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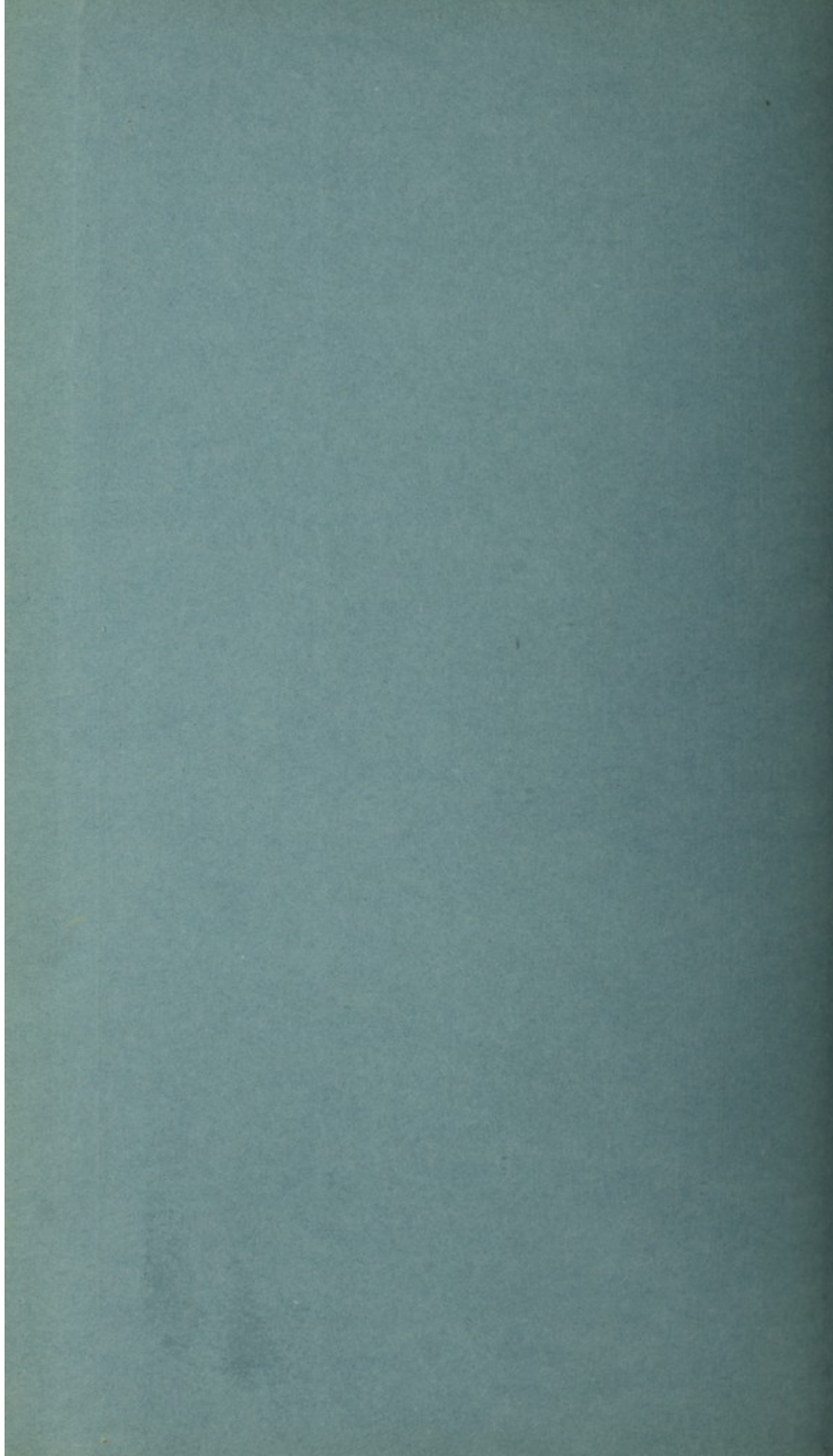
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LEICESTERSHIRE
COUNTY COUNCIL

Annual Report
OF THE MEDICAL
OFFICER OF HEALTH
FOR THE YEAR
1935

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



LEICESTERSHIRE COUNTY COUNCIL

ANNUAL REPORT

OF THE MEDICAL
OFFICER OF HEALTH
FOR THE YEAR 1935

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

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17, FRIAR LANE,
LEICESTER.

MR. CHAIRMAN AND GENTLEMEN,

I have the honour to submit my Annual Report on the Vital Statistics, Health, and Sanitary Conditions of the County for the year 1935.

The statistics are not as satisfactory as in 1934 which was an exceptional year. The infantile mortality figure then at 41 was the lowest ever recorded in Leicestershire and it was too much to hope that it would be improved upon in 1935. However, this year's rate of 51 compares favourably with that of England and Wales as a whole which is 57.

Incidentally it may be added that the mortality in infancy is higher in the males than in the females—most mothers for years have stated that it is harder to rear a boy than a girl. The infantile mortality of 51 is made up of a male infantile mortality of 58 and a female infantile mortality of 44. Taking the average in this County for the last six years the male infantile mortality averaged 59 per year as compared with the female infantile mortality of 47.

The Death Rate (10.83) shows an increase upon that of last year (9.92); the death rate for the whole country is 11.7. The number of deaths is 154 more than last year and it is interesting to observe that of this number 75 per cent. occurred in persons over 75 years of age. This would seem to indicate that the care taken to improve the health and physique of the nation is producing a community of older persons. It is further noticeable that the number of persons who died at ages of 65 and over has steadily increased, thus the percentage in 1931 and 1932 was 47, the next three years it was 50 and this year it is approximately 53. Another interesting fact is that the deaths in the working years of life (15-65) have decreased to 37 per cent. as compared with 40 per cent. in 1930.

The Birth rate is 14.3 for this year which is the same as in 1933, although it had risen to 15.2 in 1934. The actual number of live births is 4,298, and the number for 1934 was 4,731, a decrease of 433. Account has, however, to be taken of the fact that with the extension of the City boundaries the population is less; although this does not affect the actual birth rate.

With reference to Infectious Diseases, Scarlet Fever which was prevalent in 1934 has continued throughout 1935. The number of cases notified was 1,204, as compared with 1,313 last year, a decrease of only 109.

Notifications of 286 cases of Diphtheria were received compared with 150 in 1934 and the deaths were 22 against 13 last year.

The type of case this year has become more virulent and much more serious cases have been admitted to hospital. I would like to stress the necessity for early diagnosis and treatment in these cases. It is

most distressing to report that of 11 deaths at Markfield Isolation Hospital 6 died within 24 hours of admission—some of them were moribund on arrival. Parents should not neglect to seek early advice from their own doctors in all suspicious cases of sore throat, especially when Diphtheria is prevalent in the vicinity, and again doctors should not wait the report of a nasal or throat swab sent to the laboratory if clinically they are satisfied as to the diagnosis. A delay of even a few hours in the administration of anti-toxin may be fatal.

The work of the laboratory has continued to increase and the figure of 6,733 examinations is the highest made in one year. This is an increase of 981 examinations of which 815 were throat swabs. As indicative of the use made of the laboratory it may be stated that 2,290 throat swabs were examined for Diphtheria during this year.

The ordinary work of the Department has grown considerably owing to the increase of licences under the new Accredited Milk scheme.

The "Grade A" producers numbering 25 in 1934 increased to 235 in 1935, and at the time of writing there are over 300. As in this County no "Accredited" producer is granted a licence until at least three milk specimens have been proved satisfactory, this has caused extra laboratory work apart from the visits to the applicant's cowsheds paid on one or more occasions by either the newly appointed Sanitary Inspector or one of the Medical Staff. I feel that this new "Accredited" scheme is working smoothly and satisfactorily, but with the steady increase of applications the Department is feeling the strain and further assistance may be necessary in the future.

I would call attention to special articles written by Dr. N. A. Coward, the Chief Tuberculosis Officer, on "Tuberculosis", and by Dr. Selby, Medical Superintendent, on "The Work of the County Sanatorium and Isolation Hospital, Markfield", and also to two articles on "The County Orthopædic Scheme", and "An outbreak of Anterior Poliomyelitis" by Dr. Cowan, Deputy County Medical Officer, to whom I am indebted for much work and care in the production of this report.

To the whole of my Medical, Sanitary and Clerical Staff I tender my grateful thanks for their zealous and enthusiastic support which has ensured the smooth running of all Departments.

I would also like to add a word of thanks for all the valuable advice and assistance that I have received from the Chairman and Members of my Committee who have helped to make my work as pleasant as it is.

I have the honour to be,

Mr. Chairman and Gentlemen,

Your obedient servant,

J. A. FAIRER.

County Medical Officer of Health.

June, 1936.

**THE COUNTY PUBLIC HEALTH AND HOUSING COMMITTEE,
1935.**

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

ABBOTT, W.	PICKERING, A. J.
ARMSTRONG, A. E.	PICKERING, C. H.
FORSELL, J. T. (<i>Vice-Chairman</i>)	POCHIN, V. R. (<i>ex-officio</i>)
FULLER, B.	RIPPIN, W. H.
HOLMES, J. H.	STUBBS, W.
HUBBARD, B.	TANDY, E. W.
LEVERS, G. T. (<i>decd. Feb., 1936</i>)	TIMMS, R. (<i>Vice-Chairman</i>) (<i>Resigned</i>)
MARTIN, Lt.-Col. R.E., C.M.G. (<i>ex-officio</i>)	TOMPKINS, A. J.
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. (*Resigned 31/10/35*).

A. A. LISNEY, M.B., Ch.B., D.P.H. (*Appointed 1/1/36*).

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 Officers, Markfield Sanatorium :

H. C. CALVEY, M.B., Ch.B. (*Resigned 30/9/35*).

J. EGAN, M.B., B.Ch. (*Appointed 1/10/35*).

E. J. MOYNAHAN, M.R.C.S., L.R.C.P. (*temporary*)
(*Appointed 2/2/35, resigned 31/7/35*).

C. G. BREE, M.R.C.S., L.R.C.P. (*temporary*)
(*Appointed 24/7/35*).

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.

County Sanitary Inspector :

W. W. BAUM, M.R.San.I., F.S.I.A. (*commenced 9/9/35*).

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.

Quorndon.—*De-urbanised (1/4/35), and its area, with the exception of a small portion transferred to the Borough of Loughborough, included in Barrow R.D.*

Thurmaston.—*De-urbanised (1/4/35), part transferred to Leicester City, and part to Barrow R.D.*

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.

ADDITIONAL OFFICERS—RURAL (*continued*).

DISTRICT.	NAME AND ADDRESS.
Blaby	Dr. J. E. O'Connor Kirby Muxloe.
Castle Donington	Dr. R. M. Montford Castle Donington.
*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.

Belvoir R.D.

Now included in new district of Melton and Belvoir R.D.

Hallaton R.D.

Now included in Rural District of Market Harborough.

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

Bottesford	Dr. F. J. H. Martin, Bottesford, Notts. (Resigned 10/3/35)
	Dr. H. Royle, Bottesford, Notts.
Croxtan Kerrial	Dr. R. H. Hudson, Woolsthorpe, Grantham.
Waltham	Dr. M. W. Atkinson, 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. R. G. Keays, Market Harborough.
Market Harboro' (No. 2)	Dr. J. S. Macbeth, Kibworth Beauchamp, 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. E. Bromley, Peatling Magna, Leicester.
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. (to 30/9/35)
	Mr. W. J. Fordham Market Harborough. (from 1/10/35)
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, B.V.Sc., M.R.C.V.S., D.V.H., 6 St. Martin's, Leicester

ASSISTANT COUNTY VETERINARY OFFICERS :

Mr. J. G. Crowhurst, M.R.C.V.S. (*commenced 1/7/35*)

Mr. W. L. Wilson, M.R.C.V.S. (*commenced 1/7/35*)

Mr. E. D. Jenkins, B.V.Sc., M.R.C.V.S., D.V.S.M.,
(*commenced 14/8/35, resigned 24/12/35*)

MEMBERS OF THE PANEL OF VETERINARY OFFICERS :

Mr. G. Eaton, F.R.C.V.S., Hallaton.

Mr. W. L. Gascoyne, M.R.C.V.S., Lutterworth.

Mr. J. N. Glass, M.R.C.V.S., Melton Mowbray.

Mr. C. S. Hunting, Jr., F.R.C.V.S., Loughborough.

Mr. R. G. J. Lake, M.R.C.V.S., Ashby-de-la-Zouch.

Mr. T. Littler, M.R.C.V.S., Melton Mowbray.

Mr. V. P. Littler, M.R.C.V.S., Long Clawson.

Mr. R. MacGregor, M.R.C.V.S., Market Harborough.

Mr. K. A. Miles, M.R.C.V.S., Husbands Bosworth.

Mr. R. C. Moore, M.R.C.V.S., Queniborough.

Mr. R. L. Phillips, F.R.C.V.S., Loughborough.

Major H. E. Powell, D.S.O., M.R.C.V.S., Coalville.

Mr. H. Thornton, M.R.C.V.S., Leicester.

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 two assistants.

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, 1935)	....	....	....	....	....	295,230
„ Urban			118,078			
„ Rural			177,152			
* „ Specially estimated for statistical purposes					....	300,200
„ Urban			119,810			
„ Rural			180,390			
Number of inhabited houses (1931)	....	....	....	....	....	76,088
Number of families or separate occupiers	....	....	....	....	....	78,103
Reduced rateable value	....	....	....	....	....	£1,324,993
Sum represented by a penny rate	....	....	....	....	....	£5,192

* In consequence of revision of boundaries under Local Government Act, 1929.

SOCIAL CONDITIONS OF THE COUNTY.

On April 1st, 1935, a revision of the boundaries of the County in relation to the City of Leicester was put into effect. The City boundaries were extended to embrace County districts adjacent to the City and a population of approximately twenty thousand was transferred from the County to the City of Leicester.

As a result of the transfer the City Health Authority took over four Infant Welfare Centres, Braunstone, Lubbesthorpe, Humberstone and Evington and the School Clinics at Lubbesthorpe. All records and documents pertaining to the transferred areas were sent to the City Health Department prior to 31st March and were thus available for use by City Officers as soon as they assumed responsibility for these areas.

The County of Leicester is a mixed agricultural and industrial area. The North-Western part forms a fairly well defined mining district and many of the towns and villages in other areas are industrial in character, manufacture of worsted and cotton hose, elastic web and of boots and shoes being carried on.

Although the County has suffered from the prevailing depression in trade and there is much unemployment, particularly in the mining areas, there is no evidence of deterioration in health of the population.

EXTRACT FROM THE VITAL STATISTICS OF THE YEAR.

		Total.	Males.	Females.
Live Births	{ Legitimate	4,174	2,143	2,031
	{ Illegitimate	124	53	71
	{ Total Births	4,298	2,196	2,102

Birth Rate per 1,000 of population, 14.3.

Still Births : Total 177.

Rate per 1,000 total births : 39.5.

Deaths : Total 3,251. Death Rate : 10.83

Number of women dying in or in consequence of childbirth :

Sepsis, 7. Other Causes, 10. Total, 17.

Rate per 1,000 total births : 3.8.

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

Legitimate : 50. Illegitimate : 97.

Total Rate per 1,000 : 51.

Deaths from	Measles (all ages)	....	....	....	....	10
"	"	Whooping Cough (all ages)	....	....	....	7
"	"	Diarrhoea (under 2 years)	....	....	....	9

INFANT MORTALITY.

The Infant Mortality Rate for 1935 is returned as 51, which is a marked increase on the figure of 41 recorded last year. The rate for England and Wales for the same period is 57.

INFANT MORTALITY.

Year	URBAN		RURAL		WHOLE COUNTY		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1931	122	61	173	58	295	59	66
1932	117	63	169	57	286	59	65
1933	107	33	134	49	241	54	64
1934	69	37	125	43	194	41	59
1935	90	53	131	50	221	51	57

The increase in the Infant Mortality Rate is not entirely unexpected as the figure of 41 for the year 1934 was abnormally low and although the rate for 1935 shows an increase to 51 it is still the second lowest rate ever recorded in the County.

DEATHS.

The Death Rate of the County (10.83) shows an increase upon that for the preceding year (9.92). The death rate for England and Wales for 1935 is 11.7.

The total number of deaths in the County in 1935 was 3,251 as compared with 3,096 in 1934.

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

(1)	Heart Disease	....	22.5
(2)	Cancer....	....	13.7
(3)	Cerebral Hæmorrhage		6.6
(4)	Senility	....	5.7
(5)	Phthisis	....	5.0
(6)	Pneumonia	....	4.4
(7)	Congenital Debility		4.2

The number of deaths from Heart Disease and Cancer show an increase both in their percentages relative to the total number of deaths and in the actual death rates. The number of deaths which occurred from Heart Disease has increased from 605 in 1934 to 731 in 1935.

There has again been a decrease in the number of deaths from Phthisis and the death rate decreased from 0.57 to 0.54. The actual decrease in the number of deaths as compared with last year was 18.

The number of deaths from Pneumonia and Congenital Debility shows an increase and the death rates are 0.48 and 0.46 respectively as compared with 0.43 and 0.42 in 1934.

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	265	2.21	466	2.58	731	2.43	20.9	23.5	22.5
Cancer	185	1.54	259	1.44	444	1.48	14.5	13.0	13.7
Cerebral Hæmorrhage	91	0.76	123	0.68	214	0.71	7.2	6.2	6.6
Senility	91	0.76	93	0.52	184	0.61	7.2	4.7	5.7
Phthisis	82	0.68	79	0.44	161	0.54	6.5	4.0	5.0
Pneumonia	55	0.46	88	0.49	143	0.48	4.3	4.4	4.4
Congenital Debility	56	0.47	82	0.45	138	0.46	4.4	4.1	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 1931-35 :—

DEATHS.

Year	URBAN		RURAL		WHOLE COUNTY		Rate for England and Wales
	Net. No. Reg'd	Rate	Net. No. Reg'd	Rate	Net. No. Reg'd	Rate	
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
1935	1265	10.56	1986	11.01	3251	10.83	11.7

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 1935 the Zymotic Deaths numbered 58. This figure is an increase of six upon that for the previous year.

YEAR	URBAN		RURAL		WHOLE COUNTY	
	No.	Rate	No.	Rate	No.	Rate
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
1935	28	0.23	30	0.17	58	0.19

BIRTH RATE.

The Birth Rate for 1935 is 14.3, as compared with 15.2 in 1934. The total number of live births was 4,298. Of the recorded births 2,196 were males and 2,102 were females, the ratio of male to female births being 104.5 to 100.

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

Population for Birth Rate	URBAN		RURAL		WHOLE COUNTY		ENGLAND AND WALES
	118,078		177,152		295,230		
	No.	Rate	No.	Rate	No.	Rate	
Live Births	1,706	14.2	2,592	14.4	4,298	14.3	14.7

NURSING IN THE HOME.

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

The nursing of suitable home cases of Tuberculosis is undertaken by the County Nursing Association on behalf of the County Council.

In consequence of the extension of the boundaries of the City of Leicester in April the whole of the Saffron Lane Housing Estate passed into the control of the City Health Authority and the arrangement with the City Nursing Association for the nursing of cases of Measles and Whooping Cough on this Estate lapsed as from 1st April, 1935.

MIDWIVES.

(a) Statistical Particulars.

During the year 234 midwives notified their intention to practise, 23 left the County and three died.

Of the County Midwives 224 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. The County Superintendent Health Visitor supervises the work of all the Inspectors in addition to the work of her own district, the remaining three Inspectors are specially appointed County Health Visitors.

The Inspectors made 473 visits during the year. It was not found necessary as a result of these 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	....	....	....	....	675
Notice of Liability to be a Source of Infection....					38
Laying out of the dead records	....	....	....	....	53
Notice of death of mother or child (all children)....					8
Stillbirth records	....	....	....	....	46
Notice <i>re</i> Artificial Feeding	....	....	....	....	37
Notice of Change of Address	....	....	....	....	16

Medical help was called in by Midwives in twenty-seven per cent. of the cases attended by them.

The chief causes for medical help were :—Ruptured Perineum 195 ; Difficult labour 136 ; Malpresentation 38 ; Raised temperature 27 ; Ante-partum hæmorrhage 15 ; Adherent Placenta 23 ; Post-partum hæmorrhage 26 ; Abortion 11 ; Miscarriage 21 ; Albuminuria 17 ; Varicose Veins 11.

The chief causes of help required for the child were :—Discharge from the eyes 30 ; Feebleness 23 ; Prematurity 15 ; Abnormality 19.

The records show that 3,115 cases were attended by Midwives during the year and of this number 1,968 were taken by them alone. In the remaining 1,147 cases both doctor and midwife were in attendance.

(b) Doctors' Fees in Special Cases.

No application was received during the year for payment of doctor's fee under these arrangements.

(c) Midwives' Cases.

Applications were received from Certified Midwives in respect of their attendance on 29 necessitous cases. The fees paid varied from twenty-one shillings to thirty-five shillings. Grants under this arrangement amounted to £44 . 13 . 0.

(d) Subsidy to Midwives.

A subsidy to two midwives was authorised by the County Council at a cost not exceeding £21. One of these midwives, however, died in September, 1935, and the Local District Nursing Association undertook the midwifery services in that area from that time. The subsidy is paid 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 placing 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 £28 was expended in mileage grants to midwives taking cases outside their usual area of practice. Sixteen applications were received by the Committee, 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 application should be made to the Secretary of the Association. During the year five candidates completed this training and two 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, Obstetrical Surgeon to the Leicester and Leicestershire Maternity Hospital gave a series of lectures to practising midwives. His report is as follows :—

"I beg to report that I have finished a course of 8 lectures on midwifery given at your request to the County Midwives. The attendances were good, in fact better than anticipated. They were : Leicester (1st May, 1935), 22 ; Loughborough (2nd May, 1935), 11 ; Leicester (8th May, 1935), 22 ; Coalville (10th May, 1935), 18.

"This year I talked on pregnancy under various conditions of age and health and on premature children. In each case the second lecture in the day was devoted to subjects chosen by the nurses themselves."

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, and two of £40.

(2) *Necessitous Districts.* Grants varying from £10 to £21 per annum were made to 17 District Nursing Associations in which a service is already in operation. A grant at the rate of £21 per annum from September, 1935, was also made to a District Nursing Association on undertaking midwifery in this area. In addition a grant of £14 as initial expenses was made to this District Nursing Association. The method of administering these grants remains the same as in previous years.

(3) *Midwives Act, 1918.* During the year 364 claims were paid under the provisions of this Act. The total amount expended was £452 and a sum of £163 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 Smallpox.** The number of beds available in the County was increased during the year from 117 to 121 by the addition of four single bed cubicles with two bathrooms to the building at Melton Mowbray Isolation Hospital.

The distribution of beds is now as follows :—				Beds.
Markfield Isolation Hospital	....	....	....	54
Melton Mowbray Isolation Hospital	....	....	....	27
Hinckley Isolation Hospital	....	....	....	23
Blaby Isolation Hospital	....	....	....	17
Total	....	....	....	121

At Markfield Isolation Hospital there are three resident Medical Officers (one temporary) ; the other hospitals are served by part-time practitioners.

(2) **Small-pox.** The arrangements for the treatment of Small-pox remain unaltered. Two hospitals are available, Syston Small-pox Hospital, 15 beds ; and Snarestone Small-pox Hospital, 23 beds. In addition a reciprocal arrangement 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 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.

Maternity cases are admitted to the Leicester and Leicestershire Maternity Hospital, the City General Hospital, Leicester, the Cottage Hospitals at Market Harborough and Lutterworth. An arrangement also exists with the Warwickshire County Council for the reception at the Maternity Home at Rugby of maternity cases from Leicestershire near the Warwickshire boundary.

Detailed information of the hospital accommodation available in the various transferred Poor Law Institutions is contained in the appendix to this report.

MATERNITY AND NURSING HOMES.

The County Council act as Local Supervising Authority under the Nursing Homes (Registration) Act, 1927, for the whole County including the Borough of Loughborough.

Certain Nursing Homes are granted exemption from inspection but all others in the County are visited periodically by Dr. Cowan and the Superintendent Health Visitor. When an application is received for registration of a new Home, preliminary enquiries are made as to the suitability of the applicant to conduct a nursing home and an inspection of the premises is made to ensure that they conform to the necessary standard before a certificate of registration is issued.

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 1935	—	4	1
No. of Homes registered	1	10	5
No. of orders made refusing registration	—	—	—
No. of orders made cancelling registration	—	—	—
No. of appeals against such Order	—	—	—
Homes discontinued	—	3	—
Transferred to Leicester City	—	3	—

Exemptions from registration under the new 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.

(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 assumed for other cases.

(c) Maternity Cases.

Where it is necessary to provide an ambulance for the transport of a maternity case to hospital in an emergency, the payment of the charges is guaranteed by the Maternity and Child Welfare Committee and application is made to the patient for their recovery.

CLINICS AND TREATMENT CENTRES.

A new Health Centre was opened at Hinckley in May of this year. The building comprises School Clinic, Infant Welfare Centre, Ante-Natal Clinic and Orthopædic Clinic. In addition an Out-patient Dispensary for cases of Tuberculosis is held at the Centre on one half-day each week. The building is designed on similar lines to the Health Centres already in existence at Coalville and Melton Mowbray but has a larger waiting hall and an extra consulting room.

The School Clinic at Lubbethorpe was transferred to the Leicester City Authority on 1st April in consequence of the extension of the City boundaries. Four Infant Welfare Centres, viz., Braunstone, Lubbethorpe, Humberstone and Evington were also transferred on the same date.

In October a new Ante-Natal Clinic was opened at Coalville. This Clinic, which is held in the afternoons of the first and third Fridays of each month, is conducted by Dr. Mary Weston. A report on the working of the Clinic since its inception will be found in another section of this report.

These are the only changes which have taken place during the year in connection with the Clinics and treatment centres under the control of the County Council.

LOCAL GOVERNMENT ACT, 1929.

(1) Public Assistance Institutions.

The work of reconstruction and adaptation of Bosworth Hall for use as a Public Assistance Institution continued during the year. The institution will be ready for occupation in the summer of 1936. The institutions at Ashby-de-la-Zouch and Hinckley will then be closed and the patients transferred to Bosworth Hall.

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. Details of the accommodation at these institutions and particulars of the Nursing Staff are given in the appendix to this report.

(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.

The administration of medical out-relief has proceeded normally during the year. No alteration has been made in the constitution of districts and the only staff changes have been the appointments of Dr. H. Royle to succeed Dr. F. J. H. Martin at Bottesford and Dr. M. W. Atkinson to succeed Dr. Arnold at Waltham-on-the-Wolds.

(3) Vaccination.

The districts of the Public Vaccinators in the County number 30, and those of the Vaccination Officers total 14.

The following is a summary of the Vaccination Officers returns rendered to the Registrar General respecting the Vaccination of children whose births were registered from January 1st to December 31st, 1934 :

- | | | | | | |
|-------|---|------|------|------|-------|
| (i) | No. of births entered in "Birth Lists" as registered during 1934 | .... | .... | .... | 4,383 |
| (ii) | Statement relating to the births on 31st January, 1935 :— | | | | |
| (a) | No. successfully vaccinated | | | | 239 |
| (b) | No. insusceptible to vaccination | | | | 8 |
| (c) | No. had Small-pox | .... | .... |  | — |
| (d) | No. of Statutory Declarations received | .... | .... | .... | 3,823 |
| (e) | No. died unvaccinated | .... |  |  | 154 |
| (f) | No. temporarily unaccounted for | .... | .... | .... | 98 |
| (g) | No. otherwise unaccounted for | .... | .... | .... | 61 |
| | | | | — | 4,383 |
| (iii) | No. of cases of children successfully vaccinated after Statutory Declaration had been received (included in sub-heading (d) | | | | 5 |

(4) Boarded-out Children.

The supervision of boarded-out children in the County is undertaken by Health Visitors. Routine visits of inspection are made to each case once every six weeks. A report on the condition of the child is made after each visit and these reports are scrutinised by Dr. Cowan before being passed on to the Public Assistance Officer. If circumstances require it special visits are made by the Health Visitor or a Medical Officer.

The number of children on the register on December 31st, 1935, was 50. This number again shows a decrease on that of previous years.

(5) Institutional Provision for the Care of Mental Defectives.

Provision is made for the care of mental defectives at Stretton Hall, near Leicester. The total number of cases for which the Institution is certified is as follows :—Cot and Chair cases, 15 males and 15 females ; Medium Grade, 20 females and 10 working female patients. The Loughborough Certified Institution has been approved under Section 37 of the Mental Deficiency Act, 1913, for the reception of forty adult female defectives, and on the 31st December last 39 cases were being dealt with in that Institution.

Mountsorrel Certified Public Assistance Institution is approved by the Board of Control for the reception of 23 adult male defectives, and the number of Leicestershire cases in that Institution on December 31st, 1935, was 19.

PREVALENCE AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

The year has been marked by a slight decrease in the number of notifications of Scarlet Fever and a considerable increase in the number of cases of Diphtheria. The increased incidence of Scarlet Fever noted during 1934 was continued into 1935 and 374 cases were notified in the first quarter of this year. There was some decrease during the second and third quarters but a rise in the notifications again occurred during the last three months of the year.

Measles was again prevalent in the schools of the County and an outbreak of Anterior Poliomyelitis occurred in August and September, mainly affecting Melton Mowbray and district.

DIPHTHERIA.

The number of cases of Diphtheria notified during 1935 was 286 as compared with 150 in 1934. The incidence of the disease was fairly evenly distributed between the Urban and Rural Districts, 147 cases occurring in the former and 139 in the latter.

The districts most affected were Wigston and Loughborough where 47 and 26 cases respectively occurred during the year. Twelve cases were notified from the Saffron Lane district during the first quarter of the year, prior to the merging of this area into the City of Leicester.

Two schools were closed during the year on account of outbreaks of Diphtheria; the average period of closure was fourteen days, and the number of children affected by the closures was 147.

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

There were 12 deaths recorded as due to Diphtheria as compared with 13 in the previous year.

SCARLET FEVER.

The total number of notifications of Scarlet Fever during 1935 was 1,204, a decrease of 109 on last year's figure. The disease was again much more prevalent in rural areas. Of the Urban districts affected Loughborough, Wigston, Coalville and Hinckley showed a relatively high incidence, and in the Rural areas Earl Shilton, Barwell, Ashby and Newbold Verdon were most affected.

It was found necessary to close one school for a period of sixteen days on account of Scarlet Fever. The number of children affected by the closure was 87.

The number of deaths from Scarlet Fever was eight as compared with seven last year.

MEASLES.

The returns received from Elementary Schools of the incidence of infectious diseases show that Measles was even more widespread in the County than during 1934. It was found necessary to close nine schools on account of this disease; the average closure in school days was fourteen and the number of children affected 479.

Certificates of reduced attendance were granted to 31 schools involving 2,335 children as compared with 27 schools and 2,666 children in 1934. Certificates were also issued to two schools, one, involving 28 children, on account of Chicken Pox and Measles and another 190 children on account of Mumps and Measles.

INFLUENZA.

There was no undue prevalence of Influenza in the County during 1935. The returns from the schools show that it was only necessary to close one school affecting 18 children on account of Influenza and Colds. Two certificates of low attendance involving 29 children were issued on account of this disease.

PNEUMONIA.

The number of cases of pneumonia notified during 1935 was 318 as compared with 313 in 1934. The notifications occurred mainly during the first half of the year, and the incidence of the disease was evenly distributed between the Urban and Rural districts. Coalville, Hinckley and Melton were the districts where the greatest number of cases occurred.

PUERPERAL FEVER AND PUERPERAL PYREXIA.

There were six cases of Puerperal Fever and nineteen cases of Puerperal Pyrexia notified during the year.

The number of deaths recorded as due to Puerperal Fever was seven.

ERYSIPELAS.

During the year 118 cases of Erysipelas were notified as compared with 132 cases during 1934. The distribution of the cases was, Urban 45, Rural 73.

GASTRO-INTESTINAL GROUP OF DISEASES.

The number of cases of Enteric Fever notified during 1935 was 10 as compared with 7 during the previous year.

Five cases occurred at Pegg's Green and Swannington during the third quarter of the year. Samples of water from wells in these areas were taken and examined at the County Laboratory. As a precautionary measure certain wells were closed for a period and water was carted daily from Coalville for the use of the persons ordinarily using the water from the wells. Investigation failed to detect a carrier or other specific source of infection.

MALARIA.

No case of Malaria was notified during the year.

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

One case of Encephalitis Lethargica was notified during 1935 from Loughborough.

(b) Poliomyelitis.

The number of cases of Poliomyelitis notified during the year was 37. The greatest number of cases occurred in Melton Mowbray and district where the disease reached epidemic form during August. Details of the outbreak are contained in another section of this report.

(c) Cerebro-Spinal Fever.

Only two cases of this disease were notified as compared with five in 1934. One occurred at Melton Mowbray and the other at Swannington.

DISEASES LOCALLY NOTIFIABLE.**Chicken Pox.**

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

Ophthalmia Neonatorum.

The following is the record for 1935 :—

Noti- fied	Cases		Vision un- impaired	Vision im- paired	Total Blind- ness	Deaths
	Treated					
	At home	In Hospital				
11	10	1	11	—	—	—

NOTES ON AN OUTBREAK OF ANTERIOR POLIOMYELITIS.

During the last week of July and in the month of August a minor epidemic of Anterior Poliomyelitis occurred in the County. The cases were not confined to one district but the major incidence of the disease was in the Melton Mowbray area, fourteen cases out of a total of twenty-three occurring there. The remaining nine cases occurred sporadically in other parts of the County.

In the Melton Mowbray area in its epidemic form the disease was of a severe nature, with sudden onset, high mortality, and considerable residual paralysis amongst the survivors.

The following is a brief history of the cases :—

The first was a man aged 58 years. On the 19th July the patient had a febrile illness and on 21st July his own doctor was called to see him. He was found to be suffering from paralysis of both legs and of the bladder. He was removed to the Isolation Hospital. On the next day he developed paralysis of the left arm and died on 26th July.

The second case was a boy aged 3 years. This boy suffered from an obscure febrile illness for a few days in the last week of July accompanied by some slight stiffness in the neck. On August 5th he complained of pain in his right knee. At the beginning of the third week after the onset of the disease he showed a definite weakness of the right leg with some wasting and slight drop foot. He was treated by immobilisation in a plaster of Paris splint.

The third case, a boy aged 6 years was taken ill on 3rd August with headache, raised temperature, and rigidity of the neck. The condition was very little changed until 8th August when his right arm showed complete paralysis. During the next day or two some improvement occurred and on 10th August the paralysis was confined to the right deltoid with some weakness in the pronators and supinators. He was treated by immobilisation of the arm in plaster of Paris.

The fourth case, a boy aged 9 years, when seen by his doctor gave the following history. On August 9th he had a slight headache when on holiday with relatives some miles from his home. He was apparently well on the 10th and 11th August, but on the 12th vomited and his temperature was 101°F. On 13th August his temperature was still raised and he had what his mother called a "silly little cough" (? intercostal paralysis). He was seen by the local doctor who advised his removal to his own home. He was examined on 14th August by his own doctor and was found to be suffering from paralysis of both legs, of the lower abdomen, and some intercostal paralysis. He complained of headache, stiffness in the neck and suffered from nystagmus. On 15th August the intercostal paralysis had increased in severity, the abdomen showed no change and the diaphragm was functioning well. The right arm was now paralysed. On 16th August his condition was the same and he was

placed in a Drinker Machine. He was also given 10 ccs of convalescent serum intramuscularly. On August 17th there was no change in his condition and he died in the evening.

Fifth case. Female aged 21 years. On August 17th this patient was at work but on her return home complained of headache and backache. She was seen by her own doctor next morning when her temperature was 104°F and her Pulse Rate 100, she complained of headache and backache but had no physical signs except a coarse nystagmus. On the 19th she developed paralysis of both legs and bladder. Her condition remained unchanged until the morning of the 20th when she developed a paralysis of one arm. Death took place at mid-day on the 20th August.

Sixth case. Male aged 15 years. This boy complained of difficulty in walking home from his work on 19th August. He was visited by his own doctor next morning and found to be suffering from paralysis of both legs, bladder and lower half of abdomen and weakness of the right arm. He was removed to the Isolation Hospital. In the evening he had complete paralysis of the right arm and some paralysis of the intercostal muscles, headache, contraction of the head and nystagmus. On the 21st he had complete paralysis of both arms and of the intercostal muscles. His condition remained unchanged until next day when he died.

Seventh case. Female aged 8 years. She was seen by her doctor on 17th August when she had been ailing for a few days. She complained of headache and was very restless. Her temperature was 102°F. On examination she had no physical signs except a mitral systolic murmur. On the 18th her temperature was 98°F and her Pulse Rate 110. She had difficulty in protruding her tongue and in speaking. On the 19th her condition had improved, she was able to protrude her tongue which was deflected to the left and her speech appeared normal. On the 21st her pulse and temperature were normal and she had no physical signs except a slight deflection of the tongue to the left when protruded. Recovery was complete.

Eighth case. Female aged 6 years (sister of case 7, living in same house). When seen by her doctor on 19th August she had been "off colour" for two or three days. Her temperature was normal, Pulse Rate 110. She had a complete paralysis of her left leg. She was admitted to the Orthopaedic Department of the City General Hospital, Leicester on 24th August.

Ninth case. Male aged 13 years. This boy was taken ill on 5th August and complained of pain in the neck and headache. When seen by his own doctor his temperature was 103°F but he had no definite physical signs. His condition remained much the same for the next few days. On 10th August he complained of pain on flexing his left leg, but there were no signs of paralysis. On the 14th August he was up and about as usual, but on the next day his mother noticed he had a slight limp. He was found to have definite wasting of the calf muscles and some paresis of the left leg. He was seen by an Orthopaedic surgeon on 23rd August.

Tenth case. Male aged 13 years. This boy was taken ill with a febrile illness on or about the 17th August. On the 22nd August he was suffering from headache and slight nystagmus and was seen by his own doctor who concluded that the boy was suffering from Infantile Paralysis and had him removed to the Isolation Hospital. He was confined to bed for 14 days and eventually discharged from hospital having made a complete recovery.

Eleventh case. Female aged 6 years. On the 20th August this child was struck on the right ankle by a stone. In the afternoon of that day she felt unwell and at night was feverish and was sick. She was seen by her doctor. On the 21st August her condition was much the same and she had had a restless night. On 22nd August her temperature was 103°F and her Pulse Rate 135, she was semi comatose and had a swelling of her right foot and ankle at the site of the injury, and the skin was reddened. In addition she had some rigidity of the neck muscles. She had no definite signs of paralysis but she had pain and loss of knee jerks in the left leg. She was admitted to the Isolation Hospital. Lumbar puncture was performed and clear fluid under no pressure was obtained. In the evening the patient's pulse became very poor and rapid. She began to show signs of heart failure and died at 5 a.m. on 23rd August.

Twelfth case. Female aged 2 years. On 19th August this child was feverish and complained of headache and general malaise. Her condition remained the same until 23rd August when she was found to have a paralysis of her right upper arm. She was admitted on 24th August to the orthopædic wing of the City General Hospital, Leicester.

Thirteenth case. Female aged 14 years. On 18th August this girl complained of pain in the back of the neck and indefinite pains all over the body. When examined by her own doctor her temperature was 101°F. On 25th August both arms were paralysed. A diagnosis of Infantile Paralysis did not appear to have been made until early in September. This patient was examined by me on 16th September when she was found to be suffering from a total paralysis of both arms, paralysis and contraction of the left leg and partial paralysis of her right leg. She had not had any form of treatment beyond rest in bed.

Fourteenth case. Boy aged 2½ years. This child was taken ill on September 8th with general malaise and indefinite pains. He was seen by his own doctor on September 9th when his temperature was 102.8°F but he had no other physical signs. He continued to run a temperature until 12th September when he developed a facial paralysis. He later developed paralysis of both arms. I saw him on 16th September when both upper arms were paralysed and he had a right sided facial paralysis. He had not had any form of treatment beyond rest in bed. His parents were unwilling to allow him to be admitted to hospital, but eventually consented and he was admitted to the orthopædic ward of the City General Hospital, Leicester on 7th January, 1936.

Of the fourteen cases which occurred in this district five died, five had orthopædic treatment applied without delay for the residual paralysis,

two made a complete recovery without signs of residual paralysis and of the remaining two cases, one was admitted to hospital for orthopædic treatment in January, 1936, four months after the onset of the disease; the other attended the out-patient orthopædic clinic at Leicester for the first time on 4th May, 1936, almost nine months after the onset of the disease, no treatment except enforced rest in bed having been given during that time.

The survivors will be followed up and the end results of treatment recorded. It will be interesting to ascertain the effect upon the ultimate condition of the patients where orthopædic treatment was applied immediately in comparison with those where delay occurred.

Investigation did not disclose any direct contact between sufferers, but it is probable that infection from person to person took place through the medium of healthy carriers and as a result of abortive cases. At least two of the cases recorded were sufficiently mild to have been missed and it is probable that other abortive cases occurred which were not recognised as anterior poliomyelitis. Cases seven and eight (children in the same family) were infected from the same source as only one day's difference in time occurred in the onset of symptoms.

MATERNITY AND CHILD WELFARE SERVICE.

Certain changes have taken place during the year in the Maternity and Child Welfare services. Important additions have been made to the scheme dealing with the care of the expectant mother and to the maternity services of the County. The number of Infant Welfare Centres has been reduced in consequence of the extension of the boundaries of the City of Leicester. Details of these changes are set out under the appropriate headings along with a description of the various facilities available.

(1) INFANT WELFARE.

(a) Infant Welfare Centres.

At the beginning of 1935 the number of Infant Welfare Centres in the County was thirty-seven, of which ten held a weekly session and twenty-seven a fortnightly session. In consequence of the extension of the boundaries of the City of Leicester in April four Infant Welfare Centres were transferred to the City Authority, these were Braunstone, Lubbesthorpe, Humberstone and Evington. During the remainder of the year the number of Infant Welfare Centres remained at thirty-three. There were no new Centres opened nor any closed.

For some time the Centre at South Wigston has been growing rapidly concurrent with the development of a new housing estate in the vicinity, and it was decided in December to divide this Centre into two as the numbers attending had increased to the extent of rendering proper supervision impossible at one session. Commencing, therefore, from January, 1936 two Infant Welfare Centres will be held at South Wigston, one on the second and fourth Tuesday of each month, and the other on the second and fourth Wednesday. Which of the mothers and infants attend each Centre is determined by the part of South Wigston in which they reside. The new arrangement will reduce the attendances at each Centre to workable proportions and should enable adequate supervision to be undertaken by the Medical Officer and Health Visitor.

All Infant Welfare Centres in the County are controlled by the County Council with the assistance of a Voluntary Committee at each Centre. The County Council is responsible for all financial commitments, rent, lighting, cleaning, equipment, etc., and the Voluntary Committees undertake the actual conduct of the Centres, keeping registers of attendances, weighings, etc. The work of the Voluntary Committees is invaluable both in the actual working of the Centres and in assistance given towards securing the attendances of mothers by organising parties and outings calculated to sustain their interest.

A Health Visitor is in attendance at every session and a Medical Officer visits the Centre at each alternate session.

(b) General Administration.

No change has been made in the general administration of the Infant Welfare services. The policy of the Authority has always been to provide the benefits of a Centre in every area of the County where there is sufficient population to justify one. Most areas of the County

are now well served by Infant Welfare Centres but there are populous areas where Centres have been tried and, through lack of support from the mothers, have had to be discontinued. Applications from certain districts for an Infant Welfare Centre have also had to be refused owing to the uncertainty of obtaining adequate support. The Medical and Health Visiting staff of the County is limited and fresh commitments in the way of staffing Infant Welfare Centres have to be carefully considered as to their ultimate success before being agreed to. Extensions of services must, therefore, have at least a reasonable hope of being successful before being made under present conditions of working.

Whilst the work of the Infant Welfare Centres is of great value it, of necessity, meets the requirements of only a section of the infant population of the County. The supervision of infants who are out of reach of a Centre or whose parents do not bring them to the nearest Centre, is undertaken by the Health Visiting Staff in the homes of the children. These periodic visits by specially trained nurses are of the greatest importance in their influence upon the health and well being of the infant and pre-school child, and the records obtained of the personal and environmental history of the child are of value to Infant Welfare and School Medical Officers, in their assessment of its physical condition.

These two methods of approach, through Infant Welfare Centres and by supervision of the child in its home by Health Visitors, ensure a certain degree of care of the health of all children, but it cannot be denied that it is far from complete. Gaps exist in the care of infants owing to the fact that only a proportion come into contact with Medical Officers at Infant Welfare Centres and this is accentuated when the infants reach the toddler stage and there is a marked falling off in their attendance at the Centres. The latter can be countered to some extent by the establishment of Toddlers' Clinics or Nursery Schools, but until some method of periodic medical inspection of all infants and pre-school children is devised and put into force, there will continue to be an undue proportion of preventable defects discovered by Medical Officers at entrant examinations in schools.

Our elaborate system of School Medical Inspection has proved its value in the improvement of the health of the school child but considered rationally it must be admitted to commence five years too late. If it has been proved worth while to institute and maintain such a service for the child at school surely it would be equally worth while to extend and adapt it to bring in every infant and pre-school child. A small beginning on a voluntary basis at existing Clinics and Welfare Centres would soon result in periodic medical inspection, supervision, and treatment becoming available and being made use of to as great an extent as in the School Medical Service and with equally beneficial results.

In the meantime efforts must be made to obtain the utmost value from existing services and not the least important factor in this connection is the method of co-ordination between the Infant Welfare Service and the School Medical Service. The ideal to be aimed at is complete supervision of the child from infancy to adolescence, and the work of Infant Welfare Medical Officers and Health Visitors should be co-ordinated

with that of the School Medical Officers. All records pertaining to the infant and pre-school child should, therefore, be preserved and made available for the use of the School Medical Service when the child enters school. By this means the full value, both immediate and remote, is obtained from the work.

(c) Clinical Work.

Clinical work at Infant Welfare Centres should have two well defined aims, the periodic examination and supervision of all infants and young children in attendance and the examination and reference for treatment of ailing infants and children.

A complete medical examination of every child should be carried out on its first attendance and thereafter periodic re-examinations should take place at frequent intervals.

If the Centre is to exist, in effect, as a Welfare Centre very little treatment of disease should be allowed to enter into the work. Children who require treatment should be referred to their own doctors; the only exceptions being such forms of treatment as are highly specialised and, therefore, outside the province of the private practitioner. These would include orthopædic treatment for crippling defects and perhaps treatment for eye conditions.

If the work of the Centre is maintained on an essentially preventive basis, it will be a greater power for good than that of the Centre which is allowed to develop into a treatment dispensary for sick children.

(d) Educational Work.

Probably the most important part of the work in connection with the welfare of the infant and young child is that concerned with the education of the mother. Some knowledge of correct methods of infant care and management is now a commonplace amongst parents and in conjunction with the greater interest shown generally in health matters has had an undoubted influence on the rate of infant mortality and on the incidence of ill health amongst young children.

The Infant Welfare Centre has been the inspiration with innumerable parents for acquiring a greater knowledge of health and where the educational side of the work has been afforded prominence, mothers have come to look to the Centre as a place to seek guidance, and have learned to appreciate the value of the lectures and individual advice given.

It is only of recent years that the lifelong importance of care during the early years of infancy and childhood upon the physical condition and even more particularly upon the mental well-being of the individual has come to be more fully realised. Unless this knowledge is made known to parents and some guidance is afforded in its application Infant Welfare Medical Officers are neglecting an important phase of their work. It is for this reason that the increasing tendency to convert Infant Welfare Centres into Treatment Clinics is so greatly to be deprecated.

The fact that the Welfare Centre is primarily a Welfare Centre, dealing with prevention rather than cure, should never be lost sight of, and the whole policy of the Infant Welfare Service should be directed towards placing the education of the mother directly in the foreground.

(e) Statistics.

During the year 908 meetings were held at the various Centres. The total number of mothers on the registers was 3,613 and the number of attendances made was 37,696.

The total number of infants under one year was recorded as 2,199 and the number of attendances made was 19,250. The number of toddlers attending the Centres was 2,589 and these made a total of 24,280 attendances.

The average attendance of children at all Centres during the year was 45.2.

During the year 1,665 women, 1,496 infants under one year of age, and 490 toddlers attended the Centres for the first time. In addition 3 expectant mothers made 15 visits of attendance at the Centres. Of the total number of children born during the year 45.6 per cent. attended the Infant Welfare Centres in the County.

The Medical Officers made 442 visits to Infant Welfare Centres during the year. The visits of the individual Medical Officers were as follows :—Dr. Fairer 20 ; Dr. Cowan 44 ; Dr. Anderson 77 ; Dr. Coward 7 ; Dr. Weston 133 ; Dr. Walters 160 .

The number of lectures given at Infant Welfare Centres by Medical Officers and Health Visitors during the year was :—Medical Officers 339 ; Health Visitors 243 ; Special Lectures 26.

The Medical Officers made 4,177 clinical examinations during 1935, and 1,461 children were examined for the first time. The total number of weighings carried out by Health Visitors was 39,361.

The principal defects observed by Medical Officers were :—Skin conditions 161 ; Phimosis 125 ; Bronchitis 111 ; Umbilical Hernia 85 ; Eye conditions 65 ; Rickets 42 ; Strabismus 38 ; Gastric trouble 37 ; Nasopharyngitis 34 ; Ear diseases 21 ; Hernia 16.

(f) Supply of Milk to Necessitous Mothers.

Milk is supplied free under this scheme to (a) Expectant Mothers within three months of confinement ; (b) Nursing Mothers ; (c) Infants under eighteen months who are certified to be in need of milk for health reasons.

Applications are made mainly through the Health Visiting staff and careful investigation of the financial circumstances is carried out in each case. The grant is made subject to an income scale approved by the Committee.

When possible a medical certificate of the need for milk is obtained from the Medical Officer of the Infant Welfare Centre which the patient attends and the grant is subject to attendance at an Infant Welfare Centre if one exists within reach of the patient.

Only liquid milk is supplied and if it can be obtained this is of "Grade A" standard.

During the year 1,273 applications for grants of milk were received and 1,079 were approved by the Maternity and Child Welfare Committee for periods not exceeding two months after which time the cases were reconsidered.

The total amount expended on this service was £891, this figure being a decrease of £120 on that of last year.

(g) Inspections of Children under the Children and Young Persons Acts.

Supervision of children under these Acts is carried out by the Health Visiting staff on behalf of the Maternity and Child Welfare Committee.

Each child is visited at home at least once every three months and more frequent inspections are made if required. A detailed report on the condition of the child is made at each inspection on a special form and these reports are scrutinised by the Deputy County Medical Officer. If the condition of the child or the circumstances under which he is living are unsatisfactory the home is visited by a Medical Officer who makes a special report and recommends such action as is necessary.

Exemptions from inspection for one year were granted to 12 private schools where boarders under the age of nine years are received. A preliminary inspection of certain of these schools was made prior to the exemption being granted by the Maternity and Child Welfare Committee.

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

Children and Young Persons Acts.

No. of Cases on Register on December 31st, 1934	....	....	83
No. of new cases	....	....	27
Returned to Parents	....	....	14
Adopted	....	....	1
Attained nine years of age	....	....	5
Died	....	....	1
Left County	....	....	4
Transferred to Leicester City	....	....	12
Transferred to new foster-parents	....	....	2
Removed to Poor Law Institutions	....	....	—
No. of Cases on Register on December 31st, 1935.	....	....	71

MATERNAL CARE.

(a) Maternal Mortality.

Investigations of maternal deaths occurring in the County are carried out 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. This procedure is strictly adhered to as it forms an important item of the assurance given to each general practitioner that no consequences are likely to ensue from his making a full report on all the circumstances of the case.

(b) Puerperal Fever and Puerperal Pyrexia.

The scheme for dealing with cases of this nature provides for the services of a number of consultants with special experience in obstetrics to be available through the Health Department to general practitioners on request. Details of the arrangements have been outlined in previous Annual Reports.

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.

The scheme also allows for such bacteriological examinations as are necessary being undertaken at the County Laboratory.

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

The Maternal Mortality rate for the County during the year is 3.8 deaths per 1,000 births. This rate shows an increase of .34 upon that for last year.

The returns of Maternal Mortality during the ten years 1926-1935 are set out in the following table:—

Leicestershire Maternal Mortality per 1,000 Births.

No. of Puerperal Deaths:—

Year.	Births	Sepsis.	Other Causes.	Total.	Rates per 1,000 Births.	
					Total.	
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	
1935	4,475	7	10	17	3.80	

A number of extensions and additions have been made to the maternity services of the County during the year.

In the Annual Report for 1934 I gave details of a scheme embodying suggestions for completing the organisation of the maternity services of the County. This scheme was submitted to the Maternity and Child Welfare Committee and approved by them in December, 1934.

The following are the additions and extensions to the scheme which have been put into force :—

(1) Ante-Natal Clinics.

A new Ante-Natal Clinic was opened at Coalville in October, 1935. The Clinic, which is held at the Health Centre, Bridge Road, is open on the first and third Fridays each month in the afternoon and is in charge of Dr. Weston.

The various Ante-Natal Clinics in the County are now available to insured women for any additional care their panel doctors may consider necessary. Previously only uninsured women were permitted to attend the Clinics.

(2) General Practitioner Services.

Commencing on January 1st, 1936, arrangements have been made for the examination by general practitioners of uninsured expectant mothers referred to them by midwives.

The facilities available under this heading are as follows :—

(1) The doctor will examine the patient either at her own home or at his surgery.

(2) Authority is given for two examinations :—

1st General medical examination early in pregnancy.

2nd Full obstetrical examination between the 34th and 40th week.

(3) The County Council will pay the doctors fees as under :—

(a) 5/- for each examination.

(b) Mileage fee of 1/- per mile one way for distances over 3 miles from the doctor's surgery.

(4) Any case requiring consultant opinion should be referred to the County Medical Officer.

All midwives in the County were circularised prior to the commencement of this service, and asked to refer every uninsured expectant mother for ante-natal examination to the doctor who would normally be called to the confinement in emergency.

The scheme was referred to the Leicestershire Panel Committee for their consideration and was agreed to before being circularised to the practitioners of the County.

(3) Provision of Hospital Beds for Maternity Cases.

An arrangement has been made with the Authorities of the Leicester and Leicestershire Maternity Hospital for the reception of complicated maternity cases at an agreed fee per week. This fee will be additional to the grant of £50 per annum which is already made by the County Council to this hospital.

An arrangement has also been made with the City of Leicester for the admission of maternity cases into the City General Hospital. These will usually be normal uncomplicated cases where the home conditions are unsuitable for the confinement.

Cases may also be admitted to the Cottage Hospitals at Market Harborough and Lutterworth by arrangement with the Authorities of these hospitals, at an agreed fee per week.

(4) Provision of Consultants.

Consultants with special experience in obstetrics have been appointed to be available to any general practitioner who requires assistance in difficulties or complications arising during pregnancy or at, or after, confinement. The following are the main provisions governing this service :—

- (1) The services of a Consultant shall be available to any general practitioner in the Administrative County requiring assistance for a patient in difficulties or complications arising during pregnancy, or at, or after, confinement, up to a maximum period of four weeks.
- (2) Special application by a practitioner for the services of a consultant must be made to the County Medical Officer of Health.

In urgent cases occurring outside office hours application may be made direct to the Consultant. In all such cases both the practitioner and the Consultant must notify the County Medical Officer of Health within twenty-four hours of the consultation having taken place.

- (3) When a Consultant has been called in, application will be made by the County Council to the patient for the recovery of the cost of his services.

The panel of Consultants is as follows :—

Mr. Clare, Hon. Surgeon, *Leicester Royal Infirmary*; Mr. Lodge, Hon. Assistant Surgeon, *Leicester Royal Infirmary*; Dr. Lilley, Hon. Surgeon, *Leicester and Leicestershire Maternity Hospital*; Dr. Somerville, Hon. Assistant Surgeon, *Leicester and Leicestershire Maternity Hospital*.

(5) Compensation for Midwives.

A fee of 10/6 will be paid to a midwife for any case where she would have attended the confinement but which she loses through admission to hospital as a result of her having referred the case either to a general practitioner or an Ante-Natal Clinic.

(6) Ambulance Facilities.

Where it is necessary to provide an ambulance for the transport of a patient to hospital in an emergency the payment of the charges will be guaranteed by the Maternity and Child Welfare Committee and application will be made to the patient for their recovery.

(7) Recovery of Fees.

In all cases where application is made to the patient for the recovery of fees for treatment, Consultants, and provision of ambulance, and the patient states she is unable to pay the full fee, her financial circumstances will be investigated and a report made to the Maternity and Child Welfare Committee in order that an assessment of the charges to the patient may be made.

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

On June 3rd, the Ante-Natal Clinic was transferred to the new building in Castle Street, and from that date the sessions have been held twice monthly. The ante-natal work has benefited in every way by the provision of the new premises and we can now feel that we have accommodation in every way suitable to this important branch of the Health Services.

			New Cases	Re-attendances
1934	....	....	83	76
1935	....	....	111	91

(2) *Coalville Clinic.*

Ante-natal work was started at Coalville on October 18th in the Bridge Road Clinic with sessions on the first and third Fridays. It was obvious from the outset that this Clinic was needed. Mothers attend, not only from Coalville and Hugglescote, but from surrounding towns and villages over a wide area, and a particularly satisfactory feature is the appreciative attitude of the midwives, who make great efforts to be present with their own cases.

The number of sessions held was four and the number of attendances made by expectant mothers was 26. The number of expectant mothers who attended was 23 and the average attendance per session was 6.5.

(3) *Wigston.*

This Clinic is conducted on the same lines as last year—sessions being held on the 2nd and 4th Fridays, in the Co-operative Hall. The table of figures shows how satisfactory is the attendance and the work done is undoubtedly of real practical value.

The outstanding problem in each of the three Clinics is the diet question. Our experience convinces us that dietetic deficiencies, particularly as regards mineral salts and iron, as well as Vitamins, are extremely common. To combat this unsatisfactory state of affairs which is a contributory cause of much maternal ill-health and infantile anaemia, we give special attention to the investigation of individual diets and personal advice and instruction, and we have prepared a simple leaflet to further this educative part of the work.

When symptoms of deficiency are already present Calcium Lactate and Cod Liver Oil are advised. Prenatalac is also used as a means of augmenting the iron intake.

In many cases the financial circumstances are a complicating factor which is beyond our control except for the amelioration of a milk grant during the latter weeks of pregnancy, but in a very large number of the cases the poor quality of the diet from a physiological point of view is due rather to faulty habits and fashions with regard to foodstuffs than to any real poverty.

The number of sessions held at Wigston was 22 and the number of attendances made by expectant mothers was 327. The number of expectant mothers who attended during the year was 125 and the average attendance per session was 14.9.

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

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 of 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.

As mentioned in previous paragraphs provision is made for the reception of maternity cases at the Leicester and Leicestershire Maternity Hospital, at the City General Hospital, Leicester, and at the Cottage Hospitals at Market Harborough and Lutterworth.

An arrangement exists with the Warwickshire County Council for the reception at their Maternity Home at Rugby, of 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 or Puerperal Pyrexia) from the County. Approval of the Maternity and Child Welfare Committee must be obtained before cases are admitted except in emergency. In the latter case the County Medical Officer must be notified as soon as possible after the patient's admission. Recovery of the whole or of part of the cost from the patient according to means will be made in each case.

Facilities exist for the reception of unmarried expectant mothers at St. Saviour's Home, Northampton,

During 1935, eight 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.

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.

Total number of children admitted	....	13
Average stay of each child in days....	....	63.5
Average gain in weight	....	3 lbs. 5 ozs.
State of health on discharge—		
Much improved	....	6
Improved	....	7
Diseases for which children were admitted—		
Debility (owing to various causes)	....	12
Malnutrition	....	1

BIRTH CONTROL.

The arrangement for the attendance of County patients at the Leicester City Birth Control Clinic still continues in force.

The types of cases considered suitable include women suffering from some serious constitutional conditions such as Tuberculosis, Heart Disease, Kidney Disease, Diabetes, Profound Anaemia, 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 gynaecological affections or malformations.

The number of cases referred either by their own doctors or by a member of the County Medical Staff during 1935 was 26. These cases included women suffering from Heart Disease, Tuberculosis, Severe Debility, Contracted Pelvis and other general and local pathological conditions.

THE COUNTY ORTHOPÆDIC SCHEME.

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

The new out-patient Orthopædic Clinic at Hinckley was opened in May of this year and is proving very successful. With the opening of this Clinic the chain of out-patient treatment centres for crippling defects in the County has been completed. Every area is now within comparatively easy reach of a treatment centre and both out-patient and in-patient orthopædic treatment are available to all elementary school children, to infants and pre-school children and to adults suffering from Tuberculosis.

Certain of these Clinics are directly under the control of the County Council and at the remainder an arrangement for treating County cases exists either with a Voluntary Association or with a neighbouring authority.

Uniformity of administration in dealing with patients at the various Clinics and in hospitals is accomplished by control through the central

department in Leicester. All arrangements for treatment and for the supply or renewal of surgical apparatus and appliances are made from the Health Department. The assessment of charges for treatment and reports of progress of patients are dealt with similarly. Registers of attendances at the various out-patient Clinics and of admissions to and discharges from hospital are kept at the Central Office in Leicester so that the complete history of any child undergoing treatment is readily available.

Continuity in treatment exists for every patient as each Out-patient Clinic forms a complete unit with its parent Orthopædic Hospital, and the patient is under supervision by the same Orthopædic Surgeon and Nursing Staff throughout the whole period of treatment whether at the Clinic or while in hospital.

I mentioned in my report of last year that it had been found necessary to close the Orthopædic section of the Health Centre at Melton Mowbray owing to the small number of patients who had attended. The few patients in attendance at the time of the closure were transferred to the Leicester City Clinic which is under the control of the same Orthopædic Surgeon. During the summer of this year an outbreak of Infantile Paralysis occurred in the Melton Mowbray area and fourteen cases were notified. Of this number five died and a residual paralysis requiring treatment occurred in six of the remaining cases. Two of these cases have received in-patient treatment at the City General Hospital, Leicester, one refused treatment, and the remainder are receiving out-patient treatment at the Melton War Memorial Hospital. An arrangement has been made by the County Council with the authorities of this hospital for payment for out-patient treatment and for after-care of patients discharged from the City General Hospital. It was not considered justifiable to re-equip the Orthopædic Clinic at Melton Mowbray for this small number of cases.

The new Health Centre at Hinckley commenced working in May of this year. It is designed on similar lines to those already in existence at Coalville and Melton Mowbray, but has a larger Waiting Hall and an extra Consulting Room. The building includes accommodation for Infant Welfare Centre, Ante-Natal Clinic, School Clinic, Tuberculosis Dispensary and Orthopædic Clinic. The Orthopædic section is completely equipped for all forms of out-patient treatment, including plaster work and remedial exercises, and a lamp for treatment by ultra-violet radiation is included.

The Surgeon in charge is Mr. F. G. Allan, of Coleshill Hospital, Birmingham, and the Nursing Staff are drawn from the same hospital. The clerical work involved in keeping records, making appointments for patients, etc., is carried out by a School Nurse. The Clinic is proving very successful and fills a long felt want in this area.

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

(1) Ascertainment.

Patients requiring orthopædic treatment are referred to the Clinics by Tuberculosis Medical Officers, Assistant School Medical Officers,

Infant Welfare Medical Officers and private practitioners. In addition cases are received from Voluntary Hospitals where they may have been sent in the acute stage of their illness.

The success or otherwise of the treatment carried out at the Clinics and Hospitals depends to a large extent upon its being applied at an early stage of defect. The arrangements made to secure early ascertainment are, therefore, of first importance. The special measures directed towards this end which have been detailed in previous reports still continue to prove successful. Every case of disability or deformity, however slight, encountered in the course of their work by Health Visitors is reported to the Health Department, irrespective of whether other action is being taken. If necessary these cases are followed up by a Medical Officer with a view to treatment being obtained. Special attention is devoted to the infant and pre-school child and talks are given at Infant Welfare Centres on the causes of crippling and the necessity for securing early treatment for slight deviations from the normal.

Every possible source of detection is used to the fullest extent and it can be said that there is little possibility of a case being allowed to progress to a late stage of defect before coming to the notice of the Department. The large increase in the proportion of early cases treated at the Clinics is gratifying evidence of the success attained.

(2) Orthopaedic Clinics and Hospitals.

(a) The Coalville Clinic.

This Clinic is directly under the control of the County Council and is held at the Health Centre, Bridge Road, Coalville. The Clinic is open on two afternoons per week, Monday and Wednesday, from 1-30 p.m.

At one session per month the Orthopaedic Surgeon, Mr. Allan, examines all new cases and reviews the treatment of those already in attendance.

The Staff consists of a fully trained Orthopaedic Sister, an Orthopaedic Nurse and a Masseuse from Coleshill Hospital. A member of the Health Visiting Staff is in attendance at each session and arranges appointments for patients, attends to the necessary clerical work and generally assists in conducting the Clinic.

(b) The Hinckley Clinic.

This Clinic is also directly administered by the County Council and is open for treatment on Wednesday and Friday mornings each week from 9-30 a.m.

The Orthopaedic Surgeon is Mr. Allan, of Coleshill Hospital, who attends the Clinic at one session per month.

The Staff consists of an Orthopaedic Sister, an Orthopaedic Nurse and a Masseuse from Coleshill Hospital, and a Health Visitor attends to the clerical work.

Both of these Clinics form complete clinical units with the parent hospital at Coleshill. The same staffs, both surgical and nursing, deal with the patients throughout the whole period of treatment thus ensuring complete continuity.

(c) *The Loughborough Cripples' Guild.*

The Orthopædic Clinic at Loughborough is administered by a Voluntary Association and the County Council and Loughborough Town Council contribute towards the expenses of the Guild according to the number and nature of the treatments received by patients referred by them.

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 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.

(d) *Leicester City Clinic.*

An arrangement exists between the County Council and the Leicester City Council for the treatment of County cases at the City Orthopædic Clinic, Richmond House, Leicester. The cases dealt with at this Clinic are those living in County districts adjacent to the City.

All forms of out-patient treatment are available. The Surgeon in charge is Mr. Morris, Orthopædic Surgeon to the Leicester City Authority. In-patient treatment for cases in attendance at this Clinic is available at the City General Hospital where Mr. Morris is in charge of the Orthopædic wards.

(3) **Additional Facilities.**

(a) *Leicester Royal Infirmary.*

Out-patient treatment is undertaken at the Orthopædic Department of this hospital. 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 Orthopaedic Clinic.*

The arrangement with this Clinic remains in force and enables children from the County to be treated at Rugby at a charge of 2/6 per attendance subject to the following conditions :—

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

(2) Each application must be considered by the Maternity and Child Welfare Committee after an investigation into the financial circumstances.

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

(4) Provision of Surgical Appliances.

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

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 after-care of patients discharged from hospitals forms an important part of the scheme of treatment and is undertaken at the various Clinics. Supervision and adjustment of appliances and surgical apparatus must be carried on continuously if restored function is to be maintained and relapse prevented, and all cases, in attendance at the Clinics, are reviewed at periodic intervals and adjustments and renewals of appliances made when required. When necessary cases are visited in their own homes and a report made on the condition of the patient.

There are many phases of work in connection with the welfare of the cripple with which it is difficult to deal by means of an official scheme. These are concerned mainly with his social welfare and include the question of home instruction, finding suitable employment and assisting generally in securing for the cripple a chance to become a useful self supporting member of the community. In certain parts of the County some voluntary assistance is forthcoming in this direction but there is scope for a great increase in this work which is eminently suited to voluntary effort. I am hopeful that with the assistance of the Central Council for the care of Cripples it may be possible to establish a voluntary association in the County which will interest itself in the welfare of the cripple and by undertaking work of social welfare ensure that the fullest value is obtained from the treatment afforded through the official scheme.

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 1935.

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 1935.

The Treatment Centre.

The V.D. Treatment Centre is situated at Leicester Royal Infirmary. It consists of both out-patient departments and in-patient departments. This 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 in session. At this Clinic patients are seen by one of the V.D. Medical Officers.

Adjoining the out-patient department is an irrigation treatment room.

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 consists of two Medical Officers, a senior Male attendant and two male porters.

The Pathological Department of the Infirmary conducts the major part of the pathological work of the V.D. Department.

The Clerical Staff, and Dispensers of the Infirmary render valuable assistance.

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 ; Saturday 9 a.m. to 1 p.m. Sundays excepted.

Examinations and treatment by the Medical Officers are conducted at the following times :—Children—Mondays 3 to 3.30 p.m. Adults—Mondays 3.30 to 4.30 p.m. Wednesdays and Fridays 6.30 to 7.30 p.m. Thursdays 5 to 6.30 p.m.

Although these are the hours during which the doors are open to receive patients, the usual duration of a session is between two and three hours.

Acute emergency cases are seen at any time between 9 a.m. and 9 p.m.

METHOD OF KEEPING STATISTICAL RECORDS.

The new Record Cards brought into force in 1931, when I took over charge of the Male V.D. Department, have recently been slightly altered in order to record further details of importance.

NEW CASES.

The total number of new Male cases for the year 1935 was 639, (1934—706), a decrease of 67 cases as compared with those of 1934.

Table I, shown below, gives details regarding all these new cases. I have distinguished between cases from the City of Leicester (T), and cases from the County of Leicestershire (C).

Of the new cases 277 were "Non-venereal." (*i.e.* Cases who came for examination and tests but were found to be free from V.D.).

There were 209 cases of acute Gonorrhœa during the year. (1934—244), a decrease of 35.

The number of new Syphilitic cases was 92, as compared with 83 for 1934. The Syphilitics in the acute primary stage numbered 18 (1934—12), those in the secondary stage 12. (1934—9).

I can offer no explanation for the cause of this increase in Syphilitic cases except that it may be the result of the extensive campaign of V.D. Propaganda work conducted during my four years of office in Leicester. (See note on Propaganda Work).

CURED CASES.

There were 193 cases of V.D. cured during the year.

DEFAULTERS.

There are two types of "defaulters." The more serious type includes those patients who cease to attend the V.D. Clinic before completion of treatment.

The less serious type consists of patients who cease attending after completion of treatment, but before final tests have been done.

An analysis of the first more serious type of defaulter shows that 9 Syphilitic cases defaulted before completion of one complete routine "Course" of injections. Two of these cases were Syphilitic in the primary stage, and one case was in the secondary stage.

Acute Gonorrhœal cases defaulting before completion of ten weeks treatment numbered 13.

Twenty-seven cases of Syphilis, mostly late stages, defaulted after completing at least one "Course" of injections.

Twenty-three cases of acute Gonorrhœa defaulted after having had at least ten weeks of treatment but before tests for a cure had been commenced.

Table I, (Defaulters) shows that 69 patients fall under the category of less serious defaulters. (Early syphilitics—4, late syphilitics—14, gonorrhœals—51).

Fortunately, a considerable portion of these cases are probably cured although they did not turn up for all tests.

The question of absolute secrecy in a V.D. Department makes it very difficult when it comes to the problem of how best to get infected patients to attend until proclaimed cured.

Naturally many cases are under treatment for a considerable time, sometimes years, and are very apt to tire of attending, especially if they "feel well."

The staff of a V.D. Clinic can do much towards getting patients to attend regularly and until cured. Speed in getting the cases examined and treated, a little encouragement where necessary, and the pointing out at frequent intervals of the dangers of defaulting, are all important.

As in previous years, all new cases who suffer from V.D. 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.

There is little likelihood of any objection being given especially on first attendance and so far there has been no objection raised.

The form of letter sent is a typewritten non-committal one requesting the patient to call at his earliest convenience.

This note is signed by the Senior V.D. Medical Officer.

Should the defaulter ignore this first letter a second one, pointing out the dangers of defaulting, is sent.

This year under review, 9 cases returned as a result of having received such a letter.

Unfortunately, sometimes the letters are returned marked "not found at this address."

PROPAGANDA WORK.

A considerable amount of work has been done during the last three years to enlighten the public on the dangers of venereal disease and efforts made to make it more generally known that a free treatment V.D. Centre exists.

A review of the lectures which I have had the privilege of giving is shown overleaf.

LIST OF V.D. LECTURES.**1933.**

1. Tues. 2/5/33. Royal Infirmary. (Post Graduate Nurses).
2. *Wed. 6/12/33. Rechabite Hall, Leicester. (Men only).
3. *Wed. 13/12/33. Edward Wood Hall, Leicester. (Women only).

1934.

4. Tues. 13/2/34. Town Hall, Loughborough. (Women only).
5. Thurs. 15/2/34. Town Hall, Loughborough. (Men only).
6. Mon. 19/2/34. Bath's Hall, Coalville. (Men only).
7. Tues. 20/2/34. Bath's Hall, Coalville. (Women only).
8. *Wed. 21/2/34. Edward Wood Hall, Leicester. (Men only).
9. *Thurs. 22/2/34. Rechabite Hall, Leicester. (Women only).
10. Wed. 30/5/34. Royal Infirmary, (Medicals only) (Subject—"Treatment of Congenital Syphilis").
11. Fri. 16/11/34. Y.M.C.A. Hall, Leicester. (Mixed audience).
12. *Wed. 21/11/34. Vaughan College, Leicester. (Men only).
13. Fri. 7/12/34. Educational Buildings. (St. John Ambulance).

1935.

14. *Wed. 6/3/35. Vaughan College, Leicester. (Men only).
 15. Tues. 2/4/35. Turkey Café, Leicester.
(Men only—"Round Table")
 16. Thurs 14/11/35. Police Headquarters, Leicester. (Policemen).
 17. *Thurs. 21/11/35. Vaughan College, Leicester. (Men only).
- * *These lectures were organised by Leicester Public Health Dept.*

All these lectures were accompanied by lantern slides of diagrams and cases photographed at Leicester V.D. Dept.

It will be observed that during the last three years 17 V.D. lectures have been given. (4 in 1935.)

All lectures were excellently patronised, the halls always being well filled.

I am of the opinion that the public are more keen to know true facts concerning sex diseases and sex problems than some people would like to admit, and that propaganda work of this type does help in our fight to reduce the number of cases suffering from venereal disease.

I find that men are more impressed by a scientific lecture, supplemented by lantern slides, than by an obviously acted film showing a "broken romance" resulting from venereal disease.

CO-OPERATION WITH GENERAL PRACTITIONERS.

I am pleased to report that during 1935 co-operation with General Practitioners within the City and in the County showed marked improvement. Doctors who send in patients to the male V.D. Dept. are showing a welcome tendency to send the patient early and with an accompanying letter. In all such cases the letters are answered at an early date by the

Senior V.D. Medical Officer, thus the doctor knows the findings and what is being done for his patient. By such means it is often possible also to get infected contacts, who might otherwise not be traced, sent to the V.D. Centre.

NUMBERS FROM VARIOUS AREAS IN THE COUNTY.

	AREA.	No.
*Loughborough		33
Hinckley		25
*Coalville		23
Market Harborough		17
Melton		12
Lutterworth		11
Within 5 miles of City		50
TOTAL		171

* It will be observed that Public Lectures on Venereal Diseases have been given in these areas.

As in previous reports, I again wish to acknowledge the excellent services of the Medical, Nursing, Dispensary, and Clerical Staff associated with the Male V.D. Department.

Signed,

C. HAMILTON WILKIE.

Report on the Female Clinics for Venereal Diseases for Leicester and Leicestershire for the year 1935.

The Female V.D. Department for both City and County is carried on at the Leicester Royal Infirmary and at St. Mary's Home.

At both, there are In-patient and out-patient Departments.

At the Leicester Royal Infirmary.

Out-patients are seen 3 days a week in the general out-patient department.

In-patient's are treated in a special ward containing 7 beds.

1 bed is used in a side ward for Maternity cases.

2 cots for little girls.

Cradles for babies when necessary.

At St. Mary's Home the problem of the unmarried girl is considered. Out-patients are seen once a week.

In-patients occupy 9 beds.

4 beds in one ward for pregnant or maternity cases.

5 beds for young unmarried girls.

Patients from other Counties are also admitted.

In addition, at both centres, times are set apart for daily treatment as prescribed. This is undertaken by the Sisters in charge.

All pathology is done at the Pathological Department of the Leicester Royal Infirmary.

PROPHYLACTIC WORK.

This is important and may be described in 3 ways.

1. Lectures.

Two have been given by Dr. Mary Newton Davies in the Vaughan College, and arranged by the Health Office.

Over 250 were present at each, and both were illustrated by lantern slides, and ended by a short film showing the evils of postponed treatment.

2. Time taken during each Clinic in explaining the nature of the disease and persuading the patient to ask her husband or fiancé to be examined at the Male Clinic.

3. Ante-natal treatment of mothers, which is begun as soon as possible.

NEW PATIENTS.

The number examined has varied very little from that of last year.

399 have presented themselves for examination (394 last year).

Analysis of New Patients.

Royal Infirmary					394
St. Mary's Home					5

TOTAL		399
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Cases passed on from 1934.

Royal Infirmary					303
St. Mary's Home					55

TOTAL		358
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GRAND TOTAL		757
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Analysis of New Patients according to district.

Royal Infirmary.

			City	County	Total
Syphilis	....	....	108	44	152
Gonorrhœa	....	....	182	60	242

St. Mary's Home.

			City	County	Total
Syphilis	....	....	—	2	—
Gonorrhœa	....	....	2	1	5

53 infected cases have been passed on from the Royal Infirmary Clinics to that of St. Mary's Home.

New Cases of :—

Syphilis.

17 showed primary sores with infection of blood.

60 showed later symptoms.

15 were treated for congenital disease.

Gonorrhoea.

140 probably began treatment within the first year of infection.

Not suffering from Venereal Disease.

145 have been diagnosed free from disease.

These are cases, who have asked for or been advised to be examined and have been tested and kept under observation for the necessary time.

Out-Patients' Attendances.

Visits paid to Royal Infirmary	....	....	11,402
Visits paid to St. Mary's Home	....	....	1,810
TOTAL			13,212

Analysis of Attendances.

For individual attention of Medical Officer.

Royal Infirmary	....	....	....	7,287
St. Mary's Home	....	....	....	1,088
TOTAL				8,375

For intermediate treatment.

Royal Infirmary	....	....	....	4,115
St. Mary's Home	....	....	....	722
TOTAL				4,837

GRAND TOTAL 13,212

Attendances classified.

At Royal Infirmary.		City.	County.	Total.
Syphilis	....	2,876	1,454	4,330
Gonorrhœa	....	5,264	1,313	6,577
Not Venereal Disease	....	403	92	495
		8,543	2,859	11,402
At St. Mary's Home.		City.	County.	Total.
Syphilis	....	321	107	428
Gonorrhœa	....	978	326	1,304
Not Venereal Disease	....	63	15	78
				1,810

The total number of injections, male and female, given during the year has been 7,183.

3,460 have been given in Female Clinics.

Analysis of numbers.

Royal Infirmary, 3,227, St. Mary's Home, 233.

This includes 113 injections of Tryparsamide given to old cases of neurosyphilis.

Cured cases number 144

Analysis of these :—

Royal Infirmary Syphilis 27, Gonorrhœa 96—123,
St. Mary's Home . Syphilis —, Gonorrhœa 21—21.

At least 3 months of observation without treatment has been allowed to every case of gonorrhœa before the patient has been pronounced cured.

The cure of the woman who has incurred gonorrhœa is one of the most serious problems, but this year in no cases has the disease been found in any woman who has asked for re-examination.

Average time taken for treatment and cure for

Unmarried woman	9 months
Married woman	16 months

Defaulters.

33 cases have failed to attend until the final tests for cure were made.

Syphilis	....	....	....	20
Gonorrhœa	....	....	....	13

This year there has been no defaulter among the acute infectious cases of syphilis.

Letters are sent to defaulters at regular intervals. The Maternity and Child Welfare Department always gives help when asked.

At St. Mary's Home an outworker visits if attendances are irregular.

Ante-Natal Work.

Co-operation with the Maternity and Child Welfare Medical Officer is aimed at.

Treatment is started as early as possible and given all through pregnancy.

Unmarried infected girls are admitted to St. Mary's Home.

37 cases of pregnancy have been examined.

26 of them have been treated up to and after confinement.

11 cases have been watched and diagnosed "non V.D." and sent to their own doctor or to a midwife for confinement.

17 confinements have taken place in the small maternity ward.

Of these there were :—

1 case of syphilis.
16 cases of gonorrhœa.

No serious case of gonorrhœal ophthalmia has occurred in any baby born in the ward.

One baby sent by an outside practitioner after confinement was treated and discharged cured.

Children.

Special time, after school hours, is kept one evening in the week for the treatment of children.

Little boys as well as little girls, are treated in the female department.

23 new cases have been treated this year.

Each case, the mother, father (and other children in the family, if thought necessary) have been told to come for examination.

Number analysed :—

Congenital syphilis	....	15
Infectious gonorrhœa	....	8

All cases of acute infection of gonorrhœa in children are taken into the ward.

Each one has been kept in 6 weeks to 2 months.

All babies where mothers have had ante-natal treatment are watched and afterwards passed to the Child Welfare Centres.

In-Patients' Department.

The number of patients treated in the wards during the year is 147.

Royal Infirmary	....	107
St. Mary's Home	....	40

In addition 15 babies have been born in the maternity ward.

Analysis of Cases.

Royal Infirmary.

City

Syphilis				8
Gonorrhœa				59
Non V.D.				6

Total		73
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County.

Syphilis				5
Gonorrhœa				26
Non V.D.				3

Total		34
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St. Mary's Home.

City

....				19
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County

....				9
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Total		28
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Other Counties				12
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Cases treated in the ward are chiefly the infectious type.

Acute salpingitis 18 ; Acute infection of the urethra 20.

These are early gonorrhœal infections and are admitted as soon as possible.

Vulvo vaginitis of little girls 8 ; Confinements 17 ; Gonorrhœal rheumatism 4 ; Ophthalmia-neonatorum 1, *discharged cured*.

Syphilitic cases.

Secondary acute infections 2 ; Keratitis of eyes 1 ; Tabes 1 ; Jaundice 2

Operations performed.

Amputation of cervix 1 ; Curettage 1 ; Removal of infected polypus 2 ; Opening of Bartholin's Abscess 10.

The last are generally done in the Out-patients' Department, and the patient admitted afterwards if necessary.

"Follow-up" Work.

The Maternity and Child Welfare Department is a valuable medium through which a mother and baby may be watched.

The School Medical Officer is informed when a child is fit for school.

At St. Mary's Home, a special visitor helps the girls, who are able, to obtain suitable work.

The personal interest in each case felt by those working in the wards and clinics is a valuable help. The patients much appreciate this, and I should like to express my thanks to my assistant Dr. Newton Davies and to the sisters and nurses in charge of both departments.

Signed, BESSIE W. SYMINGTON, M.D., B.S. (Lond.)
(*Medical Officer of Female Venereal Clinic*).

SANITARY CIRCUMSTANCES OF THE COUNTY.

(a) RAINFALL IN 1935.

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 :—

Rainfall in 1935.

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

Rain gauge	{	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	 1.00	0.26	2nd	16	7
February	 1.92	0.55	6th	17	11
March	 0.62	0.17	24th	13	7
April	 3.17	0.61	16th	19	16
May	 0.94	0.46	20th	10	6
June	 3.15	0.73	26th	19	18
July	 0.84	0.48	15th	10	5
August	 1.78	0.72	31st	6	5
September	 3.36	0.69	25th	18	14
October	 2.19	0.34	10th	22	12
November	 4.67	0.62	1st	25	18
December	 3.22	0.98	28th	21	12
Total	 26.86	—	—	196	131

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

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 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.

The long continued drought accentuated the shortage in several areas, and this is noted under the various districts together with measures carried out or proposed to deal with the situation. Several schemes initiated during 1934 have been completed during 1935, with consequent benefit to the inhabitants of the areas supplied.

URBAN DISTRICTS.

Ashby-de-la-Zouch.

No extensions have been made. Owing to the continued drought it was found necessary to turn off the water daily from 10 p.m. to 5 a.m., from the 26th July to the 16th September, but the Swadlincote and Ashby Joint Water Board from whom the supply of water for this district is obtained have now secured additional sources of water.

Ashby Woulds.

Water main extensions have been carried out at Daybell, Moira, to supply 28 houses erected by the Council on Sweet Hill Estate. Restrictions were found necessary owing to the continued drought and the water was turned off daily from 10 p.m. to 5 a.m. from the 26th July to 16th September, but the Joint Water Board has now obtained additional sources of water.

Coalville.

Extensions to the water main have been carried out in Richmond Road, Hugglescote, for 120 yards, and 250 yards new 1½ inch main has been laid in Berryhills Lane, Donington.

During the early months of the year the contamination from *Bacillus Coli* persisted, but since February all samples submitted have been free from *Bacillus Coli* in 10 ccs.

The automatic chlorinating apparatus for the Ellistown supply has not yet been put into operation owing to difficulties regarding the supply of electricity. There has been no shortage of water.

Hinckley.

2.89 miles of new water main were laid to supply the Lower Coventry Road, Middlefield Lane Estate, Jericho Farm and Ashby Road districts, where building developments are proceeding.

During the year no restrictions were necessary, the supply was satisfactory in quantity and quality. The only precautionary steps necessary were to request consumers to economise in the use of water during some of the summer months.

The yield from the Snarestone deep well is diminishing and arrangements have been made for boring to be commenced in a field near to the existing deep well to find a further supply of water to augment the present supply.

Loughborough.

No restrictions were found necessary during the year. Extensions were made to new building estates. A scheme for supplying water to Hathern, Belton and Long Whatton outside the Borough is now in progress.

Market Harborough.

The quality of the water was satisfactory, but for the second successive year it was found necessary to restrict the use of water for domestic and trade purposes during the summer, but a continuous supply was maintained.

Work has proceeded with the construction of two new wells and two miles of delivery mains in the parish of Husbands Bosworth, and the works which are estimated to give an average additional supply of 65,000 gallons per day are nearly completed.

Melton Mowbray.

Further extensions to mains have been carried out on Asfordby Road, Scalford Road, Nottingham Road, Welby Lane, Mill Street and Thorpe Road, to supply new building estates.

The quality has been satisfactory and supply sufficient for all purposes.

Collecting drains have been laid at Holwell in preparation for a proposed joint scheme to be carried out by the Melton Mowbray Urban and Rural District Councils to supply 9 villages in the Rural District and parts of the Urban District.

Oadby.

No extensions or shortage reported.

Shepshed.

No extensions or shortage reported.

Wigston.

During the year some 42 dwelling houses have had piped supply of water laid on to sculleries where formerly such supply was by stand pipe in back yard. Only 6 houses are dependent upon well water supply.

The area has a constant, adequate and wholesome supply of water provided by the City of Leicester Corporation.

Some 820 linear yards of new mains were laid to deal with new housing development.

No shortage has been experienced and, beyond restrictions of the use of hose pipes, no inconvenience has been caused.

RURAL DISTRICTS.**Ashby-de-la-Zouch.**

No important extensions have been made and the supply to Measham, Oakthorpe and Donisthorpe has been satisfactory both in quality and quantity. There was a shortage of water to the Council houses at Coleorton, Ravenstone, Swannington and Worthington, practically the whole of the wells completely dried up and the parish of Heather suffered a shortage over a considerable period.

A satisfactory supply for the parish of Heather has been obtained by sinking a borehole adjoining Mill Lane. The combined scheme for Coleorton, Ravenstone, Osgathorpe, Swannington and Worthington proved a failure owing to the yield at the borehole at Elms Farm, Thringstone, being insufficient. Another site has been provisionally selected.

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. There was a shortage in the villages of Walton and Hoton. In Walton the City mains have now been laid and a scheme is in preparation for Hoton.

In area No. 2 a scheme for extending the Leicester City mains to Seagrave, Ratcliffe-on-the-Wreake, Rearsby and Thrussington was put in hand. It is anticipated these mains will be completed early in 1936.

Billesdon.

Water mains are being extended to Great Glen. It is reported there was a shortage at Owston owing to bad distribution.

Blaby.

No shortage or extensions reported.

Castle Donington.

No shortage or extensions reported but it is proposed to lay on the Derwent Valley Water to the villages of Hemington and Lockington.

Hinckley.

In Burbage the mains have been extended for 640 yards and in Earl Shilton for 624 yards. There was a shortage of water during the summer months in the parish of Sapcote, a scheme for supplying Sapcote and part of Stoney Stanton has been approved by the Ministry of Health and will be commenced in January, 1936.

Loughborough.

No report received.

Lutterworth.

New supply has been laid on to Willoughby Waterless from the Leicester City Corporation. Tenders have been accepted for carrying out a water scheme for Ullesthorpe, Claybrook Magna and Claybrook Parva.

There was an acute shortage of water in the parish of Broughton Astley and a shortage in part of the parish of North Kilworth. Lutterworth are at present considering augmenting their supplies from springs situated at Misterton.

Market Bosworth.

Thornton village, during the year under review, had water mains laid through it by the Leicester City Water Department at the instigation of the Rural District Council, and 300 yards of 4 inch main extension was carried out at Ratby and 780 yards of 3 inch water main extension at Desford. A portion of the parish of Ibstock known as Battram is to be supplied from mains in 1936 as an extension to the Ibstock scheme.

Market Harborough.

There has been no extension reported but extensions of the Leicester City mains to the villages of Kibworth, Smeeton and Fleckney is expected to be effective during 1936. A shortage of water at Stonton Wyville was experienced during the summer, but not so acute as the previous year. The question of providing a satisfactory supply for this village is now receiving attention.

Melton Mowbray.

A temporary arrangement for the supply of water to Long Clawson village was made from a spring a mile away, a stand pipe being fixed near the centre of the village and this has proved satisfactory. Shortage of water was experienced in the villages of Hose, Harby and Asfordby, the public pumps in the latter village had to be locked up for periods in each day during part of the summer. In other parts the supply was sufficient.

In conjunction with the Melton Urban District Council, a scheme has been prepared for the supply of drinking water to Clawson, Hose, Harby, Asfordby, Wartnaby, Thorpe Arnold, and Burton Lazars, and a Ministry of Health Inquiry will be held. It is hoped that the scheme will be commenced shortly. A scheme for the supply of water to Wymondham, Stapleford, Garthorpe and Coston, also Nether Broughton, is still under consideration.

(2) RIVERS AND STREAMS.

Leicestershire cannot boast of any very imposing rivers, but it is closely and uniformly covered by a network of small streams mostly flowing into one main artery—the River Soar—which runs into the River Trent on the Northern boundary of the County.

As sewage effluents enter all streams of any size in the County at some place in their course, frequent inspections of the rivers and streams are carried out.

31 samples were taken for the purpose of laboratory analysis in order to detect pollution.

The investigations of the River Soar under the auspices of the Ministry of Agriculture and Fisheries were carried out in September. These are a part of the annual hydrographical survey of the Trent watershed. Samples collected at various points along the river were submitted to laboratory analysis and the dissolved oxygen content and the oxygen absorbed in five days were estimated.

(3) DRAINAGE AND SEWERAGE.

During the year the sewage disposal works or farms in the County are regularly inspected. The co-operation of the Surveyor or Sanitary Inspector responsible for the farm is sought whenever practicable, in making these inspections, by so doing it is possible to discuss defects and their remedies together with suggested improvements or extensions on the site.

If the effluent by polluting a neighbouring water course is such that it is likely to prove a source of danger to the community, the matter is brought to the notice of the Public Health Committee, who direct that a copy of the report be forwarded to the local Sanitary Authority and their observations requested. These steps usually result in an abatement of the pollution.

Urban Districts.

ASHBY-DE-LA-ZOUCH.

A new 6-inch foul sewer was laid in Leicester Road to replace the existing combined foul and surface water sewer which has been retained to deal solely with surface water. A scheme for the extension of the sewer in Tamworth Road and Willesley Road is under consideration.

ASHBY WOULD.

The scheme for the reconstruction of sewers at Spring Cottage and the provision of a new outfall sewer connecting up with the Moira sewerage system at Donisthorpe Lane has been completed during the year.

HINCKLEY.

Sewers have been laid for the Wykin Building Estate. The works of sewerage on the Jericho Estate, Coventry Road, have been completed. The land in Lower Coventry Road on the Western side of the canal has been sewered and a pumping plant installed. Extensions to the sewers have taken place to cope with building development in the Ashby Road district and also on the Northern side of Coventry Road.

Experiments have been taking place at the Sewage Disposal Works with the activated sludge method of sewage disposal. The results from the experimental plant have been sufficiently satisfactory to warrant the experiments being carried on for a further period.

MARKET HARBOROUGH.

A 6-inch sewer 130 yards in length has been constructed along Glebe Road. The improved condition of the effluents has been well maintained. Although there have been two exceptionally heavy rainfall periods during late autumn the town has been free from flooding, a result attributable to the beneficial effect of the Council's River Improvement Scheme and the work of the Welland Catchment Board in recent months.

MELTON MOWBRAY.

There has been an extension to the sewer, Asfordby Road, to new building estate and the re-laying length of sewer in Scalford Road.

WIGSTON.

Some 2,910 linear yards of new sewers were laid during the year to deal with new housing developments.

Rural Districts.**ASHBY-DE-LA-ZOUCH.**

Extensions in Jenny Lane, Ravenstone, 210 linear yards and Ashby Road, Donisthorpe, 20 linear yards have taken place.

BARROW-ON-SOAR.

The main drainage of the parish of Thurcaston is still under consideration and also new sewage works at Mountsorrel and Wymeswold.

There is a proposal to provide Cossington parish with a proper sewage disposal scheme, and to sewer the village, the suggestion being to pump the sewage into Sileby sewers and outfall works. The engineers have this in hand to report on the proposal.

Extension of the 12-inch sewer in Wanlip Lane, Birstall, for 306 yards was carried out to take the drainage from a large building site of 50 acres.

BILLESDON.

Main drainage of Thurnby and Bushby at estimated cost of over £11,000 is under consideration.

A new disposal works has been provided at Owston.

BLABY.

Extensions to the sewers in Welford Road and Hospital Lane, Blaby, Gullet Lane, and Desford Lane, Kirby Muxloe, and Groby Road, have taken place.

New electric pump house and extensions of disposal works at Glenfield Lane commenced and also the provision of electric pumps in place of ejectors at Kirby Road, Glenfield.

At present the Council have under consideration the sewers and disposal works for Croft and Huncote, sewers and pumping plant Enderby Cross Roads area, additions to Blaby outfall works, alterations and additions to Enderby and Kirby Muxloe outfall works and extension of sewers in Desford Road and Hedgerow Lane, Kirby Muxloe, and Ayston Road and Braunstone Close, Braunstone.

CASTLE DONINGTON.

Schemes are under consideration to lay down a new sewer for Hemington and Lockington.

HINCKLEY.

Extensions of sewers have taken place at—Barwell—Hinckley Road and Ashby Road 2,583 yards. Burbage—Sketchley Road and Three Pots Estate, 3,230 yards. Earl Shilton—Belle Vue Estate, 1,000 yards.

Schemes for the extension of the sludge drying beds at Earl Shilton disposal works and extension of sewers for 300 yards in the parish of Burbage are under consideration.

LUTTERWORTH.

New sewers have been laid in the parishes of Dunton Bassett, Misterton, Gilmorton, and Broughton Astley. The provision of a sewage scheme for the parish of Bitteswell is still under consideration.

MARKET HARBOROUGH.

The Ministry of Health enquiries have been held at Lubenham and Glooston for new sewage works, the former scheme has been approved and the latter approved subject to further investigations.

Schemes for sewerage and sewage disposal at Medbourne and Blaston have been prepared and the Ministry of Health propose holding inquiries early in the New Year.

At present schemes are being prepared or are under consideration for the villages of Saddington, Smeeton and Husbands Bosworth.

MARKET BOSWORTH.

Extensions of sewers were commenced at the following places:—

Ibstock—Pretoria Road, 800 yards.

Ratby—Markfield Lane, 400 yards.

The whole length of Ashby Road between Groby Pumping Station and Field Head, Markfield.

A complete new sewerage scheme for Barlestone.

At the present a sewerage scheme for Ellistown and Battram is under consideration.

MELTON AND BELVOIR.

The re-sewering of the village of Asfordby and extension to the Asfordby Hill Sewage Works will be commenced shortly and a scheme for re-sewering and new sewage disposal works at Nether Broughton has been prepared and a Ministry of Health Inquiry is to be held shortly. A scheme for a new sewer and new sewage disposal works at Saxelby is under consideration, as well as new sewage disposal works for Clawson, Harby, Hose, and Goadby Marwood.

(4) CLOSET ACCOMMODATION.

1,738 conversions of privies to the water carriage system were made during the year, an increase of 1,195 on 1934.

The greatest number of conversions was in the Coalville Urban District (207) and the Market Bosworth Rural District (138). Other districts in which the number of conversions exceeded 50 were Ashby-de-la-Zouch Rural District, Barrow-on-Soar Rural District No. 1, and Castle Donington Rural District.

In addition 118 privies were converted to pail closets during the year. This is a decrease of 343 on 1934.

(5) SCAVENGING.

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

At *Coalville* the S. & D. freighter has been in service throughout the year, and a second vehicle was purchased during the year; this has resulted in a speeding up of services and a much more hygienic method of collection.

In *Wigston Magna* an administrative change was made in October when the whole of the cleansing services were transferred from the Surveyor's Department to the Sanitary Inspector's Department.

In the Rural Districts :—

Ashby-de-la-Zouch.—Scavenging schemes were put into operation in the parishes of Coleorton and Worthington.

Melton and Belvoir.—Three additional parishes were added to the weekly collection for refuse and night soil; weekly collections are now carried out by the Council in 13 of the larger villages, but monthly collections of tins are undertaken in several of the villages.

(6) SANITARY INSPECTION.

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

	Urban.	Rural.	Total.
Premises visited	12,420	19,349	31,769
Defects or nuisances discovered	5,690	6,120	11,810
Complaints received	570	735	1,305
Inspection for all purposes	31,213	18,458	49,671
Notices served :—			
Formal	170	492	662
Informal	1,880	2,875	4,755
Summonses issued	3	—	3
Convictions obtained	3	—	3

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

(a) Common Lodging Houses.

There are 5 registered in the County and 37 visits of inspection were made. The only one at Market Harborough was closed during the year. At Coalville extra day room and washing accommodation have been provided.

(b) Tents, Vans and Sheds.

There are approximately 115 of these structures throughout the county and 114 inspections were made.

URBAN DISTRICTS.

Coalville.

Informal action was necessary in a number of cases where vans and tents had occupied land on which no provision had been made for their accommodation, contrary to the Council's bye-law.

Hinckley.

Of 4 vans and sheds in the district 3 are satisfactory ; action was commenced against the remaining one, but adjourned to give the occupant an opportunity to obtain other accommodation.

Loughborough.

There are 6 such structures, but no permanent dwellings of this class.

Wigston.

Five vans appear to be permanently established within the area, housing 8 adults and 2 children. With one exception these have good sanitary arrangements. Informal action secured the removal of 3 vans during the year.

RURAL DISTRICTS.

Billesdon.

One van was removed after service of notice, leaving one in the area.

Hinckley.

Five vans were removed by informal action, leaving 5 in the district.

Market Bosworth.

There are now 6 such structures in the district. It is hoped to clear all vans from the district during the coming year.

In other districts conditions were fairly satisfactory.

(c) Canal Boats.

There are 42 boats registered with authorities in the County. 43 inspections were made and no contraventions of regulations were found.

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

There are 51 such premises in the County and 194 visits of inspection were made.

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

Three nuisances from smoking chimneys were dealt with during the year.

Hinckley.

Seventy-six observations and inspections were made in connection with 23 premises, 3 nuisances were abated by the installation of special plant for this purpose. The emission of smoke from the remainder of the premises was appreciably reduced after interviews with the Works Manager and stokers.

Loughborough.

Where observations have been taken and black smoke emitted in large quantities, letters were sent to the owners which has resulted in considerable improvement.

Market Harborough.

During the year 20 observations and inspections were made and 4 nuisances were remedied.

Melton Mowbray.

One complaint was received during the year and suitable action was taken by the owner of the works.

Wigston.

Periodical observations lasting half-an-hour are made of all factory chimneys which number 14. Some 42 observations have been made. Informal action was necessary in 9 cases by letter or visit. In no case has statutory action been necessary.

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

Two chimneys were kept under observation, owners were advised and improvement effected.

Barrow-on-Soar No. 2.

One complaint received and this was abated by service of informal notice.

Blaby.

Two nuisances during the year which were remedied.

Hinckley.

Thirty-six observations were taken, 7 nuisances were abated, one by heightening the chimney and the remainder by better methods of stoking.

Lutterworth.

Action was again necessary with reference to a brick yard chimney. The remainder of the districts—no action was taken.

BACTERIOLOGICAL AND CHEMICAL WORK.

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

Bacteriological milk examinations	....	....	2,468
Throat swabs for diphtheria	....	....	2,290
Sputa for tubercle bacilli	....	....	1,123
Sewage and water analyses	....	....	224
*Wassermann tests	....	....	132
Urine, general and bacteriological	....	....	110
Widal tests for typhoid fever	....	....	105
Urine for tubercle bacilli	....	....	84
Fæces for bacillus typhosus	....	....	38
Films for gonococci	....	....	33
Milk for fat content	....	....	29
Urine for bacillus typhosus	....	....	24
Blood counts	....	....	18
Cerebro-spinal fluid for meningococci	....	....	1
Hair for ringworm	....	....	28
Miscellaneous	....	....	26
			6,733

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

The total number of examinations made was 981 more than last year, and is the highest number made during the sixteen years the laboratory has been in existence.

There was an increase of 815 in the number of throat swabs examined for diphtheria, although swabs from patients in the Isolation Hospital at Markfield are now examined there.

The samples of milk from urban and rural districts were 473 less than in 1934, due to two causes, namely the illness of one of the laboratory staff, and the crowding out of these district samples by the influx of samples from producers desiring "Grade A" licences under the Milk Marketing Board's Accredited Roll Scheme. However, in spite of this the total number of samples examined was 2,468, 390 more than in 1934.

The laboratory has been in existence sixteen years and is now a firmly established and valuable part of the public health services of the County.

The total number of examinations made during the whole of this period now totals 68,430. In November this year it was found necessary to engage another assistant to cope with the increasing demands on the laboratory services. The laboratory provides an income as throat swabs from Isolation Hospitals, sputa for T.B., some water examinations, and milk samples from the urban and rural districts are paid for by the authorities and committees concerned. The total amount received during the year was approximately £440.

Milk Examinations.

The number of these examinations has steadily increased from 695 in the year 1925 to 2,468 in 1934, a rise of 1,773.

The 2,468 samples examined this year were received from the following sources :—

Urban and Rural Districts	....	....	....	708
Supplies to school children	....	....	....	412
"Grade A" Producers	....	....	....	254
Prospective "Grade A" Producers	....	....	....	967
Miscellaneous	....	....	....	127

The samples from urban and rural districts were classified as in previous years, "Good," "Fair," "Moderate," and "Bad," according to the bacteria count and bacillus coli content, and the following table shows how the 708 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.
387	294 (76.0%)	60 (15.5%)	4 (1.0%)	29 (7.5%)

RURAL DISTRICTS.

Total	Good.	Fair.	Moderate.	Bad.
321	225 (70.1%)	56 (17.4%)	6 (1.9%)	34 (10.6%)

COMBINED URBAN AND RURAL DISTRICTS.

Total.	Good.	Fair.	Moderate.	Bad.
708	519 (73.3%)	116 (16.4%)	10 (1.4%)	63 (8.9%)

The corresponding figures for the examinations carried out in 1925, 1930, and 1935 are given for comparison, and the steady improvement is most marked.

Year	Total.	Good.	Fair.	Moderate.	Bad.
1925	589	320 (54.3%)	112 (19%)	14 (2.4%)	143 (24.3%)
1930	665	410 (61.6%)	180 (27.1%)	8 (1.2%)	67 (10.1%)
1935	708	519 (73.3%)	116 (16.4%)	10 (1.4%)	63 (8.9%)

All the urban and rural district councils have now sent in samples, except two of the latter which are so situated geographically as to render it impracticable.

A further analysis of the results of the examinations made during the year under review is interesting as it shows that :—

288 or 41%	contained less than 30,000 organisms per c.c.
294 or 41%	„ between 30 and 200,000 „ „
126 or 18%	„ more than 200,000 „ „

And that :—

In 498 or 71%	B. Coli were absent from 1/10th c.c.
In 44 or 6%	„ „ present in 1/10th but not in 1/100th c.c.
In 115 or 16%	„ „ „ „ 1/100th „ „ 1/1,000th c.c.
In 51 or 7%	„ „ „ „ 1/1,000th c.c.

488 or 69% 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 the bacteria count only is considered as the number of samples reaching this standard was 582 or 82%.

A similar analysis of the results of the examinations of the 412 samples of milk supplied to school children shows that :—

193 or 47%	contained less than 30,000 organisms per c.c.
144 or 35%	„ between 30 and 200,000 „ „
75 or 18%	„ more than 200,000 „ „

And that :—

325 or 79%	contained no B. Coli in 1/10th c.c.
20 or 5%	„ B. Coli in 1/10th but not in 1/100th c.c.
42 or 10%	„ „ „ 1/100th but not in 1/1,000th c.c.
25 or 6%	„ „ „ 1/1,000th c.c.

Where available "Grade A" milk is supplied to schools, and where not the supplier is expected to make every effort to supply milk which is bacteriologically of Grade A quality, and 74% of the milk supplied was so. On bacteria count only this percentage was as high as 82. During the year there has been a steady increase in the amount of pasteurised milk supplied to schools.

During the year 254 samples of "Grade A" milk were examined and only 23 were not up to the required standard. Several of these 23 were "repeat" samples from farms where some little difficulty 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 must be attributed to them.

Diphtheria.

The 2,290 swabs for diphtheria of which 282 were positive were received from the following sources :—

General practitioners	....	....	....	....	851
Isolation Hospitals	....	....	....	....	1,063
School children	....	....	....	....	285
Poor Law Institutions	....	....	....	....	91

The schools concerned, where small epidemics had occurred were Thurnby, Albert Village, Wigston and Shenton. All patients in the isolation hospitals must have at least three successive negative swabs before being discharged.

Tuberculosis.

Of the 1,123 specimens of sputa examined, 245 were positive and all were received from the following :—

Tuberculosis medical officers	....	....	....	....	573
General practitioners	....	....	....	....	550

In addition to these specimens of sputa, 84 samples of urine were examined for T.B., and 7 of them were positive.

Sewage and Water Analysis.

The number of sewage and water samples examined (224), shows a decrease of 153. With the exception of 14 samples taken from the River Soar and tributaries for the purposes of the Ministry of Agriculture and Fisheries Annual Survey, the samples were of drinking supplies, sewage effluents and rivers and streams containing effluents.

Hair for Ringworm.

The school medical officers and nurses sent in practically all these specimens, 9 of which were positive. Many of the children attended the laboratory for this examination.

Typhoid and para-typhoid fevers.

There was an increase in the number of specimens of blood received for diagnosis of these diseases, the number being 105 against 69 last year. Ten of them were positive.

There were also 62 specimens of urine and fæces examined from patients to ascertain their freedom from infection before being discharged from hospital.

Venereal Diseases.

In connection with venereal disease, 33 examinations of pathological material were made. They were all films for gonococci and were received from general practitioners. The 132 specimens of blood for Wassermann reaction were sent as usual to the Leicester Royal Infirmary. These were also from general practitioners.

General.

The following table shows from which districts in the County the various specimens were received.

URBAN DISTRICTS.			RURAL DISTRICTS.		
Ashby-de-la-Zouch	....	53	Ashby-de-la-Zouch	....	281
Ashby Woulds	....	73	Barrow-on-Soar	....	711
Coalville	....	387	Billesdon	....	357
Hinckley	....	277	Blaby	....	526
Loughboro' Mun. Boro'	....	484	Castle Donington	....	146
Market Harborough	....	100	Hinckley	....	256
Melton Mowbray	....	239	Loughborough	....	119
Oadby	....	116	Lutterworth	....	162
Shepshed	....	74	Market Bosworth	....	420
Wigston	....	241	Market Harborough	....	125
			Melton Mowbray	....	251

Specimens were also received from :—

Markfield Sanatorium	....	128
Blaby Isolation Hospital	....	265
Hinckley „ „	....	274
Melton Mowbray „ „	....	568

INSPECTION AND SUPERVISION OF FOOD.

(a) **Milk Supply.**

Much time and attention by the County and local Public Health Officials has been devoted to the question of the milk supply, mainly with the object of obtaining a high standard of purity in the milk and the improvement of farm premises.

Elaborate cowsheds and costly dairy premises may not be essential to the production of clean milk, but properly constructed sheds and dairies greatly facilitate this end. A good sanitary environment for the cows, regular grooming and cleaning are vital factors, and are equally as important as a clean dairy. It is, however, emphasised that special and constant attention must be paid by the Public Health Authorities to farms and farm premises with a view to creating and sustaining a greater interest in their general management; to the necessity for the careful housing of the stock, and for scrupulous cleanliness at all stages of milk production and storage.

There is a real need for unified control and supervision of milk production, not only to secure a rational co-ordination of administration but also to relieve the producer from an embarrassing number of advisers, each with a separate objective and possibly a conflicting policy.

The District Authority is responsible for the supervision of the housing of milch cows, but the County Council is responsible for their health and inspection.

The County Education Authority undertakes instructional work in methods of producing "Clean Milk" but the District Authority has duties as to dairy premises, etc.

The County Police as the Food and Drugs Authority supervise milk as to its chemical content, whilst the County Council and the District Councils as Public Health Authorities not only require milk of proper chemical standard but are also concerned as to its bacteriological cleanliness.

The Authority which neglects to secure a reasonable structural standard in the cowsheds in its area nullifies the endeavours of the Authority whose aim is to secure healthy cows, and those Districts which fail to secure cleanliness of cowsheds, and cleanliness in production, hamper any efforts of clean milk production.

Those who inform a producer that his milk is good because it is of satisfactory chemical standard may obstruct another Authority which knows that such milk may be unsatisfactory and even badly contaminated from a bacteriological standpoint.

As regards the work of the District Sanitary Officers many are taking a keen interest in their work as their reports indicate.

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

All reports received from other Local Authorities showing the presence of tubercle bacilli in milk produced in the County are investigated by the Veterinary Department under the control of the Chief Veterinary Officer.

During the year the following 16 reports have been received :—
Birmingham C.B.C., 8 ; Coalville U.D.C., 2 ; Leicester C.B.C., 3 ; London C.C., 1 ; and Long Eaton U.D.C., 2.

These reports necessitated the examination of 347 milking and 48 dry cows contained in the suspected herds and in two cases second visits were necessary.

Arising from these examinations 50 individual and 50 bulk samples of milk and three samples of sputa were taken and examined microscopically by the veterinary staff. Nine of the milk samples and one sputum were positive ; the remaining milk samples were forwarded to Cambridge University for biological test.

The following show the results of the herds examined :—

Tuberculosis found on first inspection	....	....	11
Tuberculosis found on second inspection....	....	....	3
(including cases where tubercular 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	....	....	....	10
(b) Slaughtered and found tuberculous	....	....	....	—
(c) Found during routine inspection of the herd under the Milk and Dairies Order, 1926	....	....	....	3

In three cases no symptoms of tuberculosis could be found after clinical examination and the microscopical and biological examinations of control samples of milk taken from all the cows in the suspected herds were negative.

The Milk (Special Designations) Order, 1923.

"Certified."

There was one licensed producer of Certified Milk in the County on January 1st, 1935. During the year a further 2 new licences have been granted.

"Grade A (T.T.)."

The number of licensed producers of "Grade A (T.T.)" Milk in the County on the 31st December, 1935, was 2.

"Grade A."

The number of licensed producers of "Grade A" milk in the County on January 1st, 1935, was 25 ; and during the year 235 more licences were issued. Later one producer was granted a "Grade A (T.T.)" licence and one sold his farm, leaving a total of 258 producers on the register on December 31st.

The very large increase in the number of "Grade A" licences issued during the year was due to The Milk Marketing Board instituting the establishment of a Roll of Accredited Producers on May 1st, 1935.

The scheme provides for the payment of bonuses on milk produced under "Grade A" licences and does not extend beyond the production of "Grade A" milk.

Although the Accredited Milk scheme was sponsored by the Ministry of Agriculture and The Milk Marketing Board, it is essentially a Public Health measure. Its aims are greater purity of production with resulting increased milk consumption, with attendant benefits to the producer, by making the milk a safer article of food. All Public Health Officers should, therefore, be ready to do everything possible to assist the scheme.

(c) Provision of Milk for Elementary School Children.

Milk is provided for children in attendance at the Elementary Schools of the County in bottles of one-third of a pint complete with disc and straw. The cost to the parent is one half-penny per bottle.

The source of supply is in every case approved by the School Medical Officer prior to a contract being made and arrangements are in force for the frequent collection of samples from each school. The collection of samples is undertaken by a member of the staff of the School Medical Department and the bacteriological examinations of the milk are carried out in the County Laboratory. If a sample is found which does not conform to the required standard the Agricultural Department, which controls the arrangements for supply, are notified and the producer is warned that improvement is necessary. If after due warning there is no improvement the contract with the defaulting supplier is terminated.

During the year 412 samples of milk were collected and submitted to bacteriological examination at the County Laboratory. An analysis of the results of these examinations shows that :—193 or 47% contained less than 30,000 organisms per c.c. ; 144 or 35% contained between 30,000 and 200,000 organisms per c.c. ; 75 or 18% contained more than 200,000 organisms per c.c. ; and that :—325 or 79% contained no B. Coli in 1/10th c.c. ; 20 or 5% contained B. Coli in 1/10th c.c., but not in 1/100th c.c. ; 42 or 10% contained B. Coli in 1/100th c.c., but not in 1/1,000th c.c. ; 25 or 6% contained B. Coli in 1/1,000th c.c.

Of the milk supplied to the schools 74 per cent. was of "Grade A" quality. On bacteria count only this percentage was as high as 82. There has been a steady increase during the year in the amount of pasteurised milk supplied to the schools.

The arrangement with the Institute of Animal Pathology, Cambridge, for the biological examination of samples of milk was terminated in July. The number of samples submitted in the first half of the year was 59 and the results obtained were in every case negative.

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

	Dec. 1930	Dec. 1931	Dec. 1932	Dec. 1933	Dec. 1934	Dec. 1935
No. of schools receiving milk	111	163	174	179	201	*201 †8
No. of children receiving milk	8,681	7,943	6,870	6,600	18,503	*13,365 †693
No. of bottles supplied weekly	43,405	39,718	34,310	33,250	90,261	*65,944 †3,032
No. of gallons of milk weekly	1,808	1,655	1,430	1,385	3,761	*2,747 †126

*Elementary. †Secondary.

There is a marked decrease in the amount of milk supplied to the schools and in the number of children taking milk in comparison with December, 1934. The increased consumption noted during 1934 after the reduction of the price of the milk to one-halfpenny per bottle was followed by a gradual decline as the novelty wore off and as the publicity afforded to the advantages of milk in school ceased. It will be noted from the above table that notwithstanding this decrease during 1935 the amount of milk consumed in school is almost twice as great as in 1933.

Milk is supplied free to children who are under-nourished and whose parents are not in a position to pay for it. The following are the arrangements in force for this purpose :—

(1) The Head Teacher notifies the School Medical Officer of the names of children who in his opinion are suffering from malnutrition and who are not receiving school milk. Such notifications are made either on special forms for use by the Assistant School Medical Officers at routine inspections or by letter where necessary in the intervals of routine medical inspection. Such inspections of under-nourished children are, therefore, held (a) at the time of the routine inspections and (b) at such times as may be convenient to the Assistant School Medical Officers consistently with their other duties.

(2) After the Medical Inspection, the Medical Department send to the Agricultural Department a list of under-nourished children for whom milk is advised.

The Head Teachers, the School Managers and the Agricultural Department co-operate in authorising the supply of milk to these children,

in certifying the number of bottles supplied, and in assessing the ability of parents to pay for the milk in accordance with Section 83 (1) of the Education Act.

There are at present 419 children in 62 schools having milk free of cost. All of these children have been examined by Medical Officers and certified to be suffering from malnutrition and to require milk.

(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 1935 :—

458 samples were submitted for analysis, *viz.* 404 foods and 54 drugs. 32 samples were certified to be unsatisfactory, *i.e.* 15 Milk, 7 Dried Mint, 3 Sausage, 2 Sweet Spirit of Nitre, 1 Shredded Suet, 1 Coffee, 1 Potted Meat, 1 Chocolate Swiss Roll, and 1 Ammoniated Tincture of Quinine.

Proceedings were taken in 16 cases (10 milk, 3 dried mint, 2 sausage, and 1 sweet spirit of Nitre). Convictions were obtained in 8 cases, and 8 cases were dismissed on payment of costs. The total fines and costs amounted to £49 . 7 . 6.

Owing to careless dispensing the unsatisfactory sample of Ammoniated Tincture of Quinine was found to contain only 1.7% of quinine sulphate. The vendor was cautioned by the Chief Constable.

The vendor of one of the samples of Coffee was also cautioned by the Chief Constable as, in ignorance, she had supplied a mixture of Coffee and Chicory, when Coffee was asked for.

The samples of Dried Mint which were found to contain a percentage of Ailanthus leaf (Tree of Heaven) were from various wholesale packers and vendors. Proceedings were instituted against the vendor in one case, the vendor and the packers in another and in the third case the Chief Constable communicated with the packers who promised to have existing stocks collected. In the fourth case the packers of the unsatisfactory sample were communicated with and informed of the adulteration. The case against the vendor was dismissed on payment of costs and in the cases against the packers and vendor, the packers were fined and ordered to pay costs and the vendor ordered to pay costs.

LEICESTERSHIRE COUNTY SANATORIUM AND ISOLATION HOSPITAL, MARKFIELD.

Report by the Medical Superintendent.

	1935	1934	1933
Beds provided	180	180	180
No. of cases on 1st January	213	163	111
No. of cases admitted	984	890	464
No. of cases discharged	1024	839	412
No. of cases on 31st Dec.	172	214	163

The work of the Sanatorium and Isolation Hospital during 1935 has again been exceptionally heavy and the average number of beds occupied daily throughout the year has been 204, *i.e.* 119.98 Tuberculosis and 84 Infectious Diseases.

The epidemic of Scarlet Fever has continued with almost unabated force during the whole of the year and the incidence of Diphtheria increased so that a peak level of 106 cases of Infectious Diseases was reached on two occasions. At the same time the already high degree of usage of the Tuberculosis bed accommodation was slightly raised and the number of investigations and special treatments necessary has mounted to a very high level.

Improvements have been made to the X-ray department by the addition of "shock-proof" equipment and progress in the Hospital grounds and farm has been continued by the provision of a water-storage pool, in case of fire, which also acts as a swimming pool much appreciated by the Staff, and by a new cowshed embodying many improvements.

TUBERCULOSIS.

		1935	1934	1933
Beds Provided	Men	52	52	52
	Women	52	52	52
	Children	22	22	22
	Total	126	126	126
No. of cases on 1st January	Men	49	51	48
	Women	51	49	52
	Children	15	22	11
	Total	115	122	111
No. of cases admitted	Men	142	123	123
	Women	117	135	118
	Children	46	45	62
	Total	305	303	303
No. of cases discharged	Men	147	125	120
	Women	127	133	121
	Children	43	52	51
	Total	317	310	292
No. of cases on 31st December	Men	44	49	51
	Women	41	51	49
	Children	18	15	22
	Total	103	115	122

The average number of beds occupied daily throughout the year was $119.98 = 95.2\%$.

The average duration of treatment was 150.6 days (men 144.4, women 154, children 160.8), excluding those patients who did not stay for four weeks.

No material change has been made in the routine and regime of the treatment of cases of pulmonary tuberculosis. Particular attention is paid to the adequate period of complete rest which I am of the opinion is essential if the best results are to be attained.

The average stay in the Sanatorium has altered very little, the aim being to retain the early curable group as long as necessary, the intermediate group only until the general condition becomes satisfactory, and the advanced group as long as the home conditions make such segregation desirable. An analysis of this policy is tabulated below: further tables later in this report show satisfactory evidence of the efficacy of treatment in those cases admitted before the extent of disease makes the outlook hopeless.

Average Stay of Tuberculosis Patients during 1935.

Classification on Admission.	MEN.		WOMEN.		CHILDREN.	
	No. of Pts.	Average Stay-Days.	No. of Pts.	Average Stay-Days.	No. of Pts.	Average Stay-Days.
Pulmonary						
T.B. Negative	35	138	26	138	33	169
T.B. Pos.—Group 1	5	95	4	182	—	—
T.B. Pos.—Group 2	53	162	40	188	—	—
T.B. Pos.—Group 3	31	141	28	154	1	438
Non-Pulmonary						
Bones and Joints	—	—	1	40	1	418
Abdomen	3	113	6	136	7	197
Other Organs	4	135	3	162	—	—
Glands	1	144	—	—	2	192
* Observation	2	28	8	42	9	46

* In addition 2 patients admitted for Observation were notified and retained for treatment.

The various special methods of treatment and investigations are all performed by members of the Medical Staff and are shown under their own headings.

Religious services are held weekly and additional games and entertainments have been provided for the patients who also perform a certain amount of work in their wards and the grounds, graduated according to their physical condition.

Artificial Pneumothorax.

Treatment by the collapsing of the diseased lung has been carried out on all suitable cases, *i.e.* those in whom the disease is limited entirely or mainly to one lung and who do not respond rapidly to the

ordinary regime of sanatorium treatment and cases who develop hæmoptysis. The progress of the collapse and its effect on the other lung and the general condition is controlled by frequent X-ray examinations and estimation of the rate of red-blood-cell sedimentation.

During 1935, the number of cases treated by this method has increased to 30 as compared with 23 and 17 in the two previous years, and the number of refills carried out amounted to 504.

In 9 of these cases, the course of treatment was concluded satisfactorily, the lung being allowed to re-expand and the patients remained in good health. At the end of the year, 14 cases were still undergoing collapse of the lung; 2 others had left the County and in 5 cases the treatment had to be abandoned.

Aurotherapy.

"Gold Treatment" was instituted in 36 cases during 1935, Crisalbine being the compound utilised and the solution is injected directly into the blood stream.

31 cases were T.B. Positive and 5 cases were T.B. Negative but the treatment was abandoned in 6 patients owing to reactions and has not been completed in 4 others, leaving 26 cases to be reviewed.

8 cases became quiescent.

9 out of 21 T.B. Positive cases became T.B. Negative.

17 cases had their blood-sedimentation rate improved to within normal limits.

Blood Sedimentation Rate.

This test is carried out by a method modified by myself which enables large numbers of estimations to be performed with rapidity and ease.

During the year, 1812 tests were made, comparison of the results obtained by successive tests proving a very reliable method of assessing the progress of the patient and the effect on him of any special therapeutic method.

Heliotherapy.

Artificial Sunlight treatment is confined almost entirely to the children but a few cases of non-pulmonary disease in adults have been treated.

Disease.	No. of Cases.	No. of Treatments
Abdomen	17	478
Glands	3	170
Genito-Urinary	4	110
Miscellaneous	4	95
Total	28	853

Mantoux Reaction.

This investigation, a skin test utilising Tuberculin, is performed on children and those adults admitted for Observation with a view to diagnosis, and its value is, in my opinion, principally a negative one.

During the year, 71 tests were carried out, 45 being positive and 26 negative.

X-Ray Department.

The work of this branch of the Sanatorium shows a further advance, 1246 investigations having been performed as compared with 1106 and 865 in the two previous years.

All the examinations by X-rays are made by the Medical Superintendent, not only on in-patients during the course of treatment but also as a diagnostic measure on those cases sent by the Tuberculosis Officers.

Screening.	In-patients	....	....	....	....	463
	Sent by Tuberculosis Officers	....	....	....	....	251
					—	714
Films.	In-patients	....	....	....	....	265
	Sent by Tuberculosis Officers	....	....	....	....	260
	Sent by Orthopædic Clinic	....	....	....	....	7
					—	532
Total of investigations						1,246

Laboratory.

The subjacent list tabulates the numbers of laboratory investigations which are all performed by the Medical Staff. During 1935, the total number shows a very substantial increase, more than double that of two years ago.

Sputum from the Tuberculosis patients is being examined once a month in all T.B. Positive cases and for six consecutive weeks in the T.B. Negative cases as in previous years.

The rise in this year's figures is due mainly to (1) the greater number of cases of Diphtheria treated, (2) the advisability of obtaining three negative cultures from nose and throat before allowing these patients to be discharged, (3) cultures being taken from the nose and throat of all Scarlet Fever patients on admission as a measure of protection against Diphtheria carriers.

Sputum for Tubercle Bacilli	....	....	1,370
Pleural effusion for Tubercle Bacilli	....	....	12
Urine for Tubercle Bacilli	....	....	25
Cultures for Diphtheria Bacilli	....	....	2,347
Smears	....	....	24
Cerebro-spinal fluid	....	....	23
Blood counts	....	....	7
Total	....	....	3,808

Types of Case and Results of Treatment.

317 cases were discharged during 1935 and the results of treatment set out as required by the Ministry of Health are to be found at the end of this report.

Of this total, there were 236 cases of Pulmonary Tuberculosis in adults and 24 in children, while 29 were cases of Non-pulmonary Tuberculosis: in addition 30 patients were admitted for Observation but 2 of these were accepted and retained for treatment and appear also in their proper group.

In the tables following, I have analysed the types of case and the results of treatment according to the various groups.

1.—Pulmonary Tuberculosis in Adults.

Classification.	Number of Cases.	Result.		Gained Weight.	Lost Sputum or Bacilli.
		Quiescent.	Died.		
T.B. Negative	68	72%	4%	81%	—
T.B. Pos.—Group 1	9	89%	—	89%	78%
T.B. Pos.—Group 2	95	29%	3%	76%	51%
T.B. Pos.—Group 3	64	2%	34%	39%	10%

Of the total 236 cases, 36% became quiescent, 12% died and 67% gained weight.

Of the 168 T.B. Positive cases, 37% lost their sputum or the bacilli from their sputum.

2.—Pulmonary Tuberculosis in Children.

Classification.	No. of Cases	Result.		Gained Weight.
		Quiescent.	Died.	
T.B. Negative	23	91%	—	91%
T.B. Pos.—Group 3	1	—	—	—

3.—Non-pulmonary Tuberculosis.

Classification.	No. of Cases.	Result.	
		Quiescent.	Died.
Bones and Joints	1 adult	—	—
	1 child	100%	—
Abdomen	10 adults	70%	10%
	7 children	71%	14%
Glands	1 adult	—	—
	2 children	100%	—
Other Organs	7 adults	100%	—
	— children	—	—

The cases of Tuberculosis of "Other Organs" are made up as follows:—
1 Lupus of Larynx, 1 Lupus of Skin, 3 Kidney disease, 2 Epididymis.

4.—Cases admitted for Observation and Diagnosis.

20 adults :—1 accepted as tuberculous, retained for treatment and became quiescent : 19 discharged as not suffering from active tuberculosis.

10 children :—1 accepted as tuberculous, retained for treatment and became quiescent : 9 discharged as not suffering from active tuberculosis.

INFECTIOUS DISEASES.

	1935	1934	1933
Beds provided	54*	54	54
No. of cases on 1st Jan.	98	42	—
No. of cases admitted	679	587	161
No. of cases discharged	707	529	120
No. of cases on 31st Dec.....	84	99	41

* In addition, temporary accommodation for 20 convalescent cases was utilised.

The average number of beds occupied daily throughout the year was 84 as compared with 67 in 1934 and the number of patients under treatment rose to peak levels of 104 and 106 in February and April respectively.

The average age of all patients was 12 years.

Scarlet Fever.

	1935	1934	1933
No. of cases on 1st Jan.	87	16	—
No. of cases admitted	518	516	122
No. of cases discharged	563	445	106
No. of cases on 31st Dec.....	42	87	16

The diagnosis was not confirmed in 3 cases but Scarlet Fever occurred in an additional 8 cases admitted as suffering from Diphtheria.

No material diminution in the severity of the epidemic of Scarlet Fever occurred during 1935 and the accommodation in the temporary building for convalescent cases proved useful. However, the rise in incidence of Diphtheria in the latter half of the year compelled the evacuation of the appropriate ward to allow of the treatment of that disease so that the strain on the resources of the Hospital remained high throughout the year.

Of the 563 cases discharged, 129 were adults and 434 children, the average age being 11 years.

The practice of maintaining isolation in hospital until the end of the sixth week of disease was continued so that the average duration of treatment was 43.9 days.

Treatment by the injection of serum was reserved for the more acute and severe cases, being given in 276 cases and 2 deaths occurred, one being due to a coincident Measles Broncho-pneumonia.

Complications arising during treatment were as follows :—

Otorrhœa	32	Heart disease	2
Mastoiditis	1	Nephritis	7
Rheumatism	6	Panophthalmitis	1
Relapse	14	Sinusitis	1

Diphtheria.

	1935	1934	1933
No. of cases on 1st Jan.	10	23	—
No. of cases admitted	137	36	37
No. of cases discharged	120	48	14
No. of cases on 31st Dec.	27	11	23

Of the 120 cases discharged the disease affected the Larynx in 14, Fauces in 97, Nose in 3, and the Scalp in 1: in 5 cases the diagnosis was not confirmed but in addition, Diphtheria occurred in 27 cases admitted as suffering from Scarlet Fever.

22 were adults and 98 children, the average age being 11 years.

The average duration of treatment was 38 days.

105 cases were given antitoxin by the intramuscular or intravenous route, the average dose being 34,000 units.

11 deaths occurred, 6 being within 24 hours of admission. Complications arising during treatment were as follows :—

Paralysis	{ Peripheral	....	....	9
	{ Cardiac	....	....	3
Otorrhœa	....	....	....	5
Nephritis	....	....	....	1

Cerebro-Spinal Fever.

3 cases were admitted but the diagnosis was not confirmed in 2 cases (1 Pneumonia who died and 1 Cerebral Tumour).

The average duration of treatment was 30 days and repeated lumbar puncture and injection of serum was performed.

Typhoid Fever.

9 patients were discharged during the year but in 1 case the diagnosis was not confirmed (Pneumonia) and 2 deaths occurred.

All except 1 case were adults, the average age being 26 years and 3 cases were members of the same family.

The average duration of treatment was 45 days and 3 cases developed serious intestinal hæmorrhages.

Puerperal Fever.

10 cases notified as puerperal infection were treated during the year but of these 1 was found to be suffering from a Pyelo-nephritis and 2 from Pneumonia (from which death occurred).

The average stay was 26 days and 1 patient died.

Erysipelas.

11 cases of Erysipelas were discharged, the disease occurring on the face in 8 cases and on the limbs in 3 cases.

The average duration of treatment was 16 days and no deaths occurred.

STAFF.

All members of the Staff resident in the Hospital receive medical treatment, when necessary, by the Medical Superintendent under the N.H.I. scheme: the following is a list of ailments:—

Tonsillitis	....	....	12	Ear Discharge	....	3
Scarlet Fever	....	....	3	Fractured Rib	....	1
Measles	....	....	1	Cuts and sepsis	....	21
Tuberculosis	....	....	1	Major Operation	....	1
Miscellaneous				14		

All new members of the Staff are tested for immunity to Diphtheria and Scarlet Fever by the Schick and Dick tests, and, if found to be susceptible, are given a course of injections followed by further tests before being employed in the infectious diseases ward.

Schick Tests	38	Diphtheria Immunisations	17
Dick Tests	34	Scarlet Fever Immunisations	10

Lectures and ward training have been continued and during the year 6 Nurses passed the Preliminary and 9 passed the Final Examination of the Tuberculosis Association.

The Hospital has now been recognised by the General Nursing Council as a complete training school for the Fever Certificate.

H. SELBY,
Medical Superintendent.

Table A.
Return showing the immediate results of treatment of definitely tuberculous patients discharged during the year 1935.

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.												Grand Totals
		Under 3 months.			3-6 months.			6-12 months.			More than 12 months.			Totals.
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
PULMONARY TUBERCULOSIS.	Class T.B. minus.	5	4	3	19	16	10	4	1	8	—	—	—	21
	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—
	Not quiescent	3	2	1	5	5	—	1	—	1	—	—	—	2
	Died in Institution	2	1	—	—	—	—	—	—	—	—	—	—	—
	Grand Total	2	4	3	19	16	10	4	1	8	—	—	—	70
PULMONARY TUBERCULOSIS.	Class T.B. plus. Group I.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—
	Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—
	Grand Total	—	—	—	—	—	—	—	—	—	—	—	—	—
PULMONARY TUBERCULOSIS.	Class T.B. plus. Group II.	1	1	—	7	6	—	9	4	—	—	—	—	11
	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—
	Not quiescent	8	1	—	16	11	—	12	15	—	—	—	—	28
	Died in Institution	1	—	—	1	—	—	—	1	—	—	—	—	2
	Grand Total	10	2	—	24	17	—	21	16	—	—	—	—	36
PULMONARY TUBERCULOSIS.	Class T.B. Plus. Group III.	—	4	—	—	4	—	—	8	—	—	—	—	12
	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—
	Not quiescent	3	—	—	—	—	—	—	—	—	—	—	—	3
	Died in Institution	9	7	—	—	4	—	—	1	—	—	—	—	16
	Grand Total	12	11	—	—	4	—	—	1	—	—	—	—	25
TOTALS (pulmonary)		34	20	4	68	48	10	30	33	9	1	2	1	103
NON-PULMONARY TUBERCULOSIS.	Bones and Joints.	—	1	—	—	—	—	—	—	—	—	—	—	1
	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—
	Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—
	Grand Total	—	1	—	—	—	—	—	—	—	—	—	—	1
NON-PULMONARY TUBERCULOSIS.	Abdominal.	—	1	—	—	—	—	—	—	—	—	—	—	1
	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—
	Not quiescent	1	2	1	—	—	—	—	—	—	—	—	—	4
	Died in Institution	1	—	—	—	—	—	—	—	—	—	—	—	2
	Grand Total	2	2	1	—	—	—	—	—	—	—	—	—	5
NON-PULMONARY TUBERCULOSIS.	Other Organs.	1	—	—	2	2	—	1	1	—	—	—	—	4
	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—
	Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—
	Grand Total	—	—	—	—	—	—	—	—	—	—	—	—	—
NON-PULMONARY TUBERCULOSIS.	Peripheral glands.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—
	Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—
	Grand Total	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS (non-pulmonary)		3	4	1	4	5	2	1	2	6	—	—	—	11
TOTALS		37	24	5	72	53	12	31	35	15	1	2	1	114

NOTE: The following Observation Cases (Non-Tuberculous) were also discharged during the year, M.-6. F.-13. Ch.-9

TUBERCULOSIS.

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

This year has been noteworthy owing to the fact that the City boundaries having been extended, certain areas have passed to the control of the Leicester City Authorities. The large housing estate at Saffron Lane which was partly in the County and partly in the City is now wholly in the City, while the Braunstone Estate has also been taken into the new City boundaries. In addition there have been certain other areas on the immediate outskirts of the City which have been taken out of the hands of the County Authorities. The total loss of population was 20,244.

The result has been that a considerable number of consumptives are now no longer in the County, the number being somewhere in the region of 170.

This transference of patients took place at the end of March and consequently the figures quoted this year are, for three months to include these transferred areas, and nine months with the County in its present form. These changes have affected the figures to some extent, especially with regard to notifications and deaths. On the other hand it was found that there were very few cases of surgical tuberculosis in the transferred areas and the number of attendances at the Out-patient dispensaries has not been affected to any extent. As a matter of fact it has been found possible now to keep a better control over the cases, through their more frequent attendance at the dispensaries.

It seems likely that the great increase in housing accommodation that is taking place near the present boundaries of the County will shortly bring the population up to its old level and that in a few years there will be little difference between the present figures and those obtaining before the transference took place.

Prevalence of Tuberculosis.

It will be noticed that the number of notifications of pulmonary tuberculosis has decreased by 61 while there has been a decrease also in the number of deaths by 22. This decrease in the number of deaths is more than it seems as the low figure for 1934 was a record for the County. The figures for 1935 are :—Notifications 213, Deaths 161, Death Rate 0.54. The average numbers of the last five years are :—Notifications 300, Deaths 203, Death Rate 0.65. The Death Rate of 0.54 is the lowest on record.

There were 75 notifications of Non-Pulmonary Tuberculosis as against 88 in 1934. The number of deaths was 34 as against 41 last year, and the Death Rate remains practically the same as last year being 0.12.

The total number of notifications for 1935 is therefore 288 as against 362 last year, and the deaths 195 as against 224.

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 not been so heavy as in previous years but for a certain period during the year there was a scarcity of men's beds. It is hoped that in the future there will be no long waiting for admission as there has been at times in the past. The work of Markfield Sanatorium is included elsewhere in this report in a separate account by Dr. Selby.

At Melton Mowbray Isolation Hospital there are six beds for advanced cases and these for the most part have been occupied during the past year.

Public Assistance Infirmaries.

A certain number of shelters are available 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 5,069 which is an increase of 88 on the number for 1934.

X-ray photographs have been taken at Markfield Sanatorium when necessary, for cases of Pulmonary Tuberculosis. The number taken was 566 which includes 251 screenings, and this is an increase of 63 actual photographs over the previous year.

The number of specimens of sputum examined was 573 which is practically the same as last year.

C. Domiciliary Work.

(i). *Shelters*—Twelve new shelters were obtained to replace old and worn out ones and these have all been taken into use. There are still about 70 shelters available for loan to patients and of this number two are in use at the Melton Isolation Hospital.

(ii). *Nursing of Advanced Cases*—This part of the scheme has been carried out by the County Nursing Association, and 4,710 visits have been paid by the District Nurses.

(iii). *Extra Nourishment*—Approximately £400 has been expended on 85 patients, practically the same amount as last year. 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 £90 on 31 patients as against £58 for 27 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 1,720 (Dr. Coward 862, Dr. Lane 858) visits to patients' homes. The Health Visitors paid 5,282 and the District Nurses 4,710 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 £5,200 to £5,000 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 patient 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, 2 Assistant Nurses.
MARKET HARBOROUGH	50	1 Head Nurse, 8 Assistant Nurses.
MELTON MOWBRAY	48	1 Head Nurse, 1 Trained 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.

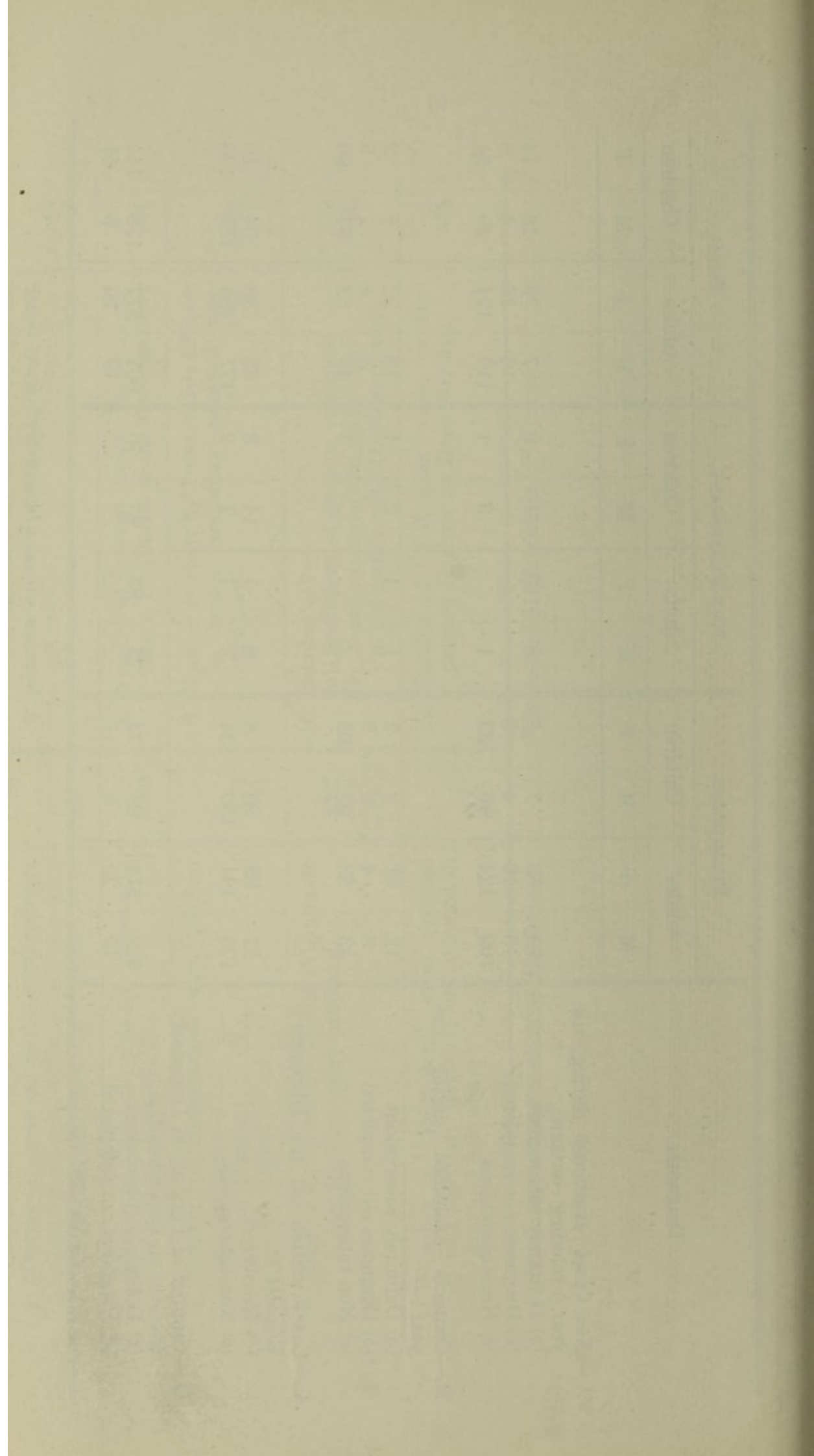
* Additional Staff engaged as required.

Diagnosis.	PULMONARY.				NON-PULMONARY.				TOTAL.			
	Adults		Children		Adults		Children		Adults		Children	
	M	F	M	F	M	F	M	F	M	F	M	F
A.—New Cases examined during the year (excluding contacts) :—												
(a) Definitely tuberculous ...	99	63	7	5	8	13	11	9	107	76	18	14
(b) Diagnosis not completed ...	16	16	4	6	...	...	...	...	16	16	4	6
(c) Non-tuberculous ...	109	124	46	33	1	...	3	1	110	124	49	34
B.—Contacts examined during the year :—												
(a) Definitely tuberculous ...	12	21	3	2	1	1	2	1	13	22	5	3
†(b) Diagnosis not completed ...	3	4	2	5	...	...	...	...	3	4	2	5
(c) Non-tuberculous ...	43	53	97	95	...	...	...	1	43	53	97	96
C.—Cases written off the Dispensary Register as												
(a) Recovered ...	27	35	20	8	6	1	14	8	33	36	34	16
(b) Non-tuberculous ...	175	194	150	134	2	1	7	2	177	195	157	136
D.—Number of Persons on Dispensary Register on December 31st :—												
(a) Definitely tuberculous ...	528	514	85	74	73	63	93	70	601	577	178	144
(b) Diagnosis not completed ...	19	20	6	11	...	...	...	...	19	20	6	11

1. Number of cases on Dispensary Register on January 1st, 1935 ...	1759	2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ...	22
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ...	216	4. Cases written off during the year as Dead (all causes) ...	145
5. Number of attendances at the Dispensary (including Contacts) ...	5069	6. Number of Insured Persons under Domestic Treatment on the 31st December	101
7. Number of consultations with medical practitioners :— (a) Personal ... (b) Other ...	171 741	8. Number of visits by Tuberculosis Officers to homes (including personal consultations) ...	1720
9. Number of visits by Health Visitors to homes for Dispensary purposes ...	5282 + 4710 Nursing visits by C.N.A.	10. Number of :— (a) Specimens of sputum, examined ... (b) X-ray examinations made ... in connection with Dispensary work	573 *566
11. Number of "Recovered" cases restored to Dispensary Register, and included in A(a) and A(b) above ...	Nil.	12. Number of "T.B. plus" cases on Dispensary Register on December 31st ...	475

† Remaining undiagnosed on 31/12/35.

* Includes 251 Screenings.



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., 1934.	Number of patients sent by the Council during the year ended December 31st, 1935.	Number of patients sent by the Council who were discharged or died in the Institution during the year ended 31st December, 1935.	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, 1935.
(1)	(2)		(3)	(4)	(5)	(6)	(7)	(8)
County Sanatorium, Markfield.	Male Adults (52 beds)	P	50	142	147	*19531	133	45
	Female Adults (52 beds)	P	50	116	127	†18107	143	39
	Children (22 beds)	P	15	46	43	‡6913	161	18
Melton Isolation Hospital (T.B. Block) Melton Mowbray.	Female Adults (8 beds)	AP	4	11	12	2119	177	3
Holy Cross Sanatorium, Haslemere	Female Adult	P	1	—	1	514	514	—
Harlow Wood Orthopædic Hospital, Mansfield, Notts.	Male Adults	S	2	2	1	545	545	3
	Children	S	4	3	3	835	278	4
	Female Adults	S	—	1	—	—	—	1
Hospital of St. Cross, Rugby.	Female Adults	S	1	—	1	377	377	—
	Male Adults	S	—	2	1	78	78	1
Leicester City General Hospital, Leicester.	Male Adults	S	7	11	14	2462	176	4
	Female Adults	S	6	6	7	1336	191	5
	Children	S	8	7	5	1958	392	10
National Children's Home Sanatorium, Harpenden, Herts.	Children	P	1	—	1	1416	1416	—
Brompton Hospital, London.	Male Adults	P	—	1	1	28	28	—
Warwickshire Orthopædic Hospital, Coleshill.	Children	S	7	5	6	4230	705	6
TOTALS			156	353	370	60449	163	139

*22 patients stayed less than 6 weeks—average stay of remainder was 152 days.

†19 " " " " " " " " " " 163 "

‡7 " " " " " " " " " " 185 "

P—Pulmonary Tuberculosis.

S—Surgical Tuberculosis.

AP—Advanced Pulmonary Tuberculosis.

T.B. 3.—Return shewing the immediate results of treatment of patients discharged from Residential Institutions during the year 1935.

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	3	3	3	18	19	10	4	2	7	—	—	—	69
		Not quiescent	2	—	1	5	4	—	1	1	1	—	—	—	15
		Died in Institution	1	—	—	—	—	—	—	—	—	—	—	—	1
	Class T.B. plus Group 1.	Quiescent	2	—	—	2	2	—	—	2	—	—	—	—	8
		Not quiescent	—	—	—	1	—	—	—	—	—	—	—	—	1
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—
	Class T.B. plus Group 2.	Quiescent	1	1	—	7	5	—	9	5	—	—	—	—	28
		Not quiescent	5	2	—	17	14	—	12	18	—	—	1	—	69
		Died in Institution	1	—	—	1	—	—	—	1	—	—	—	—	3
	Class T.B. plus Group 3.	Quiescent	—	—	—	—	—	—	—	1	—	—	—	1	2
		Not quiescent	2	5	—	17	4	—	4	7	—	1	—	1	41
		Died in Institution	6	5	—	—	5	—	—	2	—	—	1	—	19

256

In addition 31 cases who had been admitted for observation purposes, were discharged during the year, 3 as "definitely tuberculous" and 28 as "Non-Tuberculous."

Non-Pulmonary Tuberculosis.

Bones and Joints :—	Quiescent	....	....	....	....	....	20
	Not Quiescent	....	....	....	....	....	17
	Died	....	....	....	....	....	—
Abdominal :—	Quiescent	....	....	....	....	....	12
	Not Quiescent	....	....	....	....	....	2
	Died	....	....	....	....	....	2
Other Organs :—	Quiescent	....	....	....	....	....	7
	Not Quiescent	....	....	....	....	....	—
Peripheral Glands :—	Quiescent	....	....	....	....	....	2
	Not Quiescent	....	....	....	....	....	1
							63

Note.—A further 20 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	Whole County
1930	Lungs Other	136 39	172 44	308 83	81 14	102 25	183 39	0.67 0.12	0.59 0.14	0.62 0.13
1931	Lungs Other	135 33	190 66	325 99	75 16	135 30	210 46	0.62 0.13	0.74 0.16	0.6 0.15
1932	Lungs Other	133 41	185 42	318 83	93 26	132 28	225 54	0.76 0.21	0.71 0.16	0.73 0.17
1933	Lungs Other	128 31	147 51	275 82	86 15	128 26	214 41	0.70 0.12	0.69 0.14	0.69 0.13
1934	Lungs Other	126 33	148 55	274 88	77 17	106 24	183 41	0.62 0.14	0.56 0.13	0.59 0.13
Average for above 5 years.	Lungs Other	132 35	168 52	300 87	82 18	121 26	203 44	0.67 0.14	0.66 0.15	0.65 0.14
1935	Lungs Other	106 36	107 39	213 75	82 18	79 16	161 34	0.68 0.15	0.44 0.09	0.54 0.12

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	....	....	....¹	....	....	....	2	....
1 to 5	1	1	12	7 ¹	....	1	6	4
5 to 15	5 ²	6 ³	17 ²	15 ³	....	4	3	5
15 to 25	33 ⁸	31 ⁴	6 ¹	3	18	21	2	2
25 to 45	42 ⁴	52 ²⁰	6 ¹	8	34	35	4	2
45 to 65	24 ⁵	8 ³	1	 ¹	26	13	1	2
65 and upwards....	8 ¹	2	 ¹	....	6	3	1	....
Total	113 ²⁰	100 ³⁰	42 ⁶	33 ⁵	84	77	19	15

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.

* 13 of the deaths were of non-notified cases.

District.	Estimated Population Mid-Year.	Population for Statistical Purposes.	NOTIFICATION OF TUBERCULOSIS.			DEATHS FROM TUBERCULOSIS.				
			Pulmonary	Attack Rate.	Non- Pulmonary.	Attack Rate.	Pulmonary.	Death Rate.	Non- Pulmonary.	Death Rate.
Ashby-de-la-Zouch	5200	5200	2	.38	2	.38	2	.38	—	—
Ashby Woulds	3232	3232	2	.62	3	.93	1	.31	2	.62
Coalville	21890	21890	17	.78	5	.23	14	.64	5	.23
Hinckley	17448	17440	26	1.49	10	.57	15	.86	2	.11
Loughborough	27288	27300	21	.77	4	.15	21	.77	1	.04
Market Harborough	9480	9480	6	.63	2	.21	7	.74	—	—
Melton Mowbray	10788	10810	9	.83	3	.28	4	.37	2	.19
Oadby	5086	5086	3	.59	1	.20	4	.79	2	.39
†Quorn	653	—	—	—	1	—	—	—	1	—
Shepshed	5840	5840	11	1.88	1	.17	7	1.20	—	—
*†Thurmaston	980	—	2	—	1	—	—	—	1	—
Wigston Magna	11925	11800	7	.59	3	.25	7	.59	2	.17
TOTALS	119810	118078	106	.90	36	.30	82	.68	18	.15
Ashby-de-la-Zouch	17650	17650	4	.23	6	.34	4	.23	1	.06
*Barrow-on-Soar	36327	37562	25	.67	5	.13	17	.45	2	.05
†Belvoir	721	—	1	—	—	—	—	—	—	—
*Billesdon	7440	5890	1	.17	—	—	1	.17	1	.17
*Blaby	29590	27100	17	.63	11	.41	17	.63	2	.07
Castle Donington	6550	6550	3	.46	1	.15	2	.31	—	—
†Hallaton	390	—	—	—	—	—	—	—	—	—
Hinckley	18125	18080	22	1.22	2	.11	14	.77	3	.17
Loughborough	3990	3640	2	.55	—	—	1	.27	—	—
Lutterworth	10717	10720	—	—	1	.09	3	.28	3	.28
Market Bosworth	24008	23998	19	.79	4	.17	12	.50	3	.13
Market Harborough	8338	8728	7	.80	4	.46	6	.69	1	.11
Melton Mowbray	16544	17242	6	.35	5	.29	2	.12	—	—
TOTALS	180390	177152	107	.60	39	.12	79	.44	16	.09

* From 1/4/35 altered in area and population owing to County of Leicester Review Order, 1935.

† Absorbed from 1/4/35 by adjacent districts.

TABLE 1.—VITAL STATISTICS.

	LEICESTERSHIRE COUNTY, 1935						ENGLAND AND WALES.		
	Urban		Rural		Whole County		Rates		
	No.	Rates	No.	Rates	No.	Rates			
Population (Est. Mid-year, 1935)	118,078		177,152		295,230				
(For Statistical Purposes)	119,810		180,390		300,200				
Live Births	1706	14.2	2592	14.4	4298	14.3	14.7		
Deaths (all causes and all ages)	1265	10.56	1986	11.01	3251	10.83	11.7		
„ (under one year)....	90	*53	131	*50	221	*51	*57		
„ (Zymotic)	28	0.23	30	0.17	58	0.19	....		
Deaths from :—									
Small Pox ....	....	....	....	....	....	....	....		
Measles	3	0.02	7	0.04	10	0.03	0.03		
Whooping Cough	3	0.02	4	0.02	7	0.02	0.04		
Diphtheria	14	0.12	8	0.04	22	0.07	0.08		
Scarlet Fever	5	0.04	3	0.02	8	0.03	0.01		
**Diarrhoea (under 2 yrs.)	3	*1.76	6	*2.31	9	*2.09	*5.7		
							Percentages of Total Deaths.		
The seven chief causes of death were :—							Urban	Rural	Wh'le C'n'ty
Heart Disease	265	2.21	466	2.58	731	2.43	20.9	23.5	22.5
Cancer	185	1.54	259	1.44	444	1.48	14.5	13.0	13.7
Cerebral Hæmorrhage	91	0.76	123	0.68	214	0.71	7.2	6.2	6.6
Senility	91	0.76	93	0.52	184	0.61	7.2	4.7	5.7
Phthisis	82	0.68	79	0.44	161	0.54	6.5	4.0	5.0
Pneumonia	55	0.46	88	0.49	143	0.48	4.3	4.4	4.4
Congenital Debility	56	0.47	82	0.45	138	0.46	4.4	4.1	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 0.02 ; Rural 0.03 ; Whole County 0.03.

TABLE 2.—BIRTH-RATES, DEATH-RATES AND ANALYSIS OF MORTALITY IN THE YEAR 1935.

	RATE PER 1,000 POPULATION.		ANNUAL DEATH-RATE PER 1,000 POPULATION.											NOTIFICATIONS.							RATE PER 1,000 LIVE BIRTHS.	
	Live Births.	Still-Births.	All Causes.	Typhoid and Paratyphoid Fevers.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Erysipelas.	Pneumonia.	Diarrhoea and Enteritis (under two years).	Total Deaths under One Year.			
England and Wales	14.7	0.62	11.7	0.00	0.00	0.03	0.01	0.04	0.08	0.18	0.52	0.00	2.96	1.60	0.04	0.42	1.15	5.7	57			
121 County Boroughs and Great Towns, including London	14.8	0.68	11.8	0.00	0.00	0.04	0.01	0.04	0.09	0.16	0.45	0.00	3.19	1.96	0.04	0.48	1.36	7.9	62			
140 Smaller Towns (Estimated Resident Populations 25,000 to 50,000 at Census, 1931)	14.8	0.64	11.2	0.00	0.00	0.03	0.01	0.03	0.07	0.17	0.41	0.00	2.75	1.34	0.06	0.37	0.98	3.8	55			
London Administrative County	13.3	0.52	11.4	0.00	0.00	0.00	0.01	0.04	0.06	0.11	0.51	0.00	2.64	2.25	0.05	0.45	0.89	11.2	58			

The maternal mortality rates for England and Wales are as follows: per 1,000 Live Births

.....	1.68	2.42	4.10
.....	1.61	2.32	3.93
.....	Puerperal Fever	Puerperal Pyrexia.	
.....	3.60	9.44	
.....	4.55	11.14	
.....	2.76	8.25	
.....	4.32	11.89	

NOTIFICATIONS.—

England and Wales

121 County Boroughs and Great Towns, including London

140 Smaller Towns (Estimated Resident Populations 25,000 to 50,000 at Census, 1931)

London Administrative County

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	288	284	22
Scarlet Fever	1,205	1,006	8
Enteric Fever	10	11	2
Pneumonia	317	—	143
Puerperal Fever	6	} 12	7
Puerperal Pyrexia	19		10
Erysipelas	119	27	—
<i>Other Diseases generally notifiable :—</i>			
Ophthalmia Neonatorum	11	—	—
Tuberculosis—Lungs	209	—	161
„ other forms	77	—	34
Encephalitis Lethargica	—	—	9
Poliomyelitis	37	15	10
Polio-encephalitis	1	—	1
Meningitis	—	6	—
Cerebro Spinal Fever	2	—	—
<i>Diseases notified locally :—</i>			
Chicken-pox	2	—	—
Measles	—	—	10
TOTALS	2,303	1,361	417

Figures supplied by the Registrar General are for the 52 weeks ending 28th December, 1935.

TABLE 4.—CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF LEICESTER, 1935.

[illegible]

TABLE 3.	CAUSES OF DEATH IN ADMINISTRATIVE AREAS
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