[Report 1925] / Medical Officer of Health, Middleton Borough.

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BOROUGH OF MIDDLETON.

Survey Report

ON THE

HEALTH OF THE BOROUGH,

FOR THE YEAR 1925.

(JANUARY 1st TO DECEMBER 31st).

S. T. BEGGS, M.D., B.S., D.P.H.,
Medical Officer of Health.
Medical Officer to the Education Committee.
Medical Officer to Maternity and Child Welfare Service.

MATHER BROS., Printers, Bookbinders, &c., 31, Lune Street, Preston.

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Medical Officer of Health's

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INDEX.

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Mr. ADAM HORROCKS HOLLINGWORTH, J.P., Mayor.

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* Mr. SAMUEL KENT, J.P.
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* Health Committee. Chairman: Alderman T. J. HILTON.
† Education Committee. Chairman: Councillor SCOTT.

To the Mayor, Aldermen and Councillors of the Borough.

GENTLEMEN,

In compliance with the Ministry of Health Circular 648, I beg to submit the Annual Report on the Health of the Borough for the year 1925.

The Ministry requires herein a "SURVEY" REPORT, to deal comprehensively with :—

(a) The measure of progress made in the area during the preceding five years in the improvement of the public health ;

(b) The extent and character of the changes made during that period in the public health services of the area (e.g., housing, water supply, sewerage, scavenging or refuse disposal, food inspection, or other services affecting the environment of the inhabitants ; and maternity and child welfare schemes, schemes for the treatment of tuberculosis and venereal diseases, provision of isolation hospitals, or other services directed to the prevention or cure of disease in individuals) ;

(c) Any further action of importance in the organisation or development of public health services contemplated by the Local Authority or considered desirable by the Medical Officer of Health.

The report has been compiled under the following sections :—

1. Natural and Social Conditions of the Area.
2. General Provision of Health Services in the Area.

3. Sanitary Circumstances of the Area.
4. Housing.
5. Inspection and Supervision of Food.
6. Prevalence and Control of Infections Diseases.
7. Maternity and Child Welfare Service.
8. School Medical Service (included).

As directed by the Health Committee, economy in detail has been observed, as far as possible, consistent with the requirements of the Ministry of Health.

During the quinquennial period, 1921-25, although marked progress has been made in the development of Public Health, it has been largely hampered by two factors, viz., the housing and economic conditions.

These factors are reflected in the Birth and Death Rates and the spread of Infectious Diseases.

At the same time, the health of the Borough during this period has compared very favourably with other similar Lancashire Areas.

Taken as a whole, the quinquennium has been a period of progress; and, although there has been a set-back in 1925 in the Death Rate, I am of opinion that this is a temporary fluctuation which has been largely determined by the effect of Influenza and other Infectious Diseases acting at the beginning of the year.

The extent and character in the developments made during the period are dealt with in the Report. The support and appreciation received from the Health Committee has been a great encouragement in furthering the health of the Borough at an economical cost.

I am, Gentlemen,

Yours faithfully,

S. T. BEGGS,

Medical Officer of Health.

SECTION I.

NATURAL AND SOCIAL CONDITIONS OF THE AREA.

Area of the Borough : 4,775 Acres.

Wards : North, 1,840 ; Central, 140 ; South, 683 ; East, 500 ; Parkfield, 409 ; West, 1,203.

Persons per Acre (Census, 1921) : North, 2.4 ; Central, 30.5 ; South, 7.5 ; East, 11.7 ; Parkfield, 11.9 ; West, 3.2.

Population. Census, 1921 : 28,290.
Estimated, 1925 : 28,860.

PHYSICAL FEATURES and General Character.

Middleton lies 5½ miles N.N.E. of Manchester, in the heart of an industrial area bounded by Manchester, Chadderton, Royton, Rochdale, Heywood, Bury and Prestwich. It is connected by tramway service with Manchester, Oldham and Rochdale, and by railway with Manchester and other centres. Middleton is an old town, as evidenced by the history of the Parish Church, which is of Norman architecture and one of the most ancient in the County, dating back to the 12th Century.

The altitude above sea level at the Market Place is 275 feet, the ground rising towards the north. The centre of the town lies in a hollow, and stands on the River Irk. The soil is variously clay, gravel and sand in parts. The area is partly rural, and embraces Rhodes, Birch, Bowlee and Thornham. On the south side is situated Alkrington Village, a rapidly growing residential area. The rainfall during the year was 35.5 inches. There were 178 rainy days, and 872.6 hours of sunshine. The humidity of the air averaged 79.5 per cent (Godlee Observatory).

NUMBER OF INHABITED HOUSES, FAMILIES OR SEPARATE OCCUPIERS (Census, 1921).

Undivided Private Houses ...	6,581	Rooms ...	29,200
Shops	389	Rooms ...	1,984
Others	10	Rooms ...	43

Private families and rooms occupied :

Private families	6,894
Population in private families ...	28,044
Rooms occupied	30,709

No. of families in dwellings of :

1-3 rooms.	4-5 rooms.	6-8 rooms.	9 or more rooms.
558	5,484	790	62

(" Rooms " implies living rooms and bedrooms).

RATEABLE VALUE AND SUM REPRESENTED BY 1d. RATE.

		1d. rate.
Rateable Value of the Borough, 1925-1926 :	£161,814	£636
Do. do. 1924-1925 :	£160,452	£613
Assessable Value, 1925-1926 :	£153,561	
Do. 1924-1925 :	£151,783	

SOCIAL CONDITIONS, CHIEF OCCUPATIONS AND THEIR INFLUENCE ON PUBLIC HEALTH.

The Social Conditions are those pertaining to an industrial area.

Approximately 60 per cent. of families live in four-roomed houses, 20 per cent. in five-roomed and 10 per cent. in 6- and 7-roomed houses.

Open spaces and recreation grounds include Jubilee Park, Brassey Recreation Ground, Limetrees, Rhodes Recreation Ground, in addition to Football Ground, Cricket Ground and Schools Playing Fields. Public Bowling Greens have been provided at

Limetrees and Brassey Grounds, and negotiations are taking place for the provision of a Bowling Green at Middleton Junction, and for a Children's Playing Field at Slattocks. Hopwood Golf Club lies to the north of the town. The Council have provided land for allotments to the extent of 22 acres.

The Libraries include one Public Library and four Reading Rooms. In addition, there are a number of Working Men's Clubs.

There are three Cinemas, and a Co-operative Operatic Society. The Co-operative Hall is used for Public Meetings, Entertainments and Dances.

The Guardians of the Poor are the Oldham Union.

District Medical Officer and Public Vaccinator : Dr. Wallace.

Registrar of Births and Deaths : Mr. W. F. Townend.

Registrar of Marriages : Mr. S. Fielding.

The Borough is divided into two Wards for the election of County Councillors, viz. : North-West Division (North, Parkfield and West Wards), and South-East Division (Central, South and East Wards), and one member is returned for each division. The area forms part of the Middleton and Prestwich Parliamentary Division.

The Charities include Dame Eleanor Assheton's Charity ; Abraham Lord Scholarship ; John William Lees Scholarship ; Thomas Dickins Christmas Gift ; William Worsley Christmas Gift ; Harvey Heywood Charity ; Walter Wood Charity, and Emma Lees Charity. These Charities are mainly for the benefit of the deserving Poor of the Borough, and the Scholarships are for the benefit of Middleton School Children.

The Churches include all denominations.

By the Middleton Corporation Act, 1910, the Corporation was constituted the Burial Authority for the Borough.

The Corporation were also authorised by the Act to provide a new Cemetery at Boarshaw, and to appropriate land belonging to them for such purpose, 11·834 acres in extent.

The Town Council are the Local Education Authority for the purposes of Elementary Education in the Borough ; the County Council being the Local Education Authority for Higher Education.

The Public Baths in Manchester Old Road, comprising one swimming bath and four slipper baths, date from 1860, and are insufficient and incapable of expansion. The conversion of the Tramways Depot, in Hilton Fold Lane, into new Public Baths and Wash-houses, when the present Baths will be discontinued, is under consideration.

The Police are under the control of the Lancashire Standing Joint Committee.

The Corporation possess a Central Fire Station, with a well-equipped Fire Brigade, comprising a Superintendent, Deputy Superintendent, and four permanent firemen, and also 16 part time auxiliary firemen.

There are 9.66 miles of Main Roads, and 3.63 miles of Secondary Roads, either paved or metalled. There are about 14.83 miles of District Roads.

The Main Roads are vested in the Corporation under Section 11 (2) of the Local Government Act, 1888.

The Borough has been divided into two parts, for town planning purposes, and two schemes are in course of preparation, namely :—Middleton North Town Planning Scheme, comprising 3,586 acres, and Middleton South Town Planning Scheme, comprising 997 acres.

The PRINCIPAL OCCUPATIONS are Textile Workers (Mills), &c., 48.90 per cent. ; Labourers, &c. (undefined), 6.37 per

cent. ; Commercial, &c., 6.13 per cent. ; Metal Workers, 4.65 per cent. ; Warehousemen, 4.39 per cent. ; Transport, 3.85 per cent., and the following groups in lesser degrees (total 25.71 per cent.) :— (Agricultural, Mining and Quarrying, Chemical Processes, Electricians, Skins and Leathers, Textile Goods and Dress, Foods, Drinks and Tobacco ; Wood and Furniture, Paper (Printers, &c.), Builders, &c. ; Painters and Decorators, Other Materials (Rubber, &c.) ; Gas, Water and Electricity ; Public Administration, Professional Occupations, Personal Service, Clerks, &c. ; Stationery Engine Drivers, &c).

OCCUPATION AND MORTALITY.

	No. of Deaths.	Causes in order of frequency.
1. Textile Workers :	35	Bronchitis, Heart Disease, Cancer, Tuberculosis, Cerebral Hæmorrhage, Arterio-Sclerosis, Pneumonia, Nephritis, Accident and Suicide, Senility, Cirrhosis of Liver, Encephalitis, Influenza, Cerebral Tumour.
2. Labourers :	32	Bronchitis, Heart Disease, Cancer, Pneumonia, Tuberculosis Cerebral Hæmorrhage, Nephritis, Arterio-Sclerosis, Influenza, Rheumatism, Cirrhosis of Liver, Accident, Hodgkin Disease, Senility.
3. All other Occupations :	51	Heart Disease, Bronchitis, Cancer, Tuberculosis, Pneumonia, Accident and Suicide, Arterio-Sclerosis, Cerebral Hæmorrhage, Rheumatism, Influenza, Hemiplegia, Senility, Asthma, Lymphadenoma.

VITAL STATISTICS.

	1921.	1922.	1923.	1924.	1925.
Marriages	255	260	256	220	253
Births : Legitimate	537	490	414	425	372
Illegitimate	26	19	12	14	14
Deaths	386	379	356	365	407
Birth Rate	19.4	17.5	14.7	15.2	13.3
Death Rate	13.3	13.1	12.3	12.6	14.1
Infantile Death Rate per 1,000 Births	78	72	72	54	95
Diarrhœa Death Rate	0.31	0.06	0.13	0.13	0.21
Epidemic Death Rate	0.69	0.41	0.51	0.34	0.58
Phthisis Death Rate	0.79	0.93	0.65	0.65	0.48
Cancer Death Rate	1.2	1.34	1.24	1.68	1.38
Decrease on 10 years' average :					
Birth Rate	1.2	0.3	2.8	1.6	3.0
Death Rate	1.5	1.4	2.0	1.6	—
Phthisis Mortality Rate ...	0.34	0.16	0.41	0.40	.51
Infantile Mortality Rate ...	27.	22.	18.	33.	—
Increase on 10 years' average :					
Death Rate	—	—	—	—	0.1
Infantile Mortality Rate ...	—	—	—	—	15.

STATISTICS FOR 1925.

	Per 1,000 of Population.			
	Birth Rate.	Death Rate.	Death Rate from Tuberculosis of Respiratory System.	Rate of Deaths under 1 Year to 1,000 Births.
Mean of 5 years :				
1895-1899	26.1	18.3	1.35	179
1900-1904	25.2	17.6	1.35	152
1905-1909	22.2	16.0	1.42	144
1910-1914	21.8	14.7	1.04	124
1915-1919	14.9	15.3	1.15	88
1920-1924	17.8	12.7	0.83	73
Year :				
1924	15.2	12.6	0.65	54
1925	13.3	†14.1	0.48	95
Increase or decrease in 1925 on Mean of five years, 1920-1924 ...	—4.5	+1.4	—0.35	+22
Previous year	—1.9	+1.5	—0.17	+41

† Standardizing factor, 1.023.

Corrected death rate, 14.4 per 1,000.

POPULATION.

The estimated population, as given by the Registrar General, as at June, 1925, is 28,860. From successive estimates from 1921 the population is practically stationary.

The Registrar General has favoured me with the following remarks on the estimation of local populations :—

The mid-year estimates of population, prepared in the General Register Office and published in the Registrar General's Annual

Review, are all obtained by estimating the change in population which has taken place since the date of the Census (19th June, 1921) and modifying the Census figure in respect of such estimate.

The current changes in population may be resolved into two portions : (a) natural movement, i.e., the difference between the births and deaths ; and (b) the balance of movement which may be summed up in the term migration. The natural movement is known precisely in respect of every area ; but, as regards migration, the only direct statistics available are those collected by the Board of Trade, and they are incomplete, and apply only to the country as a whole. The use of these figures is, however, believed to result in a close approximation in respect of the total population, and it may be mentioned that a comparison of the 1921 estimated population with the Census total of that year revealed an error of less than three per thousand.

For the estimation of local populations two primary conditions have to be satisfied :—

(a) The individual local estimates must aggregate to the more reliable estimate of the total national population.

(b) The method of estimation must be capable of impartial application to all areas alike.

The doubtful element in the ascertainment of local changes in population is that of migration, and the only regular returns indirectly bearing upon this and satisfying condition (b) are the successive registers of electors. These, however, have a natural growth of their own which is quite irrespective of migration, and this is first eliminated, so far as is possible, with the aid of the age distributions of the local populations given by the Census. The balance of the change in the Local Government electorate has been adopted, in the absence of any better factor, as a criterion of the migration movement to or from an area. Such criterion

has certain obvious defects ; but it seems on the whole reasonable to expect that any migration movement of consequence will be reflected sooner or later in the electoral returns.

For 1925 (i.e., as at 30th June, 1925) the population of England and Wales is estimated to have increased (since the 1921 Census) by 2.65%. For the same period the rate of natural increase has been 3.10 per cent., while the Local Government electorate has increased at the rate of 8.79%. Housing statistics are not taken into account in the preparation of these estimates, because they are not available for all districts ; and it is not possible, therefore, to ascertain whether the relation of the increase in dwellings in the district to those of the whole country, support or oppose the inferences drawn from other sources. But, apart from this insupersability, the experience of the Department is that housing statistics in present circumstances may be a misleading guide to population movement. Where overcrowding exists, as is urged in respect of many areas, new dwellings will be fiercely competed for by the overcrowded population ; and, so far as the latter are successful in obtaining possession—and it must be borne in mind that most official housing schemes have been directed primarily to the relief of overcrowding—the new dwellings so occupied will not represent an addition to the local population.

It will be seen that this area is not receiving the increase that should accrue from the marriage rate, nor the building rate. The two conditions which would appear to militate against this are the (1) economic, (2) state of overcrowding.

The increase to be expected, based on the estimated increase in England and Wales since 1921, should equal 749, and on natural increase 876.

The number of new houses built since 1921 gives accommodation for an increase of 1,170, apart from overcrowding.

The BIRTH RATE (13.3) for 1925 is the lowest recorded in the Borough, with the exception of the year 1918 (13.).

The rate for England and Wales for 1925 was 18.3.

Apart from the tendency to decrease the state of unemployment and overcrowding has had an effect in further reducing the birth rate in the Borough.

NOTIFICATION OF BIRTHS (LOCAL).

Wards.			1921.	1922.	1923.	1924.	1925.
North :	Legitimate	...	79	68	63	46	38
	Illegitimate	...	2	—	—	—	1
Central :	Legitimate	...	79	81	70	80	59
	Illegitimate	...	2	1	2	2	1
South :	Legitimate	...	116	74	80	66	63
	Illegitimate	...	5	2	3	—	2
East :	Legitimate	...	114	96	71	73	88
	Illegitimate	...	2	3	3	6	3
Parkfield :	Legitimate	...	92	92	70	65	68
	Illegitimate	...	3	4	1	2	3
West :	Legitimate	...	59	64	46	52	38
	Illegitimate	...	3	1	3	—	1
			556	486	412	392	365

Birth Rate for the past five years :

1921.	1922.	1923.	1924.	1925.
19.4	17.5	14.7	15.2	13.3

The DEATH RATE increase during the year is accounted for principally by the greater mortality at the early and late age periods.

For the age period under 1 year the principal causes were Bronchitis, Pneumonia and Premature Birth.

For the age period 65 and over, Heart Disease and Bronchitis.

The causation of the greater incidence of these diseases is due to the prevalence of Influenza and Infectious Colds prevailing during the latter end of 1924 and beginning of 1925.

The health of Expectant Mothers was undermined, and infants were infected during the early months of life.

The body resistance was thereby lessened in both young and old.

The particular diseases which showed an increase in 1925 over 1924 were Measles, Scarlet Fever, Whooping Cough, Diphtheria, Meningitis, T. B. (non-pulmonary), Rheumatic Fever, Diabetes, Pneumonia, Other Respiratory Diseases, Diarrhœa, Cirrhosis, Nephritis, Diseases of Pregnancy and Parturition, Congenital Debility and Premature Birth, a total of 73.

The decreases in 1925 over 1924 were Encephalitis Lethargica T. B. (pulmonary), Cancer, Arterio-Sclerosis, Ulcer Stomach, Appendicitis, Puerperal Sepsis, Suicide and Violence, a total of 31 ; —a net increase of 42 in the year.

Each age period up to 15 shows an increase. There is a decrease from 15-45, the period from 45-65 was practically stationary and an increase for 65 and over, occurred.

The greatest increase was in East Ward, and the greatest decrease in West Ward. The highest mortality was during January and December.

Death rate for the past five years :

1921.	1922.	1923.	1924.	1925.
13.3	13.1	12.3	12.6	14.1

SEX INCIDENCE.

Males ...	180.	195.	179.	187	193
Females ...	206.	184.	177	178	214.

AGE INCIDENCE.

	U-1.	1-2.	2-5.	5-15.	15-25.	25-45.	45-65.	65 and over.
1921 ...	45	13	14	12	17	43	104	137
1922 ...	37	19	12	3	10	49	109	140
1923 ...	31	8	9	8	15	30	119	136
1924 ...	24	10	5	4	18	42	122	140
1925 ...	37	13	13	14	13	30	121	165

WARD INCIDENCE.

	N.	C.	S.	E.	P.	W.
1921 ...	47	60	76	68	82	51
1922 ...	51	66	71	56	97	38
1923 ...	45	54	65	71	72	49
1924 ...	51	65	63	54	80	52
1925 ...	69	66	62	84	86	39

SEASONAL INCIDENCE.

	Jan.	Feb.	Mar.	Apr.	May.	Jne.	Jly.	Aug.	Sep.	Oct.	Nov.	Dec.
1921 ...	36	31	35	34	43	36	27	25	23	25	37	33
1922 ...	43	46	32	39	30	30	19	26	18	25	36	35
1923 ...	30	28	31	28	33	33	23	25	21	27	28	49
1924 ...	45	27	47	32	27	23	26	23	33	24	25	33
1925 ...	50	32	29	37	39	27	33	31	28	27	25	48

DEATHS FROM INFECTIOUS DISEASES.

	1921.	1922.	1923.	1924.	1925.
Males	39	45	45	36	44
Females...	46	34	26	32	29

DEATHS FROM CANCER.

SEX INCIDENCE :

Males...	17	17	18	25	21
Females	19	22	18	23	17

AGE INCIDENCE :

25-45 :	Males ...	2	1	2	2	—
	Females ...	2	1	—	—	1
45-65 :	Males ...	12	12	13	14	11
	Females ...	10	9	11	11	12
65 and over :	Males ...	3	4	3	9	10
	Females ...	7	12	7	12	4

PART AFFECTED :

Stomach	3	4	12	13	7
Intestines	2	6	4	8	7
Abdominal Organs	1	7	4	10	2
Mouth	3	2	2	—	1
Soft Palate	—	—	—	1	—
Pharynx	2	—	—	—	—
Oesophagus	—	1	—	1	2
Rectum	7	4	4	—	3
Mediastinum	1	—	—	—	—
Lung	—	—	—	1	1
Larynx	—	—	—	2	2
Genito Urinary Organs ...	4	8	4	5	2
Breast	3	3	4	3	5
Uterus	3	2	2	1	1
Others (Skin and Glands) ...	7	2	—	3	5

DEATHS FROM VIOLENCE.

	1921.	1922.	1923.	1924.	1925.
Accident	10	11	7	11	9
Suicide	3	6	1	5	4

DEATHS 65 YEARS AND OVER.

65-70	46	47	35	46	62
70-80	66	65	87	71	67
80-90	23	26	14	19	35
90 and over	2	2	—	4	1

CAUSES OF DEATHS.

REGISTRAR GENERAL'S RETURNS.

Smallpox	—	1	—	—	—
Measles	—	3	6	2	3
Scarlet Fever	5	4	3	—	2
Whooping Cough	5	1	1	4	5
Diphtheria	1	1	1	—	1
Influenza	3	10	13	7	7
Encephalitis Lethargica ...	1	—	—	4	1
Meningococcal Meningitis ...	—	—	—	—	1
Tuberculosis of Respiratory System	23	27	19	19	14
Other Tuberculous Diseases ...	12	6	6	8	12
Cancer, Malignant Disease ...	36	39	36	49	40
Rheumatic Fever	—	1	3	2	7
Diabetes	4	6	1	2	5
Cerebral Hæmorrhage, &c. ...	28	18	25	18	19
Heart Disease	60	56	62	52	80
Arterio-Sclerosis	11	9	17	26	19
Bronchitis	38	42	38	45	47
Pneumonia (all forms)	28	39	27	24	30
Other Respiratory Diseases ...	1	9	6	2	7
Ulcer of Stomach or Duodenum	1	—	1	4	2

	1921.	1922.	1923.	1924.	1925.
Diarrhœa, &c. (under two years)	9	2	4	4	6
Appendicitis and Typhlitis ...	3	2	—	1	—
Cirrhosis of Liver	2	—	4	—	4
Acute and Chronic Nephritis ...	13	15	24	17	18
Puerperal Sepsis	1	1	—	1	—
Other Accidents and Diseases of Pregnancy and Parturition ...	5	—	1	—	3
Congenital Debility and Malformation, Premature Birth ...	16	10	9	8	11
Suicide	3	6	1	5	4
Other Deaths from Violence ...	10	11	7	11	9
Other Defined Diseases	62	57	38	50	50
Causes ill defined or unknown ...	5	3	3	—	—
	386	379	356	365	407

LOCAL RETURNS.

CAUSES OF DEATHS OF INFANTS UNDER 1 YEAR.

	1921.	1922.	1923.	1924.	1925.
Atelectasis	2	1	2	1	1
Premature Birth	11	2	7	5	7
Spina Bifida	1	2	—	—	—
Encephalitis Lethargica ...	—	—	—	1	—
Inanition	1	1	—	—	—
Injury at Birth	1	—	—	—	—
Congenital Defects	1	—	3	3	—
Marasmus	2	1	—	—	—
Convulsions	2	2	1	1	—
Whooping Cough	2	—	—	1	1
Diarrhœa and Enteritis	8	2	4	3	4
Diphtheria	1	—	1	—	—
Asphyxia Pallida	1	—	—	—	—
Respiratory Diseases	7	—	—	—	—

	1921.	1922.	1923.	1924.	1925.
T. B. Peritonitis	1	—	—	—	—
Nephritis	1	—	—	—	—
Scalds	1	1	—	1	—
Malnutrition	—	—	—	1	—
Found Drowned	1	—	—	—	—
Meningial Hæmorrhage	—	—	—	—	1
Asphyxia Neonatorum	—	1	—	—	—
Bronchitis	—	7	8	—	6
Pneumonia	—	5	4	3	11
Measles	—	2	—	1	1
T. B. Meningitis	—	1	—	—	—
Heart Disease	—	—	—	—	1
Laryngismus Stridulus	—	1	—	—	—
Asthenia	—	4	—	—	—
Intestinal Obstruction	—	1	—	—	—
Gastritis	—	1	—	1	1
Intussusception	—	1	—	1	—
Suffocation	1	1	—	—	1
Debility	—	—	1	—	—
Acute Otitis	—	—	—	1	—
Mastoiditis	—	—	—	—	1
Encephalocele Maldevelopment...	—	—	—	—	1

DEATHS OF TODDLERS (1-5 YEARS).

	1921.	1922.	1923.	1924.	1925.
Measles	—	—	6	1	2
Scarlet Fever	2	3	1	—	2
Whooping Cough	3	1	—	3	4
Diphtheria	—	1	—	—	1
Tuberculosis of Respiratory System	—	—	—	—	—
Other Tuberculous Diseases ...	5	2	—	3	3
Heart Disease	1	—	—	—	—
Bronchitis	4	5	1	5	1

	1921.	1922.	1923.	1924.	1925.
Pneumonia (all forms)	3	13	4	—	5
Other Respiratory Diseases ...	—	1	—	—	—
Diarrhœa, etc. (under 2 years) ...	1	—	1	1	1
Acute and Chronic Nephritis ...	1	—	—	—	—
Deaths from Violence	3	1	1	1	3
Other Defined Diseases	4	4	3	1	4

DEATHS OF SCHOOL CHILDREN (5-15 YEARS).

	1921.	1922.	1923.	1924.	1925.
Scarlet Fever	3	1	1	—	—
Encephalitis Lethargica ...	1	—	—	—	—
Tuberculosis of Respiratory System	—	—	1	2	—
Other Tuberculous Diseases ...	3	—	2	1	2
Rheumatic Fever	—	—	1	—	2
Heart Disease	—	—	—	—	2
Bronchitis	—	—	—	1	—
Pneumonia (all forms)	—	—	1	—	1
Other Respiratory Diseases ...	—	—	—	—	1
Appendicitis and Typhlitis ...	1	—	—	—	—
Acute and Chronic Nephritis ...	—	—	—	—	1
Deaths from Violence	—	2	2	—	1
Other Defined Diseases	4	—	—	—	4

DEATHS OF ADOLESCENTS (15-25 YEARS).

	1921.	1922.	1923.	1924.	1925.
Scarlet Fever	—	—	1	—	—
Influenza	—	—	1	1	1
Encephalitis Lethargica ...	—	—	—	1	—
T. B Respiratory	8	3	2	6	—
Other T. B. Diseases	—	—	1	3	5
Cerebral Hæmorrhage	—	—	—	1	—
Heart Disease	4	2	1	—	2
Bronchitis	—	—	—	—	—

	1921.	1922.	1923.	1924.	1925.
Pneumonia (all forms)	2	—	5	1	1
Other Respiratory Diseases ...	—	—	1	—	—
Appendicitis and Typhlitis ...	—	2	—	1	—
Acute and Chronic Nephritis ...	—	—	—	—	1
Other Accidents and Diseases of Pregnancy	—	—	—	—	1
Deaths from Violence	1	1	1	1	—
Other Defined Diseases	2	2	2	3	2

DEATHS FROM 25-45 YEARS.

	1921.	1922.	1923.	1924.	1925.
Smallpox	—	1	—	—	—
Influenza	—	3	4	1	1
Tuberculosis of Respiratory System	8	8	7	10	7
Other Tuberculous Diseases ...	—	1	1	—	1
Cancer	3	2	2	2	1
Rheumatic Fever	—	2	1	2	—
Diabetes	—	1	—	—	—
Cerebral Hæmorrhage	—	—	—	—	—
Heart Disease	9	11	1	4	3
Bronchitis	1	2	2	2	3
Pneumonia	5	4	3	3	3
Other Respiratory Diseases ...	1	5	1	—	—
Ulcer of Stomach and Duodenum	—	—	—	—	—
Appendicitis and Typhlitis ...	—	—	—	—	—
Cirrhosis of Liver	—	—	—	—	—
Acute and Chronic Nephritis ...	3	—	1	4	2
Puerperal Sepsis	1	1	—	1	—
Other Accidents and Diseases of Pregnancy and Parturition ...	3	—	1	—	1
Suicide	1	2	—	3	1
Deaths from Violence	—	1	1	2	1
Other Defined Diseases	8	5	5	8	6

DEATHS FROM 45-65 YEARS.

	1921.	1922.	1923.	1924.	1925.
Influenza	1	4	2	3	1
Encephalitis Lethargica ...	—	—	—	2	1
Tuberculosis of Respiratory System	6	13	10	1	5
Other Tuberculous Diseases ...	1	1	—	1	—
Cancer	20	21	24	25	23
Rheumatic Fever & Rheumatism	—	—	2	—	1
Diabetes	3	3	1	1	2
Cerebral Hæmorrhage	11	5	8	7	9
Heart Disease	19	13	22	15	17
Arterio Sclerosis	3	3	1	5	4
Bronchitis	9	10	8	15	10
Pneumonia	8	6	4	10	9
Other Respiratory Diseases ...	—	1	—	2	1
Ulcer of Stomach or Duodenum	2	—	1	—	2
Appendicitis and Typhlitis ...	1	—	—	—	—
Cirrhosis of Liver	1	—	2	—	1
Acute and Chronic Nephritis ...	5	12	10	10	7
Suicide	1	2	1	2	2
Deaths from Violence	1	—	1	3	1
Other Defined Diseases	12	15	21	20	25
Ill Defined or Unknown ...	—	—	1	—	—

DEATHS, 65 AND OVER.

	1921.	1922.	1923.	1924.	1925.
Influenza	1	1	1	1	1
Tuberculosis of Respiratory System	1	3	—	—	2
Other Tuberculous Diseases ...	—	—	—	—	—
Cancer	9	14	9	21	13
Rheumatism & Rheumatic Fever	1	—	1	—	—
Diabetes	1	—	—	—	1
Cerebral Hæmorrhage	7	9	14	9	7

	1921.	1922.	1923.	1924.	1925.
Heart Disease	36	21	28	13	34
Arterio Sclerosis	7	2	9	20	12
Bronchitis	26	24	27	31	42
Pneumonia	3	7	9	9	5
Other Respiratory Diseases ...	—	2	2	1	—
Cirrhosis of Liver	1	—	1	—	1
Acute and Chronic Nephritis ...	2	4	10	4	6
Suicide	1	2	—	—	1
Violence	1	2	1	—	3
Other Defined Diseases	40	46	22	31	37
Causes Ill Defined	—	3	3	—	—

(a) COMPARATIVE VITAL STATISTICS, 1925.

District.	Population.	Birth Rate.	Death Rate.	Infantile Mortality Rate.	Infantile Mortality Rate (per 1,000 births) from Congenital Debility. Malformation and Premature Birth.	Death Rate from Pulmonary Tuberculosis	Death Rate from Other Respiratory Diseases.
Chadderton	28,810	15.3	13.0	110	45	0.76	0.10
Chorley (B)	31,670	17.3	12.4	103	40	0.66	0.06
Colne (B)	25,250	13.5	12.3	93	43	0.75	0.11
Farnworth	29,030	17.2	11.6	80	30	0.79	0.06
Heywood (B)	26,660	16.0	15.6	90	44	0.78	0.07
Leigh (B)	46,910	17.8	13.8	99	43	0.85	0.06
Radcliffe	25,270	14.3	14.3	63	24	0.63	0.11
Royton	17,440	12.7	14.9	130	76	0.57	0.11
Swinton and Pendlebury	33,400	14.7	10.3	72	36	0.44	0.14
Waterloo with Seaforth ...	30,600	17.0	12.4	99	26	1.05	0.16
MIDDLETON (B) ...	28,860	13.3	14.1	95	28	0.48	0.24

(b) BIRTH RATE, DEATH RATE AND ANALYSIS OF MORTALITY

during the Year 1925. (Provisional Figures).

	Birth Rate per 1,000 Total Population	Annual Death Rate per 1,000 Population. All Causes.	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria	Influenza.	Violence.	Rate per 1,000 Births. Diarrhœa and Enteritis (under two years.	Total Deaths under one year.
England and Wales ...	18.3	12.2	0.01	0.00	0.13	0.03	0.15	0.07	0.32	0.47	8.4	75
105 County Boroughs and Great Towns, including London ...	18.8	12.2	0.01	0.00	0.17	0.03	0.18	0.09	0.30	0.43	10.8	79
157 Smaller Towns (1921 Adjusted Populations, 20,000 to 50,000) ...	18.3	11.2	0.01	0.00	0.15	0.02	0.14	0.06	0.31	0.38	7.6	74
London	18.0	11.7	0.01	0.00	0.08	0.02	0.19	0.11	0.23	0.46	10.6	67
Middleton	13.3	14.1	0.00	0.00	0.10	0.06	0.17	0.03	0.24	0.31	15.5	95

(c) THE VITAL STATISTICS FOR THE TWO DECENNIAL PERIODS, 1891-1900, 1901-1910, COMPARED WITH THE LAST THIRTEEN YEARS (MIDDLETON BOROUGH).

Period.	Per 1,000 of Population.				Enteric Fever.		Diphtheria and Membranous Croup.		* Diarrhœa.	Rate of Infant Deaths per 1,000 Births.
	Birth Rate.	Death Rate.	Epidemic Phthisis Death Rate.	Epidemic Phthisis Death Rate.	Cases.	Deaths.	Cases.	Deaths.	Deaths.	
Ten Years :										
1891-1900 ...	27.0	18.5	1.71	1.53	160	31	82	48	148	162
1901-1910 ...	23.5	16.6	1.39	1.35	62	11	165	44	110	145
Year 1913 ...	20.9	12.9	0.70	0.73	5	1	8	—	14	98
,, 1914 ...	19.8	14.6	1.98	1.21	43	9	20	4	18	126
,, 1915 ...	17.5	16.1	0.93	1.47	9	1	31	6	10	93
,, 1916 ...	15.8	14.2	0.81	1.18	3	1	46	6	8	79
,, 1917 ...	14.5	15.3	0.90	1.29	4	2	39	5	6	114
,, 1918 ...	13.0	17.2	0.86	1.17	3	2	22	—	2	80
,, 1919 ...	14.0	14.0	0.54	0.68	1	—	35	2	4	76
,, 1920 ...	22.6	12.3	1.00	1.17	1	—	41	5	15	90
,, 1921 ...	19.4	13.3	0.69	0.79	8	—	17	1	9	78
,, 1922 ...	17.5	13.1	0.41	0.93	—	—	14	1	2	72
,, 1923 ...	14.7	12.3	0.51	0.65	5	—	11	1	4	72
,, 1924 ...	15.2	12.6	0.34	0.65	1	—	9	—	4	54
,, 1925 ...	13.3	14.1	0.58	0.48	1	—	12	1	6	95

* Prior to 1916, deaths at all ages are included in these figures ; from 1916 onwards, only those under two years of age.

Standardizing factor, 1.023 ; corrected death rate, 14.4 per 1,000 for 1925.

POOR LAW RELIEF.

	1921.	1922.	1923.	1924.	1925.
Number of persons relieved :	264	533	623	824	919

Amount expended :

1921.			1922.			1923.			1924.			1925.		
£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
803	1	8	1,130	17	6	1,266	8	3	2,070	0	0	2,637	2	5

CAUSES OF SICKNESS OR INVALIDITY.

Prevalent Diseases during past five years :

1921.	1922.	1923.	1924.	1925.
Respiratory Diseases.	Respiratory Diseases.	Respiratory Diseases.	Respiratory Diseases.	Respiratory Diseases.
Scarlet Fever.	Scarlet Fever.	(Bronchitis, Pneumonia, Tubercu-	(Bronchitis, Pneumonia). Chicken-	(Bronchitis, Pneumonia). Influenza,
Influenza.	Measles.	culosis).	pox.	Chicken-
Chicken-	Chicken-	Cancer.	Cancer.	pox.
pox.	pox.			Scarlet Fever.
Cancer.	Influenza.			Cancer.
	Cancer.			

The above have been noted as the prevalent diseases during the five-year period. In addition stomach complaints and Rheumatism are prevalent causes of invalidity among insured persons in the area.

The prevalent defects found in school children are given in the School Medical Report.

EFFECT OF OCCUPATION AND ENVIRONMENT ON HEALTH.

There is a large degree of sickness among the group occupations defined as " Labourers Undefined Employment " and among " Textile Workers."

ENVIRONMENT has an effect on the health (a) from the *atmospheric conditions*—heavy rainfall, fog, humidity and lack of sunshine. The effect that the centre of the town lies in a basin gives rise to a high ground water and a cold and damp soil.

(b) *Housing Conditions.* Since 1921, 640 houses have been noted as overcrowded. This is dealt with under Section IV. (Housing).

(c) *Economic Conditions.* Unemployment and short-time has had its effect on the Birth Rate, food supply and cleanliness of the homes.

PREVENTION OF DISEASE.

HEALTH EDUCATION.

Section 67 of the Public Health Act, 1925, provides that a Local Authority can arrange for the publication in their area of information in questions relating to health and disease, and for the delivery of lectures and the display of pictures in which such questions are dealt with, and may defray the whole or a portion of expenses so incurred.

In "Public Education in Health," issued by the Ministry of Health, it is stated that there is need for expansion in Educational work by Local Authorities.

"An essential part of any national health policy is the instruction in the principles and practice of hygiene of the great mass of the people."

Preventive medicine means the application of medical knowledge to the prevention of disease.

That there is a vast amount of ill-health and disease which is preventable is admitted. "We are only now, as knowledge grows, becoming aware of the immeasurable part played by ignor-

ance in the realm of disease. It is hardly too much to say that, in proportion, as knowledge spreads in a population disease and incapacity decline."

With the object of making health facts more widely known, and instructing the Community in the rules of healthy living, and the prevention of preventable diseases, Middleton, with forethought, began a Health Education Scheme in 1921, which has gradually developed and become part of the public health work of the Borough.

During that year the first Health Exhibition was held, combined with Public Lectures, a Schools Health Week, a Baby Competition and a Series of Health Articles appeared in the local press.

Instruction by pamphlets was also instituted at the Clinic.

In 1922, 39 Health Articles were published in the Press, a larger Health Exhibition was held, Health Competitions took place in the schools, emphasis was given to the teaching of Hygiene in the schools and more extensive use was made of Health Pamphlets in the Clinics and Schools.

In 1923, 4,000 copies of the booklet, entitled "Health, Economy and Efficiency," were issued to the school children, 43 Health Articles were published in the Press. During Health Week a Health Exhibition, including Lectures illustrated by Lantern Slides, Cinema Films and Cookery Demonstrations, was held. The school children took a more active part in Health Week.

In 1924 the first Health Week Booklet was issued, a copy of which was distributed to 7,000 householders.

The Health Exhibition and attendances during Health Week had so much expanded that it was necessary to hold the Exhibition and Meetings at the Co-operative Hall, instead of the Free Library.

A Practical Clean Milk Demonstration was given at one of the farms in the Borough. 26 Health Articles were published during the year.

During 1925 the following articles appeared in the Press :—

Protection from Tuberculosis. Physical and Mental Degeneration. The New Meat Regulations. The Production of Clean Milk. Clean Milk—The Cleansing of Milk Utensils. Clean Milking. Questions Answered. The Cancer Question. Reply to Questions. Disinfection. Why Scarlet Fever Spreads. Important Facts about Diet in relation to Nutrition and Disease. Hygiene of the Mouth. Smoke Abatement—A Guide from America. The Digestibility of Food. Ear Discharge. Character Training of Infants and Young Children. Healthy and Unhealthy Houses. The Causes and Prevention of Tuberculosis in Lancashire. How to prevent Disease during summer weather. Education in Modern Hygiene. A Clean Milk Supply. Pneumonia. Goitre and Health. Food and Health. Psycho-Physical Fitness. Advance in Public Health. Eugenics in Relation to Housing and Hereditary Diseases. The Life Story of a Fly. The Hand and Disease. The Why, How and When of a Toothbrush. Good Health, and help yourself to it. Health Week. Tuberculosis. Vitamins. Scarlet Fever Epidemic. The Infection of Scarlet Fever. Disinfection. Diphtheria. Overcrowded Houses. Rheumatism in Children. What to Eat and What Not to Eat. Tuberculosis in School Children.

Advice and Instruction Pamphlets have been liberally used in the Clinics.

The Health Week Booklet, 7,000 copies of which were issued, dealt with the following items :—

The Purpose of Health Week. Health Facts about Middleton. What you get for your Rates in Health

Services. A.B.C. Practical Health Hints. Notable Facts during the Year.

The Health Exhibition comprised the following sections :—

1. Smoke Abatement League Exhibits.
2. Tuberculosis.
3. Exhibits by Parents and Children.
4. Clean Milk Exhibit.
5. Cookery.
6. Dental.
7. Orthopædic.
8. Maternity and Child Welfare.
9. Literature.

Addresses at the Public Meetings were given by :—

Afternoon :	Evening :
Dr. Cooper.	Sir Robert Jones, K.C.B.
Miss Joyce Barker.	Dr. Logan Stewart, M.A.
Miss Teale.	Prof. Leonard Hill, F.R.S.
	Dr. D'Ewart.
	Miss Tipper.
	Speakers from the National Milk Publicity Council.

The subjects dealt with were :—

Afternoon :	Evening :
Lecture on " Health."	" The Crippling of Disease and its Prevention."
" The Problem Child."	
" The Ailing Child."	" Tuberculosis and how to prevent it."
Demonstrations to Mothers.	
Cookery Demonstration.	" Sunlight, Fresh Air and Health."
	" Affections of the Chest."
	" Healthy Living."

A Cinema Apparatus was installed in the Hall, and the following Cinemas shown :—

Ivory Castles.	Clean Milk Production.
Lord Mayor Treloar's Home for Surgical Tuberculosis.	
The Gift of Life.	Smoke Abatement.

Ten Minute Health Talks were also given during the week in the Cinema Theatres on

" Prevalent Diseases and Their Causes."
" Food of the People."
" Public Health."
" Organized Games in Schools."
" The Home Care of the Young School Child."
" The Care of the Mother."
" Health Education."

The senior school children were conducted round the Exhibition and demonstrations given. Health Talks were given in the schools. Health Essays were written and exhibits were shown by the children.

A Mothers' and Babies' Competition was held.

A Ladies' Health Week Committee raised funds for the purchase of an Ultra-Violet Ray Lamp for the Clinic.

A practical Clean Milk Demonstration, by the National Milk Publicity Council, was held at Stannicliffe Farm.

Lancashire County Council co-operated during Health Week, and were instrumental in making a donation of £4 to the Middleton Poor Children's Aid Society.

The Wesleyan and General Assurance Society assisted in supplying Health Pamphlets during the year.

In a paper read before the Society of Medical Officers of Health, on " Health Propaganda," during the year, I advocated co-ordination between Local Authorities whereby schemes on Health Education would be made uniform and economical.

Other methods applied in the Prevention of Disease are dealt with in each section of the Report.

SECTION II.

GENERAL PROVISION OF HEALTH SERVICES.

HOSPITALS. Provided or subsidized by the Local Authority as stated :—

(1) Tuberculosis : Under the County Scheme.

(2) Maternity : A fee of £10 10s. 0d. per annum is made to St. Mary's Hospital, Manchester.

(3) Children : Cases for operative treatment of Tonsils and Adenoids pay £1 10s. 0d. per case through the Education Committee to Gartside Street Children's Hospital.

Cases of Ringworm for X-Ray treatment pay £2 2s. 0d. per case to the Salford Skin Hospital through the Education Committee.

(4) Fever : Marland Joint Hospital, Rochdale. A retaining fee of £200 per annum is made, in addition to 3s. per day and £2 2s. 0d. for Medical Attendance per case.

(5) Smallpox : Racefield Smallpox Hospital, Chadderton. A proportion of establishment expenses (which amounted to £67 4s. 7d. for the last financial year ending March 25th, 1925) is made by the Local Authority to the Chadderton, Royton and Crompton Joint Board.

The Middleton and District Hospitals Committee subscribed £1,530 2s. 8d. to the Manchester Hospitals during the year.

The benefits received by the Committee for the year were 211 Recommends.

Spectacles at reduced prices (included Specialist treatment at Manchester Royal Eye Hospital) ... ... 72.

Artificial Teeth at reduced prices	23 cases.
Surgical Appliances at reduced prices	5 cases.
Convalescent Home Treatment free	89 cases.

ATTENDANCES DURING THE YEAR.

	In-Patients. (Pulmonary Hospitals and Sanatoria).	Out-Patients (T.B. Dispensary).
(1) Tuberculosis	17	51 (New cases referred for diagnosis).
(2) Maternity : (St. Mary's Hospital, Manchester)	28	13
(3) Children :		
(Pendlebury Children's Hospital, Manchester. Tonsil and Adenoid Operations)	38	93
(Salford Skin Hospital. Ringworm and other Skin Diseases)	—	85
(4) Fever	116	—
(5) Smallpox	—	—
(6) Manchester Royal Infirmary ...	133	160

INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS, ILLEGITIMATE INFANTS AND HOMELESS CHILDREN is available through the Oldham Union. No special provision is made by the Local Authority.

AMBULANCE FACILITIES.

(a) For Infectious Cases : Fever Motor Ambulance provided by the Health Committee.

(b) Non-Infectious and Accident Cases : General Motor Ambulance provided by the Watch Committee.

NUMBER OF CASES CONVEYED TO HOSPITAL.

(a) Infectious	135
(b) Non-Infectious :	
Accident Cases	45
Operation and Others	160
To Manchester Hospitals	109
To Oldham Hospitals	29
Others	10

CLINIC AND TREATMENT CENTRES.

	Situation.	Accommodation.	Provided by
Maternity and Child Welfare. (Consultation and Treatment).	Durnford Street Clinic.	Waiting Room. Treatment Room. Consulting Room. Office. Sanitary.	L.A.
	Middleton Junction Reading Room.	Waiting Room. Consulting Room. Sanitary.	L.A.
Day Nursery.	None Provided.		
School Clinic.	Durnford Street.	Minor Ailments. Ophthalmic. Dental. Ultra-Violet Ray.	L.A.
Tuberculosis Dispensary.	Manchester Old Road, Middleton.		County Authority.
V. D. Clinic.	None in Area.		County Authority.

PUBLIC HEALTH OFFICERS OF LOCAL AUTHORITY.

	Qualification. Diplomas. Certificates.	Offices held
*S. T. Beggs ...	M.D., M.B., B.S., B.A.O., D.P.H.	Medical Officer of Health. Medical Officer to the Education Committee. M. O. to the M. & C. Welfare.
P. A. Harry ...	M.D., B.Ch.	Ophthalmic Surgeon.
A. E. Butler. ...	L.D.S.	Dental Surgeon.
G. H. Locke ...	M.R.C.V.S.	Veterinary Surgeon.
*C. H. Norton ...	R.S.I. Examination.	Sanitary Inspector. Food and Drugs Inspector.
*L. Green ...	Trained Hospital Nurse.	Health Visitor and School Nurse.
*S. J. Jones ...	Trained Hospital Nurse. Certificate Midwives' Board.	Health Visitor and School Nurse.
*A. E. Anson ...	Trained Hospital Nurse. Certificate Midwives' Board.	Health Visitor and School Nurse.
E. M. Howarth ...		Clerk.
M. Booth ...		Clerk.
J. Hall		Clerk.

COUNTY STAFF.

J. L. Stewart ...	M.A., M.B., D.P.H.	Consultant T. B. Officer.
M. A. Potter ...	Trained Nurse.	T. B. Nurse.

* 50 Per cent. grant towards salary made by the Ministry of Health, and whole time Officers, including the Clerks. The other Officers are part time.

PROFESSIONAL NURSING IN THE HOME.

(a) For general cases this is carried out by the Middleton District Nursing Association. There is a Staff of two trained Queen's Nurses.

The work carried out during the year was of a high standard.

Number of patients attended	209
Number of visits	6,504

The sick poor are attended free, and a small charge made for those able to pay. 70 Necessitous cases received free nursing attendance.

(b) For Infectious Diseases no provision is made, except that the District Nurses attend Pneumonia cases when requisitioned by the doctor in attendance. 22 cases were nursed during the year. Home nursing in Measles, Whooping Cough, Chickenpox and other Infectious Diseases of children is required.

It has been suggested that the Health Visitors might undertake fever nursing in the homes ; but, with the present staff, and the extent of their present duties, their services are fully occupied.

The Certificated Midwives are supervised by the County Authority. Six Midwives are practising in the area. No Midwives are subsidized by the Local Authority.

CHEMICAL WORK. Chemical Analysis under the Food and Drugs Acts is carried out by the Public Analyst for the County of Lancaster.

The number of samples taken during the year was :—

(a) By the Local Authority ...	98
(b) By the County Authority ...	72

DESCRIPTION OF SAMPLES.

	Genuine.	Not Genuine.
Milk	121	4
Butter	7	—
Margarine	5	—
Lard	5	—
Cheese	3	—
Sugar	3	—
Potted Shrimps	2	—
Chicken and Ham Paste ...	1	—
Sausages	1	—
Tinned Lobster	1	—
Coffee	2	—
Tea	1	—
Cream	1	—
Cocoa...	3	—
Pepper	1	—
Tinned Peaches	1	—
Ground Ginger	1	—
Baking Powder	1	—
Syrup of Figs	1	—
Custard Powder	1	—
Honey	1	—
Castor Oil	1	—
Cod Liver Oil	1	—
Ising Glass	1	—

ANALYST'S REMARKS.

Sample No.	Description.	Result of Analysis.	Remarks.
7	Milk.	Fat 2.9%.	Poor.
12	Potted Shrimps.	.13% Boric Acid.	Passable.
16	Milk.	N.F.S. 8.45%.	Slightly deficient in N.F.S.
17	Milk.	N.F.S. 8.35%.	Probably slightly watered.

Sample No.	Description.	Result of Analysis.	Remarks.
18	Milk.	N.F.S. 8.25%.	Probably slightly watered.
47	Sausages.	.18% Borate Preservative expressed sa Boric Acid equal to 13 grains per pound.	
48	Potted Shrimps.	0.32% Borate Preservative expressed as Boric Acid equal to 22.4 grains per pound.	
62	Margarine.	Contained about 5% Butter Fat.	Labelled "Contains Butter.
96	Margarine.	Genuine Margarine, but not properly labelled.	In addition to the word "Margarine," the wrapper bore the words, "Eat Hull's Bread." John Hull, Grocer and Baker, 44, Long Street, Middleton.

ACTION TAKEN. Four Warning Notices issued.

Number of Samples Analysed during the past five years :

	1921.	1922.	1923.	1924.	1925.
Genuine	122	152	179	140	166
Not Genuine...	8	2	1	8	4
Action taken :					
Summons	3	1	0	2	0
Warning Notices ...	5	1	1	6	4

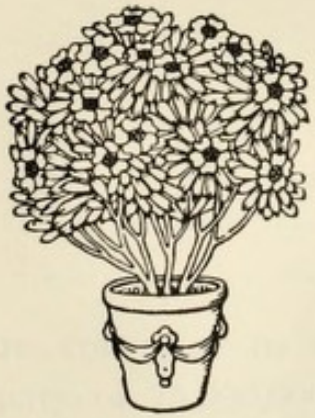
LEGISLATION IN FORCE.

List of Local Acts, Orders and Adoptive Acts and Byelaws.	Date of Adoption.
The Infectious Diseases (Prevention) Act, 1890	...5th February, 1891.
The Baths and Wash-houses Act, 1846	...7th May, 1903.
The Public Health Acts Amendment Act, 1890, Parts II. and III.	...5th February, 1891.

List of Local Acts, Orders and Adoptive Acts and Byelaws.	Date of Adoption.
The Private Street Works Act, 1892	...6th October, 1892.
The Notification of Births Act, 1907	...1st July, 1908.
The Infectious Diseases (Notification) Act, 1889	...1st June, 1910.
The Public Health Acts Amendment Act, 1907 :	
Part II., Sections 34 to 38, and Sections 43 to 51 of Part III., and Sections 93 and 95 of Part X.	...11th April, 1910.
Sections 7, 9 and 81 of Part VII., and Part VIII.	...3rd February, 1910.
Section 86 of Part VII.	...10th February, 1921.
The Public Health Acts Amendment Act, 1890, Part IV.	...1st October, 1911.
The Public Health Act, 1925, Parts II. to V. (inclusive)	...10th February, 1926.
Bye-Laws relating to :	
Nuisances, Common Lodging-houses, New Streets and Buildings, Slaughter Houses	...30th December, 1878.
Offensive Trades	...1st August, 1883.
New Streets and Buildings ...	...3rd May, 1895.
Sanitary Conveniences	...12th August, 1895.
Water Closets and Waste-water Closets	...10th July, 1903.
New Streets	...10th October, 1905.
Houses Let in Lodgings	...5th June, 1909.
Means of Escape in Case of Fire ...	...13th December, 1920.
Employment of School Children ...	...16th August, 1922.
Orders relating to :	
Dairies, Cowsheds and Milkshops	...1st April, 1911.
Management of Sanitary Conveniences	...25th October, 1894.
Inspection of New Drains and Buildings	...1st October, 1896.

Particulars of the administration of the several Acts, Orders, and Byelaws where action has been taken is published in the Monthly Minutes of the Council, and where these are carried out by the Health and Education Committees are dealt with in this Report.

The work of the Local Authority is related to the National Health Insurance Voluntary Hospitals, or Poor Law Services, only in so far as stated in the Report.



SECTION III.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLY.

CONTROL AUTHORITY. Middleton and Heywood Water Board.

The powers of the Board are to execute the various Acts of Parliament in respect of the water undertaking.

SOURCE OF SUPPLY.

	Drainage Area.
Ashworth Moor	1,380 Acres
Naden Valley	1,250 „

RESERVOIRS.

	Capacity.
Ashworth Moor	350,000,000 gallons
Naden Higher	80,000,000 „
„ Middle	152,000,000 „
„ Lower	38,000,000 „

These waters are conveyed to the Clay Lane Storage Reservoir, with a capacity of 75,000,000 gallons. The water is then passed through the Clay Lane filters to the Clay Lane Service Reservoir, with a capacity of 5,000,000 gallons, from which the Middleton Supply is carried to the Hebers Service Reservoir, capacity 1,650,000 gallons. Three Mains carry the supply from Hebers to Middleton and district.

The SUPPLY is constant and sufficient throughout the area.

QUALITY. Samples report.

Sample of water collected from water tap in Caretaker's Kitchen at Heywood Offices (tap running fifteen minutes before sampling), on December 15th, 1925, at 2-30 p.m.

REMARKS: A clear and colourless water free from sediment.

ANALYSIS.

	Grains per Gallon.
Free and Saline Ammonia	0.0024
Albuminoid Ammonia	0.0010
Nitrites as Nitrogen	None
Nitrates as Nitrogen	0.041
Organic matter. Oxygen absorbed test. n-80 Km No_4 acting for 4 hours at 60°F.	0.011
Combined Chlorine	0.90
" Free " acidity cal. as Co_2	0.175
" Combined " alkalinity cal. as $Ca_2 CO_3$ ...	0.49
Total Hardness. Soap test	4° clark
Ph value	6.5
Colour of the water when viewed in a 2 ft. glass tube equivalent to	6 m.m. Hazen x solution

BACTERIOLOGICAL RESULTS.

A. Organisms growing on Nutrient Gelatine cultivated for 3 days at 20° c :

Liquefying ... 1	}	Total 2 per c.c. of water.
Non-Liquefying ... 1	}	

B. Organisms growing on Nutrient Agar cultivated for 2 days at 37° c :

Total counts 1 per c.c. of water.

C. Bacillus coli communis found in 100 c.c.'s of water, but not in 75 c.c.'s.

REPORT. A satisfactory water.

(Signed) FRANK SCUDDER, F.I.C.,
Consulting Chemist.
December 21st, 1925.

	Grains per Gallon. Alkalinity as $CaCO_3$	Lead.
NADEN SUPPLY.		
Inlet to No. 2 Filter, 18-1-26	0.56	
Outlet from No. 2 Filter, 18-1-26	0.63	
Pitts Houses, Norden, 18-1-26	1.19	None.
CLAY LANE.		
Outlet from Large Sand Filter, 18-1-26 ...	0.28	
Inlet to Mechanical Filters, 18-1-26 ...	0.28	
Outlet from Mechanical Filters, 18-1-26 :		
Free Alkalinity as (CaO)	None.	
Combined Alkalinity ($CaCO_3$) ...	0.56	

December 31st, 1925.

PLUMBO-SOLVENT ACTION. The water has no plumbo-solvent action as it is treated.

DWELLING HOUSES SUPPLIED.

Number of Houses	7,244
Number of Baths	1,257

The supply is direct. No stand pipes are used.

Practically the whole population is supplied, with the exception of about 50 farms and isolated houses in the Borough. Reference is made to Thornham School in the School Medical Report.

EXTENSIONS DURING THE YEAR.

Date. 1925.	Situation.	Size. Inches.	Length. Yards.	Description.
April.	Beech Walk	4	24	Extension.
May.	Bentley Avenue ...	5	550	New Main.
,,	Do. ...	6	31	Do.
,,	Do. ...	4	13	Do.
,,	Harold Street	4	81	Extension.
June	Farm Way	4	70	Do.
August.	Nan Croft	4	67	New Main.
September	Ivy Drive	4	130	Do.
,,	Crescent (Manchester New Road)	4	143	Do.

CONTAMINATION. No form of contamination has been found during the year. The liability to contamination can arise only from isolated farms on the catchment area.

RIVERS AND STREAMS.

The streams passing through the area are the River Irk and its tributaries the Wince Brook and Whit Brook.

The Chief Inspector of the Mersey and Irwell Joint Committee states that they are all polluted streams inasmuch as they receive, in or above Middleton, effluents from five Sewage Works and 19 Manufactories (consisting of eight dyeworks, five bleachworks, three calico-printing works, and three unclassified smaller works).

The whole of these streams and potential sources of pollution are inspected by the Mersey and Irwell Joint Committee Inspectors.

During the past twelve months, one sewage works has been entirely reconstructed, and, at another, a large renovation of filters is taking place. The other three sewage works are efficient works,

At one Manufactory, an entirely new purification plant is being constructed, and minor improvements have taken place at several others.

Considerable pollution occurs from the running off of mill lodges, and by discharges of storm sewage from storm overflows which are more serious in their effects in such a small river as the Irk than they would be in a larger stream. These pollutions are unavoidable in the present state of the law.

DRAINAGE AND SEWERAGE.

The drainage and sewerage are partially separate systems. Where possible, the surface drains are run into streams, otherwise they enter the sewers.

Main sewers are laid along the Irk, Wince and Whit Brook Valleys. The Sewage from Slattocks and Thornham flows into the Whit Brook Valley Sewer. Middleton Junction sewage is carried by the Wince Brook Valley Sewer. The sewage from Stannicliffe and Hollin Lane flows towards and joins near the centre of the town, also the sewage from Alkrington Estate. The sewage is then conveyed along the Irk Valley and flows into the Manchester Main Sewer at Rhodes. The sewer from Moss Way is laid along the Boardman Brook Valley, and joins the main sewer at Rhodes.

The sewage is treated by the Manchester Corporation. The cost for disposal during the last financial year was £4,818 15s. 3d. Part of Chadderton area is connected to the Middleton sewage system.

Outlying areas are without sewerage system, the method of disposal being diversion into streams or surface irrigation.

The cleansing, repairing and flushing of drains and sewers are carried out by the Surveyor's Department. The total length of new sewers and drains laid during the year amounted to approximately two miles.

CLOSET ACCOMMODATION.

The estimated number of closets is :

Fresh Water Closets	2,583
Waste Water Closets	3,637
Pail Closets	409
	6,629

to 7,159 houses. No systematic survey of closet accommodation has been carried out in the Borough.

Conversions of pail closets to fresh-water closets during the past five years :

1921.	1922.	1923.	1924.	1925.	Total.
6	8	15	7	33	69

The Local Authority contributes half cost in the case of private property.

The amount expended during the past five years was :

1921-22.	1922-23.	1923-24.	1924-25.	Total.
£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
52 19 8	27 1 9	9 15 0	134 7 9	224 4 2

The approximate number of pail closets suitable for conversion is estimated at 16, out of a total of 409 in the Borough, 360 of which are in connection with dwelling houses.

Cost of removal of pail contents during the year was £277 0s. 5d.

SCAVENGING. Implies the storage, removal and disposal of (1) House Refuse, (2) Refuse from Manufacturers' and Traders' Premises, (3) Stables and Cowsheds, (4) Streets.

(1) HOUSE REFUSE is dealt with by the Sanitary Staff,

(a) STORAGE.

(1) Number of Brick Ashpits.	(2) Number of Wall Ashbins.	(3) Number of Movable Ashbins.
1,548	464	1,447

Number of defective ashpits and want of ashpit accommodation reported in :

1921.	1922.	1923.	1924.	1925.
90	149	126	121	124

Number of movable ashbins issued :

1921.	1922.	1923.	1924.	1925.
49	98	134	120	175

(b) REMOVAL. Vehicles used : 2 Motor wagons.
2 Horse carts.
1 Night soil barrel.

Staff employed : 9 Men on ashes.
2 Motor drivers.
2 Carters.
1 Night soil man.

The cost of Refuse removal during the year was £2,238 8s. 10d.

(c) DISPOSAL.

(1) Destructor situated in the Corporation Yard, under the supervision of the Electrical Engineer. Staff employed : 4 firemen ; Tin-Baling Press, 1 man part time.

(2) Three Tips at Clough Road, Hilton Fold and Rhodes. 10% of House Refuse was removed to tips during 1925.

(2) Refuse from Manufacturers' and Traders' Premises is removed to Destructor by the owners themselves.

(3) STABLES AND COWSHEDS.

The storage of manure at stable yards and cowsheds does not, in many cases, comply with the Bye-Laws. The Bye-Laws require (a) a suitable receptacle for dung, manure, soil, filth and other offensive or noxious matter ; (b) suitable cover, and to be kept properly covered ; (c) receptacle to prevent any escape of contents or any soakage into ground or into wall of any building.

REMOVAL is required by the Bye-Laws *once a week.*

DISPOSAL is made to farmers.

(4) STEEETS. The cleansing of streets and street gullies comes under the Surveyor's Department.

Staff employed : 15 Men. Vehicles : 5 Horse carts, 2 horse-drawn sweeping machines, 3 tumbler carts for removal of gully contents, etc., ; 4 water carts.
Cost for 1924-25 : £2,993.

The use of Hypochlorite Fluid (one part chlorine to one million parts of water) in the watering carts is recommended.

SANITARY INSPECTION OF THE AREA.

In 1921 I reported : Owing to the multiplicity of duties devolving on the Sanitary Inspector, it is impossible for all these duties to be carried out by one inspector in the detail and to the extent required for an area and population of this Borough.

In 1922 recommendations for the Sanitary organization of the district were made, and a Sub-Committee appointed to investigate the matter.

In 1925 the Ministry of Health pointed out that a second Sanitary Inspector was required.

Inspections made by the Sanitary Inspector during the year :

Nature.	Number.
Infectious Diseases	183
Common Lodging Houses	186
Factories and Workshops	110
Dairies and Cowsheds	157
Housing :	
Under Public Health Act	272
Under Housing Act	12
Slaughter Houses	722
Food (Market)	52
Nuisances	275

Defects found and reported to the Medical Officer of Health by the Health Visitors :

Houses ...	51	Yards, Passages and Streets ...	17	Surroundings ...	6
Occupants ...	36			Gullies ...	8
Ashpits ...	5	Water	2	No Food Store	5
		W.C.	9		

Total : 139.

NOTICES SERVED.

Nuisances.	Defects found. Number.	Notices Served. Informal. Number.	Notices Served. Statutory. Number.	Result. Complied with. Number.	Result. Proceedings taken. Number.
Houses... ...	94	94	—	91	—
Closets ...	102	102	—	102	—
Ashpits ...	124	124	—	137	—
House-drains ...	42	42	—	40	—
Waste pipes ...	6	6	—	6	–
Yard and Passage ...	4	4	—	5	–
Accumulations	3	3	—	3	–

SMOKE ABATEMENT.

Number of observations made by the Sanitary Inspector : 87,

Legal proceedings were taken in 7 cases, fines were imposed in 6 cases, and one case was dismissed.

The time limit allowed for the emission of black smoke in this area is 8 minutes per hour.

Representatives from the Local Authority attended the meetings of the Manchester Regional Joint Smoke Abatement Committee during the year.

The Committee advocates a single joint controlling authority, and found that no uniformity of administration is feasible under existing conditions, and that uniformity can only be brought about by some scheme of co-operation, that a unified scheme is necessary to eliminate the wholesale contamination of the atmosphere.

The Smoke Abatement League of Great Britain took part in Health Week. It has been suggested that Local Authorities should have power to make a rebate on rates to owners and occupiers who equip their houses with smokeless appliances.

PREMISES AND OCCUPATIONS controlled by Bye-Laws and Regulations :

Offensive Trades : None exist in the area.

FACTORIES, WORKSHOPS AND WORKPLACES.

1. Inspection of Factories, Workshops and Workplaces. Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises. (1)	Number of Inspections. (2)	Written Notices. (3)	Occupiers prosecuted. (4)
FACTORIES ... ... (Including Factory Laundries).	9	1	—
WORKSHOPS ... ... (Including Workshop Laundries).	101	1	—
WORKPLACES ... ... (Other than Outworkers' premises).	—	—	—
Total	110	2	—

2. Defects found in Factories, Workshops and Workplaces.

Particulars.	Number of Defects.			Number of Offences in respect to which Prosecutions were instituted.
	Found.	Remedied.	Referred to H.M. Inspector	
(1)	(2)	(3)	(4)	(5)
Nuisances under the Public Health Acts :				
Want of Cleanliness ...	1	1	—	—
Want of Ventilation ...	—	—	—	—
Overcrowding	–	—	—	—
Want of drainage of floors	—	—	—	—
Other Nuisances	—	—	—	—
Sanitary Accommodation :				
Insufficient, Unsuitable or Defective ...	1	—	—	—
(Not Separate for Sexes)	—	—	—	—
Offences under the Factory and Workshops Acts :				
Illegal Occupation of Underground Bakehouse (s. 101)	—	—	—	—
Other Offences	—	—	—	—
Total	2	1	—	—

COMMON LODGING HOUSES. There are 4 in the Borough, and are registered.

Address.	Accommodation. Bedrooms.	Occupants.
13, Simpson Street	4	12
15, ,, ...	4	12
8, Irk Street	7	25
6, ,, ...	2	4
Total	17	53

The Bye-Laws are observed.

CANAL BOATS. None were inspected during the year.

No action was found necessary under the Housing Act, 1925, with regard to underground sleeping rooms.

HOUSES LET IN LODGINGS. The houses let in lodgings in the Borough come under Clause 2, and are exempted by the Bye-Laws. It is desirable, in view of the state of overcrowding in the Borough, that this Clause should be amended to enable the provision of the Bye-Laws to be applied to these houses.

CONTAGIOUS DISEASES (ANIMALS) ACTS. One case occurred in the Borough during the year. The affected animal was slaughtered, together with a herd of 14 cows and 3 pigs, and the carcases destroyed by burning, on the farm affected.

RATS AND MICE DESTRUCTION ACT, 1920. A public notice was issued in the Press during Rat Week.

THE SANITARY CONDITION OF THE SCHOOLS is dealt with under the School Medical Report.

SECTION IV.

HOUSING.

I. GENERAL HOUSING CONDITIONS IN THE AREA.

(a) The general type in the area is the four to five-roomed house, the number of these occupied by private families (Census, 1921) being 5,465, together with 557 one to three, and 388 six to eight-roomed houses, and 62 of nine or over. 80 Per cent of private families occupy four to five-roomed houses, and eight per cent. one to three-roomed houses.

There are only 1,257 baths in the total number of houses in the Borough. Practically all dwelling-houses have a constant and direct water supply through the Middleton and Heywood Water Board.

Closet and Ashpit Accommodation is given in Section III. of the Report.

The number of housing defects discovered during the past five years was :—

1921.	1922.	1923.	1924.	1925.
542	357	446	456	375

The principal defects found in houses are related to structure defects and to defective closets and ashpits.

(b) HOUSE SHORTAGE.

The rate of building before 1914 was 95 new houses per year, and, since 1914, 33 houses per year.

The number of marriages, and the number of new houses built during the past five years :—

	1921.	1922.	1923.	1924.	1925.	Total.
Marriages	255	260	256	220	253	1,244
New Houses ...	18	61	24	96	85	284

(c) CHANGES IN POPULATION FROM 1921 TO 1925.

The natural increase of births over deaths during :—

1921.	1922.	1923.	1924.	1925.	Total.
177	130	70	74	Nil.	451

The actual increase in population, according to the Registrar General's mid-year estimates :—

1921.	1922.	1923.	1924.	1925.	Total.
90	20	Nil.	Nil.	70	180

The increase in population on the Census Return of 1921, and the Registrar General's mid-year estimate for 1925, is 570.

II. OVERCROWDING.

(a) EXTENT.

As no systematic housing inspection has been carried out in the area, the Medical Officer has had recourse to noting the housing conditions on Clinic Records and Infectious Disease Reports.

In this way a fair estimate of the housing conditions in families has been obtained.

The total number of houses reported overcrowded during the past five years has been 640.

This figure agrees approximately with the Surveyor's estimate of a deficiency of 655 houses, calculated on the rate of building since the war, as compared with the pre-war rate.

III. FITNESS OF HOUSES.

1. (a) The general standard of housing in the area considered from the Ministry of Health's distinction, viz. :—(1) "*mere fitness*," which implies that a house is free from defects such as can be regarded as rendering it unfit for habitation, and (2) the "*higher standard*" of amenity, i.e., not only free from defects, but having advantages and amenities which tend to promote a healthy and contented home life, must be placed in the case of houses under five rooms generally in the former category, except the more recently built houses.

The requirements of a healthy dwelling are that it is (1) free from serious dampness, (2) satisfactorily lighted and ventilated, (3) properly drained and provided with adequate sanitary conveniences, and with a sink and suitable arrangements for disposal of slop water ; (4) in good general repair, (5) provided with a good water supply, (6) adequate washing accommodation, (7) adequate facilities for preparing and cooking food, (8) a well-ventilated store for food, and open-air surroundings.

These conditions are complied with in the newer houses. The extent to which structural defects have been found are given in next paragraph.

(b) General character of defects found to exist :—

	1921.	1922.	1923.	1924.	1925.
Defective ashpits and accommodation ...	169	149	126	121	124
Defective Closets ...	196	94	105	156	102
,, Drains ...	41	20	41	37	42
,, Waste Pipes	9	6	13	6	6

Defective Yards and Passages	7	4	15	5	4
Structural Defects in Dwelling Houses ...	113	78	137	108	94
Accumulations ...	2	5	9	21	3
Animals...	5	1	—	2	—
	542	357	446	456	375

(c) Defects due to lack of proper management and supervision by owners do not occur so much as from neglect and acts of waste by tenants. The extent of these can only be judged from the above table.

2. (a) The general action taken to discover defects in unfit houses, under the Public Health Acts, is by inspection through the Sanitary Inspector and Health Visitors in home visiting. Complaints are also made by occupiers to the Medical Officer of Health.

(b) Defects under the Housing Acts are found by the Sanitary Inspector.

3. (a) DEFECTS. The majority of defects found under the Public Health Act and the Housing Act are remedied by the issue of informal notices. No special difficulties are experienced. 19 Formal notices were issued to the owners during the year. All were complied with.

No special measures have been taken, nor suggested, to secure improved management of property by owners. Better care of property by tenants is dealt with by the owners. Occasionally, owners have complained to the Medical Officer of Health regarding neglectful tenants, and in these cases the tenants have been written to.

(b) CAUSES OF OVERCROWDING.

The causes are two-fold :—

(1) Economic. During trade depression there is a tendency for more than one family to share the same house. Large families who, in normal times, would consider a larger house are prohibited from doing so, owing to lessened income.

(2) House Shortage. The extent of house shortage may be gauged from :—

(1) The number of overcrowded houses recorded (640).

(2) The number of families on the waiting list for Municipal houses (166), which represents about half the number of applications received.

(3) The Census Return (1921) showed that 88% of families occupied 6,022 houses of four to five roomed type and under.

The index figure for this population would require, approximately, 6,600 houses of the four to five roomed type.

(4) The number of new houses erected does not meet the needs of the number of persons married per year. The average number of marriages per year during the past five years was 249.

(5) The rate of building since 1914 has been only one-third that prior to 1914, amounting to 655 houses required to equal the pre-war rate of building.

(c) MEASURES TAKEN OR CONTEMPLATED FOR DEALING WITH OVERCROWDING.

In 1919 the Corporation applied to the Ministry for the

building of 400 houses ; but, owing to the cost of building, this number was reduced, and only 38 houses were erected. 24 Houses had been built previously, under the 1890 Act. An additional 52 houses have been approved under the Housing Acts.

£100 Subsidies have been approved in respect of 275 houses up to the end of the year.

Apart from the Municipal Housing Scheme, building by private enterprise is not being devoted to the building of working class houses, and is not directly relieving the families affected.

(d) PRINCIPAL CASES OF OVERCROWDING AS ASCERTAINED DURING 1925.

(1) A Report on overcrowding was submitted to the Health Committee each month :—

	Number of Houses.	Number of Bedrooms.	Number of Occupants.
January	6	13	52
February	7	16	69
March	3	6	22
April	4	9	36
May	4	8	30
June	5	10	36
July and August	18	36	142
September ...	16	32	133
October	11	23	100
November ...	7	14	63
December	14	29	121
Total ...	95	196	804

These figures give an average of 8.46 persons per house, and 4.1 per bedroom.

(2) In the worse cases, where two families or individual lodgers were residing in the house, a letter was written to the occupier. The landlord was also communicated with. Great difficulty was experienced by these people in finding other accommodation. In fact, in most cases, they were unable to do so.

OVERCROWDING IN INFECTIOUS DISEASES DURING 1925.

71 Houses out of 401, giving a percentage of 17.71, were reported overcrowded during the year. This gives 8.12 persons per house, and 3.61 per bedroom.

OVERCROWDING IN MATERNITY CASES.

98 Houses out of 402, giving a percentage of 24.38, were reported overcrowded during the year. This is equal to 8.29 persons per house, and 3.66 per bedroom.

There are no agreed arrangements with regard to carrying out repairs. No special action has been possible with regard to back-to-back houses and other types of insanitary property, apart from rendering them as reasonably fit as possible, owing to house shortage.

4. Conditions, so far as they affect housing, as regard (a) Water Supply: Practically all dwelling-houses have a direct supply through the Heywood and Middleton Water Board. (b) Closet Accommodation: Conditions are given under Section III. of the Report, also the conversions during the period. (c) Refuse Disposal: See Section III., under Scavenging.

Measures taken during the year, in regard to the above, have been the remedying of insufficient water supply, due to partial blockage of the water pipes. These are usually carried out by owners or occupiers, on the issue of informal notice. Extensions in fresh water closets and movable ashbins are given in Section III.

IV. UNHEALTHY AREAS.

No action has been taken with regard to unhealthy areas. Action with regard to back-to-back houses, unfit houses and overcrowded houses is difficult, until there is a sufficiency of working-class houses available.

V. THE BYE-LAWS RELATING TO NEW STREETS AND BUILDINGS,

is at present under revision. The Byelaws with regard to Houses Let in Lodgings do not apply, as the rental paid by lodgers is over the amount stated in the byelaws.

The Byelaws relating to Common Lodging Houses are in operation.

VI. GENERAL.

Press articles written on Housing Conditions, Exhibits during Health Week, and the issue of notices and pamphlets on the saving and disposal of house refuse, have had an educative effect.

HOUSING STATISTICS FOR THE YEAR 1925.

Number of new houses erected during the year :—

(a) Total (including numbers given separately under (b)	81
(b) With State assistance under the Housing Acts :—	
(1) By the Local Authority	Nil.
(2) By other bodies or persons	81
Number of houses in course of erection under Council's building scheme	20

Financial assistance for purposes of increasing housing accommodation :—

Have any advances been made during 1925—

(a) By loans ? Number : Nil. Amount of loans : Nil.

(b) By subsidy ?. Number : 80. Amount of subsidies : £8,000.

Unfit Dwelling-houses :—

Inspection :—

(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) 284

(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910, or the Housing Consolidated Regulations, 1925 12

(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... 12

(4) Number of dwelling-houses (exclusive of those referred to under (3), found not to be in all respects reasonably fit for human habitation 50

Remedy of Defects without service of formal notices :—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers 252

Action under Statutory Powers :—

A.—Proceedings under Section 3 of the Housing Act, 1925 :—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs 12

(2) Number of dwelling-houses which were rendered fit after service of formal notices :—

(a) By owners : Nil. (b) By Local Authority in default of owners : None.

(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ... ... None.

B.—Proceedings under Public Health Acts :—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied 272

(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—

(a) By owners : 19. (b) Local Authority in default of owners : None.

C. Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925 :—

(1) Number of representations made with a view to the making of Closing Orders ... ... None.

(2) Number of dwelling-houses in respect of which Closing Orders were made ... ... None.

(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit... ... 1

(4) Number of dwelling-houses in respect of which Demolition Orders were made ... ... None.

(5) Number of dwelling-houses demolished in pursuance of Demolition Orders ... ... None.

D.—Number of houses demolished, voluntarily by owners, or converted into workshops, etc. ... None.

SECTION V.

INSPECTION AND SUPERVISION OF FOOD.

CLEAN FOOD.

At the Royal Sanitary Institute Conference, in 1924, a Joint Committee was set up to report on methods adopted in relation to food handling in this country, and to advocate amendment of existing legislation and the provision of new laws governing the preparation and sale of food, and insuring its proper cleanliness and freedom from contamination.

The Committee reported that this country was practically alone among the more advanced nations in failing to take cognizance of the existence of the risk to health, and of the production of disease as the result of defective and careless exposure and handling of food, and to provide legislation for the protection of the people from such risks.

As an example of the action taken in other countries, a Conference in 1913, in Australia, adopted the following :—

> "That articles of food such as milk, cream, cheese, cooked meats, soft fruits, jams and jellies, which are ordinarily consumed in the condition in which they are sold, should, if they have been exposed to contamination by flies, or dust, or filth of any kind, be deemed to be unwholesome, and unfit for consumption."

Regulations were made to deal with the production, handling, treatment, manufacture, preparation, preservation, cooking, serving, measuring, packing, storing, conducting, transport and delivery of food sold, or for sale, or kept for sale, or intended for sale for human consumption or use, and to all fittings, apparatus, instruments,

utensils, receptacles and vehicles used for the purpose of or in connection with such production, handling, treatment, manufacture, preparation, preservation, cooking, serving, packing, storing, conducting, transport and delivery.

As instances of the contamination of food stuffs may be mentioned the handling and exposure to contamination of bread, cakes and sweets. Watercress, an article rich in Vitamins, has been proved to be a means for the conveyance of Typhoid Fever and animal parasites. Shell fish is liable to serious contamination at their breeding places, and their control is important. Vegetables are exposed to contamination by excreta and dust, groceries to flies and dust. Registration of restaurants, cafes and eating-houses is called for. Persons engaged in food handling should be free from contagious and other diseases. The disinfection of glasses in public houses and restaurants is required, the handling of articles of food by the purchaser should be prohibited, blowing into paper bags or moistening the fingers, and polishing fruit by breathing or spitting on it are objectionable.

There is a shortage of cold storage for foods in this country.

The Committee states that, if proper and cleanly methods of food preparation are to be secured, further control is necessary.

The Committee is of opinion that the making of Regulations should be in the hands of Local Authorities, as already exists in the case of Sanitation.

A. MILK SUPPLY.

(a) The milk supply is derived chiefly from local farmers. There are on the Register 80 wholesale traders and retail purveyors. Eight of these deliver milk from outside the area.

The quality of the milk distribution in the area, as estimated from the results of chemical and bacteriological examinations, shows 3.3% of the samples during the year not genuine, and 9.6% containing Tubercle Bacilli. No bacterial counts were made.

(b) General adequacy of the arrangements for the supply and distribution of milk of pure and wholesome character :—

In 1922 I reported a stricter insistance of the Dairies, Cowsheds and Milk Shops Order would improve the cleanliness of the milk supply. As elsewhere, a good and bad type of milk producer is to be found. The method of distribution is by milk floats, from containers either with removal lids or by taps. More milk is being distributed in sealed bottles than formerly.

(c) The Milk and Dairies (Consolidation) Act, 1915, The Milk and Dairies (Amendment) Act, 1922, and the Dairies, Cowsheds and Milkshops Orders are administered in this area.

Eight informal notices were issued under the Milk and Dairies (Amendment) Act, 1922. All were complied with. 157 Inspections were made under the Dairies, Cowsheds and Milkshops Orders, by the Sanitary Inspector.

The Council is in agreement with the recommendations made by the Council of the National Clean Milk Society, in respect of amendment of these Acts.

(1) Tubercular Milk. When a sample from a herd is found to contain Tubercle bacilli, the herd is examined by the Veterinary Surgeon, the milk of the suspected cow is examined, and the diseased cow eliminated by the process of exclusion. The tubercular cow, when discovered, is slaughtered.

Tubercular Cattle. Action was taken in three cases during the year under the Tuberculosis Order, 1925. Each cow was suffering from Tuberculous emaciation. The valuation agreed in each case was £5. Compensation was paid under Article 9 (3) in two cases, and under Article 9 (2) in one case.

(2) One license has been granted for the sale of milk under special designation for Certified and Pasteurized Milk to a purveyor outside the Borough.

No types of apparatus licensed for the pasteurisation of milk in the area are in use.

(3) No refusal or revocation of registration of retailers or of licenses for graded or other milk has been made during the year.

(4) Number of milk samples examined for Tubercle bacilli was 31, of which three contained Tubercle bacilli.

DAIRIES, COWSHEDS AND MILK SHOPS.

The date of the Regulations made under the Dairies, Cowsheds and Milk Shops Order was 1st February, 1911.

I have previously pointed out that stricter observance of these Regulations is required. The number of Cowkeepers on the Register is 69. The air space required by the Regulations for each cow in cowsheds is 800 cubic feet. The condition of the cowsheds is average as pertaining in the county.

In the 1921 Report I stated the requirements necessary for obtaining a higher standard of milk. In 1922 I referred to the importance of attention to scientific details and the training of dairymen in the production of Clean Milk. In 1923 I gave a report in detail on the condition of the Cowsheds. During that year instructions were issued to farmers on Udder Diseases. Each year a series of articles on Milk Production has been published in the Press, and practical demonstrations in Clean Milk Production carried out at one of the farms. The routine carried out was as follows :—

1. Removing the dung. The dung which has accumulated is removed from the cowshed with as little disturbance of the unsoiled bedding as possible, and taken to such a distance that it is not possible for contamination of the milk to take place.

2. Cleaning the cows. A large bucket of water, a curry-comb, a good brush, and a piece of cloth are required. The udder,

flanks and tail of the cow are brushed with a wet brush until all dirt and dung are removed. The cow is then rubbed down with the cloth, which has been rung out as dry as possible. The teats and udder are wiped with another clean cloth which, with the second pail of clean water, is kept solely for this purpose.

3. Milking. The milker then washes his hands, puts on a clean overall, and, being provided with a clean scrubbed milking stool, proceeds to milk into some form of covered bucket which has been sterilized by steam. Milking is dry-handed, and the first two squirts of milk from each teat is rejected, in order to wash out the teat canal. The milk from each cow is removed from the cowshed immediately.

4. Handling the milk. The milk, on removal from the cowshed, is strained and cooled without delay. The best type of strainer is that which is fitted with a cotton wool disc, which is discarded after each milking. The quality of the work in the cowshed may be judged, to some extent, by the condition of the disc, which is preserved for the inspection of the milker. When cooling, it is important to see, by the use of a thermometer, that the temperature of the milk is brought as low as possible. The lids are promptly put on the churns after they have been filled. The place in which the milk is cooled is kept scrupulously clean, free from dust and flies. It is well lighted, easy to clean, and provided with a supply of water for washing away any milk spilt during handling. The floor is kept wet during cooling, and only those concerned with the handling of the milk are allowed access.

5. Cleaning the utensils. All utensils, cooler, etc., are washed thoroughly and steamed between each milking. Everything which has been in contact with the milk is washed in cold water as soon as milking has ceased. The next step is to wash thoroughly, in hot water, to which a little soda may be added. Suitable brushes are necessary for scrubbing the inside of covered pails and the cooler. The washing water is removed by rinsing in a tank or large bath of clean cold water. After rinsing, the utensils are ready for steaming.

The number of Dairymen or Milk Purveyors other than cowkeepers on the Register is 7.

Veterinary inspection is carried out at Contract rates.

Consultations with the Veterinary Surgeon are held on the discovery of tuberculous milk, and in the administration of the Tuberculosis Order, 1925 ; also in any other case where an expert veterinary opinion is required.

B. MEAT.

(1) Meat Inspection. Slaughtering takes place in the private slaughterhouses. Notice of slaughter is given in accordance with the Regulations to the Sanitary Inspector.

Where disease in the carcase is observed, it is examined by the Medical Officer. Condemned meat is disposed of by burning in the Destructor.

(2) The Meat Regulations, 1924, are administered, as far as possible, as regards stalls, shops and vehicles. No legal proceedings have been taken. There are 30 Butchers' Shops in the area.

(3) There is no Public Abattoir.

(4) Private Slaughterhouses :—

	1920.	January, 1925.	December, 1925.
Registered	6	6	6
Licensed	4	3	3

Concentration of Slaughtering was recommended in the 1922 Report as bearing on the Memorandum issued by the Ministry of Health.

C. OTHER FOODS.

Articles of food on the Market Stalls are inspected weekly. A list of 85 places where food is prepared has been under observation during the year.

The following list of unsound food was condemned during the year :—

Tubercular carcases	4,939	lbs
Other unsound meats	1,063	,,
Rabbits	36	,,

There were no legal proceedings.

Bakehouses. There are 21 bakehouses. One informal notice was issued for limewashing, which was complied with. There are no underground bakehouses.

No proceedings were taken with regard to other places where food is prepared.

Regulations for the manufacture and sale of Ice Cream are contained in Section 94, Middleton Corporation Act, 1910. No proceedings were taken during the year.

No cases of food poisoning occurred during the year.

Sale of Food and Drugs Acts. Action taken during the year is given in Section II. of the Report.

Milk and Cream Regulations, 1912 and 1917. No legal proceedings have been taken during the year. One sample was analysed and was genuine.

NUTRITION is referred to in the School Medical Report. Having regard to the facts (1) that diseases of the digestive tract are a prevalent cause of disability, (2) that the incidence of tuberculosis is an index of the state of nutrition in a Community, (3) that cancer of the digestive tract is the most prevalent locality affected, (4) that malnutrition and a state of undergrowth is seen in school children, much emphasis during the year has been given to the proper selection of foods, cooking and care of the teeth, by articles in the Press, the use of pamphlets, during Health Week, and in the Clinics.

SECTION VI.

INFECTIOUS DISEASES.

1. THE CAUSE OF INFECTION is known to be due to germs or micro-organisms. A person becomes infected by different methods : (1) Pulmonary, the germ being inhaled ; (2) Intestinal, the germ being swallowed in food, water or dust ; (3) Inoculation through the skin or mucous membranes.

One individual may be more susceptible to infection than another. Some are insusceptible and capable of resisting infection (Natural Immunity). Tests can be applied (e.g., in Diphtheria and Scarlet Fever) to distinguish the susceptible from the insusceptible.

A person may acquire immunity, e.g., a first attack of certain fevers renders the individual insusceptible to a second attack.

Immunity may be acquired artificially by inoculation, e.g., in Typhoid Fever, Small-Pox, Diphtheria.

A person in good health has a better natural resistance against infection ; but any factor which lowers the health, such as exposure, chills, privation, abuse, debilitating causes, will render the body less resistant and induce infection.

The dose of germs taken into the system will, in the same way, determine infection—the larger the dose the more liable is the body resistance to be overcome. This is seen in close, over-crowded and unventilated rooms. Infectious Diseases are liable to occur in epidemics due either to variation in the infectivity of the germs, producing the epidemic, variation in the resistance power of the people, or the dose of infection received.

The infectivity of an epidemic is always greatest at the beginning, the rate of decrease in infectiveness being in geometrical progression.

Although epidemics follow a biological law, hygiene and sanitation can limit their size, e.g., in a typhus epidemic, the determining factor will be the degree of lice infestation of a community.

Once the transmitting cause of infection is discovered, the control of infection will be effective, e.g., by destroying all lice infestation typhus fever can be eliminated. Typhoid, Cholera and Dysentery can be checked by the complete disinfection of the bowel excreta.

Small-pox, Typhoid, Cholera, Tetanus, Diphtheria and Scarlet Fever can be prevented by inoculation.

Great advances have thus been made in preventing a number of the Infectious Diseases. Small-pox can be absolutely prevented by efficient vaccination and re-vaccination.

The prevention of Diphtheria has been greatly advanced by the Schick Test, by means of which it is possible to distinguish children who are susceptible to the disease from those who are insusceptible.

The same methods are being developed in the case of Scarlet Fever by means of the Dick Test. Scarlet Fever is an infection of the naso-pharynx by a hæmolytic streptococcus which produces a soluble toxin, and the absorption of this poison into the system of the patient gives rise to the rash and symptoms of Scarlet Fever.

It differs from Diphtheria in that the toxin stimulates an antitoxin immunity, and that the streptococcus invades the body and produces infection of the ear, nose, joints, glands and kidneys. The immunity is due to antitoxin, and not bacteria. On these facts the Dick Test has been developed. By injecting into the

skin a toxin produced by growing the Scarlatinal streptococcus artificially, a positive or negative reaction is obtained, which determines whether the person is susceptible or immune to Scarlet Fever. The Typhoid group of infection can be prevented by inoculation. The same applies to Cholera and Tetanus. Ophthalmia Neonatorum, a disease of child-birth which leads to total blindness, is prevented by the Ante-Natal care of the mother and of the new-born child.

In Pneumonia, Influenza, Whooping Cough, Scarlet Fever, Diphtheria, Measles and Pulmonary Tuberculosis, where infection is sprayed in the act of coughing, talking and respiratory efforts, no practical means have yet been devised to control spray infection. Investigation is proceeding on immunization and treatment by sera in several of this group.

Measles and Whooping Cough are extremely dangerous diseases of childhood. No provision is made in this area for the home nursing of these diseases, and there is no hospital accommodation. Where occurrence takes place in the home, the preventive measure of safeguarding the younger children is a very difficult problem, owing to the inability to isolate in the homes, either from economic conditions or overcrowding. The earlier Measles and Whooping Cough are contracted in children the more dangerous they are. Measles was made notifiable in 1915, and continued to be so until 1919, but notification failed to control the morbidity and the spread of epidemics. Still, it gave the Health Authority knowledge of the incidence, and made it possible to follow up cases and advise against complications and sequelæ. The seriousness of both Measles and Whooping Cough in children, the greater need for isolation and the necessity for preventing infection in younger children, need emphasis. Hospital treatment is not a practical proposition during epidemics, but some means of accommodating other children of the families outside the infected home, to safeguard them from infection, is desirable.

Pneumonia is an extremely fatal disease in the very young and old. It is due to the pneumococcus, which is intensely infectious

where ventilation is deficient, and in overcrowding. It is also liable to spread infection showing other clinical types, but due to the same strain of Pneumococcus. More complete isolation in the home is required in nursing Pneumonia cases.

The habit of nursing young children in the living room adds to the danger, not only of the case, but to other members of the family. Although the District Nurses attend in Pneumonia cases, a more general use of their services is desirable, and greater facilities for hospital treatment is required, especially in homes which are overcrowded.

At present, the prevention of Pneumonia must depend on the keeping of the body resistance high by good food, fresh air, satisfactory housing and other hygienic means. In previous Reports I have pointed out the danger of neglecting the Common Cold, Influenza, Catarrhal Conditions of the Nose and Throat, and Adenoids in children. More care in preventing Infection in young children is required.

Certain Infectious Diseases have now been proved to be conveyed by insects and vermin. Mosquitoes carry the infection of Malaria and Yellow Fever. Lice are responsible for Typhus and Trench Fever, Bugs for Relapsing Fever, Flies for Plague. It may be possible that vermin play a very important part in the spread of other more common Infectious Diseases. All verminous conditions, however slight or usual, must be considered a danger to the Public Health.

Verminous conditions are liable to arise in overcrowded houses, and where the economic conditions are poor. Such conditions exist.

The precautionary measures to be adopted against the spread of insect-borne diseases is Disinfestation, and consists in the destruction of insects and vermin.

Clothing and bedding can best be disinfected by means of steam in the Thresh Disinfector.

To disinfect a room, an insecticidal gas is required, such as Sulphur di-oxide.

Napthalene and Pyrethrum are good insectical powders. Premises with bugs and beetles are difficult to disinfect ; but Sulphur dioxide fumes are effective.

Personal disinfestation can best be carried out at a Cleaning Station. Under Section 49, Public Health Act, 1925, Local Authorities are empowered to provide Cleaning Stations, Apparatus and Attendants. No Cleaning Station exists in this area.

Under the Rat and Mice (Destruction) Act, 1919, schemes can be put into force for the destruction of these vermin. Red Squills mixed with bread and milk acts as an effective bait in the destruction of rats.

An occupier who fails to destroy rats and mice on his premises is liable to a penalty.

2. INCIDENCE AND PREVALENCE.

NOTIFIABLE INFECTIOUS DISEASES DURING THE YEAR 1925.

"Notifiable" Diseases.	Total Cases at All Ages.	YEARS. Under 1.	1–2.	2–3.	3–4.	4–5.	5–10.	10–15.	15–20.	20–35.	35–45.	45–65.	65 and Over.	Total Cases Removed to Hospital.	Deaths in Hospital *of persons belonging* to District.	Total Deaths.
Scarlet Fever	163	—	1	3	10	18	82	39	6	3	1	—	—	107	2	2
Diphtheria, including Membranous Croup	12	—	1	—	1	3	5	1	—	1	—	—	—	6	1	1
Enteric Fever, including Paratyphoid	1	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—
Acute Primary Pneumonia and Acute Influenzal Pneumonia	84	10	10	2	4	3	9	5	3	13	8	13	4	2	2	30
Encephalitis Lethargica ...	2	—	—	—	—	—	—	—	—	—	—	2	—	2	1	1
Ophthalmia Neonatorum ...	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carried forward	265	13	12	5	15	24	96	45	10	17	9	15	4	118	6	34

NOTIFIABLE INFECTIOUS DISEASES DURING THE YEAR 1925—Continued.

"Notifiable" Diseases.	Total Cases at All Ages.	YEARS. Under 1.	1–2.	2–3.	3–4.	4–5.	5–10.	10–15.	15–20.	20–35.	35–45.	45–65.	65 and Over.	Total Cases Removed to Hospital.	Deaths in Hospital *of persons belonging* to District.	Total Deaths.
Brought forward ...	265	13	12	5	15	24	96	45	10	17	9	15	4	118	6	34
Erysipelas	5	—	—	—	—	—	—	1	—	—	2	—	2	—	—	—
Pulmonary Tuberculosis ...	21	—	—	—	—	—	—	1	2	10	1	7	—	16	9	14
Other Forms of Tuberculosis ...	25	—	2	1	3	1	4	1	5	4	3	1	—	1	3	12
Chickenpox	122	2	7	14	11	18	64	4	1	1	—	—	—	—	—	—
Measles, excluding German Measles	16	—	1	2	3	3	6	1	—	—	—	—	—	—	—	3
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
German Measles	4	—	—	—	—	—	2	2	—	—	—	—	—	—	—	—
Diarrhœa...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	5
Totals	458	15	22	22	32	46	172	55	18	32	15	23	6	135	19	73

INCIDENCE OF NOTIFIABLE INFECTIOUS DISEASES DURING PAST FIVE YEARS.

	1921.	1922.	1923.	1924.	1925.
Total number notified ...	508	625	366	387	458
Removed to Hospital ...	200	194	97	66	135
Deaths	83	79	71	68	73

SEASONAL INCIDENCE.

	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.
1921 ...	20	29	24	31	52	23	29	61	33	64	73	69
1922 ...	61	50	49	45	55	54	25	50	30	33	62	111
1923 ...	41	39	52	37	32	27	27	22	16	19	25	29
1924 ...	18	27	43	38	21	30	25	25	16	39	37	68
1925 ...	64	21	40	23	35	42	33	38	36	50	47	29

WARD DISTRIBUTION.

	N.	C.	S.	E.	P.	W.
1921 ...	83	90	96	90	102	47
1922 ...	55	80	124	137	137	92
1923 ...	43	58	73	83	67	42
1924 ...	58	57	64	45	115	48
1925 ...	54	67	69	75	84	109

ANALYSIS OF INFECTIOUS DISEASES FOR FIVE YEARS.

Disease.	Year.	Cases. Notified.	Deaths. Removed to Hospital.	Deaths. Home.	Deaths. Hospital.	YEARS. Under 1.	1–2.	2–3.	3–4.	4–5.	5–10.	10–15.	15–20.	20–35.	35–45.	45–65.	65 and over.	N.	C.	S.	E.	P.	W.
Diphtheria.	1921	17	5	1	—	2	—	1	2	1	4	6	—	1	—	—	—	2	2	3	3	5	2
	1922	14	5	—	1	—	1	2	2	—	5	1	1	1	1	—	—	4	3	2	3	2	—
	1923	11	7	—	1	2	—	—	1	2	5	1	—	—	—	—	—	—	1	1	2	4	3
	1924	9	7	—	—	—	—	1	1	3	3	—	1	—	—	—	—	—	2	—	3	4	—
	1925	12	6	—	1	—	1	—	1	3	5	1	—	1	—	—	—	4	2	3	2	—	1
Erysipelas.	1921	8	—	—	—	—	—	—	—	—	1	—	2	—	3	2	—	3	2	—	1	1	1
	1922	9	—	—	—	—	—	—	—	—	—	—	1	2	4	2	—	3	2	—	1	1	2
	1923	5	—	—	1	1	—	—	—	—	—	—	—	1	—	2	1	—	1	—	1	3	—
	1924	9	—	2	1	—	—	—	—	—	—	—	—	2	3	3	1	1	—	—	5	1	2
	1925	5	—	—	—	—	—	—	—	—	—	1	—	—	2	—	2	3	—	—	—	1	1
Scarlet Fever.	1921	256	160	2	3	1	2	5	9	13	126	66	19	12	3	—	—	60	43	21	28	71	33
	1922	240	162	1	3	—	6	8	10	20	93	60	21	20	2	—	—	12	12	54	79	52	31
	1923	97	57	1	2	—	1	2	3	7	47	16	6	12	3	—	—	16	16	11	32	11	11
	1924	55	32	—	—	—	1	2	6	6	24	11	1	3	—	1	—	10	13	8	6	12	6
	1925	163	107	—	2	—	1	3	10	18	82	39	6	3	1	—	—	30	26	25	33	31	18

ANALYSIS OF INFECTIOUS DISEASES FOR FIVE YEARS—Continued.

Disease.	Year.	Cases. Notified.	Cases. Removed to Hospital.	Deaths. Home.	Deaths. Hospital.	YEARS. Under 1.	1–2.	2–3.	3–4.	4–5.	5–10.	10–15.	15–20.	20–35.	35–45.	45–65.	65 and over.	N.	C.	S.	E.	P.	W.
Enteric.	1921	8	7	—	—	—	—	—	—	—	1	2	1	1	3	—	—	1	—	1	6	—	—
	1922	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	1923	5	4	—	—	—	—	—	—	—	1	2	1	—	—	1	—	—	—	—	4	—	1
	1924	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
	1925	1	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—
Poliomyelitis	1921	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	1922	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	1923	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—
	1924	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
	1925	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum.	1921	5	—	—	—	5	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—	—	2
	1922	6	—	—	—	6	—	—	—	—	—	—	—	—	—	—	—	1	2	—	1	1	1
	1923	2	1	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—
	1924	3	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	2	—
	1925	3	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	—

ANALYSIS OF INFECTIOUS DISEASES FOR FIVE YEARS—Continued.

Disease.	Year.	Cases. Notified.	Deaths. Removed to Hospital.	Deaths. Home.	Deaths. Hospital.	YEARS. Under 1.	1–2.	2–3.	3–4.	4–5.	5–10.	10–15.	15–20.	20–35.	35–45.	45–65.	65 and over.	N.	C.	S.	E.	P.	W.
Pneumonia.	1921	63	—	28	—	7	5	1	—	—	5	5	5	7	17	8	3	4	11	19	13	13	3
	1922	69	4	31	—	10	9	4	5	1	5	4	1	4	7	14	5	7	9	10	22	18	3
	1923	93	5	28	3	4	8	7	—	2	10	6	3	18	9	16	10	3	15	28	23	16	8
	1924	85	2	20	4	5	5	3	4	2	13	4	4	8	10	17	10	12	10	15	12	25	11
	1925	84	2	28	2	10	10	2	4	3	9	5	3	13	8	13	4	8	20	18	11	17	10
Pulmonary T.B.	1921	21	25	21	2	—	—	—	—	—	2	—	2	7	6	4	—	1	5	6	3	4	2
	1922	25	20	20	7	—	—	—	—	—	—	1	2	10	4	4	4	3	3	5	3	8	3
	1923	24	22	12	7	—	—	—	—	—	1	—	2	4	5	12	—	1	6	8	1	6	2
	1924	19	13	15	4	—	—	—	—	—	—	2	3	6	7	1	—	1	4	4	4	3	3
	1925	21	16	5	9	—	—	—	—	—	—	1	2	10	1	7	—	4	3	4	5	1	4
Other T.B.	1921	26	2	8	2	1	1	3	1	1	6	1	4	5	—	3	—	4	3	4	5	8	2
	1922	16	—	1	4	1	1	1	—	1	2	3	4	1	2	—	—	3	—	3	3	6	1
	1923	12	1	5	—	—	—	—	—	—	4	3	3	1	—	—	1	—	1	5	3	2	1
	1924	20	1	5	3	—	2	1	—	1	3	2	3	6	1	1	—	—	3	6	1	2	8
	1925	25	1	9	3	—	2	1	3	1	4	1	5	4	3	1	—	1	5	5	4	6	4

ANALYSIS OF INFECTIOUS DISEASES FOR FIVE YEARS—Continued.

Disease.	Year.	Cases. Notified.	Deatht. Removed to Hospital.	Deatht. Home.	Deatht. Hospital.	YEARS. Under 1.	1–2.	2–3.	3–4.	4–5.	5–10.	10–15.	15–20.	20–35.	35–45.	45–65.	65 and over.	N.	C.	S.	E.	P.	W.
Measles.	1921	15	—	—	—	2	2	2	1	2	6	—	—	—	—	—	—	3	2	6	—	3	1
	1922	164	—	2	—	3	16	22	14	19	87	3	—	—	—	—	—	10	33	28	16	42	35
	1923	11	—	6	—	—	2	2	2	1	4	—	—	—	—	—	—	4	2	1	—	2	2
	1924	13	—	2	—	1	—	1	4	3	4	—	—	—	—	—	—	5	5	—	—	1	2
	1925	20	—	3	—	—	1	2	3	3	8	3	—	—	—	—	—	2	5	4	2	4	3
Chickenpox.	1921	85	—	—	—	5	3	2	3	14	51	5	1	1	—	—	—	12	22	6	28	14	3
	1922	78	—	—	—	6	6	8	3	4	45	5	1	—	—	—	—	13	14	21	8	7	15
	1923	105	—	—	—	6	4	15	10	7	56	7	—	—	—	—	—	19	15	18	17	22	14
	1924	161	—	—	—	5	5	11	13	12	105	7	—	3	—	—	—	25	17	29	12	64	14
	1925	122	—	—	—	2	7	14	11	18	64	4	1	1	—	—	—	1	4	8	18	23	68
Encephalitis Lethargica.	1921	1	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—
	1922	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	1923	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	1924	10	9	1	4	1	—	—	—	—	1	2	1	3	1	1	—	4	1	1	2	1	1
	1925	2	2	—	1	—	—	—	—	—	—	—	—	—	—	2	—	1	1	—	—	—	—

ANALYSIS OF INFECTIOUS DISEASES FOR FIVE YEARS—Continued.

Disease.	Year.	Cases. Notified.	Cases. Removed to Hospital.	Deaths. Home.	Deaths. Hospital.	YEARS. Under 1.	1–2.	2–3.	3–4.	4–5.	5–10.	10–15.	15–20.	20–35.	35–45.	45–65.	65 and over.	N.	C.	S.	E.	P.	W.
Whooping Cough.	1921	Not	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	1922	noti-	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	1923	fiable	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	1924	,,	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	1925	,,	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhœa.	1921	Not	—	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	1922	noti-	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	1923	fiable	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	1924	,,	—	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	1925	,,	—	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

DIPHTHERIA ANTITOXIN is held on charge at the Health Office. The following has been the expenditure during

1921.	1922.	1923.	1924.	1925.	
42	40	20	36	22	(2,000 units)
—	—	—	—	11	(4,000) ,,

RETURN CASES OF SCARLET FEVER have been noted as follows :—

	1921.	1922.	1923.	1924.	1925.
Cases	4	2	5	3	5

PNEUMONIA, MALARIA, DYSENTERY AND TRENCH FEVER REGULATIONS. Notifications during

	1921.	1922.	1923.	1924.	1925.
Pneumonia ...	63	69	93	85	84
Malaria	1	1	—	—	—
Dysentery ...	—	—	—	—	—
Trench Fever ...	—	—	—	—	—

BACTERIOLOGICAL INVESTIGATIONS. Specimens examined :—

(a) At the Public Health Laboratory, Manchester :

		1921.	1922.	1923.	1924.	1925.
Diphtheria	+	7	7	2	4	6
	—	29	21	8	7	11
Typhoid (blood)	+	6	—	6	1	—
	—	13	—	1	1	3
Sputum	+	23	1	1	—	2
	—	67	—	—	—	1
Ringworm...	+	4	17	13	19	15
	—	7	23	10	16	13

(b) At the T. B. Laboratory, Ashton-under-Lyne :

		1921.	1922.	1923.	1924.	1925.
Sputum and Urine ...	+	23	36	40	31	32
	—	63	106	94	125	104

(c) Other investigations carried out :

		1921.	1922.	1923.	1924.	1925.
Milk for Bovine T. B. ...	+	—	1	—	5	3
	—	12	9	20	26	26
Ice Cream for B. Coli. ...	+	—	—	—	2	—
	—	—	—	—	—	—

	1921.	1922.	1923.	1924.	1925.	
Others	4	1	4	4	1	(water)

TOTAL EXAMINATIONS OF BACTERIOLOGICAL SPECIMENS :—

1921.	1922.	1923.	1924.	1925.
172	80	65	85	81

THE SCHICK AND DICK TESTS in Diphtheria and Scarlet Fever have not been used in this area.

VACCINATION.

The following are the Returns of the Vaccination Officer for the periods stated :—

	1921.	1922.	1923.	1924.	1925.
Number of Births returned in Birth List	540	490	406	407	Not re-
Number successfully vaccinated	157	115	141	133	ceived.

	1921.	1922.	1923.	1924.	1925.
Insusceptible to vaccination	1	1	—	—	Not received.
Number of Statutory Declarations of Conscientious Objection received	339	354	243	252	,,
Postponement by Medical Certificate ...	1	—	—	—	,,
Percentage of Vaccinations to Births ...	29.07%	23.47%	34.73%	32.68%	,,
Percentage of Objections to Births ...	62.78%	72.24%	59.85%	61.92%	,,

No action has been taken under Public Health (Smallpox Prevention) Regulations, 1917.

NON-NOTIFIABLE ACUTE INFECTIOUS DISEASES are discovered through the Weekly Absentee Lists sent in by the teachers, by home visiting through the Nurses as Health Visitor and School Nurse, and by the School Attendance Officer.

The following cases were reported upon during the year :—

	First Visits.	Subsequent Visits.
Measles	75	51
Whooping Cough ...	11	4

3. CONTROL OVER INFECTIOUS DISEASES.

(1) INVESTIGATION. On notification of an Infectious Disease being received, the following Enquiry is made into each case :—

Infection. Name. Address. Age.

School. Date last at. Date of Notification. Home. P-R.

Workplace. Date last at. Date of Onset. Hospital. Vac.

Other cases in Vicinity. Name. Address. Date of Notification.

Contacts : Date. School. Home. Workplace. Visitors and Places Visited.

Milk Supply : Dairy of Farm. How stored in house.

Food obtained from. Where stored.

Insanitary Conditions :

House.	Laundry.
Yard.	Work done in home.
Drains and W.C.	Library books from.
Surroundings.	Date received.
Domestic Animals.	Returned.

Following up :

Pamphlets explained to. Contacts. Places Disinfected.

Are all instructions being carried out ? By.

Dates. Case (House). Contacts (other addresses).

Result (date) :

Discharge Hospital. Contacts Notified. House Disinfection (date).

Died.

Date Returned to School.

Date Returned to Work.

(2) REMOVAL TO HOSPITAL. The wishes of the Doctors in attendance are taken into account, having due regard to the safeguarding of the Public Health, and they are requested to indicate, on the notification form, whether, in their opinion, hospital or domiciliary treatment is advisable.

As a guide, a circular letter was sent to each Doctor, in which it was stated (as regards Scarlet Fever) :—

> " Provided (1) isolation can be effected, (2) the case is mild, (3) the mother is capable of carrying out the enclosed instructions, domiciliary treatment may reasonably be recommended.
>
> A supply of Eucalyptus Oil can be obtained at the Clinic, and Disinfectant Fluid from the Sanitary Office.
>
> Where there is overcrowding, the economic condition of the home unsatisfactory, and the case such as to require hospital care, removal to Hospital will be indicated."
> As far as practical, this guide is carried out.

(3) SCHOOLS. The teachers are required to observe the Instructions to prevent the spread of Infectious Disease in the schools, as contained in the School Hygiene Scheme. The School Nurse visits the school. The class-room or whole school is disinfected, as necessary.

(4) CONTACTS. Contacts are discovered and kept under observation. The school contacts are noted and excluded, in accordance with the Memorandum on Exclusion from School issued by the Ministry. The parents and teachers are advised, and the contacts followed up. The contacts and case are examined before re-admission to school. The number of contacts discovered and examined during the year was 474 in the schools.

(5) WORKPLACE. If the case has occurred at work, instructions are issued for disinfection of the works, and contacts are kept under observation. The employer is requested to take precautionary measures.

(6) Places visited during the infectious periods are disinfected—Cinemas, Public Meeting Places, &c.

(7) Laundries are communicated with where clothing has been sent to them from the household in which the case occurs.

(8) Library books are disinfected.

(9) Milk. A special record is kept of the milk supply in all cases, and action taken as required.

(10) Occupants. The following instructions are issued to the home where domiciliary treatment is carried out :—

"ADVICE ON THE NURSING OF INFECTIOUS DISEASES AT HOME.

1. The patient must be at once separated from all other members of the household, and, if possible, be nursed in a room at the top of the house.

2. All bed-curtains and other hangings, carpets, and all articles of dress, and the like in wardrobes and cupboards, and all unnecessary articles should be removed from the room at once.

3. The room should be well-ventilated, windows should be kept partly open (the patient being protected from draughts or a chill), the chimney free and open. The floor should be sprinkled with disinfectant fluid and cleansed daily. Dust with a damp cloth (not dry).

4. The door of the room must be kept closed, and a sheet, kept wet with disinfectant fluid, hung outside it so as to cover every crevice.

5. Everything that passes from the patient (spit, vomit, urine, motions) must be received in vessels containing a disinfectant ; and an additional quantity of the disinfectant should be added to the vessel before removing it from the room and emptying it into the closet. All super-abundant

food, and all scraps and refuse, should be burnt, and under no circumstances should food be left nor eaten by other persons.

6. Pieces of rag used for wiping discharges from the nose or mouth should be burnt immediately after use.

7. All cups, glasses, spoons, or such like articles, used in the sick-room, should be placed in disinfectant solution before leaving it, and subsequently washed in hot water.

8. All bed and body linen, after use, should at once, and before leaving the room, be put into disinfectant solution.

9. The patient's person and bed should be kept scrupulously clean, and when, during the progress of the disease, scales form upon the skin, the surface of the body, from head to foot, should be smeared with Eucalyptus Oil.

10. When in the room, the attendant on the patient should wear a washable dress—a nightdress overall will do. Wash the hands in disinfectant solution each time after working with the patient, avoid breathing the patient's breath, and, under no circumstances, mix with other people, and gargle after leaving the room.

11. Visitors must not be allowed in the house or sick-room.

12. The house should be well ventilated, and kept very clean. All sinks, water-closets, traps and gullies, should be in good order, and have disinfectant solution poured into them daily. Dustbins should be regularly emptied, and all accumulations removed. Burn all the refuse you can.

Members of the house should gargle with Condy's Fluid daily, and not mix with other people, or go to public meetings, or visit neighbours' houses."

(11) Disinfection. The methods employed are :

(1) Disinfection by steam in the Thresh Disinfector, for articles of bedding, clothing, etc.

(2) Formaldehyde fumes for rooms, furniture, etc.

(3) Formaldehyde fumes for books.

(4) Carbolic powder for Sanitary purposes.

(5) Killgerm fluid for floors, etc. A supply of this fluid is given free of charge at the Sanitary Office.

During the year the use of Hypochlorite of Soda, made by electrolysis, has been under consideration.

The phenol co-efficient of this fluid is stated to be equal to 4.4 against the Typhoid bacillus, and a solution diluted to 0.25% of available chlorine has been shown to kill Anthrax spores in 15 minutes. The fluid is suitable for the (1) sterilization of drinking water from doubtful sources, e.g., shallow wells on farms, by adding one part of a 1% electrolytic fluid to 10,000 parts of water ; (2) for the purification of water in public baths. It has been found that bath water so treated remains clear, free from scum and slime, and that it is an economical process ; (3) for the disinfection of floors, drains, garbage, polluted ground and ashpits ; (4) for disinfection of infected dishes, etc. ; (5) for surgical use.

The cost of disinfectants used in this area during the financial year (1924-25) was approximately £126. The amount of disinfectants used is equal to about 500 gallons of hypochlorite. This quantity of electrolytic fluid can be produced by one five-ampere graphode electrolyser running 1,500 hours per annum. The total cost of this quantity of electrolytic fluid is estimated to cost about £8.

The number of Houses disinfected during 1925 was 207. Disinfection is carried out after Tuberculosis of the lungs, not after Measles.

The number of articles disinfected by Steam was 2,436.

There is no Disinfestation Station.

INFLUENZA.

MORTALITY FROM INFLUENZA.

	1921.	1922.	1923.	1924.	1925.
Deaths	3	10	13	7	7
Sex : Male ...	1	3	9	3	5
Female ...	2	7	4	4	2

SEASONAL INCIDENCE.

	1921.	1922.	1923.	1924.	1925.
January ...	—	3	—	—	—
February ...	—	6	1	—	3
March	1	—	—	2	1
April	—	—	8	2	1
May	—	—	1	2	1
June	—	—	—	1	—
July	—	—	1	—	—
August	1	1	1	—	—
September ...	—	—	—	—	1
October ...	—	—	—	—	—
November ...	—	—	—	—	—
December ...	1	—	1	—	—

ACTION TAKEN.

Articles were published in the local press, explaining the danger and precautions to be taken in Influenza, and pamphlets have been distributed through the schools, clinics, and in Home Visiting.

Reference is made in the School Report on the action taken in the Schools during 1925.

Cinema managers have been requested to apply disinfection and thorough ventilation.

Medical Practitioners notify Influenzal Pneumonia, and obtain the Nursing Services of the Middleton District Nursing Association.

No provision has been made for Home Helps, creches for young children, nor Public Kitchens during an Influenza epidemic.

Disinfectant fluid is available at the Sanitary Office on application.

No hospital accommodation is available in a severe epidemic of Influenza.

ENCEPHALITIS LETHARGICA.

	1921.	1922.	1923.	1924.	1925.
Notifications ...	1	—	—	10	2
Deaths : Male ...	—	—	—	2	1
Female	1	—	—	3	—

A full investigation of the 1924 cases is given in the Annual Report for last year.

CANCER.

The incidence and Deaths from Cancer are given under Vital Statistics. These figures show that, of the total deaths for the year, 57.9% were related to the gastro-intestinal system.

The action taken to focus public attention to the importance of cancer has been the publication of articles in the press, and the

use of pamphlets at the Maternity and Child Welfare Centres. A public lecture was given by Sir Wm. Milligan during Health Week, 1924, on the " Cancer Scourge," which aroused public interest.

The local practitioners avail themselves of the Manchester Cancer Research Hospital and Consultants.

Motor Ambulance transport is available for patients, as required.

A Cancer Clinic, held periodically in the area, to which the County Council, Board of Guardians and Insurance Committee, would jointly contribute, is worthy of consideration.

NO cases of ANTHRAX NOR RABIES occurred during the period under review.

DISINFECTION AND DISINFESTATION.

THRESH DISINFECTOR.

	1921.	1922.	1923.	1924.	1925.
Number of articles disinfected ...	983	3,471	868	1,323	2,436

FORMALDEHYDE SPRAY.

Rooms disinfected ...	1,106	1,250	436	276	646
Schools ,, ...	31	52	31	28	70

Cost of DISINFECTANT FLUID (Killgerm) expended.

1921.			1922.			1923.			1924.			1925.		
£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
30	19	6	38	6	6	47	5	0	47	5	0	56	14	0

DISINFESTATION.

	1921.	1922.	1923.	1924.	1925.
Verminous houses cleansed	—	—	1	1	2

Verminous bedding and Clothing disinfected. No record available.

	1921.	1922.	1923.	1924.	1925.
Verminous children cleansed at Clinic...	22	350	286	99	22

TUBERCULOSIS.

NOTIFICATIONS.

	1921.	1922.	1923.	1924.	1925.
Pulmonary : Male	12	12	17	9	15
Female	9	13	7	10	6
Non-Pulmonary : Male ...	11	8	7	9	13
Female ...	15	8	5	11	12

DATE OF NOTIFICATION BEFORE DEATH.

	1921.	1922.	1923.	1924.	1925.
Death before notification ...	1	—	—	—	1
Less than 1 month before death	7	8	4	5	8
Ditto 2 months	2	1	3	2	4
Ditto 3 ,, ...	1	1	3	2	—
Ditto 4 ,, ...	—	2	1	1	—
Ditto 5 ,, ...	1	2	1	—	1
Ditto 6 ,, ...	2	—	—	—	1
Over 6 months	2	2	2	1	1

NEW CASES AND DEATHS DURING 1925.

(1)

Years.	New Cases.				Deaths.			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0–1	—	—	—	—	—	—	—	—
1–5	—	—	4	3	—	—	3	—
5-10	—	—	4	—	—	—	1	—
10–15	—	1	—	1	—	—	1	—
15–20	1	2	1	4	—	—	1	4
20–25	2	1	1	1	—	—	—	—
25—35	5	1	1	1	3	—	1	1
35–45	—	1	1	2	2	2	—	—
45–55	4	—	1	—	2	—	—	—
55–65	3	—	—	—	3	—	—	—
65 and upwards ...	—	—	—	—	1	1	—	—
	15	6	13	12	11	3	7	5

(2)

	New Cases.				Deaths.			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Total : 1921 ...	12	9	11	15	8	15	4	6
1922 ...	12	13	8	8	18	9	3	2
1923 ...	17	7	7	5	10	9	4	1
1924 ...	9	10	9	11	10	9	2	6
1925 ...	15	6	13	12	11	3	7	5

REPORT OF TUBERCULOSIS OFFICER FOR THE YEAR 1925.

During the year, 46 notifications of patients suffering from Tuberculosis were received. Of these, 21 were notified as suffering

from Pulmonary Tuberculosis, and 25 from Non-Pulmonary Tuberculosis.

Of the 21 pulmonary cases, 16 were found to have tubercle bacilli in the sputum, two had negative sputum, one had no expectoration, in one case the sputum was not examined, and one case was in Asylum when notified.

The 25 non-pulmonary cases are classified as follows :—

Glands	...	8	Abdomen	...	3	Hip ...	... 2
Meninges	...	4	Knee	...	2	Skin	... 2
Skin & Glands		1	Wrist	...	1	Cæcum	... 1
General	...	1					

Sixteen of the notified cases died during the year. Of these six were pulmonary cases, and ten non-pulmonary cases (including the four cases of Meningitis).

Thirty of the 46 cases applied for treatment. In the remaining 16 cases, no application was made for various reasons, e.g., died immediately after notification (9), no action necessary (3), refused to apply (4).

Of the patients who applied for treatment, nine were sent to Sanatoria, six to Pulmonary Hospital for advanced cases, two to General Hospital for surgical treatment, etc., and two were granted treatment at the Skin Hospital. The remaining 10 cases were under Dispensary Supervision only.

In addition to the notified cases, a number of patients are sent to the Dispensary by their Doctors for examination and diagnosis. During the year 1925, 51 new cases were sent for diagnosis by the Doctors, School Medical Officers, &c. The number of re-attendances of old patients at the Dispensary for supervision and arrangements for treatment was 377.

Special enquiries are made as to the health of other inmates of the house where there are patients suffering from definite Tuberculosis, and 37 of these contacts were examined during the year.

In supervision and visiting, special attention is paid to the open cases, i.e., cases where tubercle bacilli are present or have been found in the sputum. On the 1st January, 1925, there were 46 such cases known to be living in the Borough. On the 31st December, 1925, there were 53 positive cases living. These figures include quiescent and arrested cases.

The number of positive cases living at 31st December, 1925, who had tubercle bacilli in the sputum during 1925 was 25. The other 28 cases had had either negative sputum or no sputum.

Seven of the positive cases died during the year.

One positive case removed from the district during the year.

The condition as to isolation of the positive cases was as follows :—

Separate bedroom	25
Separate bed	14
Not separate bed	22

Eighteen of the positive cases were in institution for treatment or isolation at some time during the year.

Eight housing defects were reported during the year, and of these two had been remedied by the end of the year.

One hundred and thirty-six specimens of sputum, urine, etc., from Middleton, were examined at the Ashton Laboratory during the year. Of these, 32 were positive, and 104 were negative.

During the 12 months, 26 patients were discharged from institution, as follows :—

From Sanatoria	12
,, Pulmonary Hospitals for advanced cases ...	6
,, General Hospital for treatment of non-pulmonary Tuberculosis	5
,, Sanatoria for treatment of non-pulmonary disease	1
,, Manchester Skin Hospital	2
The results on discharge were as follows :—	
Quiescent or arrested	1
Improved	17
I. S. Q.	3
Worse	1
Died	4

During the year, there were two deaths from Tuberculosis where no notification of the disease was received at any time. In both cases the disease was non-pulmonary.

——:o:——

CIRCULAR 425 (MINISTRY OF HEALTH). The importance of the instructions contained therein has been kept before the General Practitioners.

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

(a) Action taken under Act 3. No case has been dealt with under these Regulations.

(b) Notices served under Article 5. Nil.

(c) Appeals under Article 6. Nil.

(d) COMPENSATION PAID. Number of cases: Nil. Average amount: Nil.

PUBLIC HEALTH ACT, 1925, SECTION 62. No case has been dealt with under this section.

5. VENEREAL DISEASES.

There is no Treatment Centre in the Borough. The following centres are available for local cases :—

Treatment Centre.	Days and Hours of Out-Patient Clinic.	
	Males.	Females.
Manchester Royal Infirmary, Oxford Road.	Syphilis : Wednesday, 6 p.m.	Thursday, 11 a.m. (also for children).
	Diseases of the Genito-Urinary Organs : Thursday, 6 p.m.	Wednesday, 11 a.m. (also for children).
	Syphilis and Diseases of the Genito-Urinary Organs. Monday, 6 p.m.	
Manchester St. Luke's Hospital, Duke Street, Liverpool Road.	Monday, Tuesday, Thursday, Friday, 5 to 7 p.m.	Wednesday, 5 to 7 p.m. (women only)
	Irrigation and Intermediate Treatment : Daily (Sunday excepted), 10 a.m. to 5 p.m. ; Saturdays, 10 a.m. to 1 p.m.	

Treatment Centre.	Days and Hours of Out-Patient Clinic.	
	Males.	Females.
Manchester and Salford Hospital for Skin Diseases, Quay Street, Deansgate (Syphilis and Skin Diseases only treated at this Hospital).	Daily (Sunday excepted) : 9 to 10 a.m.	9 to 11 a.m. Children, 9 to 11 a.m.
Manchester St. Mary's Hospitals (Whitworth Street West Branch), Oxford Street.		Monday, Wednesday Thursday and Friday, 9 to 10-30 a.m. ; Thursday, 5 to 7 p.m. ; Tuesday, 7 to 8 p.m.
Manchester Ancoats Hospital, Mill Street, Ancoats.	Wednesday, 5-30 to 7 p.m. ; Saturday 5 to 7 p.m.	Wednesday, 11-30 a.m. to 1 p.m.
Oldham Royal Infirmary, Union Street West.	New Patients :	
	Syphilis : Tuesday, 7 p.m.	
	Gonorrhœa : Wednesday, 7 p.m.	Monday, 7 p.m.
	Irrigation :	
	Every evening (Sunday excepted), 5 to 7 p.m. and 8-30 to 9-30 p.m.	Tuesday, 4-30 to 7 p.m. ; Saturday, 2 to 6 p.m.

Treatment Centre.	Days and Hours of Out-Patient Clinic.	
	Males.	Females.
Rochdale Infirmary, Redcross Street.	Intermediate Treatment :	
	Monday, 6-30 p.m. ; Wednesday, 12 noon ; Friday, 6-30 p.m. ; Saturday, 5-30 p.m.	Monday, Thursday, Friday and Saturday, 3 p.m.
	Clinic :	
	Tuesday, 3-45 to 5-45 p.m. ; Thursday, 5 to 7 p.m.	Tuesday, 9-30 to 11-30 a.m. ; Wednesday, 5-30 to 7-30 p.m.
Salford Royal Hospital, Chapel Street, Out-Patient Clinic : 1, Adelphi Place, back of Hospital.	Syphilis :	
	Monday, 12 noon ; Wednesday 7 p.m.	Monday, 12 noon ; Wednesday 6 p.m.
	Genito-Urinary Department :	
	Tuesday, 12 noon ; Friday, 6 p.m.	Tuesday, 12 noon ; Friday, 6 p.m.

SECTION VII.

MATERNITY AND CHILD WELFARE.

1. GENERAL ARRANGEMENTS FOR ATTENDING TO THE HEALTH OF EXPECTANT AND NURSING MOTHERS, AND OF CHILDREN UNDER FIVE YEARS OF AGE.

The Maternity and Child Welfare Sub-Committee meets monthly, and consists of the Mayor, Alderman T. J. Hilton (Chairman), Councillor Kay (Vice-Chairman), three other Members of the Council and three Lady Members (co-opted), with the following powers and duties :—

> "To consider all matters relating to the exercise of the powers of the Council, under the Notification of Births (Extension) Act, 1915, and the Maternity and Child Welfare Act, 1918 (except the power of raising a rate and borrowing money), subject to the Minutes of its Proceedings being submitted to the Health Committee, for recommendation or otherwise, for the approval of the Council."

I am indebted to the Committee for the support and encouragement received during the year.

The Staff consists of the Medical Officer, three Health Visitors (who act also as School Nurses), and Clerk.

Each Nurse is allotted to her own area (two Wards), for Maternity and Child Welfare Work. Full Records are kept, and consist of Ante-Natal, Birth Enquiry, Follow-up Cards and Clinic Records.

WORK OF THE HEALTH VISITORS DURING THE YEAR.

1. Attendances at Centres :

Number of Sessions		103
,, Attendances :	Under 1 year	2,589
	1 to 5 years	1,774
,, Weighings		1,730
,, Treatments		63
,, Health Talks		118

2. Visiting :

	Under 1 Year.	1-5 Years.	Total.
First Visit	389	5	394
Sub. Visit	973	1,979	2,952
Sick	222	47	269
Stillbirths investigated ...	19	—	19
Deaths investigated ...	23	9	32
Infectious Disease reports	30	222	252
Homes Inspected... ...	—	—	922
Sanitary Defects reports	—	—	95
Expectant Mothers reports	—	—	82
Post Natal Mothers visited	—	—	387

A Report is made to the Committee monthly in the following form :—

1. Statistics.
   Births.
   Stillbirths.
   Deaths.
2. Attendances at Centres.
3. Visits.
4. Infectious Diseases investigated.
5. Overcrowding and Sanitary Defects.

Applications for free milk are examined and approved each month by the Committee.

The work of the Midwives is supervised by the County Authority.

Certified Midwives practising in the Area.

Name.	Address.	Qualification.
Foxall, Martha (Mrs.).	44 Foxall Street, Rhodes.	M.M.H.
Millar, Mabel (Mrs.).	125, Manchester Old Road.	C.M.B.
Shore, Alice A. (Mrs.).	23a, Taylor Street.	C.M.B.
Smith, Ann (Miss).	10, Mills Hill Road.	C.M.B.
Blore, Lucy (Mrs.).	8, Hebers.	C.M.B.
Partington, S. E. (Miss).	38, Spring Gardens.	C.M.B.

Cases Attended :

1.	As Midwife	248
	As Nurse	95
2.	Number of cases in which Medical Help was summoned	98
3.	Number of Maternal Deaths notified in accordance with Rule E. 22 (1) (b) of the Central Midwives Board	Nil

Ante-Natal Records are kept by the Midwives, in accordance with the County Scheme ; but the information contained in these records is not available to the Medical Officer in charge of Maternity and Child Welfare.

In view of the development of Ante-Natal work, it is desirable that the work of the midwives in this respect should be co-ordinated with the local Maternity and Child Welfare Scheme.

NOTIFICATION OF BIRTHS.

The Notification of Births Act, 1907, was adopted in this area on 1st July, 1908.

Under the Act, " It shall be the duty of the Father of the child, if he is actually residing in the house where the birth takes place, at the time of its occurrence, and of any Person in Attendance on the mother at the time of, or within six hours after the birth, to give notice in writing of the birth to the Medical Officer of Health of the district."

This Act applies to every child born after the 28th week of pregnancy, whether alive or dead.

Notifications during the year :

By Doctors	80
,, Midwives	294
,, Parents	3
Not notified	7

The cases not notified were reported to the Maternity and Child Welfare Committee, and warning letters issued.

2. CONSULTATION AND TREATMENT CENTRES.

There are two Maternity and Child Welfare Centres. The principal centre is centrally situated at the School Clinic, Durnford Street, and consists of Waiting Room, Consulting and Treatment Rooms, Clerks' and Medical Officer's Office, Pram Shed and Sanitary Convenience.

The Branch Centre is situated at the Reading Room, Middleton Junction, in East Ward, and consists of Waiting and Consultation Rooms, Pram Yard and Sanitary Convenience.

WORK OF THE CENTRES.

Sessions are held on Wednesday and Thursday weekly, 2 to 5 p.m. Each alternate Wednesday, the Session is held at Middleton Junction.

Staff in attendance : Medical Officer, two Health Visitors, two Voluntary Helpers, one Clerk.

	Number on Register.	Attend-ances.	New Cases.
Durnford Street ...	115	3,008	128
Middleton Junction	51	1,355	90

Weighings : Babies under 1 year, 957 ; Toddlers (1 to 5 years), 773.

Consultations by Medical Officer : 1,128.

Defects discovered :

No defects		57
Cases showing :	One defect ...	140
	More than one defect ...	141

NATURE OF DEFECTS.

	Per Cent.
Nutritional	16.27
Gastro-Intestinal	30.47
Respiratory	27.22
Nose and Throat	17.46
Nervous	6.80
Eye	5.92
Ear	6.21
Skin	13.61
Infectious	1.48
General	22.49

COLLECTIVE TEACHING.

Health Talks, based on the " Questionaire," are given by the Health Visitors at each Session. Questions and Answers are written on the blackboard and commented upon.

The mothers are given written questions on the booklet, "To Wives and Mothers," which encourage them to make use of the booklet at home.

PAMPHLETS. Individual teaching is backed up by the distribution of appropriate pamphlets, which are given to ensure that the advice and instruction imparted by the Medical Officer at consultations are carried out.

INSTRUCTION OF SENIOR SCHOOL GIRLS, in Mothercraft, is carried out by the Health Visitors. 456 Attendances of girls during the year were made. The girls write an essay on "What I learn at the Welfare Centre," after each attendance.

FREE MILK CASES. 86 Cases received milk assistance during the year.

Other provisions made: Cod Liver Oil, Parrish's Chemical Food, Virol, Wool for making babies' clothing, Web-elastic Bandage, are sold at cost price.

The sale of Dried Milks and other items for 1924-25 was £216 17s. 3d.

Dorcas bags and prams are loaned free of charge. There are three Dorcas bags and 11 prams on charge.

3. MATERNITY HOMES AND HOSPITALS.

There is no Maternity Home in the Borough. Cases are referred to Maternity Homes in Oldham, Rochdale and Manchester, on payment, and necessitous cases through the Oldham Union.

Number of Expectant Mothers admitted during the year to :—

Oldham Infirmary	Not available
Crumpsall Infirmary	9
Birch Hill Infirmary	2
Springfield Hospital	5
St. Mary's Hospital	11

I submit there is a demand for local provision of Maternity Beds on the following grounds :—

(a) Unfavourable Housing Conditions in which confinements take place (*vide* Housing Section).

(b) Economic Conditions. Where there is unemployment (especially when combined with overcrowding), the mother is unable to make the necessary preparations consistent with conditions favourable to Maternal Welfare.

(c) The admission of cases to Maternity Homes outside the Borough is dependent on beds being available after local cases in those areas have first call.

Combined action in this matter by the Local Authority, in conjunction with the County Council, the National Health Insurance Committee, Local Hospitals Committee and District Nursing Association, is desirable.

Home-Helps are arranged for on the following terms :—

The Council have approved the following rate of payment to the Home Helps, which would be made by the Council direct, viz. : 22s. per week if food provided for the Home Help in the house where she is working, or 35s. per week if she has to find her own food ; services to be given from 6 a.m. to 8 p.m., if necessary. In cases of shorter periods than one week, for time actually worked 8d. per hour if food provided for Home Help, or 9d. per hour if she provides her own food.

Number of Home Helps employed during the year was one.

HOSPITALS. None in area. St. Mary's Hospital, Manchester, deals with in-patients and out-patients from this area. A

subscription of £10 10s. 0d. is made by the Local Authority under the Maternity and Child Welfare estimates,

Springfield Maternity Home, Rochdale,

Birch Hill Infirmary, Rochdale,

Boundary Park Maternity Home, Oldham,

Crumpsall Infirmary, Manchester,

Home for Unmarried Mothers, Chorlton, Manchester,

admit cases on payment, if beds are available. The charge ranges from £3 to 4 guineas per week. No provision is made by the by the Local Authority in these cases.

The Manchester Babies' Hospital admits Infants.

4. MATERNAL MORTALITY, STILLBIRTHS AND INFANT DEATHS.

	5 years :	1921.	1922.	1923.	1924.	1925.
Maternal Deaths :						
Sepsis	1	1	—	1	—	
Other	5	—	1	—	3	
Still-births	29	27	25	26	19	
Infant Deaths :						
Under 1 year	45	37	31	24	37	
Under 1 month	27	13	13	10	15	

MATERNAL MORTALITY.

Three mothers died during the year as the result of child-birth. All were Hospital cases, and the particular cause of death in each case was :—

1. Eclampsia.
2. Eclampsia-Uræmia.
3. Concealed Accidental Hæmorrhage, Hypostatic Pneumonia following Hysterectomy.

All were married mothers,

STILL-BIRTHS.

There were 19 infants born dead during the year, which is a marked reduction on previous years.

Investigation of cases :—

AGE OF PARENTS.

	Under 20.	20-30.	30-40.	Over 40.
Mother	5.26	31.58	47.37	15.79 per cent
Father	—	31.58	52.63	15.79 ,,

PREVIOUS HEALTH OF MOTHER reported good in 57.89 per cent., not good in 42.11 per cent.

NUMBER OF PREVIOUS PREGNANCIES.

1.	2.	3.	4.	5.	6. Over 6.
in 31.58	10.53	10.53	5.26	—	5.26 — per cent.

Previous miscarriages in none.
Previous stillbirths in 31.58 per cent.
Children dying under 1 year in none.
Mother married, 94.74 per cent. Unmarried, 5.26 per cent.

INFANT DEATHS.

The number of infants dying under 1 year, during the last five years :—

1921.	1922.	1923.	1924.	1925.
45	37	31	24	37

The number under one month :—

1921.	1922.	1923.	1924.	1925.
27	13	13	10	15

The Combined loss from Still-births and Deaths under one month :—

1921.	1922.	1923.	1924.	1925.
56	40	38	36	34

These figures are important, and show that, notwithstanding the unfavourable conditions affecting Expectant Mothers and Newborn Babies during the year, there has been a steady advance in the least responsive factors up to now causing Infantile Mortality.

CAUSES OF THE INCREASED INFANTILE MORTALITY DURING THE YEAR.

The CAUSES OF DEATHS are given under Vital Statistics. There has been an increased mortality in Premature Births and Respiratory Diseases during the year. This has been largely due to the effect of Influenza on Expectant Mothers, and Infection of Infants, during the early months of life. An increase in Infantile Mortality has taken place in surrounding areas during the same period, so that the cause and effect has not been local. Apart from the variation to be expected in dealing with small numbers in good and bad years, the improvement in the diminution of still-births, and the combined mortality in still-births, plus deaths under one month, during the year shows that the work of the Maternity and Child Welfare Scheme is advancing. Under conditions similar to 1924, a further reduction in Infantile Mortality would have been experienced this year.

INVESTIGATION OF INFANTILE MORTALITY DURING THE YEAR.

DEATHS IN WARDS, COMPARED WITH 1924.

		N.	C.	S.	E.	P.	W.	Total.
Males :	1925...	3	5	2	6	4	1	21
	1924...	2	4	0	2	3	3	14
Females :	1925...	2	5	1	7	1	0	16
	1924...	0	1	3	1	3	2	10
Legitimate :	1925...	5	10	3	11	5	1	35
	1924...	2	5	3	3	5	5	23
Illegitimate:	1925...	—	—	—	2	—	—	2
	1924...	—	—	—	—	1	—	1
Full Time :	1925...	2	7	2	11	4	1	27
	1924...	2	4	3	2	4	3	18
Premature :	1925...	3	2	1	2	—	—	8
	1924...	—	1	—	1	2	2	6

It will be noted that the Wards showing the greatest increase are East and Central.

40.54 per cent. of the deaths occurred in the first month of life.

ATTENDANCE AT BIRTH by :

Doctor in	22.86	per cent.
Midwife in	51.42	,,
Both in	22.86	,,
None in	2.86	,,

AGE OF MOTHERS.

Under 20.	20–30.	30–40.	Over 40.
—	33.33	52.78	13.89 per cent.

HEALTH OF MOTHER.

Reported good in 82.86 per cent. Not good in 17.14 per cent.

PREVIOUS PREGNANCIES.

	1.	2.	3.	4.	Over 6.
In	28.57	20.00	20.00	5.71	11.43 per cent.

Miscarriages in 5.71 per cent. of the cases.

Still-births in 11.43 per cent. of the cases.

Previous children dying under one year in 17.17 per cent. of the cases.

WEIGHT AT BIRTH.

Under 5.	5–6.	6–7.	7–8.	Over 8lbs.
11.54	7.69	11.54	23.08	46.15 per cent.

SYSTEM OF FEEDING AT BIRTH.

Breast.	Bottle.
80%.	20%.

HOME CONDITIONS.

Overcrowding.	Sanitary Defects.	Economic Conditions Unsatisfactory.
25.71	2.86	25.71 per cent.

CONDITIONS DURING FIRST MONTH.

Discontinued Breast Feeding	Nil
Irregular Feeding	Nil
Illness : Baby	10
Mother	8
Attend Clinic	7
Not Attend Clinic	30

As compared with last year, there was little change in the attendance at birth. The age of mothers, and the health of mothers "not good," show a higher proportion, and there was a higher percentage of miscarriages, still-births and children dying under one year, in the history of this year's cases. The percentage of babies under 6 lbs. weight at birth was greater. The system of feeding at birth was satisfactory ; but there was illness of baby and mother during the first month in 51.43 per cent. of the cases. In 81.08 per cent., the mothers did not attend the Centre.

5. ANTE-NATAL WORK.

The work carried out in relation to Expectant Mothers has been :—

(a) Consultations, Advise and Examination of Urines, at the Centre by the Medical Officer.

(b) Home Visiting and Reporting on the health of the mother, and condition of the home by the Health Visitors.

The attendances at the Centres were 68.

VISITING.

82 Mothers were visited, and the number of re-visits was 137.

For the proper development of the Ante-Natal Work, a well-equipped Ante-Natal Centre is required, with an expert Gynæcologist and Nurse periodically in attendance. Conjoint action with the County Authority is suggested.

The Ante-Natal work carried out by the Midwives requires to be co-ordinated with the local arrangements as carried out in the Borough.

The effect of the Ante-Natal work has shown itself in the reduction of Still-births during the year.

6. UNMARRIED MOTHERS AND ILLEGITIMATE CHILDREN.

Have the facilities of the Welfare Centre ; but no special provision is made for them. Expectant Mothers requiring Hospital care are referred to Boundary Park Maternity Hospital, Oldham, or the Manchester Maternity Homes.

7. PROVISION OF MILK.

Dried milks are stocked at the Centres, and sold at cost price.

Necessitous cases are provided free, if the income of the family conforms to the following scale :—

Scale of Income :

Scale of Income per Head of Family after deducting Rent.

Number in Family.	Supply of Milk free of cost.	Supply of Milk at quarter cost.	Supply of Milk at half cost.
2	12/6 per week.	13/– per week.	13/6 per week.
3	10/– ,,	10/6 ,,	11/– ,,
4	8/6 ,,	9/– ,,	9/6 ,,
5	7/6 ,,	8/– ,,	8/6 ,,
6	7/– ,,	7/6 ,,	8/– ,,

Number of cases provided with free milk during :

1921.	1922.	1923.	1924.	1925.
70	97	100	90	83

	1921-1922.			1922-1923.			1923-1924.			1924-1925.		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Cost ...	105	8	8	89	2	4	74	9	7	95	9	6

Income of family in 1925 cases :

Under 5/–.	5/– to 10/–.	10/– to 12/6 per head.
30	50	3

Period for which free milk was provided :

	Under 1.	1.	2.	3.	Over 3.	Over 6 months
Number ...	6	12	17	11	10	27

Supplied for Babies in 46 cases.
,, Toddlers in 28 ,,
,, Mothers in 12 ,,

8. ORTHOPÆDIC TREATMENT.

No Orthopædic Clinic exists in the area. Reference is made in the School Medical Report to the advisability of becoming linked up in the County Scheme when that Scheme comes into operation. At present, children under five requiring Orthopædic Treatment are referred to the Manchester Hospitals.

9. WORK OF VOLUNTARY SOCIETIES AND OTHER AID.

Is referred to in the School Medical Report, and is applicable to children under five, as regards the Crippled Children's Help Society, the Children's Visitor and the N.S.P.C.C..

Two Voluntary Lady Helpers attend the Welfare Centres, and render valuable help.

10. CO-ORDINATION WITH THE SCHOOL MEDICAL SERVICE.

Is dealt with in the School Medical Report, and is complete.

11. INCIDENCE OF INFECTION.

In Mothers and Children under five.

OPHTHALMIA NEONATORUM.

	Cases Treated.					
			Vision			
Notified.	At Home.	In Hospital.	Un-impaired.	Vision impaired.	Total Blindness.	Deaths.
3	3	—	3	—	—	—

NOTIFIED INFECTIOUS DISEASES IN CHILDREN UNDER FIVE.

	Under 1.	1-2.	2-3.	3-4.	4-5.	Removed to Hospital.	Deaths.
	YEARS.						
Scarlet Fever ...	—	1	3	10	18	19	2
Diphtheria ...	—	1	—	1	3	1	1
Pneumonia ...	10	10	2	4	3	—	14
Ophthalmia Neonatorum ...	3	—	—	—	—	—	—
Tuberculosis (Non-pulmonary)	—	2	1	3	1	—	3
Chickenpox ...	2	7	14	11	18	—	—
Measles	—	1	2	3	3	—	3
Whooping Cough...	—	—	—	—	—	—	5
Diarrhœa	—	—	—	—	—	—	5
	15	22	22	32	46	20	33

PUERPERAL FEVER.

	1921.	1922.	1923.	1924.	1925.
Notifications... ...	2	1	—	1	—
Deaths	1	1	—	1	—

No Home Nursing is provided for in Infectious Cases. Cases of Measles, Whooping Cough, Pneumonia and Chickenpox are nursed in the homes. The cases are home visited by the Health Visitors, and advice pamphlets given. Contacts are discovered and followed up. Assistance is given in Milk, &c., through the Centre where indicated.

Cases of Puerperal Fever are removed to Hospital as required by the Doctor in attendance.

NET EXPENDITURE of the Maternity and Child Welfare Scheme for :—

1920-21.	1921-22.	1922-23.	1923-24.	1924-25.
£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
142 11 8	248 19 1	291 18 9	154 11 11	306 9 10

Average expenditure for past five years : £228 18s. 3d.

———:o:———

FURTHER ACTION IN THE ORGANIZATION AND DEVELOPMENT OF PUBLIC HEALTH SERVICES DESIRABLE.

For the promotion of the Public Health of the Borough, I submit the following *Requirements* for your sympathetic consideration :—

1. HOUSING.

(a) Better provision of working-class houses at an economic rent to relieve overcrowding.

(b) Conversion of waste spaces and open courts adjacent to densely-populated areas into open spaces for children.

(c) Increased bath accommodation in dwelling-houses, and in Public Baths.

(d) Replacement of all insanitary ashpits by portable ashbins.

(e) Paving of earth back-yards and passages.

(f) Systematic Housing Inspection under the Housing Regulations, 1910.

2. HOSPITAL, NURSING AND CLINIC FACILITIES.

(a) Provision of a Maternity Home.

(b) Co-ordination in Ante-Natal work between the Certified Midwives and the Maternity and Child Welfare Centres.

(c) Ante-Natal Centre in connection with a Maternity Home.

(d) Orthopædic Centre in connection with the County Scheme.

(e) Provision of Home Nursing for Measles, Whooping Cough, Pneumonia, and other Infectious Diseases of young children.

(f) Sufficient and up-to-date Clinic Accommodation.

3. INFECTIOUS DISEASES.

(a) Provision of Domiciliary Nursing.

(b) Earlier notification of Tuberculosis.

(c) Provision of housing for all Tuberculous cases in the infectious stage, so that separate bedroom accommodation is available for the patient.

(d) Skilled nursing for all notified Pneumonia cases nursed at home. Hospital provision where home conditions are unsuitable.

(e) Creche or Home for the segregation of children in severe epidemics of Measles, Whooping Cough, Scarlet Fever, &c.

4. SCHOOLS.

(a) Provision of Open-Air Classrooms.

(b) Dust-free Schoolroom Floors.

(c) School Canteens in connection with Cookery Centres.

(d) School Baths.

(e) Cleansing Clinic.

5. FOOD.

(a) Regulations to ensure proper cleanliness of food in handling, preparation, serving, storing and delivery.

(b) Meat : Concentration of slaughtering.

(c) Milk : Strict application of the Dairies, Cowsheds and Milkshops Orders.

6. SANITARY.

(a) Disinfestation Station in accordance with Section 49, Public Health Act, 1925.

(b) Strict application of Bye-laws dealing with Manure Dumps.

(c) Conversion of all suitable pail closets to the water carriage system.

(d) Systematic Sanitary Inspection.

7. ADMINISTRATION.

(a) Provision of Office Accommodation for combined clerical staffs of Public Health and Sanitary Departments.

(b) The appointment of a second Sanitary Inspector.

(c) Co-operation and co-ordination of the National Health Insurance Medical Service, Poor Law Medical Service and Voluntary Societies, with the Health and Education Committees,

REPORT

ON THE

Medical Inspection of School Children,

FOR THE YEAR ENDING DECEMBER 31st, 1925.

During the year a Medical Sub-Committee of the Education Committee was elected, with the following powers and duties :—

> " To deal with all questions affecting the health of School Children, sanitation, ventilation and disinfection of Schools, and to make recommendations to the Education Committee thereon."

All reports and matters affecting the School Medical Service have come before this Committee. The support received from the Committee has been very encouraging.

The result has been that greater progress has been made, and recommendations affecting the schools and scholars have received the Committee's sympathetic consideration.

At each Meeting a Monthly Report has been submitted, embodying the following items :—

1. Infectious diseases in the schools.
2. Sick Absentees.
3. Exclusions.
4. Spectacles prescribed.
5. Dental treatment.
6. Clinic Report.
7. Special Report on Individual Children.

8. Hygiene Report.
9. Sanitary Report on the Schools.
10. Statistics.

Hygienic Conditions and Sanitary Defects have received attention. Special problems have been considered, such as the Dental Service, Special School for Retarded and Mentally Defective children and Hygiene Scheme ; Economical cases for the supply of spectacles, Water Supply, Adequate supply of towels in the schools, Cleaning of school windows, Sanitary accommodation, have also been considered by the Committee.

The willing and conscientious work of the staff has been of great help in investigating the problems dealt with during the year.

STATISTICAL SUMMARY.

Number of Schools. Provided : 3.
Non-Provided : 9.

Accommodation. Provided : 1,826.
Non-Provided : 3,242.

Number of children on the Register during the year :

Under 5 years.	Infants.	Mixed.	Totals.
182.	969.	2,565.	3,716.

Average Attendance during the year : 3,199.
Percentage Attendance during the year : 85.3.
Rateable value for Education purposes (1924-25) : £160,452 10s. 0d.
Education rate (1924-25) ; 2s. 4d.
Cost of Medical Inspection (financial year ending March 31st, 1925) : £789 1s. 5d.

STAFF AND CO-ORDINATION WITH OTHER HEALTH SERVICES.

The Medical Officer combines the duties of School Medical Officer and Medical Officer of Health. Three School Nurses act

also as Health Visitors, and two lady clerks carry out the Office duties for all services.

One building serves as School Clinic, Welfare Centre, Clerk's Office and Medical Officer's room.

CLINIC ACCOMMODATION.

Accommodation is not sufficient. The work carried out at the Clinic entails a morning Session for Minor Ailments six days per week. An Ophthalmic Session one day per week, a Dental Session one day per week, and Welfare Sessions two days per week are also held.

The proposed Violet-Ray Treatment Centre will further add to the congestion of the Clinic.

A Stores room, Staff room, Detention room (in which a child suffering from a Communicable Disease can be kept apart from other children). Bath and cleansing rooms are required.

A Lecture room and an improved waiting room are desirable

A well-planned clinic with Administration Offices for all purposes, suitably situated nearer the Town Hall is required for greater efficiency, and it is hoped that in the near future this will come under consideration.

The Medical Officer is in attendance at all Sessions. The Ophthalmic Surgeon and Dental Officer are part time, the former gives one Session per week and the latter two Sessions per week—one for treatment at the clinic, and one for inspection in the Schools.

The combined duties of School Nurse and Health Visitor are carried out by three Nurses who are each alloted to definite areas of the Borough, each area consisting of two Wards grouped as follows :—

(1) Central and North. (2) Parkfield and West. (3) East and South.

The distribution of school work in the three combined areas is fairly equal.

There is in addition a Branch Welfare Centre in East Ward at Middleton Junction. Records of families are co-ordinated and embrace Ante-Natal, Child-Welfare, School, Infectious and Tuberculosis, Overcrowding and Housing Defects.

There are no Nursery Schools in the Borough. 182 children under School age are on the School Register. These children may attend half-day per week.

They are followed up by the Health Visitors under the Maternity and Child Welfare Scheme and receive clinic attention at both the Child Welfare and School Clinics.

Debilitated children under School age are followed up by the Health Visitors and the mothers are encouraged to attend the Welfare Centre.

Suitable advise is given by the Medical Officer. Cod Liver Oil, Parrish's Chemical Food, Dried Milk and Virol are available at the Centre.

Where Tuberculosis is suspected the cases are referred to the T. B. Dispensary.

It is hoped when the Violet Ray Centre is established that this class of child will be further benefitted. Particular attention is given to the Home Care of these children and advice given on Dieting and Management.

SCHOOL HYGIENE.

The School Buildings may be divided into two classes:—

(a) Modern Buildings which embrace the three Council Schools.

(b) Older Buildings which

(1) Meet the requirements of the Board of Education.

(2) Buildings which do not meet the requirements of the Board.

(a) Those which can be brought up to the requirements of the Board.

(b) Those which cannot be brought up to the requirements of the Board.

Two schools are included in the latter category. Reports by H.M. Inspector are under consideration by the managers of these Schools.

A full review of the surroundings, Ventilation, Lighting, Warming and Sanitary Conditions was given in the School Medical Report for 1921, and subsequent Reports.

The following reports were made to the Medical Sub-Committee during the year :—

PARISH SCHOOL.—Overcrowding in class rooms, unsuitable desks, cloak room with insufficient pegs, no heating, no wash-basins.

THORNHAM SCHOOL.—No water supply in school. Water obtained from open well quarter-mile distant. No heating in cloak room, insufficient pegs. Floor in main room in need of repair. Urinal requiring flushing.

RHODES COUNCIL SCHOOL.—Overheating in central class room. 12 Windows requiring hopper ventilation. Opaque and ribbed glass in a number of the windows. Playground rough and dusty.

BOWLEE SCHOOL.—Windows not opening. Ceiling requiring repair. Obstruction in cloak room. Pails emptied during school hours.

BIRCH SCHOOL.—Walls in need of repair and decorating. Playground rough and dusty. Pails emptied during school hours.

ELM STREET SCHOOL.—Manure Dump in front of school, Open to weather and wind.

ST. GABRIEL'S SCHOOL.—Playground dusty in dry weather and muddy in wet weather. Hat pegs insufficient in girls' cloak room. Hopper ventilator not opening in one class room.

PARKFIELD SCHOOL.—Windows No. 7 class room with rough Opaque glass.

PARKFIELD INFANTS'.—Adult size hopper W.C.'s.

RHODES INFANTS'.—Adult size hopper W.C.'s.

The aperture of these hoppers has a greater circumference than that of a child of five round the shoulders. This renders them dangerous apart from being unhygienic.

Steps have been taken during the year to correct a number of the defects enumerated. The artificial lighting in Rhodes Infant School has been increased by gas during the year.

The condition of class room floors has a very important bearing on the health of the school. In 1922 I reported that the washing of the school floors three times a year was not sufficient for cleanliness. In 1923 I recommended that Dusmo should be moistened with disinfectant fluid before sweeping. During the year an experiment with an oily preparation (Dustolio) has been tried in one class room and the effect of this treatment in preventing dust is at present under observation.

In 1924 I pointed out that a more frequent cleaning of class room windows was required. Arrangements during the year have been made so that all school windows will be cleaned monthly.

In 1924 I pointed out that the system of drinking from a common mug or cup or by placing the mouth to the tap was not hygienic and was liable to be the source of infection.

The supply of bubble taps is under consideration having regard to an inexpensive attachment being practicable.

Attention to posture and eyesight, the avoidance of the interchange of pens and pencils, and the steps to be taken against spread of infection as reported last year have been incorporated in the Hygiene Scheme approved during the year.

Defects reported during the year at the Cookery Centre, Durnford Street (no hot water, no bonnet flue to gas stove, no wash-basin for children, no covered bin for refuse) have been remedied.

The condition of Earth Closets at Thornham and Birch Schools was reviewed in accordance with Memo. 40 from the Board of Education.

Some of the Schools have not facilities for drying children's clothes and boots. One cause of ill-health in children is sitting in damp or wet clothes and boots in schools. Colds, Bronchitis and Rheumatism are induced. The necessity for avoiding Rheumatism in young children needs emphasis. At the Clinic stress is given to this by the issue of a pamphlet.

Apart from the serving and cooking of a limited number of meals at the Cookery Centre, Durnford Street School, the arrangements made for the warming, supervision and serving of children's meals cannot be considered fully satisfactory. A Report made to the Underfed Children's Sub-Committee bears on this subject, and is referred to under " Provision of Meals."

In the 1921 Report a School Canteen was suggested.

Fire Extinguishers were fixed in and Safety First Posters supplied to the schools during the year.

A supply of new desks was added to the equipment of several of the schools as follows :—

All Saints' School : 16 desks.
Birch C. of E. School : 12 desks, 6 chairs, 2 tables.
Bowlee P.M. School : 4 desks, 9 chairs, 3 tables.
Parish C. of E. School : 68 desks, 7 chairs.
St. Gabriel's School : 40 desks, 9 chairs, 3 tables.
St. Peter's School : 18 desks.
Thornham School : 8 desks, 12 chairs, 4 tables.
Tonge C. of E. School : 20 desks, 39 chairs, 13 tables.
Trinity C. of E. School : 12 desks, 24 chairs, 8 tables.

Repairs and renovations carried out during the year by the Borough Surveyor are given in the Surveyor's Annual Report.

THE TEACHING OF HYGIENE IN THE SCHOOLS.

Each year the importance of this subject has been emphasized in Reports. In 1921 I pointed out the necessity for *practical* instruction and demonstration. In 1922 a schedule of demonstrations on "*Habit*" Hygiene was suggested. In 1923 a booklet entitled "Simple Suggestions as a means to Health, Economy and Efficiency" was distributed to the school children, and again in 1924 a School Children's Health Service was submitted.

During the past year the whole subject has been fully reviewed. Conferences with the Head Teachers' Association have been held.

A further schedule was drawn up and the suggestions contained therein have received the approval of the Committee, Head Teachers and H.M. Inspector.

It is not presumed that the suggestions form a comprehensive course, but rather that they may be used as a basis upon which the teaching of Hygiene can develop.

I would particularly refer to the advice given in Section IX. on " Health Education " in " The Health of the School Child," 1925, issued by the Board of Education.

Health Week has been a means of stimulating and focussing the attention of teachers and scholars on the paramount importance of Hygiene. The writing of Essays of which many were of a high standard, the making of exhibits by the school children for the Health Exhibition, the conduction of the senior classes round the Health Exhibition under a teacher who demonstrated the various exhibits, the taking part in displays in physical culture, cookery and manual exhibits during Health Week have all added to the children's keenness and health conscience.

The attendance of Senior girls at the Welfare Centre for training in Mothercraft has had a good effect in the schools.

MEDICAL INSPECTION.

The following procedure takes place for Medical Inspection : The Medical Officer notifies the Head Teacher of the date of Inspection specifying the age groups to be inspected. The Head Teacher makes out a nominal roll of the children in the specified age-groups due for inspection, which roll is passed to the clinic office. The Medical Inspection Cards are prepared and handed to the School Nurses who carry out a preliminary inspection of the children—noting height and weight, cleanliness of body and clothing, sufficiency of clothing and footgear and the result of vision taken at 20 feet on Snellen's Tests.

The number of occupants in the home, state of vaccination and number of hours of sleep are also noted.

The Head Teacher notifies the parents requesting attendance and the previous medical history of the child to be stated on the note which is returned to the Medical Officer.

The Medical Officer attends at the School at the time arranged for Medical Inspection. A class room is set apart with Nurse, Clerk and Teacher in attendance. Each child is examined individually and the defects are noted on the Medical Inspection Card by the Medical Officer. The examination of each child is systematic, embracing examination of the Skin, Eyes, Ears, Nose and Throat, Speech, Lymphatic Glands, Teeth, Heart and Circulation, Lungs, Abdomen, Nervous System, Deformity and Other Defects and Diseases.

The Nutrition and General Care of the child is also noted. A note is made out specifying the defects found and direction for their remedy to the parent.

The defects are also noted on the School Defect Cards for the teachers' use. These cards are kept in the Schools for reference by the teachers and also for the use of the Nurse who notes on hem the result of treatment and the findings of cleanliness inspections.

The following groups were inspected during the year :—

Entrants.	Intermediates.	Leavers.	Others.	Total.
502	261	623	260	1,646

For previous years the numbers were

	1921.	1922.	1923.	1924.
Totals ...	1,189	934	1,070	1,918

The Board of Education Schedule for Medical Inspection is followed. As pointed out in previous reports the accommodation in the schools for Medical Inspection is not always suitable, the noise from adjoining class rooms and playground, and want of accommodation for the mothers makes the examination at times difficult.

FINDINGS OF MEDICAL INSPECTION.

The conditions found on Medical Inspection during the year compare favourably with the previous years under certain headings and there is an improvement in the Nutritional condition of the children.

During the year out of 1,646 Routine Inspections 3,446 Defect conditions were found of which 3,053 were referred for treatment and 393 noted for observation.

Of 1,179 Special Inspections 1,099 defects were referred for treatment and 89 noted for observation.

The percentage of defects found per routine case examined was 2.09.

The percentage of cases found to require treatment was 65.86 per cent of which 71.71 per cent. were Entrants, 63.98 per cent. Intermediates, 63.40 per cent. Leavers, and 62.31 other ages.

(a) Malnutrition was noted in 65 children. This gives a percentage of 3.95 of the number inspected and shows an improvement on previous years.

Each of these cases was 10 lbs. under average weight. The figures do not indicate that all other children were up to average weight and height, all degrees from average physique are found but although a general improvement is noticeable in the nutritional condition of the children much more is required especially in the homes to improve the physical growth of the children.

There are no absolute standards of Nutrition and a considered opinion of all the facts must be taken into account in estimating the degree of Malnutrition.

Weight alone is not sufficient in determining the degree of Nutrition as weight is found to vary from standard in normal children. But a combination of Under-weight and Height to 7% combined with a complete clinical examination disclosing physical defects is strong evidence of Malnutrition.

The Annual increment of growth is of greater importance than the weight and height at any given age.

The Mortality Tables of Insurance Companies show that a limited amount of overweight is an advantage in younger years and that an under-weight or height is a serious disadvantage in early adult life.

Sir Geo. Newman has stated that " Malnutrition is wide in incidence and more devastating in issue to a Community than food-borne disease. For proper Nutrition lies at the foundation of a healthy and resistant body."

The remedies required in the prevention and treatment of these cases are complex.

It has been found that children suffering from Malnutrition do well in *Open Air Schools.*

The Open Air School is not merely a school in the open air, " It comprises a way of life and a system both of Education and Medical Treatment." It embraces training in the open air and exposure to Sunshine as much as possible. Artificial sunlight treatment will aid and is advisable in a smoke laden atmosphere where sufficient natural sunshine is not available.

Proper and sufficient dieting is essential. These children get too little milk in the homes and there is a deficiency of foods containing Vitamin B. As recommended under School Meals, I suggest that the pamphlet on " Diet for Children " should be made more widely known with a view to informing the parents.

Rest periods and sufficient sleep are required. It has been found that children in Open Air Schools sleep during the Rest periods.

The importance of sufficient sleep is not recognized by the parent as a factor in the growth and nutrition of the child.

The treatment of physical defects is required. A child suffering from Enlarged Tonsils and Adenoids is found retarded in development and removal of the diseased condition leads to a marked improvement in growth. Bad teeth interfere with proper nutrition and assimilation of food in addition to poisoning the system with toxins. The practice of hygienic habits is part of the training in the Open Air School.

Physical training and recreation add to the scheme.

Medical supervision is required, overstrain mental or physical is to be guarded against.

(b) Uncleanliness was noted in 345 children. This gives a percentage of 14.40 as compared with 16.16 the previous year. The improvement is noticeable in clothing, nits and fleabites. Most of these children come from the poorer homes and from houses which are overcrowded. With better economic conditions and better housing these conditions would materially diminish. The number of bad cases is much less and the degree of uncleanliness on the whole shows an improvement.

(c) Minor Ailments remain much the same. Early recognition and treatment are important in preventing more serious disease developing from these conditions.

(d) Tonsils and Adenoids :—Enlarged tonsils were found in 295 children, adenoids in 33 and tonsils and adenoids in 21. The percentage in each case showing an increase on the previous year, being 17.92, 2.0 and 1.28, as compared with 11.99, 1.82 and 0.73 respectively.

Disease Conditions of the Nose and Throat are prevalent among children in this area. Neglected Nasal Catarrh, an attack of Measles or Scarlet Fever in conjunction with the humid climate, largely account for these conditions.

24 Cases of Tonsils and Adenoids were referred for operative treatment.

(e) Tuberculosis. No children among routine inspection were noted as T.B. Lungs. There were 5 cases of non-pulmonary Tuberculosis which includes one Spine, three Lymphatic Glands and one Peritoneum.

(f) Skin Disease included 12 cases of Impetigo and 4 Ringworm head. Other cases showed an increase on last year giving a percentage of 3.5 as compared with 2.5.

These included Eczema 45 cases, Psoriasis 2, Scabies 2.

(g) External Eye Diseases included 47 cases of Blepharitis giving a percentage of 2.86 as compared with 1.98 in 1924.

(h) Vision—199 children were noted as suffering from Defective Vision giving a percentage of 12.09 as compared with 15.8 the previous year. There were 11 cases of Squint. 135 cases were referred for treatment.

(i) Ear Disease and Hearing—34 children had disease of the middle ear and 20 defective hearing giving percentages of 2.07 and 1.22 as compared with 1.88 and 1.09 in 1924. These cases arise from diseased conditions of the nose and throat and occur after an attack of Measles or Scarlet Fever.

51 cases were referred for treatment. The treatment consists in correcting the nose and throat defect and in case of discharging ears the application of protargol after thoroughly cleansing the meatus has given good results. No equipment is available at the clinic for treatment by ionization.

(j) Dental Defects were found in 1,046 children out of 1,646 inspected, the percentage being 42.71 with under 4 decayed teeth, 20.84 with over 4 decayed and 1.15 with septic conditions of the gums.

A Dental Service was instituted in 1924 by the appointment of a part-time Dental Surgeon who gives two Sessions per week—one for inspection and one for treatment. The necessity for this provision is apparent. The dental scheme is carried out in accordance with the instructions of the Board.

The seriousness of Dental Disease has been emphasized both by the Medical and Dental Professions. Its relation to deterioration in health, and as a causation of serious disease are well known.

It is now fully recognised that dental caries is preventable. The prevention of dental decay is mainly a question of diet in infancy and childhood and cleanliness of the teeth.

Decay begins in pits and fissures on the surface of the teeth and on surfaces where teeth came in contact. Decay is microbic in origin due to acid fermentation the result of the action of bacteria on decaying food left on the teeth, which acid eats away the enamel of the teeth.

The process is progressive. Neglect of the temporary teeth causes decay in the permanent teeth—a fact which it is difficult to get parents to realize. Education in the care of the teeth is pressed at the clinic and in the schools. A Dental pamphlet is extensively made use of.

The work of the Dental Department during the year is given in Table 4.

(k) Crippling Defects included:—15 cases of Organic Heart Disease, 5 cases of Infantile Paralysis, 16 cases of Rheumatism,

1 case Tuberculosis Spine (noted under Tuberculosis) and Rickets 11 cases. As a cause of Crippling special emphasis is given to the Prevention of Rheumatism and the pamphlet noted under School Hygiene is used to instruct the parents.

Other Deformities found were :—

Spinal Curvature	5
Genu Valgum	9
Cleft Palate	1
Pigeon Breast	20
Torticollis	1
Flat Foot	2
Depressed Sternum	2
Congenital Dislocation of Hip ...	1

Other Defects included :—

Round Shoulders	36
Flat Chest...	51
Narrow Chest	1
Enlarged Thyroid	34
Enlarged Veins Chest	36

Worms 6, Headache 2, Furred Tongue 8, Dyspepsia 1, Constipation 6, Appendicitis 1, Bilious Attacks 1, Phymosis 3, Night Sweating 2, Bleeder 1, Dry Skin 3, Adenoma Ear 1, Injury Jaw 1.

A number of these children require remedial exercises and treatment in an Open Air School.

Those requiring Medical and Surgical treatment were referred to their own Doctors through the parents.

The percentages of children showing—

No Defects were	10.45
One Defect were	21.57
Two Defects were	31.59
Three Defects were	20.90
More than three	15.49

State of Vaccination.

	Entrants. per cent.	Intermediates. per cent.	Leavers. per cent.	Others. per cent.
Vaccinated	31.87	37.55	54.09	44.23

Infectious Diseases.

	Entrants. per cent.	Intermediates. per cent.	Leavers. per cent.	Others. per cent.
Measles	68.53	83.52	93.26	88.08
Whooping Cough ...	35.86	39.08	51.20	46.92
Chickenpox	22.91	42.15	50.08	43.08
Scarlet Fever ...	4.38	16.86	16.21	13.85
Diphtheria	1.0	2.68	5.78	2.69
Pneumonia	10.76	15.33	19.10	18.46

Average Height and Weight.

	Entrants.	Intermediates.	Leavers.	Others.
Height—Girls ...	106.39 cms.	120.79 cms.	139.87 cms.	133.18 cms.
Height—Boys ...	107.71 cms.	122.28 cms.	142. cms.	121.08 cms.
Weight—Girls ...	39.53 lbs.	50.24 lbs.	80.10 lbs.	63.83 lbs.
Weight—Boys ...	41.05 lbs.	52.84 lbs.	76.13 lbs.	58.91 lbs.

INFECTIOUS DISEASE.

The general principle laid down by the Ministry of Health and Board of Education is that only in special and quite exceptional circumstances is it necessary to close a school in the interests of public health provided that during epidemics the power to exclude individual children is used to the best advantage.

On notification being received of Infection in a school-child, full enquiries are immediately made (1) on the case, (2) the school contacts are excluded, (3) the teachers carry out instructions contained in the Hygiene Scheme, (4) the class room is disinfected, (5) the contacts are followed up, (6) the contacts are examined by the Medical Officer before re-entry into school, (8) the case is examined by the Medical Officer before re-entry into school.

Contacts are excluded under Article 53(b) of the Code :—

"Where the Board of Education are satisfied (1) that proper arrangements have been made by the Local Education Authority for enabling the School Medical Officer to ascertain and certify cases in which the exclusion of children from School is desirable, and (2) that the School Medical Officer has authorised the exclusion of certain children from the School

(1) on the ground that their exclusion is desirable to prevent the spread of disease, or

(2) on the ground that their uncleanly or verminous condition is detrimental to the other scholars, or

(3) on the ground that, owing to their state of health or their physical or mental defects, they are incapable of receiving proper benefit from the instruction in the School,

the exclusion of such children shall be deemed, for the purposes of this Code, to be exclusion on reasonable grounds."

The period of Exclusion was in accordance with the table issued by the Ministry of Health and Board of Education.

EXCLUSIONS, 1925.

1.				2.	3.
Infectious notifiable.	Infectious not notifiable.	Contacts.	Other (ringworm, etc).	Verminous.	Debility, etc.
200	400	474	58	6	81
Period in days.					
4,996	6,646	4,897	238	19	482

	No. of children excluded.	No. of days excluded.
Under Paragraph 1	1,132	16,777
,, 2	6	19
,, 3	81	482

RE-EXCLUSIONS.

1.				2.	3.
Infectious Notifiable.	Infectious not notifiable.	Contacts.	Other.		
48	3	72	17	—	13
Period in days.					
318	16	640	90	—	115

	No. of children excluded.	No. of days excluded.
Under paragraph 1	140	1,064
,, 2	—	—
,, 3	13	115

Owing to the prevalence of Influenza among the younger children in January it was considered advisable to close certain of the schools temporarily for complete disinfection and cleansing. The schools selected were those showing the lowest percentage of attendances. The attendance had rapidly dropped to 50% in these schools.

As stated by the Ministry of Health " In Epidemics of Influenza closure of Schools may be employed occasionally with advantage."

Owing to the want of isolation in the homes the exclusion of school contacts was ineffective in checking the spread of the Disease in the Schools.

The schools most severely affected and the dates of closure were :—

Durnford Street Parish C. of E. Rhodes Council St. Peter's Tonge Rhodes Infants'	}	22nd-23rd January, 1925.
Thornham...	...	23rd January, 1925.
Elm Street	...	23rd January, 1925.

On the opening of the schools no further spread of the disease occurred and the attendance steadily improved.

The following gives the incidence of Infectious Diseases in the Schools during the year :—

	Chpx.	S.F.	Diph.	Measles.	Pn.	Erysip.	Other.	Total.
Parish C. of E.	3	29	5	4	2	1	—	44
Durnford St.	1	15	—	2	2	—	—	20
Thornham	—	2	—	—	—	—	1	3
Parkfield	9	18	—	1	3	—	—	31
Rhodes C.	9	3	—	1	1	—	—	14
Rhodes I.	33	1	—	—	2	—	—	36
Tonge	1	15	1	1	1	—	1	20
St. Peter's	6	16	—	2	2	—	—	26
Elm St.	9	10	1	—	—	—	—	20
St. Gabriel's	3	10	—	—	2	—	1	16
Other	—	8	—	1	—	—	1	10
	74	127	7	12	15	1	4	240

	S.F.	Diph.	Chpx.	Pn.	Measles.	Erysip.	Other.	Total.
January	6	—	10	4	2	—	—	22
February	4	—	3	—	—	—	2	9
March	17	—	1	1	—	—	—	19
April	3	—	2	—	4	—	—	9
May	8	—	6	2	1	—	—	17
June	1	—	21	1	1	—	1	25
July	2	—	15	1	2	—	—	20
August	12	1	9	1	—	—	—	23
September	19	1	—	1	—	1	1	23
October	28	3	2	2	1	—	—	36
November	18	2	1	1	—	—	—	22
December	9	—	4	1	1	—	—	15
Total	127	7	74	15	12	1	4	240

AGE INCIDENCE.

	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	Total.
Boys	7	34	14	15	6	8	12	7	7	1	—	111
Girls	10	36	22	12	8	15	9	6	6	4	1	129
Total	17	70	36	27	14	23	21	13	13	5	1	240

The number of Notifiable Infectious Diseases occurring in School Children during the past 5 years was :—

1921.	1922.	1923.	1924.	1925.
287	300	147	177	240

FOLLOWING UP is one of the most important duties of the School Nurse and implies visiting the home and the school to see that children who have been noted as requiring treatment and advice are having these carried out.

In addition the Nurses make periodical Cleanliness Inspections of the children in the schools.

The cases followed up include (1) children on the Absentee List, (2) cases attending clinic, (3) cases medically inspected, (4) special cases such as dental, eye and others receiving special treatment at the clinic or at home, (5) Infectious cases and Contacts.

A diary is made out by the Nurses weekly under the following headings :—

SCHOOLS

FOLLOWING UP. First Visit. Subsequent Visit. Homes Reported.

Absentee List ...
A.C. Cases ...
S.M.I. Cases ...
Specials ...

SCHOOL INSPECTION. School Inspected

Referred.

G.C.I. No. Verminous. Clothing. Skin. Footgear. A.C. R.P. R.L.A.
DEFECTS. (Defect Cards). No.
Absentees 3 months. No. on Feeding List. Contacts excluded.

INFECTIOUS DISEASES.

First Visit. Subsequent Visit. Homes Reported.

Infectious Diseases ...
Contacts ...

SANITARY DEFECTS. Entered in Sanitary Register for week.
Surroundings. Yards. Passage and Street. House. Occupants.

MEDICAL TREATMENT.

The provision made for the treatment of Defects found in School Children includes

(a) Minor Ailments. The clinic is held each morning 6 days per week. The cases examined and treated included :—

	No. of children attending.	No. of attendances.
Nutritional	40	3,901
Verminous conditions	22	136
Minor Injuries	182	1,112
Nose and Throat Defects	42	75
Enlarged glands	10	89
Dental	26	45
Anaemia	1	2
Lungs	3	22
Chorea	1	3
Rheumatism	2	3
Other Defects and Diseases	62	559
Thyroid treatment for Retarded children	12	871
Examination of contacts and infectious cases	327	614
Special examinations	78	154

The Medical Officer, School Nurse and Clerk attend.

Cod Liver Oil and Parrish's Chemical Food are available for suitable cases. 40 children were on the Cod Liver Oil list during the year.

(b) Tonsils and Adenoids. Operation cases are referred to Gartside Street Children's Hospital, Manchester.

The number referred during the year was 24 and 16 cases received operative treatment.

(c) Tuberculosis. Definite and Suspected cases of Pulmonary and non-pulmonary Tuberculosis are referred to the local Tuberculosis Dispensary.

The number of children referred during the year was 11. The total number of children on the Tuberculosis List is 31.

When no definite signs are discovered the cases are placed on the Cod Liver Oil List as required when they do not continue to attend the Dispensary.

(d) Skin Diseases are treated at the School Clinic. The cases included

	No. of children attending.	No. of attendances.
Ringworm (Head) ...	18	312
(Body) ...	10	61
Scabies ...	3	6
Impetigo ...	45	301
Other Skin Diseases ...	50	155

Provision for X-Ray treatment is made for Ringworm cases at the Manchester Skin Hospital.

4 cases received X-Ray treatment.

The parents are often not willing to accept this form of treatment. As an alternative the "Cap" treatment is carried out at the Clinic and the following notice sent to the parent :—

RINGWORM.

Ringworm is a *Contagious* Disease affecting the roots of the hair.

TO PREVENT THE SPREAD OF RINGWORM.

1. Exercise *scrupulous* cleanliness of hair, skin, clothing and finger nails.

2. *Avoid* the use of the *same* hairbrush, comb, towel or cap among children.

TREATMENT FOR RINGWORM.

1. A child suffering from Ringworm is liable to affect other children and *should not* sleep in the same bed with other children.

2. The hair round the Ringworm should be *cut closely and shaved.*

3. *A Washable lining* should be worn inside the cap and changed daily. The *Cap* should be stoved in the oven.

4. The treatment ordered should be applied under an *Antiseptic dressing kept on day and night.*

5. The child should be under *medical attention* until cured.

6. The cap must be worn in school."

The Hair roots are examined under the microscope. With the dressing applied by bandage and the cap worn, the child is admitted to school and precautions carried out in the school. The medicant applied is a nascent solution of mereuric iodide.

(e) External Eye Diseases—These cases are treated at the School Clinic.

	No. of children attending.	No. of attendances.
Blepharitis	28	311
Conjunctivitis	5	24
Other conditions	19	196

(f) Vision—The Eye clinic is held once a week under the Ophthalmic Surgeon. The cases referred are Defective Vision

as found by testing with Snellen's types at 20 feet, cases of Squint and other conditions requiring operative treatment.

The number of children referred for refraction during the year was 251, the number for which spectacles were prescribed 220 and the number obtaining spectacles 175.

33 cases were referred to the Medical Sub-Committee during the year on account of not wearing glasses, or being unable to obtain them owing to economic causes. The number of cases in which help was given by the Committee during the year was 18. The spectacles are obtained by the parents on a prescription given at the clinic for the local opticians. The parents are advised to have the spectacles checked at the clinic on receiving them A note is made on the School Defect Cards when spectacles are prescribed for the information of the teachers, and the Nurses check these on their visit to the schools to ensure that the children are wearing their glasses.

(g) Ear Disease and Hearing—These cases are dealt with at the clinic and include Otitis Media, Inflammation of the External Auditory Meatus, Furunculi, Wax in the ear and Partial Deafness

Special attention is given to Discharging Ears and parents are advised as to the serious complications which may arise from this condition. Good results are obtained by the treatment as described in the previous section. When operative treatment is recommended the cases are referred to Hospital.

The number of cases treated during the year was 51 and the number of attendances 415.

(h) Dental Defects are treated at the Dental Clinic which is held once per week. The equipment has been brought up to the requirements of the Board of Education. The treatment carried out by the Dental Surgeon during the year is given in Table 4.

(i) Payment for treatment.

In accordance with the Board of Education's Memo., charges are made in cases of operative treatment for Tonsils and Adenoids, X-Ray Treatment of Ringworm, Dental Treatment and Refraction.

A charge for treatment of Minor Ailments is not recommended. The charges are based on the income of the family.

(j) Crippling Defects and Orthopaedics.

There is no orthopaedic clinic and the cases are referred to Ancoats Hospital, Manchester, and Children's Hospital, Pendlebury, either through the family Doctor or the Crippled Children's Help Society.

During the year a Conference of Medical Officers which I attended was held at Oldham at which was discussed a scheme which would embrace orthopaedic treatment for crippled children throughout the County in which it is hoped this area will participate.

The proposed County Scheme will be worked from two Centres, Manchester and Liverpool, making two parallel schemes.

The County Medical Officer has kindly supplied the following details of the scheme :—

" The nodal points of each scheme are a series of After-Care Centres supervised by an Orthopaedic Nurse of special experience and attended once a month by a Junior Consultant Orthopaedic Surgeon ; a Central Hospital with a complete in-patient and out-patient service under the supervision of the Senior Consultant Orthopaedic Surgeon ; and one or more Country Hospitals. The After-Care Centres form clearing stations to which the County Council's Medical Staff send any case, small or great, on which they wish to obtain the opinion of the Orthopaedic Surgeon. The latter directs what steps shall be taken—further examination

at the Central Hospital by the Senior Consultant Surgeon or treatment at the After-Care Centre or admission directly to one of the Hospitals.

" If the Lancashire County Council is successful in obtaining more beds, as I hope it will be in the near future, it will be in a position to admit to all the advantages of the scheme, autonomous areas such as Middleton, and the County Council will be glad to make arrangements to this end. Whether or not an After-Care Centre would be established in Middleton depends entirely on geographical and transport considerations. The principle on which this part of the scheme will be translated into being is the greatest convenience of the greatest number."

OPEN AIR EDUCATION.

There are no open air schools nor open air class rooms in this area. In summer weather playground classes and classes in the Parks are held. School journeys are undertaken to a limited extent. There are no school camps. Having regard to the benefits to be derived by children both mentally and physically, more attention is required to open air education.

Anaemic and debilitated children show a marked improvement in health, the catarrhal child gets rid of its catarrhal condition, and dull and backward children make greater progress when taught in the open air.

One open air classroom to each school would greatly benefit the health of the children and relieve the congestion in classrooms.

The development of open air education deserves serious attention on the ground of economy and of health.

PHYSICAL TRAINING.

Growth depends on systematic functioning and exercise of all the tissues of the body. Physical training is necessary in

children to stimulate physical and mental growth, to make the body more resistant to disease, and to develop character and discipline.

Physical training in the schools is carried out by the teachers. There is no Area Organizer. The Syllabus of Physical Training by the Board of Education is followed, each school has its own programme. The exercises are graduated to age and comprise Development and Growth exercises, Corrective exercises, Breathing exercises, Balance and Control exercises, Games, Team contests, Dancing and Sports.

The time allotted varies in each school but generally it amounts to 20 minutes daily and 30 to 40 minutes for organized games on one day per week.

The advantages of Swimming exercises have been referred to in previous reports and it is pleasing to record that 60 boys and girls attended the swimming lessons organized at the Public Baths during the year. It is hoped that this scheme will extend to embrace all children in the senior classes.

As an adjunct I would draw attention to the advantage of exercising children in Land Swimming Drill set to music.

The Tonge Football ground was secured during the year as a Playing Field for the Elementary School Children. The area of the ground is approximately 3 acres. It is centrally situated.

The Middleton Elementary Schools Athletic Association is doing good work in Team games. The following statement has been kindly sent by the Hon. Secretary of the Association :—

"The Athletic Association, inaugurated in the Borough in 1921, has for its object the improvement of the children's physique by means of sports and organised games, and the development of esprit de corps in the schools. Games for both boys and girls

are organised, cricket and rounders in summer, and football and basket-ball in winter. The team spirit is encouraged by the provision of trophies for each of the games' championships, the trophy being held for one year by the winning school. There are no individual awards in connection with the school championships.

The Education Committee supplies games' material to the schools through the Athletic Association, and it has also purchased the Tonge football field for use as a school playing field. Arrangements are being made for the provision of suitable dressing rooms and games' equipment, so as to make the ground of real service to the children. Other private grounds are available at certain times for use by the schools, various local clubs generously allowing free of charge the use of their grounds. Continually since its inception the Association has drawn public attention to the great local need of playing fields, and the facilities which now exist, though inadequate, are the direct outcome of the Association's appeals and activities in the matter. To meet local needs properly, a large playing field should be provided in each district.

Good work has been done in developing " town " teams for football and cricket, and great keenness is shown in the schools to get on the " town " team, thus increasing the number of actual participators in games. In this respect it is worthy of note that Middleton Boys, entering the Lancashire County Schools' Championship in 1925 for the first time, carried off the County Championship, defeating Manchester in the semi-final, and Rochdale in the final. As regards cricket, the Association derives considerable help from the Middleton Cricket Club who allow practice and special games to take place on the ground.

The Athletic Association exists to keep physical training to the forefront in the educational scheme, and its officers are convinced that in so doing they are effectively co-operating with the Medical Staff in their efforts to produce an A1 citizen. The slogans of the Association are " Health and Strength " and " Play

the Game." In conclusion it should be stated that the Association's activities are conducted almost entirely out of school hours, and that it is a self-supporting body, financial assistance being neither sought nor received."

PROVISION OF MEALS.

Under the Education (Provision of Meals) Act, 1906, Local Authorities are empowered to provide meals for children attending Public Elementary Schools.

The object of the Act is to ensure that children obtain a sufficiency of suitable food to enable them to profit by education. The meals are available as much for the children of parents who are able to pay as for necessitous cases and in case of the former the Education Authority can charge the cost of the meals to the parents.

During the year the average number of children fed per week was 84.3 and 18,168 meals have been provided at a cost of £130. The meals are given five days per week during school terms.

Two Reports were made during the year on School feeding. I recommended as follows :—

1. MEALS.—That more variety be given in food in addition to milk, and suggest parkin and wholemeal bread as substitutes for white bread.

2. SELECTION OF NECESSITOUS CASES. — That reports be made on the (1) Economic condition of the family, (2) Home condition and Home care of the child and (3) that the child be examined at the clinic as to its physical condition before being placed on the feeding list.

3. REVIEW OF CASES.—That each case be reviewed periodically to determine the improvement or otherwise in the child's physical condition and fitness for school work.

4. LENGTH OF TIME on feeding list should be determined by the improvement gained and the economic condition of the family, having regard to the proper care in feeding in the home. Where the fault lies in the home every effort should be made to advise the parents to correct this so that parental responsibility be carried out.

5. PREPARATION IN THE SCHOOLS for the school meal should be used as part of the education of the child in the hygiene of eating and drinking.

6. MILK AVAILABLE ON PAYMENT for other children. —It would be a sound practice to offer parents facilities whereby other children can obtain a cup of milk at school.

It is accepted that children in industrial areas get too little milk, that more milk than is used is necessary for the proper growth and development of school children and that education of the parents in this respect is required.

7. COOKERY CENTRE.—I recommend that the Cookery Centre be used to supply the worst cases with a hot mid-day meal. I consider that a School Canteen is advisable and facilities at the Cookery Centre exist for this purpose.

8. FOOD HYGIENE.—Emphasis on the teaching of Food Hygiene should be given by the teachers and the syllabus laid down by the Board of Education be taught in all classes.

9. That 10-0 o'clock be the time for the school meal (11-0 o'clock is too late as children usually breakfast at 8-0 o'clock and have mid-day meal between 12-0 and 12-30).

INSTRUCTION OF PARENTS.

The fault to a large extent lies in the home, due either to ignorance, want of care or proper training. An effort should be

made to inform the parents when faults are observed by the teachers, and I recommended that a pamphlet on Diet be printed and a supply issued to the teachers.

Milk is necessary for the proper growth of children.

Too little milk is used in the homes. In this country under quarter of a pint of milk only is used per head of the population, whereas in U.S.A. one-and-a-half pints per person are used. Milk is a complete food and one of the most economical of foods, and contains all the ingredients for body-building and growth. Where parents are able and willing to pay for milk for their children during school hours it would be wise and desirable that facilities be made whereby such children can be given milk on payment. Apart from necessitous cases there are a large number of children who are under "par" suffering from a state of malnutrition which is effecting growth as evidenced by a degree of under-weight and height and who would profit by a daily supplementary meal in the schools especially milk.

There exists a prejudice on the part of parents who are in a position to pay to allow their children to receive school feeding, but I think by making better facilities in the schools by means of school canteens or dining rooms and by informing the parents of the children's needs this feeling would disappear and advantage would be taken by the parents of the facilities given to the children.

SCHOOL BATHS do not exist in the schools. Facilities are given the school children to attend the Public Baths at a reduced charge. Swimming lessons have been inaugurated. In contemplation of New Baths being constructed it is hoped that fuller arrangements will be possible for the schools. Apart from parental responsibility in body cleanliness, bathing parades should be considered part of the health education of the children and form part of the Physical Training programme of each school.

is received from the Parents, Teachers, School Attendance Officer and Voluntary bodies.

(1) The parents' interest in medical inspection is very important. The parents are notified of medical inspection on a form sent out by the Head Teachers, requested to attend and to state the previous medical history of the child.

The results of the medical inspection are notified to the parents and necessary instruction regarding advice and treatment enclosed. The nurses follow up the children requiring advice and treatment both in the schools and at the homes.

If for any reason the instructions issued have not been carried out the parents are requested to interview the Medical Officer.

The percentage of parents who attended medical inspection during the year was in the case of Entrants 65.74%, Intermediates 44.83%, Leavers 24.61%, Others 36.15%.

(2) The teachers' co-operation in medical inspection is intimately bound up with the education of the child. As the School Medical Service has for its object the safeguarding and improving the health of the children, it follows the better the standard of health the greater the educational efficiency obtainable. The teachers in this area give valuable assistance in furthering these objects. The selection of the children due for inspection, making themselves cognizant with the Defects found on inspection, encouraging the parents to carry out advice and treatment, detailing the children for clinic treatment, carrying out remedial and corrective physical exercises, safeguarding the children from infection, reporting hygienic sanitary defects in the schools, giving instruction in hygiene and co-operating in Health Propaganda and Health Week add greatly to the health efficiency of the children. From

conferences held with the Head Teachers' Association during the year I am able to report that there is a wholehearted willingness on their part to support the School Medical Service in every way possible.

(3) The co-operation of the School Attendance Officer during the year has resulted in children obtaining spectacles who were not wearing them after being prescribed for by the Ophthalmic Surgeon. The School Attendance Officer confers with the School Nurses in following up Absentees and refers cases for examination to the clinic.

(4) Valuable work has been done by Voluntary bodies for school children during the year :—

(a) The Middleton Poor Children's Aid Society sent 40 children out of 48 applications to the Convalescent Home at Lytham for 3 weeks each during the year.

(b) The Crippled Children's Help Society dealt with 22 children. 14 were sent for convalescent treatment to the Farm in Derbyshire for a period of 2 weeks each. 4 children were admitted to the Nursing Home at Marple for periods ranging from one year to three weeks. One case was sent to the North of England Sanatorium for six weeks. 3 operations were performed on children in Hospital, 3 surgical aid carriages were lent and quantities of food, clothing, hampers and Xmas presents were made.

(c) The Children's Visitor dealt with 8 nursed out children and one Boarded out case. One boy was sent to Eastby Sanatorium.

(d) The N.S.P.C.C. dealt with 31 boys and 22 girls during the year.

(e) The Mayor's Clog fund rendered help to 330 children.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

BLIND AND DEAF.

Under the Elementary Education (Blind and Deaf Children) Act the Local Education Authority is the responsible Authority for providing suitable education for Blind and Deaf Children. A blind or deaf child is deemed to be a child until the age of 16, and compulsory education extends to this age.

The term "Blind" under the Act implies too blind to be able to read the ordinary type as used in school books.

The term "Deaf" means too deaf to be taught in a class of hearing children.

PARTIALLY BLIND CHILDREN.

The number of children returned as suitable for training in a class for the partially blind is 12, of these 3 are progressive Myopia cases and 4 are not attending school.

A special class is required for these children.

In addition there are children who are suitable for a myopic class.

The Ophthalmic Surgeon reports on these conditions as follows :—

"THE PROBLEM OF THE PARTIALLY BLIND CHILD.

Not including the small proportion of totally blind children (who attend schools for the blind), there is a larger percentage of partially blind children for whom provision must be made for purposes of education. These children see so badly that they are totally unfitted for the ordinary school curriculum of book and desk work.

The causes producing this state of partial blindness are corneal nebulae the result of ulcers, phlyctenular and otherwise, interstitial keratitis, congenital anomolies and congenital myopia. Cases are not included under these headings when correction by glasses in the better eye gives a visual acuity of 6-18 or better. When the vision in one or both eyes after correction is better than 6-18 the child can join the other children in the ordinary classes. These cases are liable to suffer from more or less rapid deterioration of vision and should be kept under observation. The ophthalmic surgeon should see these cases twice a year. When the myopia reaches a certain degree, –8 or over although the visual acuity may remain good education in the ordinary way is not advisable and may prove prejudicial to the eyesight after school age, preventing the child from following a remunerative occupation.

The partially blind children under consideration may therefore be divided into three classes,

(a) Those due to corneal lesions and opacities of the media with or without secondary myopia. Vision 6-18 or less.

(b) Cases with congenital myopia, these may be divided into those with myopic astigmatism and the more frequent condition of those suffering from axial hereditary myopia, with vision less than 6-18.

(c) Children with progressive myopia over 8 dioptres in one or both eyes."

PARTIALLY DEAF CHILDREN.

20 children were examined who are partially deaf and who are suitable for a class for the partially deaf, 12 of these cases have ear discharge and 8 have throat defects.

In addition to these cases there are a large number of children who have impaired hearing of a minor degree which will progress.

The condition arises from neglected Nasal Catarrh, unsuitable home conditions such as overcrowding, the after effects of infection such as Measles, Enlarged Tonsils and Adenoids, and Mouth Breathing.

The prevention of these conditions requires (1) better home care, proper feeding, cleanliness, and fresh air in the bedrooms, (2) more open air in the classrooms. These cases do well in open air classes.

(3) More attention to the importance of nose-breathing. Breathing exercises in the open air is especially required for children showing a catarrhal tendency.

(4) The treatment of tonsil and adenoid defects.

(5) More after care in Measles and Scarlet Fever.

The child with ear defect requires to be placed on the front row of the class and should be watched carefully by the teacher to determine the hearing capacity.

In the more pronounced cases of deafness training in lip reading is required and the class should be as much in the open air as possible.

Every child suspected of ear defect requires careful examination and treatment to prevent the condition progressing and if possible to effect a cure in its early stage.

MENTALLY DEFECTIVE CHILDREN are children who are so defective by reason of their mental condition (not being imbecile or merely dull and backward) as to be incapable of receiving proper benefit from instruction in the ordinary Public Elementary School.

"It shall be the duty of the Local Education Authority for the purpose of the Elementary Education (Defective and Epileptic Children) Act to make suitable provision either alone or in conjunction with other Local Education Authorities for the education of children belonging to their area whose age exceeds 7 years and who are ascertained to be Mentally Defective."

The question of provision for Mentally Defective children has been under consideration during the year and it is hoped that in the near future it will take definite form.

During the year all children attending school who were 3 or more standards retarded have been reviewed and 18 of these children have been returned as definite Mental Defectives.

One case not shown on the list is considered M.D. 9 cases have left school and 4 are not attending school—making a total of 32.

The other children on the Retarded list are under observation some of whom are border line cases.

The ages of the 32 M.D.'s are

	U-7	7-8	8-9	9-10	10-11	11-12	12-13	13-14	14-15	15-16
Boys	2	–	3	–	3	1	1	3	3	4
Girls	–	1	1	2	1	1	–	2	1	3

In addition there are 4 cases in the Oldham Union—3 Imbeciles and 1 Idiot, who have been reported to the Local Control Authority.

The incidence of Mental Deficiency in the Elementary Schools for England and Wales as estimated by the Board of Education is 8.6 per 1,000 children.

The 32 cases returned as M.D. give 8.6 as the incidence in this area per 1,000 children on the establishment.

EPILEPTIC CHILDREN are defined as children who, not being idiots or imbeciles are unfit owing to Severe Epilepsy to attend the ordinary elementary school.

There are 2 such cases, both boys, ages 14 and 12.

One case, a girl age 14, is in an Institution.

There are 4 cases of Epilepsy not severe, 3 boys and 1 girl. 2 are attending school and 2 are at no school nor Institution.

PHYSICALLY DEFECTIVE AND DELICATE CHILDREN.

TUBERCULOSIS.—There are 6 cases of pulmonary tuberculosis, 1 boy is in Sanatorium, 2 boys and 1 girl are at scho o and 2 boys not at school.

There are 8 non-pulmonary cases—4 tuberculosis of the skin, 3 tubercular hip, and 1 tubercular spine, of these 5 are attending school, 1 is in an Institution and 2 are not attending school of whom 1 has since died.

DELICATE CHILDREN.—Under this heading there are 210 children :—

Pre-and latent tuberculosis ...	66
Anaemia	38
Malnutrition	76
Debilitated conditions	19
Rheumatism	7
Nervous	3
Albuminuria	1
	210

All these children are attending school except 1 girl, a post Encephalitis case, who is also Pre T.B.

CRIPPLED CHILDREN.—There are 51 children suffering from crippling conditions :—

Heart Disease	18
Infantile Paralysis	11
Rickets	9
Torticollis	5
Curvature of Spine	4
Other deformities	4
	51

47 of these children are at school, one at an Institution and 3 not attending school (all Heart Disease).

REQUIREMENTS.

(1) For Tubercular, Delicate and Crippled Children an Open Air School is required. These children require special attention in school, a modified course of training, rest periods, milk at school and more constant medical supervision which would be practical if they were all in one school.

(2) For Crippling Conditions causing deformity an Orthopaedic Centre is required as suggested in the County Scheme.

(3) An After Care Committee to co-operate with the School Medical Service is required.

DEATHS IN SCHOOL CHILDREN DURING THE YEAR.

The following are the causes of death in children of school age during the year :—

Cause of Death.	M.	F.	Ages. 5.	7.	9.	11.	12.	13.	14.
Acute Nephritis	1	—	—	1	—	—	—	—	—
T.B. Meningitis	1	—	1	—	—	—	—	—	—
Injuries to head caused by being accidentally knocked down by a motor van	—	1	1	—	—	—	—	—	—
Laryngitis, Laryngismus Stridulous, Cardiac Failure	—	1	1	—	—	—	—	—	—
Acute Rheumatism, Endocarditis, Pericarditis	—	1	—	—	—	—	—	1	—
Acute Pericarditis (Rheumatic), Acute Endocarditis	—	1	1	—	—	—	—	—	—
Epilepsy, Exhaustion ...	1	—	—	—	—	—	1	—	—
Broncho Pneumonia, Exhaustion	1	—	—	1	—	—	—	—	—
Congenital Heart Disease, Cardiac Syncope ...	—	1	—	—	—	1	—	—	—
Otitis Media, Meningitis...	—	1	—	—	—	—	—	—	1
Acute Rheumatism, Cardiac Dilitation	1	—	—	—	1	—	—	—	—
Tubercular Peritonitis ...	1	—	—	—	—	—	—	1	—
Epilepsy	—	1	—	—	—	—	—	—	1
Septicaemia Pericarditis...	1	—	—	—	—	—	1	—	—

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

The Conditions of employment of school children and young persons are contained in the Bye-Laws made by the Local Education

Authority for the Borough for regulating the employment of children and young persons under the Employment of Children Act, 1903, and the Education Act, 1918.

An Extract of these was published in the Medical School Report for 1922.

There is no Juvenile Employment Committee but all Leavers are examined by the Medical Officer and those showing defects are notified to the Factory Surgeon specifying the defects found in each case and previous medical history in special cases.

The number of cases notified to the Factory Surgeon during the year was 80.

INVESTIGATIONS.

No. 1. THE EFFECT OF SCHOOL FEEDING ON UNDERFED CHILDREN.

81 children were considered necessitous cases and were selected by the school teachers and school nurses after application was made by the parents to be placed on the feeding list.

Length of time on Feeding List at time of investigation.

	U-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	01- yr.
Boys	10	4	4	3	11
Girls	12	6	4	4	23

Physical condition at Medical Inspection prior to being placed on Feeding List.

Height.	Boys.									Girls.								
cm.	4.	5.	6.	7.	8.	9.	10.	11.	12.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.
80-90 ...	–	–	–	–	–	–	–	–	–	2	–	–	–	–	–	–	–	–	–
90-100 ...	2	3	–	–	–	–	–	–	–	2	7	–	–	–	–	–	–	–	–
100-110 ...	1	4	1	1	–	–	–	–	–	3	13	1	2	1	–	–	–	–	–
110-120 ...	–	–	1	1	5	1	–	–	–	–	3	–	1	7	–	1	–	–	–
120-130 ...	–	–	–	2	2	3	–	–	1	–	–	–	1	3	–	–	–	–	–
O-130 ...	–	–	–	–	1	–	–	1	2	–	–	–	–	–	–	–	–	–	–
Weight. lbs.																			
U-30 ...	–	1	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–
30-40 ...	2	5	1	1	–	–	–	–	–	5	16	1	2	1	–	–	–	–	–
40-50 ...	1	1	1	1	2	1	–	–	–	1	7	–	1	9	–	–	–	–	–
50-60 ...	–	–	–	2	6	3	–	1	–	–	–	–	1	1	–	1	–	–	–
60-70 ...	–	–	–	–	–	–	–	–	3	–	–	–	–	–	–	–	–	–	–
0-70 ...	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

(2 girls no record).

After. (At time of Investigation).

Height.	Boys.										Girls.									
cm.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.
90-100	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–
100-110	1	1	–	1	–	–	–	–	–	–	–	1	2	–	–	–	–	–	–	–
110-120	–	–	1	1	1	1	–	–	1	–	–	1	4	3	6	1	1	–	–	–
120-130	–	–	–	1	3	3	1	–	–	–	–	–	–	1	5	4	1	1	–	–
130-140	–	–	–	–	1	–	4	1	2	3	–	–	–	–	–	2	3	3	2	–
140-150	–	–	–	–	–	–	–	1	–	2	–	–	–	–	–	–	–	1	–	3
O-150	–	–	–	–	–	–	–	–	2	–	–	–	–	–	–	–	–	–	–	2
Weight. lbs.																				
30-40	1	–	–	1	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–	–
40-50	–	1	1	2	2	1	–	–	1	–	–	2	4	4	7	1	1	–	–	–
50-60	–	–	–	–	3	3	1	–	2	–	–	–	–	–	4	4	2	–	–	–
60-70	–	–	–	–	–	–	3	1	2	–	–	–	–	–	–	2	2	4	1	–
70-80	–	–	–	–	–	–	1	1	2	3	–	–	–	–	–	–	–	1	1	1
80-90	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2
90-100	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1
O-100	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1

No. in Family	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	No Father.	No Mother.
Boys ...	1	–	1	8	9	8	1	2	2	–	5	1
Girls ...	–	2	5	7	7	12	4	9	2	1	9	1

ECONOMIC CONDITIONS.

	Number in work.	Number out of work.
Boys ...	43	11
Girls ...	76	16

NO HOME CARE.

Boys 1. Girls 2.

HOME DIETING.

	Deficient.	Sufficient.
Boys	15	17
Girls	23	26

	Deficiency in Butter.	Milk.	Proteids.	Tea	Excess in Carbohydrates.	Deficiency in Carbohyd.
Boys ...	19	27	5	28	5	2
Girls ...	23	42	5	41	6	—

	Deficiency in Hot Dinners.	Prepared Meals.
Boys	14	10
Girls	13	10

INFERENCES.

At the time of the investigation I found—

(a) That the physiques of children on the feeding list (as indicated by Height and Weight) were normal or above normal, except Infant girls under 5 who were slightly subnormal.

(b) As regards the economic conditions of the families there were parents out of work in 33.75% of the cases. No father in 18.75%. No mother in 2.5%. More than 6 in family in 51.25%. No home care in 8.75%.

(c) That there was improper Home Dieting in 52.5% of the cases :—

Deficiency in Milk in	86.15%
Deficiency in Butter in	52.5 %
Deficiency of Proteid in	12.5 %
Deficiency in Carbo-Hydrates in ...	2.5 %
Excess in tea in	86.25%
Excess in Carbo-Hydrates in ...	13.75%
Deficiency in prepared meals in ...	25 %

———:o:———

No. 2. RELATIONSHIP OF PHYSICAL DEFECTS, INTELLIGENCE QUOTIENT AND THE QUALITY OF SCHOOL WORK IN CHILDREN RETARDED 3 OR MORE STANDARDS.

1. The number of children investigated was 65 and the age groups were as follows :—

Ages.

	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	Total.
Boys ...	–	1	2	2	6	4	3	8	7	9	1	43
Girls ...	1	2	–	3	1	2	2	2	4	5	–	22

2. Comparison of Physical Defects in the Retarded Group, with the Defects as found in Routine Inspection.

Defect.	Retarded. %	Routine. %
Malnutrition	12.31	3.95
Uncleanliness	40.	20.96
Skin	20.	4.50
Eye	10.77	4.43
Vision	40.	12.76
Ear	16.92	3.28
Nose and Throat	61.54	43.68
Enlarged Glands	20.	17.74
Defective Speech	16.92	1.34
Teeth	52.31	63.55
Heart and Circulation	—	1.94
Anaemia	7.69	4.56
Lungs	9.23	1.40
Tuberculosis	1.54	.30
Nervous System	10.77	2.67
Deformities	26.15	8.99
Other Defects and Diseases	15.38	8.44

3. Classification according to Intelligence Quotient of the Retarded Children.

	U-40.	40-50.	50-60.	60-70.	70-80.	0-80.	Total.
Boys ...	1	–	4	13	18	6	42
Girls ...	1	1	1	7	7	2	19

4 Cases under 7 not estimated.

4. Correlation of Intelligence Quotient with Physical Defects of the Retarded Children.

Defect.	Intelligence Quotient. u/40.	40-50.	50-60.	60-70.	70-80.	o/80.
Uncleanliness	1	—	3	10	6	2
Malnutrition	—	—	—	5	3	—
Skin	—	—	—	2	6	1
Eye	—	—	1	1	4	1
Vision ...	1	—	3	9	12	1
Ear	1	—	—	3	5	1
Nose and Throat ...	2	1	1	15	14	6
Glands ...	1	—	2	5	2	3
Speech ...	—	—	1	7	3	—
Teeth ...	—	—	2	12	15	2
Heart and Circulation	—	—	—	—	—	—
Anaemia ...	—	—	—	1	2	2
Lungs ...	—	—	—	2	2	2
Tuberculosis	—	—	1	—	—	—
Nervous System ...	—	—	—	1	3	1
Deformities ...	1	—	4	6	2	2
Other Defects and Diseases	—	—	—	4	3	2

5. Teachers' estimates of quality of School work in the Retarded Children.

The Retarded group of children was estimated to show deficiency in the following qualities to the extent shown :—

Observation	deficient in	47.22%
Colour	,,	12. 5%
Imitation	,,	30.55%
Attention	,,	50. %
Memory	,,	70.83%
Reading	,,	77.78%
Writing	,,	56.94%
Calculation	,,	93.06%

6. Correlation of School qualities with Intelligence Quotient.

School Quality.	Intelligence Quotient. under 40.	40-50.	50-60.	60-70.	70-80.	over80.
Observation ...	2	1	1	8	10	7
Colour	1	1	—	1	3	3
Imitation	1	—	2	6	3	4
Attention	2	—	2	12	11	4
Memory	2	1	4	13	15	7
Reading	2	—	5	16	18	5
Writing	2	1	3	7	15	4
Calculation ...	2	1	4	18	22	8

Correlation of School Qualities with Physical Defects of the Retarded Children.

	Observation.	Colonr.	Imitation.	Attention.	Memory.	Reading.	Writing.	Calculation.
Cleanliness	8	5	7	11	14	17	9	20
Nutrition	3	—	—	4	4	7	4	7
Skin	3	3	3	2	4	4	4	9
Eye	1	1	1	1	3	5	4	6
Vision	8	2	5	11	14	23	12	23
Ear	7	4	2	7	8	5	5	10
Nose and Throat ...	19	8	10	19	26	29	22	36
Glands	6	3	3	4	6	10	7	11
Speech	5	2	3	8	8	9	7	10
Teeth	12	2	8	18	23	25	16	29
Anaemia	4	—	2	3	4	—	1	3
Lungs	2	—	2	4	5	1	1	5
Tuberculosis ...	—	—	—	1	1	1	1	—
Nervous Symptoms...	1	1	1	3	4	2	3	5
Deformities	10	2	5	11	13	14	7	15
Other Defects and Diseases	4	2	2	4	5	4	4	7

INFERENCES.

1. That there is a preponderence of physical defects in Retarded as compared with average children, and that these conditions account to a marked extent for the retardation.

2. That 74% of the cases gave an Intelligent Quotient of 60-80, and that 76% of the Defects appeared in these groups.

3. That the particular school work most affected was Calculation and next in order Reading, Memory, Writing, Attention, Observation, Imitation, Colour.

4. That the relationship between failure in school qualities and physical defects is greatest with Nose and Throat defects and next in order defects of the Teeth, Vision, Cleanliness and Deformities.

5. That these findings indicate that there is need for more favourable hygienic home environment in the nurture of the child and open air training and education in the schools.

———:o:———

BOARD OF EDUCATION TABLES.

TABLE 1.—RETURN OF MEDICAL INSPECTIO NS.

A. ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections :—	Number.
Entrants	502
Intermediates	261
Leavers	623
	1,386
Number of other Routine Inspections	260

B. OTHER INSPECTIONS.

Number of Special Inspections	1,179
Number of Re-inspections	591
	1,770

TABLE 2.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1925.

Defect or Disease.		Routine Inspections.		Special Inspections.	
		Requiring treatment.	Requiring to be kept under observation, but *not* requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but *not* requiring treatment.
(1)		(2)	(3)	(4)	(5)
	Malnutrition	65	—	15	—
	Uncleanliness	326	19	44	—
	Ringworm :				
	Head	4	—	13	—
	Body	—	—	13	—
Skin.	Scabies	2	—	3	—
	Impetigo	12	—	31	—
	Other Diseases (Non-Tuberculous) ...	56	—	34	—
	Blepharitis	47	—	17	—
	Conjunctivitis	19	—	22	1
	Keratitis	—	—	—	—

TABLE 2.—Continued.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1925.

Defect or Disease.		Routine Inspections.		Special Inspections.	
		(2) Requiring treatment.	(3) Requiring to be kept under observation, but *not* requiring treatment.	(4) Requiring treatment.	(5) Requiring to be kept under observation, but *not* requiring treatment.
(1)					
Eye.	Corneal Opacities ...	—	—	—	—
	Defective Vision (excluding Squint) ...	125	74	125	19
	Squint	10	1	7	—
	Other Conditions ...	7	—	5	—
	Defective Hearing ...	17	3	16	4
Ear.	Otitis Media	34	—	47	—
	Other Ear Disease ...	—	—	1	1
	Enlarged Tonsils ...	293	2	97	2
Nose	Adenoids	31	2	10	4
and	Enlarged Tonsils and				
Throat.	Adenoids	21	—	24	—
	Other Conditions ...	315	75	160	15
Enlarged Cervical Glands (non-Tubercular)		269	23	60	—
Defective Speech		—	22	6	13
Teeth.	Dental Diseases ...	1046	—	102	—

TABLE 2.—Continued.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1925.

Defect or Disease.		Routine Inspections.		Special Inspections.	
		(2) Requiring treatment.	(3) Requiring to be kept under observation, but *not* requiring treatment.	(4) Requiring treatment.	(5) Requiring to be kept under observation, but *not* requiring treatment.
(1)					
Heart and circulation.	Heart Disease :				
	Organic	8	7	1	—
	Functional	—	17	3	3
	Anaemia	59	16	28	—
	Bronchitis	19	—	8	—
Lungs.	Other non-Tubercular Diseases	3	1	8	2
	Pulmonary :				
	Definite	—	—	—	—
	Suspected	—	—	—	—
	Non-Pulmonary :				
Tuber-culosis.	Glands	—	3	4	3
	Spine	1	—	—	—
	Hip	—	—	—	—
	Other Bones and Joints	—	—	—	—
	Skin	—	—	2	—
	Other Forms ...	—	1	—	—

TABLE 2.—Continued.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1925.

Defect or Disease.			Routine Inspections.		Speicial Inspectons.	
			Requiring treatment.	Requiring to be kept under observation, but *not* requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but *not* requiring treatment.
(1)			(2)	(3)	(4)	(5)
Nervous System.	Epilepsy		1	—	1	—
	Chorea		2	—	3	3
	Other Conditions ...		22	19	17	—
Defor-mities.	Rickets		9	2	3	2
	Spinal Curvature ...		5	—	1	—
	Other Forms		104	28	29	4
Other Defects and Diseases ...			121	78	139	13

TABLE 2.

B. NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group. (1)	Number of Children Inspected. (2)	Found to require treatment. (3)	Percentage of Children found to require treatment. (4)
Code Groups :			
			%
Entrants	502	360	71.71
Intermediates ...	261	167	63.98
Leavers	623	395	63.40
Total (code groups) ...	1,386	922	66.52
Other routine Inspections	260	162	62.31

TABLE 3.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Boys.	Girls.	Total.
Blind (including partially blind).	(1) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind	—	—	—
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	(2) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind	—	—	—
		Attending Public Elementary Schools	4	4	8
		At other Institutions	—	—	—
		At no School or Institution	2	2	4

			Boys.	Girls.	Total
Deaf (including deaf and dumb and partially deaf).	(1) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf	—	—	—
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	(2) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf	—	—	—
		Attending Public Elementary Schools	13	7	20
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
Mentally Defective.	Feebleminded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children	—	—	—
		Attending Public Elementary Schools	11	8	19
		At other Institutions	—	—	—
		At no School or Institution	9	4	13
	Notified to the Local Control Authority during the year.	Feebleminded	—	—	—
		Imbeciles	3	—	3
		Idiots	1	—	1

			Boys.	Girls.	Total.
Epileptics.	Suffering from severe Epilepsy.	Attending Certified Special Schools for Epileptics	—	1	1
		In Institutions other than Certified Special Schools	—	—	—
		Attending Public Elementary Schools	—	—	—
		At no School or Institution	2	—	2
	Suffering from Epilepsy which is not severe.	Attending Public Elementary Schools	2	—	2
		At no School or Institution	1	1	2
Physically Defective.	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium			
		Schools approved by the Ministry of Health or the Board	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—

			Boys.	Girls.	Total.
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	1	—	1
		At Certified Day Open Air Schools	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Public Elementary Schools	2	1	3
		At other Institutions	—	—	—
		At no School or Institution	2	—	2
Physically Defective.	Delicate children (e.g. pre or latent tuberculosis, malnutrition, debility, anæmia, etc.).	At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	121	88	209
		At other Institutions	—	—	—
		At no School or Institution	—	1	1

		Boys.	Girls.	Total.
Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	—	—
	At Public Elementary Schools	1	4	5
	At other Institutions	—	1	1
	At no School or Institution	1	1	2
Crippled Children (other than those with active tuberculous disease) e.g. children suffering from paralysis, etc. and including severe heart disease.	At Certified Hospital Schools	—	—	—
	At Certified Residential Cripple Schools	—	—	—
	At Certified Day Cripple Schools	—	—	—
	At Public Elementary Schools	22	25	4
	At other Institutions	1	—	1
	At no School or Institution	2	1	37

TABLE 4.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1925.

TREATMENT TABLE.

GROUP 1. MINOR AILMENTS (excluding Uncleanliness).

Disease or Defect.	Number of Defects treated,, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise	Total.
(1)	(2)	(3)	(4)
Skin—			
Ringworm—Scalp	18	—	18
Ringworm—Body	10	—	10
Scabies	3	—	3
Impetigo	45	1	46
Other Skin Disease	48	2	50
Minor Eye Defects— (External and other)	51	1	52
Minor Ear Defects	51	—	51
Miscellaneous— (e.g., minor injuries, bruises, sores, chilblains, etc.)	326	8	334
Total	552	12	564

TABLE 4.—Continued.

GROUP 2. DEFECTIVE VISION AND SQUINT.

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint) (operations for squint should be recorded separately in the body of the Report)	251	1	—	252
Other Defect or Disease of the eyes (excluding those recorded in Group 1)	6	—	—	6
Total	257	1	—	258

Total number of children for whom spectacles were prescribed—

(a) Under the Authority's Scheme 220
(b) Otherwise ... ... —

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme 175
(b) Otherwise ... ... —

TABLE 4.—Continued.

GROUP 3. TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.				
Received Operative Treatment.				
Under the Authority's Scheme in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.	Received other forms of treatment.	Total number treated.
(1)	(2)	(3)	(4)	(5)
16	4	20	—	20

GROUP 4. DENTAL DEFECTS.

(1) Number of children who were :—

(a) Inspected by the Dentist :—

Routine Age Groups	Aged 4	...	103	Total ...1,545
	5	...	458	
	6	...	284	
	7	...	216	
	8	...	166	
	9	...	90	
	10	...	66	
	11	...	58	
	12	...	54	
	13	...	40	
	14	...	10	
Specials		...	11	
	Grand Total ...		1,556	

TABLE 4.—Continued.

GROUP 4. DENTAL DEFECTS.—Continued.

(b) Found to require treatment			...	685	
(c) Actually treated	...	...	...	500	
(d) Re-treated during the year			...	50	
(2) Half-days devoted to	Inspection		...	22	
	Treatment		...	39	Total ... 61
(3) Attendances made by children for treatment				...	... 558
(4) Fillings	Permanent teeth		...	35	
	Temporary teeth		...	134	Total ... 169
(5) Extractions	Permanent teeth		...	58	
	Temporary teeth		...	636	Total ... 694
(6) Administrations of local anaesthetics for extractions					... 104
(7) Other Operations	Permanent Teeth		...	1	
(Gum Treatment)	Temporary teeth		...	3	Total ... 4

GROUP 5. UNCLEANLINESS AND VERMINOUS CONDITIONS.

1. Average number of visits per school made during the year by the School Nurses	10
2. Total number of examinations of children in the Schools by School Nurses	9,552
3. Number of individual children found unclean... ...	231
4. Number of children cleansed under arrangements made by the Local Education Authority	22
5. Number of cases in which legal proceedings were taken :	
(a) Under the Education Act, 1921	Nil
(b) Under School Attendance Byelaws ...	Nil

SANITARY DEPARTMENT,
TOWN HALL,
MIDDLETON.

SANITARY INSPECTOR'S ANNUAL REPORT FOR THE YEAR 1925.

To the Chairman and Members of the Health Committee.

GENTLEMEN,

I have very much pleasure in presenting for your consideration my Thirtieth Annual Report on the work carried out by the Sanitary Department during the year 1925.

The food supply still remains good, and the milk supply (a question which is being very much discussed in the country at the present time) is good and clean, and every effort is being made to secure its freedom from disease.

During the year 1926, the Public Health Act, 1925, and the Movement of Animals (Records) Order, 1925, will come into operation, which will add to the work of the department.

I have again much pleasure in acknowledging the assistance of Alfred Booth, the Nightsoil Foreman, and all others employed in the department.

I also beg to tender my thanks to the Chairman, Vice-Chairman and Members of the Health Committee, for their support and consideration in carrying out the many and varied duties of the department during the year.

CHARLES HY. NORTON, M.S.I.A., A.R.S.I.,
Sanitary Inspector.

SUMMARY OF WORK, 1925.

Formal Notices, Public Health Act, 1875, served ...	22
,, ,, ,, complied with	18
Preliminary Notices, ,, ,, served ...	272
,, ,, ,, complied with	243
Number of Nuisances found	375
Preliminary Notices, Housing and Town Planning Act ...	12
Formal Notices, re Black Smoke	10
Smoke Observations	87
Summonses, re Black Smoke...	6
Samples for Bacteriological Examination	31
Samples of Food taken for Analysis	98
Diseased, Unsound and Unwholesome Food (siezed or surrendered) ... ... lbs.	6,038
Cases of Infectious Disease reported	183
Patients removed to Hospital for isolation	115
Rooms disinfected after Notifiable Infectious Diseases ...	646
,, ,, Phthisis	99
Schools disinfected	70
Articles of Bedding, Clothing, &c., disinfected	2,436

More nuisances have been abated than the number found. This is due to some notices, served during the latter part of the previous year, being complied with during the year 1925.

272 Preliminary notices have been served upon persons responsible for the foregoing nuisances, of which 243 notices were complied with. 20 Cases were reported to the Committee, and in 10 cases the notices were complied with. It has not been necessary to take legal proceedings against any person for not complying with notices.

Five pail closets have been converted to the water-carriage system, and 21 foul brick ashpits have been abolished and galvanized iron bins substituted.

There still remain a few pail closets which could, with advantage, be converted to the water-carriage system ; and I hope, in the near future, to see this work completed.

There are several brick ashpits, some of which are very foul ; and I expect to get these greatly reduced in the near future.

Considerable trouble is still experienced from slop water closets becoming choked, mainly through sheer carelessness of tenants, who ought to be held responsible for the expense incurred in removing the obstruction from the drains, which are damaged by such removal, and can only be patched up and left in an unsatisfactory condition.

The drains can only be made good by being taken up and re-laid ; but this would inflict a heavy burden upon owners, who have to bear the expense for a tenant's carelessness.

INFECTIOUS DISEASE.

183 Cases of infectious disease have been reported during the year, an increase of 98 cases over the previous year. The increase is, no doubt, due to the increased number of children who have contracted scarlet fever.

106 Patients suffering from scarlet fever, six from diphtheria, two from encephalitis, and one from enteric fever have been removed to Marland Hospital, for isolation and treatment.

DISINFECTION.

646 Rooms, occupied by persons suffering from notifiable infectious disease, have been disinfected.

99 Rooms, occupied by persons suffering from phthisis, have been disinfected.

2,436 Articles of bedding, clothing, etc., of persons suffering from infectious disease, have been disinfected in the Steam Disinfector, and, in no instance has a case of infectious disease been traced to any article which has been so treated ; nor has any complaint been received of any article being damaged in the process of disinfection.

FOOD AND DRUGS ACTS.

98 Articles of food have been taken and submitted to the Public Analyst for analysis.

The samples submitted were : Milk, 67 ; Butter, 6 ; Lard, 4 ; Margarine, 4 ; Coffee, 2 ; Cocoa, 3 ; Cheese, 1 ; Cream, 1 ; Tinned Peaches, 1 ; Tinned Lobster, 1 ; Pepper, 1 ; Sugar, 3 ; Potted Shrimps, 2 ; Sausage, 1 ; and Tea, 1.

Four samples of milk were adversely reported upon. One sample of milk was slightly deficient in milk fat, and was reported as poor. Three other samples of milk were slightly deficient in non-fatty solids, and one was probably slightly watered.

All the samples of grocery were reported to be geniune.

It has not been necessary to take legal proceedings against any person for tampering with food ; but, in the cases of milk not up to the standard, the vendors were written to and cautioned by the Town Clerk.

It is satisfactory to know that there has not been a single case in which the Analyst has reported the milk to be dirty.

During Health Week, a lecture and demonstration of how to produce clean milk was given at Stannicliffe Hall Farm. There was a good attendance of Farmers, and great attention was paid to the lecture, also to the milking demonstrations, which should result in keeping our milk supply up to the necessary standard of cleanliness.

BACTERIOLOGICAL EXAMINATION OF MILK.

31 Samples of milk have been taken and forwarded to the Public Health Laboratory, Manchester, for bacteriological examination.

Six of the samples were taken from persons residing outside the Borough but selling milk in this district.

Three samples, purchased from the same vendor, were reported to contain tubercle bacilli.

When the first sample was taken, the vendor said the milk had been purchased in a neighbouring district. The Authorities of this district were informed, and took steps to have the cows examined, and samples of milk were sent for bacteriological examination, but no tubercle bacilli was found.

A further sample of milk was taken from the vendor's own cows, and tubercle bacilli was found in this sample. The cows on the farm were then examined by the Veterinary Surgeon, who had samples taken from two cows, and tubercle bacilli was found in one sample. The cow from which the sample was taken was sold to a butcher in a neighbouring district, and, when slaughtered, was found to have suffered from generalised tuberculosis. The carcase was condemned and destroyed. The case of the other cow had not been cleared up at the end of the year ; but is being followed up to make sure that the milk will be free from disease.

CANAL BOATS ACTS AND REGULATIONS.

No canal boats have been inspected during the year. The canal is very little used at present, so no special visits have been made.

RIVERS.

Wince Brook is still very polluted, and the River Irk and Whit Brook vary considerably, sometimes being satisfactory, and at other times foul.

COMMON LODGING HOUSES.

186 Visits have been made to the Common Lodging Houses, which were found clean, and free from overcrowding and infectious disease.

FACTORY AND WORKSHOPS ACTS.

101 Visits have been made to the Workshops, and nine to the Factories, which, with one exception, were found to be satisfactory. One bakehouse had not been limewashed within the statutory period. A preliminary notice was served, and complied with by the owner.

SHOPS ACTS.

No infringements under the Shops Acts have been detected by this department.

DAIRIES, COWSHEDS AND MILKSHOPS.

157 Visits have been made to the dairies and cowsheds, which were, with eight exceptions, found to be clean and satisfactory. In eight instances it was necessary to serve notices on farmers who had not limewashed their cowsheds at the time specified in the Milk and Dairies Act, 1922, and, in one case, the cowshed was very dirty. In each case the limewashing and cleansing were carried out as required by the notice. The ventilation is much better than formerly ; but there is much room for further improvement, which should result in cattle being kept in a good, healthy condition.

The cleanliness of the cattle has improved ; but, the cleaner the cattle, the less the risk of a dirty milk supply.

DISEASED, UNSOUND OR UNWHOLESOME FOOD.

6,002 lbs. of diseased, unsound or unwholesome food have been seized and destroyed during the year. Seven whole carcases, and seven parts of carcases, have been seized, owing to the animals having suffered from disease. In cases when the animal had suffered from generalised tuberculosis, the whole carcase was seized ; but, where the disease was slight and localised, only the affected parts were seized.

26 Rabbits, which were decomposed, were also seized and, destroyed.

The whole of the food seized was destroyed by burning in the Refuse Destructor, so as to prevent its use for human food.

In every case, the owner notified the condition of the food and no attempt was made to dispose of it for human food, and no further proceedings were necessary.

SLAUGHTERHOUSES.

722 Visits have been made to the slaughterhouses, which, as a rule, were found to be satisfactory.

On a few occasions, I had to draw attention to the condition of the floors after slaughtering, and they were cleansed.

SMOKE OBSERVATIONS.

87 Smoke observations have been taken during the year, and the time black smoke was emitted was 3 hours 44 minutes 35 seconds. This shows a reduction of 49 minutes 20 seconds

for the same number of observations taken during the previous year, and is very satisfactory, and I hope that a further reduction will take place in the near future.

The average time black smoke was emitted was 2 minutes 38 seconds, which is 30 seconds per observation better than the average for the previous year.

The time limit of four minutes' emission of black smoke during a half-hour's observation was exceeded on 20 occasions, and 10 Formal Notices were served upon firms who had exceeded the limit. Five notices were not complied with. Four of the firms were summoned, and one firm was written to by the Town Clerk.

Three firms complied with the Notices served upon them, so no further proceedings were necessary.

In seven cases, offenders were summoned before the Police Court, when two were fined £1 each, three were ordered to abate the nuisance and prevent its recurrence, and to pay costs. One was ordered to abate the nuisance and prevent its recurrence, but no order was made to pay costs. One case was dismissed, on the ground that the firm had applied to the Corporation for a supply of electricity to assist the boilers, which were overworked, and the Corporation were not then in a position to give a supply.

Coal smoke may be divided into two classes: industrial and domestic smoke.

That the nuisance caused by the discharge of industrial dense black smoke can be reduced to reasonable limits has been demonstrated on many occasions, for there are firms in the Borough who have, in the past, been summoned in the Police Court, and fined, and now keep the smoke within the limit allowed.

This nuisance from black smoke covers a very wide area; and its effect may be felt a long way from its source. A district which carries out its duty, and tries to keep the nuisance within

reasonable limits, probably benefits its neighbours more than itself ; whilst the district which neglects this duty inflicts a nuisance on its neighbours.

On several occasions I have noticed firms in a neighbouring district sending out dense black smoke which the wind has carried into this Borough, and have telephoned the firms that, unless they stopped creating a nuisance in this district, they would be reported, as it was most unfair that we should take action against firms in this Borough and allow outsiders to create the very nuisance we were trying to abate. It is unpleasant to interfere with the administration of another district, but, if by lax administation, a nuisance is caused in an adjoining district, then the suffering Authority is justified in taking legal action to protect itself from the result of its neighbours' neglect.

I believe the Government intend to introduce, and pass into law, a Bill for dealing with the smoke nuisance, when, probably, the penalties will be increased ; but, whatever the penalties are, if its provisions are administered by some Authorities in the same lax manner as is the present Act, then it will fail to secure the reduction of smoke.

Much is heard of the pollution of the atmosphere by domestic or dwelling-house smoke ; and it is argued by some that the domestic fire is responsible for the greater part of the atmospheric pollution. This is probably true of agricultural districts ; but, in my opinion, is not true of manufacturing districts. It would take a large number of domestic chimneys a long time to send out as much smoke as would be emitted from a mill or works chimney in a very short space of time. The domestic fire grate does, however, add its quota to the pollution of the atmosphere ; and it is advisable to try and keep this at its lowest possible limits.

Domestic smoke is receiving attention, and efforts are being made to bring about its reduction. Electricity and gas help when used for cooking and heating purposes. There is also smokeless fuel which, I am informed, has given satisfaction in some places ;

but a sample tried in three offices here was only successful in one fire-grate. So it would appear that this fuel, from which a great portion of the residuals has been recovered, will only burn in fire-grates with a very good draught.

The Manchester Regional Smoke Abatement Committee appears to have been abandoned. During the year they sent to the various Local Authorities a suggestion that the district should be divided, and a number of Inspectors appointed to deal only with black smoke. Many of the Authorities resented outside interference, and objected to this arrangement ; so the proposals were rejected, and no further action has been taken by this Committee.

TUBERCULOSIS ORDER OF 1925.

The above Order came into operation on the 1st September last, and provides for the notification of cattle which appear to be suffering from tuberculosis.

Since the Order came into operation, five cows have been reported to be affected, four by the owners and one by the Veterinary Surgeon, and the animals were valued at £5 each. After slaughter, three animals were certified to have suffered from advanced tuberculosis, and were destroyed by burning at the Refuse Destructor. The other two animals were certified not to have suffered from generalised tuberculosis. The internal organs were destroyed, and the sides were sold for human food. In each case, the hides of the animals were sold, and compensation was paid to the owners.

Under the provisions of this Order, it is possible to greatly reduce, if not to eliminate entirely, the number of cows suffering from tuberculosis, which should go a long way towards providing a milk supply free from disease.

MEAT REGULATIONS.

The above Regulations came into operation on the 1st April, 1925, and provide for the inspection of animals after slaughter, and protection of meat from mud and dirt, when exposed for sale in a shop or from a stall in an open market.

Six butchers have given notice of fixed times of slaughter, and the remainder have given the required notice on each occasion.

All the butchers in the Borough have been supplied with copies of the Order.

HOUSING AND TOWN PLANNING ACTS.

12 Informal Notices have been served under the above Acts respecting defects in houses.

Defects in dwelling-houses are, as far as possible, dealt with under the Public Health Acts.

During the year, two back-to-back houses have been made into one through house. One house, condemned some years ago, has been repaired and made habitable; and another has been converted into a lock-up shop and workshop.

REMOVAL OF HOUSE REFUSE.

	1925.	1924.	
Number of loads of house refuse removed	4,986	4,913	Increase : 73
,, removed by Motors	2,780	2,816	Decrease : 36
,, ,, Horses	2,206	2,097	Increase : 109
,, taken to Destructor	4,803	4,718	Increase : 85
,, ,, Tips	183	195	Decrease : 12

	1925.			1924.						
	Tons.	Cwts.	Qtrs.	Tons.	Cwts.	Qtrs.	Tons.	Cwts.	Qtrs.	
Total weight of refuse removed ...	6,215	17	2	6,304	1	1	83	3	3	Decrease
Weight of refuse taken to Destructor ...	5,987	2	2	6,060	6	1	73	3	3	Decrease
,, ,, Tips (Est.) ...	228	15	0	243	15	0	15	0	0	Decrease
,, removed by Motors ...	3,176	2	2	3,290	1	2	113	19	0	Decrease
,, per load ,, ...	1	2	3	1	3	2	0	0	3	Decrease
,, removed by Horses ...	3,039	15	0	3,013	19	3	25	15	1	Increase
,, Per load ,, ...	1	7	2	1	8	3	0	1	1	Decrease
Average weight of refuse per house ...	0	17	0	0	18	1	0	1	1	Decrease

REMOVAL OF HOUSE REFUSE—Continued.

	1925.			1924.						
	£	s.	d.	£	s.	d.	£	s.	d.	
Total cost of removing house refuse	2,238	8	10	2,150	8	3	88	0	7	Increase
Cost of refuse removed by Motors	1,110	19	9	1,101	1	11	9	17	10	Increase
Cost per ton by Motors	0	7	0	0	6	8¼	0	0	3¾	Increase
Cost of refuse removed by Horses	1,127	9	1	1,040	6	4	78	2	9	Increase
Cost per ton by Horses	0	7	5	0	6	11½	0	0	5½	Increase
Cost per ton by Horses and Motors	0	7	2½	0	6	10	0	0	4½	Increase
Cost per house, removing refuse	0	6	2	0	6	2¾	0	0	0¾	Decrease
Cost per 1,000 of population	0	1	5½	0	1	6¼	0	0	0¾	Decrease

REMOVAL OF NIGHTSOIL.

	1925.	1924.		
Number of pails emptied	22,400	23,930	1,530	Decrease
Number of loads, pail refuse	624	624	—	No change
Cost of removing pail refuse	£277 0s. 5d.	£286 5s. 0d.	£9 4s. 7d.	Decrease
Cost per pail	3d.	2⅞d.	0⅛d.	Increase
Cost per load	8s. 10½d.	9s. 2d.	3½d.	Decrease

The increase of 73 loads (83 tons, 3 cwts., 3 qrs.) of house refuse removed, over the amount removed during 1924, is due to the number of new houses erected.

The decrease of 1 cwt. 1 qr. in the amount of refuse removed per house could be further reduced with advantage to the householder, and the Corporation, if all cinders were extracted, and only the dust placed in the ashbin.

The collection of house refuse is still carried out by the two Ford motor wagons and two horses and carts, with an additional horse and cart on one day each week ; but, owing to the large number of houses in course of erection, this work cannot be carried on much longer with the present vehicles and staff.

With the increase of refuse, the question of disposal will need consideration, for the present Destructor can only deal with a limited quantity per day, and some method of salvage might be considered which would relieve the Destructor, and all materials recovered could be sold. This system has been adopted in many districts, and appears to be satisfactory, both financially and as a means of refuse disposal.

REMOVAL OF CLINKERS.

1,939 Loads of clinkers, weighing 3,046 tons, 2 qrs., have been removed from the Destructor to tips. The clinker removed is 50.88 per cent. of the refuse delivered at the Destructor, which is a high per centage, and means that half the weight of refuse delivered has to be carted away to the tip, which makes the disposal of refuse somewhat costly.

The cost of removing clinkers for the year is £340 7s. 6d., which is £7 8s. 0d. less than the cost for the previous year,

DESTRUCTOR SCRAP.

11 Tons 1 cwt. 2 qrs. of baled scrap tins have been recovered from house refuse, and sold for £25 9s. 4d. A quantity of scrap iron and glass bottles had also been recovered and sold for £2 17s., and at the end of the year there was over 30 tons of baled tins in hand.

The small amount received for baled tins is due to the great drop in price and poor demand ; the material became unsaleable, and had to be stored.

CONTAGIOUS DISEASES (ANIMALS) ACTS.

During the year the occupier of Tandle Hill Farm reported that he suspected one of his cows to be suffering from foot-and-mouth disease. The Ministry of Agriculture's Inspector visited the farm and examined the cattle, and the suspected animal was found to be affected with foot-and-mouth disease. There were 14 cows and three pigs on the premises, all of which were slaughtered and destroyed by burning on the farm premises. The usual precautions were taken to prevent the disease spreading.

Owing to the prevalence of foot and mouth disease, the Borough was declared to be an infected area for some time, and movement of cattle could only take place by licence. 324 licences were issued. At the latter end of the year the epidemic subsided, and the restrictions were removed.

CHARLES HY. NORTON, M.S.I.A., A.R.S.I.,

Sanitary Inspector.