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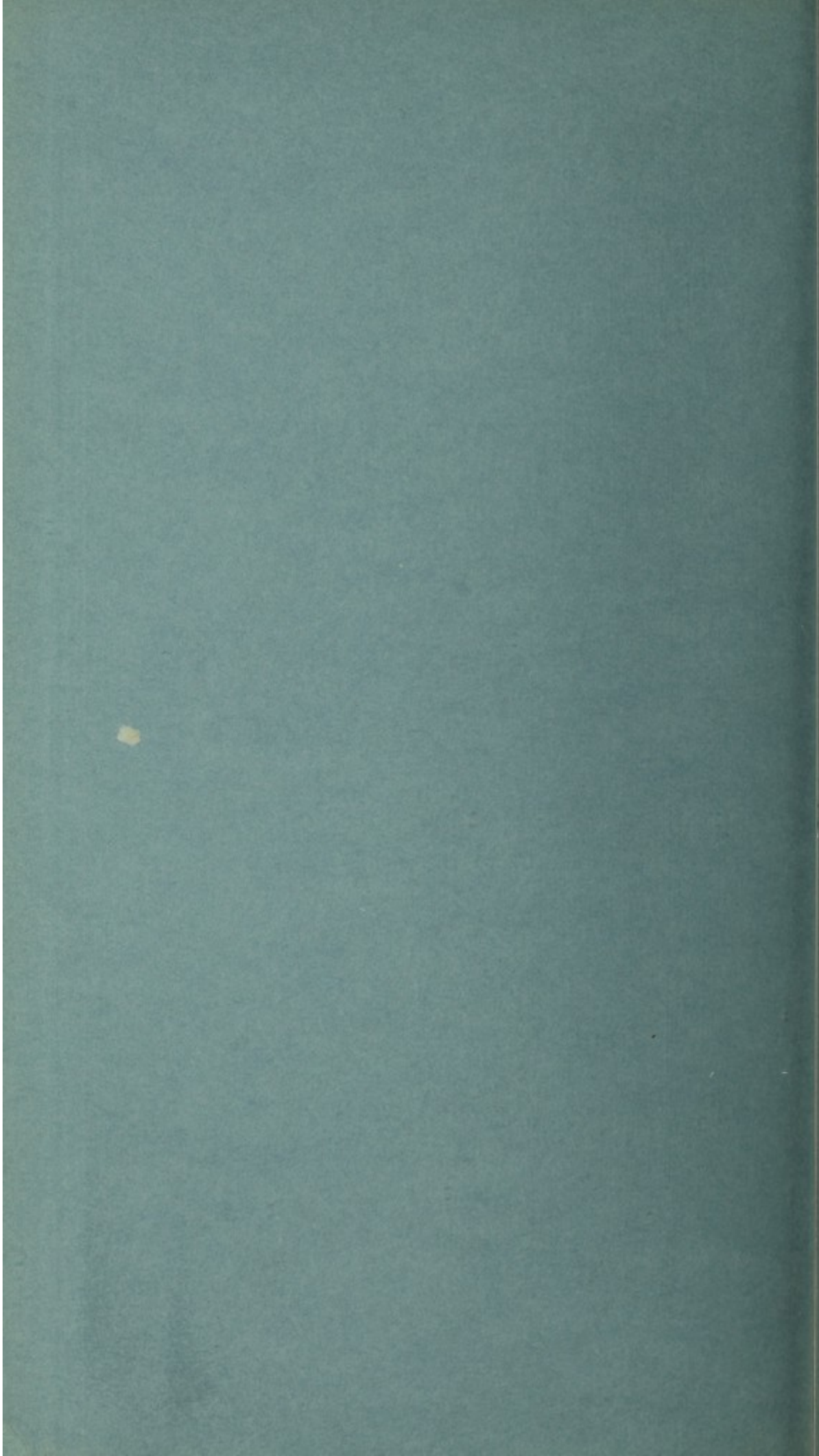
LEICESTERSHIRE
COUNTY COUNCIL

ANNUAL REPORT

OF THE
MEDICAL OFFICER
OF HEALTH FOR
THE YEAR 1934



J. A. FAIRER
M.D., D.P.H.
COUNTY
MEDICAL
OFFICER



LEICESTERSHIRE COUNTY COUNCIL

Annual
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OF THE
MEDICAL OFFICER
OF HEALTH FOR
THE YEAR
1934

J. A. FAIRER, M.D., D.P.H.

CONTENTS.

	PAGE		PAGE
Ambulance Facilities	 19	Milk to Schools	 74-76
Ante-natal Centres	 32, 35	Nursing Homes	 18
Appendix	 90-91	Nursing in the Home	 14
Bacteriological and Chemical		Ophthalmia Neonatorum	 23
Work	 67-71	Orthopædic Scheme	 37-42
Birth Rate	 13-14	Pneumonia	 22
Birth Control	 37	Population	 10
Boarded-out Children	 20	Premises and Occupations	
Cerebro Spinal Fever	 23	controlled by Bye-Laws or	
Charnwood Forest Convales-		Regulations	 65
cent Home	 36	Public Vaccinators	 8
Chicken Pox	 23	Puerperal Fever	 22, 29
Children Act	 28	Puerperal Pyrexia	 22, 29
Clinics	 19	Rainfall	 54
Closet Accommodation	 63	Rivers and Streams	 58-59
Deaths	 11-13	Sale of Foods & Drugs Acts	 76
Diphtheria	 21	Sanitary Circumstances	 54
Diseases of Central Nervous		Sanitary Inspection	 64
System	 23	Scarlet Fever	 22
Diseases Locally Notifiable	 23	Scavenging	 64
District M.O.H's.	 7	Small Pox	 17
Drainage and Sewerage	 59	Smoke Abatement	 66
Erysipelas	 23	Social Conditions	 10
Food Inspection and Super-		Staff	 6-9
vision	 72-76	Treatment of Children	 36
Gastro Intestinal Group Dis-		Tuberculosis	 87-89
eases	 23	Vaccination	 20
Hospitals	 17-18	Vaccination Officers	 9
Housing	 72	Venereal Diseases	 42-53
Infant Mortality	 11	Veterinary Surgeons	 9
Infectious Diseases	 21-23	Vital Statistics	 10
Influenza	 22	Water	 54
Local Government Act, 1929	19-21	Zymotic Deaths	 13
Malaria	 23		
Markfield Sanatorium	77-85		
Maternity—Nursing Homes	18		
Maternity and Child Welfare			
Service	 24-28		
Maternal Care	 28-35		
Maternity Hospitals	35-36		
Measles	 22		
Midwives	 14-17		
Milk—Examinations	68-70		
Milk to Necessitous Mothers	27		

TABLES.

Tuberculosis	86, 95, 96, 97
Vital Statistics	 98
Birth Rates and Death Rates	99
Notifiable Diseases	 100
Deaths in Age Periods	 101
Deaths in Administrative	
Areas	 102

17 FRIAR LANE,
LEICESTER.

MR. CHAIRMAN AND GENTLEMEN,

I have pleasure in presenting my Annual Report for 1934.

It is gratifying to note that the Health of the County during the year has been highly satisfactory. It was felt that the prolonged drought of last Summer, with the resulting shortage of water in several of the rural areas and curtailment of supply in some of the urban districts, would adversely affect the health of the inhabitants. However, it has been revealed that the hot dry Summer gave beneficial results and the vital statistics for this year are again satisfactory.

Thus the Infantile Mortality has fallen from 54 per 1,000 in 1933 to 41 in 1934 and this compares more than favourably with the figure of 59 for England and Wales. Similarly, the death rate for the County is only 9.9 per 1,000 compared with 11.8 for England and Wales and shows a decrease on last year of 1.4 per 1,000.

Both the rate for Infantile Mortality and the Death Rate are the lowest ever recorded for the County.

With reference to the Birth rate, this has increased from 14.3 last year by .9 to 15.2 per 1,000. It may be mentioned also that this year there is an increase in the number of males as compared with female births. The average number of males born per year is approximately 104 to 100, yet this year the males are approximately 107 (106.9) to every 100 female births. This means that out of 4,731 babies born, 2,444 were boys and 2,287 were girls—a preponderance of 157 boys.

Unfortunately, during the whole of 1934 the County suffered from an epidemic of Scarlet Fever which taxed the capacity of the Isolation Hospitals to the full. In all, 1,313 cases were notified (last year 480) and 1,099 admitted to the Fever Hospitals. The type of case was not particularly severe as out of 1,313 cases reported the deaths only totalled 7.

Advances were made in the Maternity and Child Welfare Department, and Ante Natal Clinics, at both Wigston and Hinckley were held twice a month instead of monthly as previously. At the latter town the new Health Centre is now reaching completion and its various activities will be in full swing early in the Spring or Summer of 1935.

I am indebted to Dr. K. Cowan, the Deputy County Medical Officer of Health, for much of the work of the compilation of this Report and I would like to express my appreciation of his services.

In conclusion I would like to thank the Chairman and members of the Committee and also each member of my staff for their hearty support, assistance and co-operation during the year under review.

I have the honour to be,

Mr. Chairman and Gentlemen,

Your obedient servant,

J. A. FAIRER,
County Medical Officer of Health.

June, 1935.

**THE COUNTY PUBLIC HEALTH AND HOUSING COMMITTEE,
1934.**

J. W. BLACK, Esq. (*Chairman*).

ABBOTT, W.	PICKERING, A. J.
ARMSTRONG, A. E.	PICKERING, C. H.
BRIERS, A. J.	POCHIN, V. R. (<i>ex-officio</i>).
FORSELL, J. T.	RIPPIN, W. H.
FULLER, B.	STUBBS, W.
HOLMES, J. H.	TANDY, E. W.
HUBBARD, B.	TIMMS, R. (<i>Vice-Chairman</i>).
LEVERS, G. T.	TOMPKINS, A. J.
MARTIN, Lt.-Col. R.E., C.M.G. (<i>ex-officio</i>).	WARD, G.
MAWBY, G. H.	WILLETT, F.
PARSONS, C. H.	WILSON, C.
	WRIGHT, W. H.

MATERNITY AND CHILD WELFARE COMMITTEE.

This Committee consists of all the members of the Public Health and Housing Committee with the addition of the following ladies :—

MRS. A. SHIRLEY ATKINS.
MRS. E. E. BUCKINGHAM.
MRS. B. EVERARD.
MRS. S. M. JOYCE.
MRS. G. SPENCER.
MRS. W. R. TUCKETT.

STAFF.

County Medical Officer :

School Medical Officer :

Administrative Officer for Tuberculosis and Maternity and Child Welfare :

J. A. FAIRER, M.D., D.P.H.

Deputy County Medical Officer :

Deputy School Medical Officer :

K. COWAN, M.D., D.P.H.

Assistant County Medical Officer :

Senior Assistant School Medical Officer :

D. G. ANDERSON, M.B., Ch.B., D.P.H.

Chief Tuberculosis Officer :

N. A. COWARD, O.B.E., M.D., D.P.H.

Assistant Tuberculosis Officer :

S. W. LANE, M.R.C.S., L.R.C.P.

Assistant Infant Welfare Officer :

Assistant School Medical Officer :

MARY E. WESTON, M.B., B.S.

Assistant Infant Welfare Officer :

County Oculist :

CONSTANCE WALTERS, B.Sc., M.B., B.Ch.

Assistant School Medical Officers :

S. E. MURRAY, M.B., B.S.

J. B. DALTON, M.B., Ch.B.

Medical Superintendent, Markfield Sanatorium :

H. SELBY, M.B., B.S., M.R.C.S., L.R.C.P.

Assistant Resident Medical Officer, Markfield Sanatorium :

E. GRUNDY, M.D., B.S., M.R.C.S., D.P.H. (*Resigned 19/6/34*).

H. C. CALVEY, M.B., Ch.B. (*Commenced 26/5/34*).

Chief Dental Surgeon :

P. ASHTON, L.D.S.

Assistant Dental Surgeons :

A. E. WARD, L.D.S.

C. L. R. McLELLAN, L.D.S.

D. R. A. WILLCOX, L.D.S.

C. L. SMITH, L.D.S.

HEALTH VISITORS.

*Mrs. A. WARREN, S.R.N. (*Superintendent*).

Miss A. Addy, S.R.N.	Miss M. A. Dilworth, S.R.N.
Mrs. A. D. Antrobus, S.R.N.	Miss E. Y. Feakin, S.R.N.
Miss A. J. Bailey, S.R.N.	Miss L. Fox, S.R.N.
Miss C. E. Bangham, S.R.N.	Miss T. M. Griffiths, S.R.N.
Mrs. S. J. Bourne, S.R.N.	*Miss K. A. Marsh, S.R.N.
Mrs. P. Brunsdon, S.R.N.	Miss W. C. Porter, S.R.N.
*Miss G. E. Butler, S.R.N.	Miss E. H. Seabrook.
*Mrs. F. E. Cade.	Miss W. A. Simmons, S.R.N.
Miss G. I. Carryer, S.R.N.	Mrs. E. E. Wright, S.R.N.
Miss V. L. Davies, S.R.N.	

*Those marked * hold the Certificate of Sanitary Inspector.*

All the above are fully trained Nurses and hold the Certificate of the Central Midwives Board. The Superintendent also holds the Child Welfare Workers' Certificate. Miss Butler, Miss Bangham, Miss Carryer, Miss Davies, Miss Feakin, Miss Addy, and Miss Porter, have the new Health Visitors' Certificate of the Ministry of Health.

All the above are full-time Officers of the County Council.

ADDITIONAL OFFICERS.**(1) District Medical Officers of Health.****URBAN :**

DISTRICT.	NAME AND ADDRESS.
Ashby-de-la-Zouch	Dr. T. Forsyth Hugglescote.
Ashby Woulds	Dr. T. Forsyth Hugglescote.
Coalville	Dr. A. Hamilton Coalville.
Hinckley	Dr. J. H. Donnell Hinckley
Loughborough	Dr. N. B. M. Blackham Loughborough
Market Harborough	Dr. C. T. Scott Market Harborough.
Melton Mowbray	Dr. J. E. O'Connor Kirby Muxloe.
Oadby	Dr. J. E. O'Connor Kirby Muxloe.
Quorndon	Dr. J. E. O'Connor Kirby Muxloe.
Shepshed	Dr. T. Bell Shepshed.
Thurmaston	Dr. J. E. O'Connor Kirby Muxloe.
Wigston	Dr. J. E. O'Connor Kirby Muxloe.

RURAL :

DISTRICT.	NAME AND ADDRESS.
Ashby-de-la-Zouch	Dr. T. Forsyth. Hugglescote.
Barrow-on-Soar	Dr. J. E. O'Connor Kirby Muxloe.
Belvoir	Dr. F. J. H. Martin Bottesford.
Billesdon	Dr. J. E. O'Connor Kirby Muxloe.
Blaby	Dr. J. E. O'Connor Kirby Muxloe.
Castle Donington	Dr. T. M. Montford Castle Donington.

ADDITIONAL OFFICERS—RURAL (*continued*).

DISTRICT.			NAME AND ADDRESS.	
Hallaton	....	....	Dr. J. E. O'Connor	Kirby Muxloe.
Hinckley	....	....	Dr. J. E. O'Connor	Kirby Muxloe.
Loughborough	....	....	Dr. N. B. M. Blackham	Loughborough
Lutterworth	....	....	Dr. J. E. O'Connor	Kirby Muxloe.
Market Harborough			Dr. J. S. Macbeth	Kibworth Beauchamp.
Market Bosworth	....	....	Dr. T. G. Kelly	Desford.
Melton Mowbray	....	....	Dr. J. E. O'Connor	Kirby Muxloe.

(2) District Medical Officers (Poor Law) and Public Vaccinators.

Bottesford	....	....	Dr. F. J. H. Martin, Bottesford, Notts.
Croxtan Kerrial	....	....	Dr. R. H. Hudson, Woolsthorpe, Grantham.
Waltham	....	....	Dr. W. Arnold, Waltham-on-the-Wolds, Melton Mowbray.
Long Clawson	....	....	Dr. G. C. B. Atkinson, Long Clawson, Melton Mowbray.
Wymondham	....	....	Dr. H. S. Furness, Melton Mowbray.
Asfordby	....	....	Dr. G. S. A. Bishop, Melton Mowbray.
Melton Mowbray (North)			Dr. R. H. Fagge, Melton Mowbray.
Melton Mowbray (South)			Dr. R. H. Fagge, Melton Mowbray.
Somerby	....	....	Dr. R. J. Mould, Somerby, Melton Mowbray.
Loughborough	....	....	Dr. C. L. Lapper, 25 Victoria St., Loughborough.
Shepshed	....	....	Dr. T. Bell, Shepshed, Loughborough.
Castle Donington	....	....	Dr. W. H. Dowell, Castle Donington, Derby.
Mountsorrel	....	....	Dr. J. S. Strachan, Mountsorrel, Loughborough.
Barrow-upon-Soar	....	....	Dr. J. S. Gray, Sileby, Loughborough.
Sileby	....	....	Dr. J. S. Gray, Sileby, Loughborough.
Syston	....	....	Dr. R. W. Taylor, Syston, Leicester.
Billesdon	....	....	Dr. E. K. Williams, Billesdon, Leicester.
Hallaton	....	....	Dr. P. Drummond, Hallaton, Market Harboro'.
Market Harboro' (No. 1)			Dr. C. T. Scott, Market Harborough. (Resigned 23/7/34).
			Dr. R. G. Keays, Market Harborough. (Commenced 24/7/34).
Market Harboro' (No. 2)			Dr. J. S. Macbeth, Kibworth Beachamp, Leicester.
Wigston	....	....	Dr. S. B. Couper, Blaby, Leicester.
Enderby	....	....	Dr. W. R. M. Berridge, Enderby, Leicester.
Lutterworth	....	....	Dr. T. W. Crowley, Lutterworth, Rugby.
Peatling	....	....	Dr. C. R. Jones, Peatling Magna, Leicester. (Resigned 19/2/34).
			Dr. E. Bromley, Peatling Magna, Leicester. (Commenced 20/2/34).
Hinckley	....	....	Dr. H. Shirlaw, Hinckley.
Market Bosworth	....	....	Dr. H. N. Keeling, Market Bosworth, Nuneaton.
Ibstock	....	....	Dr. C. S. Agnew, Ibstock, Leicester.
Ashby-de-la-Zouch	....	....	Dr. S. Silley, Ashby-de-la-Zouch.
Coalville	....	....	Dr. T. Forsyth, Hugglescote.
Measham	....	....	Dr. J. R. Salmond, Appleby Magna, Burton-on-Trent.

OTHER OFFICERS.**(3) Vaccination Officers.**

DISTRICT.		NAME AND ADDRESS.	
Ashby-de-la-Zouch	....	Mr. J. W. Bowley	Ashby-de-la-Zouch.
Billesdon	....	Mr. T. Warham	Bushby.
Enderby	....	Mr. A. S. Collis	Narborough.
Hinckley	....	Mr. W. H. Pendlebury	Hinckley.
Loughborough	....	Mr. A. L. Milner	Loughborough.
Lutterworth	....	Mr. H. Webb	Lutterworth.
Market Harborough		Mr. W. J. Fordham	Market Harborough.
Market Bosworth	....	Mr. E. L. Hunt	Ibstock.
Measham	....	Mr. D. Leslie	Measham.
Melton (North)	....	Mr. E. S. Cox	Melton Mowbray.
Melton (South)	....	Mr. H. N. Lock	Melton Mowbray.
Mountsorrel	....	Mr. S. G. Cannell	Quorn.
Syston	....	Mr. A. E. Williams	Syston.
Wigston	....	Mr. W. W. Farrar	South Wigston.

(4) Veterinary Service.

COUNTY VETERINARY OFFICER :

Mr. G. Durrant, 6 St. Martin's, Leicester.

(Appointed 1/4/34).

Veterinary Surgeons.

DISTRICT.		NAME AND ADDRESS.	
Ashby-de-la-Zouch	....	Mr. R. Lake	Ashby-de-la-Zouch.
Belvoir	....	Mr. V. P. Littler	Long Clawson.
Hinckley	....	Mr. J. D. C. Ward	Hinckley.
Leicester	....	Mr. H. Thornton	Leicester.
Long Clawson....	....	Mr. T. Littler	Long Clawson.
Loughborough	....	Mr. R. L. Phillips	Loughborough.
Lutterworth	....	Mr. W. L. Gascoyne	Lutterworth.
Market Bosworth and Coalville		Mr. H. E. Powell	Coalville.
Market Harborough		Mr. R. MacGregor	Market Harborough.
Melton Mowbray	....	Mr. J. N. Glass	Melton Mowbray.

The Offices of the Health Department are divided into four main sections :—

General, and Maternity and Child Welfare Department :

Chief Clerk (H. Burditt) and six assistants.

Tuberculosis :

Chief Clerk and Steward, Markfield Sanatorium (H. Collington) and three assistants.

School Medical Service : Chief Clerk (W. A. Thornton) and three assistants. There are also five assistants to the Dental Surgeons.

Laboratory :

Assistant Bacteriologist (J. N. Graham) with one assistant.

REPORT.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area in acres	....	....	524,197	....	....	{ Urban 41,336 Rural 482,861
Population (Census 1931)	....	....	....	....	....	302,692
„ Urban	121,244					
„ Rural	181,448					
„ Estimated Resident (June, 1934)	....	....	....	....	....	312,150
„ Urban	123,700					
„ Rural	188,450					
Number of inhabited houses (1931)	....	....	....	....	....	76,088
Number of families or separate occupiers	....	....	....	....	....	78,103
Reduced rateable value	....	....	....	....	....	£1,369,107
Sum represented by a penny rate	....	....	....	....	....	£5,266

SOCIAL CONDITIONS OF THE COUNTY.

The population of the County may be divided occupationally into three main groups, agricultural, industrial and mining. The towns and many of the villages are industrial in character, manufacture of worsted and cotton hose, elastic web, and of boots and shoes being carried on. A fairly well defined mining district occupies the North-Western area of the County.

In addition to the workers employed in industry in the County many hundreds of workers travel to and from the City of Leicester daily, not only from districts adjacent to the City but from considerable distances in the County. Each morning sees an influx to the City by train, bus and bicycle, and with the approach of night the roads are again congested with traffic returning these workers to their homes.

In common with the rest of the country the County has suffered from depression in trade and much consequent unemployment, particularly in the mining areas. Any accurate assessment of the effect of this long continued unemployment and reduced standard of living upon the health of the community is not possible without special investigation, but there are no indications as yet that the health of the people has been affected adversely.

EXTRACT FROM THE VITAL STATISTICS OF THE YEAR.

			Total.	Males.	Females.
Live Births	{ Legitimate	....	4,587	2,377	2,210
	{ Illegitimate	....	144	67	77
	{ Total Births	....	4,731	2,444	2,287

Birth Rate per 1,000 of population, 15.16.

Still Births : Total 188.

Rate per 1,000 total births : 38.2.

Deaths : Total 3,096. Death Rate : 9.92.

Number of women dying in, or in consequence of, childbirth :—
Sepsis, 6. Other causes, 11. Total—17.

Rate per 1,000 total births : 3.46.

Deaths of infants under one year of age per 1,000 live births :—

Legitimate : 40. Illegitimate : 83.

Total Rate per 1,000 : 41.

Deaths from	Measles (all ages)	....	....	....	....	9
„	„ Whooping Cough (all ages)	....	....	....	....	9
„	„ Diarrhoea (under 2 years)	....	....	....	....	14

INFANT MORTALITY.

The Infant Mortality Rate for 1934 is returned as 41, a remarkably low figure and one which creates a new record for the County. The rate for England and Wales for the same period is 59.

INFANT MORTALITY.

Year	URBAN		RURAL		WHOLE COUNTY		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1930	108	53	170	57	278	55	60
1931	122	61	173	58	295	59	66
1932	117	63	169	57	286	59	65
1933	107	63	134	49	241	54	64
1934	69	37	125	43	194	41	59

The progressive decrease in the Rate of Infant Mortality has shown a tremendous acceleration during 1934 with a remarkable drop of thirteen points from 54 to 41. This should be a matter for great satisfaction to all infant welfare workers in the County and an incentive to them to continue their efforts with redoubled energy. It is very encouraging to find that each year shows a progressive decrease in the number of infant deaths and that such a remarkable fall should have occurred during 1934 which was the second year in succession with a hot dry summer.

DEATHS.

The Death Rate of the County (9.92) shows a definite decrease upon that for the preceding year (11.33). There has also been a slighter decrease in the death rate of the country as a whole from 12.3 to 11.8.

The total number of deaths in the County in 1934 was 3,096, as compared with 3,504 in 1933.

The seven chief causes of death in 1934 with the corresponding percentages of total deaths were :—

(1)	Heart Disease	....	19.5
(2)	Cancer....	....	12.9
(3)	Cerebral Hæmorrhage		6.1
(4)	Phthisis	....	5.9
(5)	Senility	....	5.8
(6)	Pneumonia	....	4.3
(7)	Congenital Debility	....	4.2

The number of deaths from Heart Disease and Cancer shows a decrease and although there has been a slight increase in the percentage of Cancer relative to the total deaths, the death rate from this disease has fallen from 1.45 in 1933 to 1.28 in 1934.

Fewer deaths have occurred from Phthisis and the death rate shows a decrease from 0.69 in 1933 to 0.59 in 1934.

Pneumonia and Congenital Debility again occupy the sixth and seventh places in the list of chief causes of death. There has been a decrease in the number of deaths from each of these diseases during the year and the death rate has fallen from 0.48 to 0.43 in the case of Pneumonia and from 0.46 to 0.42 in the case of Congenital Debility.

TABLE OF THE SEVEN CHIEF CAUSES OF DEATH.

The Seven Chief Causes of Death	URBAN		RURAL		WHOLE COUNTY		Percentage of Total Deaths		
	No.	Rate	No.	Rate	No.	Rate	Urban	Rural	Whole C'ty
Heart Disease	232	1.88	373	1.98	605	1.09	18.5	20.2	19.5
Cancer ...	166	1.34	234	1.24	400	1.28	13.2	12.7	12.9
Cerebral Hæmorrhage	87	0.70	103	0.55	190	0.61	6.9	5.6	6.1
Phthisis ...	77	0.62	106	0.56	183	0.59	6.1	5.7	5.9
Senility ...	79	0.64	100	0.53	179	0.57	6.3	5.4	5.8
Pneumonia ...	43	0.35	90	0.48	133	0.43	3.4	4.9	4.3
Congenital Debility ...	45	0.36	85	0.45	130	0.42	3.6	4.6	4.2

The following Table shows the net number of registered deaths with corresponding rates (Urban and Rural) in Leicestershire and England and Wales during the five years 1930-34 :—

DEATHS.

Year	URBAN		RURAL		WHOLE COUNTY		Rate for England and Wales
	Net. No. Reg'ed	Rate	Net. No. Reg'ed	Rate	Net. No. Reg'ed	Rate	
1930	1256	10.38	1819	10.44	3075	10.41	11.4
1931	1315	10.79	2019	11.09	3334	10.97	12.3
1932	1392	11.41	2059	11.14	3451	11.25	12.0
1933	1435	11.72	2069	11.08	3504	11.33	12.3
1934	1253	10.13	1843	9.78	3096	9.92	11.8

During the whole of this period the Death Rate of the County has been considerably lower than that of England and Wales.

ZYMOTIC DEATHS.

In 1934 the Zymotic Deaths numbered 52. This figure is an increase of two upon that for the previous year.

YEAR No.	URBAN		RURAL		WHOLE COUNTY	
	No.	Rate	No.	Rate	No.	Rate
1930	24	0.20	34	0.20	58	0.20
1931	36	0.30	42	0.23	78	0.26
1932	32	0.26	34	0.18	66	0.22
1933	20	0.16	30	0.11	50	0.16
1934	23	0.19	29	0.14	52	0.17

The Birth Rate for 1934 is 15.2 as compared with 14.3 in 1933. The total number of live births was 4,731. Of the recorded births 2,444 were males and 2,287 were females, the ratio of male to female births being 106.9 to 100.

Summary of Birth Statistics, Urban, Rural and Whole County.

Population for Birth Rate	URBAN		RURAL		WHOLE COUNTY		ENGLAND AND WALES
	123,700		188,450		312,150		
	No.	Rate	No.	Rate	No.	Rate	
Live Births	1843	14.9	2888	15.3	4731	15.2	14.8

NURSING IN THE HOME.

The general nursing services in the County are undertaken by the County Nursing Association in conjunction with the County Council. The services in existence now cover the greater part of the County.

The County Nursing Association undertakes on behalf of the County Council the nursing of home cases of Tuberculosis where suitable.

Arrangements are in force with the Leicester City Nursing Association for the nursing of cases of Measles and Whooping Cough in children under five years of age on the Saffron Lane Housing Estate adjacent to the City.

MIDWIVES.

(a) Statistical Particulars.

During the year 217 midwives notified their intention to practise, twelve left the County, one ceased to practise and one died.

Of the County midwives 207 hold the certificate of the Central Midwives Board, three the L.O.S. certificate, the remaining seven belong to the bona fide classification.

Inspection of midwives is carried out by four members of the County Health Visiting Staff to each of whom a district is assigned. Three of these officers are specially appointed County Health Visitors, the fourth is the Superintendent Health Visitor under whose supervision the work in all the districts is undertaken.

The Inspectors made 573 visits during the year. It was not found necessary as a result of their inspections to report any breach of the rules either to the Local Supervising Authority or to the Central Midwives Board.

The Annual Returns received from the County Midwives are as follows :—

Medical Help Records	....	....	....	....	715
Notice of Liability to be a source of infection	....	....	....	....	50
Laying out of the dead records	....	....	....	....	47
Notice of death of mother or child	....	....	....	....	17
Stillbirth records	....	....	....	....	37
Notice re artificial feeding	....	....	....	....	37
Notice of change of address	....	....	....	....	15

The midwives called in medical help in 28.6 per cent. of the cases attended by them.

The chief causes for medical help for the mother were:—Ruptured perineum 164; Difficult labour 149; Malpresentation 47; Raised temperature 39; Ante-partum Hæmorrhage 33; Adherent Placenta 23; Post-partum Hæmorrhage 21; Abortion 20; Miscarriage 18; Albuminuria 10; Varicose veins 7.

The chief causes of help required for the child were:—Discharge from the eyes 33; Feebleness 20; Prematurity 16; Abnormality 11.

The records show that 3,625 cases were attended by midwives during the year and of this number 2,497 were taken by them alone. In the remaining 1,128 cases both doctor and midwife were in attendance.

(b) Doctors' Fees in Special Cases.

During the year no application for payment of a doctor's fee under these arrangements was received.

(c) Midwives' Fees.

Applications were received from Certified Midwives in respect of their attendance on 30 necessitous cases. The fees paid varied from twenty-one shillings to thirty-five shillings. Grants under this arrangement amounted to £48 . 16 . 0.

(d) Subsidy to Midwives.

Subsidies to three midwives were authorised by the County Council at a cost not exceeding £21 each per annum. The subsidy in each case was given to the County Nursing Association for distribution.

For general emergency duties in the County, four Nurse-Midwives are maintained at the County Nurses' Home, Highfield Street, Leicester.

(e) Placing of Midwives.

A grant of £200 is made by the County Council to the County Nursing Association for the training of midwives newly appointed, either to fill a vacancy or to settle in a new district for which no previous provision has been made.

(f) Mileage Grants for Midwives.

The sum of £10 . 0 . 0 was expended in mileage grants to midwives taking cases outside their usual area of practice, the Committee receiving seven applications, all of which were granted.

(g) Inspection of Midwives.

It was not found necessary to suspend any midwife from duty through her being in contact with infectious disease.

(h) Educational Facilities.

(1) *Midwifery Scholarships.* The selection of candidates and arrangements for training are carried out by the County Nursing Association and applications should be made to the Secretary of the Association. During the year six candidates completed this training and four others commenced the course.

(2) *Post Certificate Courses.* Grants are made to midwives who desire to take post certificate courses in order to keep abreast of modern developments in their work, but no application was received for a grant for this purpose during the year.

(3) *Lectures to practising Midwives.* During the year Dr. E. Lewis Lilley, Obstetric Surgeon to the Leicester and Leicestershire Maternity Hospital, gave a series of lectures to practising midwives. His report is as follows :—

“I have the honour to report having completed 8 lectures on midwifery to midwives practising within the area of the Leicestershire County Council. They were given in groups of two on each of the following days and at the places mentioned below.

Leicester	25/4/34	Attendances	23
Loughborough	26/4/34	Attendances	9
Leicester	2/5/34	Attendances	25
Coalville	4/5/34	Attendances	13

“The lectures seemed to be fully appreciated and many questions were asked. The interest in Ante-natal Care seems to be great and growing and questions on this subject were more numerous than on any other.

“I was surprised to learn that at Loughborough only one of the nurses who attended belonged to the town itself, all the others had come varying distances from surrounding villages.

E. LEWIS LILLEY.

(i) Additional Administrative Arrangements.

(1) *Sparsely Populated Areas.* There has been no change in the arrangements for the service of these districts during the year. Grants were made as follows :—Three of £78, one of £58, one of £52 and one of £50. Bicycle allowance of £6 . 0 . 0 per annum was continued in the case of four Associations.

(2) *Necessitous Districts.* Grants varying from £8 to £21 per annum were made to 16 District Nursing Associations in which a service is already in operation. The method of administering these grants remains the same as in previous years.

(3) *Midwives Act, 1918.* During the year 408 claims were paid under the provisions of this Act. The total amount expended was £571 and £213 was recovered from persons responsible for payment.

(j) Sterilised Maternity Outfits.

These are supplied at cost price through the Health Department to the County Nursing Association for distribution to midwives. Independent midwives practising in the County may also avail themselves of this service on the same terms.

HOSPITALS.

(1) **Infectious Diseases other than Small-pox.** The number of beds available in the County is 117. Treatment for infectious diseases other than Small-pox is carried out under the control of the Leicestershire Isolation Hospitals Committee and the beds are distributed as follows :—

	Beds.
Markfield Isolation Hospital	54
Hinckley Isolation Hospital	23
Melton Mowbray Isolation Hospital	23
Blaby Isolation Hospital	17
Total	117

At Markfield Hospital there are two resident medical officers ; the other hospitals are served by part-time practitioners.

There has been a severe outbreak of Scarlet Fever during the year and the accommodation of the Isolation Hospitals has been taxed to the utmost. It was decided during the year to construct a new day room for convalescents adjacent to the Scarlet Fever block at Markfield Isolation Hospital, and this relieved the congestion to some extent. Work has been commenced at Melton Mowbray Isolation Hospital on the construction of small extensions to the wards to provide accommodation for four further beds.

(2) **Small-pox.** No alterations have been made in the arrangements for the treatment of this disease. Two hospitals are available in the County, Syston Small-pox Hospital, 15 beds ; and Snarestone Small-pox Hospital, 23 beds. A reciprocal agreement is in force between the County Council and the Leicester City Authority for the reception of cases of Small-pox. Details of this arrangement have been outlined in previous reports.

(3) **Other Hospitals.** Treatment of Pulmonary Tuberculosis is carried out at the County Sanatorium, Markfield : a full report of the year's working of this Institution will be found in another section of this report.

The following are the arrangements in force for co-operation between the County Council and the Voluntary Hospitals :—

The Public Assistance Committee makes a grant to the Leicester Royal Infirmary, Market Harborough Cottage Hospital, Hinckley Cottage Hospital and Lutterworth Cottage Hospital for the reception of acute sick into those Institutions.

Under the Authority's scheme for the operative treatment of Enlarged Tonsils and Adenoids, provision is made for the use of the Cottage Hospitals at Ashby-de-la-Zouch, Market Harborough, Lutterworth, Melton Mowbray and Hinckley, and of the Loughborough General Hospital for these operations.

There has been no change during the year in the arrangements for the hospital treatment of Maternity cases. No difficulty has been experienced in securing admission for these cases to the various hospitals which have an agreement with the County Council. The arrangement in force for the reception of cases at the Leicester and Leicestershire Maternity Hospital is of great value, and notwithstanding the great demand on the beds at this Institution, every effort has been made by the Hospital Authorities to facilitate the admission of any case provided for under the subsidy from the County Council.

Detailed information of the hospital accommodation available in the various transferred Poor Law Institutions is given in another section of this report.

MATERNITY AND NURSING HOMES.

The administration of the provisions of the Nursing Homes (Registration) Act, 1927, is undertaken by the County Council, which is the Local Supervising Authority for the whole County including the Borough of Loughborough. No application has been received from a District Authority for delegation of powers under the Act to a District Council.

All Maternity Homes and Nursing Homes, with the exception of those granted exemption, are inspected periodically by Dr. Cowan and the County Superintendent Health Visitor. Prior to a certificate of registration being granted to any applicant enquiry is made as to the qualifications and suitability of the applicant and an inspection is made of the premises to ensure that they conform to the necessary standard.

The following are particulars concerning the administration of this section of the work.

	Nursing Home.	Maternity Home.	Nursing & Maternity Home.
No. of new applications for registration during 1934	1	2	2
No. of Homes registered	1	12	4
No. of orders made refusing registration	—	—	—
No. of orders made cancelling registration	—	—	—
No. of appeals against such orders	—	—	—
Appeals confirmed....	—	—	—
Appeals disallowed	—	—	—
Homes discontinued	1	2	1

Exemptions from registration under the Act were made in six instances, viz., five Cottage Hospitals and one General Hospital.

AMBULANCE FACILITIES.

(a) Infectious Diseases.

Motor ambulances are stationed at Blaby and Melton Mowbray Isolation Hospitals, the Blaby ambulance conveys cases to Markfield, Blaby and Hinckley Hospitals and that at Melton Mowbray deals with the district served by the Melton Hospital.

A special ambulance is reserved for the transport of cases of Small-pox.

(b) Non-infectious and Accident Cases.

The removal of cases of Tuberculosis is undertaken by the County Council ambulance where necessary, but no responsibility is undertaken for other cases.

(c) Maternity Cases.

No special ambulance is provided for these cases, but transport is arranged for when necessary.

CLINICS AND TREATMENT CENTRES.

No changes have taken place during the year in connection with Clinics and Treatment Centres under the control of the County Council.

A new Health Centre is in course of construction at Hinckley and should be ready for occupation early in 1935. The building, which will comprise School Clinic, Infant Welfare Centre and Orthopædic Clinic, is designed on similar lines to those already in being at Coalville and Melton Mowbray, but is larger, containing an extra consulting room and bigger waiting hall.

LOCAL GOVERNMENT ACT, 1929.

(1) Public Assistance Institutions.

Work is now in progress on the adaptation of Bosworth Park for use as a Poor Law Institution. In addition to the alterations which are being made to the mansion a new block with accommodation for seventy patients is in course of construction. The Nurses' Home which is situated in the grounds within easy reach of the main building is almost completed.

It is hoped that the work of construction and re-construction will be finished by the end of 1935 when it will be possible to close the existing institutions at Ashby-de-la-Zouch and Hinckley.

The Poor Law Institutions at present available in the County are as follows :—Ashby-de-la-Zouch, Hinckley, Loughborough, Lutterworth, Market Bosworth, Market Harborough, Melton Mowbray, Mountsorrel and Narborough.

(2) Poor Law Medical Out-relief.

A Table showing the various districts and the names of the Medical Officers in charge will be found at the beginning of this report.

No difficulties have been encountered during the year in the administration of medical out-relief and no alterations have occurred in the constitution of the districts, the only staff changes have been the appointment of Dr. Keyes to succeed Dr. Scott in Market Harborough (No. 1) District and of Dr. Bromley to succeed Dr. Jones at Peatling.

(3) Vaccination.

The districts of the Public Vaccinators in the County number 30 and those of the Vaccination Officers total 14. The work of general supervision of vaccination has continued satisfactorily throughout the year. The following is a summary of the Vaccination Officer's returns rendered to the Registrar-General respecting the vaccination of children whose births were registered from January 1st to December 31st, 1933 :—

(i)	Number of births entered in "Birth Lists" as registered during 1933.	....	....	....	4122
(ii)	Statement relating to the births on 31st January, 1935 :—				
	(a) No. successfully vaccinated	....			222
	(b) No. insusceptible to vaccination				5
	(c) No. had Small-pox	....	....		—
	(d) No. of statutory declarations received	....	....	....	3592
	(e) No. died unvaccinated	....			163
	(f) No. temporarily unaccounted for				81
	(g) No. otherwise unaccounted for				59
				—	4122
(iii)	No. of cases of children successfully vaccinated after Statutory Declaration had been received (included in sub-heading (d) )	....	....		7

(4) Boarded-out Children.

Supervision of these children is carried out by Health Visitors. Routine visits of inspection are made to each case once every six weeks. After each visit a report is made upon the circumstances of each child, its environment, home influences, etc. These reports are scrutinised by Dr. Cowan and any necessary comments made before being passed on to the Public Assistance Officer. If circumstances require it more frequent inspections are made and special reports are rendered.

The number of children on the register on 31st December, 1934, was 56.

Adequate supervision of the conditions under which these children are living requires detailed inspection and where any doubt arises more frequent inspections are necessary, all of which entails the devotion of a high proportion of the time of the Health Visiting Staff to this work. Fortunately there has been some decrease in the numbers of children on the register but any considerable increase in the number of children to be inspected will necessitate consideration being given to the appointment of a special visitor.

Institutional Provision for the Care of Mental Defectives.

Provision is made for the care of mental defectives at Stretton Hall. This Institution which is administered by the Mental Deficiency Act Committee of the County Council makes provision for high grade mentally defective females and for a few low grade boys and girls. The available accommodation at present is 20 cot and chair cases and 30 cases of medium and high grade.

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

There has been a marked increase in the prevalence of Scarlet Fever during the year. The increased incidence was manifest throughout the whole year but the greatest number of notifications was received in the second and fourth quarters. The outbreak taxed the resources of the Isolation Hospitals to the utmost but fortunately the majority of the cases were mild in type.

There was also some increase in the number of cases of Diphtheria notified and Measles was rather more prevalent than in the previous year.

The County still remained free from Small-pox during 1934 and no case has now been notified since the last quarter of 1932.

DIPHTHERIA.

The number of cases of Diphtheria notified during 1934 was 150 compared with 125 in 1933. The incidence of the disease was more marked in the Rural Districts where 113 cases occurred than in the Urban Districts where only 37 cases were notified.

Apart from the Saffron Lane district adjoining the City of Leicester where 18 cases occurred during the last quarter of the year, there was no undue prevalence in any particular area of the County. The greatest number of notifications was made during the last quarter of the year.

It was not found necessary to close any school in the County on account of Diphtheria but special visits were made by Medical Officers to certain schools on account of outbreaks of this disease.

No scheme for the provision of artificial immunization against Diphtheria has been adopted by this Local Authority.

There were 13 deaths recorded as due to Diphtheria as compared with 10 in the previous year.

SCARLET FEVER.

The notifications of Scarlet Fever totalled 1,313, an increase of 833 on last year. The disease was much more prevalent in the Rural areas almost twice as many notifications being received from Rural districts as from Urban. In the Urban Districts, Hinckley, Coalville and Wigston showed a relatively high incidence and in the Rural Districts the areas showing the most marked prevalence were Enderby where 68 cases occurred in the second half of the year, Barwell, Burbage and Syston.

Special visits were made to certain schools by Medical Officers on account of Scarlet Fever and in one school a child was found in attendance suffering from this disease.

There were seven fatal cases of Scarlet Fever during the year.

MEASLES.

The returns received from Elementary Schools of the incidence of infectious diseases show an increased prevalence of Measles during 1934. It was found necessary to close five schools on account of this disease, the average closure in school days being eleven and the number of children affected three hundred and three.

Certificates of reduced attendance were granted to 27 schools involving 2,666 children as compared with 16 schools and 1,085 children in 1933. A certificate was also issued to one school, involving 26 children, on account of Measles and Scarlet Fever and to another, involving 54 children, on account of Measles and Influenza.

INFLUENZA.

There was no marked prevalence of Influenza in the County during 1934. The returns from Elementary Schools showed no undue incidence and it was only found necessary to close one school on account of this disease.

PNEUMONIA.

The number of cases of Pneumonia notified during the year was 313 as compared with 350 in 1933. The greatest number of notifications was received during the first quarter of the year and the incidence of the disease was fairly evenly distributed between the Urban and Rural Districts.

The chief centres from which the notifications were received were Loughborough, Coalville and Melton Mowbray.

PUERPERAL FEVER AND PUERPERAL PYREXIA.

There were 17 cases of Puerperal Fever and 19 cases of Puerperal Pyrexia notified during the year.

The number of deaths recorded as due to Puerperal Sepsis was six.

ERYSIPELAS.

During the year 132 cases of Erysipelas were notified as compared with 99 cases in 1933. The distribution of the cases was Urban 58 and Rural 74.

GASTRO-INTESTINAL GROUP OF DISEASES.

The number of cases of Enteric Fever notified during 1933 was 7. No case of Paratyphoid Fever was notified.

The cases which occurred were sporadic and no special investigation of any outbreak was necessary.

The cases occurred in the Urban Districts of Coalville and Oadby and in the Rural Districts of Blaby and Market Bosworth.

MALARIA.

No case of Malaria was notified during the year.

DISEASES OF THE CENTRAL NERVOUS SYSTEM.**(a) Encephalitis Lethargica.**

Three cases of Encephalitis Lethargica were notified during 1934, one case from Loughborough and two from Ashby Rural District.

(b) Poliomyelitis.

One case of Poliomyelitis was notified during 1934 and this occurred at Market Harborough. The number of cases notified during 1933 was three.

(c) Cerebro-Spinal Fever.

Five cases were notified as compared with seventeen in 1933. The areas affected were Coalville, Barwell, South Croxton, Leicester Forest East and Asfordby.

DISEASES LOCALLY NOTIFIABLE.**Chicken Pox.**

This disease was notifiable in certain areas of the County during the year and five cases were notified.

Ophthalmia Neonatorum.

The following is the record for 1934 :—

Noti- fied.	Cases		Vision Un- impaired	Vision Im- paired	Total Blind- ness	Deaths
	Treated					
	At Home	In Hospital				
15	10	5	15	—	—	—

MATERNITY AND CHILD WELFARE SERVICE.

This service which deals with the care of the expectant and nursing mother, and the infant and young child up to five years of age, has developed rapidly during the past few years. New Infant Welfare Centres have been established, treatment schemes for eye defects and crippling conditions have been extended to include children under five years and arrangements have been made for the medical supervision of expectant mothers at Ante-Natal Clinics. Further extensions of the maternity services are contemplated and increased facilities will be available for assistance by the Local Authority in all difficulties encountered by expectant mothers during pregnancy or at or after confinement. Details of the various services available or contemplated in the near future are given under the appropriate headings.

(1) INFANT WELFARE.

(a) Infant Welfare Centres.

The number of Infant Welfare Centres in the County is thirty-seven, of which ten are open weekly and twenty-seven fortnightly. The Centres are controlled by the County Council with the assistance of a voluntary Committee at each Centre. The voluntary workers assist by keeping records of attendances, weighings, etc., and the organisation of competitions, outings and entertainments, calculated to sustain the interest of the mothers is largely in their hands. The help of these Voluntary Committees is of the greatest value in the conduct of the Infant Welfare Centres. Mothers are encouraged to attend the Centres and the interest shown by the lady workers who know the local conditions is a strong incentive for the mothers of the district to make full use of the Centre. A Health Visitor is in attendance at each session and a Medical Officer is present at least once per month.

(b) General Administration.

There are three main factors to be considered in the administration of the Infant Welfare Services, first, the supervision of the infant and young child in the home, second, the work of the Infant Welfare Centres and, third, the co-ordination of infant welfare work with that of the School Medical Service.

Home visiting is undertaken by the Health Visiting Staff which comprises twenty fully trained nurses, including the Superintendent Health Visitor. All of them have special experience in the care and management of infants and children and several hold special certificates and qualifications. Visits to homes are carried out on a systematic basis from the earliest infancy of the child until school age is attained. A report of each visit is entered upon the record card. These cards are filed in a card index system according to the name and date of birth of the child and are available when completed for transfer to the School Medical Department each month. They are thus not only immediately useful for the correction of any defects which may be found but present a complete history of the child's pre-school life to the School Medical Officer at the time of the entrant medical examination.

The work of the Health Visitors is a highly important factor in the successful operation of the Infant Welfare Services. They have the entry to the homes of the children and by observation and tactful advice can rectify many faults in their upbringing. It is hardly necessary to remind ourselves that in the majority of homes the only persons who reach the parents qualified to advise correctly on the care of the infant, are the Health Visitors, in order to realise how important a unit they are in our work of combating Infant Mortality and caring for the health of the infant and pre-school child. It is gratifying to know that they are equal to their serious responsibilities and that much of the success attained is due to their capable methods.

The administration of Infant Welfare Centres in a County with large rural and industrial areas presents many difficulties. The policy of this Authority has always been to provide the benefits of Infant Welfare Centres for all classes of the population, whether mining, industrial, or agricultural, in every area of the County. The practical application of this policy, however, presents many complexities. Where the staff is limited the assessment of benefit to be derived must be made on the numbers reached by the educational and clinical work of the Centres, and although it is realised that a small centre in a sparsely populated area will be of benefit to the district, difficulties associated with travelling long distances to a small centre are insuperable in the face of constant demands from more populous areas.

Co-ordination between the Infant Welfare Service and the School Medical Services is as complete as is possible. The medical consultation cards in use at the Infant Welfare Centres are transferred to the School Medical Department when the child attains the age of five years and the same procedure is followed in connection with the record cards used by the Health Visitors throughout the child's pre-school life.

No change in the number of Infant Welfare Centres in the County or in their general administration took place during the year. Requests have been received from certain districts for the establishment of Infant Welfare Centres but it has not been possible with the present staff fully engaged on diverse duties to accede to these requests, and the Maternity and Child Welfare Committee have been compelled to negative any extensions at present.

(c) Clinical Work.

The clinical work undertaken at Infant Welfare Centres in the County pursues certain well defined lines with a positive object in view. Each Infant Welfare Centre in the County is visited by a Medical Officer at least once per month and the medical supervision of the Centres is entirely in the hands of whole-time Medical Officers employed by the County Council.

In so far as possible clinical work is directed towards the prevention of defect and disease. Each infant is subjected to a complete medical examination on its first attendance, enquiries are made as to the methods being employed in its care and management, and advice is tendered bearing upon the correction of faults and on the maintenance of a high level of general care.

Periodic re-examinations of all infants in attendance are carried out and in addition the Medical Officer is available to parents for consultation regarding difficulties encountered either in management or in connection with ill-health.

Infants requiring treatment for any disease or defect are referred to a private practitioner. The only exception to this rule is that made by the provision of Ophthalmic and Orthopædic treatment for necessitous cases. During the year 53 cases of eye defects were examined by the County Oculist and appropriate treatment carried out. Particulars are given in another section of this report concerning the numbers of cases referred for orthopædic treatment.

The Medical Officers made 4,883 clinical examinations during the year and 1,560 children were examined for the first time. The total number of weighings carried out by the Health Visitors was 40,026.

The principal defects observed at examinations made by the Medical Officers were:—Skin conditions 247 ; Bronchitis 136 ; Phimosi 186 ; Umbilical Hernia 133 ; Gastric Trouble 54 ; Nasopharyngitis 85 ; External Eye conditions 88 ; Rickets 40 ; Ear Diseases 32 ; Strabismus 41 ; Hernia 19

(d) Educational Work.

Special attention is devoted to this phase of the work at Infant Welfare Centres. Continuous instruction of parents is carried out by Medical Officers and Health Visitors. Instruction is given to the parents collectively in the form of talks on various relevant matters and also by individual advice at the time of the medical examination. The lectures deal with all phases of infant care and management, ante-natal care, infectious diseases and with such serious constitutional disorders as Rickets. The aims and objects of Infant Welfare work also form the subject of one or more talks and the essentially preventive nature of the service is emphasised.

Very little reliance can be placed upon the wholesale distribution of literature to parents as an educational measure. In this County education by such literature is confined to providing a special pamphlet for parents where there is considered to be need for it, either to emphasise some special point or as a reference where difficulty is being experienced and frequent attendance for special advice is impossible.

Education at Infant Welfare Centres if conducted upon sound lines must be an enormous factor for good and forms one of the main lines of attack upon infant ill-health. Results are difficult to assess accurately, but it can be said without contradiction that much of the improvement manifest in the health of infants and young children during recent years is the result of better methods employed by enlightened parents whose enlightenment has been the result of teaching at our Welfare Centres.

(e) Statistics.

During the year 999 meetings were held at the various Centres in the County. The total number of mothers on the registers was 3,740 and the number of attendances made was 41,241.

The total number of infants under one year was recorded as 2,460 and the number of attendances made was 21,460. The number of toddlers attending the Centres was 2,808 and these made a total of 26,934 attendances.

The average attendance of children at all Centres during the year was 45.8.

During the year 1,548 women, 1,599 infants under one year of age, and 326 toddlers attended the Centres for the first time. In addition 6 expectant mothers made 16 visits of attendance at the Centres. Of the total number of children born during the year 42.7 per cent. attended the Infant Welfare Centres in the County.

The Medical Officers made 453 visits to Infant Welfare Centres during the year. The visits of the individual Medical Officers were as follows:—Dr. Fairer 21; Dr. Cowan 31; Dr. Anderson 91; Dr. Coward 3; Dr. Weston 139; Dr. Walters 168.

(f) Supply of Milk to Necessitous Mothers.

Arrangements are in force for the supply of milk to necessitous mothers. The scheme provides for a grant of one pint of milk per day to (a) Expectant Mothers within three months of their confinement; (b) Nursing mothers; and (c) Infants under eighteen months who are certified to be in need of extra milk for health reasons.

Careful investigation of each case is made with regard to both medical and financial circumstances. A report is made upon a special form by the Health Visitor of the district and where possible, as at Infant Welfare Centres, the form is accompanied by a medical certificate. It is obviously impossible to secure the issue of a medical certificate in every case. The income of the household is verified in every case and the whole circumstances are reviewed by the Deputy County Medical Officer who decides whether or not the Maternity and Child Welfare Committee shall be recommended to make a grant. In so far as the financial circumstances are concerned the grants are subject to a scale adopted by the Committee.

Only liquid milk is supplied and where it is possible to obtain it, "Grade A" milk is provided.

Mothers in receipt of grants of milk are requested to attend an Infant Welfare Centre, if there is one within reasonable distance, in order that the cases may be kept under supervision by a Medical Officer.

During the year 1,328 applications for milk grants were received and 1,138 were approved by the Maternity and Child Welfare Committee for periods not exceeding two months, after which time the cases were re-considered.

The total amount expended on this service was £1,011, this figure being an increase of £63 on that of the previous year.

(g) Inspection of Children under Children and Young Persons Acts.

The control of this work is vested in the Maternity and Child Welfare Committee and the inspections are carried out by the County Health Visiting Staff.

Each child is visited at least once every three months, additional visits being made as circumstances require. A detailed report on a special form is completed by the Health Visitor upon each inspection and these reports are scrutinised by the Deputy County Medical Officer. When circumstances merit it a special visit is made to the house by the Deputy County Medical Officer before any further action is taken.

Exemptions from inspection for one year were granted to six private schools where boarders under the age of nine years are received. A preliminary inspection of certain of these schools was made by a Medical Officer prior to the exemptions being granted by the Maternity and Child Welfare Committee.

The following is a summary of the work undertaken during the year :—

Children and Young Persons Acts.

No. of Cases on Register on December 31st, 1933	....	....	83
No. of new cases	....	....	50
Returned to parents	....	....	26
Adopted	....	....	4
Attained nine years of age	....	....	4
Died	....	....	—
Left County	....	....	9
Transferred to new foster-parents	....	....	6
Removed to Poor Law Institution	....	....	1
No. of cases on register on 31st December, 1934	....	....	83

MATERNAL CARE.**(a) Maternal Mortality.**

Maternal deaths occurring in the County are investigated in accordance with the principles laid down in Ministry of Health Memoranda. This work is undertaken by Dr. Cowan in co-operation with the general practitioners of the area.

Reports on cases investigated are treated as strictly confidential and are forwarded direct to the Chief Medical Officer of the Ministry of Health, no copy being retained locally

The investigations continue to prove of value not only for statistical purposes but in bringing to the notice of the Local Authority any difficulties encountered by the general practitioners in the conduct of midwifery in the area, which are capable of being remedied by the Local Authority.

(b) Puerperal Fever and Puerperal Pyrexia.

Arrangements detailed in previous Annual Reports continue in force. The scheme provides for the services of a number of consultants with special experience in obstetrics to be available through the Public Health Department to any general practitioners on request. In addition any bacteriological examinations required are undertaken at the County Laboratory.

Cases requiring isolation and treatment in hospital are admitted to Markfield Isolation Hospital where a sufficient number of beds for dealing with these cases have been allocated.

(c) Report of Maternal Mortality Officer (Dr. K. Cowan, Deputy County Medical Officer.)

The Maternal Mortality Rate for the County during the year 1934 is returned as 3.46 deaths per 1,000 births. This rate shows a decrease upon that for last year.

The appended table demonstrates the returns of Maternal Mortality during the ten years 1925-1934.

Leicestershire Maternal Mortality per 1,000 Births.

No. of Puerperal Deaths :—

Year.			Births.	Sepsis.	Other Causes.	Total.	Rates per 1,000 Births
							Total.
1925	....	....	4,874	8	15	23	4.7
1926	....	....	4,868	5	12	17	3.5
1927	....	....	4,887	7	10	17	3.5
1928	....	....	5,074	12	12	24	4.7
1929	....	....	5,013	9	15	24	4.8
1930	....	....	5,201	7	10	17	3.27
1931	....	....	5,179	5	12	17	3.28
1932	....	....	5,039	5	12	17	3.37
1933	....	....	4,593	7	15	22	4.79
1934	....	....	4,919	6	11	17	3.46

As a result of Circular 1,433 of the Ministry of Health dated 10th October, 1934, a special report upon the maternity services of the County was submitted to the Maternity and Child Welfare Committee in November, 1934. The following is a copy of the report :—

(1) Notes on Circulars and Memorandum from Ministry of Health.

“A further circular dated 10th October, 1934, has been addressed by the Minister of Health to Local Authorities on the subject of Maternal Mortality. In this circular the attention of the Local Authority is directed to Circular 1167 of the 11th December, 1930, and an accompanying Memorandum 156/M & C.W. This Memorandum contained various suggestions for improving and developing the Maternity services of Local Authorities and the Circular urged the importance of each Authority doing all that is reasonably possible to provide a satisfactory service for their area.

In spite of what has been done during the past three years to improve and develop the Maternity services the Maternal Mortality Rate has not yet begun to fall. The Minister recognises that it could not be expected that the full effect of the Measures which have been taken would so soon be reflected in the mortality statistics. At the same time, he finds there are still many areas in which the maternity service is neither complete nor satisfactory and there are few, if any, in which there is not scope for further improvement.

The Minister trusts, therefore, that each Local Authority will forthwith review the position in their area by reference to the suggestions made in Memorandum 156/M & C.W. and will take such steps as are necessary to complete the local organisation and ensure its effective working.

A description of the existing scheme in this County and an outline of the measures necessary to complete the local organisation of the Maternity Services are embodied in the following report.

(2) Description of Maternity Services already in existence in the County.

(a) Ante-Natal Services.

There are two Ante-Natal Clinics in the County, one at Hinckley and the other at Wigston Magna. The Clinic at Hinckley was established in 1927 and that at Wigston Magna in 1929. From their inception until February of this year a monthly session was held at each, and the Clinics have been staffed by whole-time lady Medical Officers of the County Council—Dr. Mary Weston at Hinckley and Dr. Constance Walters at Wigston Magna.

Whilst a considerable amount of valuable work has been carried out at these Clinics it has become increasingly evident that they fall far short of the ideal.

In February of this year it was decided that a monthly session was insufficient to deal with the numbers of patients who attended the Clinics and fortnightly sessions were substituted at each Clinic.

The premises, particularly at Hinckley, are unsuitable to be used as ante-natal centres for the districts they serve. If patients, midwives, and doctors are to be encouraged to attend these centres it is essential that the premises should be attractive and that the equipment should be adequate to meet the needs for all forms of ante-natal supervision.

(b) Consultant for Ante-Natal Work.

It was decided at the meeting of the Maternity and Child Welfare Committee on February 24th, 1934, that :—

- (a) A Consultant—the Surgeon to the Leicester and Leicestershire Maternity Hospital should be appointed to attend the Ante-Natal Centre at Hinckley when required by the Medical Officer in charge. The fee to be paid to the Consultant for attendance would be £4 . 4 . 0 including travelling expenses.

- (b) An arrangement should be made with the same surgeon for selected cases to attend the Ante-Natal Clinic at his hospital from Wigston if required to do so by the Medical Officer of the Wigston Ante-Natal Centre. The charge for selected cases attending the Ante-Natal Clinic at the Leicester and Leicestershire Maternity Hospital would be 10/6 per case.

(c) *Midwifery Services.*

The Midwifery services of the County are undertaken by the County Council in conjunction with the Leicestershire County Nursing Association. The greater part of the County is adequately provided with trained midwives employed by District Nursing Associations which are subsidised by the County Council.

In sparsely populated areas where no District Nursing Association is in existence, milage grants are made to neighbouring midwives, taking cases outside their usual area of practice.

(d) *Hospital Accommodation.*

The only arrangement in existence in the County at present for the provision of hospital beds for complicated maternity cases, or for patients with unsuitable home conditions, is an arrangement with the Leicester and Leicestershire Maternity Hospital for the reception of County cases, for which a grant of £50 is made by the County Council to this hospital.

(e) *Puerperal Fever and Puerperal Pyrexia.*

An arrangement exists for the services of a panel of consultants to be available to general practitioners in the County when they require a second opinion upon a case of Puerperal Fever or Puerperal Pyrexia.

The scheme also includes provision for any necessary bacteriological investigations to be undertaken at the County Laboratory.

Sufficient beds have been allocated at County Isolation Hospitals for the reception of cases of Puerperal Fever requiring isolation and treatment in hospital.

(f) *Consultants for Complicated Cases.*

There are no arrangements at present for the provision of the services of consultants for doctors needing assistance in difficult or complicated cases.

(g) *Sterilised Maternity Outfits.*

Sterilised maternity outfits are supplied at cost price through the Health Department to the County Nursing Association for distribution to midwives. Independent midwives practising in the County may also avail themselves of this service on the same terms.

(h) *Educational Work.*

In 1931 the Maternity and Child Welfare Committee approved the principle of official and voluntary effort in the County to promote the education of the expectant mother in the necessity for co-operation, particularly in connection with the ante-natal services.

(3) Improvements Necessary to Complete the Local Organisation.

(A) ANTE-NATAL SERVICES.

(1) *Ante-Natal Clinics.*

In populous areas ante-natal supervision can best be undertaken at Ante-Natal Clinics. It will be necessary to establish further ante-natal clinics for uninsured women at Coalville and Melton Mowbray on similar lines to those already in existence at Hinckley and Wigston Magna.

The unsuitability of the present premises at Hinckley will be overcome when the new combined clinic, in process of erection, is completed.

It would be possible to staff these new clinics by the same whole-time Medical Officers who at present conduct the clinics at Hinckley and Wigston Magna.

Certain changes will be necessary in the administration of the Ante-Natal Clinics with regard to the numbers of patients to be dealt with per session, the allocation of time for sufficient re-attendances and the following up by the Health Visiting Staff of patients who fail to re-attend.

(2) *General Practitioner Services.*

In those areas of the County which are not served by Ante-Natal Clinics it will be necessary to secure the services of private medical practitioners to undertake ante-natal examinations of uninsured women.

It is suggested by the Minister of Health in Memorandum 156/M & C.W. that a list might be prepared by the Authority of those doctors practising in the area who are willing to undertake this service for uninsured women who engage midwives. The doctor would arrange to conduct the Ante-Natal examination at the patient's home or at his surgery and the services of a Health Visitor should be available for the necessary following up of the case and subsequent supervision.

As an alternative to a special list of practitioners to undertake this work it might be placed on a similar basis to the Midwives Act, and any private practitioner paid a fee (to be agreed upon at a later date) for carrying out ante-natal examinations and submitting a report upon any uninsured woman referred to him by a midwife.

In whatever way this work is undertaken it will be necessary to enlist the aid of the private practitioners of the County to carry out ante-natal work in rural areas where no ante-natal clinic is in existence and also in urban areas in so far as the examination of those expectant mothers, who do not wish to attend the centre, is concerned.

(3) *Hospital beds for Ante-Natal Complications and Intercurrent disease.*

Provision must be made for the observation and treatment in hospital of expectant mothers suffering from certain ante-natal complications. Albuminuria, Ante-partum hæmorrhage and other abnormalities of pregnancy may not be capable of being dealt with in the patient's own home and it is an essential corollary of the ante-natal services provided

through clinics and general practitioners that in-patient hospital beds should be available for such complications.

(4) *Instructions to Midwives re Ante-Natal Care.*

If the best results are to be obtained from the ante-natal services provided by the Local Authority it is imperative that the midwives of the County should co-operate to the fullest extent by referring cases for ante-natal examination by a Medical Officer. All midwives in the County should be informed of the facilities which exist for the medical examination of uninsured women who engage midwives for their confinement and should be urged to make use of these facilities for every patient who comes under their care.

(5) *Education of the Expectant Mother.*

However comprehensive the ante-natal services provided by a Local Authority may be, the fundamental factor underlying success is the willingness or otherwise of the expectant mother to avail herself of the services provided.

Any development in the ante-natal services must, therefore, be accompanied by a campaign of educational propaganda, through official and voluntary sources, calculated to arouse the interest of the expectant mother and ensure that the importance of systematic ante-natal examination by a doctor is more widely appreciated.

(B) MIDWIFERY SERVICES.

The County is already covered by Midwifery services to the extent of almost 97 per cent.

Arrangements for mileage grants have been sufficient to ensure the services of a midwife at all confinements in areas not covered by a District Nursing Association or served by a resident midwife. It is not considered advisable to incur any disproportionate expenditure to secure the inclusion in District Nursing Associations of the uncovered areas.

(C) PROVISION OF HOSPITAL BEDS FOR MATERNITY CASES.

The hospital accommodation in the County for the in-patient treatment of complicated cases of labour and of cases where the home conditions are unsuitable for the confinement, is inadequate. At present the only accommodation available for these cases is that provided at the Leicester and Leicestershire Maternity Hospital.

While the Authorities of this hospital have afforded every facility for the admission of urgent County cases, frequently such cases have required a considerably longer period of treatment than the resources of the Maternity Hospital were able to bear without undue strain.

It would appear that the needs of the County for in-patient treatment in the Leicester and Leicestershire Maternity Hospital could best be met by asking the Authorities of this hospital to allocate a certain number of beds for complicated maternity cases from the County. In

addition to the present subsidy of £50 per annum paid to the hospital by the County Council it would be necessary to make a grant of an agreed fee per week for each patient admitted under the ægis of the County Council.

The subsidy of £50 is to be regarded as a contribution towards the overhead and continuing charges upon the beds when they are unoccupied. If beds are to be allocated by the Hospital Authorities and are to be available on demand by the County Council it will be obvious that certain of the beds will be unoccupied for varying periods and thus will be producing no revenue to the hospital. The overhead and nursing charges are however continuous and the proposed grant will, it is hoped, be sufficient to compensate the hospital authorities for these charges upon the small number of beds allocated.

It is probable that an increase in the facilities for ante-natal treatment in the County and the provision of consultants for complicated maternity cases will mean an increased demand for hospital beds.

Consideration should, therefore, be given to the question of the provision of such beds at focal points in the County. This might be accomplished by means of an arrangement between the County Council and the local Voluntary or Cottage Hospitals to admit those maternity cases where the home conditions are unsuitable and which usually will be normal uncomplicated cases. Complicated cases can be admitted to the Leicester and Leicestershire Maternity Hospital where they will have the benefit of expert obstetric assistance. Nothing in this arrangement would prejudice the right of the County Council to admit a complicated case to a local Voluntary or Cottage Hospital in an emergency but the arrangement would exist primarily for normal cases whose home conditions are unsuitable for the confinement.

(D) PROVISION OF CONSULTANTS FOR COMPLICATED CASES.

A consultant with special experience in obstetrics should be available to any general practitioner who needs assistance in difficulties or complications arising during pregnancy, or at or after confinement.

As previously mentioned an arrangement is already in existence for the provision of the services of a Consultant for cases of Puerperal Pyrexia and Puerperal Fever. This arrangement might be extended to include the services of a Consultant for doctors needing assistance under the conditions outlined above.

(4) Conclusion.

The preceeding paragraphs outline in general terms the needs of the County for the completion of the organisation of the maternity services.

If these recommendations are approved in principle a further report will be necessary setting out in detailed form the proposed scheme to be adopted under each particular heading."

The recommendations contained in this report were approved by the Maternity and Child Welfare Committee and it is hoped that detailed schemes in connection with the proposed extensions will be completed and ready for the approval of the Ministry of Health early in 1935.

(d) Report on the Work of the Ante-Natal Clinics.**(1) *The Hinckley Clinic.***

The Ante-Natal Clinic has again shown definite progress in numbers. Attendances from surrounding villages which have been kept up in spite of the inconvenience, and sometimes actual difficulty, of travelling, testify to the real appreciation of the mothers as well as the midwives of the district.

In spite of the growing size of the Clinic it has been found inadvisable to attempt a bi-monthly session until the new Clinic premises are available. While it is useless to deny that the present rooms are inadequate and in many ways unsuitable for this type of work we cannot leave them without a sincere tribute to the assistance generously given at all times by the Committee of the Infant Welfare Centre as well as to the staff of the Y.M.C.A. whose Caretaker has done all in his power to reduce the unavoidable difficulties to the minimum.

				New Cases.	Re-attendances.
1933	....	....	....	68	39
1934	....	....	....	83	76

(2) *The Wigston Magna Clinic.*

Certain alterations outlined below took place in the administration of this Clinic during the year.

Arrangements were made with Dr. Lilley, Obstetric Surgeon to the Leicester and Leicestershire Maternity Hospital, whereby cases in which a second opinion was required could be referred to the Ante-Natal Clinic at this hospital. In June, 1934, it was decided to hold a bi-monthly session instead of one per month.

The number of sessions held at Wigston was 17 and the number of attendances made by expectant mothers was 194. The number of expectant mothers who attended during the year was 94 and the average attendance per session was 11.4.

(e) Instruction for County Midwives in Ante-Natal Treatment.

Arrangements are in force whereby County midwives may attend the Ante-Natal Clinic at the Leicester and Leicestershire Maternity Hospital for a course of practical instruction in ante-natal care.

A panel to midwives has been formed and the midwives attend the Clinic in rotation. Each midwife attends the Centre during four sessions for general instruction at a charge of 5/- per session, the cost being met entirely by the County Council.

MATERNITY HOSPITALS.

A grant of £50 per annum is made by the County Council to the Leicester and Leicestershire Maternity Hospital. County cases are received into this institution at the request of the County Medical Officer without charge.

Provision is made for the reception of unmarried expectant mothers at St. Saviour's Home, Northampton. During 1934, two cases were admitted to this Home from the County. In addition, arrangements are in force with the Ely Diocesan Home, Cambridge, and the Salvation Army Home, Birmingham, to receive cases if required.

The County Council allows the expenditure of £20 per year for the Convalescent Home treatment of nursing mothers.

An arrangement exists with the Warwickshire County Council to receive at their Maternity Home at Rugby, maternity cases from Leicestershire near the Warwickshire boundary.

Provision is made for the admission to the Hospital of St. Cross, Rugby, of complicated maternity cases (other than Puerperal Fever and Puerperal Pyrexia) from the County. The County Maternity and Child Welfare Committee undertakes responsibility for the cost of emergency cases (£3 . 3 . 0 per week) provided that the County Medical Officer is notified as soon as possible after the patient's admission. The recovery of the whole or part of the charge is subsequently considered by the Committee. Approval of the Maternity and Child Welfare Committee must be obtained before other than emergency cases can be admitted. Some contribution towards the cost will be required except in necessitous cases.

TREATMENT OF CHILDREN.

Provision is made for the treatment of Tuberculous children at the County Sanatorium, Markfield. Ill nourished and delicate children from three to five years are received at the Children's Convalescent Home, Woodhouse Eaves.

The following is a report from the Medical Officer to the Home:—

CHARNWOOD FOREST CONVALESCENT HOME FOR CHILDREN.

Report on the children admitted during the year 1934 under the Leicestershire County Council Maternity and Child Welfare scheme who occupy *three* beds at the above Home.

Total number of children admitted	....	14
Average stay of each child in days	....	50
Average gain in weight	....	2 lbs. 3 ozs.
State of health on discharge—		
Much improved	....	5
Improved	....	8
Satisfactory	....	1
Diseases for which children were admitted—		
Debility	....	10
Rickets	....	2
Bronchitis	....	2

All the children greatly improved in health from their stay at the Home.

(Signed) W. REGINALD TUCKETT.
Medical Officer to the Home.

BIRTH CONTROL.

The arrangements detailed in my report of last year for the attendance of County patients at the Leicester City Birth Control Clinic, continue in force.

The types of cases considered suitable include women suffering from some serious constitutional disorder such as Tuberculosis, Heart Disease, Kidney Disease, Diabetes, Profound Anæmia, certain types of Arthritis, Toxic Goitre; also women suffering from mental disorder including inheritable forms of Insanity, Epilepsy, or Feeble-mindedness, as well as women suffering from local gynæcological affections or malformation.

The number of cases referred either by their own doctors or by a member of the County Medical Staff during 1934 was twenty-five. These cases included women suffering from Tuberculosis 5, Debility 4, Uterine Conditions 4, Nephritis 2, Anæmia 2, Heart Disease 1, Difficult Labours 1, Arthritis 1, Eclampsia 1, Diabetes 1, Hæmorrhages 1, General ill-health 1, Polypus Vagina 1.

THE COUNTY ORTHOPAEDIC SCHEME.

(Dr. K. Cowan, Deputy County Medical Officer.)

Certain developments have taken place during the year in the administration of the Orthopaedic scheme which have had a very beneficial effect. I mentioned last year that one of the greatest handicaps under which the scheme suffered was the difficulty in obtaining sanction for the immediate treatment of urgent cases either by means of provision of apparatus or admission to hospital. Cases which were examined at an out-patient clinic and found to require admission to hospital or the provision of some form of appliance, had to wait until the appropriate Committee met to consider what proportion of the charges should be borne by the patient or his relatives. This meant, in many cases, a considerable delay, during which time the patient's condition was deteriorating. Moreover, in some cases, it involved a re-measurement for splints, boots, etc., and added materially to the difficulties associated with successful treatment.

During the year an income scale was formulated for the assessment of charges for apparatus and for hospital treatment, and was approved by the appropriate Committees. The application of this scale has resulted in a tremendous acceleration of treatment in all cases. No delay now occurs between the recommending of treatment by the Surgeon and the commencement of remedial measures, and the whole administration of the treatment side of the scheme has been simplified.

The special arrangements described in previous reports for the early ascertainment of crippling defects continue to prove successful. In 1931, before the commencement of the special measures, the number of cases of crippling defect and deformity, amongst pre-school children, notified

during the year was 37. In 1932 when the new arrangements were brought into force the number of notifications received was 116, in 1933 it had increased to 131, and the figure for this year is 88. These figures include cases notified from all sources and a large number are infants in a very early stage of defect or showing signs of suffering from a crippling disease such as Rickets.

The facilities available under the scheme are common to the School Medical Services, the Maternity and Child Welfare Department and the Tuberculosis service. The respective Committees contribute towards the costs incurred in treatment and also on a proportionate basis towards overhead charges. The participation of the Maternity and Child Welfare Committee in the orthopædic scheme is essential if the preventive side of the work is to receive due attention. Concentration of effort in ascertainment upon the infant and pre-school child is the surest method of reducing the incidence of non-tuberculous crippling defect amongst the school population.

There has been a marked fall in the proportion of non-tuberculous crippling defects requiring long periods of in-patient treatment in hospital, expenditure per case has been reduced and the number of children discharged cured has increased. With continued early ascertainment and prompt application of treatment, these benefits should grow, and an all-round diminution in the incidence of deformity and in the cost of treatment is to be expected.

Unfortunately the number of cases of Surgical Tuberculosis requiring long periods of treatment in hospital still remains high, and the treatment of this type of defect is by far the most costly item connected with the Orthopædic Scheme.

It was decided during the year, owing to the small number of attendances, to close the Orthopædic Section of the Health Centre at Melton Mowbray. From its inception the number of cases treated at this Clinic had been small and although special investigations were made by Medical Officers in the area served by the Clinic to discover any children suffering from crippling defects, the number of cases referred to the Clinic did not justify the attendance of an Orthopædic Surgeon. The Orthopædic section of the Health Centre, therefore, ceased to function on November 20th, 1934, and the few serious orthopædic cases in attendance were transferred to the Orthopædic Clinic at Leicester where they will be under the supervision of the same Orthopædic Surgeon. It is hoped early in the new year to commence a remedial exercises clinic at the Health Centre where those patients who were receiving treatment of this nature may continue to attend. The electrical apparatus, etc., will be transferred to the Health Centre at Hinckley now in course of erection for use in the new Orthopædic Clinic.

It is hoped that the new Health Centre at Hinckley will be completed and ready for occupation early in 1935. It has been designed on very similar lines to those already in existence at Coalville and Melton Mowbray, but is rather larger and contains an extra consulting room. It will be provided with a fully equipped out-patient orthopædic clinic including plaster room and remedial exercises clinic.

The Orthopædic Surgeon in charge of the Clinic will be Mr. Allen, of Coleshill Hospital, who also has charge of the Coalville Orthopædic Clinic, and the parent hospital for the in-patient treatment of cases from this Clinic will be Coleshill Hospital. The Orthopædic Sister in charge of the treatment will be a member of the staff of Coleshill Hospital.

Upon the inception of this Clinic the Orthopædic scheme will be complete in respect of out-patient treatment. Every area of the County will be within a reasonable distance of facilities for treatment and the supervision and after care of cases at clinics will be greatly facilitated.

The following are the details of the working of the Orthopædic Scheme :—

(1) Ascertainment.

Cases are referred to Orthopædic Clinics from various agencies : Tuberculosis Medical Officers, Assistant School Medical Officers, Infant Welfare Medical Officers, and from private practitioners. These sources of detection are continuously in use and result in a steady flow of cases to the clinics.

Special attention is devoted to the early ascertainment of crippling disease and defect amongst infants and pre-school children. The Health Visiting Staff notify each case of disability or deformity encountered in the course of their work to the Central Office irrespective of any other action taken with regard to orthopædic treatment. These cases are followed up by a Medical Officer and where necessary arrangements made for treatment. Health Visitors and Secretaries of Infant Welfare Centres have been instructed concerning the importance of securing treatment for slight deformities, and talks are given at Infant Welfare Centres by Medical Officers on orthopædics and the necessity for early treatment emphasised.

The methods of ascertainment employed have an important bearing upon the success of the scheme, particularly in their application to the detection of defect and deformity at the earliest possible stage. Successful results from treatment depend in many cases on applying remedial measures before gross defect has supervened and all the resources at our disposal should be directed towards securing cases sufficiently early to, at least, ensure that successful treatment is not rendered more difficult through inadequate means of detection.

(2) Orthopaedic Clinics and Hospitals.

(a) The Coalville Clinic.

This Clinic which is administered by the County Council is open on two afternoons per week from 1-30 p.m.

The Orthopædic Surgeon, Mr. Allan, of Coleshill Hospital, attends at one session per month when all new cases are examined and the treatment of those already in attendance is reviewed.

The staff consists of a fully trained Orthopædic Sister and a masseuse from Coleshill Hospital. A member of the County Health Visiting Staff is also present at each session and attends to the clerical work, arranges appointments for patients, and generally assists with the work of the Clinic.

The Clinic, with the parent hospital at Coleshill, forms a complete clinical unit for the treatment of all cases from the Coalville area. Complete continuity of treatment both out-patient and in-patient is ensured for every patient, the same staff dealing with each case throughout the whole period of treatment.

(b) *The Loughborough Cripples' Guild.*

This voluntary Association administers the out-patient Clinic at Loughborough. The Local Authorities, Leicestershire County Council and Loughborough Town Council contribute towards the Guild according to the number and nature of the treatments their patients receive.

The staff consists of Mr. Malkin, Orthopædic Surgeon to the Harlow Wood Hospital, who visits the Clinic once a month; the Orthopædic Sister who attends once a week from Nottingham; one masseuse who is employed whole-time, and four voluntary workers.

The Clinic is open all the week for massage and other forms of treatment.

The Loughborough Cripples' Guild is associated with the Nottingham Cripples' Guild and forms a complete clinical unit with the parent hospital at Harlow Wood.

(c) *Melton Mowbray Clinic.*

As previously mentioned this Clinic was closed at the end of the year.

The work was carried out under the direction of Mr. Morris, Orthopædic Surgeon to the Leicester Royal Infirmary and to the City General Hospital, Leicester. Mr. Morris attended at one session per month, and a masseuse was present at each weekly session. The clerical work of the Clinic was in charge of a School Nurse.

The parent hospital in connection with this Clinic was the City General Hospital, Leicester, which formed a complete clinical unit under the direction of Mr. Morris as Orthopædic Surgeon.

The patients who were in attendance at the Clinic at the time of the closure and who require further treatment have been transferred to the Leicester City Clinic where they will be treated by the same surgeon. New cases which may from time to time be discovered in the area previously served by this Clinic will also attend at the Leicester City Orthopædic Clinic. Transport will be arranged for the cases if difficulties in travelling are encountered.

(d) *Leicester City Clinic.*

This Clinic is conducted at Richmond House, Leicester, and is controlled by the Leicester City Council. Treatment is available to County cases on a *pro rata* basis. Clinical supervision is in the hands of Mr. Morris and all forms of out-patient treatment are available.

The parent hospital in connection with this Clinic is the City General Hospital where all in-patient treatment of a lengthy nature is undertaken.

(3) Additional Facilities.

In addition to the systematic orthopædic work mentioned above, treatment is available at other centres as follows :—

(a) *Leicester Royal Infirmary.*

The orthopædic department at this hospital undertakes out-patient treatment. No charge is made for attendance but financial responsibility is assumed by the County Authority for surgical appliances in necessitous cases according to the means of the patient.

These cases are notified to the department by the Secretary of the Hospital with full particulars of the nature of the disease and the treatment recommended.

(b) *Rugby Orthopædic Clinic.*

Arrangements are in force whereby the County Maternity and Child Welfare Committee sanction the charge of 2/6 per attendance for Leicestershire children whose treatment is undertaken by the Clinic provided that :—

(1) Application is first made to the County Medical Officer to enable the case to be visited by one of the Medical staff.

(2) Each application is considered by the Committee after an investigation into the financial circumstances.

(3) Monthly reports are rendered by the Officers of the Clinic to the County Medical Officer.

(c) *Hinckley and Market Harborough.*

In both these districts a certain amount of orthopædic work is being undertaken by voluntary bodies—at Hinckley, by the Cripples' Guild, and in Market Harborough at the Cottage Hospital. When the new Clinic is opened at Hinckley early next year, orthopædic work in this area will be included in the County Council scheme but arrangements will be made for co-operation with the existing Cripples' Guild wherever possible.

(4) Provision of Surgical Appliances.

The following arrangements are in force for the provision of surgical appliances and apparatus to County cases.

Upon application being received inquiry is made into the financial circumstances of the case and recovery of cost is made according to a scale approved by the various Committees. Necessitous cases are provided for free of charge.

(5) After-care Supervision.

The supervision of patients discharged from hospital after in-patient treatment, the fitting and adjustment of surgical appliances and apparatus and the care for the general welfare of the cripple are undertaken at Orthopædic Clinics and in the homes of the children. This after care is

undertaken by the same staff both medical and nursing who undertake the in-patient treatment in hospital, thus absolute continuity in treatment is ensured in every case.

It is not possible to do very much on an official basis in connection with the social welfare of the cripple and it is in this section of the work that the scheme is incomplete. The formation of a Voluntary Care Committee with helpers in all areas of the County would be a great asset to the official scheme and one which I am sure would be welcomed both by the official workers and the patients themselves.

VENEREAL DISEASES.

The County Council makes provision for the treatment of Venereal Diseases by co-operation with the Authorities of the Leicester Royal Infirmary. The Clinics are administered by the Governing Body of that Institution, County cases being received and treated under financial arrangements approved by the Ministry of Health. The treatment of male patients is carried out by Dr. C. Hamilton Wilkie and Dr. Bessie Symington is in charge of the female section.

Pathological Work.

Bacteriological and Biological work for the diagnosis and for the tests of cure of Venereal Diseases at the Clinics is undertaken at the Leicester Royal Infirmary but a certain amount of bacteriological work for practitioners in the County is undertaken at the County Laboratory.

The following are extracts from the Annual Reports of the Medical Officers who conduct the Clinics for Venereal Diseases :—

Report on Male V.D. Clinic for Year 1934.

By C. Hamilton Wilkie, M.B., Ch.B., B.Sc.

I beg to report on the work conducted at the Male Venereal Disease Department, Leicester Royal Infirmary during the year 1934. I also report on the V.D. Propaganda work conducted during the year.

General.

Leicester Royal Infirmary V.D. Treatment Centre consists of both out-patient departments and in-patient departments. It is the one centre for Leicester and Leicestershire.

The out-patient Male clinic is held in the general out-patient department of the Infirmary at times when no other clinic is open. In addition, there is an irrigation treatment room which belongs entirely to the V.D. Department.

The Male in-patient department consists of one ward with six beds, a single room with one bed, and a treatment room.

The Male V.D. Staff is made up of two Medical Officers, a senior Male attendant and two male porters (part time).

The Sister and Nurses of the Female V.D. Ward, which adjoins the Male ward, assist in ward work.

The Pathological Department of the Infirmary conducts the pathological work of the V.D. Department. The Clerical Staff and the Dispensers also offer valuable service.

Intermediate treatment (*i.e.* irrigations, etc.) is given daily by, or, under the supervision of, the senior male attendant from 9 a.m. to 12 noon, 5.30 to 7.30., Sat. 9 a.m. to 1 p.m., Sundays excepted.

Examinations and treatment by the Medical Officers are conducted at the following times :—Children—Mon. 3 to 3.30 p.m. Adults—Mon., 3.30 to 4.30 p.m. Wed. & Fri., 6.30 to 7.30 p.m. Thursdays, 5 to 6.30 p.m.

Case Recording.

My method of case recording initiated in 1931 has been very successful up to date and adds greatly to the efficiency of the Male V.D. Department. Statistical details are easily obtained and clerical work has been reduced to a minimum.

NEW CASES.

The total number of new Male cases for the year under review was 706 (1933—568), an increase of 138 over the previous year.

Table I, shown overleaf, gives details regarding all new cases. It will be noted that cases from the City of Leicester (T) are separated from those of the County of Leicestershire (C).

The increase of 138 new cases this year is chiefly due to an increase in "non-venereal" cases. "Non-venereal" cases are cases who come for examination for the presence or absence of V.D., but after examination and tests are found to be free from V.D.

In most of these cases sexual exposure with a stranger or "friend" has been admitted.

Included in the "non-venereal" cases are men who have come for tests prior to marriage.

The syphilitic and gonorrhœal cases show a slight increase on the previous year.

CURED CASES.

There were 190 cases of V.D. cured during the year.

DEFAULTERS.

Those infected patients who cease to attend before completion of treatment and tests of cure, and who have failed to answer repeated letters requesting them to return, are labelled as "defaulters."

TABLE I.

1934	VENEREAL CASES								NOT V.D.		Totals		Grand Totals
	Syphilis		Soft Sore		Gonorrhœa								
	T.	C.	T.	C.	T.	C.		T.	C.				
New Cases	71	47	1	2	217	66			218	85	507	199	706
		118			283				303		706		
Cases on Books, 1/1/34	200				148				8		356		356
Returned Defaulters	10	4				2					12	4	16
Syphilis Primary WR—	3	2									3	2	5
" Secondary WR+	3	4									3	4	7
" Secondary ...	7	2									7	2	9
Latent SY. 1st YR. ...	—	2									—	2	2
All later stages	23	20									23	20	43
Congenital SY.	8	9									8	9	17
Soft Sore	—	—	1	1							1	1	2
Gonorrhœa ...	—	—			184	60					184	60	244
Non-Venereal	17	14							218	85	218	85	303
Transfers from	71	47	1	1	31	6			218	85	48	10	58
Totals (T. & C.)	318		2		217	66			311		507	199	1062
Totals New and Old					431								
Cured and N.V.D.'s.	33	14	1	1	100	41			215	87	349	143	492
Ceased attendance before Completion of TR.	16	8			21	9					37	17	54
Ditto, after Completion of TR.	7	5			30	9					37	14	51
Transferred	23	4			34	6					57	10	67
On records, 1/1/35 ...	134	74			142	39			9		285	113	398
Attendances seen by M.O. ...	2540	1420	5	4	3365	943			500	182	6410	2549	8959
Ditto, Intermediate	25	11			9709	654			280	22	10014	687	10701
Ditto, Totals ...	2565	1431	5	4	13074	1597			780	204	16424	3236	19660
In-Patients	16	15			20	8					36	23	59
Aggregate Days	322	388			460	381					782	769	1551
PATHOLOGICAL WORK.													
Tests for Spirochaetes	27	20									27	20	47
W.R.'s.	967	408									967	408	1375
Smears for G.C. ...	—	—			2165	675					2165	675	2840
Kahn Tests and C.S.F.	457	199			2	2					457	199	656
Other Tests for G.C.	—	—			2	2					2	2	4
Totals	1451	627			2167	677					3618	1304	4922

Table I (Defaulters), shows that 54 men ceased to attend before completion of treatment. These cases are reckoned the most serious type of defaulters. I only wish I had power to compel such defaulters to return for treatment until cured.

Those defaulting after completion of treatment but before tests of cure number 51.

It is the rule at this V.D. Centre that all new cases who suffer from venereal disease are informed that they will be written to in the event of their defaulting from treatment and observation.

If the patient objected to this an entry would be made to such effect and no letter sent. So far no objection has been raised.

The form of letter written to a defaulter consists of a typewritten note, non-committal in character, requesting the patient to call at his earliest convenience. This note is signed by the Senior V.D. Officer. Should the defaulter ignore this first letter, a second one is sent pointing out the danger to himself and to others.

This method of following up defaulters does much to reduce the number. Unfortunately, however, it does not always succeed.

ATTENDANCES.

The total number of attendances for the year (M.O. and Intermediate) was 19,660.

IN-PATIENTS.

Patients admitted to the ward number 59. The total in-patient days were 1551 (average in-patient days per man—26.3).

PATHOLOGICAL WORK.

This work is necessarily considerable, consisting of bacteriological and serological work for the diagnosis and for the tests of cure of V.D.

The Kahn flocculation test for syphilis, as well as the Wassermann Test, is done on all bloods tested.

Cerebro-spinal fluid tests (cells, chemical, constituents, colloidal Gold Curve and W.R.S.) are done extensively on syphilitic patients. I place much importance on these tests.

The total number of pathological tests for the year numbered 4922 (Male and Female). (See Table I Pathological work).

PROPAGANDA WORK.

During the year I gave seven public lectures on Venereal Diseases, accompanied by lantern slides, three in Leicester, two in Loughborough, and two in Coalville.

Three of the seven lectures were to female audiences only, and the remaining four were to male audiences.

On every occasion the halls were packed. In my opinion much can still be done to educate the public in the dangers of venereal diseases, and to emphasise the fact that those who suffer from venereal disease have a chance of being cured if they receive treatment early and continue under treatment until proclaimed cured.

There has been a slight increase this year in the number of cases who come for an examination and tests prior to marriage. These examinations prior to marriages should become more popular as the public become more wise on sex problems.

My greatest difficulty is to get men, who have gonorrhœa, to have the female contacts examined. Undoubtedly the female case with gonorrhœa is one of the biggest V.D. problems at the present day.

NUMBERS FROM VARIOUS AREAS IN THE COUNTY.

	AREA.	No.
Loughborough		48
Hinckley		33
Coalville		28
Market Harborough		19
Melton Mowbray		19
Lutterworth		4
Within 5 miles of City		48
	TOTAL	199

In submitting this report I wish to acknowledge and to bring to your notice the services of the Medical, Nursing, Dispensary and Clerical Staff. Their work has been performed with goodwill, loyalty, perfect harmony and excellence throughout the year. I should specially like to mention Mr. Robertson, my senior Male attendant who has done much towards the efficiency of the Male V.D. Clinic.

Signed,

C. HAMILTON WILKIE.

Report of the Female Clinics for Venereal Disease for Leicester and Leicestershire for the year 1934.

NEW PATIENTS.

416 new patients have presented themselves for examination.
402 at the Royal Infirmary.
14 at St. Mary's Home.

277 patients who had not completed treatment on January 1st, 1934, continued to attend at the Royal Infirmary.

60 at St. Mary's Home.

This makes a total of 753.

These figures cover all cases diagnosed and treated at the 4 Female Clinics, viz. :—

3 at the Royal Infirmary.

1 at St. Mary's Home.

Special time is set apart for the treatment of Children under the age of 5 or 6 years. This time is specially kept for the treatment of Congenital Syphilis in both girls and boys and also for Gonorrhœal infection of little girls.

An analysis of the New Cases is as follows, these numbers do not include those who had not finished their course on January 1st, 1934.

Infirmary.

City Cases.

Syphilis	....	....	....	93
Gonorrhœa	....	....	....	198
				— Total 291

County Cases.

Syphilis	....	....	....	44
Gonorrhœa	....	....	....	67
				— Total 111
				— Total 402

St. Mary's.

City Cases.

Syphilis	....	....	....	2
Gonorrhœa	....	....	....	3
				— Total 5

County Cases.

Syphilis	....	....	....	2
Gonorrhœa	....	....	....	7
				— Total 9
				— Total 14

44 of the infected cases have been passed on to St. Mary's Home for treatment.

Of the New Cases of :—

Syphilis.

2 showed primary sore before infection of the blood.

13 showed sores with infection of blood.

40 showed later symptoms.

15 were infected congenitally.

Gonorrhœa.

189 were probably seen in the first year.

3 in later stages.

The early attendance of the gonorrhœal patient has been definitely marked this year. A greater number of the wives of the infected husbands attending the Male Clinic have been sent.

Cases "Not suffering from Venereal Disease."

After examination and observation of the 416 New Cases the following were diagnosed as free from disease :—

City Cases.

Syphilis	....	43
Gonorrhœa	....	58

County Cases.

Syphilis	....	12
Gonorrhœa	....	20

Total Syphilis	....	55
„ Gonorrhœa	....	78
		133

These cases were chiefly :—

Babies of mothers showing infection during pregnancy.
 Children in families where one case has shown syphilis.
 Wives of infected husbands, when the wife has escaped infection.

Other cases of disease of the genital organs. These have been passed to other departments of the Infirmary.

Out-Patient Female Attendances.

The attendance rate of patients has definitely increased.

Visits paid to the Royal Infirmary	....	12,148
Visits paid to St. Mary's Home	....	1,753

This makes a total of 13901.

An analysis of these visits are as follows :—

Royal Infirmary.

To Medical Officers	....	7383
For intermediate treatment	....	4765
County patient attendances	....	Total 3,527.

St. Mary's Home.

To Medical Officers	....	1,251
For intermediate treatment	....	502

To Royal Infirmary.

Syphilis	....	1,516
Gonorrhœa	....	1,511
		3,027

To St. Mary's Home.

Syphilis	....	38
Gonorrhœa	....	462
		500

The total number of injections given in the Clinics male and female—during the year have been 7,294. Of these 3,215 have been given in the Female Departments.

An analysis of these is :

At the Royal Infirmary.

Arsenical compounds—

City	....	....	....	1,379
County	....	....	....	665
Total	....	....	....	2,044

Bismuth compounds—

City and County			911
-----------------	------	------	-----

Tryparsemide not included in this number—

City	....	....	....	51
County	....	....	....	87
Total	....	....	....	138

Treatment of Syphilis.

Routine methods of treatment for both syphilis and gonorrhœa have varied very little. The individual is always considered.

Syphilis.

Methods of giving the drugs are still

- Intravenous
- Intramuscular
- By mouth
- By inunction

A three months course is aimed at as a rule, but in some cases this is less and in some cases more.

The individual woman varies so much in her power to absorb the drugs, that the kind of drug has to be considered carefully. The chief drugs given are Stabilarisan, Neokharsivan, Metarsenobillon, Sulphostab, Bisoxyl and Tryparsemide.

At St. Mary's Clinic 122 injections were given, the analysis being :—

Arsenical compounds

City	....	....	....	47
County	....	....	....	41
				88

(12 of these being tryparsemide)

Bismuth compounds

City	....	....	....	24
County	....	....	....	10

34

— Total 122

Acquired Syphilis.

Early cases of syphilis in the definitely infective stages have numbered 9.

Of these 2 showed no signs in the blood, 7 showed infection of blood pathologically.

Of the later cases of syphilis :—

30 have been diagnosed and 5 failed to complete the first course.

Congenital Syphilis.

Special time is kept on one evening in the week for treatment of children and little girls suffering from this type of the disease.

Every mother is watched and urged to bring her children for examination when this is suspected.

The boys over 5 years have, this year, been sent to the male clinic, and if necessary a card given to the mother to give to the father directing him to present himself for examination.

No congenital syphilitic patient is discharged, but all are advised to come up at intervals for examination.

31 new cases have been treated in the male and female departments this year and of these 14 have been girls.

The Ophthalmic Department is the place where congenital syphilis is generally first recognised, where she is sent by the private doctor.

Ante-natal Syphilis.

Treatment is started as early as possible in this condition and continued until the end of pregnancy.

This year no baby has shown signs of disease, up to the present time, but all are being watched.

All mothers are urged to continue for observation or treatment after the birth of the child. Each is directed to attend the nearest Child Welfare Clinic and kept in touch with in this way.

Most of the pregnant women have been sent from the Maternity and Child Welfare Medical Officer, for observation and treatment if necessary.

Gonorrhoea.

This is a different problem.

Pathological investigation is more involved and much less frequently positive than in the male.

The periods of observation are more prolonged so more difficulties in diagnosis arise.

The method of treatment still used is to give the female as much rest as possible with light diet and fluids, and to use some local disinfection as frequently as can be borne, and in this way the germ is destroyed and complications prevented.

More of the younger married women infected recently have been treated in the ward this year, in this way.

In the Clinics and Treatment rooms, infected women and girls are disinfected as frequently and as carefully as possible, and each is watched for some months before considered cured.

Ante-natal Treatment.

In my opinion symptoms of gonorrhoea result in anæmic and weakly babies in the first years of life, as well as the well-known danger of acute ophthalmia during the first week.

The women who have not had sufficient ante-natal treatment, have been admitted for confinement when possible but if signs of inflammation have abated, they are sent back to their own private doctor or midwife.

This year, no woman confined in the maternity ward has yet shown complication due to infection, and no ophthalmia has occurred in the new-born baby.

Discharge of infected cases after completion of cure is difficult to decide.

Observation of the individual patient with pathological investigation is always carried out.

Numbers discharged "cured" after treatment are as follows :—

From Royal Infirmary	....	....	85
St. Mary's Home	....	....	28
Total	....	....	113

Cases transferred to other Centres or institutions for further treatment number 38.

In-Patient Department.

The total numbers admitted were 140.

Royal Infirmary	....	....	114
St. Mary's Home	....	....	26

In addition 7 babies were born in the ward showing no signs of V.D.

Of those admitted to the **Royal Infirmary.**

County Cases.

Syphilis	....	....	....	19
Gonorrhœa	....	....	....	29
				48

St. Mary's Home.

County Cases.

Gonorrhœa	....	....	....	11
				11

At St. Mary's Home 30 cases have been admitted.

County cases number 11, all suffering from gonorrhœa.

St. Mary's Clinic is used, when possible for the more superior type of out-patient who cannot pay for good treatment and also for those discharged from the Home.

In the Home, Hostel accommodation is provided for the infectious unmarried girl.

Here she is helped in every way by the Wantage Sisters in charge.

She is put to bed if necessary, treatment given and fed well, and examined weekly by the Medical Officer. The convalescent ones do the domestic work of the wards and day room and later they are allowed to go out and find work.

Maternity Cases.

5 beds are definitely kept for infected maternity cases, although infected pregnant women are often treated in the general ward for a time for ante-natal treatment.

In the Labour ward 7 confinements have taken place this year. In each case the baby is apparently healthy. All are still under observation.

Every mother is advised to take her child to the nearest Child Welfare Centre.

4 beds are kept for treatment of the mother before and after confinement.

Ophthalmia Neonatorum.

6 babies have been admitted on the advice of the Honorary Ophthalmic Surgeon, and treatment carried out, under his direction.

3 have been persistent and severe, and each has been kept in for over 3 months. These cases have been treated frequently and faithfully by the Sister and Nurses in charge of the ward.

In 2 cases operations have been performed after infection and it is hoped that some sight has been saved.

The parents of these babies have been examined and all but one have shown infection.

All babies were sent in by general practitioners. In all these—ante-natal treatment of the mother has been neglected.

Vulvo-vaginitis of little girls.

7 cases have been admitted, 4 having being sent by the School Medical Officer.

All have been kept in the ward under treatment as long as possible, the time being 6 to 8 weeks.

The parents of these children have all been told the nature of the infection, but 2 have refused treatment.

After being discharged from the ward, these children are watched carefully.

Acute Gonorrhoeal Inflammation.

26 cases have been admitted for rest and disinfection.

These have been cases requiring prolonged treatment and have been admitted as soon, and as often, as possible.

Amongst other cases during the year have been :—

Cases of Bartholini's abscess, curettage, rheumatism, secondary syphilis, locomotor ataxia, and 2 cases of arsenical dermatitis.

Follow-up Work.

This is improving every year.

It is a most important item but is difficult because of the privacy necessary.

A patient who discontinues attendance is liable to be a danger to others and afterwards a serious expense on the community, owing to the later results of untreated venereal disease.

At the Royal Infirmary, letters are sent to defaulters and a certain number are responded to.

Child Welfare Work is an important channel along which the young mother may be induced to attend. Every help, when requested, is given by the Assistant Medical Officer of Health in charge of this work and by her staff of trained health inspectors.

At St. Mary's Home an out worker, who receives a small salary, visits and befriends the girls who have been discharged, and this year only 2 have failed to respond.

The main way is the establishment of friendly interest between those working in the wards and clinics and the patient, and I should like to express my thanks to my assistant, Dr. Mary Newton-Davies, the sisters and nurses and all those who are indefatigable in trying to induce the defaulter to return for friendly advice.

(Signed) BESSIE W. SYMINGTON,
M.D., B.S. (Lond.).

SANITARY CIRCUMSTANCES OF THE COUNTY.

(a) RAINFALL IN 1934.

The following Table prepared by Mr. G. F. Stacey, the Surveyor of Wigston Magna Urban District shows the rainfall month by month during the year :—

At Wigston U.D.C. Sewage Farm, Countesthorpe, in the County of Leicester :—

Rain Gauges	Diameter of Funnel	....	....	8 in.
	Height of top above ground	....	....	9 in.
	Height of ground above sea level			256.85 ft.

Month.	Total Depth.	Greatest Fall in 24 hours.		No. of days with .01 inch or more.	No. of days with .04 inch or more.
	Inches.	Inches.	Date.		
January	1.76	0.56	12th	16	13
February	0.59	0.31	25th	8	4
March	1.44	0.18	15th	16	13
April	2.37	0.51	5th	14	11
May	0.72	0.27	7th	8	6
June	0.64	0.14	22nd	11	6
July	1.15	0.47	24th	9	4
August	1.37	0.36	29th	14	11
September	1.32	0.35	25th	14	7
October	1.30	0.24	15th	17	12
November	2.10	0.62	10th	15	10
December	3.73	0.38	7/10th	26	18
Total	18.49	—	—	168	115

I am indebted to Mr. Stacey for the information with reference to the rainfall in his district.

(B) GENERAL SURVEY.

The information given below is obtained from the reports made by the District Sanitary Inspectors, and from investigations made by officers of this Department. It has not this year been possible to await the receipt of the report from Loughborough Rural District, the statistics, therefore, do not include any returns from this district.

(1) WATER.

In 1933 it was reported that in spite of the long continued drought there had been no serious shortage in most areas. The small rainfall in the winter 1933-34 followed by the dry summer, accentuated the shortage, and this is noted under the various districts together with measures carried out or proposed to deal with the situation.

URBAN DISTRICTS.

Ashby-de-la-Zouch.

No shortage was experienced in this district, and the mains have been extended in the Tamworth and Willesley Road.

Ashby Woulds.

There was no serious shortage but the pressure at the higher points was rather low owing to the restriction of supplies by the Ashby and Swadlincote Joint Water Board.

Coalville.

850 yards of new water main were laid.

No restrictions were found necessary although the yield from the three sources of public supplies became considerably reduced during the latter part of the year. Extended inquiries were made as to shortage of private supplies but only two cases of shortage were found.

With reference to the quality the following is an extract from the Sanitary Inspector's Report :—

"The quality of the water supplied was closely watched throughout the year, and although the usual high standard of purity was maintained during the earlier months, contamination from B.Coli became evident in October, caused either by the diminished yield and consequent 'pull' on hitherto untapped supplies or by other means of which we are not aware. Continuous examinations at various points were made during October and November with a view to tracing the source of pollution and also keeping check on the quality from day to day, and finally chlorinating plant was installed at Whitwick Colliery, the source of one of our auxiliary supplies. Steps are also being taken to replace the manually controlled chlorinating apparatus at Ellistown Colliery by an automatic plant, and it is expected that the change-over will be completed during the next few weeks. The quality of the water from the Broom Leys supply was not affected and it has not been necessary to take any action there."

Hinckley.

The new service reservoir is well on the way towards completion. During the year the supply was satisfactory in quantity and quality. The only precautionary steps necessary were to post notices asking for economy in use and to prohibit garden watering and car washing during some of the summer months.

A scheme for a reserve supply was prepared but it was not found necessary to put it into operation.

Loughborough.

Several extensions were made. No restrictions were necessary.

Market Harborough.

Early in the year the construction of a new well in water bearing drift gravel was completed and pumping commenced.

The quality of the whole supply was satisfactory, as regards quantity the report is as follows :—

“The continued drought made it necessary to restrict the use of water to purely domestic and manufacturing purposes during the second half of the year, but a continuous supply was maintained.

“Surveys were made with a view to augmenting the supply and a provisional contract has been entered into for the purchase of water rights on 224 acres of land in Husbands Bosworth parish about 1½ miles from the existing works. A scheme has been prepared and will shortly be submitted to the Ministry of Health for the necessary works and connecting main.”

Melton Mowbray.

Extensions to the mains have been made to supply new building estates.

The quality of water was satisfactory and the supply adequate with the exception of a short period during which economy was necessary, but it was not necessary to turn off the supply in any part of the district. The amount collected was considerably augmented by tapping a number of new springs and laying 1,250 yards of new collecting drains.

Oadby.

The mains were extended, as required, by the Leicester City Water Department.

Wigston.

The District Council have decided that under the Housing Act, 1930, every house must have a piped supply laid on to the scullery. During the year this was done in the case of some 37 dwelling houses where previously there was a tap in the area. Probably not more than eight houses within the area are at present dependent upon well supplies.

The source of supply is from the City of Leicester.

Some 1,381 linear yards of new mains were laid during the year for new housing developments.

Quorn and Thurmaston.

No extensions or shortage reported.

RURAL DISTRICTS.

Ashby-de-la-Zouch.

The main was extended along the Ashby Road, Donisthorpe from the Council Schools to the Parish boundary.

Serious shortage occurred during the year, in the parishes of—Coleorton, Heather, Osgathorpe, Ravenstone, Swannington, Thringstone and Worthington. The Council have in hand, two separate schemes for these parishes.

A Ministry of Health Inquiry was held on December 4th, at Heather, with relation to the scheme for this village. The scheme is one to cost £6,000, a well to be sunk, mains to be laid to whole of village, and a raised service reservoir to be erected. The Ministry of Health have sanctioned an expenditure of £400 in sinking a bore hole.

Barrow-on-Soar.

This district is divided into two areas for sanitary purposes. In area No. 1 practically the whole is supplied from the Leicester City Mains and no great shortage has occurred except in isolated parts on the hills.

In area No. 2 there are more parishes not thus supplied and shortages occurred chiefly at Seagrave and Rearsby and to a lesser extent at South Croxton. In Seagrave many residents relied on rainwater for their supply and consequently were worst off. The quality of the Seagrave, Rearsby, and Thrussington supplies is bad generally, there were, however, no complaints as to shortage at Thrussington.

The Council have called in a firm of Civil Engineers to advise them as regards water supplies in the whole of the Rural District, and the matter is now in hand between the Council, their engineers and the Ministry of Health with regard to a proposed extension of the Leicester Corporation mains to Rearsby, Seagrave and Thrussington, with a view to obtaining a grant towards the cost.

The shortage at South Croxton was temporary and was not considered sufficient to warrant immediate action.

Billesdon.

No extensions of importance. Shortage was reported at Tilton and Halstead where the wells were deepened and at Houghton and Skeffington where no action was taken.

Blaby.

No extensions or shortages reported.

Castle Donington.

The Council are proposing to bore for water. No shortage reported by Sanitary Inspector.

Hallaton.

While the public springs at Hallaton, Medbourne, and Great Easton did not fail, the Council's well at Medbourne only yielded 6 to 8 buckets of water daily towards the end of the drought. Boring, to tap a deeper spring, is now being carried out.

Hinckley.

1,383 yards of new mains in all have been laid, in Earl Shilton, Stoney Stanton and Burbage.

There has been a shortage in Sapcote where wells are the only source of supply. A scheme for supplying the whole of the village and a part of Stoney Stanton, is waiting the approval of the Ministry of Health.

Lutterworth.

An extension of 300 linear yards in Leicester Road, Lutterworth has been made.

The public supply at Lutterworth has been insufficient and it has been necessary to curtail the supply from 7 a.m. to noon, and 4 p.m., to 7 p.m. The Council have carried out boring operations, water was found at a depth of 40 feet and pumping tests gave a yield of 4,971 gallons per day for 14 days. The consent of the Ministry of Health has been requested to the sinking of an additional well.

The parishes of Ullesthorpe and Willoughby Waterless are suffering from shortage and schemes have been prepared for both parishes and particulars laid before the Ministry of Health.

In the parish of Broughton Astley there is a shortage of water and a large number of the existing wells are at present dry.

Market Bosworth.

Four wells were actually closed during the year and 64 were closed for drinking purposes.

Thornton was short of water but water mains will be laid through this village and the Manor Road, Desford, early in 1935.

Melton Mowbray.

The Sanitary Inspector reports :—

"There has been no extension in the water supplies in the District during the year. Shortage of water was experienced in the villages of Hose, Harby, Clawson and Asfordby and the public pumps in the latter two villages had to be locked up for periods in each day during the summer. In other villages the supply was sufficient for drinking and domestic purposes.

"The Council have had under consideration schemes for the supply of drinking water to Clawson, Hose, Harby, Asfordby, Wymondham and Nether Broughton and work has been carried out at Holwell Village, Clawson and Wymondham to see what supplies would be available and the question of these water schemes is still under consideration. It is hoped, however, that the schemes will be carried out during the year 1935."

(2) RIVERS AND STREAMS.

Full reviews of the drainage system of this County have been given in previous Annual Reports. Seven-eighths of the County are in the catchment basin of the River Trent, two-thirds being in the catchment area of the River Soar.

The River Soar flows from the Warwickshire border near Ullesthorpe northwards passing through the City of Leicester in the centre of the County. Just north of Loughborough it becomes the boundary between Leicestershire and Nottinghamshire and finally joins the River Trent near Sawley.

The Trent itself forms the boundary of the County from that point to opposite Donington Hall.

Of the River Soar the main tributary is the River Wreake which runs from Melton Mowbray to the confluence near Rothley House.

The rivers other than the Soar into which drainage takes place and which ultimately join the Trent are the rivers Mease, Sence and Anker. In the Belvoir district of the streams which run direct to the Trent, the river Devon is the most important.

In the South round the Lutterworth and Kilworth districts the drainage is to the River Avon while on the Eastern side the River Welland with its tributary the Eye Brook forms the boundary of the County.

In the North-East there is a very small portion of the County draining to the River Witham.

As all streams of any size in the County receive sewage effluent at some points in their courses they are frequently inspected and samples obtained. Owing to the drought this year pollution has been more marked, the volume of water in the streams being small. The polluting agents have been particularly the effluents from cheese and milk factories, villages with untreated sewage and certain unsatisfactory sewage works.

The streams in Leicestershire depend particularly for their volume on surface water drainage and, therefore, are liable to quick variations in volume. In certain places during the year the whole of the water flowing in the stream was composed practically of sewage effluent; even then the amount of pollution was really smaller than might have been expected.

As a part of the Annual Hydrographical Survey of the Trent Water Shed, samples of the River Soar were obtained at various points and the dissolved oxygen estimated. These investigations are carried out during September under the auspices of the Ministry of Agriculture and Fisheries.

(3) DRAINAGE AND SEWERAGE.

The sewage disposal works or farms in the County are regularly inspected by the County Medical Staff. Visits have also been made to villages where there is no treatment of the sewage so that a complete record of the methods of sewage disposal, other than from isolated houses, in the County districts will be available.

In this connection the Medical Staff have carried out 90 inspections of actual works or farms and 46 inspections where treatment is entirely absent. Particulars have now been obtained by actual inspection of the methods in use in 155 parishes and by information from Sanitary Inspectors in 49 others.

The aim in making these inspections is to ascertain whether the best results possible are being obtained from the means available. When pollution of streams is taking place because of inadequacy in the facilities for treatment the matter is brought to the notice of the local Sanitary

Authority. Where, as is sometimes the case, the unsatisfactory state of affairs is due to improper working of the system the official in charge is communicated with. In order that the fullest value can be obtained from these inspections, the Surveyor, Sanitary Inspector or other officer, responsible for the conduct of the works, is asked to co-operate by accompanying the Medical Officer on his visit if this is at all practicable. Defects in working or construction and the proposed remedies can then be discussed on the site. This co-operation has always been given most willingly and I much appreciate it. Where it has not been possible to arrange for a mutually convenient time, samples of effluent are taken in the course of river inspections and if found to be unsatisfactory, the officer concerned is communicated with. In this way it has been found possible to secure the necessary improvement.

In the case of an effluent which is polluting a neighbouring water-course and is, therefore, likely to be injurious to health and the remedial measures taken have proved ineffective, the matter is brought before the Public Health Committee. The Committee have, in all cases, directed that a copy of the Medical Officer's report be forwarded to the responsible Local Sanitary Authority and their observations requested. An abatement of the pollution has usually resulted from this procedure.

All unsatisfactory cases are re-inspected whether specially reported upon or not.

Urban Districts.

ASHBY-DE-LA-ZOUCH.

There has been no extension of the sewers or alteration in the disposal works during the year.

The reconstruction of the storm water culvert which conveys the Gilwiskaw Brook under the town of Ashby was completed during the year. This should obviate the serious flooding of the town.

ASHBY WOULD'S.

The sewer was extended from Daybell to Sweethill Cottages during the year.

A Ministry of Health Inquiry was held on June 14th, 1934. The Minister's sanction has been obtained to a loan for £3,200. The scheme is to be proceeded with and is to sewer the Spring Cottage area and lay a sewer to the works at Moira, thus doing away with the present inefficient tank.

HINCKLEY.

A sewer has now been constructed for the Butt Lane and Klondike districts, and the Bradgate Estate (new) has been sewered.

The Jericho Estate off the Coventry Road is being sewered in preparation for development of the land as a Housing Estate. Part is to be developed by private enterprise and part reserved for rehousing purposes in connection with slum clearance.

MARKET HARBOROUGH.

There have been no extensions to the works during the year. Considerable progress has been made with the sub-division of plots and regular periodic dosing and resting is now in operation over the whole farm area. Daily tests are made and the improvement in the quality of the effluents recorded last year has been well maintained. Experiments are still proceeding with a view to a further equalisation of distribution.

The River Welland has been cleared out below the town and mud banks removed by the Catchment Board, whilst a long stretch of the waterway within the town has been doubled in width and corners removed by new cuts adjoining the new Public Park.

In *Melton Mowbray*, *Oadby* and *Wigston*, extensions of the sewers have been made.

Rural Districts.

ASHBY-DE-LA-ZOUCH.

Extensions of sewers in Measham and Oakthorpe and proposed extension at Donisthorpe.

BARROW-ON-SOAR.

The sewers have been extended at Sileby and Birstall. Further extensions are under consideration.

A special report to the County Public Health Committee was made with reference to Anstey Sewage Farm which is becoming overtaxed by the greatly increased amount of sewage now being dealt with.

The main drainage of the parish of Thurcaston is again under consideration and new sewage works are proposed for Mountsorrel where the present works are completely out-of-date.

Pollution of the brook was found to be occurring at South Croxton. A report was made to the County Public Health Committee and the condition of the brook has now been improved.

BILLESDON.

The Sanitary Inspector draws attention to the continual nuisance from the overflowing of cesspools and the pollution of the Thurnby Brook at Thurnby and Bushby.

At Houghton the absence of a proper scavenging scheme for cesspools is a potential danger to the water in the shallow wells.

A special report was made to the County Public Health Committee on the small sewage disposal works at Tugby ; a later inspection showed considerable improvement to have taken place.

BLABY.

The Blaby and Whetstone Disposal Works which have been unsatisfactory have been extended, and also new pumps and mains installed.

An extra rotary filter bed has been brought into use at the Braunstone Works, complaints, as to pollution by the effluent from these works, having been received.

Cosby and Narborough—The alterations to the system of sewerage have now been carried out but there have been no improvements in the farm which is already overtaxed.

Glenfield and Glenfield Frith—A Ministry of Health Inquiry was held on October 25th, 1934, and provisional sanction, subject to certain modifications, given. The scheme includes sewerage, electric pumps and additions to the existing disposal works.

Schemes under consideration are :—

The sewerage of the area round Enderby Cross Roads (120 houses), also additional filter and alterations to the tanks at Enderby works.

The provision of sewers and a sewage disposal works at Croft.

Sewer extension to Gullet Lane, Kirby Muxloe.

CASTLE DONINGTON.

Work has now been commenced on the new sewage disposal works and storm water drains for the parish of Castle Donington.

HALLATON.

Estimates with plans for schemes of sewerage and sewage disposal for the parishes of Blaston and Medbourne have been prepared and laid before the Council.

HINCKLEY.

Extensions have been made of the sewers at Barwell and Stoney Stanton. The scheme for Three Pots Estate, Burbage, is almost completed.

Under consideration are :—

A scheme for further sewerage in Barwell is before the Ministry of Health.

A scheme for works of sewerage and sewage disposal for Higham-on-the-Hill has been approved by the Ministry of Health and an application for assistance has been made to the County Council. The scheme provides for proper sewerage and modern tanking and filtration plant.

LUTTERWORTH.

Lutterworth sewage works have been reconstructed. The old contact beds which were quite incapable of dealing with the flow have been retained for storm water treatment which is also over land. The normal flow is to be dealt with by modern tanks and rotary filter beds.

A new sewer has been laid in Dunton Bassett ; there are no disposal works or farm at this village.

There has been pollution of the brook at Bitteswell and most of the preliminary work in connection with a scheme is now completed.

MARKET BOSWORTH.

The Ministry of Health has held Inquiries with reference to schemes of sewerage and sewage disposal at :—

Barlestone—Following an Inquiry into a joint scheme for this village and part of Osbaston, the Minister of Health has sanctioned a scheme of sewerage and sewage disposal. The old very unsatisfactory irrigation field is to be done away with and entirely new works constructed for treatment of the sewage by tanking and rotary filters.

Ibstock—The sewerage of the Pretoria Road was the subject of an Inquiry and the Minister has now asked for certain modifications which are under consideration.

Groby—An Inquiry was held in June and a partial sanction obtained for the sewerage of the road to Field Head, Markfield.

LOUGHBOROUGH.

The works at Wymeswold were improved last year but still gave unsatisfactory results. It has now been decided to purchase extra land.

MARKET HARBOROUGH.

Schemes are under consideration for works of sewerage and sewage disposal at Lubenham, Glooston, Smeeton Westerby, and Saddington.

A special report was made to the County Public Health Committee on the pollution of the River Welland by the effluent from Lubenham where there is at present no system of treatment other than tanking.

MELTON MOWBRAY.

Extensions have been made in various parishes.

Special reports were made to the County Public Health Committee on the sewage disposal at Somerby, Wymondham, Scalford and Saxelby. In reply the local Sanitary Authority stated that the villages were being dealt with in rotation but special attention would be given to these.

A Ministry of Health Inquiry was held in October with regard to proposed new sewer and sewage disposal works in the Parish of Nether Broughton but the scheme was deferred for further details. These have now been obtained and the scheme will be carried out in 1935.

Approval was received from the Ministry of Health with regard to Asfordby Sewage Disposal Works and re-sewering of the village and this will be carried out very shortly.

(4) CLOSET ACCOMMODATION.

543 conversion of privies and pail closets to the water carriage system were made during the year. The greatest number of conversions was in the

Coalville Urban District (224). Other districts in which the number of conversions exceeded 50 were Shepshed Urban District, Barrow-on-Soar Rural District (No. 1 area) and Ashby-de-la-Zouch Rural District.

In addition 461 privies were converted to pail or earth closets during the year, this is an increase of 144 on 1933.

(5) SCAVENGING.

Improvements or alterations in this branch of sanitary work are noted below.

Controlled tipping is now in use in five urban districts, this system being brought into use at Wigston during the year. The same method is in use in two rural districts.

At Coalville the S & D freighter has been in use almost throughout the year. It has been found to be more hygienic than horse transport and also has given a saving in cost. At present it is used almost wholly for dust bin refuse.

In Hinckley, land near the sewage disposal works has been purchased for refuse disposal by the "controlled" system.

In Oadby the cesspools are now cleansed every two months instead of quarterly.

In the Rural Districts :—

Lutterworth—In the parishes of Gilmorton and Leire tipping in sandholes has been commenced.

Melton Mowbray—A Leyland Refuse and night soil collecting vehicle was brought into use at the commencement of the year, and in ten of the larger villages a weekly collection is now made.

(6) SANITARY INSPECTION.

The following information has been extracted from the reports of the District Sanitary Inspectors :—

Premises visited	....	....	....	....	22,741
Defects or nuisances discovered	....	....	....	....	12,150
Complaints received	....	....	....	....	1,533
Inspections for all purposes	....	....	....	....	34,881
Notices served :—					
Informal	....	....	....	....	5,142
Formal	....	....	....	....	615
Summons issued	....	....	....	....	15
Convictions obtained	....	....	....	....	15

(7) PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYE-LAWS OR REGULATIONS.

(a) Common Lodging Houses.

There were 6 such in the County and 46 visits of inspections were made during the year. The only premises noted as unsatisfactory were those at Market Harborough on which case a special report was made to the Health Committee.

(b) Tents, Vans and Sheds.

As these structures are temporary in nature, exact figures cannot be given but approximately 182 visits were paid to 83 vans or other habitations. In Barrow-on-Soar No. 1 district, 3 complete inspections were made of some 75 vans, these are not included in the previous figures.

URBAN DISTRICTS.

Coalville.

There are 6 vans and sheds in the district. One shed was unsatisfactory and the occupier was warned to quit to avoid prosecution, he is now erecting a house.

Hinckley.

Of 11 vans and sheds, 4 were removed and 2 vacated after proceedings had been commenced. 1 shed was vacated after a Justices' order had been obtained. 3 vans are satisfactory, the remaining one is being dealt with.

Loughborough.

There are now no permanent dwellings of this class ; tents and vans, are inspected on arrival into the district and they are generally moved out almost immediately.

9 encampments stayed for short periods and then moved on. 4 contravention of bye-laws were dealt with.

In Hinckley Rural district, 3 were removed on request.

In Market Bosworth Rural District 22 were closed, 10 at Groby after Police Court Proceedings, also 5 vans at Ibstock and 7 vans at Markfield were done away with.

In other districts conditions were fairly satisfactory.

(c) Canal Boats.

There are 43 boats registered with Authorities in the County, 45 visits of inspection were made but no contraventions of regulations were found.

(d) Premises in which offensive trades are carried on.

268 inspections were made and 4 contraventions of regulations dealt with.

(8) SMOKE ABATEMENT.**URBAN DISTRICTS.****Ashby-de-la-Zouch.**

Two nuisances were dealt with.

Hinckley.

95 observations showed 31 nuisances on 18 premises. 25 of the nuisances were excessive smoke, 3 burnt paper, and 1 each grit, leather burning, and soot deposit. At the end of the year the nuisance had been abated on 13 premises.

In the other districts no nuisances have been found or only informal action has been necessary.

RURAL DISTRICTS.**Barrow-on-Soar No. 1.**

Action in two cases resulted in improvement.

Barrow-on-Soar No. 2.

Two complaints were verified and abated after informal action. One anonymous complaint was not verified.

Hinckley.

25 observations detected 8 nuisances which were abated in 2 cases by the stack being heightened and in the remainder by improved stoking.

Lutterworth.

One nuisance was abated.

BACTERIOLOGICAL AND CHEMICAL WORK.

The following examinations were made in the County Laboratory during the year :—

Bacteriological Milk Examinations	....	....	2,078
Throat swabs for diphtheria	....	....	1,475
Sputa for tubercle bacilli	....	....	1,167
Sewage and water analyses	....	....	377
*Wassermann tests (collection only)	....	....	131
Urine, general and bacteriological	....	....	116
Hair for ringworm	....	....	84
Urine for tubercle bacilli	....	....	73
Widal tests for typhoid fever	....	....	69
Milk for fat content	....	....	50
Films for gonococci	....	....	38
Fæces for B. typhosus	....	....	19
Blood counts	....	....	17
Urine for B. typhosus	....	....	16
Cerebro-spinal fluid, general and cytological	....	....	12
Miscellaneous	....	....	30
			5,752

*The samples of blood for Wassermann reaction are sent to the Leicester Royal Infirmary.

The total number of examinations made was 519 more than last year, and is the highest number ever made during the fifteen years the laboratory has been in existence. The previous highest total was 5,426, which was in 1929.

The number of examinations of samples of milk from urban and rural districts continues to increase and a special report of ten years working of the scheme to improve the cleanliness of the milk supply of the county has been already submitted to the Public Health and Housing Committee. Part of this report was the subject of a broadcast discussion in the B.B.C.'s "Farmers Only" talk on the 9th January, 1935.

There was an increase of 454 in the number of throat swabs for diphtheria examined, although numerous throat swabs from patients in the Isolation Hospital at Markfield are now examined there.

The laboratory has been in existence for fifteen years and now is a firmly established and valuable part of the public health services of the county. The total number of examinations made during the whole period totals 61,697. The laboratory also produces an income, as throat swabs from isolation hospitals, sputa for T.B., some water examinations, and milk samples from urban and rural districts are paid for by the authorities and committees concerned. The total amount received from these sources during the year was approximately £400.

Milk Examinations.

There is an increase of 193 in the number of examinations made, and this number has steadily increased to 2,078 this year, 1,383 more than the number examined in 1925, the year the scheme was started, when 695 samples were examined.

The 2,078 samples received this year were from the following sources :—

Urban and rural districts	....	....	....	1,181
Supplies to school children	....	....	....	433
"Grade A" Producers	....	....	....	369
Miscellaneous	....	....	....	95

Dependent on the bacteria count and B. Coli content, the samples from urban and rural districts were classified as in previous years, as "Good," "Fair," "Moderate" and "Bad." The following table shows how the 1,181 samples from these sources came within these four categories. Details of these classifications have been given in previous reports.

URBAN DISTRICTS.

Total.	Good.	Fair.	Moderate.	Bad.
518	346 (66.8%)	106 (20.5%)	4 (0.7%)	62 (12%)

RURAL DISTRICTS :

Total.	Good.	Fair.	Moderate.	Bad.
663	445 (67.1%)	120 (18.1%)	10 (1.5%)	88 (13.3%)

COMBINED URBAN AND RURAL DISTRICTS.

Total.	Good.	Fair.	Moderate.	Bad.
1,181	791 (67%)	226 (19.1%)	14 (1.2%)	150 (12.7%)

The corresponding figures for the examinations carried out in 1925 are given for comparison, showing the marked improvement which has occurred, the number of "Bad" samples having halved.

Total.	Good.	Fair.	Moderate.	Bad.
589	320 (54.3%)	112 (19%)	14 (2.4%)	143 (24.3%)

The following table shows the results, classified on the "Good," "Fair," "Moderate" and "Bad" standards during the ten years the scheme has been in operation, and the steady improvement is very noticeable.

Year.	"Good."	"Fair."	"Mod."	"Bad."	Total.	Within "Grade A" Limits.
1925	320 (54.3%)	112 (19.0%)	14 (2.4%)	143 (24.3%)	589	265 (45.0%)
1926	309 (46.7%)	125 (18.9%)	27 (4.1%)	200 (30.3%)	661	240 (36.3%)
1927	232 (40.3%)	140 (23.3%)	25 (4.3%)	179 (31.1%)	576	N.R.*
1928	365 (58.0%)	141 (22.7%)	16 (2.5%)	99 (15.9%)	621	N.R.*
1929	452 (62.0%)	178 (24.5%)	12 (1.6%)	87 (11.9%)	729	N.R.*
1930	410 (61.6%)	180 (27.1%)	8 (1.2%)	67 (10.1%)	665	365 (54.7%)
1931	466 (62.1%)	143 (19.1%)	11 (1.5%)	130 (17.3%)	750	421 (56.1%)
1932	602 (65.7%)	171 (18.6%)	14 (1.5%)	130 (14.2%)	917	550 (60.0%)
1933	703 (69.4%)	162 (16.0%)	11 (1.1%)	137 (13.5%)	1,013	643 (63.5%)
1934	791 (67.0%)	226 (19.1%)	14 (1.2%)	150 (12.7%)	1,181	740 (62.6%)
	4,650 (60.4%)	1,578 (20.5%)	152 (2.0%)	1,322 (17.1%)	7,702	

(*No records kept these years).

Of the 25 urban and rural districts in the county, all but two of the latter have at some time sent in samples, and these two are so situated geographically as to render it difficult.

A further analysis of the results of the examinations made during the year under review is interesting in that it shows what can be done by milk producers exercising simple care and cleanliness in their methods. This analysis shows that :—

410 or 35%	contained less than 30,000 organisms per c.c.
535 or 45%	„ between 30 and 200,000 „ „
236 or 20%	„ more than 200,000 „ „

And that :—

In 711 or 60%	B. Coli were absent from 1/10th c.c.
„ 109 or 9%	„ „ present in 1/10th but not in 1/100th c.c.
„ 233 or 20%	„ „ „ 1/100th „ „ 1/1000th c.c.
„ 128 or 11%	„ „ „ 1/1000th c.c.

740 or 62.6% of the samples came up to the standard for "Grade A" milk, that is, had a bacteria count of less than 200,000 organisms per c.c. and contained no B. Coli in 1/100th c.c. Even better results are shown if bacteria count only is considered as the number of samples reaching this standard was 945 or 80%.

A similar analysis of the results of the examinations of the 433 samples of milk supplied to school children in penny bottles shows that :—

162 or 38%	contained less than 30,000 organisms per c.c.
166 or 38%	„ between 30 and 200,000 „ „
105 or 24%	„ more than 200,000 „ „

And that :—

In 328 or 76%	B. Coli were absent from 1/10th c.c.
„ 11 or 2%	„ „ present in 1/10th but not in 1/100th c.c.
„ 56 or 13%	„ „ „ 1/100th „ „ 1/1000th c.c.
„ 38 or 9%	„ „ „ 1/1000th c.c.

Where available “Grade A” milk is supplied to the schools and where not, the supplier is required to produce and supply milk which is bacteriologically of “Grade A” quality. Particulars of the organisation and results of the “surprise” samples collected of School milks are given in my School Annual report.

During the year 369 samples of “Grade A” milk were examined and only 49 were not up to the required standard. Several of these 49 were “repeat” samples from farms where some little difficulties had arisen.

The sanitary inspectors again co-operated whole-heartedly in the scheme for examining samples from the urban and rural districts, and much of the improvement which has taken place in the milk supply of the county is due to them.

Diphtheria.

The 1,475 swabs for diphtheria were received from the following sources :—

General practitioners	....	....	....	....	807
Isolation Hospitals	....	....	....	....	668

All patients in the isolation hospitals must have at least two successive negative swabs before being discharged.

Tuberculosis.

The 1,167 specimens of sputa were received from :—

Tuberculosis medical officers	....	....	....	577
General practitioners	....	....	....	590

In addition to these specimens of sputa, 73 samples of urine were examined for T.B. and 5 of them were positive, as were 259 of the sputa.

Sewage and Water analyses.

The number of sewage and water samples analysed (377), shows an increase of 42 over the number last year. With the exception of 28 samples from the River Soar and tributaries taken in conjunction with the Ministry of Agriculture and Fisheries (Trent watershed survey), the samples

analysed were of drinking supplies, sewage effluents, and rivers and streams containing effluents.

Hair for Ringworm.

The school medical officers and nurses sent practically all the 84 specimens of hair for ringworm. Many of the cases of this complaint attend the laboratory on Saturday mornings for examination. 29 of the specimens were positive.

Typhoid and Para-typhoid fevers.

There is slight increase this year in the number of specimens of blood received for the diagnosis of typhoid and para-typhoid fever. The number was 69 against 64 last year. Four of them were positive. There were also 35 specimens of urine and fæces examined to ascertain whether patients were free from the *B. typhosus* before leaving hospital.

Venereal diseases.

In connection with venereal disease, 38 examinations of pathological material were made in the laboratory. These were all films for the detection of gonococci, and they were received from general practitioners. In addition, 131 specimens of blood were received from general practitioners and sent to the Leicester Royal Infirmary for Wassermann reaction.

General.

The following table relating to the year's work shows from which districts in the county the various specimens were received.

URBAN DISTRICTS.				RURAL DISTRICTS.			
Ashby-de-la-Zouch	....	83		Ashby-de-la-Zouch	....	157	
Ashby Woulds	....	9		Barrow-on-Soar	....	626	
Coalville	....	317		Belvoir	....	29	
Hinckley	....	287		Billesdon	....	177	
Loughboro' M. Borough	....	452		Blaby	....	603	
Market Harborough	....	124		Castle Donington	....	77	
Melton Mowbray	....	190		Hallaton	....	17	
Oadby	....	85		Hinckley	....	258	
Quorn	....	22		Loughborough	....	168	
Shepshed	....	59		Lutterworth	....	142	
Thurmaston	....	75		Market Bosworth	....	272	
Wigston	....	182		Market Harborough	....	191	
				Melton Mowbray	....	340	

Specimens were also received from :—

Markfield Sanatorium	....	80
Blaby Isolation Hospital	....	230
Hinckley „	....	314
Melton Mowbray „	....	176

Once again it gives me much pleasure to record the valuable assistance rendered by my two laboratory assistants, Messrs J. N. Graham and H. F. Warner.

J. A. FAIRER,
County Medical Officer and Bacteriologist.

HOUSING.

Circular 1,417 of the Ministry of Health as to the contents of Annual Reports of Medical Officers of Health for 1934 does not require particulars of Housing to be included in the Annual Reports of Medical Officers of Health of Counties. The section on Housing which was included in previous years has, therefore, been omitted from this report.

INSPECTION AND SUPERVISION OF FOOD.

(a) Milk Supply.

Milk and Dairies (Consolidation) Act, 1915. Section 4.

Since my last Annual Report was written the recommendations of the County Council regarding a whole-time Veterinary Officer have been carried into effect and the Chief Veterinary Officer commenced duties on the 1st April, 1934.

During the period from 1st January to 31st March, 1934, reports of tuberculosis milk were investigated by the part-time Veterinary Inspector in whose district the suspected premises were situated. There were 3 such reports, one from Warwickshire County Council, one from Coalville Urban District Council and the other from Leicester City Council. As a result 32 cows in 2 herds were examined. In one case a tubercular cow was found on re-inspection, in another a tubercular cow had been found by the Veterinary Inspector when making a routine inspection of the herd between the time the initial sample was taken and the report received, no further action in this case being deemed necessary, while in the remaining case no trace of tuberculosis could be found. Arising from these examinations 3 samples of milk were taken from suspected cows and forwarded to Cambridge University for examination.

After the 1st April, 1934, all reports have been investigated by the Chief Veterinary Officer. Since that date sixteen cases of tuberculous milk were reported by the following Local Authorities:—Atherstone R.D.C., 1; Birmingham C.B., 3; Coalville U.D.C., 2; Leicester C.B., 1; Long Eaton U.D.C., 3; London C.C., 5; and Willesdon M.B., 1. One of the reports from the London C.C. could not be investigated owing to a wrong address.

Following these reports 298 milking and 68 dry cows contained in 15 herds were examined, and in three cases it was found necessary to make re-inspections. In one of these cases no trace of tuberculosis could be found and in another a second tubercular cow was found on re-inspection.

Arising from these examinations 38 individual and 43 bulk samples of milk were taken from all the cows on the suspected premises. Since the 1st October, 1934, all milk samples have been examined microscopically in the laboratory of the Veterinary Department and then forwarded to Cambridge University if necessary for the biological test only. There were 69 samples forwarded to Cambridge for examination.

The following show the results of the herds examined by the Chief Veterinary Officer :—

Tuberculosis found on first inspection	....	....	9
Tuberculosis found on second inspection....	....	....	2
(including cases where T.B. cow was also found on first inspection).			

Herds from which suspected cows had been removed between the date of the initial sample and veterinary examination :—

(a) Sold for slaughter	....	....	....	3
(b) Slaughtered and found tuberculous	....	....	....	—
(c) Found during routine examination of herd under Milk and Dairies Order, 1926.	....	....	....	1
No trace of tuberculosis	....	....	....	1

As a result of the Veterinary examinations 18 cows were slaughtered under the Tuberculosis Order and final control samples of milk taken from all the cows in the suspected herds were submitted to microscopical and biological tests and found to be free from tubercle bacilli.

Section 8.

During the year there were no samples submitted to bacteriological examination.

Milk and Dairies Order, 1926.

Tuberculosis Order, 1925.

These Orders are administered by the Diseases of Animals Sub-Committee of the County Agricultural Committee. There are ten part-time Veterinary Inspectors appointed under the supervision of the Chief Veterinary Officer. The part-time Veterinary Inspectors are employed to make routine inspections under the Milk and Dairies Order, 1926, of the milking cows in their respective areas twice a year, and since the 1st May, 1934, the Chief Veterinary Officer has dealt with all cases of suspected tuberculosis, whether found under the Milk and Dairies Acts and Orders or reported.

During the latter part of the year the Agricultural Committee Supported the proposal of the Diseases of Animals Sub-Committee for the appointment of three whole-time Assistant Veterinary Officers and to dispense with the services of the part-time Veterinary Inspectors. The recommendations have since been adopted by the County Council and the three Officers appointed to commence duties on the 1st July, 1935. After that date all veterinary duties under the various Diseases of Animals Acts and Milk and Dairies Acts and Orders in the County will be performed by a whole-time staff.

(b) Graded Milk Production.

At the commencement of the year 1934 there were 30 producers of "Grade A" milk registered with the County Council.

During the year one additional licence was granted and one was discontinued.

Inspections of the farms are made at frequent intervals by Medical Officers of the Department. The condition of the premises, the cleanliness of the herd and the methods employed in production, sterilising, cooling, bottling, etc., are all investigated and a report made after each visit. As a general rule producers are found to adhere to the regulations and adverse reports are exceptional. Where faults exist the producer is notified officially by letter and asked to remedy the defect. A further inspection is made after a short interval when it is usually found that the suggestions made have been put into effect.

A sample of milk is collected at each inspection for submission to bacteriological examination. Arrangements are also in force for the collection of samples of "Grade A" milk as sold to the consumer.

During the year 369 samples of "Grade A" milk were examined. Of these 49 were not up to the required standard. Several of the latter were "repeat" samples from farms where difficulties were being experienced and attempts were being made to discover the fault and find a remedy.

When a sample which has been collected by a Medical Officer at the time of inspection or which has been taken under other arrangements is found not to conform to the required standard the producer is officially notified and asked for his observations upon the adverse result. If necessary a Medical Officer will visit the farm and assist the producer to discover the cause of the trouble.

The work of supervision and inspection of the farms under the Milk (Special Designations) Order, is carried out in as helpful a manner as possible. This Department and the producer alike are endeavouring to raise the standard of cleanliness in milk production in the County and every effort is made by the Department to be of assistance to the producer in addition to ensuring that the regulations are observed. Many difficulties have been encountered but where mutual co-operation exists no insurmountable troubles are experienced and the best results are obtained with a minimum of friction.

I would like to take this opportunity of expressing my appreciation of the efforts which are made by the producers and to thank them for the courtesy with which they accept frequent inspections and numerous suggestions.

(c) Provision of Milk for Elementary School Children.

Certain alterations have been made in the scheme for the supply of milk to Elementary School children in order to conform to the suggestions made by the Board of Education in their Circular 1,437 (5th September, 1934).

The price of milk has been reduced to one halfpenny per bottle of one-third of a pint and the source of supply has in each case been approved by the School Medical Officer prior to any contract being made.

The following returns show the amount of milk supplied to the schools during the past six years :—

	Dec. 1929	Dec. 1930	Dec. 1931	Dec. 1932	Dec. 1933	Dec. 1934
No. of schools receiving milk	33	111	163	174	179	201
No. of children receiving milk	3,067	8,681	7,943	6,870	6,600	18,503
No. of bottles supplied weekly	15,335	43,405	39,718	34,310	33,250	90,261
No. of gallons of milk weekly	639	1,808	1,655	1,430	1,385	3,761

There has been a marked increase both in the number of schools where milk is provided and in the number of children receiving milk.

Arrangements have not been completed for the provision of free milk to children who are undernourished. Head Teachers have been asked to send to the Director of Education a list of children who are not obtaining school milk although they are, in the opinion of the Head Teacher, suffering from subnormal nutrition. Letters will be sent calling the special attention of the parents to the need for these children to receive milk in school. In those cases where the parent is unable to pay, milk will be provided free after an examination by a Medical Officer.

At present no milk is supplied free by the Education Authority but in the schools at Bitteswell, Ullesthorpe and Claybrooke free milk is available to the children through the funds of the Marc Smith Charity.

The conditions of the original scheme with regard to cleanliness still hold good. The milk is submitted to regular bacteriological examinations at the County Laboratory, and the Agricultural Department, in whose hands the arrangements lie for obtaining supplies are notified of any case in which the milk is not up to standard. In addition, arrangements have been made with the Institute of Animal Pathology, Cambridge, for biological tests to be undertaken. The milk from each producer will be examined to detect the presence of Tubercle Bacilli at least twice a year.

The collection of the samples of milk for bacteriological and biological examination is undertaken by the Staff of the School Medical Department. When a sample is found which does not conform to the standard adopted by the Committee, action is taken through the Agricultural Department to secure an improvement. If, after due warning, there is no improvement the supply from the defaulting producer is discontinued.

During the year 433 samples of milk were collected and submitted to bacteriological examination in the County Laboratory. Of these 162 or 38 per cent. contained less than 30,000 organisms per c.c. ; 166 or 38 per cent. showed a count of more than 30,000 but less than 200,000 organisms per c.c., and 105 or 24 per cent. had a count of over 200,000. Seventy-six per cent. of the milk examined was of "Grade A" standard bacteriologically.

The number of samples of milk sent for biological examination was eighteen. All of these results were negative. The arrangements for biological examination did not come into force until the last quarter of the year which accounts for the small number of samples. Two or three samples are now sent each week which will ensure that the milk from each producer will be examined at least every six months.

The reduction in the price of the milk to one-halfpenny per bottle has resulted in an enormous increase in the number of children who receive milk in school and pay for it. The scheme had already been in operation in this County since the year 1929 but although it was on a well established and quite successful basis considerable difficulty was experienced in securing supplies from approved sources to meet the extra demand. All the milk supplied to the schools is obtained from sources which have been approved by the School Medical Officer ; where necessary, after consultation with the District Medical Officer of Health. A proportion of the milk is pasteurised but the supplies are mainly of raw milk, in many instances, delivered to the school by the actual producer.

There is no doubt that the provision of extra milk is of benefit physically to the children who are receiving it but with the large quantities now being consumed from many and varied sources the strictest vigilance is necessary to eliminate the possibility of outbreaks of infectious disease.

(d) Sale of Food and Drugs Act, etc.

The County Police are responsible for the administration of the above and kindred Acts. I am indebted to the Chief Constable for the following information regarding the working of this Act during the year ending December 31st, 1934 :—

436 samples were submitted for analysis, viz. : 404 foods and 32 drugs. 22 samples were certified to be unsatisfactory *i.e.* 11 Milk, 7 Dried Mint, 2 Gin, 1 Rum, 1 Lemon Squash.

Proceedings were taken in 5 cases (4 milk, 1 gin). Convictions were obtained in 2 cases, 1 case was dismissed on payment of costs, and 2 cases were dismissed. The total fines and costs amounted to £9 . 7 . 0.

The vendor of the informal sample of rum which was found to be one degree below legal standard, was cautioned by the Chief Constable as he was a new landlord to the premises and may not have been responsible for the breaking down of the spirit.

The samples of dried mint were in cartons, and were from various wholesale packers and found to be heavily adulterated with the leaves of *Ailanthus Glandulosa* (Tree of Heaven). The adulterated mint was innocently bought by a number of wholesale houses. The Chief Constable communicated with the packers who promised to have the remainder of the stock called in and destroyed.

LEICESTERSHIRE COUNTY SANATORIUM AND ISOLATION HOSPITAL, MARKFIELD.

	1934	1933
Beds Provided	180	180
No. of Cases on 1st January ...	163	111
No. of Cases admitted	890	464
No. of Cases discharged	839	412
No. of Cases on 31st December	214	163

The outstanding feature of the year 1934 has been the widespread and prolonged epidemic of Scarlet Fever, which has taxed the resources of the Isolation Hospital to its utmost. The continued and rapid inflow of cases, with a peak level of 112 as compared with a normal capacity of 54, led to serious administrative difficulties ; further details are given in a later portion of the report.

The work of the Tuberculosis section of the hospital has progressed smoothly, the slight decrease in the average number of beds occupied daily being, in the main, due to a falling off in the demand for accommodation for children. On the other hand, the number of special treatments and investigations shows a considerable increase.

The Farm has maintained its high standard of milk production, and further accommodation for cattle and pigs has been added, while in the Hospital grounds much decorative and productive work has been carried out.

TUBERCULOSIS.

		1934	1933
Beds Provided	Men	52	52
	Women	52	52
	Children	22	22
	Total	126	126
No. of Cases on 1st January	Men	51	48
	Women	49	52
	Children	22	11
	Total	122	111
No. of Cases admitted	Men	123	123
	Women	135	118
	Children	45	62
	Total	303	303
No. of Cases discharged	Men	125	120
	Women	133	121
	Children	52	51
	Total	310	292
No. of Cases on 31st December	Men	49	51
	Women	51	49
	Children	15	22
	Total	115	122

During the year, the average number of beds occupied daily has been 119.05, *i.e.* 94.5%.

Excluding those patients who did not remain in the Hospital for four weeks, the average duration of treatment was 151.9 days (men 161.9, women 146.7, children 142.4).

The essentials of Sanatorium treatment—rest, adequate food supply and fresh air—are unaltered, and I feel I cannot over-emphasise the importance of prolonged rest in the early stages, particularly in those cases where there is a prospect of obtaining quiescence of the disease. Following this, there must be an adequate period of convalescence, during which the patient is gradually allowed to acclimatize himself to the normal routine of life in the outer world.

But at the same time, efforts are made to limit the stay of other patients so that the accommodation shall not be blocked by an undue proportion of hopeless cases. Unfortunately, however, these intentions are often negated by the economic and social inadequacies of their home conditions.

The subjacent table shows clearly that these objects have largely been obtained, and further tables later in the report bring out the results of the policy. In addition it throws an interesting light on existing economic conditions inasmuch as male patients have remained under treatment for longer periods than females.

Average Stay of Tuberculosis Patients during 1934.

Classification on Admission.	MEN.		WOMEN.		CHILDREN.	
	No. of Pts.	Average Stay-Days.	No. of Pts.	Average Stay-Days.	No. of Pts.	Average Stay-Days.
Observation ...	1*	171	4	30	10	47
T.B. Negative ...	23	149	40	148	19	164
T.B. Pos.—Gr. 1 ...	11	220	4	179	2	236
T.B. Pos.—Gr. 2 ...	46	170	35	165	2	99
T.B. Pos.—Gr. 3 ...	27	142	39	137	—	—
Non-Pulmonary						
Bones and Joints ...	—	—	—	—	—	—
Abdomen ...	2	103	3	156	9	181
Other Organs ...	2	113	1	164	2	146
Glands ...	—	—	1	147	5	160

Patients who did not stay four weeks are not included.

*Notified and retained for treatment.

The specialised forms of treatment and various investigations, which are all performed by the Medical Staff, are dealt with under their separate headings.

Many entertainments and games have been provided for the patients, who are encouraged to occupy their time by doing light fancy work in addition to the graduated labour in the wards and grounds, and religious services have been held weekly.

Artificial Pneumothorax.

Although probably the least dangerous and most useful method of enforcing rest on the actual site of disease in the lungs, treatment by

Artificial Pneumothorax is hampered by many factors. Thus, the great majority of patients as first seen on admission to this Sanatorium are totally unsuitable by reason of the extent and character of their disease; of the others, it is my practice to select for trial mainly those who do not respond to the ordinary routine Sanatorium regime within a few weeks.

During 1934, Artificial Pneumothorax was carried out on 23 patients necessitating 423 refills, a considerable increase over the figures for the previous year. In 2 cases, treatment was completed successfully, the lung being allowed to re-expand, and they are both in good health; in 3 other cases, the attempt to collapse the lung had to be abandoned; 18 cases remained under treatment at the end of the year.

Aurotherapy.

During 1934, the scope of treatment by the injection of gold salts has been materially extended, 32 cases coming under review as compared

Case	Class.	Sputum.		Effect on Blood Sedimentation	Effect on Weight.	Remarks.
		Before	After			
1	T.B. Pos. Group 1	Pos.	Neg.	Impvd. 38-2	Gained 15 lbs.	Quiescent
2	" " " 3	Pos.	Neg.	" 51-21	" 7 lbs.	
3	" " " 2	Pos.	Neg.	" 18-5	Stationary	Quiescent
4	" " " 3	Pos.	Neg.	" 22-7	Gained 4 lbs.	Treatment abandoned
5	" " " 2	Neg.	Neg.	" 32-19	Stationary	Treatment abandoned
6	" " " 3	Pos.	Pos.	Not Impvd.	Lost 3 lbs.	
7	" " " 2	Pos.	Pos.	Impvd. 46-18	" 2 lbs.	
8	" " " 2	Pos.	Neg.	" 30-12	Stationary	
9	T.B. Neg.	Neg.	Neg.	" 24-15	Lost 4 lbs.	Quiescent
10	T.B. Pos. Group 1	Pos.	Neg.	Not impvd.	Gained 2 lbs.	Treatment abandoned
11	" " " 1	Neg.	Neg.	Impvd. 27-6	" 5 lbs.	Quiescent
12	" " " 3	Pos.	Pos.	" 45-39	Stationary	
13	" " " 2	Pos.	Neg.	Not Impvd.	Gained 3 lbs.	Quiescent
14	T.B. Neg.	Neg.	Neg.	Impvd. 40-31	" 1 lb.	
15	T.B. Pos. Group 2	Pos.	Neg.	" 30-9	" 6 lbs.	Quiescent
16	" " " 2	Pos.	Neg.	" 38-13	" 3 lbs.	
17	" " " 2	Pos.	Neg.	" 42-6	" 8 lbs.	
18	" " " 2	Pos.	Neg.	" 44-12	Lost 8 lbs.	
19	" " " 3	Pos.	Pos.	" 41-18	Gained 2 lbs.	
20	" " " 2	Pos.	Neg.	" 27-19	Stationary	
21	" " " 2	Pos.	Pos.	" 19-8	Gained 3 lbs.	
22	" " " 2	Neg.	Neg.	" 32-11	" 14 lbs.	Quiescent
23	" " " 2	Pos.	Pos.	" 21-5	" 13 lbs.	
24	T.B. Neg.	Neg.	Neg.	Not impvd.	Stationary	Quiescent
25	T.B. Pos. Group 2	Pos.	Neg.	Impvd. 28-22	Gained 5 lbs.	Quiescent
26	" " " 2	Pos.	Pos.	" 26-16	" 1 lb.	
27	T.B. Neg.	Neg.	Neg.	" 41-24	" 10 lbs.	Treatment abandoned
28	T.B. Pos. Group 2	Pos.	Pos.	Not Impvd.	Stationary	Treatment abandoned
29	" " " 2	Pos.	Neg.	Impvd. 24-11	Gained 2 lbs.	Treatment abandoned
30	" " " 2	Pos.	Pos.	" 45-18	" 2 lbs.	Treatment abandoned
31	" " " 2	Pos.	Neg.	Not impvd.	Stationary	Treatment abandoned
32	" " " 2	Pos.	Pos.	Impvd. 32-16	Gained 8 lbs.	

with 10 in the previous year. A large proportion have benefited very considerably, but in a number of cases of serious extent, reactions to the metallic content have necessitated abandonment, in spite of the cautious dosage adopted.

The compound used has been Crisalbine, said to be manufactured in this country, and all the injections are made into the blood stream. A summary of the results with effect on sputum, sedimentation rate and weight is given on previous page.

Blood Sedimentation Rate.

This test is being performed as a routine measure in the supervision of all adult patients. The method adopted is unchanged, but my investigations into other procedures show that a large number of factors must be regulated and taken into consideration if the results are to be accurately comparable. However, I place considerable reliance on this test as a check on the other clinical, laboratory and X-ray methods of assessing progress and future outlook. During the year, 1,275 tests were carried out.

Heliotherapy.

The work of this department has increased very considerably during the past year, but the installation and method of administration are as before.

Disease.	No. of Cases.	No. of Treatments
Abdomen	15	500
Glands	9	272
Lupus	3	174
Abscesses	4	45
Kidney	2	68
Erysipelas	8	19
Otorrhœa	8	70
Total	49	1148

Mantoux Reaction.

30 Tuberculin tests of this nature were carried out on the children who had not previously come under treatment.

X-Ray.

The total number of examinations made in this department has increased to 1,106 as compared with 865 in 1933, a considerable proportion of the patients being sent by the Tuberculosis Officers to the Medical Superintendent for investigation.

Screening.	Inpatients	....	....	....	423
	Sent by Tuberculosis Officers				225
					— 648
Films.	Inpatients	....	....	....	222
	Sent by Tuberculosis Officers				229
	Sent by Orthopædic Clinic	....			7
					— 458
	Total of investigations			....	1,106

Laboratory.

Examinations of sputum, cultures, etc., have again made a heavy demand on the time of the Medical Staff, the increase over last year being nearly 600 investigations.

Sputum. containing Tubercle Bacilli	....	....	676
not containing Tubercle Bacilli	....	....	705
			1,381
Pleural effusion for Tubercle Bacilli	....	....	17
Urine for Tubercle Bacilli	....	....	14
Cultures for Diphtheria Bacilli	....	....	655
Smears	....	....	7
Cerebro-spinal fluid	....	....	24
Complete blood counts	....	....	6
Total	....	....	2,104

Types of Case and Results of Treatment.

A total of 310 cases were discharged during the year and the results of treatment set out as required by the Ministry of Health are to be found at the end of this report. On further analysis, it would still appear that sufficient advantage is not taken of the facilities for diagnosis and treatment at the early stages. It is my view that to a great extent, this is the fault of the patient himself who procrastinates lest he be advised to give up work.

1.—Pulmonary Tuberculosis in Adults.

Classification.	Number of Cases.	Result.		Gained Weight.	Lost Sputum or Bacilli in Sputum.
		Quiescent.	Died.		
T.B. Neg.	67	76%	6%	79%	—
T.B. Pos. Group 1	15	93%	—	100%	100%
T.B. Pos. Group 2	84	33%	2%	83%	53%
T.B. Pos. Group 3	74	1%	42%	32%	16%

Of the total 240 cases, 39% became quiescent, 15% died and 68% gained weight.

Of the 173 T.B. Positive cases, 41% lost their sputum or the bacilli from their sputum.

These results, although a definite improvement on last year, show the high proportion of cases who are admitted at a stage when quiescence of the disease is difficult or impossible to achieve.

2.—Pulmonary Tuberculosis in Children.

Classification.	No. of Cases	Result.		Gained Weight.
		Quiescent.	Died.	
T.B. Negative	19	68%	—	79%
T.B. Pos. Group 1	—	—	—	—
T.B. Pos. Group 2	3	66%	33%	66%
T.B. Pos. Group 3	1	—	100%	—

3.—Non-Pulmonary Tuberculosis.

Classification.	No. of Cases.	Result.	
		Quiescent.	Died.
Abdomen	5 adults	60%	—
	10 children	90%	—
Glands	1 adult	100%	—
	5 children	100%	—
Other Organs	4 adults	75%	25%
	3 children	66%	33%

The cases of tuberculosis of "other organs" are made up as follows :—
Miliary Tuberculosis 2 (both died), Kidney 2, Lupus 1, Retina 1, Rib 1.

4.—Cases admitted for Observation and Diagnosis.

8 Adults :—1 retained for treatment and became quiescent, 7 discharged as not suffering from active tuberculosis.

12 Children :—2 retained for treatment and became quiescent, 10 discharged as not suffering from active tuberculosis.

INFECTIOUS DISEASES.

	1934	1933
Beds Provided	54	54
No. of Cases admitted	587	161
No. of Cases discharged	529	120
No. of Cases on 31st Dec.	99	41

All cases are examined on arrival in the ambulance to verify the diagnosis as far as possible before admission to the appropriate ward.

The number of patients under treatment rose to peak levels of 103 and 112 in July and December respectively and remained abnormally high throughout the year.

Scarlet Fever.

	1934	1933
No. of Cases on 1st Jan.	16	—
No. of cases admitted	516	122
No. of cases discharged	445*	106
No. of cases on 31st Dec.	87	16

* The diagnosis was not confirmed in 12 cases.

The epidemic of scarlet fever evidenced by the above figures has persisted throughout the year reaching its highest level in July and December. Although the disease has, in the main, been of a fairly mild nature, the complication rate has been rather higher, due no doubt to a certain degree of overcrowding and to the number of cases admitted while in the incubation stage of another infectious disease.

During February, the rapid increase in the number of cases demanded the evacuation of the Diphtheria Ward, but even this increase in bed accommodation proved inadequate, particularly as regards proper isolation of double infections and complications, so that towards the end of the year, a large wooden building and several separate cubicles were erected to act as convalescent wards.

The average duration of treatment was 42 days and of the 445 cases discharged, 77 were adults. No deaths occurred.

Serum was given intramuscularly to 372 cases of whom 9.2% developed some complication, whereas 11.5% of the 73 cases who were not treated by serum suffered in this way.

Complications arising during treatment were as follows :—

Otorrhœa	....	....	....	28
Mastoiditis	....	....	....	1
Rheumatism	....	....	....	2
Relapse	....	....	....	12
Heart disease	....	....	....	1
Nephritis	....	....	....	1

Diphtheria.

	1934	1933
No. of Cases on 1st Jan. ...	23	—
No. of Cases admitted ...	36	37
No. of Cases discharged ...	48*	14
No. of Cases on 31st Dec. ...	11	23

* The diagnosis was not confirmed in 2 cases, one of whom died of Ludwigs Angina. In addition, Diphtheria occurred in 9 cases admitted suffering from Scarlet Fever.

The average duration of treatment was 52 days and of the 5 deaths, 3 were attributed to Diphtheria, 1 to Ludwig's Angina and 1 to Measles—Broncho-pneumonia.

Antitoxin is administered by the intramuscular or intravenous route as necessary, the average dose in the cases discharged being 28,000 units.

Complications arising during treatment were as follows :—

Paralysis	....	....	....	1
Heart Disease	....	....	....	1
Scarlet Fever	....	....	....	1
Mastoiditis and Pericarditis	....	....	....	1

Cerebro-spinal Fever.

4 cases of this disease were treated during the year, 1 adult and 3 children.

The average duration of treatment was 26 days and 3 deaths occurred (all children).

All cases were treated by repeated lumbar puncture and the injection of serum, the average dose given intrathecally being 55 c.c.s.

Typhoid Fever.

5 cases of Typhoid Fever were discharged and 1 other remained under treatment at the end of the year. Four were members of the same family.

The average duration of treatment was 57 days and 1 case died. All patients were adults, the average age being 38 years.

Puerperal Fever.

7 cases of puerperal infection were admitted and in 4 cases the baby accompanied the patient.

The average stay in Hospital was 55 days and 1 death occurred, due to septicæmic peritonitis, while 2 other cases developed the complications of pelvic abscess and bilateral venous thrombosis, followed by pyæmia respectively.

Erysipelas.

21 cases were discharged during 1934, but the diagnosis was not confirmed in 2 of them.

The average stay was 25 days and the disease occurred on the face in 15 cases and on the limbs in 4 cases. No deaths occurred.

The treatment consisted of local applications together with Artificial Sunlight and serum when necessary, and in 2 cases the complication of abscess formation developed.

STAFF.

The health of the Staff resident in the Hospital has been good, particularly in view of the added burdens imposed on them by the continued epidemic of infectious disease, but the subjacent list of ailments necessitated repeated attention by the Medical Superintendent under the N.H.I. scheme.

Tonsillitis	....	....	10	Concussion and	
Cuts and Injuries	....	....	22	Fractured Skull	1
Ear Discharge	....	....	2	Influenza	 2
Rubella	....	....	1	Miscellaneous	 19

The procedure of testing all new members of the Staff for immunity to Diphtheria and Scarlet Fever has been continued, and where necessary

a course of injections is given followed by further tests to ensure adequacy of the immunisation.

Schick Tests	39	Diphtheria Immunisations	10
Dick Tests	34	Scarlet Fever Immunisations	6

All the Probationer Nurses and a certain number of the trained Staff receive lectures and ward instruction on Medicine and Nursing with a view to taking the Certificate of the Tuberculosis Association, and during the year 3 successes were obtained in the Final and 4 in the Preliminary Examinations.

H. SELBY,
Medical Superintendent.

TUBERCULOSIS.

The following is the report of the Chief Tuberculosis Medical Officer :

Prevalence of Tuberculosis.

It will be noted that the number of notifications of Pulmonary Tuberculosis is practically the same while there has been a decrease in the number of deaths by 31. The figures for 1934 are :—Notifications 274, Deaths 183, Death Rate 0.59. The average numbers of the last five years are :—Notifications 318, Deaths 214, Death Rate 0.71.

There were 88 notifications of Non-Pulmonary Tuberculosis as against 82 in 1933. The number of deaths was 41 which is the same number as last year, and the Death Rate remains the same as last year viz. : 0.13.

The total number of notifications for 1934 is therefore 362 as against 357 last year, and the deaths 224 as against 255.

It is pleasant to be able to record that the figure 183 deaths from Pulmonary Tuberculosis is the lowest on record but it was equalled by the same figure in 1930. The Death Rate of 0.59 is the lowest ever recorded in this County.

DETAILS OF THE SCHEME OF TREATMENT.

A. Hospital and Sanatorium Accommodation.

Markfield Sanatorium has been practically full the whole year. The number of beds for Tuberculous cases is 126 (Male block 34, Female block 34, Children's block 22, Advanced block 36 beds). The waiting list has been heavy especially among women and while there has been some delay in their admission at times there has been no such disadvantage in the case of the men. The work of Markfield Sanatorium is included elsewhere in this report in a separate account by Dr. Selby.

As in previous years, there are 6 beds in the Winter and 8 in the Summer at Melton Mowbray Isolation Hospital for advanced cases and these have been fully occupied.

Public Assistance Infirmaries.

There are about 25 shelters for the treatment of old and chronic cases of Pulmonary Tuberculosis at these Institutions, and full use is made of them when suitable cases occur.

B. Out-Patient Dispensary Work.

For details see Table 1.

The number of attendances at the Dispensaries has been 4,981, a slight decrease as compared with 1933.

X-Ray photographs have been taken at Markfield Sanatorium when necessary for all cases of Pulmonary Tuberculosis. The number taken was 252 which is an increase of 89 over the previous year.

The number of specimens of sputum examined was 577.

C. Domiciliary Work.

(i) *Shelters*.—About 70 shelters are available for loan to patients, and of this number two are in use at the Melton Isolation Hospital. The routine inspections, as heretofore, have been carried out by the County Nursing Association. A few of these shelters are now in a dilapidated condition and tenders for a dozen new ones have been obtained and these will shortly be put into use.

(ii) *Nursing of Advanced Cases*.—This part of the scheme has been carried out by the County Nursing Association, and 5,746 visits have been paid by the District Nurses.

(iii) *Extra Nourishment*.—Approximately £390 has been expended on 80 patients as against £580 on 90 patients in 1933. The grant is one pint of milk per day and one dozen eggs per week to each patient. There is no doubt that the addition made to the diet by this means is a real help to the patients who receive it.

(iv). *Additional Help*.—The cost of splints, crutches, surgical boots, etc., has entailed an expenditure of £58 on 27 patients as against £45 for 15 patients last year.

The number of cases receiving Dental Benefit has been very small for the same reason as previously obtained, namely that Dental Benefit can be obtained from Approved Societies and from other sources.

Cod Liver Oil and Malt has been given to numbers of suitable cases at all the Out-Patient Dispensaries, and there can be no doubt that this is a very valuable adjunct to the nutritional side of the treatment.

Paper handkerchiefs, sputum flasks and inhalers have also been distributed.

(v). *Domiciliary Visits*.—The Tuberculosis Medical Officers have paid 1,748 (Dr. Coward 921, Dr. Lane 827) visits to patients' homes. The Health Visitors paid 5,469 and the District Nurses 5,747 visits.

D. Surgical Tuberculosis.

The following Institutions receive Surgical Tuberculosis cases (bone and joint disease) from the County :—

The Leicester City General Hospital (Orthopædic Wards).

The Warwickshire Orthopædic Hospital, Coleshill.

Harlow Wood Orthopædic Hospital, Mansfield.

The number of patients admitted to these Institutions during the year, and the numbers remaining under treatment and other information will be found in Table 2.

Other Surgical Tuberculosis Cases including Tubercular Glands, Abdomen, Kidney, etc., are treated at Markfield Sanatorium, and the figures concerning these will be found in the Sanatorium report.

The number of cases treated in outside Sanatoria is decreasing and it is hoped that it will continue to do so. The estimated expenditure allowed for the coming year has been reduced from £6,000 to £5,200 in consequence, and I trust that this figure will not be exceeded.

E. After-Care Work.

This work is done largely by the Tuberculosis Medical Officers, Health Visitors, District Nursing Associations, through their nurses, Public Assistance Committees and private Agency and is, I believe, satisfactorily performed so far as the present financial conditions will allow.

As in the past many new houses have been obtained, employment of a suitable nature procured, clothing distributed and help in many other directions given in an endeavour to consolidate the treatment given in an institution and to help not only the patients but also his relatives at the same time.

F. Public Health Act, 1925, (Section 62).

No action has been taken under this Section which deals with the compulsory removal to hospital of advanced cases of Tuberculosis.

N. A. COWARD,
Chief Tuberculosis Officer.

APPENDIX.

Summary of Institutions provided by the County Council.

(1). Poor Law Institutions :

Name of Institution.	No. of beds.	Description of Nursing Staff.
ASHBY-DE-LA-ZOUCH	60	Matron, 1 Head Nurse, 5 Assistant Nurses.
BLABY	24	1 Head Nurse, 2 Assistant Nurses.
HINCKLEY	40	Matron, 1 Trained Nurse, 4 Assistant Nurses.
LOUGHBOROUGH	100	1 Superintendent Nurse, 2 Trained Nurses, 11 Assistant Nurses.
LUTTERWORTH	8	Matron, 2 Assistant Nurses.
MARKET BOSWORTH	24	1 Head Nurse, 1 Assistant Nurse.
MARKET HARBOROUGH	50	1 Head Nurse, 8 Assistant Nurses.
MELTON MOWBRAY	48	1 Head Nurse, 5 Assistant Nurses.
MOUNTSORREL....	40	1 Head Nurse, 3 Assistant Nurses.

(2). Tuberculosis Institutions.

Name of Institution.	No. of beds.	Description of Nursing Staff.
MARKFIELD SANATORIUM	126	Matron, 9 Sisters and 9 Staff Nurses, 19 Probationer Nurses.

(3). Infectious Diseases Hospitals (other than Small-pox).

Name of Institution.	No. of beds.	Description of Nursing Staff.
MARKFIELD HOSPITAL	54	Allocated as required.
BLABY HOSPITAL	17	Matron, 2 Staff Nurses, 1 Assistant Nurse, 2 Probationer Nurses.
HINCKLEY HOSPITAL	23	Matron, 3 Nurses, 2 Assistant Nurses, 1 Probationer Nurse.
MELTON HOSPITAL	23	Matron, 2 Nurses, 2 Probationer Nurses.

(4). Small-pox Hospitals.

Name of Institution.	No. of beds.	Description of Nursing Staff.
SNARESTONE HOSPITAL	23	*Matron, 1 Staff Nurse.
SYSTON HOSPITAL	15	*1 Staff Sister.

* Additional Staff engaged as required.

Table of Contents

Page	Chapter
1	Introduction
14	Chapter I
15	Chapter II
20	Chapter III
21	Chapter IV

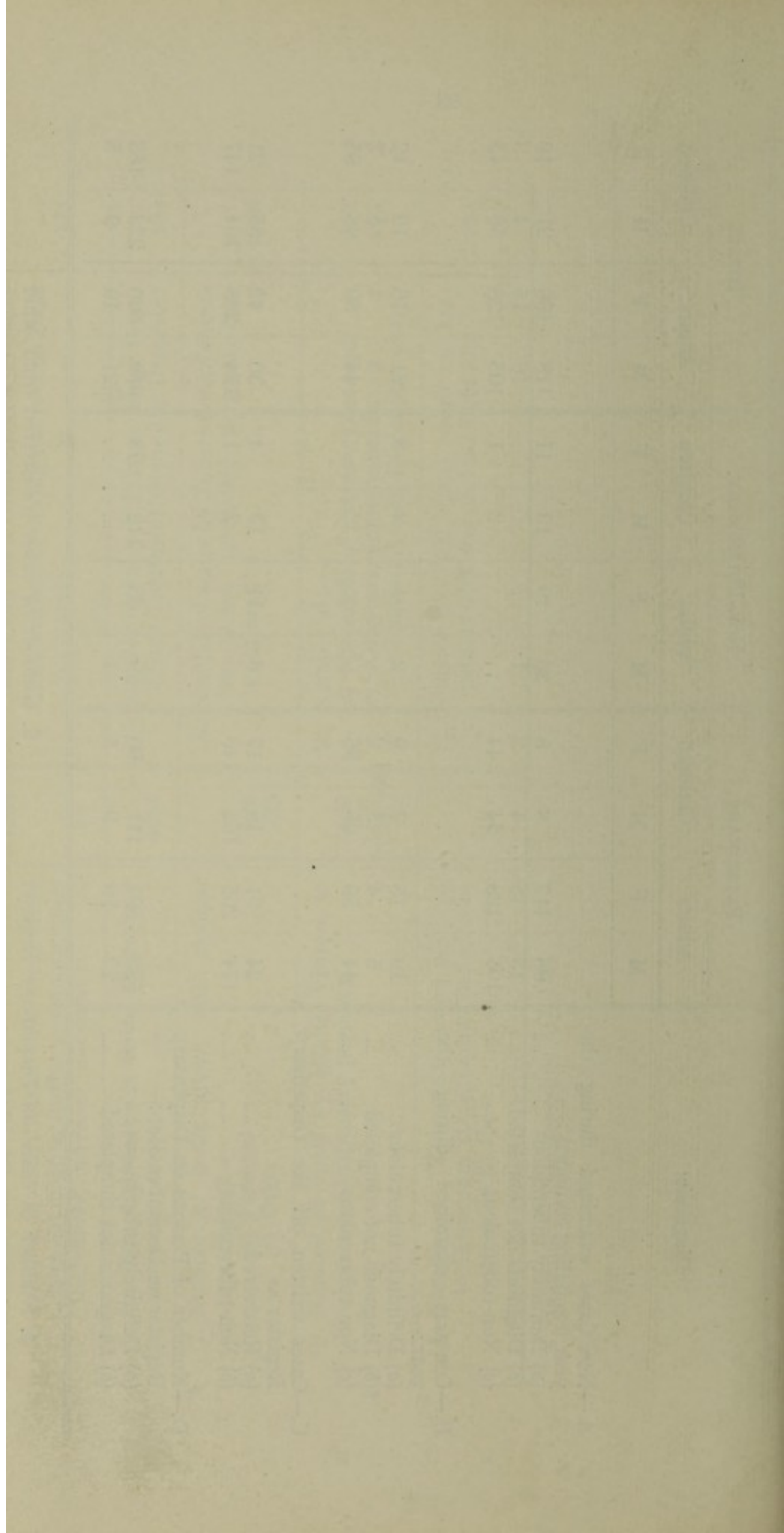
22	Chapter V
23	Chapter VI
24	Chapter VII
25	Chapter VIII

26	Chapter IX
27	Chapter X
28	Chapter XI
29	Chapter XII

30	Chapter XIII
31	Chapter XIV
32	Chapter XV
33	Chapter XVI

Diagnosis.	PULMONARY.				NON-PULMONARY.				TOTAL.	
	Adults.		Children.		Adults.		Children.		Adults.	
	M	F	M	F	M	F	M	F	M	F
A.—New Cases examined during the year (excluding contacts) :—										
(a) Definitely tuberculous ...	98	117	8	8	20	19	13	11	118	136
(b) Diagnosis not completed ...	15	15	4	3	1	...	...	...	16	15
(c) Non-tuberculous ...	105	128	54	44	...	...	2	1	105	128
										93
B.—Contacts examined during the year :—										
(a) Definitely tuberculous ...	19	15	7	9	2	1	3	3	21	16
†(b) Diagnosis not completed ...	5	4	5	2	...	...	...	...	5	4
(c) Non-tuberculous ...	44	59	98	95	...	...	...	...	44	59
C.—Cases written off the Dispensary Register as										
(a) Recovered ...	24	31	18	17	6	11	17	4	30	42
(b) Non-tuberculous ...	174	205	162	146	...	...	2	1	174	205
D.—Number of Persons on Dispensary Register on December 31st :—										
(a) Definitely tuberculous ...	580	597	111	90	79	63	112	73	659	660
(b) Diagnosis not completed ...	20	19	9	5	1	...	...	...	21	19
									223	163
									9	5
1. Number of cases on Dispensary Register on January 1st, 1934 ...	1766									38
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of," ...	89									175
5. Number of attendances at the Dispensary (including Contacts) ...	4981									134
7. Number of consultations with medical practitioners :—										
(a) Personal ...	129									
(b) Other ...	835									1748
9. Number of visits by Health Visitors to homes for Dispensary purposes ...	5469									
	+ 5747									
	Nursing visits by C.N.A.									
	577									577
	252									252
11. Number of "Recovered" cases restored to Dispensary Register, and included in A(a) and A(b) above ...	Nil.									493

† Remaining undiagnosed on 31/12/34.



T.B. 2.—SANATORIA, HOSPITALS, AND OTHER RESIDENTIAL INSTITUTIONS FOR THE TREATMENT OF TUBERCULOSIS.

Name and Situation of Institution.	Class of Case and No. of Beds.		Number of patients sent by the Council who were under treatment on the 31st, Dec., 1933.	Number of patients sent by the Council during the year ended December 31st, 1934.	Number of patients sent by the Council who were discharged or died in the Institution during the year ended 31st December, 1934.	Total number of days during which the patients referred to in column 5 were resident in the Institution.	Average number of days which the patients referred to in column 5 were resident in the Institution.	Number of patients sent by the Council who were under treatment on the 31st December, 1934.
(1)	(2)		(3)	(4)	(5)	(6)	(7)	(8)
County Sanatorium, Markfield.	Male Adults	P	51	124	125	*18504	148	50
	(52 beds)							
	Female Adults	P	49	134	133	†18716	140	50
	(52 beds)							
	Children	P	22	45	52	‡6807	131	15
	(22 beds)							
Melton Isolation Hospital (T.B. Block) Melton Mowbray.	Female Adults	AP	6	23	25	1360	54	4
	Children	S	1	1	||2	64	32	—
	(8 beds)							
Holy Cross Sanatorium, Haslemere	Female Adult	P	—	1	—	—	—	1
Harlow Wood Orthopædic Hospital, Mansfield, Notts.	Male Adults	S	2	2	2	1438	719	2
	Children	S	8	3	7	3183	455	4
	Female Adults	S	—	2	2	18	9	—
Hospital of St. Cross, Rugby.	Female Adults	S	—	1	—	—	—	1
Leicester City General Hospital, Leicester.	Male Adults	S	4	11	8	1336	167	7
	Female Adults	S	3	12	9	1790	199	6
	Children	S	8	9	9	2766	307	8
National Children's Home Sanatorium, Harpenden, Herts.	Children	P	1	—	—	—	—	1
Warwickshire Orthopædic Hospital, Coleshill.	Children	S	10	4	7	4062	580	7
	TOTALS	....	165	372	381	60044	157	156

*13 patients stayed less than 6 weeks—average stay of remainder was 163 days.

[illegible]

12	11	10	9	8	7	6	5	4	3	2	1	101
13	12	11	10	9	8	7	6	5	4	3	2	166

P—Pulmonary Tuberculosis.

S—Surgical Tuberculosis.

AP—Advanced Pulmonary Tuberculosis.

|| One of these cases was transferred to Leicester City General Hospital and is not included in Table T.B.3.

T.B. 3.—Return shewing the immediate results of treatment of patients discharged from Residential Institutions during the year 1934.

Classification on admission to Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.												TOTAL	
		Under 3 months but exceeding 28 days			3—6 months			6—12 months			More than 12 months				
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.		
PULMONARY TUBERCULOSIS.	Class T.B. minus.	Quiescent	2	1	2	12	21	4	8	10	8	—	—	—	68
		Not quiescent	—	4	—	—	7	1	—	2	4	—	—	—	18
		Died in Institution	1	1	—	—	—	—	—	—	—	—	—	—	2
	Class T.B. plus Group 1.	Quiescent	—	—	—	4	2	—	6	3	—	—	—	—	15
		Not quiescent	—	—	—	—	3	—	—	—	—	1	—	—	4
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—
	Class T.B. plus Group 2.	Quiescent	—	—	—	10	8	—	7	4	—	—	—	—	29
		Not quiescent	2	6	—	10	9	—	13	10	1	—	—	—	51
		Died in Institution	1	1	—	—	1	—	1	—	—	—	—	—	4
	Class T.B. plus Group 3.	Quiescent	—	—	—	—	1	—	—	1	—	—	—	—	2
		Not quiescent	2	8	1	16	9	—	5	8	—	1	2	—	52
		Died in Institution	2	11	—	1	5	1	3	2	—	—	—	—	25

270

In addition 20 cases who had been admitted for observation purposes, were discharged during the year, 2 as "definitely tuberculous" and 18 as "Non-Tuberculous."

Non-Pulmonary Tuberculosis.

Bones and Joints :—	Quiescent	23
	Not Quiescent	15
	Died	2
Abdominal :—	Quiescent	12
	Not Quiescent	2
	Died	—
Other Organs :—	Quiescent	5
	Not Quiescent	—
Peripheral Glands :—	Quiescent	5
	Not Quiescent	1
		65

Note.—A further 25 cases who had been in Institutions less than 28 days were also discharged during the year.

T.B. 4. TUBERCULOSIS (Pulmonary and Other).

Year	Number of Notifications.			Number of Deaths.			Death Rate.		
		Urban	Rural	Whole County	Urban	Rural	Whole County	Urban	Rural
1929	Lungs Other	146 40	216 55	362 95	101 17	138 38	239 55	0.83 0.14	0.79 0.22
1930	Lungs Other	136 39	172 44	308 83	81 14	102 25	183 39	0.67 0.12	0.59 0.14
1931	Lungs Other	135 33	190 66	325 99	75 16	135 30	210 46	0.62 0.13	0.74 0.16
1932	Lungs Other	133 41	185 42	318 83	93 26	132 28	225 54	0.76 0.21	0.71 0.16
1933	Lungs Other	128 31	147 51	275 82	86 15	128 26	214 41	0.70 0.12	0.69 0.14
Average for above 5 years.	Lungs Other	136 37	182 52	318 88	87 18	127 29	214 47	0.72 0.14	0.70 0.16
1934	Lungs Other	126 33	148 55	274 88	77 17	106 24	183 41	0.62 0.14	0.56 0.13

T.B. 5. TUBERCULOSIS:— Notifications and Deaths.
Shewing Age Periods.

AGE PERIODS.	NEW CASES.						DEATHS.*			
	Pulmonary			Non-Pulmonary			Pulmonary		Non-Pulmonary	
	Males	Females		Males	Females		Males	Females	Males	Females
0 to 1	....	....	....	2	....	....	....	....	2	1
1 to 5	1	....	....	8 ²	7 ¹	....	....	....	5	7
5 to 15	12 ⁷	10 ¹	....	12 ⁴	16 ¹	....	3	1	3	1
15 to 25	32 ¹	56 ⁶	....	6	7	....	19	37	4	1
25 to 45	57 ¹¹	50 ¹⁶	....	10 ²	13 ²	....	33	38	4	5
45 to 65	30 ⁶	23 ³	....	3	3	....	31	19	2	2
65 and upwards	1	2	....	1	 ¹	....	2	....	1	3
Total	133 ²⁵	141 ²⁶	....	42 ⁸	46 ⁵	....	88	95	21	20

NOTE.—The figures in small type show additional cases which came to the notice of the County M.O.H. other than by formal notification.

* 12 of the deaths were of non-notified diseases.

District.	Estimated Population.	NOTIFICATION OF TUBERCULOSIS.				DEATHS FROM TUBERCULOSIS.			
		Pulmonary.	Attack Rate.	Non-Pulmonary.	Attack Rate.	Pulmonary.	Death Rate.	Non-Pulmonary.	Death Rate.
Ashby-de-la-Zouch	5,155	1	.19	—	—	4	.78	1	.19
Ashby Wolds	3,224	2	.62	1	.31	1	.31	—	—
Coalville	21,930	29	.95	7	.32	17	.49	1	.05
Hinckley	16,920	29	1.71	7	.41	15	.89	2	.12
Loughborough	27,230	22	.81	6	.22	21	.77	5	.18
Market Harborough	9,470	11	1.16	—	—	—	—	1	.11
Melton Mowbray	10,590	8	.76	6	.57	6	.57	3	.28
Oadby	4,970	4	.80	—	—	1	.20	—	—
Quorn	2,568	3	1.17	1	.39	3	1.17	1	.39
Shepshed	5,765	4	.69	3	.52	4	.69	1	.17
Thurmaston	3,868	2	.52	—	—	1	.26	1	.26
Wigston Magna	11,960	11	.92	2	.17	4	.33	1	.08
TOTALS	123,700	126	1.02	33	.27	77	.62	17	.14
Ashby-de-la-Zouch	17,680	12	.68	8	.45	11	.62	3	.17
Barrow-on-Soar	31,830	41	1.26	9	.28	23	.63	3	.09
Belvoir	2,916	1	.34	—	—	1	.34	—	—
Billesdon	11,850	9	.76	3	.25	4	.34	—	—
Blaby	36,260	36	.99	11	.30	24	.66	6	.17
Castle Donington	6,556	4	.61	2	.31	2	.31	—	—
Hallaton	1,570	2	1.27	1	.64	1	.64	2	1.27
Hinckley	18,160	15	.83	8	.44	10	.55	2	.11
Loughborough	4,950	—	—	3	.61	1	.20	1	.20
Lutterworth	10,800	5	.46	—	—	5	.46	2	.19
Market Bosworth	24,060	14	.58	4	.17	15	.62	3	.12
Market Harborough	7,258	6	.83	3	.41	5	.69	1	.14
Melton Mowbray	14,560	3	.21	3	.21	4	.27	1	.07
TOTALS	188,450	148	.78	55	.29	106	.56	24	.13

[illegible]

TABLE 1.—VITAL STATISTICS.

	LEICESTERSHIRE COUNTY, 1934						ENGLAND AND WALES. —		
	Urban		Rural		Whole County				
	123,700		188,450		312,150				
Population	No.	Rates	No.	Rates	No.	Rates	Rates		
Live Births	1843	14.9	2888	15.3	4731	15.2	14.8		
Deaths (all causes and all ages)	1253	10.13	1843	9.78	3096	9.92	11.8		
„ (under one year)....	69	*37	125	*43	194	*41	*59		
„ (Zymotic)	23	0.19	29	0.14	52	0.17	....		
Deaths from :—									
Small Pox .....	....	....	....	....	....	....	0.00		
Measles	5	0.04	4	0.02	9	0.03	0.09		
Whooping Cough	3	0.02	6	0.03	9	0.03	0.05		
Diphtheria	5	0.04	8	0.04	13	0.04	0.10		
Scarlet Fever	2	0.02	5	0.03	7	0.02	0.02		
**Diarrhoea (under 2 yrs.)	8	*4.34	6	*2.01	14	*2.96	*5.5		
							Percentages of Total Deaths.		
The seven chief causes of death were :—							Urban	Rural	Wh'le C'n'ty
Heart Disease	232	1.88	373	1.98	605	1.94	18.5	20.2	19.5
Cancer	166	1.34	234	1.24	400	1.28	13.2	12.7	12.9
Cerebral Hæmorrhage	87	0.70	103	0.55	190	0.61	6.9	5.6	6.1
Phthisis	77	0.62	106	0.56	183	0.59	6.1	5.7	5.9
Senility	79	0.64	100	0.53	179	0.57	6.3	5.4	5.8
Pneumonia	43	0.35	90	0.48	133	0.43	3.4	4.9	4.3
Congenital Debility	45	0.36	85	0.45	130	0.42	3.6	4.6	4.2

NOTES.— *The Rates are calculated per thousand of the population except where marked (*) which are per thousand registered births.

**The Diarrhoea rates per thousand of the population are :— Urban 0.06; Rural 0.03; Whole County 0.04.

TABLE 2.—BIRTH-RATES, DEATH-RATES AND ANALYSIS OF MORTALITY IN THE YEAR 1934.

	RATE PER 1,000 POPULATION.		ANNUAL DEATH-RATE PER 1,000 POPULATION.										RATE PER 1,000 LIVE BIRTHS.		PERCENTAGE OF TOTAL DEATHS.				
	Live Births.	Still-Births.	All Causes.	Typhoid and Paratyphoid Fevers.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea and Enteritis (under two years).	Total Deaths under One Year.	Certified by Registered Medical Practitioners.	Inquest Cases.	Certified by Coroner after P.M.	No Inquest.	Uncertified Causes of Death.	
England and Wales	14.8	0.62	11.8	0.00	0.00	0.09	0.02	0.05	0.10	0.14	0.54	5.5	59	90.4	6.5	2.1	1.0		
121 County Boroughs and Great Towns, including London	14.7	0.66	11.8	0.00	0.00	0.12	0.02	0.06	0.11	0.12	0.47	7.4	63	90.5	6.1	2.9	0.5		
135 Smaller Towns (Estimated Resident Populations 25,000 to 50,000 at Census, 1931)	15.0	0.67	11.3	0.00	0.00	0.07	0.02	0.04	0.09	0.14	0.42	3.6	53	91.2	6.1	1.6	1.1		
London	13.2	0.50	11.9	0.00	0.00	0.20	0.02	0.07	0.11	0.12	0.56	12.6	67	87.7	6.3	6.0	0.0		

The maternal mortality rates for England and Wales are as follows : per 1,000 Live Births

Puerperal Sepsis	2.03	Others	2.57	Total	4.60
"	1.95	"	2.46	"	4.41

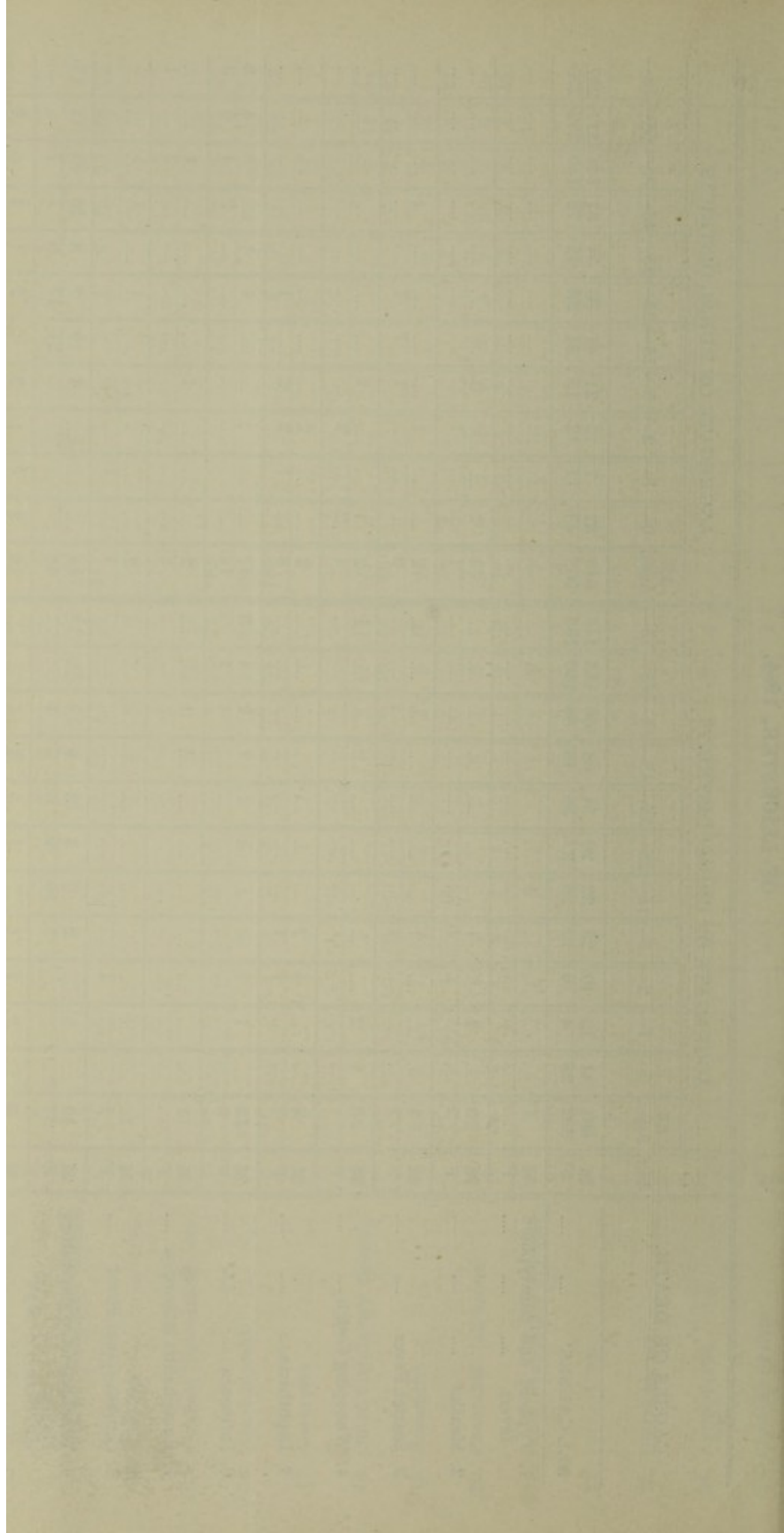
TABLE 3.—NOTIFIABLE DISEASES.

DISEASE.	Total cases notified.	Cases admitted to Isolation Hospital.	Total Deaths.
<i>Notifications returned by the Registrar General :—</i>			
Small-pox	—	—	—
Diphtheria	150	154	13
Scarlet Fever	1,313	1,099	7
Enteric Fever	7	9	—
Pneumonia	313	—	133
Puerperal Fever	17	} 11	6
Puerperal Pyrexia	19		11
Erysipelas	132	37	—
<i>Other Diseases generally notifiable :—</i>			
Ophthalmia Neonatorum	15	—	—
Tuberculosis—Lungs	274	—	183
„ other forms	92	—	41
Encephalitis Lethargica	3	—	6
Poliomyelitis	1	—	—
Meningitis	—	10	—
Cerebro Spinal Fever	5	—	4
Dysentery	—	—	—
<i>Diseases notified locally :—</i>			
Chicken-pox	5	—	—
Measles	—	—	9
TOTALS	2,346	1,320	413

Figures supplied by the Registrar General are for the 52 weeks ending 29th December, 1934.

TABLE 2.—FOUR-ARMED BRACHIOIDS

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



CASES OF DEATH IN ADMINISTRATIVE AREAS

Population for Birth Rate.—Wigston Magna U.D. 11,320. Total Urban 122,400. Total County 209,100.

