.
72	Tincture of Iodine	—	1	Repeat sample reported "not genuine." See No. 600.
600	Ditto	1	—	Taken in connection with No. 72 Cautioned by M.O.H.
1003	Raspberry Jam	—	1	Repeat sample reported "not genuine." See No. 1008.
1008	Ditto	1	—	Taken in connection with No. 1003. Summary proceedings taken. Case withdrawn
1004	Blackcurrant Jam	—	1	Repeat sample reported "not genuine." See No. 1007.
1007	Ditto	1	—	Taken in connection with No. 1004. Cautioned by M.O.H.
1021	Mercury Ointment	—	1	Repeat sample reported "genuine" Cautioned by M.O.H.
1041	Sausage	—	1	Repeat sample reported "not genuine." See No. 1044
1044	Ditto	1	—	Taken in connection with No. 1041. Cautioned by M.O.H.

Samples other than Milk Reported Not Genuine—*continued.*

Sample No.	Article.	Formal.	In-formal.	Remarks.
1049	Malt Vinegar	—	1	Repeat sample reported "genuine" Cautioned by M.O.H.
98	Tinned Tomatoes	—	1	Matter taken up with Wholesale Dealers.
1064	Malt Vinegar	—	1	Followed up. Repeat sample reported "genuine."
1065	Ditto	—	1	Ditto
1080	Mussels	—	1	
1081	Ditto	—	1	
502	Ditto	—	1	
505	Ditto	—	1	
507	Ditto	—	1	M.O.H. communicated with towns where mussels grown also with retail dealers
511	Ditto	—	1	
513	Ditto	—	1	
514	Escallops	—	1	
519	Mussels	—	1	
522	Ditto	—	1	
523	Ditto	—	1	
688	Margarine	—	1	Repeat sample reported "not genuine." See No. 689.
689	Ditto	1	—	Taken in connection with No. 688. Cautioned by M.O.H.
1097	Whiskey	1	—	Summary proceedings taken—vendor fined £5 0s. 0d.
480	Prescription	—	1	Cautioned by M.O.H.

EXAMINATION OF MILK FOR PRESENCE OF TUBERCLE BACILLI.

Milk and Dairies (Consolidation) Act, 1915.

Number of Samples of Milk taken for microscopical and biological examination for Tubercle Bacilli—

Year.	1932	1933	1934	1935	1936
Number taken ..	122	171	171	164	175
Percentage containing Tubercle Bacilli	9.8	.58	1.17	3.0	5.14

Details respecting samples taken, 1936.

	Number of Samples taken.	Number reported containing Tubercle Bacilli.	Number reported negative.	Number unsatisfactory although negative as regards Tubercle Bacilli.
Cowkeepers with registered premises within City boundaries ..	55	-	42	13
Cowkeepers with premises outside City boundaries ..	120	9	92	19
Totals ..	175	9	134	32

Remarks.

In previous years only one guinea pig has been used for each sample of milk. This year the procedure has been changed and two guinea pigs are used for each sample. Two reports are received on each sample of milk ; the first one three weeks and the second one six weeks after inoculation.

City Herds.

Of the 55 samples of milk produced inside the City 42 were reported negative and 13 reported as unsatisfactory although negative as regards tubercle bacilli.

The post-mortem examinations of the guinea pigs inoculated with milk for which unsatisfactory reports were received are as follows :—

8 samples :	1st report. Animals died of causes other than T.B. 2nd report. Negative.
2 ,,	1st report. Animals died. 2nd report. Negative.
2 ,,	1st report. Animals died almost immediately after injection. 2nd report. Negative.
1 ,,	Both animals died from an intercurrent infection. This sample was repeated and both 1st and 2nd reports were negative.
13 ,,	Total.

County Herds.

Of the 120 samples taken from cowkeepers with premises outside the City boundary 92 were reported negative ; 9 were reported positive (these were referred to the County Authority for action) ; and 19 were reported as unsatisfactory although negative as regards tubercle bacilli.

The post-mortem examinations of guinea pigs inoculated with milk for which unsatisfactory reports were received are as follows :—

4 samples :	1st report.	Animals died from an intercurrent infection.
	2nd report.	Negative.
4 ,,	1st report.	Animals died almost immediately after injection.
	2nd report.	Negative.
9 ,,	1st report.	Animals died from causes other than T.B.
	2nd report.	Negative.
2 ,,	1st report.	Negative.
	2nd report.	Animals died from causes other than T.B.
	These two samples were repeated and reported positive.	
19 ,,	Total.	

T.B. Milk Samples Outstanding from 1935 Annual Report.

The three samples taken from City herds last year and which were to be reported upon in this year's Annual Report were found to be negative.

Of the 27 samples taken from County herds last year which were to be reported upon in this year's Report 25 were negative ; 1 positive (this was referred to the County Authority for action) ; and 1 was unsatisfactory although negative as regards tubercle bacilli.

The post-mortem examination on guinea pig inoculated with milk for which an unsatisfactory report was received is as follows :

Animal died from causes other than T.B.	Sample repeated and reported negative.

OFFENSIVE TRADES.

Particulars of all offensive Trades in the City.

Number of Tripe Dressers	13
,, Marine Store Dealers	12
,, Tallow Melters	1
,, Fellmongers	1

RENT RESTRICTIONS ACTS, &c.

Six certificates were issued under the above Acts.

SHOP ACTS.

With the advent of the Shops Acts, 1934, the work entailed under the Shops Acts, 1912-1934, with the exception of the Shop (Hours of Closing) Act, 1928, and the Hairdressers' and Barbers' Shops (Sunday Closing) Act, 1930, was transferred from the Watch Committee to the Health Committee.

Since February of this year four Sanitary Inspectors have been wholly employed on this work.

Premises to which the Acts apply are :—

(a) Retail Shops.
(b) Wholesale Shops.
(c) Warehouses.

The Shops Act, 1934, which came into operation on the thirtieth day of December, 1934, contains additional provisions to the previous Acts, which are intended to secure improved arrangements for the health and comfort of all shop workers and regulate the hours of employment of *young* persons, i.e., persons between the ages of 14 and 18 years.

The Act makes a 48-hour week compulsory for all employees under 18 years of age, and notices must be posted by employers setting out the hours worked by all such employees. This entails much re-inspection of shop premises to ensure compliance.

A certain amount of overtime is allowed between the ages of 16 and 18 years and this must be recorded on a separate form.

Section 10 of the Act, 1934, concerns entirely the health and comfort of all employees in shops and governs the following :—

Ventilation.
Lighting.
Sanitary conveniences.
Washing facilities.
Facilities for meals.
Heating.

The matter of the heating of shops is very controversial throughout the country, especially in food shops—butchers and fishmongers. While no definite temperature or standard has yet been laid down much good work has been done in the heating of shops, including food shops, and opposition to our demands is lessening.

The major portion of the work of the Department is to see that the best possible conditions and arrangements are available for all shop assistants.

The provisions of the Shops Acts, 1912, relating to seating accommodation for females and intervals for meals and rest, have also received due attention.

In certain cases where it has been impossible or impracticable to provide sanitary conveniences or washing facilities in strict accordance with the Shops Acts, 1934, exemption certificates as provided for by the Act have been granted by the Health Committee after very careful consideration of each case. For the most part, certificates granted have been in respect of small lock-up shops and kiosks, and recommendation is only made following a detailed inspection of the premises concerned, in order to guarantee that suitable accommodation for the employees is readily and conveniently available at all times during the period of employment.

Particulars of Inspections and Visits up to 31st December, 1936.

Shops Inspected and Recorded	2,500
Re-Inspections due to Contraventions	1,978
Informal Notices served on Owners or Occupiers	599
Notices Abated	185
Letters sent re Contraventions	97
Meetings with Owners or Representatives	337
Applications for Exemption Certificates	30
Exemption Certificates Granted	19
Exemption Certificates not Granted	11

Contraventions, Welfare Clauses, Section 10.

Ventilation	72
Lighting	15
Sanitary Conveniences	212
Washing Facilities	191
Facilities for Meals	74
Heating	81

Other Contraventions.

Forms not provided or exhibited	488
Young persons' hours excessive	54
Shop seats for females not provided	7
Assistants half-holidays incorrect	11
Meal intervals incorrect	29

Special Complaints.

Complaints received	17
Excessive hours of young persons	2
Assistants' half-holiday	6
Meal Intervals	6
No facilities for meals	1
Inadequate Heat	2

Work Done.

Adequate ventilation provided	21
Reasonable temperature provided	10
Lighting made satisfactory	1
New water-closets provided	38
Water-closets repaired	17
Washing facilities provided	44
Reasonable facilities for meals provided	20
Total number of water-closets inspected	3,262
Workshops inspected	254

SLAUGHTERHOUSES.

Particulars of all Slaughterhouses in the City.

Registered Private Slaughterhouses	39
Licensed Private Slaughterhouses (includes two Knacker's Yards)	3
Corporation Slaughterhouses situated at Cattle Market and let off as Private Slaughterhouses	19
Corporation Slaughterhouses situated at City Hospitals :	
City Mental Hospital	1
City General Hospital	1
Total Slaughterhouses	63

N.B.—The City Hospital Slaughterhouses were omitted from the Annual Report last year.

SMOKE ABATEMENT.

Action taken re smoke nuisances :—

Observations taken of chimney stacks	380
Chimneys reported for causing nuisance	6
Cautions by Inspectors	6
Interviews of Engineers or Stokers by Inspectors	9
Informal Notices or Letters sent	6
Prosecutions	2

LEGAL PROCEEDINGS.

Public Health (Smoke Abatement) Act, 1926	2
Public Health (Meat) Regulations, 1924	2
Food and Drugs (Adulteration) Act, 1928	2
Bye-laws with respect to Slaughterhouses	1
Appeals (Housing Act, 1930)	2
Offences Against Persons Act, 1861	1

WORK CARRIED OUT IN DEFAULT OF OWNERS.

Public Health Acts, 1875. Sec. 41 (re-drainage of houses)	3

LEGAL PROCEEDINGS.

Acts, Bye-laws or Regulations under which proceedings were instituted.	Default or Offence.	Result.	Fines. £ s. d.	Costs. £ s. d.
Slaughter of Animals Act, 1933	Failing to use mechanical killer	Conviction : (1) Slaughter-man .. .. .. (2) Ditto .. .. (3) Wholesale butcher, aiding and abetting	 2 0 0 — 3 0 0	 — 4 0 4 0
Offences Against Persons Act, 1861	Assaulting Sanitary Inspector	Conviction	1 0 0	—
Public Health (Smoke Abatement) Act, 1926. Byelaws made thereunder	Excessive smoke emitted from factory chimney	Conviction : Firm fined .. .. .. Stoker fined	 1 0 0 10 0	 — —
Ditto	Ditto	Conviction	1 0 0	—
Public Health (Meat) Regulations, 1924. Part IV (Stalls)	Failing to screen meat stall properly	Conviction	1 0 0	—
Ditto. Part II (Slaughter-houses and Slaughtering)	Removing evidence of disease from beast's head	Case dismissed on payment of costs		4 0
Food and Drugs (Adulteration) Act, 1928	Selling jam deficient 30 per cent. fruit	Case withdrawn—Warranty expired	—	—
Ditto	Selling whiskey deficient 5.5 per cent. of proof spirit	Conviction .. .. (Proceedings taken early in 1937)	5 0 0	—

F. G. McHUGH, M.R.San.I., M.S.I.A., *Chief Sanitary Inspector.*

APPENDIX VIII.

Report on the Work of the Venereal Diseases Clinics

for the year 1936.

By

C. HAMILTON WILKIE, M.B., Ch.B., B.Sc.

and

BESSIE W. SYMINGTON, M.D., B.S. (Lond.).

With foreword by the Medical Officer of Health.

COMMENT BY THE MEDICAL OFFICER OF HEALTH.

In submitting the report of the work of the Venereal Diseases Officers for the year 1936, I desire to draw attention to one or two points of special interest.

Male Section.

The clinics have been working in a most satisfactory manner. This is evidenced by the great increase in the number of cases and of the attendances paid. It should, however, be pointed out that these facts do not necessarily mean an increase of disease but rather that the clinic service is becoming better known. This is shown by the increasing number of non-venereal cases that attend the clinics, as is indicated by Graph 2.

No doubt the excellent lectures given by Dr. Wilkie have helped much to advertise the service available.

Female Section.

Here, too, the work done during the year has been noteworthy. Lectures have been given and have been well attended.

One unsatisfactory feature of the work is that it would appear that the age of incidence of disease, particularly in girls, is becoming less. This would suggest an increase of promiscuity, due no doubt to ignorance of its dangers.

Consideration has been given to this problem and arrangements have been made to supply plaques giving a definite warning about the dangers of venereal disease to all firms in the City who will accept them. These plaques will be exhibited in the staff lavatories, and 450 are being prepared. I desire to thank those firms who have expressed their willingness to co-operate in the matter. It is hoped that these plaques may act as a timely warning.

1. Report on the Male V.D. Treatment Centre for the Year 1936

(Leicester and Leicestershire)

By

C. HAMILTON WILKIE, M.B., Ch.B., B.Sc.

I herewith submit the Annual Report on the work of the above Treatment Centre for the year 1936.

The Report is divided into the following sections :—

A. The Male V.D. Treatment Centre.
B. Statistics.
C. Defaulters.
D. Propaganda Work.
E. Notes on Treatment and on Tests of Cure.
F. Concluding Remarks.

Table I. From Report to Ministry of Health (City and County Cases separated).

SECTION A.

The Male V.D. Treatment Centre.

The V.D. Treatment Centre is at Leicester Royal Infirmary. It consists of both Out-Patient and In-Patient Departments.

The Out-Patient Male Clinic is held in the general Out-Patient Department of the Infirmary at times when no other Clinic is in session.

Adjoining the Out-Patient Department is an irrigating treatment room.

The Male In-Patient Department consists of a ward with six beds, a small side ward with one bed, a treatment room, and office, etc. It adjoins the Female In-Patient Department.

The Male V.D. Staff consists of two Medical Officers, a Senior Male Attendant and two Male Porters. General ward work is conducted by the female nursing staff, in charge of a Sister.

The Clerical Staff and Dispensers of the Infirmary render valuable assistance.

The Pathological Department is responsible for the major part of the pathological work of the V.D. Department. Some of the microscopical work is done by the Senior V.D. Medical Officer in the V.D. Department.

Days and Hours for Medical Examination and Treatment (Males only) :—

Examination and Treatment by Medical Officers : Monday 3 to 3.30 p.m. (children) ; Monday 3.30 to 4.30 p.m. (adults) ; Wednesday 6.30 to 7.30 p.m. ; Thursday 5 to 6.30 pm.. ; Friday 6.30 to 7.30 p.m. Usual duration of each session two to three hours. Acute emergency cases seen at any time between 9 a.m. and 9 p.m.

Irrigations, etc., under supervision of Male Nurse : Daily, 9 to 12 noon, and 5.30 to 7.30 p.m. ; Saturday 9 to 1 p.m. ; Sunday, Ward work only. If necessary, Senior V.D. Officer is in attendance.

SECTION B.

Statistics.

The total number of new Male cases for the year 1936 was 746 (1935—639), an increase of 107 cases as compared with those of 1935.

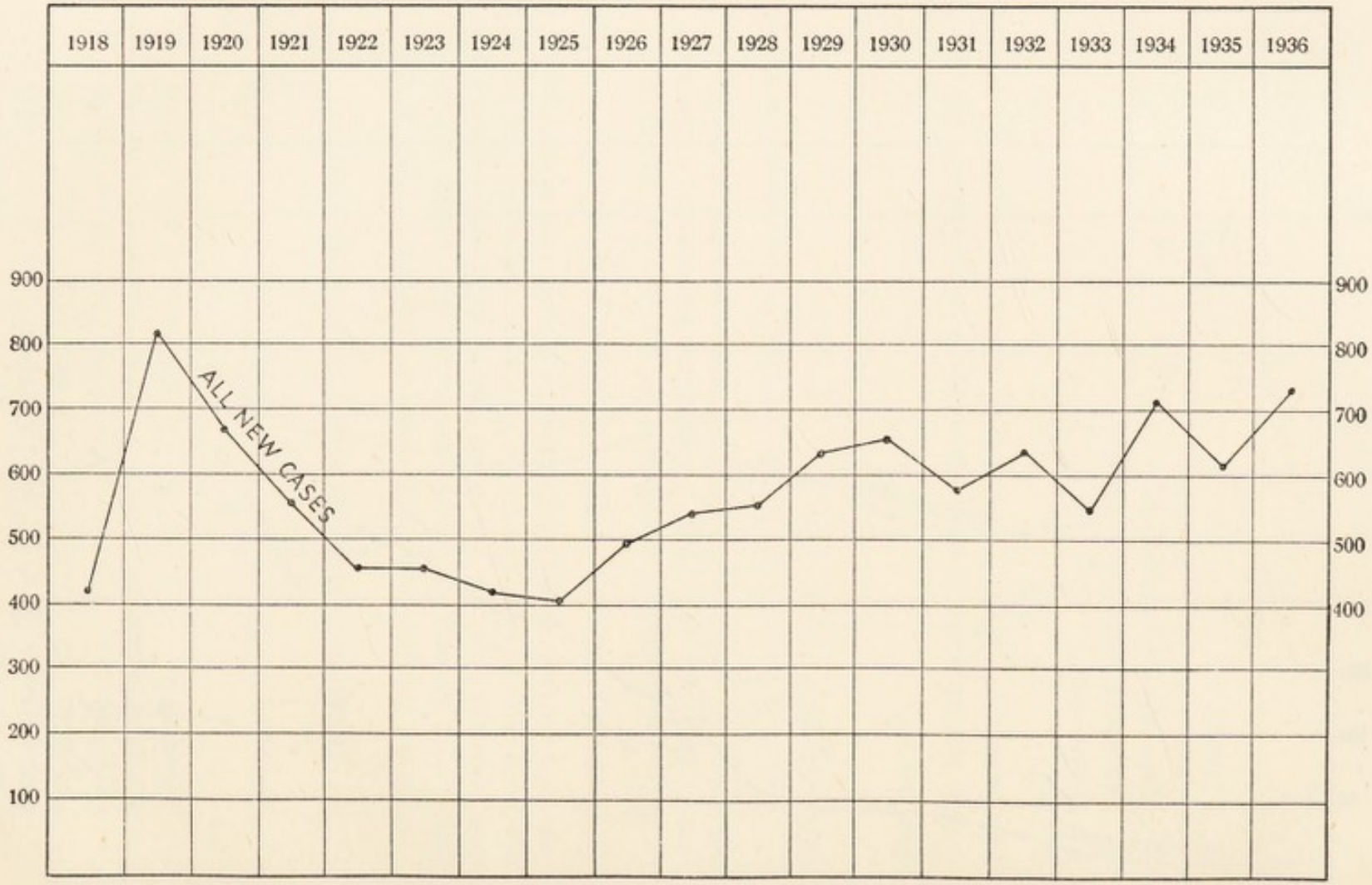
Table I, shown below, gives details regarding all these new cases. It will be noted that I have distinguished between sero-negative and sero-positive primary syphilitics ; also between cases from the City of Leicester (T) and cases from the County of Leicestershire (C).

The graphs at the end of this Report compare the numbers of new cases for each year since 1918. Graph 4 shows all new cases, Graph 5 shows new cases separated into Syphilitic, Gonorrhoeal and Non-venereal cases.

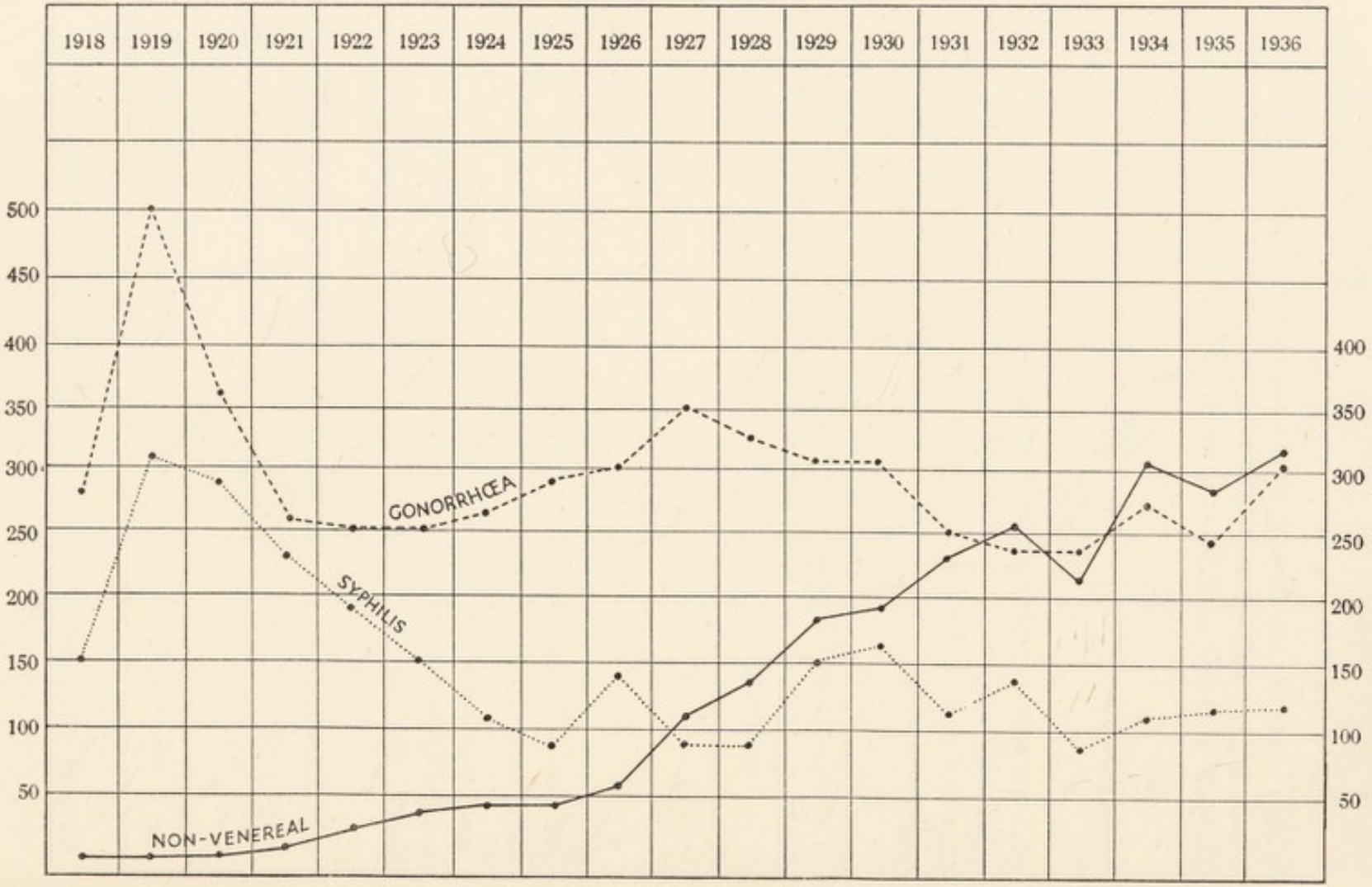
The remarkable increase on the previous year is due chiefly to two factors :—

An increase of gonorrhoeal cases and an increase in non-venereal cases.

GRAPH 4. New Cases attending Male Venereal Diseases Department, Royal Infirmary 1918-1936 (City and County). Returned Defaulters and Transfers from other Clinics included.



GRAPH 5. New Cases attending Male Venereal Diseases Department, Royal Infirmary 1918-1936 (City and County). Graph shows the cases divided into Syphilis, Gonorrhœa and Non-Venereal.



Acutely infectious syphilitic cases numbered much the same as for 1935.

New Cases.

Non-venereal	317 ..	(1935—277)
Gonorrhoeal	266 ..	(,, —211)
Syphilitic	88 ..	(,, — 92)
Soft Sore	3 ..	(,, — 0)
Returned Defaulters ..	14 ..	(,, — 9)
Transfers in	59 ..	(,, — 50)
Total	747 ..	639

(Includes 1 Male child from Female Department.)

I do not consider that the increase of gonorrhoeal cases need be viewed with concern, as the increase for the area served is probably more apparent than real. It means that we are probably getting the infectious cases to come now to the V.D. Department, whereas before some of these cases either went to general practitioners or saw no one.

There were 184 cases of V.D. cured during the year.

The total number of attendances for the year was 20,318 (9,371 clinic attendances and 10,947 intermediate attendances). The total for the previous year was 16,384 (7,870 clinic and 8,514 intermediate).

In-patients numbered 62 (1935—35), the average in-patient days being 24.5 (1935—43.7).

Sent by :—

The following details show "at whose recommendation" the new cases came :—

Self	376
Practitioners	223
Transfers (from other Centres)..	59
Other Infirmary Departments	56
Female V.D. Medical Officer	20
Relatives	12
	746

Source of Infection, when definitely ascertained (long duration acquired syphilitic infections excluded).

Stranger (no financial acknowledgment)	191
Friend	80
Prostitute (financially acknowledged)	33
Wife (extra-marital exposure emphatically denied, and wife proved to have V.D.)	44
Fiancée, or intended fiancée	22
Parents or grandparents (hereditary)	15

The total number of pathological tests for the year was 2,566. (Male Department only. See Table I.)

Analysis of Occupations of New Male Cases :—

Occupation.	*No.*	*Occupation.*	*No.*
Labourers	149	Agriculture	13
Engineers	100	Printing	12
Boot and Shoe	74	School	11
Building	73	Furnishing	7
Transport	70	Railway	4
Travellers	64	Managers	4
Hosiery	51	The Services	1
Shop Assistants	51	Miscellaneous	13
Office	31		—
Miners	18		746

Numbers from Various Areas in the County of Leicestershire :

Area	*No.*
Loughborough	41
Coalville	34
Hinckley	31
Market Harborough	19
Melton Mowbray	18
Lutterworth	11
Within five miles of the City	55
	—
	209

New Male Cases—Married, Single, Widower, or at School :—

Single	372
Married	344
Widower	21
At School	9
	—
	746

Age Incidence of New Male Cases :—

Years	-15	-20	-25	-30	-35	-40	-45	-50	-55	-60	-70
Number	13	47	143	169	131	81	54	48	25	15	20

Cases known to have had at least one previous attack of venereal disease numbered 41.

Four men arrived with a double infection (Syphilis and Gonorrhea).

SECTION C.

Defaulters.

By "defaulters," I mean those cases who cease to attend either before completion of the necessary treatment or before all tests of cure have been made.

Naturally, the defaulter who has completed most of his treatment, but not the tests of cure, is not such a serious type as the man who has defaulted early in the course of treatment.

Efforts to reduce the number of defaulters to a minimum form one of the chief duties of the Medical Officer in charge of a Venereal Disease Scheme.

Public Lectures on the dangers of venereal diseases help ; and so also do frequent private conversations between patient and venereologist. Speed in getting cases examined and treated is also an important factor, as each case wishes to get home as quickly as possible to avoid unnecessary suspicions.

The question of secrecy in venereal disease treatment makes it quite impossible to send public health visitors to the homes of adult male defaulters, with a view to getting such cases to return for treatment or tests. Indeed, were it not for the fact that great medical secrecy exists in a V.D. Centre, many men suffering from V.D. would otherwise not present themselves at the Department.

The most I can do in addition to the above is to send a non-committal letter to defaulters requesting them to see me at an early date. Two such letters are sent, the second being more strongly worded. In some cases one or other of these letters serves its purpose and the patient returns. In other cases, a false address has been given and the letter is returned marked "Not found".

During the year under review, 61 cases defaulted before completion of treatment. At first sight, this number seems large, but on analysis it is not so serious. (Early syphilitics 7, late syphilitics 19, gonorrhoeal 35.) Luckily, most of these cases have received a considerable amount of treatment, so that in some cases they have been rendered non-infectious.

SECTION D.

PROPAGANDA WORK

Efforts to enlighten the public on the dangers resulting from sexual diseases.

Shortly after taking over control of the Male Venereal Disease Department, in the later part of 1931, I emphasised the necessity for public lectures on Venereal Diseases.

Up to the end of 1935, I had the privilege and honour of giving a total of 17 lectures on the subject in Leicester or Leicestershire. (Details appeared in Report, 1935.) During 1936, two further lectures were given to men in Leicester, bringing the total to 19.

Wednesday, 11th March, 1936. Vaughan College, Leicester.
Chairman : Dr. E. K. Macdonald.

Wednesday, 18th November, 1936. Vaughan College, Leicester.
Chairman : Alderman Parbury.

On both occasions the Lecture Hall was packed and the popularity of such a type of lecture was apparent.

No lectures have been given in Leicestershire since 1934. I feel that it would be wise to give at least one in the County every year.

It is now time that much of the sex ignorance existing among the public in general should be eradicated. It will be a considerable time yet, however, until a widespread accurate knowledge on venereal disease dangers is acquired.

In Leicester the effect of these lectures is definitely seen at the V.D. Department. I admit that they have resulted in non-venereal cases appearing for examination, but patients with definite venereal disease have come as a result of propaganda work. Another result is that there is an increased tendency to come earlier in the infection and also a welcome tendency to avoid irregular treatment.

SECTION E.

NOTES ON TREATMENT AND TESTS OF CURE

Syphilis.

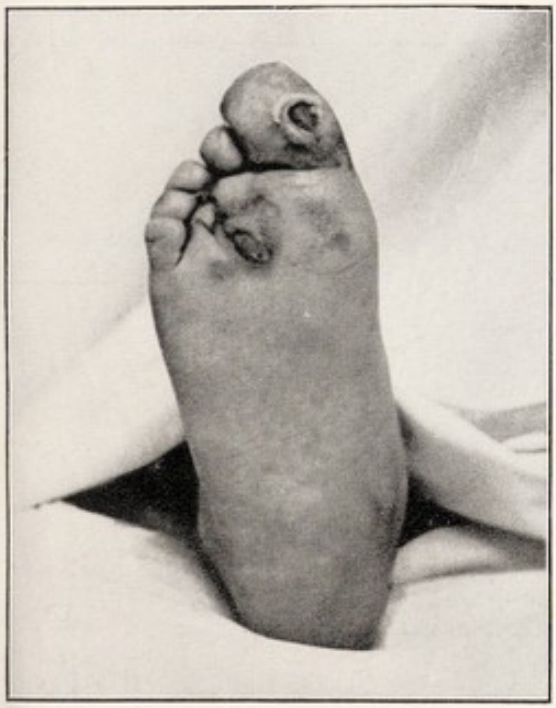
The two main purposes of anti-syphilitic treatment are :—

1.—To stop contagiousness as quickly as possible.
2.—To prevent the patient developing the severe late effects of syphilis.

Types of Cases shown by Lantern Slides at Public Health Lectures

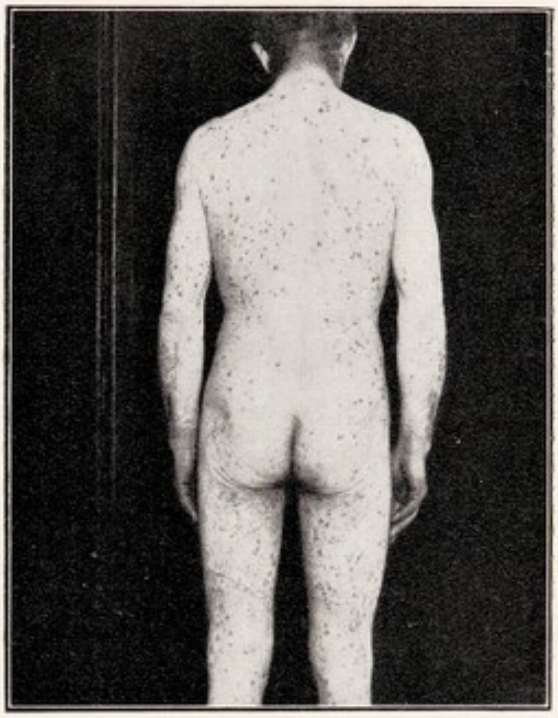
CIRCINATE SYPHILIDE ON THE ARM.
Blood W.R. and Kahn positive.

GONOCOCCAL ARTHRITIS OF INDEX FINGER.
Patient has also an Acute Gonococcal Urethritis.



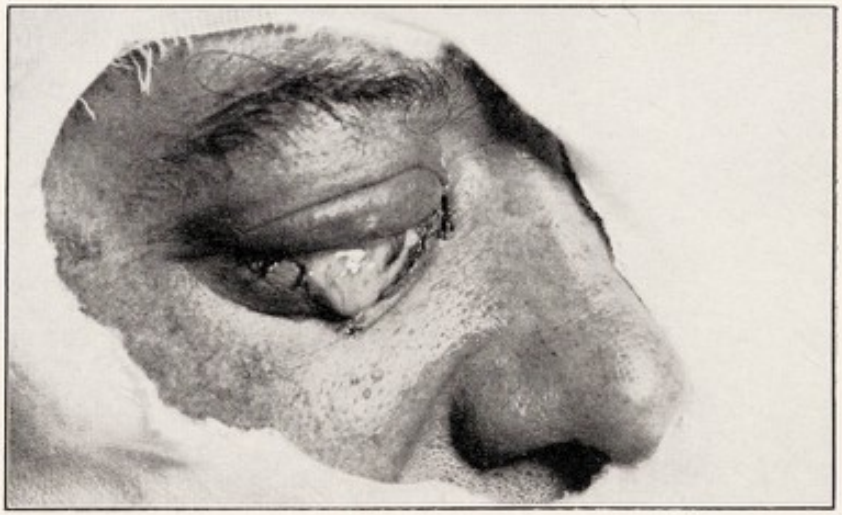
NEURO-SYPHILIS.
Perforating Ulcer of Large Toe.

Types of Cases—*continued.*



SECONDARY SYPHILITIC RASH (Duration 2½ weeks).

Chancre was present on Prepucial Meatus, 5 weeks' duration. Exposure to infection 3 weeks prior to sore appearing. Blood W R. and Kahn strongly positive.



DIRECT GONOCOCCAL INFECTION OF EYE.

An Acute Gonococcal Urethritis also existed. The Eye-ball was completely destroyed before patient presented himself at V.D. Department.

Early treatment is essential. I have always believed in hitting hard and regularly in the treatment of primary and secondary syphilis and have adopted the so-called "Intermittent" treatment, giving neosalvarsan (914) and bismuth injections concurrently for ten to twelve weeks, as shown below, followed by a blood test. After a short interval, the Course is repeated. A minimum of four Courses is given.

Routine Course (provided no contra-indications exist).

Wk.	"914"	Bismuth.	
1	0.45 gm.	0.24 gm.	*Note.*—Urine tests are
2	0.6 gm.	do.	taken each week, and
3	do.	do.	the condition of skin
4	do.	do.	and mouth mucous
5	do.	do.	membranes enquired
6	do.	do.	into.
7	do.	do.	
8	do.	do.	
9	do.	do.	
10	0.6 or 0.75 gm.	do.	
11	do.	do.	
12	do.	do.	
13	—	—	K1 Mixt.
14	—	—	do.
15	Blood Tests (W. R. & Kahn) and clinical overhaul.		
16	*Repeat Above Course.*		

I have always given three such Courses following on the first negative blood test after the first Course.

A routine test of the cerebro-spinal fluid is always made at the end of the second year (W.R., cell counts, and colloidal gold test). This is important, and in no case is it omitted. Indeed, I consider that it should be done more often and intend doing so.

If skilfully performed, the patient has no objection to a lumbar puncture being made when necessary.

I have recently shortened the interval between the last injections of one course and the first injections of the next course to approximately four weeks, following on the recommendations of authoritative experts who took part in an extensive investigation on anti-syphilitic treatment, under the auspices of the Health Organisation of the League of Nations. Indeed, by doing so, the "Intermittent" treatment is closely approaching the so-called "Continuous" treatment, although in this case, "914" and Bismuth are given concurrently.

No other change is necessary in the scheme of treatment of such cases in my Department.

When consulted by general practitioners regarding the treatment of syphilitic patients (primary or secondary) I always advise a similar procedure to the above. No case of syphilis is proclaimed "cured" within three years, and then only after all tests, including C.S.F. examination, are negative. Indeed, I am inclined to be on the safe side and request such cases to report at regular yearly intervals after apparent "cure."

No routine course is advisable for late syphilis, each case being treated on its individual requirements. The same can be said for congenital syphilis.

Neuro-syphilis is common, especially as a result of no treatment or inefficient treatment of the early stages.

Malarial therapy is the treatment of choice for general paresis (G.P.I.) and this method is adopted whenever possible for these cases. I follow by courses of Tryparsamide and Bismuth given concurrently at weekly intervals for ten weeks per course.

Gonorrhoea.

There have been no great changes in the treatment of acute gonorrhoea during the last six years.

I am not a believer in the use of urethral syringe (unless conducted under special individual medical supervision), but much prefer the gravity method, using an irrigating outfit. Regularity of irrigations is essential. Potassium permangate solution 1/8000 is the usual solution used at this clinic for pure gonococcal infections. For mixed or non-gonococcal infections, other antiseptics are used.

Vaccines are only used in picked cases, not as a routine.

I find diathermy valuable in acute prostatic infections.

When all symptoms and external signs have gone, the "tests of cure" are commenced. These tests in all cases include provocative injection of a gonococcal vaccine, followed by three prostatic smears, the passage of sounds, urethroscopic examination, and a routine blood test (W. R. & Kahn).

Recently I have followed the tendency elsewhere, and have had the blood subjected to the compliment fixation test for gonorrhoea. If carefully interpreted this test is of value.

I have not, so far, had a case return with a recurrence of the old infection whom I have dismissed as cured after having passed the above tests.

SECTION F.

Concluding Remarks.

Acting in the capacity of Consultant Venereologist to the City General Hospital, I have seen at intervals male and female cases of venereal disease in that Hospital. It has been possible to get some of these cases to attend the Royal Infirmary V.D. Department after leaving the City General Hospital. I am then directly responsible for the male cases.

The City General Hospital has no special V.D. Ward for infectious cases, but as far as possible such cases are segregated.

I have already said that the primary objects of a Venereal Disease Scheme are to reduce contagiousness as soon as possible, and to prevent severe late effects of venereal disease.

It is depressing in a V.D. Department to see, as we do, men coming for examination who are suffering from severe advanced syphilis, contracted perhaps during the years 1914-1918. These men invariably give a history of having had no anti-syphilitic treatment, or at the most very little. In the interval they may have spread the disease, perhaps to the children. All members of the family may have to be tested.

Nowadays, no early case of venereal disease should go without efficient and extensive treatment.

The treatment must be commenced as early as possible and it must be extensive. Perfect co-operation between general practitioners and the V.D. Department is essential. During 1936, no fewer than 223 medicals referred patients to the Male Department. This is the highest on record and I welcome the fact.

All letters from general practitioners concerning their patients are answered with care. Naturally, this practice is much appreciated.

I am always pleased to offer my professional advice on this branch of medicine to any who desire it.

This Report would not be complete without my acknowledging the excellent assistance and co-operation rendered by all in the Public Health Departments and in the Royal Infirmary, who are in any way connected with my Department.

Within the Department, I should like to acknowledge the valuable work given by my assistant, Dr. Hugh Atkinson ; also the excellent services of the Senior Male Nurse, Mr. Robertson ; for the supervision of the general ward work, Sister Owen.

(Signed)

C. HAMILTON WILKIE.

TABLE 1. MALES.

1936	VENEREAL CASES						NOT V.D.		Totals		GRAND TOTALS
	Syphilis		Soft Sore		Gonorrhoea						
	T	C	T	C	T	C	T	C	T	C	
Cases on books Jan. 1st, 1936	139	73			91	33	3	1	233	107	340
Returned Defaulters	9	5							9	5	14
Syphilis Primary WR−	3	1							3	1	4
,, ,, WR+	7	5							7	5	12
,, Secondary ..	8	5							8	5	13
,, Latent 1st. Yr.											
,, All later stages	29	17							29	17	46
,, Congenital ..	9	3							9	3	12
Soft Sore			2	1					2	1	3
Gonorrhoea (Ac. & Ch.)					190	76			190	76	266
Non-Venereal ..							227	90	227	90	317
Transfers IN ..	21	1			32	5			53	6	59
Totals	225	110	2	1	313	114	230	91	770	316	1086
Cured & N.V.D's.	14	9	2	1	128	30	224	90	368	130	498
Ceased attendance before completion of Treatment ..	16	10			24	11			40	21	61
Ceased attendance after completion of Treatment ..	6	2			20	17			26	19	45
Transferred ..	18	1			40	6			58	7	65
On records, 31-12-36	171	88			101	50	6	1	278	139	417
Attendances seen by M.O.	2946	1534	9	5	3067	1008	573	229	6595	2776	9371
Ditto Intermediate	69	19			9842	750	194	60	10105	829	10934
Ditto Totals ..	3015	1553	9	5	12909	1758	767	289	16700	3605	20305
In-Patients ..	4	6			33	17	1	1	38	24	62
Aggregate days ..	31	412			801	265	2	11	834	688	1522
PATHOLOGICAL WORK (Males) :—Tests for Spirochaetes ..											29
W.R's.											743
Smears for G.C. ..											928
Kahn Tests											743
C.S.F. Tests											47
C.F.T. for Gon.											64
Other Tests ..											12
Total											2566

2. Report on Female V.D. Clinics for the Year 1936.

(Leicester and Leicestershire)

By

BESSIE W. SYMINGTON, M.D., B.S. (Lond.)

The Centres for Treatment of Female Patients and of children up to school age are situated in two places.

1. Chief Centre at the Royal Infirmary where most of the New Cases are examined.

2. Auxiliary Centre in premises used specially for the purpose at St. Mary's Home, 1, Ashleigh Road, where the young unmarried girls are seen.

Each Centre consists of :—

(a) Out-Patient and In-Patient Departments.
(b) Facilities for intermediate treatment by qualified nurses.

Four Out-Patient Clinics are held each week.

Three at the Royal Infirmary : Mondays 6-7.30 p.m.
Wednesdays 3.30 p.m.
Fridays 3.30 p.m.
One at St. Mary's Home : Thursdays 5.30 p.m.

Intermediate treatment is given mornings and evenings and in the dinner hour if necessary.

The Female In-Patient Department has at its disposal 16 beds, and in addition 2 cots for little girls and cradles for babies.

At the Royal Infirmary : 7 beds—one of these for maternity cases ; 2 cots.

At St. Mary's Home : 9 beds for unmarried girls ; 4 of these are kept for ante-natal and post-natal cases.

All Pathology is done at the Pathological Department of the Leicester Royal Infirmary.

Prophylactic Work.

Lectures.

Two Public Lectures have been given by Dr. Mary Newton Davies in the Lecture Room of the Vaughan College, the arrangements being made by the Health Department.

They were well attended; both were illustrated by lantern slides and ended by a short film showing the evils of postponed treatment.

Care of Pregnant Mothers.

Close touch has been kept with the Maternity and Child Welfare Officer and the pregnant mother is examined as soon as possible and treatment commenced if necessary.

This year more mothers have been sent from the City Maternity Hospitals than before.

In this way the unborn child is protected from disease.

Examination of the husband or fiancée and the children is obtained when possible if thought necessary. In this way the families are protected.

All patients are told the nature and cause of the trouble.

New Cases.

The total number of New Female Cases for 1936 was 376 (last year 399).

Cases passed on for treatment from 1935 numbered 350.

Analysis of these numbers.

Royal Infirmary	354	
St. Mary's Home	22	
	—	376

Cases passed on from 1935.

Royal Infirmary	292	
St. Mary's Home	58	
	—	350
Total		726

Analysis of New Patients according to District.

City Cases

Royal Infirmary :		
Syphilis	69	
Gonorrhoea	177	
	—	246
St. Mary's Home :		
Syphilis	5	
Gonorrhoea	10	
	—	15

County Cases.

Royal Infirmary :		
Syphilis	49	
Gonorrhoea	59	
	—	108
St. Mary's Home :		
Syphilis	1	
Gonorrhoea	3	
	—	4

Other County Cases.

St. Mary's Home :		
Syphilis	1	
Gonorrhoea	2	
	—	3

New Cases of Syphilis.

1 showed primary sore with no infection of the blood.
15 showed primary sore with infection of the blood.
42 showed later symptoms.
8 were treated for congenital disease.

Gonorrhoea.

127 cases probably began treatment within the first year of infection.

It is impossible to state the length of time gonorrhoea has existed in a woman after she has been treated by other doctors, which is so often the case before she is sent to the Clinic.

Cases not suffering from Venereal Disease number 148.

The majority of these are those who have asked for tests, or who have been advised to be examined and have been tested and kept under observation for the necessary time.

58 infected cases have been passed on from the Royal Infirmary Clinics for treatment at St. Mary's Home.

The total attendances of Female Patients at both Centres number 9,581.

Attendances Classified.

City	7,181
County	2,400

City.

Royal Infirmary :

Syphilis	2,617	
Gonorrhoea	3,533	
Non-Venereal Disease	229	
	——	6,379

County.

Royal Infirmary :

Syphilis	1,302	
Gonorrhoea	742	
Non-Venereal Disease	89	
	——	2,133

City.

St. Mary's Home :

Syphilis	110	
Gonorrhoea	300	
Non-Venereal Disease	19	
Extra Dressings	373	
	—	802

County.

Syphilis	157	
Gonorrhoea	110	
	—	267

Results.

Cured cases number	115
Syphilis	22
Gonorrhoea	93

The cure of a woman who has incurred gonorrhoea is one of the most serious problems.

Each case is watched after cessation of treatment about three months.

This year, the time of observation has been decreased and the number of tests lessened, but up to now no case has returned for treatment.

All cases treated by diathermy have been cured.

Average time taken for treatment and cure :—

Unmarried women about 7½ months.
Married women about 14 months.

Defaulters.

57 cases failed to attend until final tests for cure were made.

Those suffering from

Syphilis 2 cases of acute infection.
31 cases who had been treated but not sufficiently.

Gonorrhoea 24.

Letters are sent to defaulters at regular intervals. The Maternity and Child Welfare Department always gives help when asked.

At St. Mary's Home an outworker visits if attendances are irregular.

Treatment.

Syphilis is treated by disinfection of the blood, chiefly by injections.

Gonorrhoea is treated by disinfection of the infected parts.

3,073 injections have been given in the female clinics.

At the Royal Infirmary	2,717
At St. Mary's Home	356

This includes 132 intravenous injections of Tryparsemide given to old cases of disease of the nervous system.

Diathermy.

This year the diathermy apparatus supplied by the Royal Infirmary has been made use of for women.

Three visits have been paid to the London Hospitals to learn the up-to-date method of application.

It is found that prolonged heat kills the gonococcus and the aim is to apply heat to the infected part by electrical methods.

Both acute and chronic cases have been treated.

Six treatments lasting about half an hour have been given twice a week if possible.

The danger of burns or haemorrhage for which this method of treatment is not approved of by some, appears to be obviated by care in application, and the good effects are very apparent.

Of the twelve cases treated since March, all have been discharged cured.

The woman chronically infected with gonorrhoea is a potential source of danger to the community and this electrical method of disinfection succeeds when chemical methods have failed.

Ionisation and disinfection by the actual cautery are being tried, but no definite report can yet be given.

Children.

Special time, after school hours, is kept one evening in the week for treatment of children.

Little boys as well as girls are treated in the female department.

The mother and father of each case are told to come for examination, also other children in the family if thought necessary.

42 new cases have been examined.

City 21.	Syphilis acquired	1
	congenital	4
	Gonorrhoeal vulvo vaginitis	7
	Not suffering from V.D.	9
County 21.	Syphilis acquired	3
	congenital	4
	Gonorrhoeal vulvo vaginitis	7
	Not suffering from V.D.	7

Of these 12 are of school age.

City	4
County	8

All cases of acute infection of gonorrhoea in children are taken, at once, into the ward, and kept 6 weeks to 2 months or more.

All babies whose mothers have had ante-natal treatment are watched and afterwards passed on to the Child Welfare Centres.

Ante-natal Work.

Co-operation with the Maternity and Child Welfare Medical Officers is aimed at.

Treatment is started as early as possible and given all through pregnancy.

33 pregnant cases have been examined.

10 cases have been watched and diagnosed. "Not suffering from venereal disease."

7 cases have been treated and sent to their own doctor for confinement.

16 confinements have taken place in the Maternity ward.

Syphilitic cases 2.

1 baby apparently healthy.

1 baby showed positive signs of syphilis. (The mother of this baby suffered from congenital syphilis.)

Gonorrhoeal Cases 14.

12 healthy babies.

1 stillborn.

1 premature.

In-Patient Department.

The number of cases treated in the wards was 147.

Royal Infirmary	120
St. Mary's Home	27

In addition 15 babies have been born alive in the Maternity Ward, and 1 in St. Mary's Home.

Analysis of Cases.

Royal Infirmary.

City :		
Syphilis	17	
Gonorrhoea	60	
Non-V.D.	7	
	—	84
County :		
Syphilis	9	
Gonorrhoea	25	
Non-V.D.	2	
	—	36

St. Mary's Home.

City	14	
County	10	
Other Counties	3	
	—	27

Cases treated in the Wards are chiefly the infectious types, or those with complications.

No major operation has been performed this year.

Early cases of acute disease in the infectious stage are admitted as soon as possible.

Primary syphilis	1
Secondary syphilis	6
Acute gonorrhoea	20
Acute gonorrhoea in little girls	6
Ophthalmia neonatorum from outside doctors ..	4
Gonorrhoeal rheumatism	2
Operations for Dilatation and Curettage of Chronic cases	6
Operation for Abscess (only 2 were admitted) ..	8
Chronic cases	6
Old ulceration of leg	2
Jaundice	1
Dermatitis	1

"Follow-up" Work.

The Maternity and Child Welfare Department is a valuable medium through which the mother and baby are watched.

The School Medical Officer is kept in touch with whenever possible.

At St. Mary's Home a special visitor helps the girls who are able to obtain suitable work, lodgings and good foster mothers for the babies when necessary.

Personal interest in each case is an exceedingly valuable help and the patients much appreciate this.

I should like to express my thanks to my assistant Dr. Mary Newton Davies and to the Sisters and Nurses in charge of both departments during the past year.

BESSIE W. SYMINGTON, M.D., B.S. (Lond.).

TABLE 23.

VENEREAL DISEASE CLINICS AT ROYAL INFIRMARY.

NEW PATIENTS ATTENDING FOR THE FIRST TIME. (City Cases only.)

Year.	Males.			Females.		
	Syph.	Gon.	Not. V.D.	Syph.	Gon.	Not V.D.
1922	144	172	18	147	25	9
1923	105	184	23	113	50	28
1924	79	146	41	99	90	41
1925	66	202	50	72	84	42
1926	81	265	44	70	115	38
1927	70	275	90	75	102	79
1928	71	246	117	104	136	60
1929	125	266	106	80	126	42
1930	134	232	117	83	129	67
1931	78	175	151	69	86	90
1932	80	204	201	73	94	115
1933	59	181	160	59	100	79
1934	70	217	218	54	133	32
1935	81	180	207	108	182	145
1936	86	222	227	46	101	99

APPENDIX IX.

FINANCIAL TABLES

(Supplied by City Treasurer)

CITY GENERAL HOSPITAL.

Income and Expenditure for the two years ended 31st March, 1937.

EXPENDITURE.	Year 1935-36	Year 1936-37
	£	£
Salaries and Wages :—		
Medical Staff	3730	4347
Nursing Staff	7474	7898
Other Staff	8518	9796
Corporation's Contributions to Superannuation Fund under Act of 1922	605	733
Superannuation Allowances under Act of 1896	595	595
National Insurance	410	439
Provisions :—		
Staff	4138	4462
Patients	7937	8365
Clothing :—		
Staff	306	283
Patients	277	307
Drugs and Medical Appliances	4478	4530
Fuel, Light and Water	4209	4512
Laundry :—Wages and Materials	1425	1632
Furniture and Fixtures	1311	1257
Hardware and Crockery	421	449
Bedding and Linen	832	675
Cleaning Materials	318	323
Disinfectants	37	40
Education and Training Sundries	119	74
Buildings, Plant and Machinery :—		
Additions and Alterations	1031	391
Renewals and Repairs	4595	3664
Painting and Decorating	865	1410
Maintenance of Grounds	1000	902
Removal of Patients	437	472
Travelling Expenses and other Transport	484	953
Printing and Stationery	471	530
Telephone	108	114
Sundries	260	266
Rates, Rent and Income Tax	2237	2477
Insurance : Fire, &c.	96	100
Farm and Garden	145	385
Purchase of Land	100	—
Loan Charges :—		
Interest	1050	1133
Repayment of Debt	1138	1122
Orthopaedic School :—		
Salaries	665	700
Books, etc.	11	15
Total Expenditure	61833	65351
Less Miscellaneous Income	288	222
Net Expenditure for Maintenance	£61545	£65129
Net Expenditure per Patient Day	s. d. 8 2	s. d. 8 4
INCOME.		
Income for Maintenance :—	£	£
Mental Deficiency Committee	117	12
Education Committee	322	285
Other Local Authorities	3522	3601
Relatives, Patients (Ministry of Pensions for Treatment of Ex-Servicemen) and Saturday Hospital Fund.	2876	3812
	£6837	£7710
Net Cost (including Loan Charges)	£54708	£57419
Number of Patient Days	151,136	156,813

ISOLATION HOSPITAL AND SANATORIUM.

Income and Expenditure for the two years ended 31st March, 1937.

EXPENDITURE.	Year 1935-36.	Year 1936-37.
	£	£
Salaries and Wages (*see also below*)	11462	11985
Superannuation : Corporation's Contributions and Additional Allowances	571	647
National and Workmen's Compensation Insurance	259	255
Provisions	8129	8674
Drugs, Medical Appliances, &c.	2129	2096
Fuel, Light, Water and Power	4220	4343
Furniture, Bedding and Linen	813	681
Crockery and Hardware	223	144
Uniforms and Dresses	306	195
Cleaning Materials	180	224
Laundry (including Wages)	672	687
Structural Renewals, Repairs and Painting (including Wages)	2589	2666
Grounds, &c. (including Wages)	1251	1263
Transport (including Wages)	957	1809
Printing, Stationery, Postage and Telephone ..	275	323
Rates and Insurance (Fire, &c.)	1098	1269
Miscellaneous	201	176
Sanatorium School—Salaries, &c.	567	602
Occupational Treatment—Wages, Materials, &c. ..	360	344
X-ray and Light Treatment Supplies	803	1131
Rent	116	155
Loan Charges :—		
Interest	978	2194
Repayment of Debt	1823	3066
Total Expenditure	£39,982	£44,929
Less Sale of Produce (including supplies from Garden, &c., to Institution) and Miscellaneous Income	1510	1486
Net Expenditure for Maintenance	£38,472	£43,443
Net Expenditure per Patient Day	8s. 3d.	9s. 11d.
Income for Maintenance of Patients (including Contributions by Patients and Relatives in respect of "Home Place" Sanatorium)	454	634
Net Cost (including Loan Charges)	£38,018	£42,809
Number of Patient Days	93,647	87,467

HOME PLACE SANATORIUM, HOLT.

Income and Expenditure for the Two Years ended 31st March, 1937.

EXPENDITURE.	Year 1935-36.	Year 1936-37.
	£	£
Salaries and Wages (*see also below*)	722	719
Superannuation : Corporation's Contributions ..	19	20
Insurance (National and Workmen's Compensation)	23	25
Rates and Land Tax	90	91
Heat, Light and Water	166	203
Provisions	961	996
Medical Requisites	8	22
Laundry	24	32
Cleaning Materials	66	41
Buildings, &c.—Repairs and Painting	141	70
Upkeep of Grounds, &c. (including Wages) ..	471	498
Travelling Expenses and Transport	128	121
Furniture and Bedding	43	128
Pigs and Poultry	109	105
Insurance—Fire, &c.	6	7
Miscellaneous	56	66
Total Expenditure	£3033	£3144
Less Sale of Produce (including supplies from Garden to Institution) and Miscellaneous Income	225	245
Net Expenditure for Maintenance	£2808	£2899
Net Expenditure per Patient Day	6s. 10d.	7s. 3d.
Number of Patient Days	8190	8001

(Note : Contributions from Patients credited to Isolation Hospital and Sanatorium)

MATERNITY HOME, WESTCOTES DRIVE.

Income and Expenditure for the Two Years ended 31st March, 1937.

EXPENDITURE.	Year 1935-36.	Year 1936-37.
	£	£
Salaries including Medical Fees (*see also below*) ..	1015	1027
Superannuation : Corporation's Contributions ..	52	48
Insurance (National, Workmen's Compensation and Guarantee)	21	21
Uniforms and Dresses	56	53
Provisions	884	988
Drugs and Medical Requisites	251	430
Fuel, Light and Water	539	571
Laundry (Wages and Materials)	272	287
Furniture	62	116
Bedding and Linen	109	116
Crockery and Hardware	25	51
Cleaning Materials	25	37
Lecture Fees, &c.	157	140
Repairs, Painting, &c.	138	164
Garden and Grounds	163	177
Rates	220	225
Insurance (Fire, &c.)	15	20
Printing, Stationery, Telephone and Sundries ..	179	80
Loan Charges :—		
Interest	274	243
Repayment of Debt	641	661
Total Expenditure	£5098	£5455
Less Training Fees, Rent of Garages and Miscellaneous Income	501	360
Net Expenditure on Treatment of Patients	£4597	£5095
Net Expenditure per Patient Day	14s. 4d.	14s. 8d.
INCOME.		
Income from Maternity Fees	2487	2510
Net Cost (including Loan Charges)	£2110	£2585
Number of Patient Days	6421	6950

DAY NURSERY.

Income and Expenditure for the Two Years ended 31st March, 1937.

	Year 1935-36.	Year 1936-37.
EXPENDITURE.		
	£	£
Salaries	647	634
Superannuation : Corporation's Contributions	31	29
Insurance	22	24
Rent and Rates	352	356
Furniture and Equipment	59	74
Repairs, Painting, &c.	58	141
Fuel, Light, Water and Cleaning	227	241
Provisions	522	512
Drugs and Medical Requisites	4	8
Laundry	159	146
Uniforms and Clothing	90	70
Printing, Stationery, Postage and Telephone	11	21
Lecture Fees	11	21
Sundries	26	23
	£2219	£2300
INCOME.		
Maintenance Charges	681	699
Contribution from Education Committee in respect of Mothercraft :—		
Tuition	150	150
Meals for School Girls	33	37
Meals for Mothers	8	11
Sundries	—	6
	£872	£903
Net Cost	£1347	£1397

INFANTS' MILK DEPOT.

Income and Expenditure for the Two Years ended 31st March, 1937.

EXPENDITURE.	Year 1935-36.	Year 1936-37.
	£	£
Salaries and Wages	484	459
Superannuation : Corporation's Contributions	19	19
Purchase of Milk, &c.	1749	1652
Medical Requisites, &c.	53	47
Rent, Rates and Insurance	160	163
Fuel, Light and Water	54	57
Telephone	9	9
Printing, Stationery and Sundries	33	33
Total Expenditure	£2561	£2439
INCOME.		
Sale of Milk, &c.	2156	2000
Maternity and Child Welfare Account :—		
Proportion of Salary of Manageress	150	150
Proportion of Rent	50	50
Total Income	£2356	£2200
Net Deficiency	£205	£239

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