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THE HEALTH OF LEICESTER DURING 1946

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

THE NINETY-EIGHTH
ANNUAL REPORT UPON

THE HEALTH OF LEICESTER DURING 1946

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

CITY OF LEICESTER

HEALTH COMMITTEE

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Vice-Chairman

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MR. SPENCER
MRS. WALTON
ALD. WILFORD, J.P.
MRS. TAYLOR

The Committee meet on the 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 member, not being a member of the City Council, constitute the Statutory Maternity and Child Welfare Committee :—Mrs. Taylor.

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" JACKSON
MR. R. W. A. RUSSELL

Health Inspection Sub-Committee

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ALD. PARBURY
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Dietary

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MRS. SIMPSON

Maternity Home and Day Nursery Management Sub-Committee

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„ WALTON

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City General Hospital Sub-Committee

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MR. HARRIS
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City Ambulance Service Sub-Committee

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MISS GOODWIN
ALD. PARBURY

Staff of the Health Department

(*As constituted 1st January*, 1947.)

Medical Officer of Health

E. K. MACDONALD, O.B.E., M.D., M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health

J. C. H. MACKENZIE, M.D., D.P.H.

Secretary

WILFRID CARR, F.C.C.S.

Officers in Charge of Departments

Medical Director, City General Hospital	A. P. M. PAGE, M.D., M.R.C.P., D.C.H.
Medical Superintendent, City Isolation and Chest Hospital	J. C. H. MACKENZIE, M.D., D.P.H.
Medical Officer for Maternity and Child Welfare ..	(Miss) E. B. B. HUMPHREYS, M.B., Ch.B.
Tuberculosis Officer	A. SCOTT, M.A., B.SC., M.B., Ch.B.
Medical Director, Chest Radiography Centre	(Miss) J. M. SHEACH, M.B., Ch.B.
Pathologist	R. S. WALE, M.D. B.S.
Director, Venereal Disease Service	C. H. WILKIE, B.SC., M.D., Ch.B.
Public Analyst	F. C. BULLOCK, B.SC., P.A.Inst.W.E., F.R.I.C.
Engineer	R. H. LETCHFORD, A.I.E.E., A.M.I.H.V.E.
Chief Sanitary Inspector	F. G. McHUGH, F.R.San.I.

CONTENTS

SUMMARY OF STATISTICS

FOR THE YEAR 1946.

CITY OF LEICESTER

Population at Census, 1931	239,169
,, (estimated), 1946	269,320
Marriages	2,766
Births (corrected)	5,659
Birth-rate	21.0
Deaths (corrected for transferable deaths)	3,304
Death-rate	12.2
Deaths under One Year	304
Infant Mortality (per, 1,000 Births)	53.7
Maternal Mortality (per 1,000 total births)	0.86
Zymotic-rate (per 1,000 population)	0.46
Respiratory Disease death-rate	1.33
Cancer death-rate	1.87
Tuberculosis death-rate	.69
Phthisis death-rate	.60

Area of City (in acres)	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, January, 1947	79,433
Number of Empty Houses, January, 1947	145
Number of Empty Cottages, January, 1947	18
Rateable value, 1946-1947	£2,118,102
General Rate for the year, 1946-1947	17/- in £

	England and Wales	County Boroughs	London Administrative County
Birth-rate	19.1	22.2	21.5
Death-rate	11.5	12.7	12.7
Infant Mortality (per 1,000 Births)	43	46	41

(Registrar-General's Figures)

To the Chairman, Lord Mayor and Members of the Health Committee

Mr. Chairman, my Lord Mayor, Ladies and Gentlemen,

I have the honour to submit herewith the Annual Report on the Health of Leicester for the year 1946.

STATISTICS :

POPULATION. It will be noted (page 1) that the Registrar-General now estimates the population of the City as 269,320, compared with 256,960 for mid-1945.

BIRTH RATE. This, at 21.0 per 1,000 population, was the highest rate, apart from 1920, since the beginning of the century.

INFANT MORTALITY. It is unsatisfactory to note that this rate remains higher than it should. This is due partly to the increased incidence of diarrhoea—a definitely preventable condition (see page 3).

DEATH RATE. This was fairly average, and there is nothing outstanding to report.

INFECTIOUS DISEASE. It is worth recording that the Diphtheria Immunisation campaign continues to bear satisfactory fruit.

The death rate from tuberculosis was the lowest on record though the number of notifications showed an increase on the previous year.

ISOLATION HOSPITAL AND SANATORIUM :

Two matters of great importance occurred during 1946 : The appointment of a thoracic surgeon, resident in Leicester, enabled a great extension of the thoracic surgery regional scheme, and a new block for 82 beds for male diseases of the chest was completed.

CITY GENERAL HOSPITAL :

It is satisfactory to record that the Committee was able substantially to improve the medical staffing of the Hospital by the appointment of

five visiting consultants to be in charge of beds. In addition, a convalescent home was opened at Burley-on-the-Hill, Oakham, through the courtesy of the British Red Cross Society.

MATERNITY AND CHILD WELFARE :

The transfer of the office premises to 24A Halford Street, though further dispersing the Department, has enabled a much improved standard of office accommodation to be made available both to this sub-department and to the headquarters staff.

GENERAL :

The year 1946 was the last year of the first century of the Medical Officer of Health. It also saw the passage of the National Health Service Act, 1946. So the past and the future meet.

It is difficult at this stage of transition from the old and tried service of the past to the new and unknown service of the future to do more than to speculate on whether the change is for good or ill. Time will tell.

Once again, Mr. Chairman, I wish to express to you and to your Committee my appreciation of the great interest you always take in the work of the Department. It is a real inspiration to the staff to know that you are behind them in all that they do.

I also wish to thank all the staff for their continued high standard of service.

I am,

Mr. Chairman, my Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

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

Medical Officer of Health.

Health Department,
Grey Friars,
Leicester,
30*th September*, 1947.

ANNUAL REPORT, 1946

SECTION A.

Statistics and Social Conditions of the Area

STATISTICS

Population

The Registrar-General estimates the population of the City of Leicester at mid-1946 as 269,320. This compares with 256,960 for mid-1945, and 263,000 for 1938. The mid-1946 figure is undoubtedly more accurate than that for the previous year.

Birth Rate

The number of live births for 1946 was :

Male births	2,943	(2,509)
Female births	2,716	(2,431)
Total	5,659	(4,940)
Birth rate	21.0	(19.2)

Note.—The figures in brackets in this and succeeding sections refer to the previous year, 1945.

A glance at Table I will show how much higher the total births and the birth rate were in 1946 compared with the previous eight years. We should have to go back to the very early years of this century, apart from the year 1920, to find a greater number of births occurring in the City in any one year.

It is interesting to note the effects of war on the fertility of the population. Just as a fruit tree that is not bearing has to be drastically

Table 1.

Year	Estimated Population	BIRTHS				DEATHS				INFANTILE MORTALITY	
		Male	Female	Total	Rate	Male	Female	Total	Rate	Deaths under 1 year	Rate
1939	262,900	1,848	1,819	3,667	13.9	1,531	1,497	3,028	11.5	180	49.1
1940	259,400	1,901	1,703	3,604	13.9	1,941	1,813	3,754	14.5	187	51.2
1941	265,310	1,917	1,765	3,682	13.9	1,676	1,570	3,246	12.2	207	55.0
1942	259,400	2,205	2,119	4,324	16.7	1,515	1,401	2,916	11.2	219	50.6
1943	254,800	2,467	2,280	4,747	18.6	1,642	1,610	3,252	12.8	230	48.5
1944	257,450	2,696	2,536	5,232	20.3	1,615	1,459	3,074	11.9	204	39.0
1945	256,960	2,509	2,431	4,940	19.2	1,548	1,575	3,123	12.2	268	54.3
1946	269,320	2,943	2,716	5,659	21.0	1,658	1,646	3,304	12.2	304	53.7

pruned and so, as far as it can, suffer, war seems to have the same effect on the human race. At the beginning of the century we had the Boer War, in 1920 we had just completed the first world war, and now history has again repeated itself.

In my last Annual Report I commented on the great increase in illegitimacy. In 1945, one birth in eight was illegitimate, and a total of 610 births was thus classified. Last year (1946) 438 births (232 males and 206 females) were illegitimate, approximately one in thirteen. Before the war the ratio was one in twenty, so perhaps it can be hoped that we are recovering a little of our normal equilibrium.

Stillbirths

There was a total of 148 stillbirths, 82 being male and 66 females (1945, 132, 65 and 67 respectively). The problem of stillbirths is bound up with that of neonatal deaths and infant mortality. It is related possibly to some extent to the employment of women in Industry, and certainly the Leicester figures are not as good as they might be.

Infant Mortality

The total deaths of infants under one year of age were 304 (268), giving an infant mortality rate of 53.7 (54.3) per 1,000 live births.

I do not think we can be entirely happy about the picture these figures indicate. Together with the stillbirths, the total conceptions that failed to reach one year of age were 452, quite a substantial figure.

It is important, therefore, to analyse the main causes of death to see what can be done.

	Males	Females	Total
1. Diarrhœa (and Vomiting) ..	39 (28)	37 (15)	76 (43)
2. Premature Births	40 (32)	35 (28)	75 (60)
3. Congenital malformation, etc. ..	39 (34)	32 (29)	71 (63)
4. Pneumonia	20 (26)	16 (34)	36 (60)
	138	120	258
All other causes	34	12	46
	172	132	304

Probably little can be done about congenital malformations, so the problem resolves itself in the question of diarrhœa, prematurity, and to a lesser extent, pneumonia.

TABLE 2

Causes of Death	Sex	All Ages	0—	1—	5—	15—	45—	65—
All Causes	M	1658	172	19	14	133	453	867
	F	1646	132	11	10	132	333	1028
1. Typhoid and Paratyphoid Fevers	M	–	–	–	–	–	–	–
	F	–	–	–	–	–	–	–
2. Cerebro-Spinal Fever ..	M	4	3	–	–	–	1	–
	F	–	–	–	–	–	–	–
3. Scarlet Fever	M	–	–	–	–	–	–	–
	F	–	–	–	–	–	–	–
4. Whooping Cough ..	M	2	–	2	–	–	–	–
	F	1	1	–	–	–	–	–
5. Diphtheria	M	1	–	–	–	1	–	–
	F	–	–	–	–	–	–	–
6. Tuberculosis of Respiratory System	M	101	–	–	–	44	48	9
	F	61	–	2	1	39	14	5
7. Other forms of Tuberculosis	M	15	4	3	3	5	–	–
	F	11	1	1	2	6	1	–
8. Syphilitic Disease ..	M	7	2	–	–	–	3	2
	F	5	–	–	–	1	2	2
9. Influenza	M	6	–	–	–	–	3	3
	F	20	–	–	–	1	4	15
10. Measles	M	1	–	1	–	–	–	–
	F	–	–	–	–	–	–	–
11. Acute Poliomyelitis and Polioencephalitis	M	–	–	–	–	–	–	–
	F	–	–	–	–	–	–	–
12. Acute Inf. Encephalitis	M	–	–	–	–	–	–	–
	F	1	–	–	–	–	1	–
13. Cancer of Buccal Cavity and Oesophagus (M) .. Uterus (F)	M	31	–	–	–	–	4	27
	F	43	–	–	–	2	21	20
14. Cancer of Stomach and Duodenum	M	44	–	–	–	1	23	20
	F	41	–	–	–	2	13	26
15. Cancer of Breast ..	F	57	–	–	–	8	22	27
16. Cancer of all other Sites	M	157	–	–	–	11	59	87
	F	131	–	1	–	11	41	78
17. Diabetes	M	11	–	–	1	–	2	8
	F	23	–	–	–	1	4	18
18. Intra Cranial Vascular Lesions ..	M	145	–	–	–	3	42	100
	F	248	–	–	–	2	55	191

TABLE 2—continued.

Causes of Death	Sex	All Ages	0—	1—	5—	15—	45—	65—
19. Heart Disease ..	M	441	–	–	2	14	109	316
	F	421	–	–	1	8	58	354
20. Other Diseases of Circulatory System ..	M	69	–	–	–	–	19	50
	F	28	–	–	–	1	5	22
21. Bronchitis	M	102	4	3	–	5	30	60
	F	83	2	1	–	3	17	60
22. Pneumonia	M	82	20	3	–	4	23	32
	F	66	16	2	1	4	11	32
23. Other Respiratory Diseases ..	M	20	–	–	–	2	12	6
	F	7	–	–	–	–	3	4
24. Ulcer of Stomach and Duodenum	M	20	–	–	–	3	7	10
	F	14	–	–	–	1	6	7
25. Diarrhoea, under 2 years	M	39	39	–	–	–	–	–
	F	37	37	–	–	–	–	–
26. Appendicitis	M	7	–	–	1	3	2	1
	F	2	–	–	–	1	–	1
27. Other Digestive Diseases	M	26	1	–	1	3	9	12
	F	41	2	1	1	3	19	15
28. Nephritis	M	52	1	–	–	3	11	37
	F	35	–	–	–	4	7	24
29. Puerperal and Post-Abortive Sepsis ..	F	1	–	–	–	1	–	–
30. Other Maternal Causes ..	F	4	–	–	–	4	–	–
31. Premature Births ..	M	40	40	–	–	–	–	–
	F	35	35	–	–	–	–	–
32. Congenital Malformations, Birth Injuries, Infant Disorders ..	M	44	39	2	–	–	3	–
	F	33	32	1	–	–	–	–
33. Suicide	M	11	–	–	–	3	6	2
	F	15	–	–	–	6	5	4
34. Road Traffic Accidents ..	M	18	–	1	4	7	3	3
	F	10	–	1	1	5	2	1
35. Other Violent Causes ..	M	25	7	2	1	6	4	5
	F	29	3	–	–	1	5	20
36. All Other Causes ..	M	137	12	2	1	15	30	77
	F	143	3	1	3	17	17	102

Comparison with the 1945 and earlier reports shows that the incidence of diarrhœa is seriously increasing. From being the fourth most serious cause of death in 1945, and almost a negligible cause before the war (17 deaths in 1938), it has now jumped into the unenviable first place.

It is not only the particular outbreak at the City General Hospital (which is referred to elsewhere in this Report) that has caused this increase, but there is too much diarrhœa about nowadays. What is the cause of this state of affairs ? It is impossible to be dogmatic, as so often the actual infecting agent, and therefore the method of spread, is unknown ; but there being this infection about, the methods of food handling, especially for the infant on the bottle, must be above suspicion, and I am afraid one cannot say that they always are. Then, too, the pigbins with the fly menace that they assist, however well they may be looked after by the Cleansing Department, are a luxury that we could well do without.

The incidence of diarrhœa and other forms of food poisoning is becoming so serious that we must take all possible steps to obviate it.

The second chief cause of infant deaths is prematurity. This matter is discussed in the Report of the Maternity and Child Welfare Service (see page 88).

It is fortunate that 1946 was a good year as far as Pneumonia is concerned, as otherwise the infant mortality rate would have been much higher.

Marriages

The number of marriages solemnised in Leicester was :

Church of England	1,539	(1,655)
Otherwise	1,227	(1,239)
Total	2,766	(2,894)

Death Rate

The total number (corrected) of deaths was 3,304 (3,123), namely 1,658 (1,548) males and 1,646 (1,575) females.

The death rate was, therefore, the same as in 1945, viz : 12.2.

See Table I for comparison with recent years.

Comments on Principal Causes of Death

Table 2 shows the deaths classified according to certain specified causes and to age and sex.

Cancer. 504 (496) deaths. Death rate 1.87 (1.93). In view of the impending changes in hospital administration, due to the National Health Service Act, 1946, no further progress was made in the establishment of an official regional cancer organisation. The happy co-operation between Leicester and Sheffield, and between the local hospitals was, however, continued, and has laid a satisfactory foundation for the future.

Heart and Vascular Disease. In previous reports I have commented on the fact that diseases under this heading constitute the largest single group of deaths, and 1946 is no exception to this rule. 1,352 out of 3,304 deaths, or 41%, were assigned to this cause.

But do not let us lose our sense of perspective about these figures. We all of us have to die sometime, and diseases under this heading primarily affect the late years of life. Out of the total 1,352 deaths assigned to this cause, 1,033, or 76%, were in people over 65 years of age, and only 31 were in the age groups under 45.

Respiratory Disease. Bronchitis caused 185 deaths, about two-thirds being in the older age group; pneumonia 148 deaths, but of these, 36 occurred in the first year of life, and "other respiratory diseases" (which does not of course include tuberculosis), 27 deaths, a total of 360 deaths assigned, therefore, to respiratory disease, compared with 357 in 1945.

INFECTIOUS DISEASE

Tuberculosis. See Appendix I.

Measles. 1946 was not an epidemic year. Only 303 notifications were received with one death, compared with 5,493 notifications and five deaths in 1945.

Scarlet Fever. Notifications, 381 (718). No deaths.

Whooping Cough. Notifications, 765 (458). Deaths, three (two).

Typhoid and Paratyphoid Fevers. As in 1945, no notification was received.

Cerebro-Spinal Fever. Notifications, 21 (22). Deaths, four (two).

Diphtheria. Notifications, 68 (98). Deaths, one (one).

The success of the diphtheria immunisation campaign is markedly

affecting the incidence of diphtheria. The methods indicated in previous reports have been continued.

Diphtheria Immunisation

	Under 5	Over 5	Total
Number of children immunised in 1946..	3,747	764	4,511
Number of children immunised since start of scheme	11,453	29,851	41,304
Percentage of children immunised since start of scheme	86.8	72.2	
Number of children given "boosting" dose in 1946	290	4,847	5,137
Number of cases of genuine diphtheria during 1946 in "immunised" children	–	7	7
Number of deaths from genuine diphtheria during 1946 in "immunised" children	Nil	Nil	Nil

TABLE 3

SUMMARY OF STATISTICAL DATA GIVEN BY:	BIRMINGHAM	BRADFORD	BRISTOL	CARDIFF	COVENTRY	LEEDS	LEICESTER	LIVERPOOL	MANCHESTER	NEWCASTLE-ON-TYNE	NOTTINGHAM	PORTSMOUTH	SHEFFIELD	STOKE-ON-TRENT	SUNDERLAND
Population (Registrar-General's estimate at mid-1946)	1,017,100	279,040	417,090	224,450	232,850	481,570	269,320	734,620	668,660	283,740	283,160	204,540	500,400	264,820	175,820
Birth Rate (per 1,000 population) ..	22.3	20.9	19.2	22.2	22.4	20.5	21.0	25.2	20.8	21.4	22.0	23.6	20.1	22.2	23.6
Death Rate (per 1,000 population) ..	11.3	14.4	11.7	12.1	12.1	13.7	12.2	13.2	13.5	12.4	12.5	12.1	12.3	12.1	12.5
Death Rate (per 1,000 population):															
Measles	0.01	0.00	—	—	0.00	0.00	0.003	0.03	0.00	0.00	0.02	0.00	—	0.0	0.03
Scarlet Fever	—	0.00	—	—	—	—	—	0.00	—	—	0.00	—	0.00	0.0	—
Whooping Cough	0.03	0.02	0.01	0.02	0.03	0.03	0.01	0.05	0.05	0.03	0.02	0.01	0.02	0.03	0.02
Diphtheria	0.01	0.02	0.00	—	0.01	0.01	0.003	0.03	0.02	0.05	0.02	—	0.00	0.02	0.03
Typhoid and Paratyphoid ..	0.00	0.00	—	—	—	0.00	—	0.00	0.00	—	—	—	0.00	0.0	—
Diarrhoea (under 2 years) (per 1,000 births) ..	6.2	4.6	3.11	6.6	13.4	5.36	13.4	8.7	12.1	2.96	2.4	2.2	5.2	4.02	12.03
Influenza	0.11	0.14	0.12	0.05	0.08	0.10	0.09	0.09	0.16	0.08	0.14	0.07	0.10	0.25	0.16
Cancer	1.90	2.31	1.85	1.72	1.52	1.99	1.87	1.78	1.92	1.94	1.87	1.96	1.86	1.88	1.74
Tuberculosis—Pulmonary ..	0.61	0.46	0.56	0.73	0.58	0.54	0.60	0.79	0.69	0.78	0.61	0.57	0.53	0.62	0.74
Non-pulmonary ..	0.07	0.07	0.07	0.15	0.09	0.06	0.09	0.10	0.10	0.14	0.10	0.09	0.06	0.09	0.14
Infantile Mortality Rate (per 1,000 live births)	41	45	37	44	54	41	53.7	74	63	41	42	34	36	55	59
Maternal Mortality Rate (per 1,000 total births):															
From—Sepsis	0.13	0.00	0.24	0.58	0.01	0.39	0.17	0.10	0.35	0.16	0.48	0.40	0.19	0.0	0.47
Other causes	0.73	0.02	1.94	1.16	0.02	0.79	0.69	0.89	1.25	0.48	0.64	0.60	0.39	0.66	0.47
TOTAL	0·86	0.02	2.18	1.74	0.03	1.18	0.86	0.99	1.60	0.64	1.12	1.00	0.58	0.66	0.94

SECTION B.

General Provision of Health Services of the Area

City Ambulance Service

No change in method of administration. There is still the great need of better premises.

The analysis of calls dealt with during the year is as follows (1945 figures are given in brackets):

Total number of calls:

	Year ending 31st December, 1946	
	06.00—18.00 hours	*18.00—06.00 hours*
City	10494 (10,006)	2,758 (2,525)
County	689 (618)	277 (291)
Totals ..	11,183 (10,624)	3,035 (2,816)
Journeys to accidents in factories		229 (280)
Journeys to accidents in streets		565 (599)
Journeys to sudden illnesses in streets ..		276 (212)
Journeys to D.O.A's and suicides, etc. ..		156 (133)
Journeys to cases where services were NOT required		90 (82)
Journeys to maternity cases, to hospitals, etc.		1,579 (1,817)
Journeys to remove patients to and from hospitals, etc.		10,682 (10,317)
Totals		13,577 (13,440)

Six hundred and forty-one calls from midwives for the gas and air analgesia service were dealt with in addition to the above.

My grateful thanks are due to the many volunteers who have assisted with this Service.

Scabies Clinic, Granby Halls

The incidence of this disease showed a substantial drop during 1946.

Scabies figures for the year 1946

Class of Patient	New Cases definite cases of Scabies	Contacts examined and found not to be suffering from Scabies	Attendances of patients for examination by Medical Officer and Treatment		Patients Discharged as cured
			Medical Officer	Treatment	
Health Committee Patients :					
Adult Males	293	128	859	932	297
Adult Females	410	282	875	869	315
Children under 5 years of age	163	117	572	323	120
Education Committee Patients :					
Adult Males	267	97	851	946	212
Adult Females	305	120	1068	1199	261
GRAND TOTAL	1438	744	4225	4269	1205
(1945)	(1890)	(956)	(5091)	(7258)	(1408)

Chest Radiography Centre

I have pleasure in submitting the report of Dr. J. M. Sheach, M.B., Ch.B.(Aber.), appointed Medical Director to the Centre on the 1st October, 1946.

REPORT ON THE CHEST RADIOGRAPHY CENTRE FOR 1946

By

J. M. SHEACH, M.B., Ch.B.(Aber.)

During the year 1946 the Chest Radiography Centre continued to use the premises at St. Margaret's Works as a home base, but the Unit has been operating in other areas during the year.

From January 1st to March 31st the Unit was stationed at Uppingham Road Baptist Church Rooms, whilst factory workers in the Evington area were X-rayed. On April 1st the Unit moved to the City Mental Hospital, where, with the co-operation of the Medical Superintendent, both patients and staff were X-rayed. On April 17th, the Unit returned to home base and continued to work from there until June 13th, when it moved to the Electricity Power Station to allow the workers in the Aylestone area to take advantage of the scheme.

On July 19th, the Unit again returned to home base and the only other move for the remainder of the year was to the Wolsey Abbey Park Mills from October 21st to November 14th.

The Unit continued to work under the supervision of Dr. J. C. H. Mackenzie until 1st October, when the full-time Medical Director commenced duties.

On the 18th April, Miss Ray, Senior Radiographer, left to take up duties abroad, and Mr. L. Beaver became the Senior Radiographer, and unfortunately had to work single-handed for the rest of the year, owing to the general shortage of Radiographers.

Miss Bryan, Darkroom Technician, left the service on July 19th, and Mr. A. Johns took over on the 22nd July.

The clerical staff has remained the same, with Miss Hampson as liaison officer between the Unit and the factories.

During the year 205 firms were given the opportunity of sending their employees to have their chests X-rayed, and school leavers were offered the same facilities at the end of each term.

J. M. SHEACH,

Medical Director

CHEST RADIOGRAPHY CENTRE

ANNUAL RETURN FOR THE YEAR ENDING 31st DECEMBER, 1946

Total Numbers X-Rayed—Males .. 12,333
Females .. 10,037

AGE GROUPS

Ministry of Health Occupational Code	14—24 years		25—34 years		35—44 years		45 years and over		TOTALS	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1.	—	—	—	—	—	—	—	—	—	—
2.	20	4	22	3	28	1	40	—	110	8
3.	1	—	3	—	9	—	12	—	25	—
4.	—	—	—	—	—	—	—	—	—	—
5.	—	—	—	—	—	—	—	—	—	—
6.	—	10	6	5	9	—	5	1	20	16
7. Metal Workers ..	546	322	755	153	1,034	68	687	38	3,022	581
8.	—	—	1	—	2	2	3	4	6	6
9. Electrical Workers ..	141	123	166	185	167	73	142	35	616	416
10.	6	1	2	2	7	—	2	—	17	3
11.	—	—	—	—	—	—	—	—	—	—
12. Textile Workers ..	46	101	91	46	136	82	112	64	385	293
13.	197	1,309	238	438	419	493	647	426	1,501	2,666
14.	25	18	49	17	63	14	50	7	187	56
15.	33	1	27	5	52	4	49	—	161	10

CHEST RADIOGRAPHY CENTRE, Annual Return for the Year Ending 31st December, 1946—Continued

Ministry of Health Occupational Code	14—24 years		25—34 years		35—44 years		45 years and over		TOTALS	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
16.	5	26	10	17	6	4	9	7	30	54
17.	28	21	51	5	57	5	53	4	189	35
18.	16	—	27	—	62	—	49	—	154	—
19.	6	6	19	1	56	4	59	—	140	11
20.	32	87	67	73	108	49	113	31	320	240
21.	—	—	1	—	—	—	—	—	1	—
22. Transport	21	32	141	16	213	12	227	6	602	66
23. Finance	46	65	101	31	133	30	122	17	402	143
24.	1	3	42	3	77	1	46	1	166	8
25. Professional	53	252	127	239	144	190	121	158	445	839
26.	—	—	—	—	1	—	—	—	1	—
27. Personal Servants ..	11	69	32	69	99	100	146	155	288	393
28. Clerks, Typists ..	207	1,044	325	439	283	279	276	166	1,091	1,928
29. Warehousemen ..	52	73	73	31	124	27	159	15	408	146
30.	3	—	8	—	82	—	72	—	165	—
31. Undefined	29	50	95	186	185	242	461	555	770	1,033
32. Schoolchildren ..	1,111	1,086	—	—	—	—	—	—	1,111	1,086
	2,636	4,703	2,479	1,960	3,556	1,680	3,662	1,690	12,333	10,037

MALES **CASES SUFFERING FROM ACTIVE TUBERCULOSIS**

Occupational Code	14—24 years X-rayed	14—24 years T.B.	25—34 years X-rayed	25—34 years T.B.	35—44 years X-rayed	35—44 years T.B.	45 years and over X-rayed	45 years and over T.B.	TOTALS X-rayed	TOTALS T.B.	%
7.	546	3	735	1	1,034	3	687	2	3,022	9	.2978
9.	141	1	166	2	167	–	142	–	616	3	.487
13.	197	1	238	1	419	1	647	1	1,501	4	.273
19.	6	–	19	–	56	–	59	1	140	1	.7142
20.	32	–	67	–	108	–	113	1	320	1	.3125
22.	21	–	141	–	213	1	227	1	602	2	.3488
23.	46	–	101	–	133	1	122	1	402	2	.497
24.	1	–	42	–	77	1	46	–	166	1	.6024
27.	11	–	32	–	99	–	146	1	288	1	.347
28.	207	–	325	–	283	1	276	1	1,091	2	.1833
29.	52	–	73	–	124	–	159	2	408	2	.4901
30.	3	–	8	–	82	1	72	–	165	1	,6062
31.	29	–	95	–	185	1	461	2	770	3	.389
All others	223	–	437	–	576	–	505	–	1,731	–	—
	1,525	5	2,479	4	3,556	10	3,662	13	11,222	32	.285

FEMALE

CASES SUFFERING FROM ACTIVE TUBERCULOSIS

Occupational Code	14—24 years X-rayed	T.B.	25—34 years X-rayed	T.B.	35—44 years X-rayed	T.B.	45 years and over X-rayed	T.B.	TOTALS X-rayed	T.B.	%
7.	322	2	153	1	68	–	38	–	581	3	.516
9.	123	1	185	–	73	–	35	–	416	1	.24
13.	1,309	8	438	2	493	1	426	1	2,666	12	.45
14.	18	1	17	–	14	–	7	–	56	1	1.78
16.	26	–	17	–	4	–	7	–	54	1	1.85
20.	87	–	73	2	49	–	31	–	240	2	.833
23.	65	–	31	1	30	1	17	–	143	2	1.25
28.	1,044	5	439	2	279	–	166	1	1,928	8	.404
31.	50	–	186	2	242	–	555	1	1,033	3	.290
All others	573	–	421	–	428	–	408	–	1,834	–	—
	3,617	17	1,960	11	1,680	2	1,690	3	8,951	33	.3686

32. Schoolboys ..	1,111	1	.09%
Schoolgirls ..	1,086	3	.276%

CASES SUFFERING FROM ACTIVE TUBERCOLOSIS—continued

SPUTUM OR LAR. SWAB	No.	%
M. Tuberculosis + ..	26	37.68
M. ,, — ..	17	24.64 including schoolchildren
No. Sputum or Swab ..	26	37.68

Classification of Disease	14—24 M.	14—24 F.	25—34 M.	25—34 F.	35—44 M.	35—44 F.	45 and over M.	45 and over F.
Active primary ..	2	3	1	–	–	–	–	–
Active post-primary unilat.	1	6	2	4	4	1	9	1
Ditto bilat.	3	11	1	7	6	1	4	2

CASES SUFFERING FROM NEOPLASM

Disease	Male	Female
Thymoma	1	–
Secondary Carcinoma (Epithelioma)	1	–
Gumma of Lung	1	–
Mediastinal Cyst	–	1
Adenoma	–	1

CONGENITAL CARDIAC DISEASE

	14—24	25—34	35—44	45 and over
Male ..	2	4	1	1
Female ..	9	5	–	2

ACQUIRED CARDIAC DISEASE

Disease	Sex	14–24	25–34	35–44	45 and over	Total
Rheumatic Carditis ..	M.	3	7	7	2	19
	F.	5	5	6	5	21
Valvular disease, no history of rheumatism	M.	3	1	3	6	13
	F.	1	1	3	2	7
Hypertension	M.	–	–	1	15	16
	F.	–	–	1	10	11
Cardio-renal Syndrome ..	M.	–	–	–	2	2
	F.	–	–	–	–	–
Myocardial failure ..	M.	–	–	–	3	3
	F.	–	–	1	34	35
Auricular fibrillation ..	M.	–	–	–	2	2
	F.	–	–	–	1	1
Aortic Aneurysm	M.	–	–	–	1	1
	F.	–	–	–	1	1
Old Pericardial Adhesions ..	M.	–	–	–	–	–
	F.	–	–	–	1	1
		12	14	22	85	133

SECTION C.

Sanitary Circumstances of the Area

Water Supplies

I am indebted to the courtesy of the Water Engineer and Manager (Mr. T. S. Griffin, A.M.Inst.C.E.) for the following information relative to the water supplies :

(i) The supply of water in the statutory water area of the Leicester City Corporation has been satisfactory during the year 1946, both as regards (*a*) quality, (*b*) quantity.

(ii) The following are the number of samples from the Local Reservoirs, submitted for bacteriological examination to the City Analyst during 1946 :

Cropston Reservoir	11	samples of	filtered water only.
	9	„	chloraminated water.
Swithland Reservoir	10	„	filtered water only.
	9	„	chloraminated water.
Thornton Reservoir	12	„	filtered water only.
	12	„	chloraminated water.

All the chloraminated samples were passed as satisfactory and the filtered samples as satisfactory, subject to adequate chloramination.

Apart from the above, samples of water for both chemical and bacteriological examination have been taken at random from various points within the area regularly during the year, both by officers of the Health Department and the Water Department. All samples have been passed as satisfactory for drinking purposes.

(iii) The raw water from the Derwent Valley, being a soft moorland water is liable to cause plumbo-solvency, but a continuous

treatment by the addition of lime has been carried out by the Derwent Valley Water Board under Section 58 of the Derwent Valley Water Board Act, 1899, as an obligation, and similar treatment has also been carried out by the Leicester Corporation. Regular samples from each source have been examined for plumbo-solvency, but in every case no lead whatever has been found.

(iv) Any suspected form of contamination has been investigated by the City Analyst and the necessary action taken by the Water Engineer.

(v) The number of houses in the Authorised Water Area of the Leicester Corporation with a piped water supply is approximately 110,980. Of this number, approximately :

(*a*) 108,980 are supplied direct to the house.

(*b*) Approximately 2,000 are supplied by taps in yards, etc.

The population supplied at the present time is estimated to be 385,000, and apportioning this figure between the number of houses supplied direct and from taps in yards, it may be estimated that approximately 378,000 persons receive a supply direct to the house and 7,000 people receive a supply from taps in yards.

No standpipes are allowed in the Water Area of the Corporation.

(vi) To meet the increasing demands of consumers, the City Council sought Parliamentary powers to construct a large reservoir in the Manifold Valley, but the Bill was rejected in the Committee stage.

In accordance with previous policy and with the concurrence of the Ministry of Health, the Water Committee has continued to afford supplies to Local Authorities in the County of Leicester, an assurance having been given by the Ministry that an additional source of supply will be available when required.

The Ministry is at present making a comprehensive survey of the water needs and resources of Leicester, the County of Leicester, and a considerable surrounding area.

SECTION D.

HOUSING

After the complete stagnation in housing activity which was caused by the War of 1939-1945, it is, I suppose, understandable that a considerable time must elapse before any appreciable progress is to be seen in the building of new houses.

We want new houses, not in ones and twos, but in their thousands, so urgently that we are inclined to be a little critical of the slowness in which this clamant need is being answered.

It is one of the more tragic parts of the work of any Health Department to receive letters or to interview callers, which all bring a tale of overcrowding, squalor and distress. One can offer them nothing but sympathy, and try to bolster up their waning patience.

During the year 1946, the following houses were erected in the City :

By private enterprise	177
By the Corporation New Parks Estate ..	66
Total	243

In addition, the Housing Department erected 252 temporary dwellings :

Hockley Farm Road	111
Hinckley Road West	73
Hinckley Road East	47
New Parks Estate	21
	252

During the year the housing position in many parts of the country became so acute that the phenomenon of "squatting" occurred—families taking possession of old army huts, for example, without any amenities and often under very unsatisfactory conditions.

This was not allowed to occur in Leicester and the only camp site available, that in Braunstone Park, was officially handed over to the Housing Committee, who, in co-operation with the Health Committee, adapted the buildings as well as was possible, providing very temporary accommodation for 95 families.

The paucity of houses available for new tenancies is shown by the return made by the City Treasurer, who reports on the 1st January, 1947, that there were only 145 empty houses and 18 empty cottages in the whole of the City out of a total of 79,433 separate dwellings.

TABLE 4.

HOUSING STATISTICS

For year ended 31st December, 1946

1.—Unfit Dwelling Houses—Inspection.

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	9321
(b) Number of inspections made for the purpose	13752
(2) (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	176
(b) Number of inspections made for the purpose	1494
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ..	3
(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	2828

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

Number of defective dwelling houses rendered fit in consequence of informal action by Local Authortiy or their officers	1089

3.—Action under Statutory Powers.

A—*Proceedings under Sections* 9, 10 *and* 16 *of the Housing Act*, 1936 :

(1) Number of dwelling houses in respect of which notices were served requiring repairs	7
(2) Number of dwelling houses which were rendered fit after service of formal notices :	
(a) By owners	4
(b) By Local Authority in default of owners	1

B—*Proceedings under Public Health Acts* :

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	21
(2) Number of dwelling houses in which defects were remedied after service of formal notices :	
(a) By owners	8
(b) By Local Authority in default of owners . ..	Nil.

C—*Proceedings under Sections* 11 *and* 13 *of the Housing Act*, 1936 :

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

D—*Proceedings under Section* 12 *of the Housing Act*, 1936 :

(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.

TABLE 5.

Statement shewing Inhabited Houses at 1st January, 1947, together with information shewing how the figures are made up.

Ward Number	No. of Houses in Ward at 1st Jan., 1946	Houses Demolished during 1946	New Houses Built during 1946	Total No. of Houses at 1st Jan., 1947	Empty Houses at 1st Jan., 1947	No. of Uninhabitable Houses at 1st Jan., 1947	Inhabited Houses at 1st Jan., 1947
No. 1 or St. Margaret's Ward	5,694	—	32	5,726	5	99	5,622
,, 2 ,, Latimer Ward ..	5,459	—	—	5,459	5	6	5,448
,, 3 ,, Charnwood Ward ..	4,846	—	2	4,848	10	5	4,833
,, 4 ,, Spinney Hill Ward ..	5,090	1	—	5,089	4	1	5,084
,, 5 ,, Wycliffe Ward ..	4,534	1	—	4,533	11	27	4,495
,, 6 ,, The Castle Ward ..	4,254	3	1	4,252	27	43	4,182
,, 7 ,, Westcotes Ward ..	6,631	—	1	6,632	19	9	6,604
,, 8 ,, Newton Ward ..	3,085	—	28	3,113	14	2	3,097
,, 9 ,, The Abbey Ward ..	4,534	1	59	4,592	4	3	4,585
,, 10 ,, Belgrave Ward ..	6,116	1	3	6,118	6	15	6,097
,, 11 ,, Humberstone Ward..	4,897	1	4	4,900	5	1	4,894
,, 12 ,, Evington Ward ..	3,482	1	7	3,488	8	1	3,479
,, 13 ,, Knighton Ward ..	5,627	—	7	5,634	33	12	5,589
,, 14 ,, De Montfort Ward ..	5,271	—	8	5,279	4	—	5,275
,, 15 ,, Aylestone Ward ..	5,079	1	13	5,091	8	2	5,081
,, 16 ,, N. Braunstone Ward	4,969	—	99	5,068	—	—	5,068
	79,568	10	264	79,822	163	226	79,433

NOTE.—Uninhabitable Houses are those which have been empty for some time and which will not be re-let, but for which assessments still appear in the Valuation List.

APPENDIX I.

Report on the Tuberculosis Dispensary for 1946

By

A. SCOTT, M.A., B.Sc., M.B., Ch.B.

FOREWORD BY THE MEDICAL OFFICER OF HEALTH

In submitting Dr. Scott's report for 1946 I wish to refer to the resignation of Miss Heaton, who had been on the staff of the Department since July, 1924. Miss Heaton had decided that teaching was to be her future vocation, and left to undergo a course of training. She has our best wishes for her future happiness.

Notifications from tuberculosis showed in 1946 a substantial increase, but it is satisfactory to note that the death rate was the lowest on record and that there was a decrease in the number of deaths from Pulmonary Tuberculosis in young adults—a section of the population particularly at risk.

Dr. Scott's warning at the end of his report is most important and must not be forgotten.

Report on the Tuberculosis Dispensary for 1946

by

A. SCOTT, M.A., B.Sc., M.B., Ch.B.

Premises : No change.

Staff—Clerical :

Miss Heaton and Miss Bond resigned ; Mrs. Baxter, Miss Seale and Miss Jordan appointed.

Number of Cases of Tuberculosis in the City (31st Dec., 1946).

PULMONARY.		NON-PULMONARY.		TOTAL CASES
Males	Females	Males	Females	
932	759	200	209	2,100

New Cases notified during 1946

Four hundred and ninety-five new cases of Tuberculosis were notified in 1946, as compared with 415 in 1945—a total increase of 80. The pulmonary cases increased by 85 (440, as compared with 355), but the non-pulmonary decreased by five (55, as compared with 60). Included in the 495 cases are 55 (53 men and two women) who have been discharged from the services on account of tuberculosis (53 pulmonary and two non-pulmonary).

This figure of notifications is the highest since 1931 and while there has been a definite real increase, part of it is artificial and is accounted for by the slight early active cases picked up by the Mass Radiography Unit.

The following table gives the number of new cases 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
1937	....	,,	345 ;	,,	88 ;	,,	433
1938	....	,,	310 ;	,,	84 ;	,,	394
1939	....	,,	299 ;	,,	84 ;	,,	383
1940	....	,,	343 ;	,,	101 ;	,,	444
1941	....	,,	390 ;	,,	75 ;	,,	465
1942	....	,,	365 ;	,,	85 ;	,,	450
1943	....	,,	359 ;	,,	93 ;	,,	452
1944	....	,,	392 ;	,,	52 ;	,,	444
1945	....	,,	355 ;	,,	60 ;	,,	415
1946	....	,,	440 ;	,,	55 ;	,,	495

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

The following table gives the sex and age periods of those notified during 1946 :

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 ..	—	3	4	5	21	44	55	51	53	23	10	269
Females ..	—	7	4	6	32	33	51	20	8	4	6	171
Non-pulmonary												
Males ..	3	3	1	5	3	7	5	1	1	—	—	29
Females ..	—	5	1	1	2	5	5	2	5	—	—	26

The following table gives the number of young adults notified in the age periods 15-19 and 20-24 during the past six years :

	Pulmonary Tuberculosis in Young Adults (Notifications) (15-24) during the past 6 years											
	1941		1942		1943		1944		1945		1946	
Ages.	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24
Males	27	24	31	24	15	23	12	35	11	28	21	44
Females	33	32	29	37	28	32	32	36	27	38	32	33
Total	60	56	60	61	43	55	44	71	38	66	53	77
Total bothsexes	116		121		98		115		104		130	

This table shows for the year 1946 there has been an increase of 26 young adults notified, as compared with 1945, and is 15 more than in 1944.

DEATHS

Deaths due to Pulmonary Tuberculosis	162
Deaths due to non-Pulmonary Tuberculosis ..	26

The pulmonary deaths (162) are nine more than in 1945. The non-pulmonary deaths (26) are four less than in 1945.

Place of death :

City General Hospital..	15
Groby Road Sanatorium	58
Other institutions	16
In patients' own homes	99
	188

Number of Deaths from Tuberculous 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)
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
1937	216	82	35	13	251	95
1938	174	66	21	8	195	74
1939	183	70	25	9	208	79
1940	200	77	34	13	234	90
1941	197	74	39	15	236	89
1942	166	64	37	14	203	78
1943	179	70	27	11	206	81
1944	175	68	20	8	195	76
1945	153	60	30	12	183	71
1946	162	60	26	10	188	70

It will be noted from the above table that while the total deaths have increased, the death rate is the lowest on record, the estimated population of the city having risen considerably during the year due to the return of the demobilised servicemen, etc.

The following Tables give the Age, Sex Distribution and Occupations of those dying from Pulmonary Tuberculosis during 1946 :—

Age and Sex Distribution of Deaths from Phthisis in 1946.

Age Period.	Males.	Females.	Total.
0—1	—	1	1
2—4	—	1	1
5—9	—	—	—
10—14	—	1	1
15—19	3	2	5
20—24	7	10	17
25—34	16	18	34
35—44	19	8	27
45—54	26	5	31
55—64	22	8	30
65 and upwards ..	8	7	15
All ages ..	101	61	162

Occupations of Persons Dying from Phthisis in 1946.

	M.	F.		M.	F.
SHOE TRADE:			Porters	1	—
Finishers	4	—	Licensed Victuallers ..	1	—
Packers	1	1	Shop Assistants ..	—	2
Pressmen	3	—	Warehousemen ..	1	—
Machinists	1	—	Various	47	2
Various	7	—	Occupations not stated (includes Married Women, Widows, Children and Persons of no occupation)	5	46
Total in Shoes ..	16	1			
*Hosiery Trades	1	6			
Labourers	8	—			
Clerks	8	3			
Tailoring Trade ..	—	1			
Vanmen	3	—	Grand Total ..	101	61
Engineers	8	—			
Painters	2	—			

* 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.

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 21	1	1	1	2	2	—	3	3	8
T.B. + ve Stage I. 48 ..	2	—	2	2	3	6	4	7	22
T.B. + ve Stage II. 34 ..	—	—	2	1	2	2	4	3	20
T.B. + ve Stage III. 13 ..	1	—	1	—	3	3	1	1	3
Total 116	4	1	6	5	10	11	12	14	53

Of the total 116 recorded in this table, 104 were treated at Groby Road Sanatorium, two were treated at the City General Hospital and 10 were treated at both Groby Road Sanatorium and City General Hospital.

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. 15	—	1	—	1	2	1	—	2	8
T.B. + ve Stage I. 7 ..	1	2	—	2	—	—	—	2	—
T.B. + ve Stage II. 9 ..	3	—	—	2	2	1	—	—	1
T.B. + ve Stage III. 3 ..	1	1	—	1	—	—	—	—	—
Total 34	5	4	—	6	4	2	—	4	9

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

TOTAL	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
5	5	—	—	—	—	—	—	—	—

These tables account for 155 deaths. In addition, there were seven deaths of patients who had never been notified as suffering from Tuberculosis. This gives a total of 162 Pulmonary deaths.

Deaths from Pulmonary Tuberculosis in Children (0-14) During the past six years.

Ages.	1941			1942			1943			1944			1945			1946		
	-4	-9	-14	-4	-9	-14	-4	-9	-14	-4	-9	-14	-4	-9	-14	-4	-9	-14
Males ..	3	–	1	1	–	1	1	–	–	–	–	1	1	–	–	–	–	–
Females ..	–	1	–	–	–	1	3	–	–	2	–	1	–	–	–	1	1	1
Total ..	3	1	1	1	–	2	4	–	–	2	–	2	1	–	–	1	1	1
Total each year ..	5			3			4			4			1			3		

One death of a female child under five years of age from Pulmonary Tuberculosis has occurred during 1946.

Deaths from Pulmonary Tuberculosis in Young Adults (15-24) during the past six years.

Ages.	1941		1942		1943		1944		1945		1946	
	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24
Males ..	7	7	6	5	4	6	2	7	1	8	3	7
Females ..	10	12	11	15	3	11	5	11	6	13	2	10
Total ..	17	19	17	20	7	17	7	18	7	21	5	17
Total ..	36		37		24		25		28		22	

There has been a decrease of six in the deaths from pulmonary tuberculosis in young adults in 1946 as compared with 1945.

Non-Pulmonary Tuberculosis Deaths.

Bones & Joints	Glands	Renal	Abdominal	Meninges	Miliary	Total
1	—	1	2	16	6	26

Of the 26 non-pulmonary deaths, four are known to have been in contact with one or more persons suffering from pulmonary tuberculosis. Meningitis is again responsible for the greatest proportion of these deaths.

Deaths from Tuberculous Meningitis in Children (0-14) during the past six years

	1941	1942	1943	1944	1945	1946
Males	10	6	2	4	3	7
Females ..	11	5	3	4	8	3
Total	21	11	5	8	11	10

Ten deaths of children occurred from meningitis, which is one less than in 1945.

Recovered Cases

During the past year the names of 87 patients were removed from the register as having "recovered." Of these, 65 were pulmonary and 22 non-pulmonary. Of the pulmonary cases, 12 had at one time been open positive sputum cases.

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 ..	189	145	8	7	11	13	2	5	200	158	10	12	380
(*b*) Diagnosis not completed ..	—	—	—	—	—	—	—	—	23	16	17	12	68
(*c*) Non - Tuberculous	—	—	—	—	—	—	—	—	401	437	126	103	1067
B. Contacts examined during the year:—													
(*a*) Definitely Tuberculous ..	1	—	—	1	—	—	—	—	1	—	—	1	2
(*b*) Diagnosis not completed	—	—	—	—	—	—	—	—	3	2	7	4	16
(*c*) Non - Tuberculous	—	—	—	—	—	—	—	—	123	130	79	74	406
C. Cases written off Dispensary Register :—													
(*a*) Recovered ..	27	29	6	3	6	8	2	6	33	37	8	9	87
(*b*) Non - Tuberculous ..	—	—	—	—	—	—	—	—	559	582	207	185	1533
D. Number of Cases on Dispensary Register on December 31st :													
(*a*) Definitely Tuberculous ..	852	674	50	44	142	151	45	47	994	825	95	91	2005
(*b*) Diagnosis not completed ..	—	—	—	—	—	—	—	—	26	18	24	16	84

1. Number of cases on Dispensary Register on January 1st	1,987	2. Number of cases transferred from other areas and cases returned after discharge	38
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ..	82	4. Cases written off during the year as dead (all causes)	173
5. Number of attendances at the Dispensary ..	9,620	6. Number of Insured Persons under Domiciliary Treatment on December 31st	58
7. Number of consultations with medical practitioners. (a) Personal .. .. (b) Other	59 1,187	8. Number of visits by Tuberculosis Officers to homes of patients for the purpose of examination	347
9. Number of visits by Nurses to homes for Dispensary purposes ..	6,790	10. Number of : (a) Specimens of sputum .. .. .. (b) X-ray examinations made in connection with Dispensary work	1,635 4,019
11. Number of "recovered" cases restored to the Dispensary Register ..	—	12. Number of "T.B. plus" cases on Dispensary Register on December 31st	822

Visits

Visits paid by Tuberculosis Officers for purpose of examination	347
Ditto Dispensary Nurses	6,790
Ditto District Nurses..	3,645

Additional Nourishment

Free milk—generally one pint daily—has been granted to necessitous patients whose income falls below a certain scale. During the year, two patients were assisted in this way, at a total cost of £14 11s. 11½d.

Certificates were granted to many cases with active Tuberculosis in order to enable them to obtain an additional allowance of milk for which they were able to pay.

Tuberculosis Allowances

295 cases received grants under the Government Scheme during the year 1946, at a cost of £10,412 3s. 4d.

117 cases received assistance under the Local Scheme during the year 1946, at a cost of £5,272 17s. 8d.

Tuberculosis Dispensary as the "Centre for Diagnosis"

Notes from 92 doctors requesting an opinion on 1,187 patients 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 :

	Men	*Women*	*Children*	*Total*
First examinations ..	624	611	280	1,515*
Re-examinations ..	1,402	1,238	572	3,212

"Contact" Examinations :	1944	1945	1946
Number of "contacts" examined	485	469	424
Number found to be definitely tuberculous	14	14	2

*In previous years this figure has included contacts examined for the first time, these are now excluded and are shown in the contact examinations. The approximate corresponding figures for the years 1944 and 1945 for first examinations would be roughly 1,650 and 1,440 respectively.

Bacteriological Examinations

Nature of Specimen	Positive	Negative	Total
Specimens of Sputum :			
From Practitioners ..	28	272	300
From Patients examined at the Dispensary ..	340	986	1,326
Specimens other than sputum..	—	16	16
Total	368	1,274	1,642

Radiological Examinations

	1945	1946
Radiological examinations carried out at Groby Road Sanatorium	2,934	3,854
Radiological examinations carried out at Mass Radiography Unit	—	165

Attendances

Total number of attendances	9,620

The work of the Dispensary continues to increase and during 1946 records have been broken in the number of new patients referred by practitioners and the number of X-rays reported upon, the former figure being nearly three times and the latter twice the numbers dealt with 10 years ago. With no increase in the Medical and Nursing Staff of the Dispensary during the past 20 years, this increase in examinations of new cases and the work in connection with the X-rays has altered the character of the work done by the Staff. It has meant that re-examinations of patients already on the register cannot be undertaken at such frequent intervals, although efforts are always made to see (at short intervals) urgent cases with slight disease or those whose disease is changing rapidly.

Other work which was dropped has been the use of Tuberculin for treatment which has been generally abandoned throughout the country and which was a very time-consuming procedure. The abandonment has given much more time for other work.

Despite the increase in the number of new patients seen, the number of bacteriological examinations has remained almost constant, there being less need for repeat specimens in new cases where X-rays are available.

Despite the long waiting list due to the shortage of Nursing Staff at the Isolation Hospital, plus the overcrowding due to the housing shortage, the incidence of contact infection does not seem to have increased materially, approximately the same percentage of new definite cases of tuberculosis having a history of household contact with the disease, as was the case 10 years ago. This may be due to improved financial circumstances and better food distribution to the bulk of the population, making the resistance to tuberculous infection higher, but should the standard of living deteriorate, with the present overcrowding and inability to get infectious cases retained in Hospital, I consider it very likely that a rise in household contact infection would occur.

The Housing Committee are doing their best to help this Department in the rehousing of tuberculosis patients in overcrowded conditions and occasionally we have got non-tuberculous members of overcrowded infected households away from the source of infection.

A. SCOTT

APPENDIX II.

Report on the Isolation Hospital and Sanatorium for the year 1946

By

J. C. HAMILTON MACKENZIE, M.D., D.P.H.

A review of the work of the hospital during the war years was given in the report for the year 1945. The present report gives the statistical data for the year 1946 with comments on important developments.

Staff

The volume and development of the work of the hospital was governed by the available number of nursing staff. The acute shortage of nursing staff continues without hope of relief, in fact the hospital only continued to staff 258 beds by

(*a*) Establishing a Training School for male nurses for Fever and Tuberculosis Certificates.

(*b*) Recruiting male and female nursing orderlies.

(*c*) Obtaining displaced persons through the Ministry of Labour as resident domestic staff.

Building

A unit of 80 beds was completed in the early months of 1947 for the treatment of male patients with Pulmonary Tuberculosis. This Unit will replace Ward 5 and will provide a more suitable environment for the treatment of Tuberculosis.

Fevers

Apart from Diphtheria, admission of infectious diseases was limited to severe cases requiring treatment in hospital. The most noteworthy fact, as seen from the Diphtheria Tables, is the small number of verified cases discharged, i.e., 44, the smallest number in the past decade. The

mortality rate continues at a low level. There is no doubt that our national campaign of immunisation is playing a most important part in protecting child life from Diphtheria.

Tuberculous Meningitis and Whooping Cough Pneumonia were the most potent causes of death in children. Whooping Cough must still be considered a serious disease of childhood until a suitable immunising agent is found, although much can be done by modern treatment in preventing complications.

Tuberculous Meningitis has increased—this is a national increase and may be due to a communal increase of infection arising from lack of accommodation in sanatoria, which is again governed by shortage of nursing staff.

The value of Streptomycin, a new antibiotic, in the treatment of this disease is still being investigated by the Medical Research Council, but brighter hopes in the prevention of tuberculosis are reported from Scandinavian countries and Canada by the use of B.C.G. vaccination.

Chest Unit

Progress in collapse therapy is still the keystone of our treatment of tuberculosis. To further this objective the Leicester Chest Unit was fully established in 1946.

As reported previously, Mr. L. G. Cruickshank was appointed Chest Surgeon in the later months of the year, but the volume of work accomplished in these few months shows the need for this specialist service within the region.

It must be emphasised that the function of this hospital has gone well beyond the limits of a sanatorium into the broader field of thoracic diseases. The necessary equipment and team for these developments were commenced before the war, the war years retarded our progress, and I now report with much gratitude to the efforts of my Committee, the completion of the scheme which provides for a thoracic surgical service to Leicester City, Leicester County and Derby City.

STATISTICAL TABLES FOR 1946

SCARLET FEVER

Verified cases discharged	112
Deaths	Nil
Concurrent Double Infections :	
Scarlet Fever with Whooping Cough	1
Sonne Dysentery	1
Mild Mid-ear Infection	1
Cross Infections	Nil
Complications :	
Otorrhoea	10
Secondary Adenitis	6
Abscesses	1
Otitis Media	1
Serum Reaction	1
Minor Sepsis	2
Return Cases	Nil
Operations	Nil

DIPHTHERIA

Verified cases discharged	44
Deaths	1
Mortality rate	2.2%
Number of cases in which diagnosis altered	40
Concurrent Infections :	
Streptococcal Infections	2
Cross Infections	Nil
Complications :	
Paralysis of Palate	2
Paralysis of Ciliary Muscles	2

Grouping of cases according to severity

A = Severe B = Moderately severe C = Mild

Group of Disease	Number of Cases	Deaths	Mortality rate of the Group
A	3	1	33⅓%
B	8	—	—
C	26	—	—
Laryngeal	1	—	—
Nasal	2	—	—
Bacteriological	4	—	—

Classification of types of infecting organism :

	1940	1941	1942	1943	1944	1945	1946
Gravis ..	359	407	338	82	59	28	8
Intermediate ..	8	104	78	59	23	18	2
Mitis ..	10	44	55	62	53	57	32
Atypical ..	8	—	15	2	—	—	2

Operations :

Tonsillectomy (Diphtheria Carriers) 7

Table of verified cases and mortality rate in the past decade :

Year	Verified Cases	Mortality
1937	323	5.2%
1938	509	5.8%
1939	334	6.2%
1940	530	7.7%
1941	662	3.6%
1942	492	1.6%
1943	205	1.5%
1944	135	4.4%
1945	103	.97%
1946	44	2.2%

PUERPERAL PYREXIA

Total verified cases discharged 58
Admitted as Puerperal Pyrexia 26
Admitted as Septic Abortion 32
Deaths.. .. .. Nil

MENINGITIS

Meningococcal Meningitis 18
Deaths.. 1
T.B. Meningitis.. 7
Deaths.. 7
Pfeiffer 1
Deaths.. .. .. Nil

WHOOPING COUGH

Verified cases discharged	28
Deaths..	Nil
Complications :	
Pneumonia	1
Impetigo	1
Right Otorrhœa	1
Scabies	1

WHOOPING COUGH AND PNEUMONIA

Verified cases discharged	15
Deaths..	3

BRONCHOPNEUMONIA

Verified cases discharged	8
Deaths..	1

DYSENTERY

Verified cases discharged	13
Deaths..	Nil
Complications :	
Chronic Otorrhœa	1

PULMONARY TUBERCULOSIS

Classified cases admitted	370
Classified cases discharged	347
Deaths..	61
Observation cases admitted	104
Observation cases discharged	96
Treatment :	
Artificial Pneumothorax, new cases Pneumoperitoneum „ „	 140
Refills (In-patients)	2,614
Refills (Out-patients)	3,265
Gold injections	653
Blood examinations	1,723

X-RAY DEPARTMENT

Patients	In-Patients	Out-Patients	Total
Chest Films—Sanatorium	2,690	977	3,667
„ „ T.B. Dispensary ..	—	3,012	3,012
„ „ Staff	313	—	313
„ „ C.N.R.	—	6	6
Medical Practitioner Cases	—	402	402
Chest Unit—E.M.S.	—	12	12
Leicester Frith	—	3	3
N.S.M.B.	—	74	74
City Mental Hospital	—	37	37
City General Hospital	—	9	9
Royal Infirmary	—	9	9
School Clinic	—	119	119
Day Nurseries	—	52	52
Surgical Cases (Bones and Joints) ..	73	19	92
„ „ Staff	16	—	16
Sinuses	26	—	26
Dentals	7	—	7
Mastoids	1	—	1
Antenatal	1	—	1
	3,127	4,731	7,858
Tomograms	122	—	122
Bronchograms	148	—	148
Pleurograms	48	—	48
Monaldigrams	2	—	2
Sinograms..	2	—	2
Barium Swallow	10	—	10
	3,459	4,731	8,190
Artificial Pneumothorax Screening ..	2,614	3,265	5,879
Non-A.P. Screening	54	22	76
M.S. Clinic Screen Examination ..	—	82	82

PHYSIOTHERAPY DEPARTMENT

	1945	1946
Number of attendances ..		
In-patients	277	385
Out-patients	152	809
Staff	20	26
	809	1,220
	1945	1946
Number of treatments ..	3,972	5,445

THEATRE

Thoracic Operations

Nature of Operation	City Cases	County Cases	Derby Cases	Total
Pneumonectomy	3	–	–	3
First stage Thoracoplasty ..	12	2	1	15
Second ,, ,, ..	15	2	3	20
Third ,, ,, ..	8	2	2	12
Anterior Rib removal	8	–	–	8
Phrenic Operations	34	2	–	36
Adhesion Section	42	5	–	47
Thoracoscopy	5	1	–	6
Bronchoscopy	150	1	2	153
Skin Flap (First Stage) ..	4	–	–	4
,, ,, (Second Stage) ..	1	–	–	1
Lobectomy	3	–	–	3
Rib Resections	2	1	–	3
Extra-pleural	1	–	–	1
Monaldi	5	–	–	5
Oesophagoscopy	–	–	1	1
Lung Abscess	2	–	–	2
Skin Flap Dressings	2	–	–	2
Insertion of Laminaria. Tents..	–	1	–	1
Probing and Tube Changing ..	1	–	–	1
Injection of Pure Alcohol and Novocaine..	1	–	–	1
	299	17	9	325

Other Operations :

Nature of Operation :	
Mastoidectomy	2
Tonsillectomy	5
Antrum Washout	11
Cautery to Nose	2
Halsted Operation	1
Cortical Mastoid	1
T's and A's Operation	3
Nasal Polypi	1
Suture of Forearm	1
Ligaturing Thumb	1
Insertion of Laminuria Tents	1
Tube changing	1
	30

ISOLATION HOSPITAL AND SANATORIUM

PATIENT DAYS

	For 12 months, January, 1946, to December, 1946
Scarlet Fever	2,282
Diphtheria	2,298
Puerperal Fever	855
Measles	173
C.S.M.	731
T.B. Meningitis	95
Whooping Cough	2,266
Anterior Poliomyelitis	6
Erysipelas	101
Typhoid	104
Pneumonia	830
Dysentery	495
Pemphigus	197
Chickenpox	167
Encephalitis	28
Other Diseases	3,047
	13,675
Tuberculosis :	
Adults	44,403
Children	9,265
Observation	9,717
	63,385
GRAND TOTAL	77,060

APPENDIX III.

Report on the City General Hospital, Leicester, for the year 1946

By

A. P. M. PAGE, M.D., B.S.(Lond.), M.R.C.P.(Lond.),
D.C.H. (R.C.P. & S.)
Medical Director and Physician

FOREWORD BY THE MEDICAL OFFICER OF HEALTH

The highlights of the following report of the work of the City General Hospital during 1946 are :

(1) The resignation after 33 years' service of Miss Livermore, Acting Matron. She takes with her into retirement the best wishes of all the staff.

(2) The reorganisation of the medical staffing of the hospital, and the method of lay administration.

(3) The recognition by the Committee of Management of the Medical Staff Committee.

(4) The use of Burley-on-the-Hill as a convalescent home for men. The deep gratitude of the Department is due to the British Red Cross Society in this connection.

(5) The provision of new X-ray apparatus.

(6) The considerable increase in the activities of the Surgical Department.

(7) The unfortunate outbreak of neonatal diarrhœa towards the end of the year.

Report on the City General Hospital, Leicester, for the year 1946

By

A. P. M. PAGE, M.D., B.S.(Lond.), M.R.C.P.(Lond.), D.C.H. (R.C.P. & S.)

Medical Director and Physician

I herewith submit a report covering the activities of the various departments of the hospital during 1946. As in the report for the year 1945, the whole-time specialists of the various departments have co-operated in compiling the report.

During the year under review there have been several important changes in the members of the staff and in staffing the Department of Medicine.

Mr. T. M. J. d'Offay, F.R.C.S., Deputy Medical Superintendent and Surgeon, joined the R.A.M.C. as a temporary Surgical Specialist and his duties as Surgeon were taken over in a temporary capacity by Mr. A. D. Beattie, F.R.C.S. Mr. D. R. Cairns, M.R.C.O.G., assumed the additional duties of Acting Deputy Medical Superintendent. In November, Dr. G. Quayle, D.A., was appointed as the first whole-time Specialist Anaesthetist to the Hospital.

The Department of Medicine was from October 1st completely reorganised. It had been obvious for some considerable time that it would be more satisfactory for patients to be the complete clinical responsibility of either whole-time or part-time specialists rather than the general responsibility of the Medical Superintendent with occasional assistance from part-time visiting specialists. To this end the following Visiting Physicians were given clinical charge of patients: Doctors Braithwaite, Cairns, Jamie, Jeans, and Tanner. A new additional post of Resident Assistant Physician was also created and was held in a temporary capacity by Dr. J. Hayes, M.D., until the end of the year.

A start was also made towards the end of the year with the reorganisation of the administration of the hospital. To this end the titles of Medical Superintendent and Deputy Medical Superintendent were

abolished and the titles Medical Director and Deputy Medical Director were substituted. To relieve the Medical Director of non-medical administrative duties the post of Lay Administrator was created and will be filled in 1947. These changes were made in conformity with modern conceptions of hospital administration. The function of medical administration should be co-ordination of departments, leaving the actual care of patients to the entire charge of either whole-time or part-time specialists.

Miss Livermore, Acting Matron, retired in March after 33 years of devoted service in several capacities, finally holding the position of Matron during the last four and a half years of the war whilst Miss N. N. Claye was on military service overseas. Her retirement was marked by several presentations showing the esteem in which she was held by all departments.

Miss Claye resumed her duties as Matron after an interesting spell of Military Nursing in India. She has returned to grapple with the endemic nursing shortage which has risen to a national problem.

As was forecast in my report for the year 1945, it was found necessary during the year to reduce the expanded bed state of about 700 beds to the pre-war figure of 550 beds in order to take some of the strain off the nursing staff. This loss of beds to a certain extent will be offset by the use of some 25 convalescent beds for men at Burley Hall Convalescent Home, run by the joint organisation of the British Red Cross and St. John.

The Department of Radiology was completely modernised by the installation of a Phillips' Universal X-ray plant with a tilting couch.

Miss M. Dunn, Dispenser in Charge, retired in September after 26 years' service to this hospital. Miss J. Thompson, temporary Assistant Dispenser, also resigned. The staffiing of the Dispensary was completely reorganised by the appointment of a Pharmacist in Charge and an Assistant Pharmacist, Mr. J. S. Burton, Ph.C., and Miss M. Beaver, M.P.S., filling the new appointments respectively.

The Department of Physiotherapy has been extremely short-staffed, but it is hoped that in the near future more newly-trained physiotherapists will be available from the training schools.

In December the Maternity Department had to be closed owing to an explosive outburst of neonatal diarrhœa.

GENERAL STATISTICS.	1945	1946
Accommodation of Hospital	700	550
Admissions	7,172	6,500
Discharges	6,678	6,134
Deaths	488	605
Deaths occurring within seven days of admission	213	269
Number of Patient Days	186,678	177,095
Average duration of residence (in days)	26	28
Average number of beds occupied ...	512	485
Highest—On 20.5.45	586	—
On 10.1.46	—	555
Lowest—On 26.7.45 & 28.12.45 ...	468	—
On 30.12.46	—	282

STATISTICAL TABLE.

Showing progress in Special Departments in the past nine years.

	1938	1939	1940	1941	1942	1943	1944	1945	1946
Admissions ..	4,182	4,581	6,142	6,497	6,130	6,540	7,850	7,172	6,500
Average stay in Hospital	36.98 days	30.86 days	26.99 days	26.83 days	28.59 days	26.99 days	23.16 days	26 days	28 days
Confinements	552	728	895	1,091	906	946	1,034	966	945
Operations Performed ..	852	1,001	1,082	1,158	1,244	1,532	1,929	1,947	2,083
X-Ray Cases Filmed ..	2,139	1,999	2,802	3,198	3,788	3,996	4,167	5,832	7,223
Pathology ..	8,521	8,794	12,750	21,294	22,720	24,430	23,077	29,855	35,717
Physiotherapy (cases)	160	240	300	380	448	485	600	345	600
Average No. of beds filled ..	423	386	453	478	480	484	497	511	485

SUMMARY OF YEARLY RETURN OF CASES.

	Remaining on 31/12/45	Admitted	Discharged	Died	Remaining on 31/12/46
Men	243	1,861	1,716	246	142
Women ..	127	2,972	2,856	196	47
Children (under 16 years) ..	150	1,667	1,558	163	96
Totals	520	6,500	6,130	605	285

DEPARTMENT OF MEDICINE

(Dr. A. P. M. PAGE)

Towards the end of the year there was an outbreak of severe Neonatal Diarrhœa in the Maternity Department. The outbreak commenced with a few individual cases occurring at irregular intervals from the end of August to the end of November. Ten cases in all occurred during this period. At the beginning of December an explosive outburst of epidemic type occurred, resulting in all during the next three weeks in 32 further cases in the Maternity Department.

The grave decision of closing the entire Maternity Department was then taken, when it was obvious that the disease was epidemic. Taking the sporadic and epidemic cases together, there were 42 in all, with 20 deaths.

There is no doubt that other cases occurred subsequent to discharge, but it is not possible to get an accurate account of their occurrence.

The department after closing was thoroughly disinfected and all staff contacts were sent on quarantine leave. The department reopened on 30th December.

The Public Health Laboratory Service of the Ministry of Health sent special investigators to attempt to trace the cause of the disease and much work was carried out. No definite cause was found, although there is a considerable amount of evidence pointing to a virus infection.

CLASSIFICATION OF MEDICAL CASES TREATED DURING 1946

I. General Infections and Diseases

	Adults	Children
Actinomycosis of Liver	1	—
Chorea	2	8
Coryza	10	1
Diphtheria, Faucial	2	—
„ Nasal	—	1
„ Post	1	—
Dysentery, Amœbic	1	—
„ Flexner	1	—
„ Salmonella	2	—
„ Sonne	1	—
Erysipelas	3	—

General Infections and Diseases—*continued*	Adults	Children
Erythema Nodosum	5	2
Glandular Fever	4	1
Herpes Zoster	1	—
Infective Hepatitis	28	1
Influenza	12	—
Malaria	65	—
Measles	—	2
Miliary Tuberculosis	2	1
Pertussis	—	2
Pyaemia	1	—
Pyrexia (undetermined)	5	3
Rheumatism, Acute	10	14
Sub-acute	1	3
Scarlet Fever	1	1
Septicaemia, Staphylococcal	3	—
Tetanus Neonatorum	—	1
Typhoid, Convalescent	1	—
Paratyphoid	—	1
Varicella	—	2
Virus Infection	6	—
Weil's Disease	1	—
II. Disorders of Alimentary System and Peritoneum		
Mouth :		
Dental Sepsis	1	—
Stomatitis	1	9
Ulcer (simple) of soft palate	1	—
Vincent's Angina	2	—
Pharynx :		
Acute Pharyngitis	2	—
Oesophagus :		
Carcinoma	3	—
Stomach :		
Achlorhydria	2	—
Carcinoma of Stomach	10	—
Epigastric bulge (divarication of Recti)	—	1
Dyspepsia	10	2
Emesis Neonatorum	—	2
Emesis (undetermined)	2	1

Stomach—*continued*	Adults	Children
Gastralgia	1	—
Gastric erosion	1	—
Gastritis	10	—
Gastric Ulcer	36	—
Gastro-enteritis	7	81
Haematemesis	17	1
Peptic Ulcer	3	—
Pyloric Obstruction	1	1
Pyloric Stenosis, congenital hypertrophic	—	5
Pyloro-spasm	—	4
Duodenum :		
Duodenal diverticulosis	1	—
Duodenal Ulcer	36	1
Small Intestine		
Atresia of Jejunum, congenital ..	—	1
Diarrhœa..	26	27
Enteritis	22	6
Intestinal Colic	1	5
Sprue	1	—
Large Intestine :		
Carcinoma of Caecum	1	—
Carcinoma of Colon	7	—
Colitis (simple)	2	—
Amœbiasis	1	—
Catarrhal	1	—
Ileo-	—	1
Ulcerative	3	1
Diverticulosis	1	—
Constipation	2	—
Miscellaneous :		
Abdominal pain	3	1
Ascites	3	—
Investigation	3	2
Intestinal Adhesions	1	—
Melaena Neonatorum	—	2
Melaena	1	—
Infestations : Taenia (Tapeworm) ..	2	—
Ascariasis	2	—
Threadworms ..	2	—

	Adults	Children
Peritoneum :		
Peritonitis, Tuberculous	3	1
Rectum :		
Carcinoma	4	—
Gall Bladder :		
Cholecystitis	3	—
Cholelithiasis	1	—
Congenital Obliteration of Bile Duct ..	—	1
Liver :		
Obstructional Jaundice	1	—
Liver Abscess	1	—
Carcinoma	2	—
Cirrhosis of Liver	17	—
Chronic Hepatitis	1	—
Hepatic Failure	1	5
Sub-acute hepatic necrosis	1	—
Spleen :		
Ruptured Spleen	1	—
III. Disorders of Bone		
Bone Pain	1	—
Metastases in Pelvic Bone	1	—
IV. Disorders of Endocrine System		
Pituitary :		
Functional Imbalance of Pituitary and Adrenal	—	1
Pituitary Dysfunction	2	—
Pituitary Tumour	1	—
Pancreas :		
Carcinoma of Pancreas	2	—
Carcinoma of Ampulla Vateri ..	1	—
Diabetes Mellitus	48	—
Diabetic Coma	—	1
Thyroid :		
Toxic Adenoma	1	—
Simple Goitre	2	—
Hyperthyroidism	3	1
Hypothyroidism	1	—
Myxoedema	3	—
Thyroglossal Fistula	—	1
Thyrotoxicosis	9	—

V. Disorders of Genito-Urinary System

	Adults	Children
Kidneys :		
Albuminuria	1	—
Congenital Hypoplasia of Kidneys ..	1	—
Haematuria	2	—
Hydronephrosis	7	—
? Injury to Kidney..	1	—
Nephritis (*a*) Acute	13	10
(*b*) Chronic	11	7
Nephroptosis	1	—
Oxaluria	1	—
Pyelitis (Pyelo-cystitis)	7	3
Pyelonephritis	4	—
Renal Colic	3	—
Renal Investigation	1	—
Stress Incontinence	1	—
Uraemia	6	—
Urinary Infection	1	2
Bladder :		
Cystitis	2	—
Eneuresis	1	—
Retention of Urine	1	—
G.U. Investigation	1	—

VI. Disorders of Glands

Cervical Adenitis	1	1
Glandular enlargement	—	1
Hilar Adenitis	—	2
Inguinal Adenitis	—	1
Lymphangitis	1	—
Parotitis	—	1

VII. Disorders of Heart and Circulatory System

Heart :		
Angina Pectoris	2	—
Auricular Fibrillation	88	—
Cardiac Failure	13	—
Cardiac Ischaemia	2	—
Cardio-vascular Syphilis	1	—
Carditis, Rheumatic	1	10
Congenital Heart Abnormality ..	1	10

Disorders of Heart and Circulatory System—*continued*	Adults	Children
Congestive Heart Failure	39	—
Coronary Occlusion	1	—
Coronary Thrombosis	17	—
Coronary Sclerosis	2	—
Dextro Cardia	—	1
Endocarditis, Sub-acute	—	1
Acute Bacterial	1	—
Sub-acute Bacterial	1	—
Rheumatic	2	3
Heart Block	3	—
Heart Hypertrophy and Failure	1	—
Hyperpiesia (Hypertension)	39	—
Essential Hypertension	12	—
Malignant Hypertension	1	—
Hypertensive Heart Failure	37	—
Mitral Disease	2	—
Mitral Stenosis	14	3
Myocardial Degeneration	20	—
Myocarditis, Senile	1	—
Myocarditis	3	—
Myocarditis, Specific	1	—
Tachycardia, Paroxysmal	1	—
Patent Ductus Arteriosus	—	3
Pericarditis	1	—
Pericarditis, Constrictive	1	—
Pericarditis, Haemorrhagic	—	1
Rheumatic Pancarditis	—	1
Adherent Pericardium	1	—
Endothelioma of Pericardium	1	—
Praecordial Pains	1	—
Ruptured Ventricle	1	—
Sinus Arrhythmia	1	—
Valvular Disease of Heart	1	—
Arteries :		
Aortic Aneurysm	3	—
Aortitis, Syphilitic	2	—
Aortic Incompetence	1	—
Aortic Regurgitation	7	1
Aortic Stenosis	2	—
Aortic Valvular Disease	3	—

Arteries—*continued*	Adults	Children
Aneurysm of Innominate Artery ..	1	—
Arteriosclerosis	3	—
Cerebral Arterio-Sclerosis	1	—
Inferior Mesenteric Artery Thrombosis	2	—
Mesenteric Embolism	1	—
Popliteal Embolism	1	—
Veins :		
Peripheral Circulatory Failure ..	1	—
Femoral Thrombosis	2	—
Thrombo-angiitis Obliterans ..	1	—
Thrombo-phlebitis	7	—
Varicose Veins	2	—
Iliac Venous Thrombosis	1	—
Popliteal Embolism	1	—
Miscellaneous :		
Syncopal Attacks	3	—
Gangrene of Toe	1	—
Fainting and Fatigue	1	—

VIII. Disorders of Joints, Fibrous Tissues

Arthritis, Rheumatoid	15	—
Osteoarthritis, Spine ..	3	—
General ..	3	—
Acute Infective	2	—
Gonococcal	2	—
Acute ? Neisserian	1	—
Arthritis Knee, etc.	6	—
Polyarticular	3	—
Fibrositis	22	—
Backache	1	—

IX. Disorders of Metabolism and Nutrition

Alkalosis	1	—
Debility	1	—
Feeding difficulty	—	16
Gout	3	—
Ketosis	—	1
Malnutrition	2	4
Marasmus	—	1

Disorders of Metabolism and Nutrition—*continued*	Adults	Children
Obesity	1	—
Prematurity	—	68
Rickets	—	2
Senility	6	—
Teething	—	2
Baby for Feeding Purposes	—	25
Mother with Baby for Feeding Purposes	1	—

X. Disorders of Muscular System

Lumbago	1	—
Muscular Dystrophy (Facio Scapulo-humeral)	3	—
Muscular Strain	1	—
Myalgia	5	—

XI. Disorders of the Nervous System

Cerebrum :

Arteriospasm	1	—
Birth Injury	—	2
Cephalgia	3	—
Concussion	2	—
Contusion	1	—
Diplegia	—	1
Embolism	4	—
Encephalitis	1	1
Encephalopathy, Hypertensive	2	—
Haemorrhage	29	—
Hemiplegia	5	—
Hydrocephalus	—	1
Increased Intracranial Pressure	1	—
Infantile Convulsions	—	1
Intracranial Sinus Thrombosis	—	1
Neurosyphilis	1	—
Cerebral Syphilis	1	—
Cerebral Thrombosis	51	—
Tumour	3	—

Cerebellum :

Friedreich's Ataxia	—	1
Cerebellar Thrombosis	1	—
Cerebellar Haemorrhage	1	—

Miscellaneous :	Adults	Children
Cavernous Sinus Thrombosis ..	—	1
Epilepsy	11	—
Functional Tremor	1	—
Migraine	2	—
Parkinsonism	2	—
Spinal Cord :		
A.P.M.	—	2
Cauda Equina Tumour	1	—
Disseminated Sclerosis	10	—
Extra Spinal Tumour	1	—
Landry's Paralysis	1	—
Paraplegia, Spastic	—	1
Erb's Syphilitic	1	—
Sub-acute Combined Degeneration ..	2	—
Tabes Dorsalis	4	—
Peripheral Nerves :		
Bell's Palsy	3	—
Facial Paralysis	—	3
Neuritis	1	—
Obstetric Paralysis	1	—
Post-Diphtheritic Peripheral Neuritis ..	1	—
Post-Tibial Nerve Lesion	1	—
Radial Palsy	1	—
Radiculitis	2	—
Sciatica	17	1
Trigeminal Neuralgia	1	—
Von Recklinghausen's Disease ..	1	—
Meninges :		
Meningococcal Meningitis	4	—
Pneumococcal Meningitis	3	—
Tuberculous Meningitis	2	4
Lymphocytic Meningitis	2	—
B. Coli Meningitis	—	1
Pfeiffer Meningitis	—	1
Virus Meningitis	1	—
Subarachnoid Haemorrhage	3	—
Subarachnoid Tumour	1	—

XII. Disorders of Respiratory System

	Adults	Children
Trachea :		
Acute Tracheitis	1	—
Bronchus :		
Asthma	39	5
Bronchitis, Acute	25	21
Chronic	24	1
Bronchiectasis	15	2
Bronchostaxis	1	—
Carcinoma	23	—
Lungs :		
Abscess	4	—
Tb	1	—
Atelectasis (and collapse)	2	2
Asphyxia Neonatorum	—	1
Catarrh, Chronic Pulmonary ..	—	1
Embolism	2	—
Emphysema	1	—
Fibrosis	7	—
Haemoptysis	5	—
Infarction	1	—
Neoplasm	1	—
Pneumonia, Lobar	147	28
Broncho	75	28
Hypostatic	2	—
Atypical	5	—
Influenzal	1	—
Pneumonic Change, left base ..	1	—
Pneumonitis	3	1
Suppurative	3	—
Pseudo-Haemoptysis	1	—
Pulmonary Tuberculosis	36	—
Respiratory Failure due to Pentothal ..	1	—
Sarcoma of Lung (Metastatic) ..	1	—
Pleura :		
Pleurisy	19	—
Pleural Effusion, Simple	36	4
Tuberculous ..	4	3
Koch +ve ..	2	—
Pleurodynia	4	—
Investigation	1	—

XIII. Disorders of Reticulo-endothelial System

	Adults	Children
Anaemia, Aplastic	1	—
Haemolytic of Newborn	—	4
Microcytic Hypochromic	17	2
Pernicious	13	—
Hypoplastic	1	—
Macrocytic	6	—
Splenic	1	—
Normocytic	1	—
Anaemia Metropathia	1	—
Nutritional	—	1
Unclassified	6	3
Agranulocytosis	2	—
Haemorrhagic Disease of Newborn	—	5
Erythroblastosis Foetalis	—	1
Purpura	1	—
Anaphylactoid Purpura	—	2
Reticulosis	1	—
Myelocytic Leukaemia (Acute Myeloid)	6	—
Acute Monocytic Leukaemia	1	—
Lymphatic Leukaemia	4	—
Reticulo-sarcoma	3	—
Lympho-sarcoma	7	—
Multiple Myelomatosis	1	—
Hodgkin's Disease (Lymphadenoma)	1	—
Lieno-hepatic Fibrosis	1	—
Convalescent Infective Mononucleosis	1	—

XIV. Disorders of Skin

Acne Vulgaris	1	—
Carbuncle	2	—
Cellulitis	—	1
Chiropompholyx	1	—
Dermatitis, Simple	14	1
Elastoplast	1	—
Exfoliative	1	—
Gold	1	—
Haemostatica	1	—
Herpetiformis	—	1
Idiopathic	1	—
Impetiginised	1	—
Infected	1	—

Disorders of Skin—*continued*	Adults	Children
Seborrhœic	15	1
Septic	1	—
Sulphonamide	1	—
Traumatic	1	—
Varicose	1	—
with Furunculosis.. ..	1	—
Eczema	37	7
Flexual Exudative	1	—
Infantile	—	2
Nummular	1	—
Seborrhœic	4	—
Varicose	6	—
Epidermophytosis	4	—
Erythema	1	—
Allergic	—	1
Multiforme	1	2
Toxic	2	—
Folliculitis	2	—
Coccogenic	1	—
Seborrhœic	1	—
Septic	1	—
Furunculosis	6	2
Herpes Frontalis	1	—
Ichthyosis	1	—
Impetigo	14	11
Streptococcal	1	—
Lupus	1	—
Vulgaris	3	—
Pemphigus	1	—
Neonatorum	—	1
Pityriasis Rosea	2	—
Plantar Warts	1	—
Pompholyx, Septic	4	—
Psoriasis	8	1
Pruritus Ani	1	—
Purpura, Toxic	1	—
Pyodermia	4	—
Scabies	8	15
Infected	—	1
Septic	2	—
Seborrhœa	4	—
Eczematoid	1	—

Disorders of Skin—*continued*	Adults	Children
Sycosis, Coccogenic	1	—
Syphilide (circinate)	1	—
Tinea of Feet	2	—
Corposis and Cruris ..	—	1
Ulcers of Leg	2	—
Varicose Ulcer	2	—
Urticaria	4	1
Arsenical	1	—
Warts of Hand	2	—
Xerodermia	—	1

XV. Mental Disorders

Anxiety State (Neurosis)	9	—
Acute Mania	2	—
Delirium Tremens	1	—
Pre-senile Dementia	1	—
Hypertensive Encephalopathy	1	—
Hypomania..	1	—
Hysteria	12	—
Melancholia	4	—
Mental Defective	—	2
Mental Depression	1	—
Problem Child	—	1
Psychoneurosis	6	—
Psychogenic Tic	—	1

XVI. Poisoning

Alcoholism	2	—
Aspirin Poisoning	1	—
Barbiturate Poisoning	1	—
C.O. Poisoning	1	—
Food Poisoning	2	—
Salicylism	1	—
Thyroid Extract Poisoning	—	1
Suicidal Cut Throat	1	—

XVII. Congenital Defects

	Adults	Children
Atresia of Colon	—	3
Cleft Palate	—	1
Cleft Palate and Hare Lip	—	3
Defect of Hand	—	1
Defect of Foot	—	1
Dislocation of Hip	—	2
Ductus Arteriosus	—	1
Equino Varus	—	2
Heart Abnormality	—	11
Hernia	—	2
Meningocele	—	1
Mongolism	—	1
Multiple Congenital Abnormality	—	2
Polycystic Kidneys and Bilateral Megaloureter	1	—
Pulmonary Atelectasis	—	1
Hypertrophic Pyloric Stenosis	—	4
Tentorium Cerebelli	—	2
Thoracic Stomach	1	—

XVIII. Venereal Diseases

Gc Arthritis	2	—
Gc Salpingitis	2	—
Primary Syphilis	2	—
Secondary Syphilis	1	—
Congenital Syphilis	1	2
Syphilitic Aortitis	3	—
Cerebral Syphilis	1	—
Neuro Syphilis	2	—
Erb's Syphilitic Paraplegia	1	—
Specific Myocarditis	1	—
Tabes Dorsalis	1	—
Syphilitic Salpingitis	2	—
Syphilide (Circinate)	1	—
Ectopic Pregnancy +ve W.R.	1	—

Electrocardiographic Examinations	134
Physiotherapy Department—cases treated	600

DEPARTMENT OF SURGERY

(Mr. A. DAVIS BEATTIE, F.R.C.S.)

The work of the whole Department of Surgery has greatly increased during the year under review and there are indications that this expansion still continues. The number of surgical admissions have risen this year by 700 to a total of 1,653, and this increase is reflected in the higher number of major operations performed. Out-patient consultations have also increased very considerably and it is apparent that this service is gaining in popularity with the local practitioners. An organised "follow up" scheme for surgical cases now forms an integral part of this clinic for the first time. The maximum number of surgical beds available during the year was 108, but this figure was reduced somewhat during the latter part owing to shortage of nursing personnel.

Among the recent technical advances in treatment which have been successfully applied during the year under review, are vagotomy, in selected cases of chronic peptic ulcer, and the invaluable use of tidal drainage in the treatment of bladder conditions. The routine treatment of perforated peptic ulcer by conservative measures has also proved highly successful, particularly in reducing the percentage of associated chest complications, as has the introduction of early post-operative ambulation.

Modern advances in anaesthesia, such as the routine administration of cyclo-propane for most major operations and the increased use of curare, have proved highly successful in reducing post-operative mortality ; and intravenous feeding has again proved its inestimable value. There is no doubt that one of the most pressing of modern surgical problems is a deeper understanding of intravenous fluid replacement and, owing to the pioneer work along these lines initiated by Mr. T. M. J. d'Offay last year, we have, at this hospital, progressed considerably towards the final solution of this difficult subject. The increased supplies of penicillin, as well as all the various "sulpha" drugs which are now available, have once more contributed in no small measure to the successful treatment of many acute surgical conditions.

Classification of Surgical Cases treated in 1946

ALIMENTARY SYSTEM

Mouth :	Adults	Children
Submaxillary Cyst..	2	—
Haemorrhage from Gums following dental extractions	1	—
Carcinoma Floor of Mouth	1	—
Stone in Maxillary Gland	1	—

	Adults	Children
Oesophagus :		
Carcinoma of Oesophagus	12	—
Achalasia of Cardia	1	—
Stomach :		
Carcinoma of Stomach	31	—
Gastric Ulcer	47	—
Perforated Gastric Ulcer	17	—
Acute Dilatation of Stomach ..	1	—
Pyloric Stenosis	8	1
Pyloro-spasm	1	—
Duodenum :		
Duodenal Ulcer	57	—
Perforated Duodenal Ulcer	9	—
Duodenal Atresia	—	1
Small Intestine :		
Intestinal Obstruction	18	—
Krohn's Disease	1	—
Volvulus	1	—
Large Intestine :		
Carcinoma of Colon	33	—
Chronic Constipation	3	1
Congenital Atresia of Colon	—	1
Hyperplastic Ileo-caecal Tuberculosis	3	—
Diverticulitis	12	—
Intussusception	—	2
Acute Colitis	1	—
Volvulus of Sigmoid Colon	1	—
Appendix Vermiformix :		
Acute Appendicitis	82	28
Sub-acute Appendicitis	39	6
Appendix Abscess	29	2
Rectum and Anus :		
Carcinoma of Rectum	9	—
Anal Polypi	1	—
Fissure-in-Ano	12	—
Anal Fistula	4	—
Haemorrhoids	40	—
Ischio-Rectal Abscess	10	—
Rectal Polyp	3	—
Peri-Anal Abscess	1	—

	Adults	Children
Gall Bladder and Bile Ducts :		
Acute Cholecystitis	8	—
Chronic Cholecystitis	22	—
Choledocholithiasis	1	—
Carcinoma of Gall Bladder	1	—
Spasm of Sphincter of Oddi ..	1	—
Liver :		
Obstructive Jaundice	5	—
Catarrhal Jaundice	2	—
Abscess of Liver	1	—
Acute Necrosis of Liver	1	—
Simple Cyst of Liver	1	—
Pancreas :		
Carcinoma of Pancreas	8	—
Pancreatitis, Chronic	5	—
Acute	6	—
Peritoneum and Mesentery :		
Sarcomatosis	1	—
Acute Primary Peritonitis	7	—
Acute Tuberculous Peritonitis ..	1	—
Chronic Tuberculous Peritonitis ..	4	—
Chylous Peritonitis	1	—
Mesenteric Thrombosis	4	—
Cyst	1	—
HERNIAE		
Inguinal	103	11
Strangulated Inguinal	2	—
Femoral	17	—
Strangulated Femoral	10	—
Umbilical	3	4
Strangulated Umbilical	1	—
Incisional Hernia	6	—
Ventral	5	—
Strangulated Ventral..	2	—
Diaphragmatic	3	—
RESPIRATORY SYSTEM		
Lungs :		
Actinomycosis of Lung	1	—
Pleural Cavity :		
Empyema	20	2
Bronchi :		
Carcinoma of Bronchus	1	—

CIRCULATORY SYSTEM

	Adults	Children
Veins :		
Varicose Veins	43	—
Varicose Ulcers	6	—
Saphenous Varix	2	—

LYMPHATIC SYSTEM

Cervical Adenitis	8	12
Ileo-caecal Adenitis	9	—
Neck :		
Ludwig's Angina	1	—
Tuberculous Glands	6	—

NERVOUS SYSTEM

Spastic Hemiplegia	—	2
Secondary Carcinoma of Brain ..	1	—
Epilepsy	—	2

GENITO-URINARY SYSTEM

Kidneys :		
Hydronephrosis	12	—
Ectopic Kidney	2	—
Dietl's Crisis	1	—
Acute Nephritis	4	—
Acute Pyelitis	6	3
Pyonephrosis	6	1
Polycystic Disease	2	—
Renal Tuberculosis	5	—
Renal Calculi	10	—
Oxaluria	4	—
Ruptured Kidney	1	—
Perinephric Abscess	3	1
Papilloma of Kidney	1	—
Nephroptosis	2	—
Bladder :		
Cystitis	14	—
Carcinoma of Bladder	8	—
Diverticulum of Bladder	4	—
Neurogenic Bladder	2	—
Papilloma of Bladder	6	—
Vesical Calculus	3	—

	Adults	Children
Prostate :		
Adenoma of Prostate	47	—
Carcinoma of Prostate	5	—
Fibrous Prostatitis	8	—
Prostatic Calculi	4	—
Prostate Abscess	2	—
Urethra :		
Urethral Caruncle	6	—
Urethral Stricture	10	—
Peri-Urethral Abscess	2	—
Scrotum :		
Hydrocele T.V.	1	—
Testicles :		
Seminoma	1	—
Evisceration of Testicles	1	—
Undescended Testicles	5	—
Orchitis	2	—
Epididymis :		
Spermatocele	2	—
Varicocele	4	—
Tuberculous Epididymitis	6	—
Traumatic Epididymitis	4	—
Penis :		
Circumcision	2	11
Penile Chancre	2	—
Epithelioma of Prepuce	1	—
ENDOCRINE SYSTEM		
Thyroid :		
Primary Thyrotoxicosis	5	2
Toxic Adenoma of Thyroid	19	—
Cyst Adenoma of Thyroid	4	—
Colloid Goitre	1	—
Pituitary :		
Pituitary Tumour	1	—
MAMMARY GLANDS		
Carcinima of Breast	17	—
Biopsy for Tumour of Breast	2	—
Breast Abscess	17	—
Acute Mastitis	9	—
Chronic Mastitis	2	—
Infected Mammary Cyst	1	—

SKIN AND SUBCUTANEOUS TISSUES

	Adults	Children
Miscellaneous Abscesses	47	6
Burns	6	8
Cellulitis	18	—
Carbuncle	20	—
Minor Lacerations	8	—
Sebaceous Cyst	6	—
Furunculosis	3	—
Lipoma	6	—

HAND AND FINGERS

Ulcer of Hand	1	—
Septic Fingers	10	6
Injury to Digits	6	—
Skin Graft Fingers	1	—
Congenital Defects of Hand	1	1
Palmar Abscess	1	—

LOWER EXTREMITIES

Gangrene Foot	10	—
Gangrene Leg	4	—
Ulcers of Leg	10	—
Injury to Calf	1	—
Ingrowing Toe Nail	1	—

NOSE

Acute Sinusitis	5	—
Epistaxis	3	—
Nasal Polypi	6	—
Deflected Nasal Septum	2	—

THROAT

Tonsillitis	50	21
Carcinoma of Tonsil	1	—

EAR

Otitis Media	8	61
Carcinoma of Ear	1	—
Mastoiditis	1	5
Labyrinthine Vertigo	2	—
Meniere's Disease	1	—
Otorrhœa	5	1

LARYNX

Carcinoma of Larynx	1	—

EYES

	Adults	Children
Corneal Ulcer	3	1
Acute Dacryocystitis	1	—
Foreign Body Eye	2	—
Glaucoma	2	—
Congenital Nystagmus	1	—
Iritis	2	—
Keratitis	1	—
Conjunctivitis	—	5

INVESTIGATION

Gastro-intestinal	58	2
Genito-urinary	9	—
Miscellaneous	1	5

Surgical Operations

ALIMENTARY TRACT

Salivary Glands :

Excision of Submaxillary Cyst	2

Pharynx, Larynx and Oesophagus :

Dilatation of Oesophageal Stricture	4
Thoracotomy for Neoplasm Oesophagus	1
Tracheotomy for Carcinoma of Larynx	1

Stomach and Duodenum :

Abdominal Vagotomy for G.U.	1
Closure of Perforated Peptic Ulcer	18
Gastroscopy	15
Gastro-enterostomy for Carcinoma of Stomach ..	4
,, ,, D.U.	4
,, ,, Pyloric Stenosis	6
,, ,, Gastric Ulcer	2
Gastrostomy for Suture of Bleeding G.U.	4
,, ,, ,, ,, D.U.	2
,, ,, Carcinoma of Oesophagus	4
Partial Gastrectomy for Co-existant G.U. and D.U. ..	1
,, ,, D.U.	19
,, ,, G.U.	14
,, ,, Carcinoma of Stomach ..	6
Stierlin's Operation for Chronic D.U.	1

Somervell's Operation for Chronic D.U.	11
,, ,, ,, G.U.	6
Rammstedt's Operation	3
Trans-Thoracic Vagotomy for D.U.	1
,, ,, ,, G.U.	5
Laparotomy for Inoperable Carcinoma of Stomach ..	6
Peritoneoscopy	6

Appendix Vermiformix :

Appendicectomy for Acute Appendicitis	102
,, Sub-acute Appendicitis.. ..	47
Drainage of Appendix Abscess	13

Small Intestine :

Entero-Colostomy for Krohn's Disease	1
,, ,, obstruction	5
,, ,, ,, Tb Caecum ..	2
Excision of Perforated Meckel's Diverticulum ..	1
Ileostomy	2
Jejunostomy	2
Resection for Mesenteric Thrombosis	1
,, Krohn's Disease	1
,, of Small Bowel for Intestinal Obstruction ..	1
Release of Adhesions for Intestinal Obstruction ..	13

Large Intestine :

Amputation of Exteriorised Colon	1
Blind Caecostomy for Intestinal Obstruction ..	1
Opening of Colostomy	4
Closure of Colostomy	4
Dilatation of Colostomy	2
Exteriorisation of Colon for Carcinoma of Pelvic Colon	1
Right Hemicolectomy for Tb of Bowel	2
,, ,, Krohn's Disease	1
Laparotomy for Inoperable Carcinoma of Caecum ..	2
,, Diverticulitis	1
,, Inoperable Carcinoma of Sigmoid Colon	1
Left Hemicolectomy for Carcinoma of Descending Colon	1
Release of Sigmoid Volvulus	2
Reduction of Intussusception	4
Transverse Colostomy for Carcinoma	5
Inguinal Colostomy for Carcinoma..	12
Colo-colostomy for Carcinoma	3

Liver, Gall Bladder and Bile Duct :

Biopsy of Liver	3
Cholecystectomy	16
,, and Choledocholithotomy	5
Drainage of Liver Abscess	2
Exploration of Bile Duct for Obstructive Jaundice	1
Laparotomy for Inoperable Carcinoma of Liver	1
,, ,, ,, ,, Gall Bladder	1

Rectum and Anus :

Abdomino-perineal Excision of Rectum	3
Drainage of Ischio-rectal Abscess	7
,, Peri-anal Abscess	1
Excision of Fissure-in-ano	10
Haemorrhoidectomy	29
Perineal Excision for Carcinoma of Rectum	1
Laparotomy for Inoperable Carcinoma of Rectum	1
Minor Rectal Operations	3
Sigmoidoscopy	25

Peritoneum and Peritoneal Cavity :

Laparotomy	16
,, for Primary Peritonitis	4

Pancreas :

Laparotomy for Inoperable Carcinoma of Head of Pancreas	4
Laparotomy for Pancreatitis	2

HERNIAE

Inguinal Hernia :

Excision of Sac only (children)	7
Radical cure	98
Operation for Strangulated Hernia	5

Femoral Hernia :

Radical cure	17
Operation for Strangulated Hernia	10

Umbilical Hernia :

Repair of Umbilical Hernia	6
Operation for Strangulated Hernia	1

Incisional Hernia :

Repair Incisional Hernia	6

Ventral Herniae :

Operation for Strangulated Hernia	1
Repair of Ventral Hernia	3

Diaphragmatic Hernia :

Repair and Gallie's Graft	1

GENITO-URINARY SYSTEM

Kidneys :

Nephrectomy for Hydronephrosis	4
,, Pyonephrosis	5
,, Papilloma Kidney	1
,, Ectopic Kidney	1
,, Renal Calculus	1
,, Tb Pyelo-nephritis	4
Renal Sympathectomy and Nephropexy	2

Ureters :

Ureterolithotomy	1
Extra-peritoneal Transplantation of Ureters	2

Bladder :

Cystoscopy	40
,, and Retrograde pyelography	13
Cystoscopic Diathermy	1
Suprapubic Cystotomy	14
Excision of Suprapubic Fistula	1
Closure of Suprapubic Fistula	1
Excision of Bladder Neck..	1
Suprapubic Lithotomy	1
Creation of Artificial Bladder	1
Resection of Diverticulum	1

Prostate :

One-stage Suprapubic Prostatectomy	40
Prostatectomy for Carcinoma of Prostate	1
Wedge Resection of Bar—Prostatic Bar	2

Urethra :

Dilation of Stricture	8
Excision of Cyst	1

Spermatic Cord, Testicles and Epididymis :

Excision Varicocele	4
Orchidopexy	1
Orchidectomy	1
Operation for Undescended Testicles	1
Excision of Hydrocele T.V.	1
,, Spermatocele	2
Bilateral Vaseotomy and Neurectomy	1

Penis :

Circumcision	13

RESPIRATORY SYSTEM

Closed Intercostal Drainage for Empyema	2
Rib Resection—Empyema	10

CIRCULATORY SYSTEM

Arteries :

Ligature of Radial Artery..	1

Veins :

Trendelenberg Operation for V.V...	34

NERVOUS SYSTEM

Lumbar Sympathectomy	2

LYMPHATIC SYSTEM

Lymph Nodes and Vessels :

Biopsy of Glands	3

LOCOMOTOR SYSTEM

Limbs :

Amputation of Leg for Gangrene	11
Amputation of Leg—Thrombosis Right Femoral Vein	1
Re-amputation of Stump of Femur	3
Re-suture of Stump	1

Joints and Bones :

Removal of Coccyx	1

ENDOCRINE SYSTEM

Thyroid Glands :

Partial Thyroidectomy for Adenoma of Thyroid ..	17
,, ,, Primary Thyro-toxicosis ..	7
Total Thyroidectomy	1

NECK

Excision of Glands	2
Removal of Submental Tumour	1

MAMMARY GLANDS

Biopsy of Tumour..	4
Drainage Acute Abscess	17
Radical Amputation for Carcinoma	10
Local Amputation for Carcinoma	5

SKIN AND SUBCUTANEOUS TISSUES

Biopsy of Ulcers	1
Drainage of Miscellaneous Abscesses	49
Excision of Subcutaneous Cyst	12
Excision of Lipoma	9
Excision of Ganglion of Wrist	2
Excision of Papilloma	2
Skin Graft for Ulcer	1
Skin Graft for Burns	2
Removal of Toe-nail	2
Suture of Nose and Lips	1

CONGENITAL DEFORMITIES

Repair of Meningocele	1
Repair of Hare Lip	2

HANDS AND FINGERS

Dupuytren's Operation	1
Amputation of Thumb	1
,, Finger	1
Exploration of Finger	1
Incision of Septic Finger	18
Removal of Splinters	1
Examination under Anaesthesia	21
Total	1,106

Operations on Ear, Nose and Throat and Eyes	54
Orthopaedic Operations (Mr. L. Morris, F.R.C.S.)	287
Dental Extractions, etc. (Mr. J. A. T. Rowlett, L.D.S.)	151
Anaesthetics administered	1,784
Number of surgical admissions (excluding Orthopaedic)	1,653
,, Surgical beds (excluding Orthopaedic)	108
Highest number of surgical beds occupied at one time	108
Lowest ,, ,, ,, ,,	50
Out-Patient Attendances : Male	386
Female	340

CLASSIFICATION OF ORTHOPAEDIC CASES TREATED IN 1946

	Adults	Children
Fractured Humerus	14	—
,, Tibia and Fibula	22	—

	Adults	Children
Fractured Tibia	10	—
„ Fibula	3	—
„ Femur	37	—
„ Patella	5	—
„ Ribs	7	—
„ Pelvis	1	—
„ Ulna	2	—
„ Spine	4	—
„ Acetabulum	1	—
„ Radius	2	—
„ Right Elbow	1	—
„ Skull	1	—
„ Foot	2	—
„ Greater Trochanter	1	—
„ Olecranon	2	—
„ Ankle	2	—
„ Clavicle	3	—
Potts Fracture	2	—
Colles Fracture	2	—
Injury to Spine	1	—
Tuberculous Spine	13	5
„ Tarsus	—	1
„ Knee Joint	2	2
„ Hip	6	9
„ Sacro-iliac Joint	4	—
„ Spine and Hip	3	—
„ Ankle	2	1
„ Trochanter	1	—
„ Elbow	1	—
Osteomyelitis	11	6
Rickets	—	2
Sequestrum	6	—
Amputation Foot	1	—
„ Arm	2	—
„ Leg	1	—
Callosity Right Heel	1	—
Coccydenia	1	—
C.E.V.	—	4
Congenital Defects of Foot	—	2
„ Deformity of Tibia	—	1
Hallux Valgus	2	—
Kuemmell's Disease	1	—

	Adults	Children
Osteitis Deformans	2	—
Perthe's Disease	1	—
Periostitis	1	—
Pes Cavus	1	2
Removal of Patella	1	—
Spina Bifida	—	3
Talipes	3	5
Arthrodesis of Knee	2	—
Hallux Rigidus	—	1
Correction of Feet	—	1
Hammer Toe	1	—
Prolapsed Intervertebral Disc ..	3	—
,, Disc L4 and 5	1	—
Arthritis Knee	6	—
,, Shoulder	1	—
,, Hip	1	2
.. Spine	2	—
Acute Arthritis	2	—
Osteoarthritis Spine	2	—
,, Knee Joint	2	—
Dislocation Hip	1	1
,, Patella	1	—
,, Shoulder	2	—
,, Cervical Spine	1	—
,, Knee	1	—
I.D.K.	2	—
Sprained Ankle	1	—
Injury to Knee Joint	1	—
,, to Ankle	1	—
C.D.H.	—	10
Perthe's Disease of Hip	—	2
Elongation Tendo Achilles	1	4
Sprain Back	1	—
A.P.M.	5	12
Spastic Monoplegia	—	1
,, Paraplegia	—	5
,, Hemiplegia	—	1
Torticollis	—	1
Cartilage, Torn	12	2
Anterior Poliomyelitis	1	2
Lumbo-sacral Strain	1	—
Syndactyly R3 and 4	—	2

	Adults	Children
Dupuytren's Contraction Right Hand	1	—
Dissection of Tendons Fingers Left Hand	1	—
Scar Contraction Big Toe	1	—
Sciatica	1	—
Synovitis Knee	1	—
Complete Tear Anterior Cruciate Ligament	2	—
Drop Foot	2	1
Bursa Semimembranous	1	—
Prepatellar Bursitis	2	—
Bursitis (Right Hallux)	—	1

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

(Mr. D. R. CAIRNS, F.R.C.S.E., M.R.C.O.G.)

This department has continued to work at full pressure. Owing to an outbreak of Gastro-enteritis in the infants, however, we were forced to close the wards during the last three weeks of the year. In spite of this enforced period of inactivity, 945 deliveries had taken place during the preceding 11¼ months and the number of gynaecological operations had risen sharply to 636.

No maternal death had occurred during the period of 21 months from January, 1945, until September, 1946, but unfortunately three deaths occurred after this date. Two of these cases had not attended our Ante-Natal Clinic but were sent in as emergencies in a moribund condition, and did not respond to intensive treatment.

Throughout the year a number of ex-Service Post-Graduates and also several undergraduates have attended the Department for instruction in this speciality.

Ante-Natal Clinic :

Total number of sessions	203
Total number of first examinations	1,166
Total number of attendances	9,933

Post-Natal Clinic :

Total number of sessions	51
Total number of attendances (including Gynaecological Out-patients)	1,150

Maternity Department :

Number of maternity beds provided	45
Number of cases delivered	945
Number of cases notified as Puerperal Pyrexia	21
Number of cases notified as Ophthalmia Neonatorum	Nil
Maternal deaths	3

Cause of Maternal Deaths :

Massive Collapse of Lungs 12 hours after Caesarean Section for Disproportion after Trial Labour	1
Acute Anaemia due to Post-partum Haemorrhage due to Retained Placenta	1
Obstetric Shock due to Post-partum Haemorrhage due to Retained Placenta	1
Stillbirths	49
Neo-natal deaths within 28 days	59
Neo-natal deaths within 10 days	23

Abnormal Deliveries :

Breech Presentation	43
Forceps Deliveries	63
Caesarean Sections	36
Retained Placenta	10
Ante-natal cases admitted for treatment	127

Gynaecology :

Total number of patients admitted	775
Abortions	179
Miscellaneous	596

Operations :

Caesarean Sections	36
Total Hysterectomy	47
Sub-total Hysterectomy	22
Wertheim's Hysterectomy	1
Myomectomy	11
Removal of Ovarian Cyst	5
Salpingectomy	5
Salpingography	42
Colpo-perineorrhaphy	41
Amputation of Cervix	13
Radical Vulvectomy	3
Evacuation of Uterus	139
Dilatation and Curettage	122
Miscellaneous	149
Total number of operations	636

DEPARTMENT OF PATHOLOGY

(Dr. R. S. WALE, M.D.)

General Examinations	35,717
Blood Transfusions given	525
Blood Donors used	375
Histological Examinations	885
Post-mortem Examinations performed	275
Wasserman Reactions	787
Specimens examined at Outside Laboratories for the Area Laboratory	2,243

Staff Changes

The undermentioned ceased duty from the date shown against each name :

Dr. E. Kelen	August 31st, 1946
Miss K. Wright	October 5th, 1946
Mr. R. Brown	July 15th, 1946

Mr. Cyril Reed was taken ill on February 26th, 1946, and died on November 22nd.

The undermentioned commenced duty on the date shown :

Dr. R. O'Driscoll ..	October 1st, 1946
Mr. R. Brown	January 25th, 1946
Miss D. Bolton	April 1st, 1946
Mr. L. Halford	July 10th, 1946
Mr. W. Evans	July 30th, 1946
Mr. J. Mitchell	September 2nd, 1946
Miss R. Beeson	October 7th, 1946
Mr. J. Green	November 25th, 1946

During the illness of Dr. Wale, Dr. Kelen, Miss Barnes and Mr. C. Reed, Dr. O'Brien was sent by the Ministry as Locum Pathologist from June 26th, 1946, to July 19th, 1946.

Miss L. Barnes obtained B.Sc. (Chemistry) and A.I.M.L.T.

The department ceased to bleed donors from June 17th, 1946, since when all supplies have been obtained from the Regional Transfusion Laboratory, Sheffield. The dispensing of penicillin was transferred to the Dispensary in July, 1946, but the department continued to maintain the blood bank.

During the middle part of the year, staff depletion from illness became so severe that only a skeleton service could be maintained. Fortunately, a considerable increase in the staff in the latter part of the year has made a great difference and the increased amount of work has been given proper attention. Lack of space is now more evident and considerably more laboratory space has become essential.

DEPARTMENT OF RADIOLOGY

(Dr. D. FORBES LAWSON, M.A., M.B., D.M.R.E.)

	1945	1946
Number of cases radiologically diagnosed ..	5,832	7,223
Number of cases treated (Superficial X-ray Therapy)	80	140

ANALYSIS OF CAUSES OF DEATH

Disorders of Alimentary System	143
Circulatory System	138
Ear, Nose and Throat	3
Genito-Urinary System	53
Reticulo-endothelial System	13
Endocrine System	11
Metabolism and Nutrition	44
Nervous System	73
Respiratory System	78
Skin	3
Herniae	2
Disorders of Lymphatic System	2
General Infection	23
Maternity and Gynaecological cases	11
Disorders of Mammary Glands	2
Disorders of Bones and Joints	6
Total	605

APPENDIX IV

Report on Maternity and Child Welfare

for the year 1946.

By

E. B. BERENICE HUMPHREYS, M.B., Ch.B.(Edin.)

Maternity and Child Welfare Medical Officer.

STAFF

Medical Staff

Dr. Annys M. Cusack returned from active service on 18th March and Dr. M. D. Hird on 29th April, 1946.

Dr. Molly Wilson resigned and left the Department in August to take up a medical appointment in Scotland near her home.

Dr. Margaret D. Hird resigned to be married and left the Department in October, 1946.

Dr. T. Hugh Powell was appointed in August, 1946, to fill a long-standing vacancy and commenced duty on 9th September, 1946.

Dr. Angel V. B. Crawford was appointed in place of Dr. Wilson and commenced duties on 1st October, 1946.

The vacancies caused by the promotion of Dr. McAlpine and the resignation of Dr. M. D. Hird were filled by the appointments of Dr. T. E. Hayden and Dr. D. McGowan, who commenced duties on 2nd December, 1946.

Health Visitors

Mrs. Mary Reed, the Superintendent Health Visitor, retired on reaching the age limit on 18th October, 1946. She was the first person to be appointed as Superintendent Health Visitor and had held the post for some 27 years. Her pioneer work was suitably recognised on her departure and she carried with her the good wishes of the staff for her retirement.

Miss L. Chambers, who had been a Health Visitor since 1923, retired on superannuation on the 30th September, 1946.

Miss E. J. Owen resigned and left on the 28th February to take up a post near her home in Wales.

Miss E. Lewis was released on compassionate grounds owing to the serious illness of her mother and left on 5th January, 1946. She was reinstated later in the year and commenced duties on 12th October, 1946.

Miss F. S. Leader was appointed to the vacancy of Superintendent Health Visitor, to commence duties on 1st January, 1947.

The following Health Visitors have been appointed to the staff and commenced duties on the dates set out below :

Miss A. H. Lancaster, 4th February, 1946
Miss M. Haird, 12th June, 1946

Midwives

Mrs. E. A. R. Ritchie left the service in April, 1946, to take up a post as a district nurse in the County.

Miss K. Hately left to take up a post in the County in May, 1946.

Miss M. Newell left to be married in July, 1946.

Miss C. M. Conway left the service in July, 1946, to return to Ireland.

Mrs. V. E. Clarke went on sick leave in January, 1946, and as she was not fit to resume duty by October, her services were dispensed with and she ceased to be a Municipal Midwife on 1st November, 1946.

The following midwives have been appointed to the staff and commenced duties on the dates set out below :

Miss M. McAndrew, 22nd January, 1946
Miss B. M. Parker, 6th May, 1946
Mrs. K. Holmes, 22nd July, 1946
Mrs. M. L. Reston, 11th August, 1946
Miss F. Clarke, 1st October, 1946, and
Miss M. O'Reilly, 7th October, 1946

Day Nursery Staff

Miss M. I. Clark commenced duties on 3rd December, 1945, as Matron-Superintendent of Day Nurseries, but owing to ill-health had to resign after only three weeks' duty. She was replaced by Miss J. K. Poole, who commenced duties 24th April, 1946.

Office Premises

The accommodation at the City Health Department Headquarters in Grey Friars had long since been inadequate and most inconvenient for the work of the Department. It is gratifying to report that accommodation was secured at 24a Halford Street and since 4th July, 1946, the work has been carried out in more spacious and congenial surroundings.

The work of the department has extended so rapidly that already it has been found that we could utilise more space than is available at the new office.

Consequent upon the transfer of the Department from Health Department Headquarters, a separate clerical staff was established, with Miss D. R. Potterton as Chief Clerk, together with Mrs. C. M. McNulty (from 24th June, 1946), Mrs. A. M. Tierney, Miss M. E. M. Bunting (from 15th April, 1946), Miss M. Malaghan (from 13th November, 1946), and Miss M. Upton (from 25th June, 1946).

Health Visiting

(Corresponding figures for the previous year are shown in brackets)

Number of first visits to children under one year old	5,401	(4,865)
,, ,, revisits to children under one year old ..	10,497	(14,665)
,, ,, visits to children one to five years old ..	12,511	(20,510)
,, ,, visits to cases of Ophthalmia Neonatorum	44	(42)
,, ,, first visits to ante-natal cases	632	(658)
,, ,, other visits to ante-natal cases	76	(54)
,, ,, visits to children under Infant Life Protection Act	803	(991)
,, ,, other visits (no access)	4,586	(7,144)
,, ,, ,, ,, (not classified)	2,247	(2,494)
Totals	36,797	(51,423)

The total figures show that the decrease in the last year in the amount of district work undertaken by the Health Visitors continues. This was expected in view of the loss of staff during previous years without replacement. With depleted staff it is the district visiting which inevitably has to suffer. The policy of the department is to concentrate on first visits to newly-born infants, subsequent visits being paid according to the amount of time available and the conditions found by the Health Visitor at her initial visit.

Attendance of Health Visitors at Clinic sessions :—

Infant Welfare Centres	2,211	(2,212)
Ante-Natal Clinics	1,174	(1,194)
Post-Natal Clinics	51	(50)
Birth Control Clinic	101	(98)

In addition, Mrs. E. A. Grainger attended 172 Diphtheria Immunisation sessions and 126 Scabies Clinic sessions.

ANTE-NATAL CLINICS

The number of ante-natal attendances during 1946 was as follows :

(Corresponding figures, where available, for the previous year are in brackets)

Clinic	No. of Sessions	ATTENDANCES			Avg. pe Sessio
		First Visits	Re-Visits	Total	
Cort Crescent	50 (51)	237 (183)	1215 (965)	1452 (1148)	29
13 Crescent Street ..	49 (48)	368 (266)	1241 (1116)	1609 (1382)	33
119 Highcross St.—Wed.	50 (51)	348 (255)	1100 (989)	1448 (1244)	29
—Friday	50 (51)	276 (214)	1629 (1253)	1905 (1467)	38
Belgrave Hall—Monday	49 (47)	201 (136)	801 (558)	1002 (694)	20
Wednesday	50 (51)	212 (204)	932 (868)	1144 (1072)	23
Newby Street—a.m. ..	50 (51)	256 (192)	896 (687)	1152 (879)	23
p.m. ..	49 (51)	200 (133)	896 (716)	1096 (849)	22
St. Christopher's—a.m.	50 (51)	174 (100)	957 (609)	1131 (709)	23
p.m.	50 (51)	201 (184)	967 (777)	1168 (961)	23
Braunstone	49 (47)	227 (144)	1027 (787)	1254 (931)	26
Totals	546 (550)	2700 (2011)	11661 (9325)	14361 (11336)	26
Municipal Maternity Home	100 (99)	322 (353)	1804 (1848)	2126 (2201)	21
City General Hospital ..	203 (206)	1166 (1031)	8767 (6988)	9933 (8019)	49
Leicester and Leicestershire Maternity Hosp.	150 (146)	1290 (1068)	8348 (5671)	9638 (6739)	64
Royal Infirmary ..	52 (52)	288 (296)	150 (165)	438 (461)	8
Grand Totals	1051 (1053)	5766 (4759)	30730 (23997)	36496 (28756)	35

The following are particulars concerning the source of the new patients who attended the *district* clinics :

(The corresponding figures for the previous year are in brackets)

CLINIC	Referred by								
	Health Visitors	Mid-wives	Doctors	Ex-patients or friends	City General Hosp.	Other Sources	Other Clinics	Came of own accord	Totals
Cort Crescent ..	37 (31)	25 (64)	3 (1)	24 (25)	2 (1)	4 (1)	4 (3)	138 (57)	237 (18
13 Crescent Street ..	17 (6)	152 (123)	13 (7)	4 (9)	4 (6)	23(16)	7 (7)	148 (92)	368 (26
119 Highcross St.— Wed.	23 (9)	134 (88)	9(19)	79 (29)	8(21)	32(13)	4 (8)	59 (68)	348 (25
Friday	17 (10)	118 (103)	2(11)	65 (32)	— (2)	19 (3)	1(11)	54 (42)	276 (21
Belgrave Hall ..	32 (13)	169 (182)	32 (7)	19 (16)	7(17)	11 (5)	1 (7)	142 (93)	413 (34
Newby Street ..	27 (35)	213 (116)	20(12)	34 (44)	17(22)	28(15)	13 (8)	104 (73)	456 (32
St. Christopher's ..	12 (15)	271 (203)	16 (5)	2 (5)	5 (7)	7 (6)	3 (1)	59 (42)	375 (28
Braunstone	— (3)	176 (116)	2 (1)	— (1)	8 (3)	2 (4)	5 (6)	34 (10)	227 (14
Totals	165(122)	1258(995)	97(63)	227(161)	51(79)	126(63)	38(51)	738(477)	2700(201

The attendances at the district clinics show a marked increase at all sessions and in some instances the work has been too heavy. The trend of the birth-rate indicates that additional ante-natal clinic sessions will be necessary for 13 Crescent Street Clinic and the Friday Clinic at 119 Highcross Street.

In arriving at any estimate of the percentage of pregnant women who attend ante-natal clinics, the number of notified births (6,726), less the number of twin pregnancies (129) has to be considered in relation to the number of first visits paid to an ante-natal clinic, namely, 5,766. The percentage thus arrived at is 87%, but this does not allow for the transfer from one clinic to another and attendances at Hospital clinics of patients who have been seen elsewhere. Nevertheless, the percentage attendance is satisfactory.

MIDWIVES

During the year 1946, 102 midwives notified their intention to practise. Of these, 23 were Municipal Midwives, one relief Municipal Midwife, 16 were midwives in independent practice, and the remaining 62 were practising in maternity hospitals or maternity homes.

THE MUNICIPAL MIDWIFERY SCHEME

SUMMARY OF WORK DONE BY MUNICIPAL MIDWIVES IN 1946

Area	No. of Midwives	Cases Attended	Gas and Air Administered	VISITS		
				Post-Natal	Ante-Natal	Total
1	4	310	164	5,640	1,428	7,068
2	4	368	195	7,297	1,761	9,058
3	2	238	76	4,704	1,349	6,053
4	2	228	33	4,490	944	5,434
5	4	370	123	6,482	863	7,345
6	2	142	12	2,380	613	2,993
7	2	217	35	3,320	630	3,950
8	1	74	38	1,231	356	1,587
Relief	1	71	—	1,876	41	1,917
Grand Total		2,018	676	37,420	7,985	45,405

There was a great increase in the number of births attended during 1944, but this fell in 1945. It has, however, risen again above the 1944 level and the bookings show that it will be even higher in 1947.

The comparative figures are as follow :

	1944	1945	1946
Confinements ..	1,819	1,633	2,018
Bookings	1,886	1,689	2,294

It has been an extremely difficult year for the working of the Service owing to (1) the great increase in the number of births taking place at home and (2) the changes in staff.

The removal of control of employment for midwives made it possible for several of the staff to resign, either because the work was becoming too heavy or because better living accommodation was offered elsewhere.

The replacement has been extremely difficult and from the few applications received, some who were appointed had to withdraw as there was no living accommodation to suit them.

Whereas additional staff could have been employed, yet the Service was not even up to pre-war complement. The original limit of 80 cases per annum has had to be discontinued, otherwise many women would have been left with no attention for their confinements. Hospitals and Maternity Homes limit their bookings, but the Municipal Midwife cannot do so and has to take on all cases refused by the Institutions.

One independent midwife with a practice of about 60 cases per annum retired in July, so that her work has had to be absorbed by Municipal Midwives.

The situation has only been met by the reduction in the number of visits paid to each patient. It is regrettable that the standard of service to patients has had to be curtailed after nearly nine years. Early in the year evening visits were not paid after the fifth day of the puerperium and midwives were relieved of the responsibility of supervising patients discharged early from hospital which meant that the patients themselves would not be supervised up to the fourteenth day of their puerperium.

Half-way through the year it became apparent that even this was too great a task for the Municipal Midwives and evening visits had to be reduced to three per patient.

Application was also made to the Central Midwives' Board to reduce the puerperium to ten days, but while this was not agreed to as a general rule, it was understood that at times midwives would have to reduce the

length of the puerperium and it was left to their discretion in individual cases.

This has not proved satisfactory as midwives do not like discretionary powers which have only been used in exceptional emergencies.

In an endeavour to ease the lot of the midwives, transport was arranged by the City Ambulance Service to confinement cases from 8 p.m. to 8 a.m. As transport has frequently to be provided for the analgesia apparatus this arrangement to convey the midwife in addition saves her much expenditure of energy.

Considerable relief to the Municipal Midwife has been afforded by the employment of temporary midwives for nursing visits. Hitherto such midwives were expected to do full-time day and night duty and they were not easy to obtain. Conditions of service were revised so that if they wish they can now be employed for nursing visits only, which means a limited working day and almost regular hours. Under the present system of payment on a visit basis they can also be employed part-time, for instance, mornings or certain days only in a week, which allows a very useful elasticity in the working of the scheme.

Two additional midwives approved in 1945 were not obtained, but they and a further three midwives recently approved, may be available in 1947.

Gas and Air Analgesia

During the third year of the working of this scheme, there was a further increase from 573 to 676. It is regretted that pressure of work often prevents midwives from administering analgesia.

Domestic Help

It is gratifying to report that a scheme of Home Helps and Domestic Helps was established during the year. A Home Help Organiser was appointed in the person of Mrs. Dorothy I. Mills, S.R.N., S.C.M., who also held the Health Visitor's Certificate and has had experience in Day Nursery work. The scheme was much helped by co-operation from the Domestic Subjects Department of the Education Authority. A preparation course of two weeks with a domestic science teacher as tutor was arranged for each applicant. This was a valuable arrangement, both for the applicants and for the Organiser. The scheme was not launched until the end of the year but the response to appeals for home helps was most encouraging.

Circular 20/44 of the Ministry of Health, dated 22nd March, 1944

In accordance with the above Circular, detailed information is now obtained concerning any infant whose birth weight was 5½ lbs. or less.

Particulars are included in the Maternity and Child Welfare Return and show that there were 498 such infants born in 1946, of whom 390 were known to have survived their birth up to four weeks.

At the time that the Circular was issued, it was not considered possible to implement many of the recommendations contained therein, but it is now hoped that two measures may be proceeded with in the not-too-distant future, namely: (1) the establishment of a separate Home in which premature infants and their mothers could be nursed, and (2) the establishment of a Milk "Bank" for breast milk.

OBSTETRIC CONSULTANTS

During 1946, a consultant was called in to one emergency only, namely, for a difficult delivery.

PUERPERAL PYREXIA

During the year there were 103 notifications of Puerperal Pyrexia, and the following table shows the place of confinement and of treatment, with the results of treatment. The figures include 26 cases of abortion. The policy of removal of all cases of potential sepsis to the puerperal fever unit of the City Isolation Hospital has been maintained and the results obtained justify the procedure.

OPHTHALMIA NEONATORUM

The following details show the incidence and results of treatment of this disease of the new-born during 1946.

OPHTHALMIA NEONATORUM 1946

Cases notified during year		21
Visited by Health Visitors		21
Removed to hospital		1
Treated in hospital		3
Result of Treatment :		
Vision unimpaired	21	
,, impaired	—	
,, lost	—	
Still under treatment at end of year	—	
Patients died	—	
Removed from district	—	
Total	21	

PUERPERAL PYREXIA

Notifications and Result of Treatment.
1946.

CONFINED AT				TREATED AT					RESULT OF TREATMENT										
									Recovered at					Died at					
Home.	Maternity Home or Hospital.	City General Hospital.	Royal Infirmary.	Home.	Maternity Home or Hospital.	City Isolation Hospital.	City General Hospital.	Royal Infirmary.	Home.	Maternity Home or Hospital.	City Isolation Hospital.	City General Hospital.	Royal Infirmary.	Home.	Maternity Home or Hospital.	City Isolation Hospital.	City General Hospital.	Royal Infirmary.
50	27	24	2	8	18	53	22	2	8	18	53	22	2	—	—	—	—	—

TABLE 5

LIST OF REGISTERED NURSING HOMES

(INCLUDING MATERNITY HOMES.)

Address.	No. of Beds.
9 Mere Road	1
66 Uppingham Road	4
56 Clarendon Park Road	17
348 Aylestone Road	15
Stoneygate Nursing Home, Stoneygate Road ..	10
39 Scraptoft Lane	8
"Broadview," Goodwood Road	5
"Clifton Nursing Home," 58 Fosse Road Central ..	7
Central Nursing Home, 6 University Road.. ..	15
350 Aylestone Road	8
The Laurels, 185 Uppingham Road	8
Sundial Nursing Home, Aylestone Road	17
85 Narborough Road	10
St. Francis Private Hospital, 362 London Road ..	26
St. Mary's Nursing Home, 71 Abbot's Road ..	4
Springfield Nursing Home, 271 London Road ..	8
The Woodlands Nursing Home, Uplands Road, Groby Road	6
Springfield Road Rest Home, 35 Springfield Road ..	4
New Registration :	
The Lawn Nursing Home, London Road	22

REGISTERED NURSING HOMES

Concerning the ascertainment of Homes which may not be registered, this matter is kept constantly in mind and all domiciliary births which take place at addresses other than home addresses are carefully scrutinised and then followed up by the Health Visitor.

MUNICIPAL MATERNITY HOME

The number of confinements at the Home during 1946 was 424, as compared with 419 during the previous year. The corresponding figures for the previous five years were :

1941	1942	1943	1944	1945
353	416	420	428	419

The ante-natal clinic is held twice weekly in the centre of the City, as facilities at the Home proved inadequate.

Staff

Dr. T. W. Allen continues as Medical Officer on call for the Home on a part-time salaried basis.

TRAINING OF PUPIL MIDWIVES

The scheme for the training of pupil midwives remains the same as that described for the year 1938, and the number of pupils accepted for training during the year under review was :

	Part I.	Part II.
Number of Pupils in training at beginning of 1946 ..	33	11
,, ,, ,, accepted for training during 1946 ..	92	43
,, ,, ,, who commenced training during 1946	75	28
,, ,, ,, who completed training and successfully passed examination at first attempt	55	25
,, ,, ,, who failed to pass examination, but re-sat and passed	11	1
,, ,, ,, who completely failed	12	2
,, ,, ,, in training at end of 1946	35	16
,, ,, ,, who did not complete training ..	4	1

TABLE 6. MUNICIPAL MATERNITY HOME

Return relating to Maternity Homes maintained or subsidised by the Council, as required by the Ministry of Health, for year 1946.

FORM M.C.W. 96a.

1.	Name and address of Institution : Municipal Maternity Home, Westcotes Drive, Leicester.	
2.	Number of beds in the Institution (exclusive of isolation and labour beds) at 31st December, 1946	25
2a.	Number of beds, if any, included under item 2 which have been allocated to, and reserved for, expectant mothers in need of Hospital treatment	3
3.	Number of maternity cases admitted during the year : Patients	456
3a.	Number of women treated during the year in the beds shown against item 2a. (These women should be included also against item 3)	17
3b.	Average duration of treatment of Expectant Mothers in beds shown against item 2a	4.35 days
4.	Average duration of stay of cases included against item 3.	13.1 days
5.	Number of cases delivered by :	
	(a) Midwives	339
	(b) Doctors	81
6.	Number of cases in which medical assistance was sought by a midwife in emergency	218
7.	Number of cases admitted after delivery	4
8.	Number of cases notified as :	
	(a) Puerperal Fever	—
	(b) Puerperal Pyrexia	5
9.	Number of cases of pemphigus neonatorum	—
10.	(a) Number of infants who have at any time received a supplementary or complementary feed while in the Institution	43
	(b) Number of infants wholly breast-fed on leaving Institution	371
11.	(a) Number of cases notified as ophthalmia neonatorum	—
	(b) Result of treatment in each case	—
12.	(a) Number of maternal deaths	—
	(b) Cause of death in each case	—
13.	(a) Number of stillbirths	6
	(b) Cause of death in each case and results of post-mortem examination (if obtainable) :	
	Prematurity, Macerated	1
	Hydrocephalic, Macerated	1
	Macerated	1
	Anencephalic	2
	No Cause	1
14.	(a) Number of infant deaths within 10 days of birth	4
	(b) Cause of death in each case and results of post-mortem (if obtainable) :	
	Asphyxia Pallida	1
	Torn Tentorium	1
	Prematurity Marasmus	1
	Atelectasis	1

POST-NATAL CLINIC

The only Post-Natal Clinic, opened in 1938, is limited to women confined in the Municipal Maternity Home.

The following figures give details of attendances during 1946 and of treatment carried out when found necessary :

Number of new patients invited	300
Number of new patients attended (i.e., first visits) ..	228
Number of patients who paid second visits	35
Number of patients who paid third and subsequent visits	23
Total attendances (first and subsequent visits) ..	324
Of the new patients examined at the first visit :	
Found to be normal	168
Found to be abnormal	60
Of those found to be abnormal :	
Cauterised	41
Cauterised and referred to own doctor	6
Cauterised and failed to return	3
Advised at Clinic re future treatment	10
Of patients referred to own doctor :	
Pessary fitted at doctor's request	4
Treated by own doctor	1
Referred by own doctor to Hospital	1

A written report and request for treatment at the clinic is sent to the patient's own doctor before this is undertaken. The figures show that this method is acceptable to the private doctor.

BIRTH CONTROL CLINIC

The following figures refer to the year 1946 :

	City	*County*	*Total*
Number of patients who sought advice ..	142	56	198
,, ,, ,, were accepted for advice	130	54	184
,, ,, ,, were refused advice	12	2	14

Concerning the 184 women accepted for advice, the following are the medical reasons for which the advice was given :

	City	*County*	*Total*
Husband :			
Active Tuberculosis	4	1	5
Other diseases	1	–	1
Children :			
Congenital defect	1	—	1
Patient :			
Nervous debility	7	4	11
General debility	48	16	64
Anaemia	1	2	3
Pulmonary Tuberculosis	5	6	11
Heart disease	6	4	10
Kidney Trouble	5	1	6
Albuminuria of pregnancy	2	—	2
Toxaemia of pregnancy	6	8	14
Obstetric complications	19	4	23
Gynaecological conditions	8	3	11
Various other conditions	17	5	22

Cases in which advice was refused

Advice was refused to 14 women (12 City and two County). In eight of the women there were no medical grounds for contraception, four women were advised re sterility, and two were advised concerning a gynaecological condition.

SCHOOLS FOR MOTHERS AND INFANT WELFARE CENTRES

The medical staffing has been maintained by using part-time Medical Practitioners when whole-time staff is not available. Even with the full complement of whole-time staff it will always be necessary to employ part-time Medical Practitioners on a sessional basis to maintain the service during emergency leave and annual leave.

By this means, out of 1,196 sessions held, only 35 did not have the services of a doctor.

The additional session established at Evington Village in June, 1945, in response to requests from mothers in the district, was discontinued in April, 1946, owing to the poor attendance.

(Corresponding figures for the previous year in brackets)

Number of Infant Welfare Centres			22	(23)	
,, ,, Medical Weekly Sessions			24	(25)	
Number of Sessions held ..			1,196	(1,185)	
Total attendances of Mothers			57,886	(55,064)	
Total attendances of Children :					
Under one year old ..	45,205	61,194	(41,809)	(57,567)	
Over one year old ..	15,989		(15,758)		
First visits of Children :					
Under one year old ..	4,146	4,820	(3,708)	(4,289)	
Over one year old ..	674		(581)		
Number of Children attending :					
Under one year old ..	3,706	9,004	(3,176)	(8,720)	
Over one year old ..	5,298		(5,544)		
Number of Sessions at which a doctor was present ..			1,161	(1,123)	
Number of children seen by a doctor			24,561	(22,897)	

The total number of attendances by mothers has increased by 2,822.

The total number of first visits and re-visits shows an increase.

The absence of a doctor from only 35 sessions is satisfactory.

The average number of children seen by a doctor at each session was 21.

Diphtheria Immunisation

Facilities are available at all Infant Welfare Centres, at all Day Nurseries and also at one Central Clinic each week for Diphtheria Immunisation. In addition, a "boosting" dose is offered to all immunised children when they enter school.

INFANTS' MILK DEPOT

The work of this Depot at 13 Crescent Street continues unchanged. Vitamin products are distributed from this Centre.

PROMOTION OF CLEANLINESS AND GOOD HABITS AND THE ELIMINATION OF VERMINOUS CHILDREN

(Circular 2,831 of the Ministry of Health, dated July, 1943)

Ascertainment

Since the receipt of this Circular, Health Visitors now include the examination of children's heads as part of their routine work, both in the homes and at clinics.

The classification used is that any child who on three or more occasions is found to have vermin or many nits in the hair is considered to be verminous.

The number of children under five years of age known to the Department to be persistently verminous during the year under review was 13 and, in general, they belonged to families where the mother was not unduly concerned about the presence of head lice.

Method of Cleansing

A method, similar to that undertaken by the School Health Service, is adopted, namely, mechanical removal of lice and nits by means of a steel comb. A stock of steel combs is, therefore, kept in the Department and combs are available on demand.

No cleansing station, as such, is provided in the area, the onus of cleansing being placed on the parent, but in selected cases where domestic difficulties have been present, the Cleansing Centre, established under the Scabies Order, has been used for certain verminous children.

TREATMENT AT SCHOOL CLINICS

No change except as shown hereunder.

Dental Clinic

Details of the work done during the year are set out below :

(The corresponding totals for the previous year are shown in brackets)

	Children under 5 years	*Adults*	*Total*	
Number of cases treated ..	44	144	188	(215)
Number of attendances ..	52	582	634	(739)
Extractions—Permanent teeth ..	—	966	966	(941)
Temporary teeth	61	—	61	(68)
Anaesthetics—Local	38	169	207	(233)
Gas	—	26	26	(19)
Fillings—Permanent teeth ..	—	21	21	(30)
Temporary teeth ..	6	—	6	(—)
Scalings	—	17	17	(22)
Dentures	—	99	99	(136)
Prosthetic dressings, etc. ..	13	258	271	(301)
Repairs, etc.	—	9	9	(7)
X-Rays	—	2	2	(—)
Consultations	4	40	44	(56)
Number of sessions held ..			105	(89)

Artificial Sunlight

There were 129 children treated, 80 completed treatment, and 49 children were still under treatment.

Results of treatment :

	Good Results		*Fair or Unchanged*		
	Boys	*Girls*	*Boys*	*Girls*	*Total*
Debility	16	20	—	1	37
Anaemia	2	3	—	—	5
Rickets	13	10	—	1	24
Bronchial Catarrh ..	8	5	1	—	14
Totals ..	39	38	1	2	80

Orthopaedic Clinic. No change.

Other School Clinics

There were 78 children under five years of age admitted to the Ear, Nose and Throat Clinic, 192 to the Eyes Clinic, and 340 to the Skins and Minor Ailments Clinic.

DAY NURSERIES

It was decided during the year to retain the wartime Day Nurseries wherever this was possible and negotiations were opened with the Ministry of Health for the acquisition of the hutted Nurseries. Some Nurseries are held in requisitioned premises and others in premises rented on a lease, and as far as possible arrangements will be made to retain these premises.

Concerning the Nursery at 434 Narborough Road, these premises were required by the Dentist who previously occupied them and the Nursery was, therefore, closed on the 27th July, 1946.

The Hostel at 100 Welford Road was never adequate, and other premises have been obtained at 7 Salisbury Road and more accommodation will be necessary.

Training of Students

Under the revised Syllabus the training scheme drawn up by the Ministry of Health and Ministry of Education has been substituted and students will spend time away from the Nursery on their general education and in working in Nursery Classes. This will mean a larger number of students if the staffing of the Nurseries is to be maintained,

and three in future will be reckoned as one member of staff. A Course Tutor was appointed but unfortunately was unable to commence duties.

The attendances at each Nursery are detailed below :

Attendances :	*Whole Day*	*Half Day*	*Daily Average*
St. Martin's	12,341	972	49.7
Glen Street	10,770	770	43.4
Humberstone Road	8,213	601	32.7
Fosse Road	5,463	560	22.0
Narborough Road (to 27.7.46) ..	4,602	367	31.7
Fairway	7,119	787	28.3
New Walk	6,643	466	26.7
Bradgate Street	8,308	393	33.5
College Street	6,007	779	24.2
Belgrave House	10,158	354	40.9
Bedford Street	8,289	641	33.4
Sparkenhoe Street	10,264	1,165	41.2

All existing Nurseries have waiting lists which there is no hope of reducing.

Staffing has been maintained with difficulty, though State Registered Nurses have been available to take charge of all Nurseries.

The shortage of Nursery Assistants on the Educational side is acute, some Nurseries being without an educational worker.

A Child Care Reserve Course for existing members of the staff was, therefore, held during the year and a week-end refresher course for Matrons was also arranged.

Residential Nursery

It is regretted that premises at 140 Regent Road have not yet been opened as a Residential Nursery. It is hoped that this very necessary service will soon be available. The need is so great that premises elsewhere are also being negotiated for to establish a second Residential Nursery.

PRE-NURSING SCHEME

This scheme has been in operation for two years, but the response has been disappointing as the total number of students accepted for the Course this year was only six.

CHILD LIFE PROTECTION

The work is carried on by one Health Visitor only and it occupies most of her time.

The following is a summary of the work :

Visits	803
Applications for registration ..	76
Applications refused	2
Legal proceedings	Nil
Number on register at 31st December, 1946	47 persons (73 children)

CIRCULAR 2866 OF THE MINISTRY OF HEALTH, dated October, 1943

The Care of Illegitimate Children

In accordance with the provisions of the above Circular, a scheme has been in operation since 1st April, 1944, in collaboration with the Diocesan Moral Welfare Association.

Full details were given in the 1944 report.

Analysis of the work done during 1946 is as follows :

Number of illegitimate births notified to the Moral Welfare Association	419
Number of unmarried mothers sent to Homes and Hostels before the birth of their children	20
	439

1. **At present living in their own homes** 73

   Known to Moral Welfare Workers. These mothers have received various kinds of help. A number of them are now reconciled after differences with their relatives. Legal advice and help has been given in 30 cases. Grants in aid of maintenance have been obtained for six children.

2. **Living in Lodgings with their children** .. 14

   Three others have been in lodgings during the year. Twenty-six children in Categories 1 and 2 have been accommodated in Day Nurseries.

3. **Sent to Maternity Homes and Hostels** ..		20
Paid for by City Health Department, six.		
4. **Foster Homes**		4
5. **Institutions**		6
6. **Adoption**—Through Adoption Society ..	19	
Privately arranged	15	
	—	34
7. **Work.** Temporary—for expectant mothers.. ..		4
8. **Left the City,** and referred, when possible, to workers in their own areas		33
9. **Children died**		13
10. **Health Visitor reported** "No help required at present"		230
11. **Cases in abeyance**		8
		439

The Moral Welfare Association has also dealt with 98 other cases concerning children born before 1946.

ADOPTION OF CHILDREN (REGULATION) ACT, 1939

The Leicester Diocesan Moral Welfare Association continues as the Registered Adoption Society for the City and County.

Details of the work of the Society during 1946 are as follow :

Applications from persons wishing to adopt a child ..	95
Number of children offered to the Society with a view to adoption	88
Number of children awaiting adoption orders at the end of 1945	33
Number of children placed with a view to adoption ..	65
Number of orders made in respect of children placed ..	61
Number of children placed and awaiting orders at end of year	35
Number of children returned to their own mothers ..	2

Private Adoptions

The Act permits of adoptions being undertaken privately, information to be supplied to the Department seven days prior to reception.

There were 40 such notifications in 1946, as compared with 51 in 1945.

Such children remain under the supervision of the Child Life Protection Visitor until the adoption has been legalised or the child attains the age of nine years.

STATISTICS

Birth Rate

There were 2,943 male births, 2,716 female births, a total of 5,659, giving a birth rate of 21.0 per 1,000 population.

Of the total births, 5,659, 438 were illegitimate (232 males and 206 females), giving an *illegitimate birth rate* of 1.5.

Stillbirths

There were 148 stillbirths, 82 males and 66 females.

Infant Mortality Rate

Number of deaths in infants under 1 year	304
Corrected number of births	5,659
Infant death rate	53.7

The rates for England and Wales and the Great Towns were 43 and 46 respectively.

The total deaths of infants under one year were 304, 172 males and 132 females.

This gives an infant death rate of 53.7 per 1,000 live births.

The main causes of deaths in infants were :

	Males	Females
Pneumonia	20	16
Diarrhœa	39	37
Prematurity	40	35
Congenital malformations	39	32
	138	120

These causes have predominated in the Infant Mortality figures in previous years.

The high figure of deaths from diarrhœa has prevented a reduction in the Infant Death Rate which otherwise would have occurred.

Details of the epidemic of neo-natal diarrhœa will be found in another section of this Report.

Concerning prematurity, which accounted for 75 deaths, it is hoped further to implement Circular 20/44 of the Ministry of Health by providing a special home for premature infants and also by establishing a breast milk bank.

MATERNAL MORTALITY

Number of deaths during the year	5
From puerperal sepsis	1
From other accidents and diseases of pregnancy and parturition	4
Total	5

	1946	1945
Rate per 1,000 live and stillbirths	0.86	0.99
Puerperal Sepsis rate	0.17	0.2
Figures for England and Wales :		
Maternal mortality rate		1.43
Puerperal sepsis rate		0.18

The above figures agree with the Registrar-General and indicate a satisfactory Maternal Mortality Rate.

E. B. BERENICE HUMPHREYS

July, 1947

TABLE 7. City of Leicester.

INFANT MORTALITY DURING THE YEAR 1946.

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

(LOCAL FIGURES)

Cause of Death.	Under 1 Wk.	1 to 2 Weeks	2 to 3 Weeks	3 to 4 Weeks	Total under 1 Month	1 to 3 Mths.	3 to 6 Mths.	6 to 9 Mths.	9 to 12 Mths.	Total Deaths under 1 Year
All Causes Certified.	112	24	24	15	175	47	40	26	16	304
Congenital Malformations	17	4	2	—	23	5	3	1	—	32
Birth Injuries	14	2	—	—	16	—	—	—	—	16
Atelectasis	6	2	—	—	8	—	1	—	—	9
Atrophy, Debility and Marasmus	—	—	—	—	—	1	1	1	—	3
Premature Births	63	8	5	2	78	2	—	—	—	80
Diarrhoea, etc.	—	6	12	9	27	21	20	8	5	81
Convulsions	—	—	—	—	—	—	—	—	—	—
Asphyxia Neonatorum	2	—	—	—	2	—	—	—	—	2
Icterus Neonatorum	—	2	—	—	2	—	—	—	—	2
Erythroblastosis Foetalis	3	—	—	—	3	—	—	—	—	3
Pemphigus Neonatorum	—	—	—	—	—	—	—	—	—	—
Tentanus „	1	—	—	—	1	—	—	—	—	1
Rickets	—	—	—	—	—	—	—	—	—	—
Haemorrhage of Newborn	2	—	—	—	2	—	—	—	—	2
Pink Disease	—	—	—	—	—	—	—	—	1	1
Tuberculous Meningitis	—	—	—	—	—	—	—	1	1	2
Abdominal Tuberculosis	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases	—	—	—	—	—	—	1	—	1	2
Meningitis. (Not Tuberculous)	—	—	—	—	—	2	—	1	—	3
Encephalitis	—	—	—	—	—	—	—	2	—	2
Bronchitis	—	—	—	—	—	1	—	2	—	3
Pneumonia (all forms)	3	—	2	2	7	8	6	6	3	30
Syphilis	—	—	—	2	2	—	—	—	—	2
Intussusception	—	—	—	—	—	—	1	—	1	2
Heart Disease	—	—	—	—	—	—	1	—	—	1
Whooping Cough	—	—	1	—	1	—	—	—	—	1
Measles	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal Fever	—	—	—	—	—	—	1	1	1	3
Erysipelas	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Suffocation	—	—	1	—	1	1	4	1	1	8
Other Causes	1	—	1	—	2	6	1	2	2	13

Net Births in the Year { legitimate, 5,221. illegitimate, 438.

Net Deaths in the Year of { legitimate infants, 281. illegitimate infants, 23.

Report of the City Analyst

For the Year 1946.

By F. C. BULLOCK, B.Sc., F.R.I.C., P.A.Inst.W.E.,
Public Analyst and Official Agricultural Analyst

FOREWORD BY THE MEDICAL OFFICER OF HEALTH

As usual Mr. Bullock's report is full of most interesting information and presented in his customary attractive manner. It will well repay close study, for it deals with a most important section of those services which are helping to improve the health of the City.

I do not propose to comment specifically on any particular section of his report this year, but I wish to make some remarks on the question of food analysis in general.

I have for a long time felt that the *national* policy in the control of food quality is on wrong lines. This opinion was strengthened by an experience we had during 1945, when the local authority was left to bear the trouble and expense of a prosecution against a firm of national repute, to which Mr. Bullock refers in his report. Although prosecution in this case was successful, and as a result the firm amended the *national* advertisements to which we had taken exception, I feel that the matter would have been very much better dealt with on a national basis rather than locally.

We have recently, for another reason, made enquiries in a number of cities comparable to Leicester as to the duties of the City Analyst. There seems to be a very great divergence of method, some authorities apparently take very few samples, and, if our enquiries have resulted in our obtaining the correct information, Leicester is undoubtedly an authority which takes an exceptional care in looking after the health of the public in this regard.

It is obvious, therefore, that the quality of the food supply of any district depends largely on the degree of keenness of the local authority.

This is, I suppose, a reasonable state of affairs, but it must mean that sometimes an undue burden has to be taken by the more progressive authority ; further, it may mean that a progressive authority may, by its action, turn off its own market an unsatisfactory article, which is sold quite happily in a neighbouring authority. That is one side of the picture.

The other is that with regard to those articles which can be described as nationally produced, I feel it should not be left only to individual local authorities to control the standard of such articles. Much more active steps should be taken by a government body, not only to prescribe quality, but to see that it is maintained, backed up, of course, by the efforts of the local authorities.

Report of the City Analyst

For the Year 1946.

By F. C. BULLOCK, B.Sc., F.R.I.C., P.A.Inst.W.E.
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Staff

There are several changes to record during the year under review. Mr. W. E. Kirk, B.Sc., A.R.I.C., was appointed 20th May, 1946. Unfortunately he went sick in July and remained absent during the rest of the year.

Mr. N. Heron, F.R.I.C., who, in last year's report was stated to be awaiting confirmation of his appointment as Deputy to the City Analyst at Portsmouth, left this Department in June in order to take up his new job.

The Public Analyst's staff was thus reduced for a time to one youngster, Toseland, who was expecting to be called up for one of the services. Some deferment of his call up was obtained.

Mr. E. Minshall, A.R.I.C., was engaged in September.

Accommodation

Owing to staff losses, the present premises temporarily became adequate. However, in anticipation of better days, a scheme was prepared for using two of the rooms vacated by the Maternity and Child Welfare Department, and was approved by the Health Committee. Alterations were not commenced, however, till nearly the end of the year.

Legal

The following are among the chief S. R. & O's which came into force during the year. Many of the new standards for foodstuffs were arrived at by the Inter-Departmental Committee on Food Standards, after considering all the evidence available.

S. R. & O. No. 10. The Milk (Special Designations) Regulations, 1946. This was an important order, and its effect was to substitute a

Methylene Blue Test for an Agar Plate Count Test in the assessing of pasteurised milk, and to give official status to the phosphatase test as an indication of efficient pasteurisation.

S. R. & O. No. 157. Provided that the available CO_2 in Self-Raising Flour be reduced from 0.45% to 0.40%, and abolished the maximum figure for total carbon dioxide.

Strong evidence had been put forward by the Trade that storage conditions in this country caused a "running down" of the aerating agent in Self-Raising Flour and made the previous standard over-stringent.

S. R. & O. No. 278—later amended in detail by S. R. & O. No. 1724. Prescribed the strength of sugar and salt solution in which fruit and vegetables should be packed. Presumably scientific evidence was behind the proposals.

S. R. & O. No. 312. Provided for the rate of extraction of flour to be increased from 82½% to 85%. This value was later increased to 90% and was changed several times later in the year according to the supply and shipping position.

S. R. & O. No. 386. Amended the definition of edible oil to include any oil or fat used for greasing tins.

S. R. & O. No. 945. Revoked and re-enacted with amendments the Soft Drinks Order, 1943. The definition of soft drink was amended to provide that a preparation which could be used both as a medicine and a drink should be regarded as a soft drink for the purposes of the Order. Quinine tonic waters were brought under control and the sugar content of fruit squashes, etc., was increased, with reduction of saccharin content. The release of quinine for this comparatively unimportant purpose is no doubt now possible owing to the war-time development of effective substitutes Mepacrine and Paludrine, synthetics with anti-malarial properties.

S. R. & O. No. 1265. Reduced the minimum fat content of Christmas Puddings from 10 to 9%.

S. R. & O. No. 1355. Re-enacted with amendments the Meat Products (Control) Order, among other things increasing the meat content of beef sausages to 50% and introducing certain other changes in composition of meat products.

S. R. & O. No. 1550. Came into force in part on the 1st April, 1946. Hitherto the Labelling of Food Order had not applied in its

provisions to intoxicating liquors. At the same time it was realised that many very unsatisfactory beverages were on the market, some containing just sufficient alcohol for them to be described as alcoholic drinks, but very far removed from the usual alcoholic strength of wines and cocktails. This amending Order put under control British wines and spirituous liquors containing not more than 40% proof spirit, and the labels on British wines had to make it clear to the purchaser whether or not the wine was derived exclusively from grapes.

S. R. & O. No. 2046. Further amended the Meat Products (Control) Order and, in particular, removed from the scope of the Order meat and vegetable soups. Soups were later controlled by a code of practice agreed between manufacturers and the Ministry of Food.

S. R. & O. No. 2169. Re-enacted with amendments the Labelling of Food Order and, for the first time, brought under control that big series of preparations known as cocktails, fixing alcoholic strengths for three different varieties.

From these brief notes on legal changes it is evident that the Department responsible is alive to the changing needs of the time. While the main purpose of the food laws of the country is to protect the health and pocket of the population, those who design the laws, as well as those who administer them, attempt to strike a fair compromise between the needs and difficulties of the trade on the one hand, and the requirements of the public on the other ; between what is practicable and what is desirable.

Compared with the unchanging character of the food laws in force some twenty years ago, it must be admitted that today a high degree of flexibility and adaptability has taken the place of permanence.

The findings of science, when proved and confirmed, get fairly prompt application, as witness official recognition of the Phosphatase Test and Methylene Blue Reduction Test which has now replaced the somewhat meaningless Plate Count Test in assessing the cleanliness of milk.

The significance of traces of fluorine in foodstuffs was considered by the Inter-Departmental Committee in 1946 and limits for its presence in foods are now established in a 1947 order.

Some of the new regulations are manifest attempts to fill loopholes left by previous Orders, or first attempts to stop comparatively new "rackets." Some are honest confessions of failure of a previous regulation which has proved impracticable. Occasionally however the underlying significance of a new regulation is not easy to discern. A case in point is

the reduction of the fat content of Christmas puddings from 10 to 9% in 1946. This may have been inevitable owing to the world shortage of fats. It may have been a concession to strong demands by trade interests ; possibly science has established the optimum amount of fat desirable to give the right consistency to puddings. It may even be that nutritionist descendants of Mr. Squeers may be behind the move in an attempt to protect the British public from "too much richness" at the festive season.

However that may be, the spate of S. R. & O's issued in recent years having been the subject of so much criticism, I feel a note of appreciation should not be withheld when it appears justified. Moreover, a critical consideration of the "raison d'être" of the Orders as they are issued, besides being interesting, helps to a more intelligent administration.

It is probably true to say that the level of food administration today is considerably in advance of public appreciation. The public are still influenced mainly by appearances, and are victims of mass propaganda in the form of advertising ; and, from the point of view of getting sound honest value, spend a good deal of money on the wrong things simply because they are widely advertised and packed attractively.

Milk

Milk, as a primary article of food, continues to receive prior attention over all other foodstuffs by public analysts. The literature on milk is already voluminous and, as I have been tempted to become discursive on various aspects of this important subject in previous reports of this series, little need be said here. Reduced to its essentials, the work of the public analyst should be designed to ensure that the bottle of milk left on the householder's doorstep in the morning should be free from added water, preservatives, added colouring matter, or indeed any other substances foreign to milk, and should contain its full complement of fat. The bottle, moreover, should be visibly clean. If the bottle is labelled "Accredited" or "Tuberculin Tested" the milk should have been produced under the special conditions appropriate to those grades, and to comply with the standards laid down. If it is sold as pasteurised or heat-treated, the heating process should have been carried out efficiently so that the consumer is assured of the safety connoted by the claim heat-treated. It is conceivable that an uncontrolled heat treatment process would leave the last state of the milk worse than the first.

In commenting on Table C, which sets out the milk samples regarded as in some way unsatisfactory, the following points can be made :

(*a*) No cases of heavy watering of milk were encountered during the year.

(*b*) There were several instances of fat deficiency, the most serious being 20%. 20% deficient means that the sample contained 2.4% of fat, compared with the legal minimum of 3.0%; compared with the average figure for genuine milk of about 3.7% the legal minimum of 3.0% is lenient; and

(*c*) Of the 1,678 samples of pasteurised milk to which the phosphatase test was applied, only seven failed, and of these only four indicated serious departure from efficient pasteurisation.

The average composition of 245 official samples of milk taken under the Act was :

Fat	3.62%
Solids-not-Fat	8.80%

The average composition of 830 samples taken primarily for bacteriological examination was :

Fat	3.73%
Solids-not-Fat	8.82%

These figures are good in view of the fact that careful research has shown that the average composition of milk in this country has depreciated during the last few years as a result of two causes :

(1) The austerity diet of many herds during the war and post-war years.

(2) The increasing number of herds of Friesian cattle.

It is evident that nothing was seriously amiss with the local milk supply during 1946, except that many people would have liked a bigger ration, had the supply been available.

Miscellaneous Samples

In Table D, which sets out the miscellaneous samples other than milk upon which adverse reports were issued, perhaps the most interesting case of the year was provided by a proprietary brand of rolled oats for which special claims were made, and for which a specially high price was charged. Attention was first attracted to this article by an advertisement in a current number of the *British Food Journal*. Claims made in this advertisement led to expectations that the material would contain a considerable addition of milk protein. It happened about that time that a member of the public made enquiries as to the value of this particular brand of oats compared with loose oats and other proprietary brands selling at a lower price, as she was anxious to give her son, who was an advanced case of T.B., the best food possible, and this particular brand

had been recommended by her doctor. The high price, however, was a factor to be considered unless it was justified by superior nutritive properties. A sample was therefore taken, and analysis indicated that, within normal variation, the composition of this brand was normal for rolled oats generally, and the analysis in no way suggested that there was any significant addition of added protein, either soluble or insoluble. The labelling on the packet was considerably more restrained than the wording in the advertisement, but still contained claims unwarranted by the composition. One rather fine point emerged from the wording on the packet. Whereas the claim in the advertisement stated that a "generous addition" of milk protein was present, this was altered to "suitable addition" on the packet. When the case was heard in court we argued that, whereas the word "generous" was simply an exaggeration and misleading, the word "suitable" had been carefully thought out and was deliberately calculated to mislead, as it was known at the time that the small addition to the oats of less than 1% of milk protein was only "suitable" from the point of view of the manufacturer and shareholders, and the word was so non-committal in its meaning as to imply additions of any and every amount. A conviction was obtained after the authority of the Ministry of Food had been obtained to institute proceedings, and a fine of £22, plus 10 guineas costs, was inflicted. Notice of appeal was given, but was withdrawn just before the case was due for rehearing.

Vinegar

Informal sample No. 2121 contained only 2.50% acetic acid instead of the traditional 4.0%, and was reported as "deficient of 35% of the required minimum amount of acetic acid."

A repeat formal sample No. 2123 from the same shop but from another barrel contained 2.9% acetic acid and was reported 27% deficient. The manufacturing firm was one of repute and produced evidence that the vinegar contained over 4.0% acetic acid when distributed to their retailers.

Samples taken from other retailers were, in fact, satisfactory. As it appeared to be a clear case of deliberate watering by the retailer, proceedings were instituted, and the vendor was fined £5 and one guinea costs.

In anticipation of an explanation by the Defence that the vinegar had lost its strength by evaporation on storage, an experiment was made of exposing some genuine vinegar in the laboratory in an open dish for a period. The original strength was 4.4% acetic acid, and after one week the strength had increased to 6.1% acetic acid. Thus, under some

conditions at any rate, vinegar gains strength by evaporation of water on keeping, and does not lose strength by loss of acetic acid.

In the case of the other unsatisfactory vinegars, No. 2138 and No. 34, the deficiencies of acetic acid were slight and due to carelessness in manufacture. The makers were cautioned.

Beer

Towards the end of the year a brewer in the district sent in 49 samples of Beer under Sections 69 and 70 of the Food and Drugs Act. They were all his own brews and the samples were taken with the prescribed formalities and submitted under code numbers, the brewer supplying information as to the original gravity as brewed. Forty-four samples were reported genuine, but water in amounts from 10% to 12.5% were reported in the other five. It transpired that these five all came from the same public house. The brewer himself instituted proceedings and the publican was fined £5 on each of five charges, plus £10 costs.

Two other samples of Beer, Nos. 35 and 36, were certified as containing traces of lead (0.6 p.p.m. and 0.37 parts per million respectively). It was ordered that the lead pipes be replaced by pipes of stainless steel.

SOUPS

Mock Turtle

Two samples of canned Mock Turtle Soup, Nos. 66 and 114, were reported deficient of total solids to the extent of 7.3% and 13.5% respectively. A formal sample of the same brand, No. 93, gave the following composition :

Total Solids	10.16%
Protein	2.11%

Without consulting Mrs. Beeton, we assumed that Mock Turtle Soup at least came in the category of a meat soup, and accordingly applied the standard laid down for meat soup in the Meat Products, Canned Soup and Canned Meat Order, S. R. & O., 1946, No. 1355. These standards are :

Minimum Total Solids	12%
Minimum Protein	2.5%

The manufacturing firm explained the deficiency by confessing that, for a limited period which, according to code numbers embossed on the cans, corresponded with the period of manufacture of the faulty samples,

the person responsible for the control of the manufacture of Mock Turtle Soup had regarded it as a vegetable soup, and had designed his recipe to conform with the lower standard required for vegetable soups.

All local supplies were withdrawn from sale, and the firm was cautioned.

Cream of Barley Soup

S. R. & O., 1946, No. 1355, requires for Cream Soups a minimum fat content of 3.5%. Informal sample No. 50 contained only 2.03% of fat, and informal sample No. 58 contained only 1.72%. A formal sample of the same brand was then analysed, reference number 91, and found to contain only 1.66% of fat, which was rather less than half of the required minimum amount.

In correspondence, the manufacturer stated that the breakdown of a homogeniser had led to irregular distribution of the compound cooking fat which they introduced into cream soups, and they had already, before receiving our complaint, suspended manufacture. They immediately undertook to make a complete investigation of where the faulty pack was likely to be stored so that it could be withdrawn from sale. We accepted this action as satisfactory.

ICE CREAM

For a number of considerations appertaining to the subject of Ice Cream, see last year's report. Taking the apparent amount consumed, particularly by children, as a criterion, ice cream is undoubtedly an important article of food at the present time. If the product supplied is at least wholesome, there is no doubt a good psychological value in having palatable ice cream easily available to the public in reasonably adequate quantities. If it is well made with a good fat content and plenty of milk protein in its composition, it is a valuable and nutritious addition to the diet. If scrupulous care is not taken in its production, however, it is a potential danger to those consuming it, and liable to be a means of spreading diseases of the typhoid group.

There are practical difficulties in enforcing a safe bacteriological standard for ice cream, and there has always been a reluctance in this country to fix a standard of chemical composition. Some definite progress has, however, been made in the year under review in the passing of the Heat-Treatment Order, which makes it compulsory that all ice cream mixes with certain exceptions are put through a heating process which is designed to kill effectively all pathogenic organisms that might

be present. Measures are thus being taken for removing the greatest potential danger connected with the consumption of ice cream, but it should still be clearly realised, as our figures in Table N show, that when one purchases an unknown brand of ice cream the fat content might be anything from 0.23% up to 12%, the majority of samples having rather less percentage of fat than the average sample of milk. The expression "ice cream" is thus still rather a flattering term for most samples found on the market, and it is hoped that in the reconstruction period which we hope will in due course replace this present long-drawn-out spell of austerity some useful figure like 8% will become the statutory minimum amount of fat that ice cream must contain.

DRUGS

Only two varieties of drugs gave rise to cautions or communications with the vendors.

Grey Powder

A matter calling for some clarification was revealed when a batch of samples of Grey Powder was taken for analysis. "Grey Powder" is the official B.P. synonym for the drug "Hydrargyrum cum Creta," the composition of which is mercury 33%, chalk 67%. In four samples the percentage of mercury ranged from 5.8% to 26.2%, compared with the official figure of 33%. All four samples contained a diluent. In three cases this was sugar, and in the other case maize starch. The actual amount of drug "Hydrargyrum cum Creta" varied from 0.4 grain to 2.5 grains per average powder in the four samples. As no declaration of composition was given under the Pharmacy and Medicines Act it was assumed by the analyst that each sample was submitted as official "Grey Powder" of the B.P. Thus it appeared that there was considerable lack of uniformity in the dispensing of this drug, and there was something to be cleared up. Two important points, however, emerged on further enquiry. The B.P.C. states that grey powder is usually mixed with an equal weight of lactose or other inert powder, and in accordance with this statement, presumably, many pharmacists added a certain amount of diluent to avoid having to dispense an inconveniently small weight of powder of the order of, say, ½ grain. Moreover, they argued that the terms "a grey powder" or "six grey powders," for which customers usually ask, are not official expressions in the same way that a seidlitz powder, for which the weight is given in the B.P., is an official expression, and this permits the pharmacist to dispense grey powder in a manner justified by long custom. The second point that emerged was that all the pharmacists had quite correctly asked the age

of the person for whom the powders were required, and the sampling officer had invented a hypothetical baby who aged somewhat rapidly from three months to six months between the first two shops, and reached two years old by the time he went into the fourth shop. This information was not given to the analyst.

In a further batch of six samples where a baby of constant age was used, more uniformity was found, the individual powders of two samples containing $\frac{1}{3}$ of a grain, three other samples $\frac{1}{2}$ grain, and the sixth sample $\frac{3}{4}$ of a grain of the B.P. drug were obtained. In this batch four samples contained lactose diluent and in two samples the undiluted drug was dispensed. As there appeared to be just cause on the part of the pharmacist in using a diluent to make the preparation convenient for his customers, the only action taken was to draw the attention of the local Pharmacist Association to the matter for them to take it up with the parent society so that it would be clearly understood in future what was actually expected when grey powders were purchased.

Boric Acid Ointment

Boric Acid Ointment as specified in the 1932 B.P. contained 10% of boric acid. In the 6th Addendum to the B.P. which became official on the 1st August, 1943, the amount was reduced to 1% boric acid. Six samples taken in the middle of 1946, involving five different brands, all contained 10% of boric acid, and were claimed to be of B.P. strength. While the 10% strength was no doubt the better antiseptic and therefore a better proposition from the point of view of the purchaser, it still seemed desirable that the official strength should be the only one we could accept. The various vendors concerned were recommended to get in touch with their suppliers and have their stocks changed for ointment of the correct strength.

Swimming Bath Waters

All the samples examined (see Table F) were passed as satisfactory on bacteriological grounds. A number of factors has probably contributed to this very desirable result. Close co-operation has developed in recent years between the managers immediately responsible for the cleanliness of the various swimming pools and this department, and many interim inspections are made. If, as usually happens on these occasions, the water is attractive in appearance and gives a good test for residual chlorine, it is known from experience that the bacteriological quality is satisfactory. Instead, therefore, of taking samples, a few tactful compliments are left behind. The samples actually examined in detail were taken quite at random by Sanitary Inspectors.

Another factor which unfortunately probably had some effect was the bad summer season during which bathing loads were never very high at the outdoor pools. The few spartans therefore who did not object to temperatures well under 60° F. certainly got some compensation in having water well up to drinking quality in which to swim.

On a few occasions, at the indoor pools, a residual of chlorine well in excess of our tentative 0.5 p.p.m. was found. Since chloramination became nearly universal in place of the original straight chlorination, complaints of excessive chlorine by bathers appear to have dwindled in number, and we now find that residuals of chlorine in the form of chloramine of under 2.0 p.p.m. cause no discomfort.

Although, therefore, many years ago, 0.5 p.p.m. was adopted locally as the top limit for residual chlorine, amounts above that figure and not exceeding 2.0 p.p.m. are now regarded at the worst as "good faults," and indeed, until the degree of culpability of swimming pools in spreading water-borne infections is better known, these generous residuals are encouraged as precautionary measures, particularly at times when epidemics of diseases like infantile paralysis are prevalent.

Drinking Water

The total number of analyses carried out for the Water Committee, viz.: 476 (see Table H), is alone an indication of the importance attached to ensuring a safe condition of the drinking water supplied to the City. By American standards the number may not seem high, but the samples are selected by the Water Department so as to be completely representative of all water supplied to consumers. The usual plan was followed of taking regular routine samples of the various supplies and, in addition, of investigating by analysis every slightest complaint made by consumers to the Water Department. In addition, a completely independent check was made by inviting Sampling Officers of the Health Department to submit random samples.

In all cases, water as supplied to consumers was approved for drinking purposes. As technical considerations would be out of place in this report, it only remains to be said that as far as I am aware, in 1946, as for many previous years, not a single case of illness was proved to be caused by drinking the local water supply.

Work in connection with the Long Term Policy of obtaining a completely new additional source of supply was completed early in 1946. The Bill was subsequently thrown out by the House of Lords for reasons not given.

Fertilisers and Feeding Stuffs

Of 15 samples examined no Statutory Statement was supplied in six cases. This may seem a small technical point in cases where it is known that customers do not read the statements and probably would not understand them if they did. Nevertheless, as the whole basis of the Fertilisers and Feeding Stuffs Act depends upon discriminating purchasers knowing exactly what they are paying for, it is desirable that this technical obligation on the part of vendors should be insisted upon.

The only serious defect in composition occurred in the case of a sample of potassium nitrate which contained a serious deficiency of potash and a slight excess of nitrogen. The explanation was that the material consisted largely of sodium nitrate.

Several unrationed feeding stuffs at three times the price of ordinary balancer meal were sampled and found to be about half the feeding value of the ordinary balancer meal. No further comment is necessary here.

Atmospheric Pollution

The single Standard Deposit Gauge on the Town Hall roof has been kept in commission throughout the war and since, and regular analyses made. Table P, which, in the last column, gives the total deposits for the last six years, seems to indicate a definite tendency for the pollution in the atmosphere to decrease. In the case of a town like Leicester, domestic coal smoke is considered to be the main source of weighable polluting matter in the air. With fuel difficulties and coal rationing the public have had less coal to burn during the last few years. The decreased amount of atmospheric pollution therefore seems to be a simple case of the effect of less coal being burnt.

TABLE A

Summary of Samples Analysed during 1946

Food and Drugs Act, 1938 :		
Samples submitted by Sanitary Inspectors	764	
Samples submitted by the Public ..	6	
Shellfish (Bacteriological Samples) ..	9	
Ice Cream (Bacteriological Samples) ..	22	
Total		801
Bacteriological Milk Samples examined for chemical composition		831
Fertilsers and Feeding Stuffs Act, 1926 :		
Samples submitted by Sanitary Inspectors		15
Rag Flock Act, 1911		3
Milk (Special Designations) Order, 1936		837
Milk (Phosphatase Test)		1,377
Reference Samples		7
Atmospheric Pollution Samples		47
Miscellaneous Samples from other sources :		
Health Department	83	
Water Department	476	
Miscellaneous	148	
Total		707
Grand Total		4,625

TABLE B

FOODS AND DRUGS ANALYSED DURING 1946

(Sampled by Sanitary Inspectors under the Food and Drugs Act)

Foods Analysed.

Sample	No.	Sample	No.
Milk	245	Junket Powder	3
Arrowroot	3	Jam	12
Baking Powder	8	Jelly	4
Beef Extract	1	Lard	12
Beer	14	Margarine	12
Betox	1	Meat and Fish Paste	12
Bournvita	2	Mustard	8
Bovril	1	Minerals	3
Bread	6	Mussels	3
Bun Flour	1	Oxo	1
Butter	18	Pepper	5
Cake	3	Pickles	7
Cake and Pudding Mixture	14	Pearl Barley	4
Cheese	6	Rolled Oats	9
Cherrum	1	Sausage	10
Chutney	1	Spice	6
Cocktail	1	Sweets	12
Cocoa	11	Sauce	5
Coffee	7	Syrup	1
Cordials	6	Soups	12
Custard Powder	3	Stuffing	4
Dried Fruit	20	Sugar	7
Dried Milk	3	Self-Raising Flour	4
Evaporated Milk	1	Semolina	5
Flavouring Essence	6	Snowfreeze	1
Fruit Split	1	Stewed Steak	6
Fruit Drink	5	Tinned Fish	7
Flour	1	Tea	12
Fishcakes	2	Table Dessert	3
Ground Ginger	6	Vinegar	16
Gelatine	9	Wine	5
Gravy Salt	3		
Ground Almond Substitute	1		
Ice Cream	26	Total	648

Drugs Analysed.

Aspirin Tablets	6	Lime Water	5
Basilicon Ointment	6	Mercury Ointment	4
Boracic Ointment	21	Soda Mints	6
Boracic Acid	6	Vitamin C Tablets	5
Camphorated Oil	11	Zinc Ointment	9
Epsom Salts	6		
Grey Powders	10	Total Drugs	116
Gregory's Powder	1	Total Foods	648
Glauber's Salt	6		
Glycerin	9	Total Food and Drugs	764
Iodine, Tincture of	5		

TABLE C. Milk Samples reported "Not Genuine"

Sample No.	Article	Formal, Informal or Bacterial	Nature of Offence	Action taken
1454	T.T. Certified ..	Formal	6% deficient of Fat	
P1474	Pasteurised	Informal	21 Lovibond Blue Units ..	
1888	Pasteurised	,,	11% deficient in Fat	
1896	Pasteurised	,,	10% deficient of Fat	
2114	Pasteurised	,,	2% deficient Solids-not-Fat ..	
P1327	Pasteurised	,,	9.8 Lovibond Blue Units ..	
1545	Tuberculin Tested ..	,,	Contained 2% added water ..	Cautioned by Medical Officer of Health, or referred to County Authority
1176	Pasteurised	Formal	6.2 Lovibond Blue Units ..	
1586	Accredited	Informal	16% deficient of Fat	
1591	Tuberculin Tested ..	,,	8% deficient of Fat	
1593	Accredited	,,	10% deficient of Fat	
1651	T.T. Certified ..	,,	20% deficient of Fat	
1659	Accredited	,,	6% deficient of Fat	
1661	Tuberculin Tested ..	,,	6% deficient of Fat	
1663	T.T. Certified ..	,,	10% deficient of Fat	
P1875	Pasteurised	,,	3.7 Lovibond Blue Units ..	
1849	Milk	Formal	Deficient 4.4% Solids-not-Fat and 11.6% Fat	

TABLE C.—*continued*

Sample No.	Article	Formal, Informal or Bacterial	Nature of Offence	Action taken
1859	Milk	Informal	Deficient 2.0% Solids-not-Fat and 20% Fat	
1861	Milk	,,	Deficient 5% Solids-not-Fat and 16% Fat	
1863	Milk	,,	Deficient 4.8% Solids-not-Fat and 10% Fat	Cautioned by Medical Officer of Health, or referred to County Authority.
2094	T.T. Certified ..	,,	10% deficient Fat	
2098	T.T. Certified ..	,,	6% deficient Fat	
P2097	Pasteurised	,,	16.2 Lovibond Blue Units ..	
2347	Accredited Milk ..	,,	Deficient 3% Solids-not-Fat ..	
207	Tuberculin Tested ..	,,	Deficient of 13% Fat ..	
155	Pasteurised	Formal	23 Lovibond Blue Units. Sample not properly pasteurised ..	
161	Pasteurised	,,	5.2 Lovibond Blue Units ..	
283	Accredited	Bacterial	Deficient of 3.6% Solids-not-Fat	
405	Accredited	,,	Barely up to mark as regards Solids-not-Fat	

TABLE D. Food and Drug Samples other than Milk reported "Not Genuine"

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
990	Sausage	Informal	Contained undeclared preservative	Cautioned by interview with P.A. and M.O.
999	Sausage	Formal	Contained undeclared preservative	Cautioned by interview with P.A. and M.O.
1308	Grey Powders ..	Informal	Deficient of 77.8% Mercury ..	Wrote to Secretary, local branch of the Pharmaceutical Society with a view to amending B.P.
1311	Grey Powders ..	,,	Deficient of 48% Mercury ..	
1313	Grey Powders ..	,,	Deficient of 15.5% Mercury ..	
1316	Grey Powders ..	,,	Deficient of 81.3% Mercury ..	
1384	Rolled Oats	,,	Labelling offence	Formal sample taken
1164	Egg Substitute ..	,,	Infested with mites	Stock destroyed
1371	Gelatine	,,	Misleading advertisement ..	
1374	Lemon Barley ..	,,	9% deficient of Sugar ..	
1205	Raspberry and Gooseberry Jam	,,	Deficient 33% Raspberries and 48% Gooseberries	Cautioned by letter, 27th April, 1946
1253	Rolled Oats	Formal	Misleading advertisement and label	Fined £22 and £10 10s. 0d. costs
1272	Ice Cream	Informal	Bacteriological quality unsatisfactory	
1273	Ice Cream	Informal	Bacteriological quality unsatisfactory	
1274	Ice Cream			
1275	Ice Cream			
M314	Orange Squash ..	Private	Excessive preservative	
1784	Custard Powder ..	Informal	Infringement of the Labelling of Food Order	

TABLE D—*continued*

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
1776	Frutella Table Dessert..	Informal	Labelling offence	Repeat sample taken, correctly labelled
1724	Ice Cream	,,	Bacterial quality unsatisfactory..	
1725	Ice Cream	,,	Chemical quality unsatisfactory	
1726	Ice Cream	,,	Total count excessive	
1727	Ice Cream	,,	Total count very high	
1739	Ice Cream	,,	Total count excessive	
1740	Ice Cream	,,	Total count excessive	
1741	Ice Cream	,,	Total count excessive	
1742	Ice Cream	,,	Total count excessive	
1743	Ice Cream	,,	Chemical quality unsatisfactory	
1744	Ice Cream	,,	Chemical quality unsatisfactory	
1806	Boric Acid Ointment ..	,,	10.5% Boric Acid	
1818	Boric Acid Ointment ..	,,	10.2% Boric Acid	
1820	Boric Acid Ointment ..	,,	10.2% Boric Acid	Vendor requested to exchange with supplier for 1% strength
1840	Boric Acid Ointment ..	,,	10.8% Boric Acid	
1843	Boric Acid Ointment ..	,,	10.2% Boric Acid	
1845	Boric Acid Ointment ..	,,	10.0% Boric Acid	
2121	Vinegar	,,	35% deficient of Acetic Acid ..	Repeat sample taken
2122	Chutney	,,	Inaccurately labelled	
2123	Vinegar (Repeat of 2121)	,,	27% deficient of Acetic Acid ..	Fined £5 and £1 1s. 0d. costs
2138	Vinegar	,,	Deficient of 6% Acetic Acid ..	
2115	Rolled Oats	Formal	Misleading label and advertisement	

TABLE D.—*continued.*

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
34	Vinegar	Formal	Deficient of Acetic Acid ..	
35	Beer..	Informal	.3 p.p.m. excess of Lead ..	Lead pipes to be replaced by stainless steel
36	Beer..	,,	.07 p.p.m. excess of Lead ..	
2181	Pickled Gherkins ..	,,	Not fit for human consumption	Entire stock surrendered and destroyed
50	Cream of Barley Soup ..	,,	Deficient of 42% Fat ..	
58	Cream of Barley Soup ..	,,	Deficient of 50.8% Fat ..	Formal samples to be taken and firms to be written to
114	Mock Turtle Soup ..	,,	Deficient of 13.5% Total Solids	
66	Mock Turtle Soup ..	,,	Deficient of 7.3% Total Solids..	
122	Boracic Ointment ..	,,	900% excess of Boric Acid ..	
91	Cream of Barley Soup ..	Formal	52% deficient of Fat.. ..	Repeat of No. 58
93	Mock Turtle Soup ..	,,	Deficient of 15.3% Solids and 15.6% Protein	Repeat of No. 114
M370	Beer..	Private	Contained approximately 12.5% added water	
M380	Beer..	,,	Contained approximately 12% added water	
M375	Beer..	,,	Contained approximately 10% added water	Fined 5 guineas in respect of each sample and 10 guineas costs
M376	Beer..	,,	Contained approximately 10.5% added water	
M377	Beer..	,,	Contained approximately 11.4% added water	

TABLE E.

Results of Bacteriological Examinations of Milk, 1946

Grade	Total No. examined	Passed as satisfactory	No. which failed Me. Blue Test	Total count too high	B. Coli too numerous	Not less than 2.3 L.B.U.	% satisfactory		
							1944	1945	1946
Tuberculin Tested (Certified)	60	55	1	—	5	—	93.6	92.5	91.65
Tuberculin Tested	248	204	22	—	37	—	64.9	80.4	82.2
Tuberculin Tested (Pasteurised)	45	42	—	3	—	—	97.6	96.0	93.3
Accredited	111	84	12	—	24	—	61.3	45.8	75.7
Pasteurised	302	292	6	5	—	1	95.4	94.3	96.6
School Milk (Pasteurised) ..	71	65	2	1	—	3	89.1	87.7	91.5
Total	837	742	43	9	66	4	83.8	83.6	88.6

TABLE F. Swimming Bath Waters Examined during 1946

Bath	No. examined	No. having satisfactory bacteriological quality	Unsatisfactory		% passed as bacteriologically satisfactory
			Total organisms too numerous	B. Coli too numerous	
Vestry Street	12	12	—	—	100
Cossington Street	4	4	—	—	100
Aylestone	4	4	—	—	100
Spence Street	4	4	—	—	100
Total (Corporation Baths) ..	24	24	—	—	100.
Kenwood Pool	3	3	—	—	100
Humberstone Lido	3	3	—	—	100
Total (all Baths)	30	30	—	—	100

TABLE G. Fertilisers and Feeding Stuffs Analysed under the Fertilisers and Feeding Stuffs Act during 1946

Sample	Number Examined	Number Satisfactory	Number Unsatisfactory		
			Composition Incorrect	Statutory Declaration Defective	Total Unsatisfactory
Balancer Meal	5	1	1	3	4
Poultry Meal	1	—	—	1	1
Dried Blood	1	—	—	1	1
Bonemeal	2	1	—	1	1
Potassium Nitrate	1	—	1	—	1
Garden Lime	1	1	—	—	—
Fertiliser	3	1	2	—	2
Feeding Stuff	1	1	—	—	—
Total ..	15	5	4	6	10

TABLE J. Samples submitted by members of the Public.

Article	No.	Article	No.
Artificial Cream	1	Biscuit	1
Whisky	1	Renown Dessert	1
Lemonade	1		–
Grub	1	Total	6

TABLE H. Miscellaneous Samples examined for various Committees

Health Department

Sulphur Cylinders ..	35	
Rain Waters	12	
	—	47
Waters—Chemical :		
City Supply	3	
River Water	2	
Well Water	5	
	—	10
Waters—Bacteriological :		
City Supply	20	
Well Waters	2	
River Water	2	
	—	24
Bath Waters		30
Soft Soap		1
Tin Chocolate and Boiled Sweets		1
Dust		5
Fuel Samples		3
Milks (Dried)		3
Milks (Human)		6
Milks (Phosphatase) ..		1,377
		1,507

City Mental Hospital

Tablets	1	
Paraldehyde	2	
Paraldehyde with Chloral ..	1	
Chloral Hydrate	1	
	–	5

Public Assistance

Soft Soap	1	
	–	1

City General Hospital

Stomach Contents ..	1	
	–	1

City Surveyor

Pool Cutback	1	
Colastuck Emulsion ..	1	
	–	2

Water Department

Water (Chemical) ..	273	
Water (Bacteriological) ..	144	
Water (Biological) ..	48	
o-Tolidine Solution ..	1	
Sludge	1	
Hazen Apparatus ..	1	
Sand	1	
Copper Pipes	1	
Deposit	4	
Algae	1	
Double Threaded Union ..	1	
	—	476
Total		1,992

TABLE I. Miscellaneous Samples examined from various other sources.

Article	No.	Article	No.
Asthma Medicines	5	Meat	1
Anti-pest	1	Parazone	1
Barley	3	Paraffin	1
Beer	49	Powder	1
Bleaching Fluid	3	Potato Water	1
Butter	1	Rolled Oats	1
Cordials	6	Sewage	1
Christmas Pudding	2	Self-Raising Flour	1
Corned Beef	1	Tablets	1
Commonwealth Powder	1	Vomit	2
Detergent	1	Vinegar	1
Dried Egg	1	Water (Chemical)	26
Ground Almond Substitute	3	Water (Bacteriological)	12
Insect	1	Water	3
Ice Cream Liquid	2		
Medicine	1		
Milk	5	Total	139

TABLE K

Summary of Samples examined by Bacteriological Methods in 1946

Milk	766
Pasteurised Milk supplied to Schools	71
Reservoir and other Waters (for Water Committee)	144
Waters (for Health Committee)	24
Swimming Bath Waters	30
Miscellaneous Waters	12
Ice Cream	22
Total	1,069

TABLE L.

Samples of Milk examined by the Phosphatase Test, 1946

Dairy	Number Examined	No. giving less than 2.3 Blue Units, Efficiently Pasteurised	% of Total Satisfactory 1946	% Satisfactory in previous years		
				1945	1944	1943
1	224	224	100.0	100.0	96.0	95.6
2	227	227	100.0	99.6	100.0	100.0
3	248	247	99.5	100.0	100.0	99.6
4	192	191	99.4	100.0	100.0	99.5
7	225	222	98.6	99.6	99.5	97.5
8	251	251	100.0	99.8	97.6	99.6
Miscellaneous (mainly samples submitted for Bacteriological Tests.)	301	292	96.95	98.3	99.0	97.2
Total	1668	1654	99.1	99.5	98.6	98.3

TABLE M.

B. Coli Content of Reservoir Water, 1946

Reservoir	No. of Samples	B. Coli Absent	Probable No. of B. Coli per 100 mls.			
			0—2	3—10	11—25	More than 25
Swithland						
Filtered Water	15	3	2	7	2	1
Filtered and Chloraminated Water ..	9	9	—	—	—	—
Cropston						
Filtered Water	19	3	4	6	5	1
Filtered and Chloraminated Water ..	10	10	—	—	—	—
Thornton						
Filtered Water	12	2	2	6	1	1
Filtered and Chloraminated Water ..	12	12	—	—	—	—
Derwent ..	1	1	—	—	—	—
City Supply ..	76	71	1	3	—	1

TABLE N

Ice Cream Samples examined during 1946

Sample No.	Fat %	Total Solids %	No. of Organisms per ml. on Agar in 48 hrs. at 37° C.	B. Coli			Metals Zn. ppm.
				.1 ml.	.01 ml.	.001 ml.	
1122	0.57	26.3	5,000	—	—	—	22
1123	3.64	21.65	430,000	+	—	—	7
1124	4.05	23.85	940,000	+	+	+	6
1125	5.4	25.46	64,000	—	—	—	7
1126	6.5	26.9	19,000	+	+	—	6
1127	0.27	26.85	15,000	+	—	—	26
1128	0.6	24.7	84,000	—	—	—	21
1129	0.32	29.5	8,000	+	—	—	50
1130	12.0	37.3	38,000	—	—	—	10
1131	9.6	30.55	2,000	—	—	—	Nil
1132	10.8	33.4	31,000	—	—	—	6
1133	9.7	33.4	14,000	—	—	—	9
1724	2.60	28.8	200,000,000	+	+	+	25
1725	2.85	24.98	27,000	+	—	—	25
1726	3.78	20.75	30,000,000	—	—	—	25
1727	.23	28.85	1,380,000	—	—	—	25
1272	3.8	22.5	5,000,000	+	+	+	9
1273	2.74	14.84	1,200,000	+	+	+	8
1274	3.73	24.96	8,000,000	+	+	+	20
1275	.41	22.3	90,000,000	+	—	—	8
1739	3.28	28.7	11,000,000	+	—	—	Nil
1740	2.99	32.4	8,000,000	—	—	—	Nil
1741	3.14	30.9	—	—	—	—	25
1742	1.37	28.4	—	—	—	—	25
1743	1.74	24.2	—	—	—	—	Nil
1744	.32	34.80	—	—	—	—	Nil

TABLE O

Atmospheric Pollution

Lead Peroxide Method for SO_3 Average Monthly Figures for 1946.
Results expressed in mgms. of SO_3 per 100 sq. cm. per day.

Month	Town Hall Station	Westcotes Station	Grey Friars Station
January	6.76	3.03	5.07
February	9.6	4.15	7.04
March	4.78	2.35	4.12
April	2.39	1.20	2.14
May	2.24	1.17	2.33
June	1.93	.32	1.42
July	1.42	.44	1.14
August	1.67	.32	1.10
September	2.84	1.74	2.52
October	3.32	1.534	3.050
November	5.22	1.34	3.90
December	7.04	2.84	5.21

TABLE P. Atmospheric Pollution

Figures obtained from Standard Deposit Gauge, 1941-1946

Site of Gauge : Town Hall Roof, Leicester

Average deposit in tons per square mile per month

Year	Average Monthly Rainfall, inches	Insoluble Deposit				Soluble Deposit	Total Deposit
		Tar	Soot	Ash	Total		
1941	2.41	0.17	4.23	16.12	20.52	7.94	28.46
1942	1.76	0.15	4.02	17.25	21.42	7.05	28.47
1943	1.72	0.13	3.63	17.19	20.95	6.63	27.58
1944	2.39	0.12	3.65	15.45	19.22	6.29	25.51
1945	1.79	0.19	3.80	13.56	17.55	6.18	23.73
1946	2.728	0.33	3.57	11.81	15.71	6.66	22.37
Aver. for six years	2.133	0.19	3.81	15.23	19.23	6.79	26.02

APPENDIX VI

Report on the Sanitary Inspection Department

for the year 1946

By

F. G. McHUGH, F.R.San.I., F.S.I.A.,

Chief Sanitary Inspector

This is my 25th annual report on the work of the Leicester Sanitary Inspection Department.

In 1922, when I was appointed, the total personnel of the department was 12—eight Sanitary Inspectors, two Male Clerks and two Disinfectors.

By 1938 the staff had increased to 44, including 28 Sanitary Inspectors.

There was no typewriting machine or a shorthand-writer in the department in 1922.

In 1922 the drainage and sanitary equipment of much of the house property was bad, particularly the water closet accommodation in the old central wards, Wyggeston, St. Margaret's, and Newton. In one instance a block of 10 houses shared the use of two water closets. In many cases four houses shared one water closet and 10 to 12 houses shared an outside water tap in a common yard.

After a substantial increase in the number of Sanitary Inspectors, action was taken to increase the water closet accommodation and other sanitary equipment of house property. Up to this time no slum clearance scheme had ever been undertaken in the city. By 1939, however, about 3,750 houses near the centre of the city had been demolished ; then the war brought this work to a standstill.

Sanitary Inspectors

Mr. G. V. Penn and Mr. F. W. Murray left the Public Health service and took up private business appointments in January and November respectively.

Mr. E. Owen resigned in February to take up an appointment as District Sanitary Inspector at Preston.

Mr. A. McCartney resigned in October to take up an appointment as Chief Sanitary Inspector at Wrexham.

Mr. W. C. Long retired on superannuation in November after 32 years' service.

Mr. A. G. Watkin returned to official duties in July after demobilisation from the Royal Air Force.

Mr. S. A. Gregory, of Stafford, and Mr. R. V. Redston, of Birmingham, were appointed and started duty in June and July respectively.

Clerks

Mr. R. Fieldman left the Public Health service in March to take up other work, and Mr. R. M. Rixon was appointed in his place.

Miss H. F. Middleton was appointed shorthand-typist to fill the vacancy caused by Mrs. McCarthy's resignation.

It is disquieting, I think, that several of our male staff have left the Public Health service to take up private business appointments, particularly so in the case of the Sanitary Inspectors who have spent several years training, and who, after many years in office, have become most efficient and useful to the community.

Our two senior male clerks left the Public Health service (one last year and one this year) shortly after their demobilisation, to take up other work. Both had gained considerable experience with us in connection with Slum Clearance and Overcrowding work under the Housing Acts.

Sanitary Inspectors are in short supply, partly owing to the cessation of training during the war years, but I hold the view that the profession is not being made attractive enough financially, having regard to the years of training a Sanitary Inspector has to undergo to make himself efficient for the work he is required to do.

In comparing the Sanitary Inspector with other local government officers, particularly the non-technical men, it does not seem to be appreciated that before he can "practise" the Sanitary Inspector must be qualified. To qualify, he must first of all furnish proof of having attained a good standard of education—the matriculation or an equivalent examination.

Theoretical Training. Some of the principal requirements are, that he must have a knowledge of building construction and drawing (this knowledge takes several years to acquire)—some knowledge of mathematics, chemistry and physics—a thorough knowledge of insect pests and vermin—a very thorough groundwork of sanitary law, and a knowledge of foodstuffs.

Practical Training. He must produce evidence of being articled in a Sanitary Inspector's office, or of attending an approved training college or institution.

Before being accepted as a candidate for the Sanitary Inspectors examination, he must satisfy the examining board on the matters briefly outlined above.

Unless a candidate is located in one of our few very large cities, he will most likely have to leave home to obtain his training. The majority of the young men I have come in contact with during the past 30 years, after giving consideration to the training required and the remuneration offered to Sanitary Inspectors, have given up the idea of entering the service.

Owing to retirements on superannuation and to Inspectors leaving our service to take up better posts elsewhere, Leicester, at the moment, requires nine Sanitary Inspectors to bring the department up to its pre-war strength, but our advertisements for qualified Inspectors do not produce any applications, the salary offered being unattractive.

While Leicester is nine Inspectors short, an adjacent Sanitary Authority now has three times the number of Sanitary Inspectors it had in 1943, and this additional staff has enabled that authority to carry out a survey, as recommended in the Hobhouse Housing report.

A result of this staff depletion is that many important duties are being left undone.

First among these unperformed duties I would place the systematic house-to-house inspection work for general repairs of dwelling houses. We find no time for systematic inspections under the Shops Acts, Factories Act, or of the Food preparation premises, to mention just three of our more important jobs. Infectious disease control work and the inspection of meat and other foodstuffs must always be priority work, but in addition to this, the present depleted staff is not even able to cope with complaints made by our citizens day by day of nuisances, and of the disrepair of houses (mainly houses of the working classes). The total of sanitary notices not complied with increases month by month and the staff position becomes worse month by month, as our

experienced Inspectors leave us to take up better-paid posts elsewhere and the vacancies are not filled.

It is well known, of course, that the difficulties of getting repair works carried out at present are greater than ever before in living memory, but we in the Sanitary Inspection Department are not holding our own —we are "going back"—and something should be done about it. If we cannot get applicants for our vacancies we should at least take effective action to retain our present staff of experienced Inspectors.

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	306	131	437
Agricultural Produce (Grading and Marking) Act	—	2	2
Re Animals, Poultry, Swine, etc . .	183	35	218
Ashpits and Ashbins	208	48	256
Bakehouses—Factory	140	4	144
Non-Factory . .	57	5	62
Canal Boats	48	8	56
Cesspools	11	—	11
Closets—Water	1,614	343	1,957
Privies	—	—	—
Pails	2	—	2
Cold Stores	12	—	12
Common Lodging Houses—Day . .	88	2	90
Night . .	8	—	8
Complaints Received	4,571	2,906	7,477
Complaints Confirmed	3,765	9,918	13,683
Cowsheds	81	8	89
Dairies and Milkshops	285	130	415
Dangerous Structures	43	4	47
Drains Inspected—Smoke Tests . .	566	33	599
Chemical Tests . .	15	—	15
Colour Tests . .	128	6	134
Drains Inspected	2,072	1,909	3,981
Ditches and Watercourses	17	32	49
Entertainment Houses	11	—	11
Factories	202	84	286
Fish Frying Premises	71	11	82
Food Control	43	1	44
Food Manufacturing Premises . .	379	11	390
Food Vendors' Vehicles	12	—	12
Food Warehouses	783	2	785
Carried forward	15,721	15,633	31,354

	Inspections.	Re-inspections.	Total.
Brought forward	15,721	15,633	31,354
Houses re Contagious Disease	1,991	80	2,071
Contagious Disease Contacts	2,292	37	2,329
Disinfection	297	7	304
Overcrowding	187	22	209
Vermin	278	73	351
Housing Acts—Houses	153	1,318	1,471
Other Buildings	—	—	—
Housing Acts (Slum Clearance):			
Section 25—Houses	1	—	1
Other Buildings	4	—	4
Section 11—Houses	4	—	4
Special Visits	14	—	14
Houses Let in Lodgings—Day	74	69	143
Hotel and Restaurant Kitchens	91	5	96
Ice Cream Premises	440	16	456
Markets—Retail Meat	501	—	501
Fish and Fruit	517	—	517
Wholesale Fish and Fruit	440	—	440
Wholesale Meat	1	—	1
Wholesale Tripe	—	—	—
Meeting with Owner or Tradesman	2,521	2	2,523
Merchandise Marks Act	4	7	11
Offensive Trade Premises	54	7	61
Piggeries	27	2	29
Shops—Meat	550	1	551
Fish	79	2	81
Fruit	26	—	26
Other Food Shops	319	3	322
Shops Acts	278	866	1,144
Slaughterhouses—Corporation	58	—	58
Private	220	2	222
Schools	20	—	20
Smoke Observations	9	—	9
Special Visits re Smoke	98	2	100
Special Visits	5,557	322	5,879
Sewers, etc.	34	31	65
Street Gullies	10	2	12
Streets or Back Roads	26	—	26
Stables	50	9	59
Tips	18	—	18
Urinal—Public	92	35	127
Private	20	1	21
Van Dwellings	6	—	6
Workshops and Workplaces (excluding Bakehouses)	26	—	26
Yards and Courts	303	50	353
Grand Totals	33,411	18,604	52,015
(Comparative figures for 1945)	(29,870)	(17,091)	(46,961)

Notices—Served—Informal	2,327
Formal	30
Complied with—Informal	922
Formal	11
Samples—Food and Drugs Act	764
Bacteriological	837
Shell Fish	12
Milk for T.B.	36
Rag Flock Act	3
Fertiliser and Feeding Stuffs Act	14

CANAL BOATS

Report on the Administration of the Canal Boats Act during 1946

In recent years no Canal Boats have been coming into this area, but during the past year 28 boats were inspected at the Belgrave Wharf. These boats were occupied by :

30 male adults	16 female adults
16 children over 5 years	8 children under 5 years

Verbal notices were given to the owners in three instances regarding minor defects.

TABLE OF CESSPOOLS, PRIVIES AND PAIL CLOSETS IN CITY.

	Cesspools.	Privies.	Pail Closets.	Chemical Closets.
No. remaining December, 1945	93	—	91	1
No. abolished during year 1945	—	—	—	—
No. remaining December, 1946	93	—	91	1

COWSHEDS.

Number of Dairy Farms in city at end of 1946 ..	20
Number of Cows in city at end of 1946	392

DISINFECTION.

No. of articles disinfected	1402
Houses or parts of houses disinfected ..	738

DISINFESTATION.

			Council.	*Other.*
Houses.	1.	Infested	420	397
		Disinfested	420	397
	2.	No change.		
	3.	No change.		
	4.	No change.		

Personnel. Nil.

Clothing and Bedding, etc. From 10 houses, etc., comprising 89 articles.

TERMINAL DISINFECTION OF CERTAIN WARDS AT THE CITY GENERAL HOSPITAL

Under the heading of Disinfection the department was called upon to carry out urgently the terminal disinfection of two wards at the City General Hospital after an outbreak of epidemic diarrhœa among very young children.

All considerations or arguments regarding the efficacy or otherwise of processes of terminal disinfection were set aside, and the job was tackled with the object of destroying any infective material there might be on the surfaces and in the atmospheres of all the rooms.

The two wards each contain approximately 70,000 cubic feet of air space. They comprise : Main ward, Nursery, Labour ward, Small ward, Instrument room, Sister's office, Linen Cupboard, Bathroom, Sluice 1, Sluice 2, Kitchen, Balcony and Passage. The two wards were done separately.

The various rooms were made as airtight as possible by sealing up with adhesive paper all windows, doors, ventilators, and other apertures.

The steam radiators were used to raise the temperature of the wards to about 72° F.

The walls, floors and ceilings were sprayed with a solution of formalin in hot water (eight ounces of formalin to one gallon of water per 400 square feet of surface). This, in addition to acting as a contact disinfectant, induced the conditions of humidity necessary for efficient gaseous disinfection.

To generate formaldehyde gas, 40 improvised generators were sited throughout the wards, and in each of these was placed 30 ounces of formalin and five ounces of potassium permangate. It was estimated that this material would generate sufficient gas to disinfect 80,000 cubic feet of space. Each of the two wards, as already stated, contained approximately 70,000 cubic feet of air space.

The wards were left sealed up under pressure of this gas for 42 hours, and even after this period so strong was the gas that it was necessary for the operators to use respirators on entering the wards to open windows for airing.

All bedding, mattresses, etc., were spread out in the wards during the disinfection.

After unsealing, all surfaces of the wards were washed down with a cleansing solution, and then with a Dettol solution.

The floors were scrubbed by the hospital staff and later painters applied a coating of spindle oil to produce a dustless surface.

Lastly, all mattresses, pillows, blankets and bed linen were removed for steam disinfection.

Plague of Red Ants at City General Hospital

In July the department dealt with a severe infestation of ants at the City General Hospital. The infestation was widespread through all sections of the buildings with the exception of the nurses' quarters, which are detached from the main buildings.

The ant was identified as Monomorium Pharaonis, known as Pharaoh's Ant or the small Red House Ant. It was not the common garden ant.

As far as can be ascertained the infestation dates back ten years and little or no action had been taken during this period either to eradicate or control the pest. It is an extremely small insect about 1/12th of an inch long, most persistent in its search for food and we found it could gain access to any receptacle not hermetically sealed. Pharaoh's Ant is omniverous, its food varying from carrion to any moist sweet substance such as biscuits and cake. They were breeding in the foundations of the buildings near ovens and steampipes—anywhere where there was warmth and food. The hospital building provided all these insects required and they flourished. It was known that the females and males usually remain in the nests and that the insects seen moving about in search of food are almost always only "the workers." The nests for the most part being inaccessible, it was decided to do mass spraying with both liquid and powder preparations of D.D.T. and to rely mainly on the residual power exerted by these preparations.

Powder Spraying

Under the hospital buildings there are about 1,500 yards of service ducts containing steam pipes, etc., and the temperature encountered in some is as high as 120° Fah. It was considered inadvisable to use in these ducts a liquid spray with a paraffin base. A powder containing 10% D.D.T. was therefore obtained, but the application of this with a powder-blower caused such discomfort that the operators had to give up using the blower. Instead, a solution was made by mixing 2 lbs. of the powder with 1 gallon of water, and spraying the mixture on the surfaces with a stirrup-pump and long hose. This gave an even and

economical coverage and the greater part of the ducts and all the cellars were treated with this preparation. Seven hundredweight of powder was used for the initial application.

Liquid Spraying

About 150 gallons of a liquid insecticide spraying solution with a 5% D.D.T. content were used for mass spraying of all wards and other portions of the hospital above ground. A 4-gallon sprayer with a pressure of 25-30 lbs. per square inch was adapted by using stirrup-pump hose and single nozzle connector with 1/20 inch aperture. This gave a fine wetting spray of adequate coverage.

It was correctly assumed that the ants emerging in search of food would be killed by the fine film of D.D.T. left after spraying and that by killing off the workers, the nests would be starved and so destroyed. No doubt many nests were directly destroyed by the liquid spray.

The work was carried out, block by block, from one end of the hospital to the other, and as each portion above ground was completed the service ducts underneath were sprayed with a water dispersal of D.D.T. powder as previously described.

Conclusions

The insecticides used proved to be most efficient, resulting, in our estimation, in an 80% "kill" following the initial treatment. The infestation, after five months' continuous work, is now considered to be under reasonable control.

Recommendations

Continual supervision and treatment will be required for a long period, and a workman who worked under Sanitary Inspector A. G. Watkin for most of the period is considered competent to carry on the work.

Inspector Watkin was engaged on the work—whole-time—for approximately five months and, for most of the time, he had two workmen working under him.

I consider he carried the work through excellently, showing much initiative ; he also produced a most useful and detailed report. Many other pests were destroyed at the same time as the ants, viz., cockroaches, crickets, housefly and, we think—mice.

DRAINS

Voluntary Cleansing of Stopped Drains by Health Department

One hundred and thirty-two drains were attended to and of these 115 were unstopped immediately. In the remaining 17 cases the owners' attention had to be called to them.

OBSERVATIONS ON THE ADMINISTRATION OF THE FACTORIES ACT, 1937

Fifty-six complaints regarding unsatisfactory sanitary accommodation, etc., in factories were received from H.M. Inspector of Factories.

Thirty-two notices were served to remedy the defects, etc., and in 18 cases no action was necessary.

A total of 71 inspections were made.

IMPROVEMENTS TO HOUSES.	No. of Houses.
Separate internal water supply in place of taps in common yards	20
Additional water closets	34

SUMMARY OF FOODSTUFFS CONDEMNED

	Tons	Cwts.	Qrs.	Lbs.
Meat ..	237	14	3	27
Fish ..	25	15	1	12½
Cockles ..	–	4	–	16
Crabs ..	–	1	–	–
Lobsters ..	–	–	1	17
Mussels ..	17	16	1	16
Other Shell Fish ..	–	10	3	19
Fruit ..	—	16	2	15¼
Vegetables ..	11	16	–	21
Poultry (Head of) ..		26		
Rabbits		291		
Preserved Foods (Tinned Goods)		13,862		
Bacon and Ham ..		875 lbs.		
Baking Powder ..		264 packets		
Biscuits		36 lbs.		
Black Pudding ..		109 ,,		
Bread		418 loaves		
Cake		137½ lbs.		
Cake and Pudding Mixture ..		38½ ,,		
Cereals (various) ..		2,776¾ ,,		
Cheese		90½ ,,		
Chocolate ..		1,178 ,,		
Cooked Meat ..		54¼ lbs.		
Cream (substitute)		10 gallons		
Dried Egg Powder		12 packets		
Fats (various) ..		10¼ lbs.		
Fish Cakes ..		1,060		
Fish and Meat Paste		29½ lbs.		
Flour (various) ..		801 ,,		
Jam (other than tinned) ..		527 ,,		
Meat Extract (various) ..		341 jars		
Mustard ..		18¼ lbs.		
Pickles		85 jars		
Pies (various) ..		358		
Pikelets		9,703		
Sauce		12 bottles		
Sausage		117 lbs.		
Seasoning Composition		107 ,,		
Semolina ..		478½ ,,		
Soup Powder ..		536 packets		
Spice (mixed) ..		107 lbs.		
Sugar		27¼ ,,		
Sweets		31¾ ,,		
Tea		22¾ ,,		

TABLE A. Total Weights of Meat Condemned

	British Meat				Imported Meat				British Offal				Imported Offal				Totals			
	T.	C.	Qrs.	Lbs.	T.	C.	Qrs.	Lbs.	T.	C.	Qrs.	Lbs.	T.	C.	Qrs.	Lbs.	T.	C.	Qrs.	Lbs.
Ministry of Food Central Slaughterhouses ..	136	4	3	7	10	14	2	20	89	18	0	19	–	–	–	–	236	17	2	18
Private Slaughterhouses ..	–	11	0	2	–	–	–	–	–	6	1	7	–	–	–	–	–	17	1	9
Total	136	15	3	9	10	14	2	20	90	4	1	26	–	–	–	–	237	14	3	27

TABLE B. Weight of Carcases, Parts and Offals of Animals affected with Tubercolosis and Other Diseases

	Tuberculosis												Other Diseases												Totals			
	Carcases				Parts				Offals				Carcases				Parts				Offals							
	T.	C.	Qrs.	lbs.	T.	C.	Qrs.	lbs.	T.	C.	Qrs.	lbs.	T.	C.	Qrs.	lbs.	T.	C.	Qrs.	lbs.	T.	C.	Qrs.	lbs.	T.	C.	Qrs.	lbs.
Bulls	1	6	1	18	1	1	2	21	1	1	1	22	–	6	0	8	–	–	3	16	–	5	1	21	4	1	3	22
Steers	3	3	1	23	10	19	3	24	12	12	3	25	2	18	0	15	1	18	2	16	12	17	0	21	44	10	1	12
Heifers	6	0	3	8	3	0	2	2	4	3	0	6	1	0	2	21	–	9	0	26	1	11	2	2	16	5	3	9
Cows	49	13	3	25	21	16	0	25	36	18	0	5	14	10	1	5	1	6	0	20	12	8	3	0	136	13	1	24
Calves	–	1	2	13	–	–	–	12	–	–	2	12	3	14	0	26	–	–	1	15	–	8	3	4	4	5	2	26
Sheep and Lambs ..	–	–	–	–	–	–	–	–	–	–	–	–	2	1	2	18	–	3	2	5	2	18	3	26	5	4	0	21
Pigs	2	1	3	22	6	17	1	18	3	19	2	16	1	4	3	13	–	5	3	12	–	11	2	27	15	1	1	24
Totals ..	62	8	0	25	43	15	3	18	58	15	3	2	25	15	3	22	4	4	2	26	31	2	1	17	226	2	3	26

TABLE C. Imported Meat Condemned

	Carcase Meat				Tinned Meat					Total Weight			
					No. of Tins	Weight							
	T.	C.	Qrs.	Lbs.		T.	C.	Qrs.	Lbs.	T.	C.	Qrs.	Lbs.
Beef	1	19	0	14	17,055	7	12	1	3	9	11	1	17
Mutton	–	–	2	20	418	1	2	1	2	1	2	3	22
Pork	–	–	–	11	15	–	–	–	26	–	–	1	9
Totals	1	19	3	17	17,488	8	14	3	3	10	14	2	20

TABLE D. Number of Carcases, Parts and Offals affected with Tuberculosis and Other Diseases

	Tuberculosis			Other Diseases			
	Carcases	Parts	Offals	Carcases	Parts	Offals	Totals
Bulls	4	50	33	1	3	15	106
Steers	14	578	363	12	84	1,273	2,324
Heifers	26	129	61	7	18	159	400
Cows	267	657	839	72	65	1,561	3,461
Calves	7	1	1	237	43	32	321
Sheep and Lambs ..	—	—	—	112	31	2,687	2,830
Pigs	34	957	235	21	31	149	1,427
Totals ..	352	2,372	1,532	462	275	5,876	10,869

TABLE E. Total Number of Animals Slaughtered, 94,581, comprising :

	Bulls	Bullocks	Heifers	Cows	Calves	Sheep and Lambs	Pigs	Totals
	306	6,712	3,487	4,155	15,928	44,154	18,301	93,043
Casualties . .	52	133	218	439	126	404	166	1,538
Totals . .	358	6,845	3,705	4,594	16,054	44,558	18,467	94,581

TABLE F. Percentage of Animals affected with Tuberculosis and Other Diseases

Percentage of all Animals affected with Disease, 11.48%

	Bulls	Bullocks	Heifers	Cows	Calves	Sheep and Lambs	Pigs
Tuberculosis . .	24.3	11.03	5.83	38.37	0.05	—	6.63
Other Diseases . .	5.3	20.00	4.96	36.95	1.94	6.35	1.08

TABLE G. Percentage of Whole Carcases rejected

	Bulls	Bullocks	Heifers	Cows	Calves	Sheep and Lambs	Pigs
Tuberculosis . .	1.11	.2	.7	5.8	.04	—	.18
Other Diseases . .	.28	.17	.18	1.58	1.41	.25	.11

TABLE H

Tabulated List of other defined Diseases and their incidence in Carcases rejected

Disease	Cows	Bulls	Heifers	Bullocks	Calves	Sheep & Lambs	Pigs	Total
Blackleg	1	–	–	–	1	–	–	2
Malignant Neoplasm ..	1	–	–	–	1	1	–	3
Dropsy	24	5	1	–	14	65	2	111
Fever—Acute	11	–	2	–	33	12	6	64
Septic Peritonitis ..	–	–	–	–	–	–	2	2
Pneumonia Septic ..	–	–	2	–	3	8	1	14
Dead Animals	–	–	1	–	6	10	6	23
Immaturity	–	–	–	–	153	1	2	156
Bruising—Extensive ..	4	1	–	–	5	3	2	15
Pyœmia	–	–	–	–	6	2	–	8
Septic Metritis.. ..	2	–	–	–	–	–	1	3
Gangrene	1	1	–	–	1	3	–	6
Johnnes' Disease ..	14	1	–	–	9	–	–	24
Jaundice	–	–	–	–	3	–	–	3
Swine Erysipelas ..	–	–	–	–	–	–	1	1
Acute Enteritis.. ..	–	–	–	–	–	2	–	2
Septic Pericarditis ..	1	1	1	–	1	1	–	5
Septic Mastitis.. ..	2	–	–	–	–	–	–	2
Uraemia	5	1	–	–	–	–	–	6
Septic Conditions ..	5	3	–	–	1	4	–	13
Actinomycosis	1	–	–	–	–	–	–	1
Total	72	13	7	–	237	112	23	464

Inspection of Dairy Cows

Summary of reports received from local office of Ministry of Agriculture and Fisheries :

Non-Designated Herds

"Two hundred and sixty animals in non-designated herds were examined under the Milk and Dairies Order, 1926. No animals were slaughtered under the Tuberculosis Order.

Tuberculin Tested Herds

There is one producer in the City holding a tuberculin tested licence, this producer also holds an Attested licence. Other Attested herds are :

The Leicester Frith Institution Farm

The Leicester Mental Hospital

Accredited Herds

There are six producers holding accredited licences. Two hundred and eight animals were examined ; three were found affected with mastitis. No animals were slaughtered under the Tuberculosis Order."

Milk Traders—Licensing and Registration.

		Number
Milk and Dairies Order 1926	Application for registration of persons as "dairymen"	17
Milk (Special) Designations) Order 1936	Application from cowkeeper to use designation "Tuberculin Tested"	1
	Application from cowkeepers to use designation "Accredited"	6

Food and Drug Act, 1938

NUMBER OF SAMPLES TAKEN FOR CHEMICAL ANALYSIS.

1942	1943	1944	1945	1946
783	737	622	653	764

Number of Samples taken under Fertilisers and Feeding Stuffs Act, 1926 14

Milk (Special Designations) Order, 1936.

NUMBER OF SAMPLES TAKEN FOR BACTERIOLOGICAL EXAMINATION.

1942	1943	1944	1945	1946
621	719	753	811	837

ADMINISTRATIVE ACTION REGARDING SAMPLES NOT REPORTED TO BE 'GENUINE.'

(For details of analysis, see Report of the Public Analyst, page 104)

MILK SAMPLES REPORTED 'NOT GENUINE.'

	Formal	Informal
Milk	1	3
Pasteurised Milk	3	–

SAMPLES OTHER THAN MILK REPORTED 'NOT GENUINE.'

	Formal	Informal
Beer	–	2
Chutney	–	1
Custard Powder	–	1
Egg Substitute	–	1
Gelatine	–	1
Ice Cream	–	14
Jam (Raspberry and Gooseberry)	–	1
Lemon Barley	–	1
Rolled Oats	**2	1
Pickled Gherkins	–	1

Samples other than Milk reported 'Not Genuine'—*continued*

	Formal	Informal
Sausage	1	1
Soup (Cream of Barley)	1	2
Soup (Mock Turtle)	1	2
Table Dessert	–	1
Vinegar	**2	2
Boracic Ointment	–	7
Grey Powders	–	4
Balancer Meal	–	3
Bone Meal	–	1
Dried Blood	–	1
Potassium Nitrate	–	1

**For result of Legal Proceedings in two cases, see page 152. In all cases where proceedings were not taken, written cautions were sent or "follow-up" samples were immediately obtained.

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.	1942	1943	1944	1945	1946
Number taken ..	87	54	52	35	36
Percentage containing Tubercle Bacilli	5.75	—	3.84	Nil.	2.8

Details respecting samples taken, 1946.

	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 ..	10	—	9	1
Cowkeepers with premises outside City boundaries ..	26	1	24	1
Totals ..	36	1	33	2

OFFENSIVE TRADES.

Particulars of all offensive Trades in the City.

Number of Tripe Dressers	8
,, Marine Store Dealers	9

RENT RESTRICTIONS ACTS.

Certificates—Granted	5
,, Refused	1

SLAUGHTERHOUSES.

Particulars of all Slaughterhouses in the City.

Private Slaughterhouses	32*
Licensed Private Slaughterhouses (includes two Knackers' 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	56

* No slaughtering is being done in these slaughterhouses at present.

NOTE.—Two Registered Private Slaughterhouses were discontinued during the year, one being demolished in connection with a slum clearance scheme, and in the other case the owner surrendered the slaughtering rights of the premises to the Corporation under the Leicester Corporation Act, 1897.

LEGAL PROCEEDINGS.

Food and Drugs Act	2

LEGAL PROCEEDINGS

Acts, Bye-laws or Regulations under which proceedings were instituted	Default or Offence	Fines £ s. d.	Costs £ s. d.
Food and Drugs Act, 1938	Vinegar deficient of 27% required amount of Acetic Acid	5 0 0	1 1 0
Food and Drugs Act, 1938	Misleading label as to nature of food and nutritional value—Plasmon Oats	(1) 20 0 0 (2) 2 0 0	10 10 0 —

F. G. McHUGH, F.R.San.I., F.S.I.A., *Chief Sanitary Inspector*

APPENDIX VII

Report on the Venereal Diseases Scheme

For the Year 1946

By

C. HAMILTON WILKIE, M.D., Ch.B., B.Sc.(Glas.),
Director of Venereal Diseases Services

FOREWORD BY THE MEDICAL OFFICER OF HEALTH

In his report for 1946, Dr. Wilkie points out that the year was a very heavy one for his Department. Never before have the number of patients attending been so high. Let us hope that this is the final result of the usual wartime increase, and that next year's report will show an improvement.

Regulation 33B

With the end of 1947, this Regulation will cease to be effective. I consider that it has served a most useful purpose and that some measure of continuance is most desirable.

The following table shows the results of the working of the Regulation in Leicester during 1946 :

	M.	F.	Total
1. Total number of contacts in respect of whom Form 1 was received ..	—	25	25
2. Number of cases in 1 in which attempts were made during the current period outside the scope of the Regulation to persuade the contact to be examined before the latter had been named on a second Form 1 :			
Contacts found	—	18	18
Contacts examined	—	15	15

	M.	F.	Total
3. Number of those in 1 in respect of whom two or more Forms 1 were received . .	—	1	1
4. Number of those in 3 who were			
(*a*) found	—	1	1
(*b*) examined after persuasion or already under treatment	—	1	1
(*c*) served with Form 2	—	—	—
(*d*) examined after service with Form 2	—	—	—
(*e*) prosecuted for failure to attend for, and submit to, medical examination	—	—	—
(*f*) transferred to other areas . .	—	—	—

Annual Report on the Venereal Diseases Scheme

(Leicester and Leicestershire)

for the Year 1946

By

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Director of V.D. Services

When one sees the words "Venereal Diseases" one rightly thinks of gonorrhœa, syphilis, and soft sore. These are the venereal diseases as defined by Act of Parliament. The definition is a very restricted one. If one was to take a more sensible and wider view and included all abnormal conditions and infections of the sex parts, then a clearer picture of the work of V.D. clinics would be arrived at. It is recognised by most general practitioners and specialists that these clinics are best equipped for the accurate diagnosis, treatment, and tests of cure of all such cases. At the same time the idea that immorality must have taken place before attendance is necessary should be removed from the mind for ever. Such a condition is not always the case. No stigma should be attached to these clinics. As the general public becomes more educated in such matters a more logical attitude is manifesting itself. If Parliament extended the scope and meaning of the term "Venereal Diseases" this unfortunate stigma would soon disappear.

It is a rule that a patient who wishes to consult a venereologist may attend the clinic directly or he may consult his own general practitioner, who will in turn refer the patient to the clinic. Strict secrecy is the keynote of any V.D. clinic. The venereologist may have to do more than diagnose and treat his patient. He sometimes has to test the marital partner or the family and at the same time use tact and ingenuity to prevent a happy home from being split up or disrupted for ever.

New methods of treatment, especially the advent of penicillin, have added to the successes and also to the problems of the venereologist. This wonderful therapeutic agent is unfortunately sometimes used as a "cure all" and in this special branch of medicine is not always in itself enough to cure. At the same time there is an unfortunate tendency with a few already overworked general practitioners to prescribe penicillin without having first taken pathological tests. Occasionally the patient

may even himself request penicillin or "M and B" tablets, having heard or read that these cure venereal disease. Schemes of treatment suggested by manufacturers of drugs may be followed blindly without the possible pitfalls being known.

In the area of Leicester and Leicestershire we are fortunate in that most general practitioners send their cases direct to the V.D. clinic for diagnosis and treatment, but as in 1945, I again appeal to the few to send their cases as early as possible and not to give sulphonamides or penicillin before diagnostic tests. A wrong diagnosis or a delay in diagnosis may result in tragic domestic upheavals and possibly in unnecessary awkward divorce procedures. Equally important are the tests of cure. No case of venereal disease should ever be proclaimed cured without first having completed tests of cure over an acknowledged period of three months in the case of gonorrhœa and three years in the case of early acute syphilis.

In addition to the early acute cases of venereal disease there are the patients with chronic or latent disease. Some of these may be cured by treatment. Others may not be cured but the disease may be arrested and the patient improved so much that he, or she, may again become a valuable citizen or breadwinner of the family. Congenital syphilitics are also successfully treated. The V.D. Department is the place of choice for treatment of many of these advanced cases. In-patient treatment is available if necessary in the wards attached to the department.

The year 1946 was a heavy one for all the medical and nursing staff of the V.D. departments.

The new cases totalled 2,451 (1945, 1,865), an increase of 586 over the previous year. I forecast that 1946 will prove to be our peak year. Never before have the numbers been so high. Reference to the graph accompanying this report will show how the numbers have varied in recent years and also the proportion of venereal disease to non-venereal disease cases. The attendances at the Royal Infirmary clinics totalled 22,943, those at Loughborough, 1,413. In-patients numbered 184.

In this brief report I purposely avoid many statistical details of the cases. If desired, more complete statistical information concerning the various conditions may be obtained by reference to my official Ministry of Health Reports (Form V.D. (R) (1946)).

Regulation 33B is still in force and the results achieved are given by the Medical Officer of Health as a foreword to this report. Considerable success was achieved outside the scope of this Regulation by persuasion. We often succeeded in getting possible contacts to come voluntarily for tests or treatment. A total of 134 patients came on the directed advice of the original patient.

Voluntary contribution in the way of V.D. lectures and lantern demonstrations to service personnel has now ceased. Public lectures have practically stopped, although teaching lectures continued throughout the year as usual. Only one public show of the film "Subject Discussed" was given in 1946. That was at Hinckley to a mixed audience of approximately 500 people. Of the teaching lectures, two were outside the area, one to the Birmingham Dental Society and one to dentists and medicals at Edinburgh University.

The times at which the clinics are held are as follow :

Clinics

Dr. Wilkie

Leicester Royal Infirmary

Mon. 2.30– 4 p.m. (Males)
Tues. 10 –11 a.m. (Males)
Tues. 2.30– 4 p.m. (Females)
Wed. 6 – 7.30 p.m.(Males)
Thur. 4.30– 6 p.m. (Males)
Fri. 5.30– 7 p.m. (Males)

Dr. Lodge

Leicester Royal Infirmary

Mon. 5.30– 7 p.m. (Females)
Wed. 10 –11 a.m. (Females)
Wed. 2.30– 4 p.m. (Females)
Fri. 2.30– 4 p.m. (Females)

Loughborough General Hospital

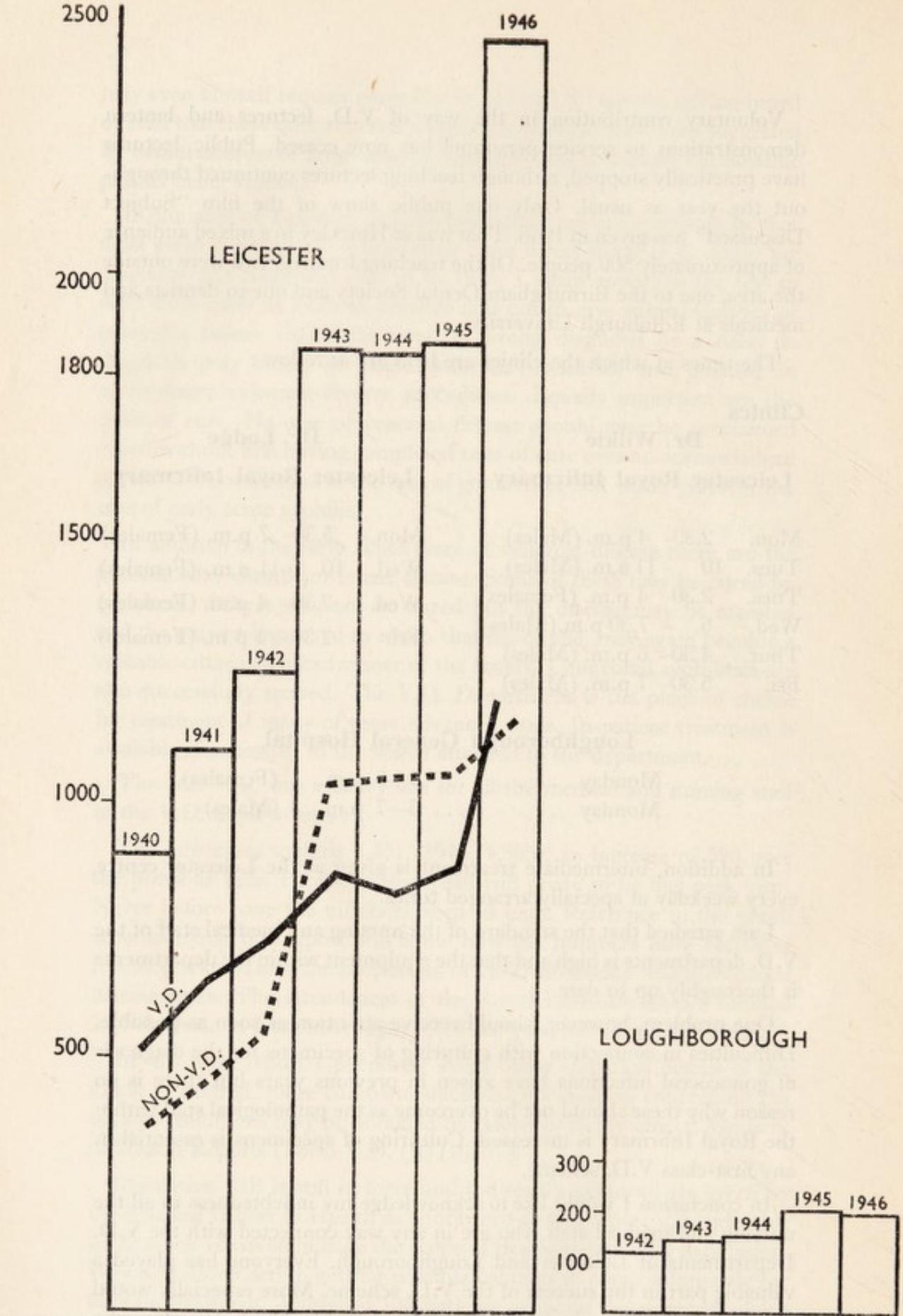
Monday .. .. 5—6 p.m. (Females)
Monday .. .. 6—7 p.m. (Males)

In addition, intermediate treatment is given at the Leicester centre every weekday at specially arranged times.

I am satisfied that the standard of the nursing and medical staff of the V.D. departments is high and that the equipment within the departments is thoroughly up to date.

One problem, however, should receive attention as soon as possible. Difficulties in connection with culturing of specimens for the diagnosis of gonococcal infections have arisen in previous years but there is no reason why these should not be overcome as the pathological staff within the Royal Infirmary is increased. Culturing of specimens is essential in any first-class V.D. scheme.

In conclusion I would like to acknowledge my indebtedness to all the nursing and medical staff who are in any way connected with the V.D. Departments of Leicester and Loughborough. Everyone has played a valuable part in the success of the V.D. scheme. More especially would I like to record the valuable work rendered by Dr. Hugh Atkinson who now retires after 27 years' service.



TOTAL NEW CASES	894	1091	1247	1857	1833	1865	2451
NON-V.D.	372	451	542	1017	1025	1027	1199
V.D.	522	640	705	840	808	838	1252

122	144	148	206	194
55	97	101	123	98
67	47	47	83	96

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