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LEICESTERSHIRE COUNTY COUNCIL

ANNUAL REPORT

OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR

1945

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

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Alfred Tacey Ltd., Printers, Leicester

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County Health Department,
17 Friar Lane,
Leicester.

Mr. Chairman, Ladies and Gentlemen,

I have much pleasure in submitting my annual report on the vital statistics, health, and sanitary conditions of the County of Leicester for the year 1945.

The general health of the population has remained satisfactory, and it is interesting to note that notwithstanding the deleterious and cumulative effect of six years of war, the conditions were much better during 1945 than during the critical years of 1941-2.

The death rate of 11.1 is substantially the same as in the preceding year, and is well below that of 11.4 for the whole of England and Wales. The birth rate of 18.8, while showing a decrease as compared with that of 21.1 for 1944, is considerably above that of 16.1 for the whole country. As was the case during the first world war, the birth rate is now much higher than in the years immediately prior to the war.

It is satisfying to note that the infant mortality rate continues to fall and that the county rate of 36 is well below the national figure of 46. Contrary to the usual finding, the combined rate for the urban areas of the county is below that of the rural areas.

Considerable attention continues to be directed towards the social aspects of the health services. The illegitimate birth rate has now risen to the exceptionally high figure of 92 per 1,000 live births, and as many of these illegitimate children are in real need of help, the additional welfare services which have been organised for them are proving of great value. Progress also has been made in following up the births of premature infants, and in ensuring that all necessary help is available when required.

The expansion of the maternity and child welfare services will require additional numbers of health visitors, and in conjunction with the Education Committee, scholarships are now being offered to suitable qualified candidates so that they may take the special course of training in order to qualify as health visitors.

The low incidence of infectious diseases is particularly satisfying. As a result of the consistently strenuous efforts of the district medical officers of health to promote diphtheria immunisation, the incidence of the disease continues at the low level reached in 1944, only 63 true cases having occurred. Active measures are being taken to combat venereal disease. Wherever possible, contacts are followed up, and in spite of the difficulties experienced in carrying out Regulation 33B, fifty per cent. of the contacts notified under the regulation were successfully traced. Lectures and propaganda are proving of great value in educating the public concerning the nature and dangers of venereal diseases.

Although it might have been thought that the end of the war would produce an easing of the burden imposed on health departments, the work has actually shown a considerable increase. The Civil Defence Casualty Service was formally closed down during the year, but the special scheme for the evacuation of expectant mothers from London has continued owing to the shortage of hospital accommodation in the London area. In Leicestershire, 870 babies were born in the emergency maternity homes during the year, and at the end of December, 1945, the number of infants born in these homes since the beginning of the scheme had reached the total of 1,744.

There can be little doubt that the ensuing years will prove to be some of the most momentous in the history of the medical services of the country. The Cancer Act of 1939 and the Education Act of 1944 have already directed our attention to the need for the co-ordination of many of the existing services, and although much progress is at present being held up until the establishment of a national health service, much time has now to be spent in planning for the future.

As I look, in retrospect, on the many duties and on the wide variety of problems which have faced my department during the war years, I find it difficult to express my gratitude to the members of my staff. Additional work has fallen on them all, and my thanks are due for the ready and willing assistance which they have given me. I am particularly indebted to Dr. A. E. Martin, Senior Assistant Medical Officer, for the time and trouble he has undertaken this year, as in previous years, to the compiling of this report.

To the chairman and members of the committee, I tender my thanks for the kindly help and consideration which, as always, they have accorded me.

I have the honour to be,

Your obedient servant,

J. A. FAIRER,
County Medical Officer.

THE COUNTY PUBLIC HEALTH AND HOUSING COMMITTEE, 1945.

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

COOK, J.	MARSH, Mrs. A. G.
COWMAN, T.	MARTIN, Lt.-Col. SIR ROBERT, C.M.G. (*ex-offic*
*CRAWSHAW, LORD	MAWBY, G. H.
FORSELL, J. T. (*Vice-Chairman*)	PARSONS, C. H.
FULLER, B.	POCHIN, V. R. (*ex-officio*)
GEARY, O.	PRATT, J.
HARVEY, L. W.	RIPPIN, W. H.
HOLMES, J. H.	SMITH, C. S. B.
HUGHES, J.	TOMPKINS, A. J.
KING, M.	WARNER, Mrs. E. M.
MACKESON, Mrs. A. C.	WILLETT, F.
MAIN, G. P.	WILSON, C.

WRIGHT, W. H.

* Deceased October, 1946.

MATERNITY AND CHILD WELFARE COMMITTEE.

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

Mrs. B. EVERARD.	Mrs. GEO. SPENCER.
Hon. LADY MARTIN.	Mrs. C. M. VICE.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

unty Medical Officer :
hool Medical Officer :
lministrative Officer for Tuberculosis and Maternity and Child Welfare :
J. A. FAIRER, M.D., D.P.H.

puty County Medical Officer :
puty School Medical Officer :
A. A. LISNEY, M.A., M.D., L.M., D.P.H.

sistant County Medical Officer :
nior Assistant School Medical Officer :
so Acting Medical Officer of Health to the Oadby and Wigston Urban District Councils) :
A. W. S. THOMPSON, O.B.E., M.B., M.R.C.P. (*Edin.*), D.P.H.
(*on military service*) (*resigned* 2/12/45).
A. E. MARTIN, M.D., D.P.H.
(*appointed temporarily* 1940, *permanently* 1/3/46).

sistant County Medical Officer :
sistant School Medical Officer :
so Medical Officer of Health to Barrow-on-Soar Rural District) :
I. B. LAWRENCE, B.Sc., M.B., Ch.B., D.P.H.

ief Tuberculosis Officer :
N. A. COWARD, O.B.E., M.D., D.P.H.

sistant Tuberculosis Officer :
S. W. LANE, M.B., B.S.

sistant School Medical Officers :
sistant Maternity and Child Welfare Officers :
MARY E. WESTON, M.B., B.S.
MARGARET O. CRUICKSHANK, M.A., M.R.C.S., L.R.C.P. (*temporary*).

sistant Maternity and Child Welfare Officer :
nool Occulist :
CONSTANCE WALTERS, B.Sc., M.B., Ch.B.

sistant School Medical Officer :
S. E. MURRAY, M.B., B.S.

edical Superintendent, County Sanatorium and Isolation Hospital :
H. SELBY, M.B., B.S.

sistant Resident Medical Officers, County Sanatorium and Isolation Hospital :
H. STRANZ, M.D. (Breslau).
R. LINDOP, M.B., B.S. (*resigned* 21/3/45).
R. McAULIFFE, M.B., B.Ch. (*appointed* 20/3/45).

nief Dental Surgeon :
P. ASHTON, L.D.S.

STAFF—*continued.*

Assistant Dental Surgeons :

A. E. WARD, L.D.S.
C. L. R. McLELLAN, L.D.S.
D. R. A. WILCOX, L.D.S. (*on military service*).
L. D. SMITH, L.D.S. (*on military service*).
W. E. LYNE, L.D.S. (*on military service*).
A. RODGER, L.D.S.
W. G. CAMPBELL, L.D.S. (*on military service*).

County Sanitary Inspector :

W. W. BAUM, F.R.San.I., F.S.I.A.

Assistant County Sanitary Inspectors :

E. F. RODWELL, Cert.S.I.B., M.S.I.A. (*on military service*).
W. PEMBLETON, Cert.S.I.B., M.S.I.A.

Health Visitors :

*Miss G. I. CARRYER (*Superintendent*).
†*Miss A. ADDY.
*Miss J. A. ANDERSON.
Mrs. A. D. ANTROBUS.
*Miss E. S. BONSER.
Mrs. S. J. BOURNE.
†Mrs. F. E. M. CADE.
*Miss M. J. CASEY.
*Mrs. G. E. COULSON.
Miss M. A. DILWORTH.
*Miss E. Y. FEAKIN.
*Miss M. E. L. HALL (*appointed* 26/4
*Miss D. M. HILL.
*Miss M. L. HILL.
*Mrs. C. E. M. MASON (*appointed* 8/8
*Miss K. McDONAGH.
*Miss G. McILRATH.
†Miss K. A. MARSH (*retired* 7/11/45)
*Miss M. J. PATERSON.
*Miss W. C. PORTER.
Miss E. H. SEABROOK.
Miss W. A. SIMMONS.

All are State registered nurses and hold the certificate of the Central Midwives' Bo
Those marked † hold the certificate of Sanitary Inspector, and those marked * have the He
Visitors' Certificate (Ministry of Health).

County Council Whole-time Midwives :

Mrs. D. E. ALLEN.
Miss K. BATEMAN.
Miss A. CONCANNON.
Mrs. H. G. DELLER.
Mrs. E. E. HOLMES.
Miss A. S. KINSON.
Miss E. M. McCLELLAND.
Miss B. M. MANTON.
Mrs. W. J. TOMLINSON.
Mrs. A. YATES (*retired* 31/1/45).
Mrs. L. G. WESLEY.

REPORT.

NATURAL AND SOCIAL CONDITIONS.

Although Leicestershire is mainly an agricultural county it contains a number of important dustrial and mining centres. In the largest industrial towns, Loughborough and Hinckley, and many of the other more populous areas the staple occupations are the manufacture of hosiery, ots and shoes, and engineering products, while in other centres of population, the trade and dustry is mainly associated with agriculture. The chief mining areas are in the north-west : the centre of the county there is a considerable daily exodus into the city of Leicester. During e war many engineering and other factories have been erected in various parts of the county.

GENERAL STATISTICAL SUMMARY FOR THE COUNTY.

ea in acres	Urban .. .. 56,860 Rural 458,548	.. .. ..	515,408
pulation (Census 1931 adjusted for subsequent changes in boundary) :			
	Urban .. .. 133,227 Rural 150,690	.. .. ..	283,917
pulation, Registrar General's estimates of resident population, 1945 :			
	Urban .. .. 145,100 Rural 162,590	.. .. ..	307,690
pulation of area covered by County Maternity and Child Welfare Authority, 1945			265,258
teable value at 1st April, 1945			£1,625,711
m represented by a penny rate, year 1945-6			£6,425

Vital Statistics.

RTHS :

Live Births :	Male	Female	Total
Legitimate	2,752	2,499	5,251
Illegitimate	289	243	532
Total live births ..	3,041	2,742	5,783
Birth rate per 1,000 population			18.79
Legitimate birth rate per 1,000 population			17.06
Illegitimate birth rate per 1,000 population			1.73
Illegitimate births per 1,000 live births			92

Stillbirths :

Legitimate .. 153. Illegitimate .. 17. Total 170

Stillbirth rate per 1,000 population	0.55
Stillbirth rate per 1,000, total live and still, births ..	28.5
Illegitimate stillbirth rate per 1,000, total illegitimate, live and still, births	31

EATHS :

Total civilian deaths	3,413
Crude death rate	11.09

Deaths from puerperal causes :

Sepsis .. 4 Other causes .. 12 Total .. 16

Maternal mortality rate per 1,000, total live and still, births	2.69

Deaths of infants under one year of age :

Legitimate .. 174 Illegitimate .. 33 Total .. 207

Infant mortality rate per 1,000 live births :

Legitimate ..	33.1	Illegitimate ..	62
Total rate per 1,000 live births			35.8

Deaths from diphtheria (all ages)	7
,, ,, ,, (under 5 years)	2
,, ,, ,, (over 5 and under 15 years)	2
,, ,, measles (all ages)	3
,, ,, whooping cough (all ages)	5
,, ,, pulmonary tuberculosis	111
,, ,, non-pulmonary tuberculosis	32
,, ,, cancer	530

The statistics refer only to civilians, and all figures relating to H.M. Forces, both male and male, and to the ancillary nursing services, have been excluded. Birth and death registrations ve been transferred to the area of usual residence. Thus, in the case of evacuees, this has ually meant the area from which the person had been evacuated, though in a number of cases, rsons who had originally been evacuees subsequently acquired local interests and became unty residents. Statistics of infectious disease notifications and of admissions to hospital ables 3 and 4 of Appendix), include residents, evacuees and visitors, but exclude non-civilian ses.

POPULATION OF THE COUNTY.

The estimated county population of 307,690 shows a diminution of 2,690 as compared w 1944, but remains considerably above the pre-war figure of 302,600 for the year 1938.

Although it has been the policy to exclude evacuees from the population figures, the numl of people resident in the county have shown considerable fluctuation during the war. In n areas of the county, the population rose to a peak in 1941 when the total population reach figure of 328,500. Since then the population has declined, mainly as a result of families retur to more industrial areas. In the case of four districts (Coalville U.D., Oadby U.D., Wigston U and Ashby R.D.), the decline has been arrested and the 1945 population of these areas was hi than that of 1944.

If the 1945 population of individual districts is compared with 1938, the last pre-war y some interesting trends become evident. In the areas of eight local authorities situated in north-west and north-east of the county, there has been a decline in population, while in remaining eleven areas which include Loughborough M.B., Melton Mowbray U.D., and the authorities in the central and southern areas of the county, there has been an increas population. During this period the largest increases, proportionate to the total population of districts, have been in Loughborough M.B. (increase of 2,270 persons), Blaby R.D. (2,0 Barrow-on-Soar R.D. (1,700) and Wigston U.D. (650).

The importance of these trends of population movement must not, however, be exaggera since factors such as the release of more men from the Forces, the re-establishment of pe time industry, and the building of new housing estates, will cause many changes in the distri tion of population during 1946 and subsequent years.

LIVE BIRTHS.

The county birth rate of 18.8 shows a decrease when compared with the rate of 21.1, wh was the corresponding figure for 1944, and was the highest rate recorded since 1921. Leicestershire rate still remains rather higher than that for the whole of England and Wale

The total number of live births in the county during the year was 5,783, and of these 3, were males, and 2,742 were females, a ratio of 110.9 male to 100 female births.

There has been a further increase in illegitimacy, for out of the total of 5,783 live bir 532 were illegitimate, as compared with 385 out of 6,536 during the preceding year. illegitimacy rate was 92 per thousand live births ; a marked contrast to the rate of 58.9 in 19 and of only 27 in 1938.

The rate of illegitimacy varies considerably in different areas of the county. Thus in Coalv Urban and Ashby Rural Districts the rate per thousand live births was 39.7 and 40.0 respectiv while at the other extreme, in three urban and four rural districts the rate was over 100.

The following table shows the number of births, and the corresponding birth rates du the last ten years :—

Births.

Year	URBAN		RURAL		WHOLE COUNTY		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1936	2,020	15.1	2,399	14.7	4,419	14.8	14.8
1937	2,118	15.0	2,370	14.9	4,488	14.9	14.9
1938	2,242	15.8	2,391	14.9	4,633	15.3	15.1
1939	2,253	15.7	2,348	14.5	4,601	15.0	15.0
1940	2,275	15.4	2,449	14.9	4,724	15.1	14.6
1941	2,349	15.1	2,453	14.2	4,802	14.6	14.2
1942	2,718	18.1	2,790	16.6	5,508	17.3	15.8
1943	2,930	19.9	3,172	19.2	6,102	19.6	16.5
1944	3,120	21.3	3,416	20.8	6,536	21.1	17.6
1945	2,859	19.7	2,924	18.0	5,783	18.8	16.1

INFANT MORTALITY.

There has been a further reduction in the infant mortality rate, and during 1945 only deaths occurred in infants under one year of age. This corresponds to a rate of 36 per thous live births, a figure which is the lowest ever recorded for Leicestershire, and one which compa very favourably with the rate of 46 for the whole of England and Wales.

It is usual to find that the infant mortality rate in urban areas is considerably higher th in the rural parts of the county. In 1945, however, the rate of 34 for the urban areas was distinc lower than that of 38 for the rural districts.

Amongst legitimate infants the mortality rate was 33.1; a marked contrast to the morta rate of 62 for illegitimate infants.

Infant Mortality.

Year	URBAN		RURAL		WHOLE COUNTY		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1936	107	53	124	52	231	52	59
1937	103	49	117	49	220	49	58
1938	109	49	95	40	204	44	53
1939	115	51	97	41	212	46	50
1940	112	42	127	50	239	46	55
1941	159	59	106	41	265	50	59
1942	146	54	111	40	257	47	49
1943	134	46	123	39	257	42	49
1944	123	39	122	36	245	37	46
1945	97	34	110	38	207	36	46

auses of Death in Infancy.

Particular attention continues to be paid to the numbers of deaths from prematurity, and a tal of 62 infant deaths was notified as being due to this during the year. This corresponds to a te of 10.7 per 1,000 live births, a slight increase as compared with the rate of 9.2 for the revious year. Both rates are, however, considerably below that of 14.7 recorded for the year 1943.

A decline in the number of deaths due to infection was the principal cause of the low infant ortality rate during 1945. Thus the number of deaths from bronchitis and pneumonia fell om 47 in 1944, to 38 in 1945 ; similarly the deaths from infantile diarrhœa fell from 23 to 12 ; nd from all other infectious conditions, from 8 to 4. Deaths from congenital malformation, irth injuries and diseases peculiar to infancy, fell from 79 to 67.

STILLBIRTHS.

During 1945 the total number of stillbirths was 170, 153 being legitimate and 17 illegitimate. When expressed as a rate per thousand total live and still births, the Leicestershire rate of 28.5 slightly higher than that of 26.4 for the preceding year, though a considerable improvement evident when these figures are compared with the rate of 37.9 which is the mean for the 5 years nmediately prior to the war.

A considerable improvement took place in the illegitimate stillbirth rate, which fell from 54 legitimate stillbirths per thousand, total, live and still, illegitimate births in 1944, to 31 in 945.

Expressed as a rate per thousand population, the Leicestershire stillbirth rate of 0.55 shows slight decrease as compared with 1944, and as a consequence of the higher birthrate at present revailing in Leicestershire, the rate is rather higher than that of 0.46 for the whole of England nd Wales.

DEATHS.

There were 3,413 deaths in Leicestershire during 1945 as compared with 3,470 during the receding year, and the small death rate of 11.09 is still lower than that of the previous year. t is interesting to note that the urban death rate of 10.9 is considerably lower than the rural rate f 11.26, and that both are considerably below the rate of 11.4 for the whole of England and Vales.

Of greater interest than the single crude death rate for the whole county would be the ectional death rates divided according to the various age and sex groups of the population. Unfortunately the length of time which has elapsed, and the changes which have taken place ince the last census, make it impossible to arrive at any accurate estimate of the present age-listribution of the population. As an alternative, the total number of deaths in each age group has to be considered, and comparisons of these have to be interpreted with a certain amount of caution on account of the changing age distribution of the total county population.

During 1945 the most obvious feature was a further diminution in the number of deaths of children. Thus there were 310 deaths in children under 15, as compared with 341 in 1944, and 380 in 1943. The number of deaths in adults aged 15-45 also showed a decrease, the number being 288 in 1945, as compared with 317 in 1944.

Among older adults there were 771 deaths in the 45-65 age group, and 2,044 deaths in people aged 65 and over. These numbers are substantially the same as in the preceding year.

Deaths.

Year	URBAN		RURAL		WHOLE COUNTY		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1936	1,511	11.26	1,847	11.30	3,358	11.28	12.1
1937	1,652	11.69	1,925	12.08	3,577	11.89	12.4
1938	1,507	10.60	1,664	10.37	3,171	10.48	11.6
1939	1,560	10.74	1,788	10.96	3,348	10.85	12.1
1940	1,809	12.21	2,072	12.65	3,881	12.44	14.3
1941	1,795	11.54	1,847	10.68	3,642	10.99	12.9
1942	1,569	10.45	1,730	10.30	3,299	10.37	11.6
1943	1,657	11.28	1,868	11.31	3,525	11.29	12.1
1944	1,608	11.00	1,862	11.35	3,470	11.18	11.6
1945	1,582	10.90	1,831	11.26	3,413	11.09	11.4

Causes of Death at Various Ages.

In children aged 1-5 years, of the 52 deaths, 13 were caused by pneumonia, and 13 tuberculosis, 12 of the latter being of the non-pulmonary type ; 5 deaths were from bronchi 3 from violence, 2 from diphtheria and 2 from whooping cough.

51 deaths occurred in children aged 5-15 and of these 14 were due to tuberculosis, 10 being the non-pulmonary type, 5 were due to road traffic accidents, and 11 to other forms of violen 3 deaths were due to cancer and 2 to diphtheria.

Of the 1,059 deaths in adults aged 15-65, 327 were due to diseases of the heart and circulat system, and 240 to cancer. Tuberculosis was responsible for 105 deaths, 97 being of the pulmon type. 75 deaths were due to bronchitis and pneumonia, and 69 to the various forms of violenc road traffic accidents being responsible for 31 deaths, and suicide for 16.

Among people aged 65 and over, there were 2,044 deaths, 1,095 of these being due diseases of the heart and circulatory system, 286 to cancer, 148 to bronchitis and pneumon and 62 to nephritis. There were 27 deaths due to violence, 11 being due to suicide, and 5 to ro traffic accidents. 20 deaths were due to diabetes, 18 to influenza and 10 to tuberculosis, only o of the latter being due to the non-pulmonary form.

A full summary of the various causes of death, sub-divided into the various age groups, w be found in Table 5 of the Appendix.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

LABORATORY FACILITIES.

The county laboratory was established immediately after the first World War, and h therefore, been in existence for rather more than 25 years. During this period a total of mo than 150,000 laboratory examinations have been performed.

The work of the laboratory includes both bacteriological and chemical investigatio and the service is designed particularly for the type of examination necessitated in the interes of the preservation of the public health. Much of the work is performed at the request of t various urban and rural authorities in the county.

The following is a summary of the examinations carried out during the year :—

Bacteriological milk examinations	2,960
Swabs for diphtheria	1,617
Sputa for tubercle bacilli	1,078
Sewage and water analyses	374
Urine, general and bacteriological	210
Wasserman tests	189
Phosphatase tests	295
Urine for tubercle bacilli	124
Films for gonococci	27
Blood counts	48
Milk for fat content	17
Miscellaneous	87
Total examinations ..	7,026

Specimens for the Wasserman reaction are sent to the Leicester Royal Infirmary.

Milk Examinations.

As shown in the following table, a total of 2,960 samples of milk were examined during the year.

Source or class of milk	Raw Milk			*Heat treated	Total
	Satisfactory	Not satisfactory	Percentage satisfactory		
Accredited producers	780	247	75.9	..	1,027
Prospective accredited producers	86	20	81.1	..	106
Urban and Rural Districts ..	748	146	83.7	218	1,112
Schools	102	40	71.8	225	367
Public Assistance Institutions	13	5	72.2	16	34
Tuberculin Tested producers ..	119	46	72.1	..	165
Prospective T.T. producers ..	58	3	95.1	..	61
Miscellaneous	29	52	35.8	7	88
Totals	1,935	559	77.6	466	2,960

**For the results of the examination of heat treated milk see below.*

The percentages found unsatisfactory should not be regarded as representative for the county, as it is the custom for samples to be taken more frequently from farms producing milk of doubtful quality.

The samples received from urban and rural districts were usually examined on the day of production and the high percentage found satisfactory is not, therefore, strictly comparable with the results from samples examined in accordance with the Milk (Special Designations) Regulations.

Heat Treated Milk.

Two tests are now performed upon heat treated (pasteurised) milk. The first, a phosphatase test, is designed to show the efficiency, or otherwise, of the heat treatment ; and the second, a methylene blue test carried out on the following day, is to test the keeping quality of the milk.

The following are the results of the phosphatase tests :—

Group I (2.3 Lovibond blue units or under)	Group II (2.4 to 6 Lovibond blue units)	Group III (Over 6 Lovibond blue units)	Total
256	28	11	295

Group I is a negative phosphatase test, and indicates that the milk has been sufficiently heat treated. Groups II and III are positive, Group II indicating either an insufficient temperature or holding time, or alternatively, the addition of a small quantity of raw milk, and Group III indicates that either the milk is grossly under-treated, or that it contains an appreciable quantity of raw milk.

The methylene blue "keeping quality" test is a particularly stringent one. The milk is kept at room temperature (approximately 65 degs. F.) until the morning following the day of arrival in the laboratory, and is then subjected to a methylene blue test for half-an-hour. During the year the results of this test have been as follows :—

Satisfactory	343
Not satisfactory	123
Total ..	466

Improvement in Cleanliness of Milk Samples.

During the period the laboratory has been at work a steady improvement has been noted in the quality of the samples of milk submitted for examination. Thus the following table shows

that the increase in the number of producers of designated milk has been accompanied b corresponding rise in the numbers of samples of non-designated milk which reach the designa standards of purity.

Year	No. of "Accredited" (or "Grade A") producers	No. of "Tuberculin Tested" (or "Certified") producers	Percentage of non-designated milk reaching designated standards
1925	8	4	45
1930	20	7	54
1935	258	5	69
1940	595	20	78
1945	549	85	74

The slight deterioration in 1945 is due to the shortage of skilled labour and oth difficulties which farmers were then experiencing.

Diphtheria.

Out of a total of 1,617 swabs examined for diphtheria during 1945, only 33 were found be positive.

The swabs were received from the following sources :—

General practitioners	562
Isolation hospitals	565
Saturday Hospital Society	490

The swabs from the Saturday Hospital Society were examined as a result of an agreeme between that body and the County Council. Before any child enters the Society's convalesce home a swab is taken of the throat in order to ensure that no diphtheria carriers are admitte

Markfield Hospital Laboratory.

A separate laboratory is established in the County Sanatorium and Isolation Hospit Markfield, and a total of 4,460 examinations were carried out in this laboratory during t year. A detailed description of the work will be found in the report of the medical superintende

AMBULANCE FACILITIES.

Organisation of an Interim Peace-time Ambulance Service.

Prior to the war, ambulance facilities for all types of patient, other than those sufferi from infectious disease, were provided by a number of voluntary associations operating in th various parts of the county. In common with the rest of England and Wales these associatio encountered serious war-time difficulties; members of their trained staffs were called to th Forces and could not be replaced, and repairs and replacements of vehicles involved lengt delays. The Civil Defence Ambulance Service was in consequence called upon to play a valuab part in supplementing the work of the voluntary ambulance services and on account of its rea accessibility was frequently called upon for the transport of accident cases and other types emergency.

Circular 70/45 of the Ministry of Health dated 20th April, 1945, drew the attention local authorities to the need for considering the future organisation of the ambulance servic in view of the approaching termination of the Civil Defence Ambulance Service, and facilitie were offered by which such vehicles and personnel as might be required, could be transferred fro the Civil Defence Service to a peace-time ambulance organisation. Any civilian ambulan service must, however, be regarded as temporary, in view of changes which might result fro the passing of legislation creating a national health service.

In Leicestershire it was apparent that the termination of the Civil Defence Ambulanc Service would leave many areas of the county without adequate facilities. A special Ambulanc Service Sub-Committee was, therefore, appointed to consider the appropriate means necessar to provide a satisfactory service in all districts. Although this was a sub-committee of the Publi Health and Housing Committee, other departments of the County Council, the Educatio (Medical Inspection), Maternity and Child Welfare, Public Assistance, and as regards roa accidents, the County Police, were all interested, and frequent consultations were held t ascertain their views and to inform them of the progress of negotiations with the St. Joh Ambulance Brigade.

The need for a single comprehensive organisation which would avoid duplication of th services in any district was evident, while the special circumstances of rural areas, woul necessitate the siting of ambulance stations in positions such that all parts of the area would re ceive an adequate service, and at the same time ensure that each station would have a sufficien

mber of ambulances and personnel. The employment of whole-time members of the service uld give promptitude in the answering of calls ; while trained volunteers would assist, both being available in time of emergency, and by preventing the necessity of employing an cessive number of whole-time staff on stand-by duties.

The advantages and disadvantages of the creation of a comprehensive ambulance service the direct employ of the County Council were carefully considered. The St. John Ambulance igade were, however, already providing a service covering a large part of the county, and gotiations with that body revealed that, subject to certain financial considerations, they were lling to establish stations in the two areas of the county not previously covered by them, and to ng both their ambulances and their whole-time and volunteer establishment up to the level nsidered necessary to provide an adequate service.

It was, therefore, evident that co-operation with the St. John Ambulance Brigade would ve many advantages. Duplication, with possible rivalry between voluntary and local authority vices would be avoided ; an opportunity would be given to the St. John Ambulance Brigade continuing, and of developing further, the traditions of service which they have so ably maintained in the past ; the large and enthusiastic band of volunteers which had played such a notable rt in the Civil Defence organisation would be given a chance to co-operate, while the nucleus whole-time workers which would be employed, would be adequate to provide the backbone the service without creating a costly and unwieldy organisation.

The sub-committee recommended, therefore, that the County Council should enter into an reement with the St. John Ambulance Brigade, and that the heads of agreement should include following matters :—

1. The St. John Ambulance Brigade to provide for general public use, a minimum establishment of ambulances, and to specify the places where such ambulances be stationed ; the service to cover the whole of the administrative county, and to include journeys inside the county to destinations outside the county wherever required.
2. Cost of ambulances, garage accommodation, repairs, maintenance and replacement to be borne by the Brigade. The Brigade to provide and pay (where necessary) all requisite drivers and attendants.
3. Ambulances to be available at all times to answer calls by the Council's authorised officers, or by the County Police, for any purpose ; or by the public in respect of any accident, illness or disability. The Brigade not to be required to transport cases of notifiable infectious disease or Emergency Medical Service cases, but tuberculous cases, whether pulmonary or not, to be included as part of the Brigade's liability.
4. For the purposes of the agreement the authorised officers to be the County Medical Officer, the School Medical Officer, and the Director of Public Assistance, or other officers authorised by them.
5. (*a*) In all cases where a request for the use of an ambulance is made by an authorised officer of the County Council, no charge is to be made to either patient or the County Council, by the St. John Ambulance Brigade.

   (*b*) The County Council reserves the right to charge and recover from the patient or liable relative, transported under 5(*a*) above, costs not exceeding 1/- per mile, as they may determine according to the financial circumstances of the patient or liable relative.

   (*c*) (i) That the St. John Ambulance Brigade will undertake not to charge the County Council with the transport costs in any case where the use of an ambulance is requested by any person otherwise than an authorised officer of the County Council.

   (ii) No charge to be made to the County Police for calls made by them.

   (*d*) That in all cases mentioned in para. (*c*) (i) above, the St. John Ambulance Brigade are to charge their normal rate of 1/- per mile to the patient or liable relative, and recover from such source the whole or part of the charge, or revoke it wholly or in part in accordance with the financial circumstances as determined by the Commissioner of the Brigade. Collection of such charges to be the responsibility of the Brigade. Where dead bodies are transported at the request of a County Coroner, the Brigade to charge the Coroner at the rate of 1/- per mile.
6. The St. John Ambulance Brigade to render to the County Medical Officer as soon as practicable after the expiry of each calendar month, full details of the cases transported and the mileage travelled, the form of return to be settled by the County Medical Officer.
7. The St. John Ambulance Brigade to render to the County Council as soon as possible after the 31st December in each year an annual statement of income and expenditure relating to its ambulance service for the twelve months up to this date.
8. On default of the St. John Ambulance Brigade, the County Council to have the right to withhold grant, terminate the agreement, act in default and recover the cost from the Brigade.

9. The St. John Ambulance Brigade to act as agent of the County Council in provid public ambulance service.
10. An indemnity by the St. John Ambulance Brigade in respect of all claims by parties.
11. The Council to pay the Brigade an initial capital grant of £25 on the signing o agreement, to assist the Brigade in the provision of garage accommodation at Lu worth and Melton Mowbray at a cost not exceeding £500, and to pay an annual su £1,600 by equal quarterly instalments on 1st January, 1st April, 1st July and 1st Oct
12. The annual payment to the St. John Ambulance Brigade to be reviewed at requ either party within three months after December 31st in any year.
13. The agreement to operate from the 1st July, 1945, and the existing agreement wit Public Assistance Committee to be cancelled from that date.
14. The agreement neither to prevent use of ambulances by the Brigade for other pur not prejudicial to the ambulance service, nor to prevent the Council from entering similar arrangements with other bodies.
15. The agreement to continue in force from the 1st July, 1945, to 31st March, 1946, thereafter until terminated by either party giving not less than twelve months noti writing to terminate on the 31st March in any year. The Council also have pow terminate the agreement forthwith if the Brigade defaults, or if the Council ceases an Ambulance Authority.

Although the legal formalities were not completed until 1946, the agreement is retrospe and the County Council grant is payable as from the 1st July, 1945.

Figures are not available for the months of July and August, but the following is a sum of the work carried out by the St. John Ambulance Brigade during the four months Septe 1st to December 31st, 1945.

Table showing number of Leicestershire cases moved by ambulance.

Type of case	St. John Ambulance Brigade 1st Sept. - 31st Dec., 1945		Saturday Hospital Society 15th Oct. - 31st Dec., 1	
	No. of journeys	Mileage	No. of journeys	Mileag
Illness	1,555	31,179	1,068	13,167
Mental cases	39	1,498	1	24
General accidents	386	5,358	40	317
Road traffic accidents ..	86	1,122	9	145
Coroner's cases	15	216	..	..
Lockington Hall maternity cases	105	2,212	..	..
Miscellaneous	28	635	..	..
Totals ..	2,214	42,220	1,118	13,653

Other Voluntary Ambulance Associations.

The Leicester and County Saturday Hospital Society operate an ambulance service w is used mainly for the transport of their subscribers to and from hospitals. This service co both the city of Leicester and the adjacent areas of the county and will continue to operat these areas. It has been agreed that an annual grant of £25 will be paid to the Society by County Council, in order to maintain the goodwill of the Society, and to assist them in suppl such summaries of their work in dealing with county patients as may be determined by County Medical Officer.

A voluntary body, the Melton Mowbray Town Ambulance Committee has previo undertaken the operation of an ambulance service for Melton Mowbray and the surroun rural district. Although this committee had two ambulances, one being on loan from the trus of the late Lord Furness' estate, difficulties had been experienced in obtaining suitable ga accommodation and in maintaining a trained staff. As a result of negotiations it was agreed t as soon as the St. John Ambulance Brigade could establish a service in Melton Mowbray, Town Ambulance Committee should discontinue its service, and that arrangements shoul made for the transfer of the ambulances to the St. John Ambulance Brigade.

The Hospital Car Service.

During the war the difficulties of transport necessitated the organisation of the Volun Car Pool which provided transport for a variety of essential purposes. The service was fo to be particularly useful in rural areas for the transport of patients who were not sufficientl to require an ambulance, but who either could not find or could not afford alternative transp

The Volunteer Car Pool was disbanded on 31st July, 1945, and in its place the Ministry of lth authorised the setting up of a new service known as the Hospital Car Service, to be inistered by the joint services of the St. John Ambulance Brigade, the British Red Cross ety and the Women's Voluntary Services. The service, which is organised on similar lines to Volunteer Car Pool, is a voluntary one and operates entirely as a result of the public spirit kindness of private car owners who are willing to use their cars for the transport of patients.

The service is entirely for the use of patients attending hospitals and clinics who need special sport and who are unable to hire or pay for the hire of cars. Cars are only available on the lication of an authorised officer, who in the case of the County Health Department, is the nty Medical Officer, or some member of his staff authorised by him. The Hospital Car ice makes a charge of 3d. per mile for each case transported at the request of the County ncil, and no charge is made to the patient.

rgency Medical Service.

During the war a considerable part of the work of the Civil Defence Ambulance Service has n concerned with the transport of members of H.M. Forces who were sick or wounded. The k has involved both inter-hospital transport and the transfer of convoys of patients from ulance trains to hospital.

At a conference convened by the Ministry of Health and held at the Town Hall, Leicester, he 15th June, 1945, it was agreed that, in future, the work could most suitably be performed single organisation working in both the City and County area. The Ministry of Health would e available 15 ambulances and 2 cars, and would reimburse all expenditure, both of mainten- e and of administration. Over 300 voluntary personnel would be available and the services of nany as 120 at a time would be required when the patients on an ambulance train needed sferring to hospital. The County Public Health Committee has, therefore, undertaken this k for both Leicester City and County, on behalf of the Ministry of Health.

During the six months in which the Public Health Committee have been responsible for the ice a total of 3,814 patients has been conveyed and the total mileage has been 58,495. The k has included meeting 3 ambulance trains, each containing over a hundred service casualties n overseas, and conveying the patients from the trains to hospital. Many long distance neys have been necessary both to hospitals in different parts of the country, and to special tment centres.

DOMICILIARY NURSING SERVICE.

Home nursing, including the nursing of tuberculous patients, is undertaken by the various rict nursing associations.

TREATMENT CENTRES AND CLINICS.

Five health centres (Coalville, Hinckley, Leicester (8 St. Martin's), Melton Mowbray South Wigston), are now maintained by the County Council, and in addition, a clinic at n Street, Loughborough, is used solely as a tuberculosis dispensary. Four of the health centres modern buildings specially designed for the purpose.

The various clinics are located as follows :—

ool, and School Dental Clinics at all health centres.

Tuberculosis Clinics at Coalville, Hinckley, Loughborough, Leicester and Melton Mowbray.

Orthopaedic Clinics at Coalville and Hinckley. Facilities are also available in Leicester and ughborough.

Ante-Natal Clinics at Coalville, Hinckley and South Wigston. An additional clinic is also l at Wigston Magna.

Infant Welfare Centres at Coalville, Hinckley, Melton Mowbray and South Wigston, and 1 other centres.

Venereal Diseases Clinics at Leicester Royal Infirmary and at Loughborough General spital.

HOSPITAL FACILITIES.

unty Council Hospitals and Institutions :

The following accommodation is available :—

Name of Institution—	Maternity beds	Other beds	Total beds
Public Assistance Infirmary :			
Bosworth Park	24	127	151
Public Assistance Institutions (Infirmary beds) :			
Blaby	—	33	33
Loughborough	1	111	112
Lutterworth	—	12	12
Market Bosworth	—	31	31
Market Harborough	4	57	61
Melton Mowbray	27	147	174
Mountsorrel	—	38	38

HOSPITAL FACILITIES—*continued.*

Name of Institution—	Maternity beds	Other beds	Total beds
Tuberculosis Sanatorium :			
Markfield			138
Isolation Hospitals :			
Markfield			76
Blaby			17
Hinckley			23
Melton Mowbray			32
Smallpox Hospitals :			
Snarestone			23
Syston			15

There is a reciprocal arrangement with the Leicester City Smallpox Hospital.

Voluntary Hospitals :

Voluntary Hospitals are situated in the county at Loughborough, Ashby-de-la-Zo Hinckley, Lutterworth, Market Harborough and Melton Mowbray. Many patients from county make use of voluntary hospital facilities in Leicester and in the cities and centre population in adjacent counties.

WELFARE OF THE BLIND.

Under the Blind Persons Acts, the County Council is the responsible authority for regi tion of blind persons. The work is carried out on behalf of the Council, by the Royal Leice Leicestershire and Rutland Institution for the Blind. On the 31st December, 1945, a tota 505 Leicestershire persons was registered under the Act, 70 names having been removed, an added to the register during the year.

Assistance to blind people provided by the Institution includes the granting of domicil help to the unemployable blind, the augmentation of the wages of employable blind pers and the provision of suitable training facilities and work in the Institution's own workshop

VACCINATION.

The districts of the public vaccinators in the county number 30, and those of the vaccina officers 15.

The following is a summary of the vaccination officers' returns which are rendered to Registrar General respecting the vaccination of children whose births were registered betw January 1st and December 31st, 1944 :—

(1)	No. of births entered in birth lists as registered during 1944		6,
(2)	Statement relative to the above births on 31st January, 1946 :—		
	(*a*) No. successfully vaccinated	1,034	
	(*b*) No. insusceptible of vaccination	4	
	(*c*) No. had smallpox	Nil	
	(*d*) No. of statutory declarations received	4,987	
	(*e*) No. died unvaccinated	157	
	(*f*) No. temporarily unaccounted for	571	
	(*g*) No. otherwise accounted for	210	
		——	6,
(3)	No. of cases of children successfully vaccinated after statutory declaration been received (including in sub-heading '*d*')		
(4)	Total number of certificates of successful primary vaccination of children under 14 years of age received during the year 1945		1,(
(5)	No. of certificates of successful primary vaccination sent to other districts (included in heading 4)		
(6)	Total number of statutory declarations actually received during the year 1945		4,

MATERNITY & CHILD WELFARE.

The Leicestershire Maternity & Child Welfare Committee covers the entire administrat county with the exception of Loughborough Municipal Borough (population 32,640) and Mar Harborough Urban District (population 9,792) both of which are separate maternity and ch welfare authorities. The Leicestershire committee, therefore, serves an area with a populati of 265,258.

ANTE-NATAL SERVICES.

te-Natal Examinations by General Practitioners.

A scheme is in operation which provides for two ante-natal examinations of the expectant ther, the one being a general medical examination early in pregnancy, and the other a l obstetrical examination between the 34th and 40th weeks. Expectant mothers already titled to ante-natal examinations under the National Health Insurance provisions are not cluded in this scheme.

During the year, the total number of expectant mothers referred by midwives to general actitioners under the county council's scheme was 563. Of the claims received from the ctors 243 had two medical examinations, 88 one examination, and in the remaining 232, no im had been received from the doctor.

te-natal Clinics.

Ante-natal clinics are provided at Coalville, Hinckley, South Wigston and Wigston Magna.

The following is a summary of the work performed at the four clinics :—

	Coalville	Hinckley	South Wigston	Wigston Magna	Total
a) No. of sessions	64	72	36	32	204
b) No. of expectant mothers who attended during year ..	326	405	124	90	945
c) Total number of attendances	884	1,158	477	400	2,919
d) Average attendance per session	13.8	16.1	13.8	12.5	14.3
e) No. of women post-natally examined (included in (*b*) above)	19	57	20	21	117
f) Total number of attendances of women post-natally examined (included in (*c*) above)	20	59	20	23	122

ntal Treatment for Expectant and Nursing Mothers.

Dental treatment is provided for expectant and nursing mothers referred either by the te-natal clinics, infant welfare centres or general practitioners working under the ante-natal amination scheme. These facilities are not available for women entitled to dental treatment der the National Health Insurance scheme.

During the year 14 patients were given dental treatment under the county scheme.

MIDWIFERY AND MATERNITY SERVICES.

umber of Midwives Practising.

The total number of midwives notifying their intention to practise in the administrative unty was 236 as compared with 240 in the previous year ; 42 midwives left the county during e year, one died, and 39 commenced to practise in the county. All the midwives hold the rtificate of the Central Midwives' Board.

The shortage of midwives, both in domiciliary and institutional practice continues to be ost acute and is a constant source of anxiety.

spection of Midwives.

The inspection of midwives in the county is carried out by the superintendent health visitor d the superintending staff of the County Nursing Association. The inspectors made 434 visits ring the year. In no case was it necessary to report any breach of the rules either to the local pervising authority or to the Central Midwives' Board.

umber of Cases attended by Midwives.

A total of 5,712 cases was attended in the county during the year. Of this number, 3,702 re taken by the midwife alone, and in the remaining 2,010 cases a doctor was also in tendance.

otifications received from Midwives.

The following returns were received from the county midwives during the year :—

Sending for medical aid		789
Liability of midwife to be a source of infection		85
Midwife having "laid out the dead"		94
Death of mother or child	mother	1
	child	20
The occurrence of a stillbirth		40
The commencement of artificial feeding		158

Requests for Medical Aid.

In 21.3% of the cases attended by midwives it became necessary to send for medical aid.

The chief causes for the requesting of medical help for the mother were : ruptured perine 278, difficult labour 112, malpresentation 29, ante-partum hæmorrhage 24, adherent placer 17, raised temperature 38, miscarriage 43, poor general condition of mother 34, post-part hæmorrhage 27, albuminuria 5, abortion 15, varicose veins 10, eclampsia 5.

The chief causes for the requesting of help for the child were : discharge from the eyes feebleness 42, prematurity 21, abnormalities 14, rashes 11, phimosis 4.

During the year, 421 claims from doctors for help requested by midwives were passed payment.

COUNTY MIDWIFERY SERVICE.

Under the Midwives' Act of 1936 the Leicestershire County Council is the supervisi authority for the administrative county.

The domiciliary midwifery service has continued to be administered through the agency the Leicestershire County Nursing Association. Whole-time midwives are employed in Coalvi Donisthorpe, Hinckley, Loughborough and Melton Mowbray, and special arrangements the employment of a nurse-midwife are made in the Market Harborough Urban District. In t remaining areas of the county the domiciliary midwifery service is provided by nurse-midwi employed by the various district nursing associations.

The following table summarises the work performed by the County Council whole-ti midwives :—

District	No. of Mid-wives	Cases Booked		Cases Completed		Cases Can-celled	Visits Paid	
		Mid-wifery	Mater-nity	Mid-wifery	Mater-nity		Ante-Natal	During Puer-perium
Coalville ..	5	170	89	192	98	13	1,436	5,884
Donisthorpe	1	58	5	58	6	2	210	1,053
Hinckley ..	3	210	19	186	22	13	1,734	3,982
Melton Mowbray	2	72	27	66	33	10	686	1,767
Loughborough	3	171	60	142	62	37	1,571	3,680
Total ..	14	681	200	644	221	75	5,637	16,366

Loughborough and Market Harborough.

In Loughborough the County Council employs three whole-time midwives, the appointmer being made in conjunction with the Borough Council. In Market Harborough the County Coun has made an arrangement with the Market Harborough U.D.C. for the employment of o nurse midwife, the County Council giving a grant based on the proportion which the number midwifery cases attended bears to the remainder of the nurse's work.

District Nursing Associations.

A total of 84 district nurse-midwives are employed by 71 district nursing associations, ea of the latter being affiliated to the County Nursing Association.

During the year 1,169 midwifery and 620 maternity cases have been taken by the nurs midwives, in addition to their general district nursing duties.

MATERNAL CARE.

A total of 16 deaths was registered as being due to puerperal causes, 4 of these cases bei due to sepsis.

The maternal mortality rate of 2.69 deaths per 1,000 births was rather higher than t corresponding figure of 2.07 for the preceding year. Both figures, however, compare favourab with the average rate of 2.95 for the preceding 10 years.

Provision of Consultants.

A scheme for the provision of obstetrical consultants whose services are available to gener practitioners was adopted in 1934. Five years later the scheme was enlarged so that whe necessary a practitioner could call out a team (the "Emergency Unit" or "Flying Squad") co

sisting of a consultant, a nurse, and a full outfit of sterilised obstetrical equipment which is kept in readiness at the Leicester Royal Infirmary. The consultants are the obstetrical surgeons attached to the Leicester Royal Infirmary.

Although the occasions on which these facilities have been required have, fortunately, been few, the service has proved invaluable when practitioners have been faced with urgent complicated cases, and has undoubtedly been the means of saving a number of lives.

To obtain the services of either the consultant alone or the complete emergency unit, a practitioner should apply to the County Health Department, but in an emergency or outside office hours he should apply direct to the consultant and subsequently inform the County Medical Officer.

In cases where the patient is able to pay the consultant's fee, the consultant obtains the fee direct from the patient, and a separate charge of two guineas is made if the nurse and equipment have been sent out.

If, however, the patient cannot afford to pay the consultant's fee, the Maternity and Child Welfare Committee accept responsibility for it, and the patient is asked to pay the amount according to her financial circumstances in accordance with the Maternity and Child Welfare authority's scale.

During 1945, consultants were called under the Maternity and Child Welfare Committee's scheme to 6 complicated cases. In addition 9 cases from ante-natal clinics were referred for a consultant's opinion.

Birth Control.

An arrangement exists whereby patients may be referred for advice to the Leicester City Birth Control Clinic. Before a patient can be referred a medical certificate is signed to the effect that child-bearing would be dangerous to the life or health of the patient.

During the year a total of 66 cases was referred to this clinic.

INFANT WELFARE CENTRES.

There are at present 36 infant welfare centres in the county. All are controlled by the County Council with the association of a voluntary committee and the staff of each includes both a health visitor and medical officer.

Plans have been drawn up for the opening of additional infant welfare centres in a number of other centres of population, and as soon as the requisite staff are available an increase of facilities is to be anticipated. It must, however, be realised that in the sparsely populated rural areas and in the villages where there are only a few births each year, the establishment of an infant welfare centre would not be an economical proposition, and in these areas the health visitor is more profitably occupied in visiting each home and advising the mother in the child's own home surroundings.

A total of 967 meetings was held during the year.

Statistics.

	1945	1944
Number of mother and children on the register :—		
Mothers	6,148	6,750
Infants under 1 year	4,319	4,825
Toddlers	3,813	3,686
Total attendances :—		
Mothers	55,243	62,831
Infants under 1 year	34,218	39,143
Toddlers	27,463	27,614
First attendances :—		
Mothers	2,761	3,705
Infants under 1 year	2,712	3,405
Toddlers	324	579
Total number of weighings by health visitors	47,835	38,595
Number of children examined by the medical officers :—		
First examinations	2,210	2,725
Total examinations made	5,028	5,557

The principal defects observed by the medical officers were : skin conditions 255, gastric disorders 157, phimosis 155, umbilical hernia 145, bronchitis 102, femoral or inguinal hernia 80, eye conditions 80, congenital deformities 63, diarrhœa 53, strabismus 47, nutritional disorders 40, rickets 36, anæmia 22, nose and throat defects 18, enlarged glands 16, enlarged tonsils and adenoids 15, congenital heart disease 13, enuresis 11, threadworms 10, otorrhœa 7.

Infant Welfare Centres.

Centre	Day of month on which Infant Welfare Centre is held	Average Attendances Year 1945	
		Mothers	Children
Anstey	2nd and 4th Mondays	61.3	67.0
Asfordby	„ „ „ Thursdays	47.5	61.7
Ashby-de-la-Zouch ..	Thursdays	83.8	78.7
Barrow-upon-Soar ..	2nd and 4th Wednesdays ..	35.1	38.9
Barwell	„ „ „ Thursdays	54.7	60.1
Birstall	„ „ „ Mondays	50.3	52.1
Blaby	1st and 3rd Tuesdays	54.9	65.6
Braunstone (County)	Wednesdays	85.4	87.5
Coalville	Tuesdays	71.3	95.3
Cosby	1st and 3rd Wednesdays ..	26.7	27.6
Desford	„ „ „ Tuesdays	60.0	63.7
Earl Shilton ..	„ „ „ Thursdays	60.3	67.7
Enderby	„ „ „ Wednesdays ..	29.8	34.6
Glenfield	2nd and 4th Tuesdays	63.9	68.3
Hinckley	Tuesdays	146.3	167.1
Hugglescote ..	2nd and 4th Mondays	28.0	30.2
Ibstock	„ „ „ Thursdays	39.8	43.5
Kegworth	„ „ „ Wednesdays ..	32.2	32.3
Kibworth	„ „ „ Wednesdays ..	34.9	38.2
Lutterworth	1st and 3rd Thursdays	44.5	49.5
Melton Mowbray ..	Wednesdays	69.7	76.4
Mountsorrel	1st and 3rd Tuesdays	59.6	66.3
Narborough	2nd and 4th Wednesdays ..	36.9	40.9
Oadby	„ „ „ Wednesdays ..	43.5	45.0
Quorn	1st and 3rd Wednesdays ..	52.6	56.7
Rearsby	„ „ „ Tuesdays	26.7	34.5
Rothley	„ „ „ Mondays	49.1	56.4
Shepshed	„ „ „ Wednesdays ..	49.4	51.1
Sileby	„ „ „ Tuesdays	86.8	95.9
Syston	Mondays	46.9	53.0
Thurmaston	2nd and 4th Tuesdays	19.9	22.2
Whetstone	„ „ „ Tuesdays	24.7	26.0
Whitwick	Mondays	46.6	49.8
Wigston Central ..	2nd and 4th Wednesdays ..	43.2	45.4
„ South ..	„ „ „ Tuesdays	64.6	71.0
„ Magna ..	„ „ „ Thursdays	67.2	72.8

All Infant Welfare Centres are held either at 2 or 2-30 p.m.

THE CARE OF PREMATURE INFANTS.

The highest proportion of infant deaths occurs during the first month of life, and of these neo-natal deaths an appreciable number are due to weakness and prematurity. It is therefore particularly necessary in the case of premature and underweight children to ensure that the most careful medical and nursing attention is available.

At the suggestion of the Ministry of Health a special scheme has therefore been inaugurated for the more detailed supervision of these children. The health department is notified of the birth and birth weight of every premature child and every child whose birth weight is 5½ lbs. or less. The welfare authorities of Leicester City, Loughborough Municipal Borough, Market Harborough Urban District and other neighbouring authorities have willingly co-operated in arranging for the interchange of information in cases where a birth occurs in the area of an authority other than that in which the mother usually resides.

A register of the births of premature infants is kept in the health department, and the health visitor for the area is notified so that she can maintain a careful supervision over the child and advise the mother regarding any steps which may be necessary in the interests of the health of the child.

During the year a total of 221 premature births was notified to the department.

The following is a summary of the results of following-up these children :—

Premature children born at home	134
Nursed entirely at home	121
Died within the first 24 hours	12
Died within 28 days	32
Survived at end of 28 days	102
Premature children born in hospital	87
Died during the first 24 hours	5
Died during the first 28 days	4
Survived at end of 28 days	78

Thus of the 221 children, 41 or 18.55% are seen to have died within the first month of life. The figures show the importance of notifying the health department of the birth of every premature infant in order to secure adequate supervision. An infant though premature may appear perfectly healthy when the doctor or midwife cease attendance, yet in the absence of special supervision, when the child is next seen either by the health visitor or by the mother calling in her own doctor, its health may have deteriorated to such an extent that its life cannot be saved.

THE CARE OF ILLEGITIMATE CHILDREN.

The rise which has recently taken place in the illegitimacy rates of the county has made it particularly important for all maternity and child welfare authorities to adopt special measures for the supervision of illegitimate children.

In Leicestershire a special scheme inviting co-operation with the Leicester Diocesan Moral Welfare Association came into operation on April 1st, 1944. The health visitor for each area of the county is responsible for the supervision of the mother and child, gives all the advice and assistance within her power, and after each visit to the home, sends in a report to the superintendent health visitor. Where the health visitor encounters social or moral difficulties, or where assistance is required in obtaining affiliation orders or in matters regarding employment, lodgings, legal adoption or other questions with which she is unable to deal, the assistance of the Leicester Diocesan Moral Welfare Association is sought. A special joint expenses grant of £150 is made to the Association by the Leicestershire County Council, the Loughborough Municipal Borough Council and the Market Harborough Urban District Council, the proportionate cost being divided among the three welfare authorities according to the corrected annual numbers of illegitimate births in each area.

In suitable cases unmarried expectant mothers are admitted to St. Saviour's Diocesan Maternity Home, at Northampton, a total of ten Leicestershire mothers being admitted during the year.

During the year there was a total of 532 illegitimate births in the administrative county, and of these 451 occurred within the area of the County Maternity & Child Welfare Committee. The importance of the problem is demonstrated by a consideration of the illegitimacy rates ; 92 births out of every 1,000 occurring in the county are illegitimate, a proportion of almost one in ten. In addition the illegitimate infant mortality rate of 62.0 is almost twice the legitimate rate of 33.1.

The reports of the Leicester Diocesan Moral Welfare Association show that 142 expectant mothers and 81 mothers with illegitimate children were referred to them during the year.

ADOPTION OF CHILDREN.

Since the Adoption of Children (Regulation) Act of 1939 came into force on 1st January, 1943, most adoptions have been carried out either through the agency of one of the National Adoption societies or of the Leicester Diocesan Moral Welfare Association.

The importance of the work of these societies cannot be over-emphasised, for the most careful enquiries are made both into the history of the family from which the child comes, and into the home in which it is proposed to place the child, and in addition the child itself is subjected to a thorough medical examination.

A number of adoptions are carried out by private arrangements between the families concerned, and in connection with these cases it is particularly important that the adopter should make certain that the child is healthy and that the legal formalities are completed. Cases not infrequently occur where a child is taken into a home by private arrangement with a view to adoption and the legal formalities are never completed, and years afterwards the child's mother changes her mind and insists on the return of the child.

It must be pointed out that under Section 7 of the Adoption of Children (Regulation) Act, 1939, it is the duty of any person (other than the child's parents or guardian or person with whom the child is placed) who participates in the arrangements for the placing of the child, to notify in writing the welfare authority of the area in which the child is to be placed. No notification has yet been received in Leicestershire under this section of the Act, although one case was brought to the notice of the authority where a third party, owing to a misunderstanding, omitted to forward the necessary notification.

CHILD LIFE PROTECTION.

The importance of careful supervision of the health and welfare of foster children ha recently received considerable publicity.

In Leicestershire each child is seen by the health visitor every two months, additional visit being made should circumstances require it. Detailed reports are made to the office and shoul the health or environment of any child be found unsatisfactory the home is immediately visite by a medical officer and any appropriate action taken. The various reports are laid upon th table at the meetings of the Maternity and Child Welfare Committee.

The following is a summary of the changes in the register of foster-children during 1945 :–

No. of cases on register on 31st December, 1944 ..	47
„ of new cases	12
„ returned to parents	15
„ attained 9 years of age	8
„ left county	9
„ transferred to new foster-parents	1
„ legally adopted	3
„ of cases on register on 31st December, 1945 ..	23

Separate registers are maintained by the Loughborough and Market Harborough Maternity and Child Welfare Authorities.

Regular inspections are made of all schools where boarders under the age of 9 years are received.

ORTHOPÆDIC TREATMENT.

Orthopædic treatment is available under the Maternity and Child Welfare Committee scheme for children under the age of five years. The arrangements are similar to those available for school children, and close co-operation is maintained with the Leicestershire Voluntary Association for Cripples' Welfare and with the Loughborough Cripples' Guild.

PRIORITY DOCKETS FOR THE PURCHASE OF SHEETS.

Under the Board of Trade Scheme the Maternity and Child Welfare Committee is responsible for the issue of dockets for the supply of sheets to expectant mothers. The facilities are available only upon the certificate of the midwife booked to attend the confinement. A maximum number of three sheets is allowed and an essential condition is that the confinement must take place at home.

NURSING HOMES.

All nursing homes in the county are inspected regularly.

During the year there were no new applications for registration, and one home was discontinued.

On 31st December there were on the register one nursing home, five maternity homes and three combined nursing and maternity homes. The total beds available were 36 for maternity cases and 22 for general cases.

HEALTH VISITORS.

The health visitors have played an important part in the work of the department during recent years. Each carries out the combined duties of health visitor, school nurse, tuberculosis visitor and child life protection visitor for her area ; consequently each develops a comprehensive and yet detailed knowledge of the health and social problems of the families amongst whom she works.

There is at present a shortage of health visitors, and the twenty-one at present on the staff find it difficult to carry out the work as completely and with as great attention to detail as they would desire. A general policy has been agreed of increasing the staff to deal with the additional work, but during 1945 it was found possible only to appoint sufficient new health visitors to replace the retirements of older members of the staff.

In order to increase the flow of new health visitors, the County Education Committee, at the request of the Maternity and Child Welfare Committee, has decided to offer a number of scholarships to state registered nurses who have passed part one of the C.M.B. certificate examination. The scholarships are to the value of £50, and should any of the nurses to whom the scholarship is awarded so desire, they may obtain an additional repayable scholarship of £90, interest free, on condition that this sum is repaid by instalments during a period not exceeding three years from the date of the completion of the training. It is hoped that as a result of these scholarships it will be possible to increase the staff of health visitors.

The following is a summary of the work of the health visitors. Duties in connection with the school medical department are not included :—

Children under 12 months :—	
First visits	5,418
Subsequent and special visits	24,799
Children 1-5 years	42,239
Total	72,456
Tuberculosis :—	
First visits	299
Subsequent and special visits	3,297
Total	3,596
Attendances at infant welfare centres	1,068
„ ante-natal clinics	215
„ tuberculosis dispensaries	351
„ orthopædic clinics	157
Pre-natal visits	1,472
Other visits : re Stillbirths	132
„ Child-life protection	203
„ Boarded-out children	173
„ Practising midwives	194
Special visits	264

WAR-TIME EMERGENCY SERVICES.

EMERGENCY MATERNITY SERVICE.

The scheme for the evacuation of expectant mothers has continued successfully and the following is a summary of the work performed at the three emergency maternity homes during the year :—

	Lockington	*Oadby*	*Whatton*	Total
No. of beds	40	25*	40†	105
No. of patients admitted	596	240	105	941
No. of babies born : Male	281	121	46	448
Female	278	109	35	422
Total number of babies born	559	230	81	870

* Oadby closed 17th October, 1945.
† Whatton closed 31st March, 1945.

	Lockington	*Oadby*	*Whatton*	Total
No. of twins	2 prs.	2 prs.	Nil	4 prs.
No. of stillbirths	8	6	Nil	14
No. of infant deaths	1	2	Nil	3
No. of miscarriages	Nil	1	Nil	1
No. of maternal deaths	1*	Nil	1	2

* This death occurred at the Leicester Royal Infirmary.

The total number of infants born in these maternity homes up to the end of December, 1945, was 6,744, of which 3,503 were males and 3,241 were females.

The pre-natal hostel at Lockington Lodge has accommodation for 16 patients ; during the year 159 expectant mothers passed through the hostel making a total of 414 admissions since the hostel was opened in August, 1943.

NURSERY CENTRES.

War-time Day Nurseries.

War-time day nurseries have been provided at Braunstone (Ravenhurst Road), Hinckley, Melton Mowbray, South Wigston, Syston and Wigston Magna. A nursery previously provided at Castle Donington was closed at the end of 1944.

Each nursery caters for 40 children (15 under the age of two years, and 25 between the ages of two and five), and a condition attached to admission is that the mother should be engaged in work of national importance.

Nursery staffs are trained both in the nursing and the educational aspects of their work, and five of the nurseries were recognised as training schools for the nursery nurses' diploma. During the year a number of the junior members of the nursery staff took the opportunity of taking the examination of the National Society of Children's Nurseries, thereby qualifying as nursery trained nurses.

Residential Nurseries.

Under the Government evacuation scheme four residential nurseries administered by voluntary bodies, were in operation in the county during 1945. Each of these nurseries was closed when the evacuation scheme terminated.

SANITARY CIRCUMSTANCES OF THE AREA.

HOUSING.

The following table summarises the activities in the County during the year in connection with the provision of new houses :—

District	Total No. of applicants for Council Houses at end of year	Total programme of new houses during next five years	Houses built during year 1945		Houses in course of erection at end of year	
			Local authority	Private enterprise	Local authority	Private enterprise
Urban Districts						
Ashby-de-la-Zouch	250	150 (2 yrs.)	..	..	..	..
Ashby Woulds ..	195	320 (3 yrs.)	..	..	..	..
Coalville	660	186 (1 yr.)	..	..	..	..
Hinckley	1,500	100 (1 yr.)	..	..	150	..
Loughborough M.B.	1,225	1,200	..	..	74	31
Market Harborough	420	400	..	..	..	..
Melton Mowbray ..	385	204 (1 yr.)	..	..	..	..
Oadby	234	225 (2 yrs.)	..	1	..	..
Shepshed	297	440	..	1	..	2
Wigston	1,150	444	..	2	..	14
Rural Districts						
Ashby-de-la-Zouch	673	700	2	..	..	..
Barrow-on-Soar ..	1,200	2,050	..	..	8	36
Billesdon	170	66 (1 yr.)	..	..	20	19
Blaby	614	950	..	..	96	51
Castle Donington ..	220	354	..	..	..	10
Lutterworth ..	334	353 (4 yrs.)	..	..	42	4
Market Bosworth ..	600	700	..	3	78	4
Market Harborough	280	128 (2 yrs.)	..	..	34	..
Melton & Belvoir ..	339	109 (1 yr.)	..	..	..	..
Totals ..	10,746	9,079	2	7	502	171

Housing (Rural Workers) Acts 1926-1942.

These Acts terminated on the 30th September, 1945, and no similar provisions have yet been brought into operation since that date.

During the year, the Public Health and Housing Committee made grants in four cases, three of £100 for the improvement of farm cottages and one of £200 for the conversion of an old farmhouse into two cottages for rural workers.

The following is a summary of the applications dealt with during the 19 years in which the Acts have been in force, showing the position on 31st December, 1945 :—

	Assistance by way of Grants	Loans
1. Number of dwellings in respect of which applications for grants or loans have been—		
(*a*) Made to the Council	232	5
(*b*) Refused by the Council	26	..
(*c*) Withdrawn by the applicants	43	5
2. Assistance promised by the Council—		
(*a*) Total amount of grants or loans promised ..	£14,428/10/-	
(*b*) Number of dwellings concerned	164	..
3. Assistance given by the Council—		
(*a*) Total amount of grants paid or loans advanced ..	£13,728/10/-	
(*b*) Number of dwellings concerned	157	..
4. Number of dwellings on which work has been—		
(*a*) Finished (on 31/12/45)	157	..
(*b*) Commenced but not finished (on 31/12/45)	7	..

SUMMARY OF THE ORDINARY HOUSING ACTIVITIES IN THE VARIOUS DISTRICTS IN THE COUNTY DURING 1945:—

DISTRICT	INSPECTION OF DWELLING HOUSES DURING YEAR				No. of defective dwelling houses rendered fit in consequence of informal action by the local authority or their officers	ACTION UNDER STATUTORY POWERS DURING YEAR							HOUSING ACT, 1936, PART IV.—OVERCROWDING					
						HOUSING ACT, 1936, SECTIONS 9, 10 & 16		PUBLIC HEALTH ACTS		HOUSING ACT, 1936, SECTIONS 11 & 13		HOUSING ACT 1936, SEC. 12						
	Total No. of dwelling houses inspected for housing defects (under Public Health or Housing Acts)†	No. dwelling houses inspected and recorded under the Housing (Consolidated) Regulations 1925 & 1932 (included in previous column)	No. dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	No. dwelling houses found not to be in all respects reasonably fit for human habitation (exclusive of those in previous columns)		No. dwelling Houses in respect of which notices were served requiring repairs	No. dwelling houses rendered fit after service of formal notices (By owners)	No. dwelling houses in respect of which notices were served requiring defects to be remedied	No. dwelling houses in which defects were remedied after service of formal notices (By owners)	No. dwelling houses in respect of which demolition orders were made	No. dwelling houses demolished in pursuance of demolition orders	No. separate tenements or underground rooms in respect of which closing orders were made	No. dwelling houses overcrowded at end of year	No. families dwelling therein	★ No. persons dwelling therein	No. new cases of overcrowding reported during year	No. cases of overcrowding relieved during year	★ No. persons concerned in such cases
URBAN DISTRICTS....																		
Ibby-de-la-Zouch	86	—	1	37	28	2	2	2	2	—	—	—	7	13	50	2	2	14
Ibby Woulds	10	—	—	14	14	—	—	—	—	—	—	—	—	—	—	—	—	—
alville	96	41	—	39	74	14	10	7	6	—	—	—	33	45	281	5	3	29
ckley	166	—	—	166	165	20	18	38	35	—	—	—	16	19	127	2	1	16
ughborough M.B.	575	351	—	533	512	21	21	—	—	—	—	—	107	209	836	22	—	—
rket Harborough	98	—	—	60	54	—	—	—	—	—	—	—	—	—	—	—	—	—
lton Mowbray	244	—	—	244	210	—	—	4	3	—	—	—	—	—	—	—	—	—
dby	301	—	—	22	14	2	2	—	—	—	—	—	4	4	25	5	1	3
epshed	180	—	2	42	39	—	—	—	3	—	—	—	—	—	—	—	—	—
gston	421	—	—	47	47	—	—	—	—	—	—	—	2	7	24	5	3	34
URAL DISTRICTS																		
Ibby-de-la-Zouch	2590	98	237	1026	123	9	9	32	36	—	—	—	—	—	—	—	—	—
rrow-on-Soar	7485	6910	904	2778	158	1	1	35	18	12	2	—	28	30	184	4	1	8½
lesdon	1140	1	67	747	21	1	1	—	—	—	—	—	—	—	—	—	—	—
lby	2506	941	294	647	34	—	—	9	9	—	—	—	38	38	347	23	—	—
stle Donington	45	11	—	41	9	—	9	2	12	—	—	—	—	—	—	—	—	—
tterworth	185	42	—	61	59	—	—	—	—	—	—	—	—	—	—	5	5	34
rket Bosworth	132	—	—	37	32	—	—	30	29	—	—	—	—	—	—	—	—	—
rket Harborough	391	—	—	8	8	—	7	—	5	—	—	—	4	5	36	1	—	—
lton & Belvoir	425	369	35	60	52	3	2	38	34	2	—	—	123	212	808	85	7	24
TOTALS	17076	8764	1540	6609	1553	73	82	197	192	14	2	—	362	582	2718	159	23	162½

★ NOTE—In determining the number of persons sleeping in a house, Section 58 Housing Act, 1936, states that a child who has attained one year and is under ten years old, shall be reckoned as one-half of a unit.

† NOTE—In certain Rural Districts, inspections under the Rural Housing Survey are included under this heading.

WATER SUPPLY.

During the year investigations of the purity of water supplies were continued throughout the county, 458 samples were submitted for analysis, compared with 373 in the year 1944, and the results are set out in the following table.

District	Satisfactory		Unsatisfactory	
	Chemical	Bacteriological	Chemical	Bacteriological
Urban Districts				
Ashby-de-la-Zouch	1	1	..	..
Ashby Woulds	..	..	..	..
Coalville	2	52	..	9
Hinckley	8	8	4	9
Loughborough M.B.	4	14	..	3
Market Harborough	2	66	2	2
Melton Mowbray	2	2	..	..
Oadby	..	..	..	..
Shepshed	..	..	..	..
Wigston	..	..	..	..
Rural Districts				
Ashby-de-la-Zouch	5	5	3	12
Barrow-on-Soar	..	32	..	25
Billesdon..	..	7	..	14
Blaby	3	4	4	21
Castle Donington	..	4	..	9
Lutterworth	13	13	..	20
Market Bosworth	3	..	16	..
Market Harborough	..	9	..	9
Melton and Belvoir	2	4	8	22
Totals ..	45	221	37	155

The above figures indicate the total number of water examinations carried out by the local authority in each district, and in many cases the samples have been taken from wells and springs used by comparatively few people. The results therefore must not be interpreted as bearing any relation to the purity of the general water supply of the various districts.

The greater part of each of the urban districts is provided with a piped supply. In the rural districts 119 parishes have piped supplies, and 107 are without piped supplies and rely mainly on wells. The quality of the piped supplies was generally satisfactory, but the well supplies were in most cases of very doubtful quality.

The following work was carried out during the year in connection with water supplies to dwelling-houses :—

	Urban districts	*Rural districts*
Piped supplies substituted for well supplies	34	221
Wells closed	27	56
Wells cleansed, repaired, etc.	7	21

Some shortage of supplies was experienced during the year in three urban districts, viz. : Ashby, Ashby Woulds and Melton Mowbray. In each case steps are being taken to obtain additional supplies.

The rural districts of Billesdon, Blaby, Lutterworth, Market Bosworth, Market Harborough and Melton and Belvoir also reported shortage in certain parishes during the year. It occurred mainly in parishes without piped supplies, and consideration to the whole question is being given under the Rural Water Supplies & Sewerage Act 1944.

Rural Water Supplies and Sewerage Act 1944.

Under this Act, a sum of 15 million pounds was placed at the disposal of the Ministry of Health to assist schemes for the provision or improvement of water supplies and the provision of sewerage facilities in rural areas. Where the Minister undertakes to make a contribution to the local authority, the County Council are also required to contribute and it is expected that normally the contribution will be on the basis of one-third of the cost of approved schemes to be paid by the Minister, one-third by the County Council and one-third by the local authority. Local authorities are required to consult the County Council before submitting schemes to the Minister, and to report to the Minister any observations which the County Council may make concerning their schemes.

TABLE SHOWING THE WORK OF SANITARY INSPECTION IN THE COUNTY.

District	No. complaints received	No. defects or nuisances discovered	No. premises visited		No. of notices served				Summary action	
					Preliminary		Statutory			
			Inspections	Revisits	Housing	Other	Housing	Other	Summonses issued	Convictions obtained
Urban Districts										
Ashby-de-la-Zouch	54	248	524	199	51	86	2	2	—	—
Ashby Woulds	41	67	1,759	236	5	7	—	—	—	—
Coalville	62	58	2,703	287	39	322	14	40	—	—
Hinckley	258	1,443	3,482	2,482	107	309	20	38	—	—
Loughborough	109	5,010	2,547	4,526	325	112	21	—	—	—
Market Harborough	436	662	892	2,967	81	185	—	—	—	—
Melton Mowbray	141	383	851	1,217	55	112	—	4	2	2
Oadby	13	28	799	—	15	79	2	1	—	—
Shepshed	10	44	1,183	291	39	17	3	—	—	—
Wigston	206	442	957	2,514	36	312	1	—	—	—
Rural Districts										
Ashby-de-la-Zouch	139	440	1,753	1,497	98	706	9	32	2	2
Barrow-on-Soar	342	566	9,828	12,008	206	174	14	35	6	4
Billesdon	81	75	1,780	182	22	3	2	—	—	—
Blaby	240	598	4,433	1,579	177	294	9	—	—	—
Castle Donington	97	63	253	54	11	14	—	2	2	2
Lutterworth	134	116	1,037	608	23	268	—	5	—	—
Market Bosworth	95	71	7,312	520	—	131	—	30	—	—
Market Harborough	241	301	1,004	457	2	2	—	—	—	—
Melton & Belvoir	226	571	2,400	734	93	36	6	2	—	—
Totals	2,925	11,186	45,497	32,358	1,385	3,169	103	191	12	10

During the year, the Public Health and Housing Committee considered schemes for the import of water supplies from the Rural Districts of Ashby-de-la-Zouch, Blaby, Melton and Belvoir and from the Urban Districts of Ashby-de-la-Zouch and Shepshed. Sewerage schemes were considered from the Rural Districts of Ashby-de-la-Zouch, Billesdon, Blaby, Barrow-on-Soar, Castle Donington, Lutterworth, Market Harborough and Melton and Belvoir, and from the Urban Districts of Ashby-de-la-Zouch, Shepshed and Wigston.

RAINFALL IN 1945.

The following table gives details of rainfall at the Sewage Farm, Wigston, and I am indebted to Mr. G. F. Stacey, Surveyor to the Wigston U.D.C., who kindly supplied these figures.

Month	Total depth	Greatest fall in 24 hours		No. of days with 0.01 in. or more	No. of days with 0.04 in. or more
	Inches	Inches	Date		
January ..	1.10	.35	19	14	8
February ..	1.55	.39	12	18	11
March ..	.68	.34	20	9	6
April	1.06	.25	2	11	10
May	3.20	.98	12	15	10
June	2.18	.40	22	17	16
July	2.94	1.25	15	11	9
August ..	2.13	.70	29	11	10
September ..	1.03	.27	20, 24	13	8
October ..	3.31	.79	29	11	11
November ..	.36	.08	3	13	3
December ..	2.38	.38	25	20	14
Total ..	21.92	..	..	163	116

SANITARY INSPECTION.

Closet Accommodation.

During the year 10 privies were abolished, 260 pail closets were converted into water closets and 26 privies were converted to pail closets. Worthy of comment are the 111 pail closets converted to water closets in the Barrow-on-Soar rural district, the 43 in the Blaby rural district and the 51 in the Market Bosworth rural district.

The following is a summary of the position as regards closet accommodation in the county at 31st December, 1945 :—

	Privies	Pail closets	Water closets	Total
Ten urban districts	408	1,318	45,292	47,018
Nine rural districts	2,404	15,713	30,425	48,542
Totals ..	2,812	17,031	75,717	95,560

Complaints.

The following sanitary complaints were received during the year and dealt with by reference to district officers:—

General sanitary matters	43
Housing	31
Water supplies	13
	87

INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLIES.

"Tuberculin-Tested" Milk.

On December 31st, 1945, there were 85 farms licensed to produce "Tuberculin-Tested" milk, and 50 of these also held certificates of "Attestation" issued by the Ministry of Agriculture and Fisheries. During the year 26 new licences were issued and no licences were discontinued.

"Accredited" Milk.

On December 31st, 1945, there were 549 licences in force for the production of "Accredited" milk. During the year 27 new licences were issued and 36 licences were discontinued, including 12 transfers to "Tuberculin-Tested" licences.

The Milk (Special Designations) Regulations, 1936-45. *Licences Issued*, 1945.

District	Licences Issued by County Council				Licences Issued by Local Authorities :—						"Pasteurised"		
	Tuberculin Tested		Accredited		"Tuberculin Tested"			"Accredited"				Retail Distribut'n	
	Production & Bottling Licences	Total Licences	Production & Bottling Licences	Total Licences	Bottling	Distribution		Bottling	Distribution		Pasteurising plants	Dealers	Supplementary
						Dealers	Supplementary		Dealers	Supplementary			
Urban Districts													
Ashby-de-la-Zouch	1	3	—	12	1	—	—	—	—	—	1	—	1
Ashby Woulds ..	—	1	1	2	—	—	—	—	—	—	—	—	—
Coalville	—	—	2	9	—	5	—	—	1	—	—	1	—
Hinckley	—	2	3	37	—	1	1	—	—	—	1	2	1
Loughborough M.B.	2	3	3	13	—	—	—	2	2	2	1	1	2
Market Harborough	—	—	1	5	2	2	—	—	—	—	2	1	1
Melton Mowbray ..	—	—	2	4	—	—	—	—	—	—	—	1	—
Oadby	—	—	1	5	—	—	—	—	—	—	—	—	—
Shepshed	—	1	—	2	—	—	—	—	—	—	—	2	—
Wigston	—	—	—	6	—	—	2	—	—	—	1	—	1
Rural Districts													
Ashby-de-la-Zouch	2	2	2	65	—	—	1	—	—	—	—	—	1
Barrow-on-Soar ..	1	4	3	52	—	—	—	—	—	—	—	3	4
Billesdon	4	11	2	25	—	—	—	—	—	—	—	—	—
Blaby	2	5	8	54	1	3	1	—	—	—	1	1	6
Castle Donington ..	1	4	2	39	—	—	—	—	1	—	—	—	1
Lutterworth ..	1	10	3	36	3	4	—	—	—	—	—	1	1
Market Bosworth ..	3	24	3	117	—	—	—	—	—	—	—	—	—
Market Harborough	1	4	—	24	—	—	—	—	—	—	—	—	—
Melton & Belvoir ..	4	11	2	42	—	—	—	—	—	—	—	—	2
Totals ..	22	85	38	549	7	15	5	2	4	2	7	13	21

Milk (Special Designations) Regulations.

The foregoing table gives details of the "Accredited" and "Tuberculin Tested" licences in operation during the year.

Two "Accredited" licences were suspended in January, 1945, owing to very unsatisfactory conditions coupled with records of bad samples, and remained in suspension until the end of the year, when they were not renewed.

A further "Accredited" producer was reported during the year with the intention of suspending his licence, but as the producer undertook to effect an immediate improvement, the suspension was adjourned for three months. Monthly reports showed greatly improved conditions, and no further action was therefore taken with regard to the suspension.

During the year the following applications for licences were dealt with, including inspections, alterations to premises, etc. :—

For "Accredited" licences	62
For "Tuberculin Tested" licences	30
For transfer from "Accredited" to "Tuberculin Tested" licences	15
Total number of farms concerned	107

The following milk samples were collected from designated farms during the last three years. These figures do not include samples collected by the district sanitary inspectors from licensed farms in their areas :—

	1945	1944	1943
"Accredited" producers	1,027	884	785
"Tuberculin Tested" producers	165	122	38
Miscellaneous (mainly farm investigations)	88	117	105
	1,280	1,123	928

Clinical Examinations and Tuberculin Testing of Cattle.

The following is a summary of reports of the divisional inspector of the Ministry of Agriculture and Fisheries :—

Summary of Reports of Divisional Inspector of Ministry of Agriculture and Fisheries.

(*a*) Clinical examination of dairy cattle :

	No. of herd inspections	No. of cattle examined
"Tuberculin Tested" herds	138	8,859
"Accredited" herds	1,358	38,805
Non-designated herds	1,591	23,301

(*b*) Tuberculin testing of "Tuberculin Tested" herds :

Number of cattle tested	9,001
Number of reactors found	99 (1.1%)

Milk Supplies to Schools and Public Assistance Institutions.

There are 307 schools in the county, and 12 public assistance institutions and children's homes.

The milk supplies to these establishments may be summarised as follows :—

	Schools	Public assistance institutions
Pasteurised	176	7
Heat-treated	6	..
"Accredited"	43	2
"Tuberculin Tested"	14	1
Non-designated raw milk	65	2
Dried milk	3	..
	307	12

112 different suppliers are concerned.

The following samples were collected during the last three years :—

	1945	1944	1943
School supplies	367	273	145
Public assistance institution supplies	34	13	12
	401	286	157

Samples are taken of all supplies as frequently as possible, the aim being ultimately t sample the supply to each school and institution four times a year.

When any change of supply takes place an endeavour is made to obtain a supply of eithe "Tuberculin Tested," "Pasteurised" or "Accredited" milk, but if this proves impracticable an a supply of non-designated raw milk has to be accepted, an inspection is made before approva of the supply is given, and the findings of the veterinary inspection of the herd verified by con sultation with the Ministry of Agriculture and Fisheries.

Continuous efforts are made to increase the supply of designated milks in schools, and t eliminate supplies of dried milk.

Where sampling gives persistent unsatisfactory results, the supply is investigated, with th object of either improving it, or of obtaining a new and satisfactory supply.

Defence Regulation 55G—Heat-treated Milks.

The County Council is the responsible authority for the enforcement of Regulation 55G of the Defence (General) Regulations (1939), dealing with heat-treated milk.

The Regulation provides that no milk may be sold as "heat-treated", "pasteurised" o "sterilised" unless it has been treated by a person holding an authority from the Ministry o Food to operate a heat-treatment plant, and that the milk must also satisfy a specified phosphatase test and methylene blue test (as laid down by the Heat-treated Milk (Prescribed Tests) Orde 1944).

Local authorities are, however, still responsible for the licensing and supervision, and the sampling of supplies from milk pasteurising plants, under the Milk (Special Designations) Regulations. Owners of pasteurising plants must therefore hold a licence from the local authority and an authorisation from the Ministry of Food, while other heat-treatment and sterilising plants are operated only under an authorisation from the Ministry of Food.

Under the Regulation, six authorisations were issued for the operation of pasteurising plants where licenses were already held from the local authorities, and three authorisations were issued for other heat-treatment plants. One of the latter was cancelled at the end of the year owing to the dismantling of the plant.

As the County Council was given the duty of collecting samples from all these plants, it was decided in May, 1945, to avoid duplication by inviting the local authorities to co-operate by carrying out the sampling of heat-treated milks in their areas on behalf of the County Council, and at the County Council's expense as regards laboratory examination. All the local authorities have agreed to this proposal, and their co-operation has been greatly appreciated by my department. As far as possible, an attempt is made to sample the milk from each plant twice monthly, in addition to any other samples which may be taken in the course of delivery.

In co-operation with the district sanitary inspectors, the county sanitary inspectors make inspections and collect samples in any cases of difficulty.

During the year, 140 samples were collected from the nine plants, and in addition a large number of samples of milk processed at these plants was collected at schools and public assistance institutions. Of the 140 samples, 103 were satisfactory and 37 were unsatisfactory. Of the latter, 21 samples were from a single licensed pasteurising plant, which caused the department considerable concern throughout the greater part of the year. Factors such as inadequate plant, shortage of labour and unsatisfactory raw supplies played a big part in the trouble, and at the time of writing this report a new plant has been installed and a considerable improvement effected.

MILK AND DAIRIES ORDER.

District	Registered cow-keepers	Inspections	Registered dairymen	Inspections	Milk samples collected		
					Satis.	Unsatis.	Total
Urban Districts							
Ashby-de-la-Zouch	37	45	10	12	19	6	25
Ashby Woulds ..	9	18	..	..	..	..	..
Coalville	48	88	40	59	85	47	132
Hinckley	76	398	57	115	93	20	113
Loughborough M.B.	42	143	39	161	69	28	97
Market Harborough	9	29	4	60	26	5	31
Melton Mowbray	21	38	9	19	36	2	38
Oadby	9	19	19	10	..	..	..
Shepshed ..	26	58	4	10	..	..	..
Wigston	18	80	68	12	170	6	176
Rural Districts							
Ashby-de-la-Zouch	210	535	2	6	35	8	43
Barrow-on-Soar ..	362	402	144	104	26	2	28
Billesdon	143	17	40	3	6	..	6
Blaby	182	163	19	41	86	12	98
Castle Donington	107	29	7	10	3	5	8
Lutterworth ..	210	214	21	53	9	3	12
Market Bosworth	371	343	142	49	22	2	24
Market Harborough	172	73	6	6	42	9	51
Melton & Belvoir	828	372	286	176	263	10	273
Totals ..	2,880	3,064	917	906	990	165	1,155

MEAT INSPECTION.

Slaughter Houses.

There are four regional slaughter-houses in the county. The following table shows the situation of the slaughter-houses, inspections made, etc., together with details of slaughtering in other districts of the county.

District	No. of regional slaughter houses	No. of inspections at time of slaughter	Total No. of animals slaughtered	No. of knackers' yards	No. of inspections
Urban Districts					
Ashby-de-la-Zouch	..	12	12	1	3
Ashby Woulds ..	..	..	..	..	..
Coalville	1	1,103	13,393	..	..
Hinckley	1	432	10,179	..	..
Loughborough M.B.	..	197	197	1	25
Market Harborough	1	240	6,759	..	..
Melton Mowbray ..	1	472	10,457	1	11
Oadby	..	75	75	..	..
Shepshed	..	141	163	..	..
Wigston	..	56	56	1	12
Rural Districts					
Ashby-de-la-Zouch	..	4	4	1	7
Barrow-on-Soar ..	..	96	1,180	2	32
Billesdon	..	..	..	..	..
Blaby	..	96	733	..	..
Castle Donington ..	..	..	..	1	4
Lutterworth ..	..	85	842	1	4
Market Bosworth ..	..	19	1,916	..	..
Market Harborough	..	..	..	..	..
Melton & Belvoir ..	..	..	..	2	10
Totals ..	4	3,028	45,966	11	108

FOOD ANALYSIS.

The County Police are responsible for the administration of the provisions of the Food a Drugs Act, 1938, dealing with the composition of food and drugs, and the following is a summa of the reports of the county analysts on the work carried out during the year 1945 :—

Total samples taken 531, compared with 508 in 1944.
Unsatisfactory samples 47, compared with 48 in 1944.

The unsatisfactory samples were classified as follows :—
Cinnamon 1 (ground cloves, not cinnamon).
Coffee 1 (mixture of coffee and chicory).
Whisky 2 (1 below legal strength and 1 added water).
Potted meat 4 (higher percentage of meat than allowed by Order).
Vinegar 3 (2 deficient in acetic acid ; 1 in mouldy condition).
Baking powder 2 (deficient in available carbon dioxide).
Gin 1 (added water).
Milk 33 (15 added water ; 18 deficient in fat).

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

The Incidence of Infectious Disease.

The year 1945 was characterised by an increase in the prevalence of measles and bacilla dysentery, by a small outbreak of typhoid fever, the first in Leicestershire for many years, and t a continuation of the very low incidence of diphtheria.

A corrected total of 4,731 cases of measles was notified, and since many cases of this disea remain unnotified it is probable that the incidence was considerably higher. Three deat occurred. Epidemics of this disease have a regular periodicity and outbreaks of a similar degr of severity, each involving approximately 4,000 notified cases, occur at intervals of approximate two years.

The notifications of whooping cough fell from 844 during 1944, to 640 during 1945. Onl five deaths were reported as compared with ten during the preceding year.

Diphtheria.

The incidence of diphtheria remained at the remarkably low level reached in 1944, and onl 63 true cases of the disease occurred, and of these, twenty were in adults or in adolescents age 15 or over. No cases occurred during the first year of life, but eight were in children under the ag of five. Twenty cases were aged five to ten and thirteen were aged ten to fifteen. In two cases th age was not known.

Seven deaths occurred, three being in adults, two in children under five years, and two i the five to ten year age group.

Diphtheria Immunisation.

Every effort continues to be made to encourage all parents to have their children immunised Not only should children be immunised at, or preferably slightly before, their first birthday, bu a third reinforcing dose should be given when the child reaches school age. The importance o the latter must be stressed, for in rural areas many children under school age do not encounte such frequent doses of infection as children living under more crowded urban conditions, an the immunity conferred by the first immunisation has therefore a tendency to wane by the tim a child reaches school age.

Both national and local propaganda is conducted, and many of the district councils send a birthday card, incorporating propaganda and a consent form, to every household when a chil attains its first birthday. In addition the county health visitors continually advocate immunisatio in the course of their daily work, and, as a result of their personal methods of approach, ar responsible for obtaining the consent of a large proportion of parents.

The immunisation of children is organised mainly by the district councils, partly throug the services of local general practitioners and partly through special immunisation clinics ; th staff of the county health department are responsible for a regular clinic held in Leicester, an for special clinics held at centres in the county by arrangement with the district medical officer of health.

Accurate records of the proportion of children immunised in each area are difficult to main tain, partly on account of the migration of some families, and partly on account of the fac that a proportion of children are immunised privately. In Leicestershire a special survey, based mainly on the health visitors' records, was organised at the end of 1944 and was useful in supple menting the records of the district medical officers of health. A similar survey was commenced at the end of 1945.

Scarlet Fever.

A total of 658 cases of scarlet fever was notified as compared with 793 during 1944. There were no deaths, and complications were rare.

The uniformly mild nature of this disease is shown by the fact that among the 3,643 cases which have occurred during the last five years there have been only seven deaths, a case of one in 520. This is a marked contrast to the severity of the disease one hundred years ago, when it was not unusual to find a case-mortality as high as one in ten.

An increased proportion of cases are now being nursed at home and, having regard to the prevailing shortage of nursing staff in isolation hospitals, this is a tendency to be encouraged, provided always that home nursing can be carried out with satisfaction to the patient and without undue risk to the community.

Admission to an isolation hospital is, however, important in certain classes of case. They may be summarised as follows :—

1. Cases where the disease is of a severe type, when the patient is in delicate health, or where complications are anticipated.

2. Cases when there would be difficulty in isolating and nursing the patient at home. Under this heading are included both overcrowded and insanitary home conditions, and families where there is no person suitable or capable of undertaking the nursing.

3. Households where there are expectant mothers.

4. Households in which any members are engaged in the preparation or distribution of food for public consumption, or where such food is actually prepared on or distributed from the premises.

Typhoid Fever.

Six cases of typhoid fever occurred in the county, all during the month of September, and subsequent investigation showed that they were part of an outbreak involving a total of eleven cases (seven families) scattered over the areas of five local authorities in the counties of Leicestershire and Derbyshire.

The laboratory findings indicated that there was probably a common source of infection, yet in view of the scattered nature of the outbreak it was at first difficult to establish a connection between the cases. It was, however, discovered that each of the patients had attended a religious festival which had attracted large numbers of people, though two of the patients were quite definite in stating that they had consumed no food or drink at the festival. As a result of a careful sifting of evidence and of a re-interrogation of the patients, it was established that each of them had consumed a beverage at a small café on the road leading to the site of the festival. The water supply of this café, aggravated by the then prevailing dry weather, was found to be dangerously polluted, and in view of the large number of people known to have been in the vicinity of the café at the time of the festival, contamination of human origin was a likely event. The alternative possibility was that infection came from the pail closet of the café, which at that time had been used to an excessive degree by the patrons of the café. The likelihood of one or other of these possibilities was confirmed by the failure to find a carrier either on the staff of the café or living within the catchment area of the water supply, and by the fact that all ingredients of the beverage, apart from the water, were mass produced articles unlikely to be infected on a single occasion only.

From a laboratory point of view the outbreak was interesting owing to the fact that the strain of *salmonella typhi* was untypeable by any known Vi type bacteriophage, and that it was also resistant to the polyvalent salmonella anti-O bacteriophage.

Ten of the patients consumed the beverage on August 27th, and one on August 28th, the incubation period being from 14 to 25 days. The clinical condition of the patients was one of severe illness with extreme prostration and high temperature lasting for several weeks. There were no deaths or serious complications, and the only unusual features noted were the incidence in one of the patients of a dactylitis on the right ring finger, and in another, of a severe jaundice during the first three weeks of the illness.

Eight other persons, associates of the enteric fever patients, are known to have consumed the beverage, and of these eight persons, six experienced diarrhœa and vomiting within 48 hours of the ingestion of the food, and three (including one who had suffered from gastro-enteritis) became jaundiced after intervals, respectively, of 32, 34, and 36 days.

The investigation was undertaken by the officers of the Leicestershire and Derbyshire County Health Departments and of the Leicester Emergency Public Health Laboratory Service, in co-operation with the medical officers of health of the respective district authorities and the superintendents of the isolation hospitals. Help was also received from Dr. W. S. MacRae Craig of the Ministry of Health, and Dr. A. Felix, the Director of the Enteric Reference Laboratory. A full account of the outbreak has been prepared by Dr. A. E. Martin, Senior Assistant County Medical Officer and Dr. E. P. Marmion of the Emergency Public Health Laboratory, and has been published in the Monthly Bulletin of the Ministry of Health and Emergency Public Health Laboratory Service for September, 1946 (vol. v., pp. 205-211).

TUBERCULOSIS.

REPORT OF THE CHIEF TUBERCULOSIS OFFICER.

Prevalence of Tuberculosis.	Year 1945	Average for preceding ten years
Pulmonary tuberculosis :—		
Notifications	217	203
Deaths	111*	143
Death rate	0.36	0.46
Non-pulmonary tuberculosis :—		
Notifications	67	88
Deaths	32	34
Death rate	0.10	0.11
Total for both pulmonary and non-pulmonary tuberculosis :—		
Notifications	284	291
Deaths	143	177

* This is a record low figure for the County.

Out-patient dispensary work (for details see table T.B.1).

The number of attendances at dispensaries has been 7,479 as against 6,877 in 1944. X-ray photographs of pulmonary cases have been taken at Markfield Sanatorium, and a certain number of surgical cases have been X-rayed there during the year. The total number taken was 2,300 including 485 screenings.

The number of specimens of sputum examined was 1,078, of which tuberculosis medical officers submitted 688.

Domiciliary work.

1. Open-air shelters.—The number of shelters on loan during the year was 36, and the number of inspections carried out by the County Nursing Association was 124.

2. Nursing of advanced cases.—The number of visits made by district nurses under the direction of the County Nursing Association was 2,656.

3. Extra nourishment.—£212 has been expended on 33 patients. The grant is one pint of milk per day and one dozen eggs (when possible) per week to each patient.

4. Additional help.—The cost of splints, crutches, surgical boots, travelling expenses and dentures has entailed an expenditure of £38 on 26 patients, as against £48 on 27 patients last year. Domiciliary help is also given to suitable cases in the shape of beds, bedding, sponge rubber mattresses, air-rings, bed-rests, etc., which are issued on loan.

5. Domiciliary visits.—Tuberculosis medical officers have paid 1,708 visits to patients' homes ; Dr. Coward 591, Dr. Lane 1,117. The health visitors paid 3,596 visits and the district nurses 2,656.

Surgical Tuberculosis.

The numbers of patients admitted to orthopædic hospitals and of those remaining under treatment, and other information will be found in Table T.B.2.

Out-patient treatment is available at the Leicester City Clinic, Richmond House, The Newarke, Leicester, under Mr. Morris ; The Cripples' Guild, Packe Street, Loughborough, under Mr. Malkin ; and at the Coalville and Hinckley Orthopædic Clinics under Mr. Allan.

Lupus.

Cases of Lupus are treated at the Skin Department, Leicester Royal Infirmary, under the care of the skin specialist. They also attend the out-patient dispensaries for general supervision.

Ministry of Health Memorandum 266/T.

The scheme of allowances under the Ministry of Health's Memo : 266/T was continued during the year. The scheme makes provision for money allowances for a certain category of patients suffering from pulmonary tuberculosis. The patients entitled are those giving up gainful occupation to undertake treatment approved by the tuberculosis medical officer, who must be of the opinion that there is good prospect of early return to employment as a result of such treatment. Allowances given are a total charge on the Treasury, and are subject to a time limit. Where domiciliary treatment is recommended the grant may be given for twelve months. Where institutional treatment is recommended the grant may be given from the date of recommendation until eighteen months after discharge from sanatorium. However, maintenance allowance may not be paid to patients without dependents while receiving treatment in a sanatorium. Any extension of a grant beyond the stated limits can only be made by special approval of the Ministry of Health.

The allowances available are of three different kinds : (*a*) maintenance allowance to provide for a reasonable standard of living, (*b*) discretionary allowance to help in meeting exceptional

commitments such as high rent, hire purchase charges, etc., and (*c*) special payments for relatives' travelling expenses to see the patient in the sanatorium, pocket money whilst in the sanatorium, and certain other assistance not available under (*a*) or (*b*).

Maintenance allowances are given without a means test in accordance with a scale approved by the Ministry of Health. Discretionary allowances and special payments are only given on proof of need and are subject to consideration by your committee. In general it is found that a maintenance allowance removes the necessity for discretionary allowance or a special payment.

During the year the following allowances were given :—

Maintenance 64 ; discretionary 2 ; special payment nil.

N. A. COWARD,
Chief Tuberculosis Officer.

REPORT BY THE MEDICAL SUPERINTENDENT OF THE LEICESTERSHIRE COUNTY SANATORIUM & ISOLATION HOSPITAL, MARKFIELD.

	Tuberculosis		Infectious Diseases		Total	
	Year 1945	Av. of years 1933-37	Year 1945	Av. of years 1933-37	Year 1945	Av. of years 1933-37
Beds provided	138	128	76	62	214	190
No. of cases 1st Jan., 1945 ..	129	114	28	61	157	175
No. of cases admitted	206	295	530	528	736	823
No. of cases discharged ..	213	292	533	507	746	799
No. of cases 31st Dec., 1945 ..	122	117	25	82	147	199

The total number of patients admitted and discharged during 1945 was somewhat higher than in preceding years. The average number of beds occupied daily was 166.5, showing very little change as compared with the previous year, and the highest number of patients under treatment, at any one time, was 186.

In the sanatorium, part of the children's ward continued in use for adults throughout the year and the demand for accommodation remains high. The work of the X-ray department and the number of special treatments continues at a high level. A scheme is being worked out, in conjunction with the Leicester City Council, involving the appointment of a full-time thoracic surgeon, whereby the county would take a share in increased facilities for operative measures in the treatment of pulmonary tuberculosis.

The admissions to the isolation hospital were rather higher than during the previous year, and included a small number of cases of true typhoid fever.

The recruitment of staff continues to give cause for much anxiety and consideration is being given to the employment of males in all departments.

Tuberculosis.

A total of 206 cases was admitted and 213 discharged during the year. The average number of beds occupied daily was 130.3 and taking the year as a whole 94.5% of the available accommodation was in constant use. The largest number of patients under treatment at any one time was 139. The average stay in hospital was 251 days in men, 239 days in women and 225 days in children.

Artificial Pneumothorax.

Collapse of the lung was carried out in 95 patients during the year, refills were given on 1,421 occasions, and in addition Dr. Lane gave 236 refills at Loughborough. In 5 cases, both lungs were being collapsed simultaneously.

During 1945, 22 patients completed treatment, 9 left the county, and treatment was abandoned in a further 21 cases. At the end of the year 43 patients were still undergoing collapse therapy, 9 being in-patients while 34 were attending as out-patients. Six were evacuees and one was a child.

Surgical Measures.

Mr. T. Holmes-Sellors, of London, has continued to operate on Leicestershire cases, at the Leicester City Isolation Hospital, by courtesy of the Leicester City Public Health Committee. During the year, 13 cases of thoracoscopy with adhesion section were performed during the course of collapse of the lung, 6 had phrenic nerve operations to paralyse the diaphragm and 2 had thoracoplasty operations to produce permanent collapse of the lung.

Other Measures.

Aspiration of fluid, together with pleural wash-out and air replacement was carried out on 162 occasions.

Aurotherapy.

Gold salts were injected into 48 patients, the average dose being 4.2 grammes, necessitating approximately 960 injections into the veins.

31 patients completed their course of injections during 1945.

17 patients became quiescent and 24 out of 29 cases of tuberculous sputum became non-infective.

Tuberculin.

4 patients suffering from disease affecting the uro-genital system were treated by weekly injections.

Heliotherapy.

Artificial sunlight was administered to 25 patients (16 cases of glandular disease, 3 abdominal, 3 kidneys, 3 others) and a total of 1,185 exposures was given.

Blood Sedimentation Rate.

This test is performed as a routine on all adult patients at monthly intervals to estimate the degree of toxic disturbance. During the year 1,782 such tests were carried out.

Mantoux Tests.

Tests for sensitivity of the skin to tuberculin are carried out during the observation of cases in which the diagnosis is in doubt. These tests were performed on 33 occasions.

The tests are also performed as a routine measure on all staff to indicate the members for whom special precautions are desirable.

X-ray Department.

The total number of examinations during 1945 shows little change as compared with the previous year but the number of examinations by screening alone has been reduced, with a consequent large rise in the number of films taken, thus providing greater accuracy and a permanent record of findings.

	Screening	Films
In-patients	774	1,156
Sent by tuberculosis officers	455	1,719
Sent by other clinics	—	9
Sent by Medical Boards	30	96
	1,259	2,980
Total radiographic examinations	4,239	

Laboratory.

The number of examinations of pathological specimens remains high, and, in addition, the services of the Emergency Public Health Laboratory have been used for special investigations and for confirmation in a large number of cases.

Blood sedimentation rates	1,782
Sputum for tubercle bacilli	1,129
Cultures for diphtheria bacilli	1,076
Urine for tubercle bacilli	193
Smears, etc.	130
Cerebro-spinal fluid	53
Blood counts, etc.	45
Effusions for tubercle bacilli	35
Other investigations	12
Post-mortems	5
Total	4,460

Results of Treatment.

A table of the results of treatment, showing the classification, the length and result of treatment is published on another page. Of special interest are the following points.

A total of 213 cases of tuberculosis was discharged during the year. 179 were suffering from the adult type of lung disease, 6 from childhood lung disease and 15 from disease affecting other

parts of the body. A further 13 cases, in whom the diagnosis was in doubt, had been admitted for observation and, of these, one was accepted after further investigation as suffering from active tuberculosis and was retained for treatment.

Of the 179 cases of adult lung disease 70 were in the T.B. negative or early T.B. positive class and of these, 53 (76%) became quiescent and 5 (7%) died.

The remaining 109 cases were suffering from moderately or well-advanced disease and, of these, only 26 (24%) became quiescent, while 38 (34.9%) died.

Altogether, there were 116 cases who were T.B. positive, and 56 (48%) became non-infective as a result of treatment.

5 out of 6 cases of childhood lung disease became quiescent, as did 3 out of 4 abdominal disease, all 6 of gland disease and 3 out of 5 cases suffering from disease of other organs.

INFECTIOUS DISEASES.

The number of cases treated during 1945 shows a rise as compared with the previous year, 530 being admitted and 533 discharged. The average number of beds occupied was 36.5 and the highest number of patients under treatment at any one time was 51. The average age of all cases was 14 years and the average duration of treatment in hospital 25 days.

Scarlet Fever.

270 cases were discharged, 56 being adult and 214 children, but the diagnosis was not confirmed in 13 cases.

The average age was over 10 years and the average duration of treatment was 30 days.

Specific treatment was by sulphonamides, and by serum where necessary, and complications were 10 cases of otitis media, 4 of rheumatism, 3 of relapse and 2 of nephritis.

Diphtheria.

78 cases were discharged, 35 being adult and 43 children but, of these, 45 cases were proved not to be diphtheria. There were, therefore, only 33 cases of true diphtheria.

The average age was 16 years and the average stay in hospital was 32 days.

29 patients were suffering from diphtheria affecting the fauces, 3 of the larynx and one was a carrier.

The average dose of anti-toxin was 71,000 units.

3 deaths occurred, all in non-immunised cases, 2 of them within a few hours of admission. Complications were 7 of peripheral paralysis.

Cerebro-Spinal Fever.

37 cases were discharged, the average age being 13 years and the average duration of treatment 13 days.

The diagnosis of meningo-coccal meningitis was confirmed in 11 cases and these were treated by lumbar puncture and sulphonamide drugs, together with penicillin injections in 4 cases. One death occurred on the day of admission.

3 cases of pneumococcal and one of influenzal meningitis recovered after intensive treatment by penicillin, as did 2 cases of encephalitis, but 4 cases of tuberculous meningitis, one of cerebral abscess and one of cerebral haemorrhage died, while 14 cases were found not to be suffering from any disease of brain or meninges.

Typhoid Fever.

11 cases were admitted, with an average age of 29 years and the average stay in hospital was 45 days.

5 cases were confirmed as true typhoid fever and had been infected from the same source. All recovered although one developed a bone complication.

In one case, the diagnosis was altered to acute food poisoning resulting in death, while the remaining 5 cases were not suffering from any type of enterica.

Dysentery.

21 cases were treated, the average age being 20 years and the average stay 16 days.

The infection was by a Sonne organism in 12 cases, Flexner in one case and no specific organisms could be found in 8 others. All recovered.

Puerperal Fever.

27 mothers, accompanied by 18 babies, were treated, of whom 20 were primiparous. The average age was 26 years and treatment extended over an average period of 17 days.

The routine treatment is by local glycerine drainage and sulphonamide drugs, aided, when necessary, by injections of penicillin.

Other Diseases Treated.

During the year, 12 cases of erysipelas, 2 encephalitis, one infantile paralysis, 23 measles, 5 whooping cough (complicated by pneumonia), 10 mumps, 4 chicken pox, 2 pemphigus neonatorum, one ophthalmia neonatorum, one rubella and 5 of miscellaneous diagnoses were treated.

STAFF.

All members of the nursing and domestic staff are tested for susceptibility to diphtheria and scarlet fever by the Schick and Dick tests and, in addition, as regarding immunity to tuberculosis, by the Mantoux Test. An X-ray examination is performed every 6 months.

66 Schick and Dick tests were performed and 31 members of the staff were subsequently immunised.

105 Mantoux skin tests were performed.

Illness amongst the staff required repeated medical attention in 94 cases.

18 examination successes were obtained by the nursing staff.

H. SELBY,
Medical Superintendent.

Classification on admission to the sanatorium.		Condition at time of discharge.	Duration of residential treatment in the sanatorium.															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.	M.	F.	Ch.	
PULMONARY TUBERCULOSIS.	Class T.B. minus.	Quiescent	– (1)	2	—	10	10	1	12	4	3	1	8	1	23(1)	24	5	53
		Not quiescent	2	1	—	2	1	—	1	—	—	1	2	—	6	4	—	10
		Died in sanatorium	3	—	1	—	—	—	—	—	—	1	1	—	4	1	1	6
	Class T.B. plus. Group I.	Quiescent	—	1	—	2	1	—	2	—	—	—	—	—	4	2	—	6
		Not quiescent	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	1
		Died in sanatorium	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Class T.B. plus. Group II.	Quiescent	—	—	—	1	1	—	7	9	—	—	4	1	8	14	1	23
		Not quiescent	1	1	—	2	2	—	10	9	—	3	1	—	16	13	—	29
		Died in sanatorium	—	—	—	—	1	—	1	—	—	7	—	—	8	1	—	9
	Class T.B. Plus. Group III.	Quiescent	1	—	—	—	—	—	1	—	—	1	—	—	3	—	—	3
		Not quiescent	3	—	—	2	—	—	3	2	—	4	2	—	12	4	—	16
		Died in sanatorium	4	3	—	5	8	—	3	1	—	4	1	—	16	13	—	29
	Totals (pulmonary)		15	8	1	24	25	1	40	25	3	22	19	2	101	77	7	185
NON-PULMONARY TUBERCULOSIS.	Bones and joints.	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in sanatorium	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Abdominal.	Quiescent	—	—	—	1	1	1	—	—	—	—	—	—	1	1	1	3
		Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in sanatorium	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
	Other organs.	Quiescent	—	—	—	2	—	—	—	1	—	—	—	—	2	1	—	3
		Not quiescent	—	—	—	1	1	—	—	—	—	—	—	—	1	1	—	2
		Died in sanatorium	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Peripheral glands.	Quiescent	—	—	—	—	—	1	—	—	3	—	—	2	—	—	6	6
		Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in sanatorium	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Totals (non-pulmonary)		—	—	1	4	2	2	—	1	3	—	—	2	4	3	8	15
Note : The following observation cases (non-tuberculous) were also discharged during the year, M.–5. F.–3. Ch.–5. In addition 1 case admitted for observation was retained for treatment, and is included in the above table. Figures shown in brackets are cases where the diagnosis has not been confirmed.																		13
																		213

REPORT OF THE BLABY, HINCKLEY AND MELTON MOWBRAY ISOLATION HOSPITALS FOR THE YEAR 1945.

	Blaby		Hinckley		Melton Mowbray		Total	
	1945	Av. of years 1939–43	1945	Av. of years 1939–43	1945	Av. of years 1939–43	1945	Av. of years 1939–43
Beds provided ..	17	17	23	23	32	32	72	72
No. of cases on Jan. 1st	10	22	24	29	13	25	47	76
No. of cases admitted	138	171	152	240	179	279	469	690
No. of cases discharged	135	173	166	244	183	281	484	698
No. of cases on 31st Dec.	13	20	10	25	9	23	32	68

In the three hospitals the average number of beds occupied daily was 33, the average duration of stay in hospital was 25 days and the average age of the patients was 13 years.

Scarlet Fever.

A total of 303 patients was admitted to the scarlet fever wards during the year. There were 38 patients in the wards on the 1st January, and 25 on the 31st December, 1945, 316 being discharged during the year. No deaths occurred. 36 of the patients admitted and 38 of those discharged were from outside the county.

Of the 316 patients discharged, 45 were adults and 271 were children. The average age was 10 years and the average duration of treatment 30 days.

In seven cases the diagnosis of scarlet fever could not be confirmed, and in three of these the patients were found to have been suffering from measles, in two from rubella, and in one from tonsillitis.

Diphtheria.

A total of 93 patients was admitted with the diagnosis of diphtheria, and 91 were discharged. There were 8 patients in hospital on 1st January, and 4 on 31st December, 1945. 6 patients died. 7 of the admissions were from outside the county, of which one died and 6 were discharged during the year.

Of the 91 cases discharged, 39 were adults and 52 were children ; the average age was 16 years and the average duration of treatment 20 days.

Of the 91 cases discharged, 24 were found to have been suffering from tonsillitis, 9 from quinsy, 5 from streptococcal throat, 2 from croup, 1 from Vincent's angina and the diagnosis was not confirmed in a further 14 cases. The number of cases in which the diagnosis was confirmed was therefore 36.

Six deaths occurred ; two were children, three were female adults (one death being due to streptococcal tonsillitis) and one patient was a R.A.F. service man from outside the county. The two children were boys aged 5 and 11 years respectively, and neither had been immunised.

Cerebro-spinal Meningitis.

Seven patients were admitted during the year, 6 were discharged, and one died, a boy of eleven years. The diagnosis was not confirmed in 4 cases. Of the patients discharged, 5 were children (2 from outside the county), and one was a female adult.

ANNUAL REPORT ON VENEREAL DISEASES SCHEME.

By C. Hamilton Wilkie, M.D., Ch.B., B.Sc.(Glas.).

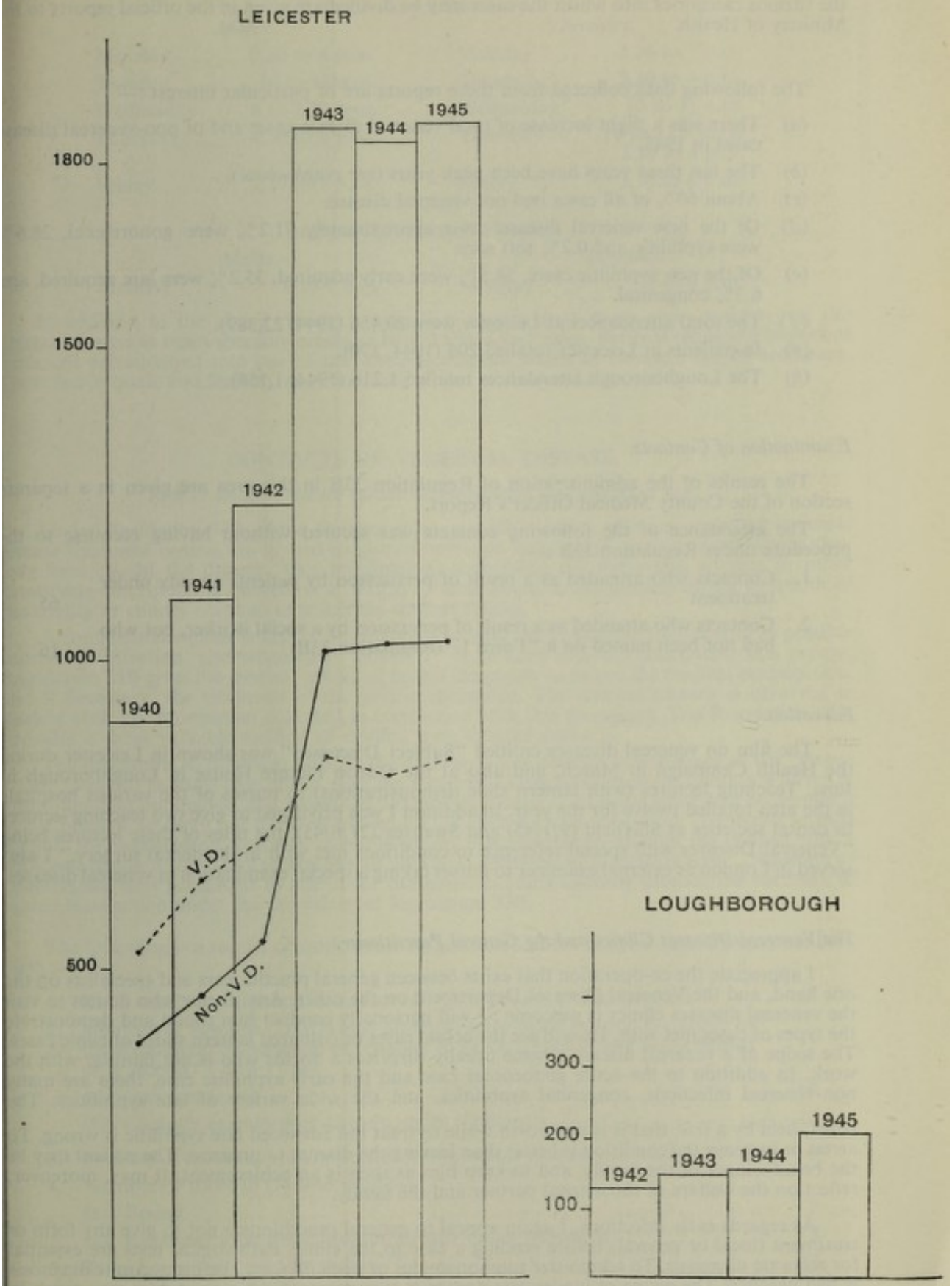
Director of Venereal Diseases Services.

The following is a report on the venereal diseases scheme for the year 1945.

The main treatment centre is at the Leicester Royal Infirmary, and a subsidiary centre is held at the Loughborough General Hospital. The days and times of the clinics remain the same as for the previous year, except that an additional female clinic was opened at Leicester on Tuesday, 29th May. The new female clinic would have been of more service had it been timed to take place in the evening, but staffing difficulties (mainly nursing) prevented a new evening session. Nevertheless this new clinic (staffed only by myself, the ward sister, one nurse) has proved a valuable necessary addition to the service.

The Loughborough clinics (begun in 1941) are now well established. They have, however, a disadvantage in that the male clinic follows immediately after the female clinic on Monday evenings. Limited building accommodation is a marked handicap. The ideal arrangement would be to have the male clinic on a different day from the female clinic in order to avoid the possibility of any male patients seeing the female patients leaving the centre. I advise that this change is made as soon as possible.

Graphs showing new cases during recent years.



new patients ed	894	1091	1247	1857	1833	1865
s found not to ted with V.D.	372	451	542	1017	1025	1027
s found to be d with V.D.	522	640	705	840	808	838

122	144	148	206
55	97	101	123
67	47	47	83

To avoid confusion I have kept the figures in the graphs as simple as possible. Details of a the various categories into which the cases may be divided are given in the official reports to th Ministry of Health.

The following data collected from these reports are of particular interest :—

(*a*) There was a slight increase of total venereal disease cases and of non-venereal diseas cases in 1945.

(*b*) The last three years have been peak years (*see graph above*).

(*c*) About 60% of all cases had not venereal disease.

(*d*) Of the new venereal disease cases approximately 71.2% were gonorrhœal, 28.6% were syphilitic and 0.2% soft sore.

(*e*) Of the new syphilitic cases, 58.5% were early acquired, 35.2% were late acquired, an 6.3% congenital.

(*f*) The total attendances at Leicester were 20,456 (1944, 22,389).

(*g*) In-patients at Leicester totalled 204 (1944, 170).

(*h*) The Loughborough attendances totalled 1,216 (1944, 1,158).

Examination of Contacts.

The results of the administration of Regulation 33B in this area are given in a separat section of the County Medical Officer's Report.

The attendance of the following contacts was secured without having recourse to th procedure under Regulation 33B :—

1. Contacts who attended as a result of persuasion by patients already under treatment 65
2. Contacts who attended as a result of persuasion by a social worker, but who had not been named on a "Form 1" (Regulation 33B) 16

Education.

The film on venereal diseases entitled "Subject Discussed" was shown in Leicester durin the Health Campaign in March, and also at the Odeon Picture House in Loughborough in June. Teaching lectures (with lantern slide demonstrations) to nurses of the various hospitals in the area totalled twelve for the year. In addition I was privileged to give two teaching lectures to dental societies at Sheffield (9/1/45) and Swansea (21/6/45), the titles of these lectures being "Venereal Diseases with special reference to conditions met with in the dental surgery." I also served in London as external examiner to nurses taking a special examination in venereal diseases.

The Venereal Diseases Clinics and the General Practitioner.

I appreciate the co-operation that exists between general practitioners and specialists on the one hand, and the Venereal Diseases Department on the other. Any doctor who desires to visit the venereal diseases clinics is welcome ; I will personally conduct him round and demonstrate the types of cases met with. He will see the actual cases or coloured lantern slides of clinic cases. The scope of a venereal disease scheme usually surprises a doctor who is not familiar with the work. In addition to the acute gonococcal case and the early syphilitic case, there are many non-venereal infections, congenital syphilitics, and the wide variety of late syphilitics. The belief, held by a few, that it is not worth while to treat the advanced late syphilitic is wrong. To arrest or improve the condition is better than leaving the disease to progress. The patient may be the bread-winner of the family, and to keep him as such is an achievement. It may, moreover, reflect on the welfare of the marital partner and the family.

As regards early infections, I again appeal to general practitioners not to give any form of treatment (local or general) before sending a case to the clinic. Pathological tests are essential for accurate diagnosis. To administer sulphonamides or penicillin, etc., before accurate diagnosis is bad practice. The giving of inadequate dosage is even worse. Such a procedure may result in failures and relapses and subsequent spread of the disease. There is also the sulphonamide and penicillin resistant patient to deal with.

It is specially requested that cases being sent to the clinic should report early during the clinic session. At present these clinics have a large attendance and the strain on the staff may be considerable. Much work remains to be done after the doors are officially closed.

The times of all the venereal diseases clinics in this area are as follows :—

Leicester Royal Infirmary.

Males.		*Females.*	
Monday ..	2.30 to 4 p.m.	Monday ..	5.30 to 7 p.m.
Tuesday ..	10 to 11 a.m.	Tuesday ..	2.30 to 4 p.m.
Wednesday	6 to 7.30 p.m.	Wednesday	10 to 11 a.m.
Thursday ..	4.30 to 6 p.m.	Thursday ..	10 to 11 a.m. & 2.30 to 4 p.m.
Friday ..	5.30 to 7 p.m.	Friday ..	2.30 to 4 p.m.

Loughborough General Hospital.

Males.		*Females.*	
Monday ..	6 to 7 p.m	Monday ..	5 to 6 p.m.

In addition to the above clinics, intermediate treatment is given every weekday at the Leicester centre at times specially arranged to suit individual cases. Patients requiring in-patient treatment are admitted into one of the venereal diseases wards at Leicester Royal Infirmary. These wards (male and female), accommodate a total of fourteen in-patients.

CONTACTS OF VENEREAL DISEASE.

Report on the Defence (General) Regulations—Regulation 33B.

Under Regulation 33B of the Defence (General) Regulations, persons attending venereal disease treatment centres are invited to give information concerning contacts from whom they may have caught the disease. This information, comprising the name and address or other identifying description is entered on a "Form 1," and is sent to the medical officer of health of the county or county borough in which the contact resides.

A confidential register is kept of all persons who have been named in this manner as possible sources of infection, and when two "Forms 1" have been received concerning one person, Regulation 33B gives the medical officer of health the power to secure the medical examination, and if necessary, the treatment of the person concerned. The strictest secrecy is observed in dealing with all information collected in connection with this procedure. The Regulation thus provides a most valuable method of dealing with infected contacts.

The procedure is, however, difficult to administer. The descriptions on many of the "Forms" are found to be most incomplete, with the result that identification of the contact is difficult, and sometimes impossible, and unless the description is such as to make identification certain it is not possible to carry out the legal procedure for ensuring that the person concerned attends clinic for examination. In many cases, however, it is possible to identify the contact with a sufficient degree of certainty to arrange an unofficial interview by a social worker. Numbers of contacts are thus persuaded to attend for examination and treatment without the necessity of taking legal action under the provisions of Regulation 33B.

The following is a record of work under Regulation 33B for the year ended December 31st, 1945 :—

1.	Total number of contacts in respect of whom "Form 1" was received ..	35
2.	Number of cases in (1) in which attempts were made outside the scope of the Regulation to persuade the contact to be examined before being named on a second "Form 1" :—	
	(*a*) Contacts found	19
	(*b*) Contacts examined or already under treatment	17
3.	Number of those in (1) in respect of whom two or more forms were received	6
4.	Number of those in (3) who were :—	
	(*a*) Found	3
	(*b*) Examined after persuasion or already under treatment	3
5.	Total home visits paid by visitor	58

From the experience gained during the time that Regulation 33B has been in force, it is evident that to ensure success and to prevent the wastage of valuable time, the full name and correct address of the contact should be given in "Form 1" wherever possible. Notwithstanding the difficulties which have been experienced owing to insufficient and, at times, wilfully misleading information, the procedure has been the means of ensuring that numbers of contacts are examined and receive treatment.

T.B.1.—Return shewing the work of the Tuberculosis Dispensaries during the year 1945.

Diagnosis.	Pulmonary.				Non-Pulmonary.				Total.				Grand Total
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
A—(1) Number of definite cases of tuberculosis on the dispensary register at the beginning of the year	618	575	78	81	85	92	135	118	703	667	213	199	1782
(2) Transfers from other authorities during the year	2	5	....	....	....	2	....	....	2	7	....	....	9
(3) Lost sight of cases returned during the year	4	8	....	....	....	....	....	....	4	8	....	....	12
B—Number of NEW CASES diagnosed as tuberculous during the year—													
(1) Class T.B. minus	54	64	5	1	....	....	....	....	54	64	5	1	124
(2) Class T.B. plus	43	38	2	1	....	....	....	....	43	38	2	1	84
(3) Non-pulmonary	....	....	....	....	10	16	8	7	10	16	8	7	41
C—Number of cases included in A. and B. written off the dispensary register during the year as:—													
(1) Recovered	34	50	....	4	14	14	8	9	48	64	8	13	133
(2) Dead (all causes)	49	35	2	1	2	....	2	1	51	35	4	2	92
(3) Removed to other areas	32	36	1	1	5	2	2	4	37	38	3	5	83
(4) For other reasons	7	8	....	....	1	3	....	2	8	11	....	2	21
D—Number of definite cases of tuberculosis on the dispensary register at the end of the year	599	561	82	77	73	91	131	109	672	652	213	186	1723

T.B. 2.—SANATORIA, HOSPITALS, AND OTHER RESIDENTIAL INSTITUTIONS FOR THE TREATMENT OF TUBERCULOSIS, YEAR 1945.

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., 1944.	Number of patients sent by the Council during the year ended 31st December, 1945.	Number of patients sent by the Council who were discharged or died in the Institution during the year ended 31st December, 1945	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, 1945.
(1)	(2)		(3)	(4)	(5)	(6)	(7)	(8)
County Sanatorium, Markfield.	Male Adults (58 beds)	P	63	102	104	24,657	237	61
	Female Adults (58 beds)	P	48	78	78	18,837	242	48
	Children (22 beds)	P	5	11	9	2,097	233	7
	Male Adults	NP	3	6	6	1,117	186	3
	Female Adults	NP	3	3	5	1,225	245	1
	Children	NP	7	6	11	1,897	172	2
City General Hospital, Leicester.	Male Adults	NP	—	9	3	234	78	6
	Female Adults	NP	1	17	12	405	34	6
	Children	NP	3	6	4	641	160	5
Children's Hospital, Gringley on the Hill.	Male Adults	NP	1	—	—	—	—	1
	Children	NP	1	—	1	1,069	1,069	—
Harlow Wood Orthopædic Hospital, Mansfield.	Male Adults	NP	2	—	—	—	—	2
	Female Adults	NP	—	1	—	—	—	1
	Children	NP	1	1	—	—	—	2
Warwickshire Orthopædic Hospital, Coleshill.	Female Adults	NP	—	1	—	—	—	1
	Children	NP	9	3	3	3,065	1,022	9
Papworth Village Settlement.	Male Adults	P	—	1	—	—	—	1
Nayland Sanatorium.	Female Adults	P	—	1	1	153	153	—
Morland Clinics, Alton.	Male Adults	NP	1	—	—	—	—	1
Brompton Chest Hospital.	Female Adults	P	1	—	1	30	30	—
Brompton Hospital Sanatorium, Frimley.	Female Adults	P	—	1	1	116	116	—
Lord Mayor Treloar Hospital, Alton.	Children	NP	—	1	—	—	—	1
	TOTALS		149	248	239	55,543	232	158

P—Pulmonary Tuberculosis. NP—Non-pulmonary Tuberculosis.

T.B. 3.—Return shewing the immediate results of treatment of patients discharged from Residential Institutions during the year 1945.

(a) Pulmonary Tuberculosis.

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.	
Class T.B. minus.	Quiescent	—	1	—	9	13	1	14	13	3	2	4	2	62
	Not quiescent	2	4	—	2	2	—	3	4	—	2	1	—	20
	Died in Institution	1	1	—	2	3	—	—	1	—	—	—	—	8
Class T.B. plus Group 1.	Quiescent	—	—	—	2	—	—	2	—	—	—	—	—	4
	Not quiescent	—	—	—	—	—	—	—	—	—	3	—	—	3
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—
Class T.B. plus Group 2.	Quiescent	—	—	—	—	1	—	7	6	—	7	1	—	22
	Not quiescent	1	—	—	4	1	—	9	5	—	3	3	—	26
	Died in Institution	2	—	—	1	4	—	3	1	—	3	1	—	15
Class T.B. plus Group 3.	Quiescent	—	—	—	1	—	—	—	—	—	—	—	—	1
	Not quiescent	2	—	—	—	2	—	2	2	—	—	—	—	8
	Died in Institution	1	1	—	2	2	—	1	—	—	1	—	—	8

Cases Discharged under 28 Days	2
Cases Died under 28 Days	4
Observation cases discharged Non-Tuberculous	11
Total	194

(b) Non-Pulmonary Tuberculosis.

Bones and Joints :—Quiescent	—
Not Quiescent	20
Died	—
Abdominal :—Quiescent	2
Not Quiescent	—
Died	2
Other Organs :—Quiescent	8
Not Quiescent	2
Died	1
Peripheral Glands :—Quiescent	7
Not Quiescent	—
Died	—
Observation cases discharged Non-Tuberculous	3
Total	45

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

Notifications, Deaths, and Death Rates.

Year	Number of Notifications.				Number of Deaths.			Death Rates.		
	Local-isation	Urban	Rural	Whole County	Urban	Rural	Whole County	Urban	Rural	Whole County
1935	Lungs	106	107	213	82	79	161	0.68	0.44	0.54
	Other	36	39	75	18	16	34	0.15	0.09	0.12
1936	Lungs	111	111	222	73	84	157	0.54	0.51	0.53
	Other	27	37	64	16	18	34	0.12	0.11	0.11
1937	Lungs	126	95	221	82	80	162	0.58	0.50	0.54
	Other	45	36	81	18	22	40	0.13	0.14	0.13
1938	Lungs	105	85	190	59	56	115	0.42	0.35	0.38
	Other	48	40	88	15	15	30	0.11	0.09	0.10
1939	Lungs	89	87	176	59	53	112	0.41	0.32	0.36
	Other	36	36	72	14	15	29	0.10	0.09	0.09
1940	Lungs	113	91	204	88	74	162	0.59	0.45	0.52
	Other	51	48	99	25	14	39	0.17	0.09	0.13
1941	Lungs	102	114	216	79	90	169	0.51	0.52	0.51
	Other	59	31	90	19	11	30	0.13	0.06	0.09
1942	Lungs	100	133	233	61	64	125	0.41	0.38	0.39
	Other	69	53	122	23	17	40	0.15	0.10	0.13
1943	Lungs	91	91	182	75	79	154	0.51	0.48	0.49
	Other	59	59	118	11	18	29	0.07	0.11	0.09
1944	Lungs	99	74	173	52	61	113	0.36	0.37	0.36
	Other	42	33	75	24	13	37	0.16	0.08	0.12
Average for above 10 years.	Lungs	104	99	203	71	72	143	0.50	0.43	0.46
	Other	47	41	88	18	16	34	0.13	0.10	0.11
1945	Lungs	109	108	217	59	52	111	0.41	0.32	0.36
	Other	28	39	67	16	16	32	0.11	0.10	0.10

T.B. 5. TUBERCULOSIS :—Notifications and Deaths.

Shewing Age Periods, Year 1945.

AGE PERIODS.	NEW CASES.				DEATHS.			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Males	Females	Males	Females	Males	Females	Males	Females
0 —	—	1	—	—	—	—	—	1
1 —	—	2 [1]	6 [8]	3 [1]	—	1	8	4
5 —	5	4 [2]	12 [3]	9 [6]	—	4	6	4
15 —	69 [23]	82 [13]	14 [3]	13 [7]	30	29	3	4
45 —	37 [12]	11 [4]	5	5	27	11	1	—
65 —	4 [3]	2 [1]	—	[1]	8	1	—	1
Total	115 [38]	102 [21]	37 [14]	30 [15]	65	46	18	14

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.

T.B. 6.—TUBERCULOSIS NOTIFICATIONS AND DEATHS, URBAN AND RURAL DISTRICTS, YEAR 1945.

	District.	Estimated Population Mid-Year.	NOTIFICATIONS OF TUBERCULOSIS.				DEATHS FROM TUBERCULOSIS.			
			Pulmonary	Attack Rate.	Non-Pulmonary.	Attack Rate.	Pulmonary.	Death Rate.	Non-Pulmonary.	Death Rate.
URBAN.	Ashby-de-la-Zouch	5651	1	.17	1	.17	—	—	2	.35
	Ashby Woulds	3010	2	.66	—	—	1	.33	1	.33
	Coalville	23870	18	.75	4	.17	19	.80	2	.08
	Hinckley	34400	31	.90	13	.38	12	.35	6	.17
	Loughborough	32640	20	.61	5	.15	15	.46	1	.03
	Market Harborough	9792	11	1.12	1	.10	1	.10	—	—
	Melton Mowbray	11480	3	.26	1	.09	3	.26	2	.17
	Oadby	5409	5	.92	2	.37	3	.55	1	.18
	Shepshed	5508	2	.36	1	.18	4	.73	—	—
	Wigston	13340	16	1.20	—	—	1	.07	1	.07
	TOTALS	145100	109	.75	28	.19	59	.41	16	.11
RURAL.	Ashby-de-la-Zouch	13110	6	.46	2	.15	4	.31	—	—
	Barrow-on-Soar	40650	31	.76	6	.15	22	.54	3	.07
	Billesdon	6747	4	.59	1	.15	3	.44	1	.15
	Blaby	35180	33	.94	9	.26	12	.34	2	.06
	Castle Donington	8000	3	.38	—	—	1	.13	2	.25
	Lutterworth	10810	6	.56	2	.19	4	.37	3	.28
	Market Bosworth	23210	14	.60	11	.47	5	.22	3	.13
	Market Harborough	8713	4	.46	3	.34	1	.11	—	—
	Melton and Belvoir	16170	7	.43	5	.31	—	—	2	.12
	TOTALS	162590	108	.66	39	.24	52	.32	16	.10

TABLE 1.—VITAL STATISTICS.

	Leicestershire County, 1945						England and Wales.
	Urban		Rural		Whole County		
Population (Est. mid-year, 1945)	145,100		162,590		307,690		
	No.	Rates	No.	Rates	No.	Rates	Rates
Live births	2859	19.70	2924	17.98	5783	18.79	16.1
Deaths (all causes and all ages)	1582	10.90	1831	11.26	3413	11.09	11.4
* ,, (under one year)....	97	*33.9	110	*37.62	207	*35.8	*46
Deaths from :—							
Measles	1	0.007	2	0.01	3	0.01	0.02
Whooping cough	2	0.01	3	0.02	5	0.02	0.02
Diphtheria	2	0.01	5	0.03	7	0.02	0.02
Scarlet fever	—	—	—	—	—	—	0.00
*Diarrhœa (under 2 yrs.)	9	*3.15	4	*1.37	13	*2.25	*5.6
							Percentages of total deaths.
The seven chief causes of death were :—							Urban / Rural / Wh'le C'nty
Heart disease	402	2.77	509	3.13	911	2.96	25.4 / 27.8 / 26.7
Cancer	253	1.74	277	1.70	530	1.72	16.0 / 15.1 / 15.5
Intra-cranial vascular lesions	195	1.34	206	1.27	401	1.30	12.3 / 11.2 / 12.0
Bronchitis	86	0.59	83	0.51	169	0.55	5.4 / 4.5 / 5.0
Other diseases of circulatory system	46	0.32	67	0.41	113	0.37	2.9 / 3.7 / 3.3
Pneumonia	41	0.28	72	0.44	113	0.37	2.6 / 3.9 / 3.3
Tuberculosis of respiratory system	59	0.41	52	0.32	111	0.36	3.7 / 2.8 / 3.3

NOTE.—The rates are calculated per thousand of the population, except where marked (*) which are per thousand registered births.

TABLE 2.— BIRTH-RATES, CIVILIAN DEATH-RATES, ANALYSIS OF MORTALITY, MATERNAL MORTALITY AND CASE RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1945.

Provisional figures based on Weekly and Quarterly Returns.

England and Wales, 126 County Boroughs and Great Towns including London, and 148 Smaller Towns with Resident Population 25,000 to 50,000 at 1931 Census.

	Rates per 1,000 Civilian Population.		Death-rates per 1,000 Civilian Population.								Notification rates per 1,000 Civilian Population.										Rates per 1,000 Live Births.	
	Live Births.	Still-Births.	All Causes.	Typhoid and Paratyphoid Fevers.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Smallpox.	Measles.	Typhoid Fever.	Paratyphoid Fever.	Cerebro-Spinal Fever	Scarlet Fever.	Whooping Cough.	Diphtheria.	Erysipelas.	Smallpox.	Measles	Pneumonia.	Deaths from Diarrhoea and Enteritis under two years of age.	Total Deaths under one year of age.
England and Wales	16.1	0.46	11.4	0.00	0.00	0.02	0.02	0.08	—	0.02	0.01	0.01	0.05	1.89	1.64	0.46	0.25	0.00	11.67	0.87	5.6	46
126 County Boroughs and Great Towns, including London	19.1	0.58	13.5	0.00	0.00	0.02	0.02	0.07	—	0.02	0.01	0.00	0.05	2.02	1.65	0.52	0.28	0.00	10.89	1.03	7.8	54
148 Smaller Towns (Resident Population 25,000 to 50,000 at 1931 census)	19.2	0.53	12.3	0.00	0.00	0.01	0.02	0.07	—	0.02	0.01	0.01	0.05	2.03	1.47	0.56	0.24	—	11.19	0.72	4.5	43
London Administrative County	15.7	0.40	13.8	0.00	0.00	0.02	0.01	0.07	—	0.01	0.01	0.00	0.06	1.57	1.25	0.31	0.31	0.00	9.03	0.78	7.6	53
Leicestershire Administrative County	18.8	0.55	11.1	—	—	0.02	0.02	0.08	—	0.01	0.02	0.00	0.05	2.14	2.08	0.21	0.29	—	15.37	1.05	2.2	36

Deaths from Puerperal causes

	No. 140 Abortion with sepsis	No. 141 Abortion without sepsis	No. 147 Puerperal Infections	Nos. 142-6 148-150 Others	Total
Maternal Mortality Rates for England and Wales: Per 1,000 total births (live and still)	0.25	0.08	0.24	1.22	1.79
Maternal Mortality Rate for Leicestershire	—	—	0.67	2.02	2.69
Abortion: Mortality Rate per million women aged 15—45 for England and Wales:	18	6	—	—	24

Notification Rates per 1,000 total births (live and still):

	Puerperal Pyrexia and Puerperal Fever.
England and Wales	9.93
126 County Boroughs and Great Towns, including London	12.65
148 Smaller Towns (Estimated Resident Population 25,000 to 50,000 at 1931 Census)	8.81
London Administrative County	15.87
Leicestershire Administrative County	8.71

TABLE 3.—NOTIFIABLE DISEASES.

(Civilians only.)

DISEASE.	Total Cases (original notifications)	Total Cases (corrected notifications)	Admissions to Isolation Hospital (uncorrected diagnoses)	Total Deaths.
Scarlet fever	665	658	532	—
Diphtheria	84	63	162	7
Whooping cough	634	640	5	5
Measles	4,681	4,731	40	3
Acute poliomyelitis	4	4	3	1
Acute polioencephalitis	—	—	—	—
Enteric or typhoid fever	10	6	10	—
Para-typhoid fever	—	—	—	—
Acute pneumonia	322	322	—	113
Dysentery	183	182	24	—
Cerebro-spinal fever	31	15	45	2
Acute encephalitis lethargica	1	—	1	2
Erysipelas	89	90	22	—
Smallpox	—	—	—	—
Puerperal pyrexia	36	34	28	4
Opthalmia neonatorum	4	4	—	—
Chicken-pox			9	—
Food poisoning	2	2	—	—
Undulant fever	2	2	—	—

TABLE 4.—CORRECTED NOTIFICATIONS OF INFECTIOUS DISEASES IN AGE GROUPS.

DISEASE.	Age Groups (Years).								Totals.
	0–	1–	3–	5–	10–	15–	25 and over	Age unknown	
Scarlet fever	2	29	92	279	138	67	42	9	658
Diphtheria	—	1	7	20	13	11	9	2	63
Whooping cough	76	193	148	198	13	2	8	2	640
Measles (excluding rubella)	190	931	1087	2079	232	127	68	17	4731
Acute poliomyelitis	—	1	—	2	—	—	1	—	4
Acute polioencephalitis	—	—	—	—	—	—	—	—	—

DISEASE.	Age Groups (Years).						Totals.
	0–	5–	15–	45–	65 and over	Age unknown	
Enteric or typhoid fever	—	1	5	—	—	—	6
Paratyphoid fever	—	—	—	—	—	—	—
Acute pneumonia	70	61	86	62	43	—	322
Dysentery	21	23	92	33	10	3	182
Cerebro-spinal fever	5	2	2	2	—	4	15
Acute encephalitis lethargica	—	—	—	—	—	—	—
Erysipelas	3	3	26	40	16	2	90
Smallpox	—	—	—	—	—	—	—

DISEASE.	Age group not stated.
Puerperal pyrexia	34
Ophthalmia neonatorum	4
Food poisoning	2
Undulant fever	2

TABLE 5.—CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF LEICESTER, 1945.

CAUSES OF DEATH.	Sex.	AGGREGATE OF URBAN DISTRICTS.							AGGREGATE OF RURAL DISTRICTS.						
		All Ages.	0—	1—	5—	15—	45—	65—	All Ages.	0—	1—	5—	15—	45—	65—
ALL CAUSES....	M	835	55	8	22	67	216	467	940	60	20	10	61	220	569
	F	747	42	9	8	72	148	468	891	50	15	11	88	187	540
1. Typhoid and paratyphoid fevers	M	....	....	....	....	....	....	....	....	....	....	....	....	....	....
	F	....	....	....	....	....	....	....	....	....	....	....	....	....	....
2. Cerebro-spinal fever	M	1	....	1	....	....	....	....	1	1	....	....	....	....	....
	F	....	....	....	....	....	....	....	....	....	....	....	....	....	....
3. Scarlet fever	M	....	....	....	....	....	....	....	....	....	....	....	....	....	....
	F	....	....	....	....	....	....	....	....	....	....	....	....	....	....
4. Whooping cough	M	....	....	....	....	....	....	....	1	....	1	....	....	....	....
	F	2	1	1	....	....	....	....	2	1	....	1	....	....	....
5. Diphtheria	M	1	....	....	1	....	....	....	2	....	2	....	....	....	....
	F	1	....	....	....	1	....	....	3	....	....	1	1	1	....
6. Tuberculosis of resp. system	M	34	....	....	....	16	12	6	31	....	....	....	14	15	2
	F	25	....	....	2	16	6	1	21	....	1	2	13	5	....
7. Other forms of tuberculosis	M	8	....	1	5	1	1	....	10	....	7	1	2	....	....
	F	8	1	2	3	1	....	1	6	....	2	1	3	....	....
8. Syphilitic diseases	M	4	....	....	....	....	4	....	2	....	....	....	....	2	....
	F	1	....	....	....	1	....	....	3	....	....	....	....	1	2
9. Influenza	M	10	....	....	....	3	2	5	9	....	....	....	....	3	6
	F	8	....	....	....	....	....	5	2	....	....	....	....	....	2
10. Measles	M	1	....	1	....	....	....	....	1	....	....	....	1	....	....
	F	....	....	....	....	....	....	....	1	....	....	1	....	....	....
11. Ac. polio-myel. and polio-encephalitis	M	....	....	....	....	....	....	....	1	....	....	....	1	....	....
	F	....	....	....	....	....	....	....	....	....	....	....	....	....	....
12. Ac. inf. encephalitis	M	....	....	....	....	....	....	....	1	....	....	....	....	....	1
	F	....	....	....	....	....	....	....	1	....	....	....	....	1	....
13. Cancer of buc. cav. & œsoph. (M) uterus (F)	M	15	....	....	....	....	4	11	13	....	....	....	1	5	7
	F	17	....	....	....	3	8	6	15	....	....	....	....	10	5
14. Cancer of stomach and duodenum	M	28	....	....	....	2	9	17	24	....	....	....	....	11	13
	F	17	....	....	....	1	5	11	15	....	....	....	2	4	9
15. Cancer of breast	M	1	....	....	....	....	1	....	....	....	....	....	....	....	....
	F	23	....	....	....	4	9	10	32	....	....	....	3	16	13
16. Cancer of all other sites	M	88	....	....	1	8	37	42	99	....	....	1	4	30	64
	F	64	....	1	....	5	26	32	79	....	....	1	5	27	46
17. Diabetes	M	9	....	....	....	....	2	7	5	....	....	....	....	1	4
	F	10	....	....	....	2	1	7	3	....	....	....	....	1	2
18. Intra-cranial vascular lesions	M	97	....	....	....	2	23	72	92	....	....	....	1	23	68
	F	98	....	....	....	3	13	82	114	1	....	....	4	29	80
19. Heart disease	M	212	....	....	....	7	53	152	256	....	....	1	5	51	199
	F	190	....	....	....	4	38	148	253	....	....	....	8	41	204
20. Other dis. of circ. system	M	23	....	....	....	2	4	17	37	1	....	....	1	5	30
	F	23	....	....	....	2	1	20	30	....	....	....	1	6	23
21. Bronchitis	M	47	1	....	....	2	14	30	43	2	1	1	2	11	26
	F	39	3	....	....	1	5	30	40	1	4	....	....	4	31
22. Pneumonia	M	21	7	3	1	1	4	5	33	11	3	....	2	6	11
	F	20	7	2	1	1	3	6	39	6	5	....	9	10	9
23. Other resp. diseases	M	9	....	1	....	....	1	7	19	....	....	....	3	8	8
	F	3	1	....	....	....	2	....	7	....	....	....	2	....	5
24. Ulcer of stomach or duodenum	M	14	....	....	....	3	8	3	12	....	....	....	2	7	3
	F	7	....	....	....	....	4	3	3	....	....	....	1	1	1
25. Diarrhœa under 2 years	M	6	5	1	....	....	....	....	2	2	....	....	....	....	....
	F	3	3	....	....	....	....	....	2	2	....	....	....	....	....
26. Appendicitis	M	3	....	....	1	1	....	1	5	....	....	....	1	2	2
	F	1	....	....	....	1	....	....	2	....	....	....	....	1	1
27. Other digestive diseases	M	16	2	....	1	2	5	6	18	....	....	....	....	7	11
	F	13	2	....	1	....	4	6	21	....	1	....	4	6	10
28. Nephritis	M	20	....	....	....	3	6	11	29	....	....	....	1	7	21
	F	20	....	1	....	5	4	10	28	....	....	1	5	2	20
29. Puer. & post-abort. sepsis....	M	....	....	....	....	....	....	....	....	....	....	....	....	....	....
	F	2	....	....	....	2	....	....	2	....	....	....	2	....	....
30. Other maternal causes	M	....	....	....	....	....	....	....	....	....	....	....	....	....	....
	F	6	....	....	....	6	....	....	6	....	....	....	6	....	....
31. Premature birth	M	10	10	....	....	....	....	....	19	19	....	....	....	....	....
	F	13	13	....	....	....	....	....	20	20	....	....	....	....	....
32. Con. mal. birth inj. infant diseases	M	25	23	....	1	....	1	....	21	19	1	....	....	1	....
	F	12	9	....	....	3	....	....	19	16	1	....	1	1	....
33. Suicide	M	14	....	....	....	3	7	4	6	....	....	....	....	....	6
	F	5	....	....	....	1	3	1	2	....	....	....	2	....	....
34. Road traffic accidents	M	12	....	....	4	4	2	2	10	....	....	....	6	2	2
	F	3	....	....	....	1	1	1	6	....	....	1	4	1	....
35. Other violent causes	M	18	2	....	5	2	5	4	25	1	2	4	8	8	2
	F	18	2	1	1	....	2	12	18	2	....	1	1	5	9
36. All other causes	M	88	5	....	2	5	11	65	113	4	3	2	6	15	83
	F	98	....	1	....	8	13	76	96	1	1	1	11	14	68

TABLE 6.

Causes of Death.	Ashby-de-la Zouch U.D.		Ashby Woulds U.D.		Coalville U.D.		Hinckley U.D.		Lough-borough M.B.		Market Harborough U.D.		Melton Mowbray U.D.		Oadby U.D.		Shep U.I	Melton & Belvoir R.D.		Totals, U.D.'s		Totals, R.D.'s		Totals, Whole County.
Civilians only.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	M.	F.	M.	F.	M.	F.	
ALL CAUSES.	31	26	21	14	151	122	173	150	202	160	57	65	70	66	31	29	33	119	97	835	747	940	891	3413
1 Typhoid and paratyphoid fevers	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
2 Cerebro-spinal fever	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1	....	2
3 Scarlet fever	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
4 Whooping cough	....	....	....	....	....	....	....	....	....	....	....	....	....	2	....	....	....	....	....	....	2	1	2	5
5 Diphtheria	....	....	....	....	....	....	....	1	....	....	....	....	1	....	....	....	....	....	....	1	1	2	3	7
6 Tuberculosis of respiratory system	....	....	1	....	11	8	7	5	11	4	....	1	1	2	....	3	3	....	....	34	25	31	21	111
7 Other forms of tuberculosis	1	1	....	1	....	2	4	2	....	1	....	....	1	1	1	....	....	1	1	8	8	10	6	32
8 Syphilitic diseases	....	....	....	....	....	....	2	....	1	1	....	....	1	....	....	....	....	....	....	4	1	2	3	10
9 Influenza	....	3	....	....	2	1	2	....	3	1	2	....	1	....	....	....	....	....	....	10	5	9	2	26
10 Measles	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1	1	3
11 Acute polio-myelitis and polio-encephalitis	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1
12 Acute infectious encephalitis	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	1	2
13 Cancer of b. cav. & œsoph (M) uterus (F)	1	....	....	....	2	3	1	2	5	7	1	1	4	....	....	1	....	1	1	15	17	13	15	60
14 Cancer of stomach & duodenum	1	2	....	....	7	2	8	3	3	4	3	....	2	1	1	1	....	6	1	28	17	24	15	84
15 Cancer of breast	....	....	....	....	....	3	....	6	....	4	....	4	1	2	....	1	....	....	4	1	23	....	32	56
16 Cancer of all other sites	6	4	4	1	11	9	14	13	22	18	7	7	6	5	7	1	1	12	9	88	64	99	79	330
17 Diabetes	1	1	....	....	1	5	2	....	4	1	1	1	....	....	....	1	....	1	....	9	10	5	3	27
18 Intra-cranial vasc. lesions	3	5	1	2	13	10	29	23	28	23	6	10	7	8	7	4	1	10	10	97	98	92	114	401
19 Heart disease	8	4	5	7	32	34	40	38	52	32	17	11	24	19	7	9	7	43	27	212	190	256	253	911
20 Other diseases of circulatory system	....	1	1	....	2	....	1	6	10	5	2	3	1	1	2	2	2	2	5	23	23	37	30	113
21 Bronchitis	2	1	1	....	13	9	14	9	2	11	6	....	....	5	1	2	2	6	6	47	39	43	40	169
22 Pneumonia	....	....	1	....	5	3	5	5	5	4	....	....	1	....	2	....	2	1	4	21	20	33	39	113
23 Other respiratory diseases	....	....	....	....	1	1	1	....	4	....	1	1	1	....	....	....	1	4	....	9	3	19	7	38
24 Ulcer of stomach or duodenum	1	....	2	....	2	2	1	1	3	2	1	1	2	....	....	....	1	1	1	14	7	12	3	36
25 Diarrhœa under 2 years	....	....	....	....	3	3	....	....	3	....	....	....	....	....	....	....	....	....	....	6	3	2	2	13
26 Appendicitis	....	....	....	....	1	....	....	1	1	....	....	....	....	....	1	....	....	2	1	3	1	5	2	11
27 Other digestive diseases	....	....	1	....	1	....	2	1	6	6	....	4	2	....	....	....	3	5	4	16	13	18	21	68
28 Nephritis	....	....	1	....	3	2	6	4	3	2	2	4	1	1	1	....	2	1	8	20	20	29	28	97
29 Puer. & post-abort. sepsis	....	....	....	....	....	1	....	....	....	1	....	....	....	....	....	....	....	....	....	....	2	....	2	4
30 Other maternal causes	....	....	....	....	....	1	....	1	....	2	....	....	....	1	....	....	....	....	....	....	6	....	6	12
31 Premature birth	1	....	....	....	2	2	1	....	3	4	1	4	....	1	....	....	1	1	4	10	13	19	20	62
32 Con. mal. birth inj. infant dis.	1	1	....	1	2	2	6	2	8	1	3	3	1	1	....	....	1	1	1	25	12	21	19	77
33 Suicide	....	1	1	....	5	1	3	....	1	1	....	2	1	....	....	....	1	1	....	14	5	6	2	27
34 Road traffic accidents	....	....	....	....	2	1	....	....	3	....	....	....	1	1	....	....	2	1	1	12	3	10	6	31
35 Other violent causes	1	....	....	....	7	3	3	8	5	2	....	....	2	3	....	....	....	2	1	18	18	25	18	79
36 All other causes	4	2	2	2	22	14	21	19	16	23	4	8	8	12	1	4	3	17	8	88	98	113	96	395
Deaths of Infants under 1 year :—																								
Total	2	....	1	1	10	10	12	6	16	6	3	7	2	4	....	....	4	4	6	55	42	60	50	207
Legitimate	2	....	1	1	8	5	11	3	13	6	3	6	1	3	....	....	3	4	3	46	31	56	41	174
Illegitimate	....	....	....	....	2	5	1	3	3	....	....	1	1	1	....	....	1	....	3	9	11	4	9	33
Live Births :—																								
Total	56	47	33	37	258	221	352	336	342	288	105	89	134	122	45	46	40	153	160	1506	1353	1535	1389	5783
Legitimate	52	44	31	36	244	216	313	289	306	265	95	77	118	114	42	38	38	135	139	1363	1233	1389	1266	5251
Illegitimate	4	3	2	1	14	5	39	47	36	23	10	12	16	8	3	8	2	18	21	143	120	146	123	532
Still-Births :—																								
Total	2	....	1	....	11	7	13	8	11	5	7	3	4	3	2	1	3	4	7	58	30	39	43	170
Legitimate	2	....	1	....	10	3	11	7	11	5	6	2	4	3	2	1	3	3	5	54	24	36	39	153
Illegitimate	....	....	....	....	1	4	2	1	....	....	1	1	....	....	....	....	....	1	2	4	6	3	4	17
ESTIMATED POPULATIONS	5651		3010		23870		34400		32640		9792		11480		5409		5	16170		145100		162590		307690

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