

**[Report 1913] / Medical Officer of Health, Nuneaton Borough.**

**Contributors**

Nuneaton (England). Borough Council.

**Publication/Creation**

1913

**Persistent URL**

<https://wellcomecollection.org/works/b8a4bjn8>

**License and attribution**

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>

**Borough of Nuneaton.**

---

# **Annual Report**

of the

## **Medical Officer of Health**

and

## **School Medical Officer**

**For 1913.**

---

*“Sublata causa, Tollitur effectus.”*

NUNEATON :

Coleman & McCormick, Ltd., “Observer” Office, Bond Gate.

1914.



Digitized by the Internet Archive  
in 2018 with funding from  
Wellcome Library

# Members of the Council of the Borough of Muneaton.



HIS WORSHIP THE MAYOR,—ALDERMAN W. T. BATES, J.P.

DEPUTY MAYOR,—ALDERMAN T. W. SANDS, J.P.

ALDERMAN J. F. JOHNSON, J.P., C.A.

„ G. ORTON, J.P.

COUNCILLOR H. AXON.

„ W. BUCKLER.

„ J. A. CARTWRIGHT.

„ W. FRENCH.

„ T. HORTON, J.P.

„ H. C. JONES.

„ E. F. MELLY, J.P.

„ J. RANDLE.

„ J. SIDWELL, C.C., J.P.

„ J. WHEWAY.

„ J. H. WHITEHOUSE.

„ W. W. WHITEMAN.



MUNICIPAL OFFICES,

NUNEATON,

March 1914.

To His Worship the Mayor, Aldermen, and  
Councillors of the Borough of Nuneaton.

MR. MAYOR AND GENTLEMEN,

I have the honour to submit to you my Annual Report upon the Vital Statistics, Sanitary condition, and Sanitary administration of your Borough for the year ending December 31st, 1914.

Incorporated in my Report is the Report of Mr. G. W. Andrew, your Chief Sanitary Inspector, and also that of Mr. F. Boylin, Assistant Sanitary Inspector and Inspector under the Shops Act.

My thanks are due to my colleagues for valuable assistance in the preparation of this Report, and I particularly mention Mr. Andrew and Mr. Boylin, of whose excellent work I wish again to place on record my appreciation, and with whom it is a pleasure to be associated in Public Health work.

In conclusion, I desire to thank the Members of the Borough Council for the kind consideration and support which they have invariably accorded to the Public Health Officers in the execution of their duties.

Mr. Mayor and Gentlemen,

I have the honour to be,

Your obedient servant,

VIVIAN GRAY-MAITLAND, D.P.H.,

Medical Officer of Health.

## NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.

The Borough of Nuneaton is situated in the North-Eastern part of Warwickshire, 20 miles East of Birmingham, and also within easy distance of Leicester and Coventry, the district being served by the London and North-Western and Midland Railways.

The Borough has an area of 10,596.135 acres, and the country is gently undulating, but rises gradually to the North and West, eventually attaining an altitude of about 480 feet above Ordnance Datum, or roughly about 200 feet above the Town.

Geologically the district is on Red Marl.

During the year private enterprise has catered for the convenience of the public by placing a Service of Motor Buses on the Roads and linking up the Borough with the neighbouring towns of Bedworth and Hinckley, whilst the inhabitants of the outlying Ward of Stockingford, and the districts of Chapel End and Hartshill are also indebted to private enterprise for the same facilities for getting into the centre of the Borough.

The inhabitants belong for the greater part to the Artisan and working classes.

## OCCUPATIONS.

Agriculture, which probably formed the staple industry in the pre-coalmining days, is represented by some sixty-eight farms, and finds employment for a number of persons.

The great majority of the male population find employment in Coal Mining, to which industry the development of the Town in recent years is largely due.

The Miners appear to be a healthy race of men, fairly free from Consumption. There have not been many serious pit accidents.

The Railways, particularly the London and North Western, find employment for a large number of men.

Other industries employing male labour are:--Brick and Tile Works, Hat, Plush, Cotton, Clothing, Elastic Webbing Factories, Wool Scourers, and Fellmongers.

There is a large amount of female labour employed in the Borough chiefly in Hat, Wool, Cotton, Silk, Elastic Webbing, Plush and Clothing Factories, Tennis Ball covering, and Boot and Shoe Heel Factories.

There is a Labour Exchange in the Borough.

In addition to the Borough Isolation Hospital, there is a General Hospital supported by Voluntary Contribution, where Medical and Surgical Relief can be obtained.

There is no Dispensary in the District.

TABLE I.  
Vital Statistics of Whole District during 1913 and previous Years.  
NUNEATON DISTRICT.

YEAR.	Population estimated to Middle of March of each Year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS		NET DEATHS BELONGING TO THE DISTRICT.			
		Un-corrected Number.	Net.		Number.	Rate.	of Non-Residents registered in District.	of Residents registered beyond District.	Under 1 Year.			
			Number.	Rate.					Number.	Rate per 1,000 Nett Births.	Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1908	33,706	1163	1163	34.5	355	10.5	6		110	94	355	10.5
1909	36,041	1135	1135	31.2	378	10.4	9	3	104	91	378	10.4
1910	37,267	1200	1200	32.2	375	10.0	11	2	117	97	375	10.0
1911	37,531	1173	1173	31.2	458	12.2	12	19	133	113	446	11.8
1912	38,725	1155	1155	29.6	435	11.2	11	14	120	103	438	11.3
1913	39,636	1166	1166	29.4	473	11.9	16	10	122	104	467	11.7

## VITAL STATISTICS.

## POPULATION.

In April, 1911, the Census Return showed the population of the Borough to be 37,073. The estimated population to the middle of 1913 is 39,636, an estimated increase of 2,563. The increase or decrease of any population depends upon two factors, the balance between Births and Deaths, which is the Natural increase or decrease, and the balance between immigration and emigration.

The Birth Rate of this District has for many years been a high one, consequently the Natural increase has been correspondingly great, and the development of the Coal Mining industry and establishing of the various industries in the Town has, in past years, attracted large numbers of people to the district.

The Coal Mining industry has probably not reached its maximum development, although it cannot be expected to attract labour at the same rate as before, and failing the establishment of new industries in the Borough the increase of population will tend more and more to become a Natural increase.

The Local Government Board require certain prescribed tables to be included in the Annual Reports of Medical Officers of Health.

The tables prepared in accordance with the headings, foot notes, and other notes attached to the Official schedules I have placed as near as possible to the subject matter of this Report with which they are concerned.

## SUMMARY OF VITAL STATISTICS FOR 1913 COMPARED WITH THOSE FOR 1912.

	1913.	1912.
Estimated population to middle of year ... ..	39636	38725
Birth Rate ... ..	29.3	29.8
*Death Rate ... ..	12.3	11.3
Zymotic Death Rate ... ..	1.3	1.6
Phthisis Death Rate ... ..	.5	.41
Respiratory Death Rate (excluding Phthisis) ...	2.1	1.5
Death Rate from other Tuberculous conditions	.3	.64
Cancer Death Rate ... ..	.8	.7
Rateable value ... ..	£163104	£154053

\*This is the first year that a corrected, or standardised as it may be called, Death Rate has been returned for the Borough.

The Crude Death rate was 11.9, that is the rate per 1000 of population worked on the total number of deaths registered in the Borough during the year. Of this number 16 were those of persons who died in this district, but belonged to some other district. All these were transferred to the district to which they belonged.

On the other hand 10 persons belonging to Nuneaton died out of the district, and those deaths had to be added.

The balance between these figures gives a RECORDED death rate of 11.7, and this is the rate which has always been returned.

In order, however, to compare fairly the death rate of Nuneaton with that of England and Wales as a whole, the age and sex distribution of each must be the same. For this purpose, the Registrar General has supplied, to each district, a factor, in the case of Nuneaton it is greater than Unity, being 1.0564. This, when multiplied by the recorded death-rate gives the Corrected or Standardized Death-rate. It will be seen that the age and sex distribution of Nuneaton is favourable to a low Death-rate.

ENGLAND & WALES BIRTH-RATE, DEATH-RATE, AND  
INFANTILE MORTALITY DURING THE YEAR 1913  
(Provisional Figures) COMPARED WITH NUNEATON.

	Annual Rate per 1,000 Living.			Deaths under One Year to 1,000 Births.
	Births.	Deaths.		
		Crude.	Standardiz'd	
England and Wales ...	23.9	13.7	13.4	109
96 Great Towns, including London ...	25.1	14.3	14.7	116
145 Smaller Towns ...	23.9	12.8	13.0	112
England and Wales, less the 241 Towns ...	22.2	13.1	12.1	96
London ...	24.8	14.2	14.2	104
NUNEATON ...	29.3	11.9	12.3	104

The Standardized death-rates (formerly called corrected death-rates) are the rates which would have been recorded had the sex and age constitution of the populations of the several areas been identical with that of England and Wales as enumerated in 1901. A description of the method of standardizing these death-rates is to be found in the Registrar-General's Annual Report for 1911, p.xxix.

DETAILS OF ESTIMATED POPULATION.

Ward.	Area in Acres.	No. of Houses.	Population.	Persons per house.	Persons per Acre.
St. Nicholas ...	3497.337	2097	9604	4.58	2.75
St. Mary's ...	929.282	1761	8558	4.86	9.21
Stockingford ...	2113.090	1962	10006	5.10	4.73
Chilvers Coton	4056.426	2435	11468	4.71	2.83
	10569.135	8255	39636	4.80	3.74
				Average.	Average.

Compared with 1912:—

Ward.	No. of Houses.	Population.	Av'ge per House.
St. Nicholas ...	2072	9489	4.58
St. Mary ...	1690	8213	4.86
Stockingford ...	1953	9960	5.10
Chilvers Coton ...	2349	11063	4.71
	<hr/>	<hr/>	
	8064	38725	

This shows an increase of 191 houses, and an estimated increase of 911 population, the chief increase in houses being in Chilvers Coton Ward.

### BIRTHS AND BIRTH RATE.

In the Local Government Table I. "Uncorrected number" of births will be noticed. Transferrable Births are received in the same way as Transferrable Deaths from the Registrar General, and this accounts for the difference between the Uncorrected and Nett number.

The total number of Births in the Borough was 1167, 598 males and 569 females. This gives a Birth Rate of 29.4 per 1000 Registered Births. This Rate, though considerably higher than that of the country as a whole, is lower than last year, and as will be seen from Table I. the Borough Birth Rate is a declining one.

Divided into their respective Wards they are as follows:—

Ward.	Males.	Females.	Total.	Birth Rate.
St. Nicholas ...	113	119	232	24.1
St. Mary's ...	127	125	252	29.4
Stockingford	186	168	354	35.3
Chilvers Coton	171	158	329	28.6
	<hr/>	<hr/>	<hr/>	
	597	570	1167	

Of the 1167 Births in the year, 1145 were legitimate and 22 illegitimate.

### DEATHS AND DEATH RATE.

The total number of Deaths Registered in the District was 473; 16 of these belonged to non-residents and were transferred. Ten Deaths of residents occurred which were not registered in the district and these have been added.

The nett Deaths belonging to the District numbered 467, which gives a Recorded Death Rate of 11.7 per 1000, and a Corrected or Standardised Rate of 12.3 per 1000.

Divided into their respective Wards they are as follows:—

Ward.	Males.	Females.	Total.	Death Rate.
St. Nicholas ...	55	59	114	11.8
St. Mary's ...	55	47	102	11.9
Stockingford	56	54	110	10.9
Chilvers Coton	73	68	141	12.2
	<hr/>	<hr/>	<hr/>	
	239	228	467	

TABLE III.

Causes of, and Ages at Death during the Year 1913.  
NUNEATON DISTRICT.

CAUSES OF DEATH.	Net Deaths at the Subjoined Ages of "Residents" whether occurring within or without the district.										Total Deaths whether Residents or Non-residents in the district.
	All ages.	Under 1.	1 and under 2.	2 and under 3.	3 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.	
1 } All Causes } Certified } Uncertified	2 467	3 122	4 31	5 26	6 33	7 23	8 55	9 76	10 101	11 48	
Enteric Fever ...			1	1							
Small-pox ...			1	4							
Measles ...	8		3	1							
Scarlet Fever ...	9	5	1	2							
Whooping-cough ...	7	1									
Diphtheria and Croup ...	8					2		2			
Influenza ...	1										
Erysipelas ...											
Phthisis (Pulmonary Tuberculosis) ...	20					4	1	5		4	
Tuberculous Meningitis ...	6	2		2						2	
Other Tuberculous Diseases ...	6	2		2						1	
Cancer, malignant disease ...	33						2	18	10	3	
Rheumatic Fever ...	2						5				
Meningitis ...	7		1			2					
Organic Heart Disease ...	25					2	6	12	5	4	
Bronchitis ...	35	8	6	2		2	2	5	10	2	
Pneumonia (all forms) ...	42	10	6	7		1	6	5	5	7	
Other diseases of respiratory organs ...	9				1		2	4	2	1	



## ZYMOTIC DEATH RATE.

This Death Rate is based on the number of Deaths occurring from the seven common Epidemic Diseases, which are: Smallpox, Scarlet Fever, Diphtheria, Typhoid Fever, Measles, Whooping Cough, Diarrhœa. The three last-mentioned are not notifiable diseases, so I cannot give the case fatality per cent. in respect of them. The total number of deaths which occurred from these diseases during the year was 55, which gives a Zymotic Death Rate of 1.3 per 1000. This is slightly lower than last year.

The following tables show the number of notifications and deaths for the several diseases compared with 1912.

1913.

## NOTIFIABLE DISEASES.

	Notified.	Died.	Case Fatality per cent.
Smallpox ...	—	—	—
Scarlet Fever ...	198	8	4
Diphtheria, including Membranous Croup	34	7	20.5
Typhoid Fever ...	—	—	—

## NON-NOTIFIABLE DISEASES.

Measles ...	2
Whooping Cough ...	9
Diarrhœa ...	29

1912.

	Notified.	Died.	Case Fatality per cent.
Smallpox ...	—	—	—
Scarlet Fever ...	400	7	1.7
Diphtheria ...	20	5	25
Typhoid Fever ...	—	—	—
Measles ...		28	
Whooping Cough ...		6	
Diarrhœa ...		18	

The total number of notifications of Infectious Diseases received during the year was 323. Divided into their respective Wards they are as follows:—

Ward	Scarlet Fever	Diphtheria	Erysipelas	Phthisis	Tuber- culosis	Puerperal Fever
St. Nicholas ...	44	9	4	18	6	
St. Mary's ...	27	5		11	2	1
Stockingford	90	2	2	13	6	1
Chilvers Coton	37	18	6	13	8	
Totals	198	34	12	55	22	2

TABLE II.  
Cases of Infectious Disease notified during the year 1913.  
NUNEATON DISTRICT.

NOTIFIABLE DISEASES.	CASES NOTIFIED IN WHOLE DISTRICT.							TOTAL CASES NOTIFIED IN EACH LOCALITY. (e.g. Parish or Ward) of the District.				Total Cases Removed to Hospital.	
	At all Ages.							St. Nicholas Ward.	St. Mary's Ward.	Stockingford Ward.	Chilivers Cotton Ward.		
	Under 1	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 and upwards						
Smallpox ... ..													
Cholera ... ..													
Diphtheria (including Membranous Croup)	1	10	14	5	3	1		9	5	2	18		
Erysipelas ... ..		63	124	6	1	9	1	4	27	2	6		
Scarlet Fever ... ..								44		90	37		77
Typhus Fever ... ..													
Enteric Fever ... ..													
Relapsing Fever ... ..													
Continued Fever ... ..													
Puerperal Fever ... ..				1	1				1				
Cerebrospinal Meningitis													
Poliomyelitis ... ..													
Pulmonary Tuberculosis	1	3	8	4	5	8	5	18	11	13	13		12
Other Forms Tuberculosis								6	2	9	8		0
Totals ... ..	2	76	152	41	27	20	1	81	46	114	82		89

## INFANT MORTALITY.

The number of deaths of children under one year of age registered in the district during the year was 122, nearly one-fourth of the total number of deaths at all ages.

Divided into their respective Wards they are as follows:—

Ward.	Males.	Females.	Total Deaths.	Total Births.	Infant Mortality per 1000 Regis- tered Births.
St. Nicholas	9	15	24	232	103
St. Mary's	16	12	28	252	111
Stockingford	21	14	35	354	98
Chilvers Coton	21	14	35	329	106
	—	—	—	—	—
	67	55	122	1167	Average 104

In 1912, 120 Infantile Deaths occurred, and the Mortality Rate was 103 per 1000 Registered Births.

The Infant Mortality Rate of any district is a very good index of Sanitary Administration and Social Conditions, and it is an absolutely reliable and accurate rate, being founded on the proportion of the number of deaths under one year of age during a given period, to the number of births during the same period. It is not subject to any errors involved in estimating population.

In industrial towns and mining districts infant mortality is usually high, whilst in rural districts it is comparatively low.

Table IV., Local Government Board, shows the age distribution and causes of deaths under the age of one year. Infant Mortality is not dependant on any one cause, and amongst the many contributing causes may be mentioned: Hereditary Diseases, Immaturity, Occupation of Mothers, Improper Feeding, Poverty, Defective Housing Conditions and Overcrowding, Impure Milk Supply, Insufficient Scavenging, Unpaved Yards, etc., Ash-pit Privies.

This list shows that a continued excessive Infant Mortality is a condition for which the Local Sanitary Authority would be to a great extent responsible, but at the same time much may be done by voluntary lay workers in educating the poorer classes in the proper feeding and care of infants.

The County Medical Officer has instituted, with great success throughout Warwickshire, a system worked by Lady Health Visitors, and very valuable work in connection with Infant Mortality is being done.

Dr. Bostock Hill was approached with a view to giving Nuneaton the whole time service of a County Health Visitor owing to the size of the Borough, and the larger number of births annually. It is a matter for regret that he is unable, at present, to accede to this request, unless the County Council can see their way to appoint additional Health Visitors for the County, in which case the claim of Nuneaton would probably be met.

Miss Pakes has, despite her other duties, done an enormous amount of good work amongst the mothers and infants during the year, and her work has been very much appreciated by those mothers.

The County Health Visitor is also the means of reporting from time to time, to the Health Department, various sanitary matters which may require attention.

In order to diminish Infantile Mortality matters of great importance to which attention should be given are: The welfare of the mother both before and after the birth of her child, the proper feeding of her infant, the general sanitary condition of the district, and the improvement of the housing conditions.

Breast feeding is, perhaps, the best natural protection against Infant Mortality, and this practice is probably more common amongst the poor than the well-to-do. Infant Mortality is, however, higher amongst the poor than the well-to-do, and this may be accounted for from the fact that the breast fed infant is often subjected to varying temperatures whilst being fed, and also that the mother, through ignorance, supplements the breast feeding by other foods of quite unsuitable nature.

One cannot help thinking that our Infant Mortality rate could be lessened, and that a number of the deaths on Table IV. could have been prevented were it possible to have the whole time service of a County Health Visitor so that every child born of parents in poor circumstances, both from financial and educational point of view, could be visited within 24 hours of its birth. I refer more particularly to the deaths from Premature Birth, Atrophy, Debility, and Marasmus, Diarrhoea and Enteritis and Convulsions.

With regard to Premature Birth, the question of the mother's welfare and occupation have an important bearing on the welfare of the child.

Atrophy, Debility, Marasmus, Diarrhoea, and Enteritis may all result from improper feeding or contaminated food, from improper storage, or may be neglect.

A Convulsion may cause death, whereas had the parent known of the simple expedient of placing the infant in hot water (such heat as could be easily born when tested by the elbow placed in it) the child's life might have been saved.

**Miss Pakes, the County Health Visitor, reports  
as follows :**

NOTIFICATION OF BIRTHS ACT.

Notified by Doctors ... ..	148
Notified by Midwives ... ..	1023
	<hr/>
	1171
Total number of visits and re-visits to infants ... ..	1108
Total number of visits and re-visits to Tuberculosis cases	178
Total number of visits to Midwives ... ..	75
Total number of other visits, Health week arrangements, expectant mothers, delicate mothers, etc. ... ..	163

## REGARDING MOTHERS AND INFANTS.

No new theory is expressed in stating that IMPROPER FEEDING of infants and LONG TUBE BOTTLES account for many illnesses and many deaths of infants.

Nature gives the best food in the mother's milk, but even then the mother needs wisdom and method. So many others injure their own health, and that of the baby, by giving the breast too often; this means in many instances whenever the baby cries, the mother thinking that a cry means hunger, whereas the cry is mostly Indigestion, Colic, and Wind (caused by feeding too often), or the child's clothing being too tight or otherwise uncomfortable.

In 101 cases mothers have given breast AND artificial food. Very often this shortage is caused by irregular feeding as mentioned above, and if there is no timely advice to the mother to encourage her to nourish herself well, and adopt regular habits, a neighbour, or a grandmother, does further mischief by recommending that the baby should have bread sop "To bring him on."

"Bits" of what the parents are having often got popped into the baby's mouth at about 4½ months old. The mothers are constantly being warned of the danger of Convulsions by wrong feeding. One mother who has been warned was over-ruled by a grandmother, and on a re-visit in a little while the mother confessed that the child had had a very bad "fit," and they thought several times the child was dying. "Bits" vary from pie, plums, pork, and many odd things.

Regarding Dummies, the grandmothers set us a good example; they despise these and tell of large families brought up without one; they confess to have resorted to "Sugar Rag" at odd times when the baby was 'extra' cross, but although this might have its drawback it was decidedly preferable to the dummy teats of to-day, which, in many families, the baby "wears" (in his mouth) almost as constantly as he wears his clothes, "wearing" his dummy often with bad results. Strangely enough it is easier to persuade the average mother to alter baby's food than to break him of his dummy. In 1914 we still tolerate (in fact encouraged by cheap makes) the sale of the BABY-KILLING LONG TUBE BOTTLES, discarded and condemned by nations poorer and less advanced than our own. ALL medical men agree as to the danger of this bottle, but still it is sold. Ninety-eight bottles found shelter in these many homes.

The number of cots used is only 162, but this is a cheering subject, as so many definite promises have been given by the mother to use a box or basket (where there is no cot) for the baby's nightly rest. Many a mother has had a nervous breakdown caused by constantly losing sleep at night, through a sub-conscious fear during the whole night long of injuring the baby. It is explained that all this would be saved if a cot were used (assuring the mother that baby would be warm by himself). Some mothers will say, "Oh, I always sleep with baby on my arm." This is done in ignorance of the fact of danger often caused by the constant pressure of the arm in so doing. If a "Mother's Welcome," already promoted in many large towns (and spoken of by two prominent ladies in the town), could be started, many things, such as

banana crates, prettily fitted up as cots, at the price of 2s. (bed and pillow included) would, I am sure, be warmly taken up by the mothrrs.

Advice has been given to several mothers on the subject of when and how to wean. So many mothers are found to be suckling too long; this is a terrible strain on their own health. One mother is a Phthisis patient at this present time, and it s highly probable that continued suckling has been the cause of her state of health.

#### THE MIDWIVES.

It is impossible to supervise closely the practical work of the Midwives, but on the whole they are willing to receive instructions, and have made a very marked improvement regarding the use of the thermometer and the taking of the pulse. Seventy-five visits have been paid to the homes of the Midwives. There are 17 Midwives practising in the Borough, four of these are trained. Three out of the 17 have only taken a few cases.

The Nuneaton Maternity Society have completed another year of very useful work, and I have pleasure in embodying their report in my own.

The provisions of the National Insurance Act with regard to Maternity cases have affected this Society to a certain extent, whilst the Maternity Benefit conferred by the Act is undoubtedly a great boon to the lying-in woman (always provided that it is properly applied) it is not educational, and it is here that the Maternity Society does good work, not only by financial assistance, but by visits and instructions to the mother how to rear her child.

I trust the Society will receive support and continue to carry on its useful work amongst the poor in the Borough.

#### REPORT OF THE COMMITTEE FOR 1913.

The Committee have much pleasure in presenting their Annual Report.

The number of cases assisted during the year has been 74—a slight increase on last year. Of these, 36 were in the Attleborough District, and 38 in Nuneaton and Coton. In most of these cases the member paid in 12/6 by instalments, and later in the year 15/- owing to the higher fee charged by the midwife, with which the Society paid the midwife and the doctor, where needed. In each case the members received coal, grocery, and linen.

We have had twelve emergency cases, where the members paid nothing, but received the ordinary benefits. In several cases milk and eggs were added, and in one case brandy (as ordered by the doctor) and blankets. Some of these were cases of extreme poverty, and the Society is only too glad when such cases are brought to its notice.

The Committee feel that the high rate of infantile mortality is still a reproach to Nuneaton, and, in some measure, to the Maternity

Society, and we are therefore redoubling our efforts for the better care of mother and child.

The Committee have pleasure in announcing that they have appointed Mrs. Capel, 41, Seymour Road, as an Assistant in Maternity work, at a salary of £20 per annum. Mrs. Capel has begun her work with signal success, and finds herself welcomed by all mothers. She will be glad to be informed of cases needing special care and assistance, and of members anxious to join the Society.

The Fee for full membership has been reduced to 14/-, so as to give a further incentive to thrift. We are anticipating a largely increased membership, and consequently a wider field of work in 1914.

We are thankful to record that the Insurance Act has now been amended in various forms so as to really benefit the mother, who now receives the Maternity Benefit direct. We find, however, that the work of the Society is as much needed as ever, for it is not only money that is needed, but kindly advice, sympathy, and help in various ways; not only through the particularly trying period of child-birth, but also in the early months of the infant's life.

The Committee wish to record their thanks to all their subscribers, and to appeal for further funds to carry on this deserving organisation. They wish also to thank the Council for the use of their offices; Dr. Gray-Maitand and Mr. Andrew for their kind co-operation, and Mr. A. S. Clay for kindly keeping the Accounts.

A. M. NASON, Hon. Secretary.

#### OBJECTS OF THE SOCIETY.

The operations of the Society extend over the whole Borough, and its objects are:—

To reduce the mortality amongst women and children at child-birth;

To promote thrift and foresight;

To protect the health of the mother, and to render all necessary and efficient attendance at the time of birth.

The benefits of joining the Society are as follows:—

- (a) The services of a certificated midwife at and for ten days after the confinement.
- (b) The services of a medical man where, in the opinion of the midwife, it is needed (for uninsured persons).
- (c) The use of child-bed linen for one month.
- (d) Tickets for coal and groceries where required.

The fee for full membership is 14/-, payable by instalments.

TABLE IV.

**BOROUGH OF NUNEATON.**

## INFANTILE MORTALITY DURING THE YEAR 1913.

Nett Deaths from stated causes at various Ages under 1 Year of Age.

CAUSE OF DEATH.		Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 4 Weeks.	4 week & under 3 months.	3 m'ths & under 6 months.	6 m'ths & under 9 months.	9 m'ths & under 12 months.	Total Deaths. under 1 year.
<b>All Causes</b>	{ Certified ... ..	26	6	7	5	44	16	25	22	15	122
	{ Uncertified ... ..										
<hr/>											
{ Small-Pox ... ..											
{ Chicken-Pox ... ..											
{ Measles ... ..										1	1
{ Scarlet Fever ... ..											
{ Whooping Cough ... ..								3	1	1	5
{ Diphtheria and Croup ... ..			1			1					1
Erysipelas ... ..											
{ Tuberculous Meningitis .. ..					1	1		1			2
{ Abdominal Tuberculosis .. ..							1		1		2
{ Other Tuberculous Diseases .. ..											
Meningitis (not Tuberculous) .. ..											
Convulsions ... ..		1		1		2	1	3	4	2	12
Laryngitis ... ..											
Bronchitis ... ..				1		1	4	2	1		8
Pneumonia (all forms) .. ..									5	4	9
{ Diarrhoea .. ..								1	1		2
{ Enteritis .. ..			1		1	2	3	4	5	5	19
Gastritis .. ..									1		1
Syphilis .. ..									1		1
Rickets .. ..											
Suffocation, overlaying .. ..			1		1	2					2
Injury at birth .. ..		1				1					1
Atelectasis .. ..											
{ Congenital Malformations .. ..				2		2	3	3		2	10
{ Premature Birth .. ..		17	2			19	1	1			21
{ Atrophy, Debility and Marasmus .. ..		6	1	3	2	12	3	6	2		23
Other Causes .. ..		1				1		1			2
<hr/>											
<b>TOTALS</b> .. ..		26	6	7	5	44	16	25	22	15	122

Nett Births in the year : Legitimate 1143 ; Illegitimate 22.

Nett deaths in the year of : legitimate infants 119 ; illegitimate infants 3.

## SANITARY CIRCUMSTANCES OF THE DISTRICT.

## SUFFICIENCY AND QUANTITY OF WATER SUPPLY.

The Water Supply of the Borough is obtained from deep wells in the sand-stone overlaying the coal measures, and is pumped to Sand Filter beds, whence it passes into the Service Reservoir, and thence by gravitation into the town. A constant and abundant supply has been obtained throughout the year.

The new Pumping Station at Griff is practically completed, and the water is now available for augmenting the other source of supply.

The following report was received from the County Analysts as to the sample of Town water:

County Analysts Laboratory,

Birmingham,

20th November, 1913.

We beg to report that we have analysed the samples of Water received from you on the 12th inst., and enclose the results herewith. In appearance the filtered water was bright and clear. The chemical results shew it to be quite satisfactory, free from pollution, and of good quality for a public supply.

(Signed) BOSTOCK HILL & RIGBY.

Public Analysts.

Results of Analysis expressed in parts per 100,000.

	Before filtration.	After filtration.
Free and Saline ammonia	0.004	trace
Organic ammonia	0.003	0.003
Chlorine in Chlorides	1.55	2.65
Nitrogen in Nitrates and Nitrites	.0	.0
Oxygen absorbed in 4 hours at 80°F.	0.013	0.010
Total solid matter	48.0	50.0
Hardness      Temporary	11.5	11.0
Permanent	16.2	15.7
Total	27.7	26.7

Remarks:—Slight brown turbidity.

Bright, few small particles.

The following is a list of the samples of waters taken during the year from private wells, and shows the result of action taken by the Local Authority.

Sample from.	Result.
Hill Farm, Attleborough	Water condemned.
65 and 66, Bridge Street	" "
68 to 74, Lister Street	" "
445 to 455, Tuttle Hill	Good
1 to 6 in 2 Court, Garrett St.	Water condemned.
3 and 4, back of No. 2 "	" "

## RIVER POLLUTION.

There have been no complaints during the year with regard to pollution of rivers or streams.

## DRAINAGE AND SEWERAGE.

The Borough is drained on the partially separate system, and the Sewage gravitates to a Pumping Station in St. Mary's Road. From thence it is pumped to the Outfall Works at Hartshill,  $2\frac{1}{2}$  miles distance. The Sewage is there treated on Bacteriological lines by means of percolating Filters, and there is an area of  $42\frac{1}{2}$  acres of land available for irrigation. The following tables show the quantity of Sewage treated during the last five years, also particulars of the working of the Filters and a report from the County Analyst, expressed in parts per 100,000:

Year	At Sewage Pumping Station (Storm-water)	At Sewage Outfall Works.	Total.	Daily Average.
	Thousands of Gallons.			Gallons.
1909	18,333	305,460	323,793	887,000
1910	34,879	307,610	342,489	938,000
1911	52,767	262,922	315,759	865,000
1912	23,490	402,100	425,590	1,163,000
1913	23,390	373,915	397,305	1,088,000

No.	Type of Distributor.	Area in sq. yards.	Depth of Media ft. in.	No. of 24 h ur days worked.	Thousand gallons treated.	Rate per sq. yard.	
						24-hour days.	All Days.
1	Candy Whittaker Circular	314	7 0	312	17,988	184	158
2	Adams Circular	707	7 0	278	27,985	142	108
3	Fiddian	1000	5 6	309	44,578	144	122
4	Ham Baker	1000	5 6	322	44,716	139	122
5	Fiddian	1000	5 6	293	43,809	149	120
6	Fiddian Mono-rail	1000	5 6	281	42,144	150	115
7 & 8	Fiddian Wide-span	2000	5 6	296	88,106	149	120
9	Fiddian Mono-rail	1000	5 6	287	42,981	150	118

Description. (Date of Receipt of Sample, October 29th, 1913).	Free and Saline Ammonia.	Organic Ammonia.	Chlorine in Chlorides.	Nitrogen in Nitrates and Nitrites.	Oxygen absorbed in four hours at 80 degrees F.	Total Solid Matter.	Suspended Matter.	Remarks.
No. 1. Crude Sewage taken at Sewage Pumping Station Oct. 28th, 1913 ... ..	6.10	1.60	41.6	0	11.58	215	57	Foul, yellowish black suspen- ded matter.
No. 2. Crude Sewage taken at Sewage Outfall Works, Oct. 28th, 1913 ... ..	5.30	0.80	36.0	0	7.43	175	31	Ditto
No. 3. Effluent from Silt Tanks, Oct. 28th, 1913 ... ..	5.50	0.60	30.6	0	6.52	149	18	Ditto
No. 4. Effluent from Separating Tanks, Oct. 28th, 1913 ... ..	5.70	0.40	24.2	0	4.28	121.5	6.5	Incubation Satisfactory
No. 5. Effluent from Circular Percolating Filters, Oct. 28, 1913 ... ..	0.072	0.141	24.2	3.3	1.35	129.0	3.2	Ditto
No. 6. Effluent from Rectang- ular Percolating Filters, Oct. 28th, 1913 ... ..	0.108	0.076	26.0	3.5	1.07	134.0	1.3	Ditto
No. 7. Effluent from Humus Tanks, Oct. 28th, 1913 ... ..	0.577	0.116	26.0	3.5	1.31	133.0	1.4	Ditto

### CLOSET ACCOMMODATION.

During the year 48 Wet Ashpits have been abolished, and 95 Water Closets have been substituted for Privies.

It is estimated that there are still 521 fixed Ashpits in combination with Privies in the Borough, but a large proportion of these are beyond the limits of the Sewerage system.

### SCAVENGING.

#### STORAGE OF REFUSE.

There are, in the Borough, 521 fixed Ashpits in combination with Privies. There are 1116 fixed Ashpits not in combination of Privies, and there are 5320 movable receptacles of galvanized iron with proper covers.

In connection with new houses the Authority require the provision of galvanized iron sanitary dustbins.

Refuse is collected by the Council's own employees. Ashpits are emptied on receipt of a notice. All Dustbins are emptied weekly. In connection with this work covered carts are used, and only in the case of Wet Ashpits is there any emptying of refuse into the street or yards involved. Such contamination is dealt with by washing down with disinfectant fluid directly after the Ashpit has been emptied.

The Council do not undertake or contract for the emptying of Cess Pools.

In the disposal of refuse, tins and galvanized scrap are sorted out and sold. A sum of £37 0s. 10d. was realised in this way during the year.

There is no refuse conveyed out of the district. All nightsoil is deposited on tips and thence carted away by farmers. There are three tips on farm land, remote from any dwelling houses.

All house refuse is destroyed in the Refuse Destructor, which consists of three grate installations, front feed.

The Council dispense of trade refuse on payment, and for such work the sum of £5 17s. 0d. was received last year.

The scavenging of streets is carried out by direct labour.

### SCHOOLS.

The sanitary condition of the Elementary Schools in the Borough is good, and the Schools are supplied with town water. With the exception of Galley Common Church of England School, water closets are in use. At Galley Common School there are Ashpit Privies, which are emptied by the Local Authority. This School is considerably beyond the limits of the Sewerage system.

### SLAUGHTER HOUSES.

There are 22 Slaughter Houses in the Borough, two of which are not now in use. They have been visited regularly, and I am pleased to report that no complaints have been received in respect of them, nor has any serious nuisance been found when visiting. Eleven of these are registered and 11 licensed.

At the Public Abattoir there is accommodation for nine butchers, and at the present time two one-third shares are vacant. The work of slaughtering is carried out here under advantageous conditions, and the place has been kept in good Sanitary condition.

The following list shows the various meats and food stuffs condemned during the year.

I am pleased to report that it was not necessary to take proceedings in any case during the year.

# SUMMARY OF FOOD CONDEMNED, 1913.

Date.	Description of Food.	Reason for Condemnation.	Weight, lbs	How obtained.
1.1.13	Pig Carcase and Offal	Swine Fever	120	
6.1.13	Beef Offals	Localized Tuberculosis	32	Found in Slaughterhouse
7.1.13	Sheep Lung and Liver	Septic Pneumonia and Distomatosis	5	Found in Slaughterhouse and Shop
14.1.13	Beef Offal	Localized Tuberculosis	28	Found at time of slaughter
5.2.13	Beef Offal	Do.	39	
6.2.13	Pig Offal	Do.	8	
11.2.13	Beef Offal	Do.	12	
5.3.13	8 pieces Beef	Decomposition	50	Found in Shop
5.3.13	3 pieces Mutton	Do.	10	Found in Shop
26.3.13	Beef Offal	Localized Tuberculosis	53	Found in Shop
23.3.13	Half Carcase Veal	Decomposition	16	Found in Shop
2.4.13	Beef Lungs	Localized Tuberculosis	10	Found at time of slaughter
7.4.13	Pig Offal	Inflammation	15	
11.4.13	Beef Kidney	Tuberculosis	1	Found in Shop
17.4.13	Pig Carcase and Offal	Generalized Tuberculosis	274	Found at Shop and Slaughterhouse
21.4.13	2 Pigs Heads, Neck & Offal	Localized Tuberculosis	87	Found in Slaughterhouse and Store-room
23.4.13	Beef Offal	Do.	24	Found in Slaughterhouse and Shop
23.4.13	Piece of Pork	Do.	4	
24.4.13	Beef Lungs	Do.	5	Found in Slaughterhouse
28.4.13	Beef Lung and Kidney	Emphysema and Fatty Degeneration	13	
13.5.13	3 Pigs Heads and Offals	Localized Tuberculosis	112	
14.5.13	Beef Carcase and Offals	Generalized Tuberculosis	756	
22.5.13	Beef Lungs	Localized Tuberculosis	14	Found in Slaughterhouse
22.5.13	Beef offals	Do.	32	
28.5.13	Beef Lungs	Do.	12	
29.5.13	Beef Lungs	Do.	11	Found on Shop premises
5.6.13	Beef Lungs	Do.	10	Found in Shop
11.6.13	Pig offals	Do.	30	Found in Slaughterhouse at time of slaughter
2.7.13	Beef offal	Do.	31	
7.7.13	Pig offals	Do.	44	
9.7.13	Beef offals	Do.	30	Found in Slaughterhouse at time of slaughter
27.8.13	Beef offals	Do.	35	Found at time of slaughter
10.9.13	2 pieces Beef	Decomposition	5	Found in Shop
20.9.13	Beef Trimmings	Do.	1	Found in Shop
4.10.13	3 Pecks Shrimps	Do.	37	Sent to Market Stall
4.10.13	2 Boxes Cured Cod	Do.	28	Sent to Market Stall
6.11.13	Beef offals	Localized Tuberculosis	124	Sent to Market Stall
26.11.13	Beef Luags	Do.	19	Sent to Market Stall
1.12.13	Beef offals	Do.	112	Sent to Market Stall
18.12.13	Beef Liver	Do.	19	Found at time of slaughter

## WEIGHTS.

Beef ... ..	13 cwt. 20 lbs.
Pork ... ..	6 „ 22 „
Mutton ... ..	15 „
Veal ... ..	16 „
Fish ... ..	65 „

Total 20 cwt. 26 lbs.

## SUMMARY.

No. of lots condemned ... ..	39
No. of lots notified to the Dept.	18
No. of lots found on visits during slaughter operations ... ..	6
No. of lots not notified to the Department ... ..	15

The percentage of lots notified to the Department is much better than last year, but there is still much to be desired in this respect.

## BAKEHOUSES.

There are 36 Bakehouses in the Borough, none of which are underground. These have been visited and have been found in a very satisfactory condition.

## COMMON LODGING-HOUSE.

The Common Lodging-house, in Abbey Green, has been visited on several occasions and has been found scrupulously clean, and everything in accordance with the Regulations. No case of Infectious disease has occurred with respect to this Institution.

## MILK SUPPLY.

The milkshops, dairies, and cowsheds in the Borough have been visited and have been found in a fairly satisfactory condition.

In connection with the cowsheds the chief nuisance which is noticed on visiting the farms is the large accumulation of manure in close proximity to the cow-sheds.

I am pleased to report that with regard to infectious diseases the notification was never attributable to any particular milk supply.

A large proportion of the milk produce in the district is exported to the big towns, and milk is imported into the district from many farmers surrounding the Borough.

There has been no notification during the year of any Tuberculous milk supply.

All work with connection of sale of Food and Drugs Act is administered by the County Authority.

Two complaints were received from His Majesty's Inspector of Factories with regard to the following:—

1. Want of limewashing of Bakehouse.
2. No intervening ventilated space between sanitary convenience and workroom.

Same have been dealt with.

The workshops and bakehouse have been visited and any minor defects remedied. A Report on these has been sent, in accordance with regulations to the Home Office.

## PREVALENCE AND CONTROL OVER ACUTE INFECTIOUS DISEASES.

During the past year, 323 notifications of Infectious Diseases were received in accordance with the Infectious Disease (Notification) Act.

Table 11 Local Government Board shows the prevalence, age, incidence and ward distribution of the several diseases.

In 1912, 514 notifications were received, there being 400 cases of scarlet fever that year, compared with 198 in 1913.

A Weekly Return of all notifications of Infectious Diseases is sent to the Local Government Board, in compliance with their General Order of December, 1910, and also to the County Medical Officer of Health.

Upon receipt of notification, cases are visited as soon as possible, instructions are given as to isolation and disinfection, and disinfectants are supplied, free of charge.

The source of infection is enquired into with a view to prevent the spread of infection. The occupations of any members of the family are ascertained with a view to suitable precautions being taken.

In the case of school children, notices are sent direct from the Health Department to the Head Teacher, and other children in the home are excluded from School also, by written notice to the Teacher. Many parents think it unnecessary to keep their children away from Sunday School when there is an infectious disease in the house. This, of course, may lead to spread of infection, and parents are warned against this practice.

All necessary disinfection is carried out by the Health Department on the termination of the illness, and children are not allowed to return to School without a re-admission note from me.

### DISINFECTION.

Disinfection of houses or rooms is carried out by means of Formaldehyde Vapour, generated by means of Alformant Lamps, and the walls and floor are sprayed with disinfectant fluid.

There is a Steam disinfector (Washington Lyon type) at the Disinfecting Station in St. Mary's Road. Infected articles are conveyed there in the "Infected Van" and taken back in "Non-infected Vans."

The number of articles disinfected during the year was:—

From Isolation Hospital ... ..	1166
From General Hospital ... ..	56
From houses in the Borough ... ..	949
From J. Wilkinson and Son ... ..	15
From Caldecote Hall ... ..	25
	<hr/>
Total ... ..	2211

### MEASLES.

Not being a notifiable disease, it is impossible to give any accurate information upon the number of cases of Measles during the year. Judging by the effect upon School attendance and information from Medical Practitioners it has not been so prevalent as last year.

In 1912, 28 deaths occurred from this cause. This year, I am pleased to report, there are only 2, both occurring under 5 years of age.

I am afraid the day is still far distant when the poorer working class mothers will realise that Measles is a very serious disease of childhood, and that skilled advice and treatment of the Medical man should invariably be sought.

There is too much anxiety to get the child back to School and "out of the way," often at the risk of infecting other children, and always at a great risk to the child itself.

A neglected convalescence from Measles may so easily lay the foundation and provide the home for the Tubercle Bacillus later on.

### SCARLET FEVER.

I am pleased to report that only 198 cases occurred during the year, compared with 400 cases last year, and it is to be hoped that the severe epidemic, which has lasted nearly three years, has about used up the susceptible material at its disposal. At any rate, at the time of writing, it shows decided signs of dying out.

Of these 198 cases, 77 were removed to, and treated at your Isolation Hospital, the remained were treated by Dr. Milne's method in their own homes.

Eight deaths occurred from this disease, compared with seven last year. Two of the deaths were due to the malignant type, two to Diphtheria supervening, and the other four to other complications.

I have no hesitation in saying that the cases treated at home do better, or, in other words, suffer less from complications (such as Glands in the neck, Temporary Kidney trouble, or Ear and Nose trouble) than do those treated in the Hospital.

All the Home cases are treated by Nurse Deacon, and I have much pleasure in again testifying to the painstaking and conscientious manner in which she carries out her work.

Nurse Deacon reports every morning at my office on the progress of the cases, and in the event of any case developing complications, I at once communicate with the Medical man who sent in the notification, and on whom, of course, the responsibility of the case rests.

The "Milne" method of treatment, of course, has its opponents as well as its advocates, and for this reason I met the Medical Practitioners in the Borough, early this year, and a very satisfactory understanding was arrived at. I think I may say that they appreciate the action of the Borough Council in retaining the services of a Nurse, and it is understood that the Nurse is at their disposal to carry out any method of treatment which the Medical man wishes with regard to Scarlet Fever. This arrangement is working very satisfactorily.

The source of infection in the majority of cases was probably personal contact. Many very mild cases undoubtedly escape detection, and such persons may attend day or Sunday Schools, Picture Palaces, or other public places and thus unknowingly convey and spread the disease.

### TYPHOID FEVER.

I am very pleased to be able to report that for the second year in succession there has not been a case of Typhoid Fever in the Borough.

### ERYSIPELAS

Twelve notifications of Erysipelas were received. There was one fatal case.

### WHOOPIING COUGH.

Nine deaths were registered from Whooping Cough, all of them under the age of five years.

This disease is not notifiable, but here again mothers do not usually appreciate the seriousness of the disease, nor do they take precautions for the isolation of the sufferer. The later in life that Whooping Cough is developed the less likelihood there is of its proving fatal.

### PUERPERAL FEVER.

This disease includes a variety of Septic and Febrile conditions, following upon child-birth, miscarriage, or abortion. The term is a convenient one, although not an accurate description of the cause of death.

Two cases were notified during the year, one of which unfortunately proved fatal.

The County Medical Officer of Health is the Supervising Authority under the Midwives Act for this Borough, and a full report on all cases occurring is sent to him. Disinfection is carried out by the Local Sanitary Authority.

In both these cases all necessary enquiries were made and reports sent.

I am glad to report that in neither case could any responsibility for their occurrence be attributed to the Midwife in attendance.

## INFLUENZA.

Eight Deaths occurred from Influenza.

## DIPHTHERIA.

Thirty-four cases of Diphtheria, including Membranecus Croup, were notified during the year; seven of these cases proved fatal; all the deaths occurring under 15 years of age.

In 1912, only 20 cases were notified, five of which were fatal.

Of the thirty-four cases notified throat swabs were taken in 14 cases, 10 of which were returned as Positive and four Negative, the majority of which I took myself in School cases.

In twenty cases no Bacteriological confirmation was sought. One cannot help but deplore the fact that not only in Nuneaton, but generally speaking, there is a disinclination on the part of Medical Practitioners to take Throat swabs in cases which, from a clinical point of view, are Diphtheria.

If there is one thing certain in Bacteriology it is that the presence of the Diphtheria Bacillus is positive proof of the disease, and its absence is Negative proof.

From the point of view of the Sanitary Committee the fewer notifications of Diphtheria we receive the better, but on the other hand a Medical man may have a suspicious case which he decides later (without any Bacteriological proof) is not Diphtheria. It is quite possible, however, that the case was a true Diphtheria all the time, and a means of conveying the disease to others, to say nothing of the risk such a patient runs from Cardiac or other complications by getting about too soon.

I mention one case which occurred early in January, this year. The patient, a School child, was sent down to my Office. She appeared to have an ordinary Tonsillitis, not very bad. I took a Throat swab and the result was Positive. She was referred to her Medical attendant. I visited the home for the purpose of advising the parents about isolation, and to find out if any more children attended School. There was a boy at home. "He had had a bad throat, but was quite well." I took a swab from him, also Positive. I told the mother to bring the children to me when they were pronounced well in order to send a re-admission notice to School. She did so. I took swabs from each, and the report came back "Girl Positive," "Boy Negative." At intervals of a week I have taken three swabs from the girl and she is STILL a carrier. I think a case like this emphasises the importance of Bacteriological proof.

With the exception of about half a dozen cases of direct contact it is most difficult to account for the incidence of the disease in others. Causes which would predispose to a bad throat, such as Ash-prives and foul drains were evident in a few cases, but the majority of cases occurred in fairly new property with modern sanitary conveniences. Many of the newer houses showed signs of damp, and this might cause Sore Throats.

but on is quite at a loss to throw more definite light upon the incidence in these cases.

Diphtheria Antitoxin is supplied free by the Authority, and I am pleased to report that Medical men avail themselves of this valuable means of treating the disease.

## TUBERCULOSIS.

Tuberculosis is now, in all forms, a compulsory notifiable disease. An Order of the Local Government Board in December, 1912, requiring notification irrespective of the seat of disease, was made.

Two complete years have now elapsed since Phthisis was made notifiable in England and Wales, for up to the end of 1911 the disease was notifiable only when the case occurred in Hospital or Poor Law practice. An opportunity occurs now for comparing the incidence of the disease, and it is stated, in the report issued by Dr. Newsholme, Chief Medical Officer of the Local Government Board, that there were notified, during 1912 in England and Wales, 110,551 cases of Phthisis, and that during 1913 the number was 96,553. The decrease occurred entirely in England, for in Wales and Monmouthshire there were 464 more cases notified in 1913 than in 1912. Although this decrease of nearly 14,000 cases, a number which may be still further increased when account has been taken of the duplicate notifications, is eminently satisfactory, and it must be remembered that the cases notified in the early months of 1912 must have included a considerable number that would have been notified in the preceding year had notification of all cases have then been enforced.

During the year there were 55 cases notified, and 22 other forms of Tuberculosis in the Borough.

Twenty deaths were registered from Phthisis, six from Tuberculous Meningitis, and six from other Tuberculous conditions.

The following table gives details of the cases reported:—

1913.

Initials.	Age.	Sex.	Occupation.	Location of Disease.	No of Bed-rooms.	No. in House.	Separate		Treatment.	Result.
							Bed	Room		
G. W. H.	17	m	Mechanic	Lungs	4	4	Yes	Yes	Home	Same
A. W.	48	m	Miner	Lungs	2	3	No	No	Home	Unchanged
A. S.	43	f	Housewife	Lungs	3	6	No	No	Home or Sanatorium	Dead
W. B.	25	m	Taylor	Foot and Hip	3	4	Yes	Yes	Home and Hospital	Dead
E. J. F.	24	f	Daughter	Lungs	3	6	No	No	Dead when notified	Dead
J. D.	5	m	Child	Glands of Neck	3	9	Yes	No	Home	Worse
S.	24	m	Baker	Lungs and Foot	3	2	No	No	Home and Sanatorium	L. Better F. Worse
L. S.	38	f	Housewife	Lungs	2	6	Yes	No	Home	Worse
E. M.	20	f	Wool Worker	Lungs	3	6	Yes	Yes	Home and Sanatorium	Dead
W. C.	19	m	Engine Driver in pit	Lungs	3	8	Yes	No	Home	Improved
J. L.	9	m	Child	Spine	2	4	Yes	No	Home	Improved
G. L.	8	m	Child	Hip	3	4	Yes	No	Home	Cured
C. M.	13	m	Errand Boy	Glands of Neck	3	5	Yes	No	Home	Dead
M. R.	23	f	Housewife	Lungs	2	4	No	No	Home	Dead
M. A. B.	21	f	Tailoress	Lungs	3	7	Yes	No	Home and Sanatorium	Much Improved
F. P.	18 mths	m	Child	Glands Mesenteric	3	7	Yes	No	Home	Cured
B. W.	49	f	Housewife	Lungs	3	7	Yes	Yes	Home	Died
E. J.	15	m	Miner	Knee Joint	3	7	Yes	No	Home and Hospital	Improved
L. S.	64	f	Housewife	Lungs	3	?	Yes	?	Dead when notified	Dead
E. P.	21	m	Miner	Lungs	3	7	Yes	No	Home and ?	No Change
L. W.	42	f	Housewife	Lungs	3	3	Yes	No	Home	Dead
W. B.	7	m	Child	Mesenteric Glands	2	7	Yes	No	Home	Cured
T. F. T.	17	m	Miner	Lungs	3	7	Yes	No	Home	Improved
B. D.	17	f	Miner	Lungs and Hip	3	10	Yes	Yes	Home	Cured
E. R.	21	f	Housewife	Lungs and Hip	2	4	No	No	Home	Dead
J. P. B.	42	m	Cotton Spinner	Lungs	3	5	No	No	Home	Dead
E. T.	39	m	Tailor's Cutter	Prostate Gland	3	4	No	No	Home	Dead
C. H.	56	m	Clay-worker	Lungs	3	4	No	No	Home	Dead
E. H.	57	m	Housewife	Lungs	3	3	No	No	Home	Dead
S. D.	9 weeks	f	Baby	Peritoncum	3	3	No	No	Home	Worse
W. C.	57	m	Miner	Testicles	3	7	No	No	Home and Hospital	No change
J. M.	37	f	Housewife	Kidney	11	6	Yes	Yes	Home	Worse
C. B.	48	f	Housewife	Lungs	3	4	Yes	No	Home	Worse
W. D.	14	m	Fitter	Lungs	3	7	Yes	Yes	Home	Cured
T. M.	23	m	Farm Labourer	Lungs	8	7	Yes	Yes	Home	Improved
W. W.	14	m	Errand Boy	Lungs	3	5	Yes	Yes	Home	Improved
H. R. R.	33	m	Miner	Lungs	2	5	Yes	No	Home and Sanatorium	Improved

1913.

Initials.	Age.	Sex.	Occupation.	Location of Disease.	No of Bed-rooms.	No. in House.	Separate		Treatment.	Result..
							Bed	Room		
D. B.	21	f	Burling	Lungs	3	3	Yes	Yes	Home	Improved
P. C.	11	f	School Child	Lungs	3	4	Yes	Yes	Home	Improved
P. E.	18	m	Clay-worker	Lungs	3	5	Yes	Yes	Home	Cured
A. E. M.	17	f	Factory hand	Glands of Neck	3	3	Yes	Yes	Home	Cured
L. L.	16	m	Clerk	Lungs	3	8	Yes	Yes	Home	Cured
F. K.	23	m	Miner	Lungs	3	5	Yes	Yes	Home	Dying
C. C.	27	f	Miner	Lungs	3	6	Yes	Yes	Home and Sanatorium	Improved
S. W.	17	m	Servant	Lungs	3	4	Yes	Yes	Home	Dead
H. B.	9	m	School Child	Glands of Neck	3	4	Yes	No	Hospital	Cured
H. C.	12	f	School Child	Glands of Neck	3	5	Yes	No	Hospital	Cured
E. H. B.	25	f	Servant	Lungs	3	6	Yes	No	Sanatorium	
M. C.	30	f	Tailor	Lungs	3	4	Yes	No	Sanatorium	
R. S.	21	f	Servant	Lungs	3	5	Yes	Yes	Infirmary	
A. H. E.	30	m	Factory	Face	3	5	Yes	Yes	Infirmary	
S. S.	19	m	Carpenter	Lungs	3	5	No	No	Hospital	Dead
E. W.	7	f	School Child	Lungs	3	5	Yes	Yes	Hospital	Improved
T. E. B.	17	f	Dyeworker	Lungs	5	5	Yes	No	Home	No Change
B. D.	19	f	Factory	Lungs	4	10	Yes	Yes	Home and Sanatorium	Improved
H. R.	35	m	Wool Factory	Lungs	2	5	No	No	Home	No Change
E. H.	18	f	Hosiery Factory	Lungs	3	8	Yes	Yes	Home	Cured
G. W.	10	m	School Child	Spine	3	5	Yes	Yes	Hospital	No Change
H. H.	17	f	Silk Cleaner	Lungs	4	10	Yes	Yes	Home	Improved
K. C.	27	f	Housewife	Lungs	3	2	Yes	Yes	Home	No change
T. B.	25	m	Tailor	Lungs	3	4	Yes	No	Home	Improved
A. B.	25	f	Housewife	Lungs	3	2	Yes	Yes	Home	Improved
F. A.	18	f	Tailor	Lungs	3	2	Yes	Yes	Shelter	Dead
A. J.	11-12	f	Child	Ankle	2	6	Yes	Yes	Home and Sanatorium	Dying
H. D.	7	m	School	Hip	2	5	Yes	No	Hospital	No change
E. M. T.	20	m	Picker	Lungs	3	5	Yes	No	Hospital	No change
V. B.	9	f	School Child	Lungs	Child	5	Yes	Yes	Home	Improved
C. O.	28	m	Miner	Lungs	2	3	Yes	No	Home	Dead
F. W. S.	25	m	Miner	Ankle	3	9	Yes	No	Home	Worse
M. W.	20	f	Tile Worker	Lungs	3	5	Yes	No	Hospital	Improved
F. H.	35	f	Housewife	Lungs	3	3	Yes	No	Sanatorium	Lead
F. H.	28	f	Housewife	Lungs	2	2	No	No	Home	No change
R. L.	6	m	School Child	Spine	3	4	Yes	No	Home	Improved
G. E. B.	24	m	Mechanic	Lungs and Wrist	3	6	Yes	Yes	Home	Dead

Sanatorium accommodation and treatment has been provided by the Local Authority at Tuttle Hill, where eight patients can be treated. This small Institution has received the approval of the Local Government Board for the treatment of Insured persons, suffering from Tuberculosis, under the National Insurance Act. Since this Institution has been in use it has been visited on three occasions by Local Government Board Inspectors, and I am glad to report that the way it has been conducted has met with their approval.

The Local Authority have an agreement with the Warwickshire Insurance Committee, under which, the Committee retain the use of four beds. Apart from the agreement, however, the Warwickshire Insurance Committee has kept the Institution filled with patients practically the whole year.

Of the 55 notified cases of Phthisis in the Borough, 12 (Insured persons) have been removed to, and treated at Tuttle Hill.

In November the Nuneaton Joint Smallpox Hospital at Bramcote, which up till then had never been used since its completion, was opened as a Sanatorium, and has accommodation for 28 patients. It would be possible to treat a larger number by using Isolated Shelters in the grounds, which are spacious and well adapted for this purpose. It is a fine building with all modern conveniences, and it also possesses its own Sewage Disposal Works and Steam Disinfecter.

At the Nuneaton Workhouse Infirmary, two Balconies have been built, off which is an inner Ward. It would be possible to treat five or six patients on each of these Balconies, which are admirably adapted for this purpose, and there is accommodation for three patients in each of inner wards, should it be considered inadvisable to treat such patients in the open. Pauper cases are treated here, and in addition other cases; non-pauper can be treated after recommendation and sanction by a special Committee of Board of Guardians. For these patients a small charge may be made according to circumstances.

The Borough Council purchased, during the year, six Portable Shelters 9ft. x 6ft. These are at the disposal of the County Insurance Committee at a small weekly charge, and are erected in patient's gardens (where suitable). Beds and bedding are also supplied, where necessary, for these Shelters.

With regard to Sanatoria, I, personally, regret that patients are not given a much longer period of treatment, four weeks is a very short time. It takes a considerable proportion of that time for a patient to "Settle down," and become acclimatized to the change of surroundings, habits, diet and routine treatment. I would like to see a minimum recommendation of three months, with possibility of extension, and if this can be obtained I feel sure it would be justified by results.

All measures of cleansing and disinfection after death are carried out by the Local Authority. Sputum Flasks and Disinfectants are supplied gratuitously, the former by written request to the County Health Visitor, who does excellent work in visiting and re-visiting these cases,

and instructing them as to the proper hygienic conduct of a person suffering from this disease.

With regard to School children, suspicious contact cases have been examined. A leaflet, of which the following is a copy, embodying some simple directions to Consumptive persons is given in every case.

### BOROUGH OF NUNEATON.

#### PUBLIC HEALTH DEPARTMENT.

1. Consumption, and some simple precautions to be taken by those suffering from this disease to prevent the spread of infection to others.

2. Consumption is an infectious disease, and is spread by means of Germs.

3. These Germs are contained in the sputum or spit of persons suffering from this disease, and when the sputum dries, the Germs may still remain alive for weeks and be inhaled by healthy persons, in the form of dust.

Other persons may also become infected through contact with the Moist Sputum, as in kissing, or using the the same cups, glasses, knives, forks, or spoons, or again by being close to and in front of a patient when coughing.

4. It follows therefore that it is most important that all infected persons must avoid spitting on the floors of any room, tramcar, cab, or in any street, pavement, or in any occupied or frequented place.

A Spitting Cup containing some disinfectant solution should always be used in the house for receiving the sputum, and out-doors the patient should always carry a small pocket-spittoon. The contents of such cup or spittoon should be emptied into a water-closet, and the cup or spittoon cleansed at least once a day with boiling water containing some disinfectant solution.

6. If handkerchiefs are used for receiving the sputum, they should never be used longer than one day, and should always be placed in disinfectant solution over-night before being washed.

If handkerchiefs are used longer than one day, the sputum will dry, and become detached as dust. If pieces of rag, or paper handkerchiefs are used, they should be burnt at the end of the day. Patients should always hold a handkerchief before the mouth when coughing.

7. Every patient should be provided with a separate set of knives, forks, spoons, cups, and tumblers. These should be kept for the sole use of that patient, and should always be washed separately.

8. Bedclothing should be frequently changed, and boiled in course of washing.

Blankets should be washed once a month, after being allowed to soak in disinfectant solution for two hours.

9. The patient should have a separate bed, and whenever possible a separate bedroom. The patient's room should be thoroughly cleaned every day, and the floor washed with disinfectant solution once a week.

10. All furniture should be dusted with a damp cloth to avoid raising dust which may carry infection, and all dust should be burnt.

11. The most important thing in promoting the recovery of the patient is a constant supply of fresh air.

To secure this end, the windows of bedroom and sitting room should be constantly more or less open all through the year. This can be done with the avoidance of draught.

12. The patient's bedroom should be light and airy, and, if possible, face the sun.

The bed should not be enclosed or curtained.

13. The furniture should be simple, and take up as little space as possible.

14. Consumptive mothers should not suckle their children, neither should they or any consumptive person in feeding an infant, touch the food, spoon, or teat of the feeding bottle with their own mouths.

15. When any person suffering from Consumption ceases to occupy any room, or house, or in the event of a Death from Consumption, notice should at once be sent to the Public Health Department, so that such Room or House may be thoroughly disinfected before being occupied by other persons.

16. Disinfectant Solutions are supplied gratuitously on application at the Public Health Department, Municipal Offices, Queen's Road.

V. GRAY-MAITLAND, D.P.H.,

Medical Officer of Health.

Bacteriological examinations of sputum are conducted in the Laboratory attached to the Health Department.

In 1912, 67 notifications of Phthisis were received in the Borough with 16 deaths, against 55 notifications, and 20 deaths in 1913.

## SANITARY ADMINISTRATION OF THE DISTRICT.

The staff consists of the Medical Officer of Health, Chief Sanitary Inspector, who is also Inspector under the Canal Boats Act and Petroleum Act; an Assistant Sanitary Inspector and Inspector under the Shop's Act. In May, the Council also appointed a Shorthand Typist.

The Borough has also the part time services of a County Health visitor, who frequently reports matters to the Health Department which require attention.

The Local Inspector of the National Society of the Prevention of Cruelty to Children, and the two School Attendance Officers, very kindly render assistance to the Health Department in many ways.

There is an Isolation Hospital on Tuttle Hill, which provides treatment for Scarlet Fever, and where there is also a temporarily approved Institution for the treatment of Insured persons suffering from Tuberculosis.

There is accommodation at the Hospital for 30 cases of Scarlet Fever, and during the year 77 cases were treated there.

There are 8 beds available for the treatment of Tuberculous patients, four of which are retained, by agreement, with the Warwickshire Insurance Committee.

There is a Laboratory attached to the Public Health Department where Bacteriological examinations are carried out, more particularly with regard to examinations of sputum for the detection of Tubercle Bacilli, a large number of which I have conducted during the year. Throat Swabs from cases of Diphtheria are also examined and reported upon.

All Medical Practitioners are at liberty to send specimens to be examined, and upon which I am pleased to report.

## HOSPITAL ADMINISTRATION.

The Hospital staff consists of a Matron, Charge Nurse, and three probationers.

It is supplied by town water and is connected to the public sewer. It is lighted throughout by electricity, supplied by its own plant.

I wish to express my appreciation of the work done by the Staff during the year, and also express my thanks to Dr. Wolfendale for looking after the Hospital during my absence on holiday.

# ISOLATION HOSPITAL ACCOUNT, Year ended 31st December, 1913.

**Dr.**

	£	s.	d.
Salaries of Staff and Servants' Wages ... ..	326	4	0
Cost of Temporary Assistance Nursing Staff ... ..	38	17	0
General Hospital and Medical Charges ... ..	16	16	0
Wages of Man employed at Hospital and Labour supplied by Surveyor's Department ... ..	86	0	2
Team Labour ... ..	5	0	8
Rent of Cottage for Man ... ..	10	0	0
Telephone Rent ... ..	13	10	0
Employers' Liability, National Health, and Fire Insurance ... ..	12	2	8
General District, Poor and Burial Rates ... ..	8	2	6
Stationery, Printing, etc. ... ..	4	6	3
Coal, Coke, and Firewood ... ..	59	1	6
Petroleum and Engine Oil ... ..	12	13	9
... ..	3	11	3
Eucalyptus Oil, Drugs, and Chemists' Sundries	63	8	7
Grocery and Provisions ... ..	495	6	4
Crockery and Glassware ... ..	5	12	11
Drapery, Household Linen, etc. ... ..	40	2	5
Ironmongery (including cost of installing new ranges, £23 3s. 6d.) ... ..	46	2	2
Electric Lamps ... ..	4	3	2
Timber ... ..	7	0	0
Builders' Repairing Materials ... ..	3	11	0
Repairs to Heating Apparatus ... ..	2	9	7
Sundry Purchases, Payments, etc. ... ..	39	13	11
	<hr/>		
	£1303	15	10
	<hr/> <hr/>		

**Cr.**

	£	s.	d.
Retention Monies under Agreement from the Bulkington Urban District Council and Nuneaton Rural District Council ... ..	25	0	0
Nuneaton Rural District Council Scarlet Fever cases treated ... ..	58	5	9
Sick Pay re Nurse Grey ... ..	7	2	6
Sanatorium Treatment of Patients, viz.: Warwickshire Insurance ... ..	£509	8	8
Committee ... ..	45	0	0
Lincolnshire Insurance ... ..	1	12	2
Committee ... ..	<hr/>		
Private Cases ... ..	556	0	10
	<hr/>		
Net Cost for the year ... ..	646	9	1
	657	6	9
	<hr/> <hr/>		
	£1303	15	10
	<hr/> <hr/>		

## HOUSING.

From a Public Health point of view the question of Housing is one of vital importance, bearing as it does such an intimate relation to the incidence and spread of Disease, Infectious and otherwise, and its effect for good or ill on the Infant Mortality.

In October last, the Sanitary Committee instructed me to prepare a Report on the number of houses in the Borough. With the assistance of the Chief Sanitary Inspector, the following report was compiled from the latest Rate book.

The following report shows the number of houses in each Ward in the Borough which are rated at, and under £9 12s. 0d. per annum. This represents a weekly rental from 9d. to 6s. 6d.. These numbers have been compiled from the most recent rate book dated 29th May, 1913, and only deals with inhabited houses.

In St. Nicholas Ward there are 1222 houses rated at, and below, £9 12s. 0d. per annum. The estimated population of this ward is 9489. If 1222 houses represented all the houses in this Ward the average number of persons per house would be 7.7, but there are in addition 850 houses rated over £9 12s. 0d., which brings the average number of persons per house down to 4.5.

In St. Mary's Ward there are 1406 houses rated at £9 12s. 0d. and under. The estimated population of this Ward is 8213. If 1406 represented all the houses in this Ward, the average number of persons per house would be 5.8. There are, however, 284 houses rated over £9 12s. 0d., which makes the average number of persons per house 4.8.

In Stockingford Ward there are 1777 houses rated at, and under, £9 12s. 0d. per annum. The estimated population of this Ward is 9960. If 1777 houses represented all the houses in this Ward, the average number of persons would be 5.6 per house. There are, however, 176 houses rated over £9 12s. 0d., which gives the average number of persons per house 5.09.

In Chilvers Coton Ward there are 1427 houses rated at and under £9 12s. 0d. per annum. The estimated population of this Ward is 11,063. If 1427 represented all the houses in this Ward, the average number of persons per house would be 7.7. There are, however, 922 houses rated over £9 12s. 0d., which makes the average number of persons per house 4.7.

In the whole Borough there are 8064 houses. Of these 5832 are rated at, and below, £9 12s. 0d. per annum. The estimated population of the Borough is 38,725. If 5832 represented the total number of houses in the Borough the average number of persons per house would be 6.6. Taking the total number of houses in the Borough the number of persons per house is 4.8.

There are at least 40 new inhabited houses which are not in the

rate book from which these figures were taken, and which must account for about 200 of population.

There are, therefore, approximately out of 8064 houses in the Borough nearly 6000 at, and under, a weekly rental of 6s. 6d.

This Report is merely a numerical statement taking the maximum working class weekly rental of 6s. 6d. as the dividing line.

The average number of persons per house, worked on the Census figures, rather tend to show that over-crowding is not prevalent in the Borough, though it must be admitted that it is lacking in information with regard to the number of rooms per house. This information is given in a Census Return for Warwickshire, which is not yet obtainable, but which I hope to obtain as soon as it is published. Again, figures showing the average number of persons per house, though quite reliable at the time the Census was taken, may have varied owing to the Natural increase, immigration or emigration. The only means of ascertaining correct details with regard to this is to take the Local Census. In my opinion, at the present time, the chief increase in population is the Natural increase, that is, the excess of births over deaths. It is impossible to make any reliable statement as to the balance between immigration and emigration. First among our immigrants I place miners, a proportion of whom are single men, and probably non-householders. Again, one must mention those engaged in the Teaching profession, who are not all householders, and who form approximately 250 of adult population. Of the various industries in the Town I think it may be fairly stated that Home Labour is mostly employed.

As School Medical Officer, I examine a large number of children leaving School, 300 in the past six months, the great majority of whom, girls and boys, are going straight to work in the Town. I do not think, therefore, that the balance between immigration and emigration is a large one annually.

Reverting again to the report, I am bound to state that at the time it was compiled, and at the present time, there were, and are, no void habitable houses at a weekly rental of from 6s. 6d. downwards in the Borough. Looked at from this point of view, and bearing in mind the number of marriages taking place, one is forced to the conclusion that there is a shortage of houses for the low wage-earning members of the community. It is not houses at 6s. 6d. or even 5s. per week that will completely solve this difficulty, it is a question of houses at a lower weekly rental than these, and here no private enterprise (unless philanthropic) nor Municipal, can build to let at such a rental without incurring financial loss. It is not my province to discuss, in this Report, the pros and cons of Municipal Housing, that is a matter for the Borough Council. It is my duty to state I consider there is at the present time a shortage of houses for the low wage-earning members of the community.

At the time of writing there is reasonable expectation that this shortage is likely to be met by the provision of houses as a result of private enterprise.

During the year 349 houses have been visited for the purpose of the Housing Act, 1909; in 269 of these defects found have been dealt with, being principally of a minor character.

The following list of houses show defects of a more serious nature, and have been reported to the Sanitary Committee, and scheduled with a view of Closing Orders being made, failing the requirements of the Health Department being carried out.

- Nos. 24 and 28, Wheat Street.—No. 28 closed, No. 24 work done.  
 Nos. 324 and 326, Croft Road.—Under Committee's consideration.  
 Nos. 7, 8, 9, and 10 in 8 Court, Abbey Street.—Work done.  
 Nos. 104 and 105, Abbey Street.—Work partly done.  
 Nos. 1 and 2 in 24 Court, Abbey Street.—Work partly done.  
 Nos. 1, 2, 3, 4, 5, and 6 in 21 Court, Abbey Street.—Work done.  
 No. 97, Abbey Street.—Work done.  
 No. 329, Arbury Road.—Work partly done.  
 Nos. 41 and 43, Upper Abbey Street.—Under Committee's consideration.  
 Nos. 1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 15, 16, and 17 in 8 Court, Upper Abbey Street.—Under Committee's consideration.  
 No. 2 in 9 Court, Upper Abbey Street.—Under Committee's consideration.  
 No. 9, Burgage Walk.—Work done.  
 Nos. 9, 10, 11, 12, 13, 14, 15, and 16, George Street.—Under Committee's consideration.  
 No. 1, 2, 3, 4, and 5, Chapel Square, Back Street.—Under Committee's consideration.  
 Nos. 286 and 288, Croft Road.—Work in hand.  
 Nos. 155, 157, and 159, Arbury Road.—Work done.  
 Nos. 1, 2, 3, 4, and 5, Lamb and Flag Yard, Church Road, Stockingford.—Under Committee's consideration.  
 Nos. 1, 2, 3, and 4, Church Walk, back of 2, Garrett Street.—Work done.  
 Nos. 1, 2, 3, 4, 5, 6, and 7 in 2 Court, back of 9, Garrett Street.—Work in hand.  
 No. 221, and 1, 2, 3, 4 at back, Croft Road.—Demolished.

During the year 124 new houses were built in the Borough, the average rental of which would be about 7s. 6d. per week.

## VACCINATION.

The following table gives figures in respect to Vaccination during the 12 months ending June 30th, 1913. I referred in my report last year to this question, and I much regret to report that this year the figures show a state of affairs which is more deplorable than those last year. Out of 1140 registered births, the fact that only 173 children were successfully vaccinated, and that 838 "conscientious" objection certificates were granted, shows that the absence of small-pox in epidemic form, for a con-

siderable time is creating a sense of false security amongst the community, and a heavy toll will be exacted later on, should we have the misfortune to be visited by Smallpox in an epidemic form.

VACCINATION DISTRICTS.	Number of Births registered during the year ended 30th June, 1913.	Number of these cases successfully vaccinated.	Insusceptible of Vaccination.	Died before Vaccination.	Cases under Postponement.	Removals to other Districts out of the Union.	Number of cases not to be found.	Number of cases remaining unvaccinated at date of this return.	Number of conscientious objection certificates.
NUNEATON UNION	1140	173	—	74	7	3	45	—	838
TOTALS ... ..									

### Borough of Nuneaton.

#### REPORT TO THE MEDICAL OFFICER OF HEALTH.

COUNCIL OFFICES,

NUNEATON,

March 12th, 1914.

Dear Sir,

Below are particulars of my work during the year 1913.

#### THE SHOPS ACT.

The Shops Act appears to be operating satisfactorily in the Borough, judging from the small number of complaints received. Many of the occupiers of the smallest shops, who at one time were much opposed to the Act, now find that the compulsory half-holiday is beneficial to them, and that little or no business is lost through it.

The few complaints received have been of an indefinite character, and none were in writing. Each one has been fully inquired into, and where they related to the sale of non-exempt goods after closing hour, an agent

was employed to ascertain if such was being done, but with a negative result in each case.

The question of what are "Perishable articles" for the purposes of the Act is not an easy one to define, and has not been made any more clear by the High Court decision given in April last, that butter is a perishable article. Other articles of food which up to that time were considered as not being of the "Perishable" class appear to be much more so than butter.

In the early part of the year a considerable number of Gipsies were seen hawking goods from door to door on the Thursday half-holiday. It was not an easy matter to convince some of them that their hawking business was affected by the provisions of the Shops Act, but when an explanation and caution was insufficient, a threat of prosecution had the desired effect. Very few have been met with recently on early closing days.

In July the Council received a petition signed by 81 Shopkeepers asking for a Half-day Closing Order to be made for Florists, Fruiterers, and Greengrocers' Shops. A vote of the shopkeepers concerned was taken, but as the necessary majority of votes required to be made in favour of it was not received an Order could not be made.

Some little difficulty has been experienced in getting the occupiers of Shops to provide the necessary notices required by the Act. This is largely due to the fact that notices were supplied by the County Authorities in the administration of the previous Shops Act.

All the shops in the Borough have now been visited, and where necessary the provisions of the Act have been explained to the occupier. In addition to observations made on early closing days the following visits have been made:

No. of visits for full enquiries and explanations of Act ...	186
No. of visits re voting on Greengrocers' Closing Order ...	88
No. of visits re supplying "Celluloid Danger" notices ...	31
No. of re-visits re provision of notices ... .. .	191

The foodstuffs exposed for sale in the weekly open market have been of a very fair quality, and have much improved since the proceedings taken last year against a stall-holder for exposing unsound meat for sale.

At times the foodstuffs in the market receive considerable amount of contamination by dust from the street. This is especially noticeable on windy days, and is likely to get worse as fast traffic increases.

Only two of the lots condemned were from Market Stalls.

Yours obediently,

FRANK BOYLIN.

TABLE V.

## Rainfall in 1913 and in Previous Years.

Year.	Total Depth in inches.	No. of days on which rain fell.
1902 ...	21·49	
1903 ...	28·87	191
1904 ...	19·76	184
1905 ...	19·37	211
1906 ...	27·01	187
1907 ...	22·67	228
1908 ...	19·64	181
1909 ...	23·72	202
1910 ...	25·12	186
1911 ...	19·72	157
1912 ...	36·02	209
1913 ...	25·47	187

Average  
23·94 in

TABLE VI.

Showing year by year for the period of 1899-1913 the number of notifications of Enteric Fever, and the enteric Fever attack rate per 1,000 persons living in the Borough of Nuneaton, with the number of deaths and the death rate yearly from the same cause.

Year.	Estimated Population	Enteric Fever.			
		Notification.	Attack Rate per 1,000.	Number of Deaths.	Death rate per 1000.
1899 ... ..	22,856	114	5.0	16	.760
1900 ... ..	23,186	20	0.8	2	.086
1901 ... ..	25,239	76	3.8	12	.475
1902 ... ..	26,084	11	0.42	4	0.15
1903 ... ..	27,182	8	0.29	2	.007
1904 ... ..	28,159	6	0.21	3	.910
1905 ... ..	29,709	3	0.1	0	.0
1906 ... ..	32,255	10	0.3	2	.006
1907 ... ..	32,583	6	0.1	0	—
1208 ... ..	33,706	11	0.3	5	.010
1909 ... ..	36,041	6	0.1	2	.005
1910 ... ..	37,267	8	0.21	1	.026
1911 ... ..	37,531	2	0.05	1	0.02
1912 ... ..	38,725	0	—	—	—
1913 ... ..	39,636	0	—	—	—

**TABLE VII.**

**SECTION 17 OF THE HOUSING ACT 1909.**

Number of Houses Inspected for purposes of Section 17 of Act 1909.	Number of Houses found unfit for Habitation.	Number of Representations made to the Local Authority with a view to the making of Closing Orders.	Number of Closing Orders made.	Number of Dwelling Houses the defects in which were remedied without the making of Closing Orders.	Number of Dwelling Houses which after the making of Closing Orders were put into a fit state for human habitation and the general character of defects found to exist.
349	80	80	0	41	Ashpit Privies converted. Windows made to open. Yards repaired and paved General repairs. New drainage. Dampness.

**SUMMARY OF SANITARY WORK DONE IN THE INSPECTOR  
OF NUISANCES DEPARTMENT DURING THE YEAR 1913.**

						Inspections and Observations made.	Formal Notices by Authority.	Nuisances abated after Notice.
Dwelling Houses and Schools.	{	Foul Conditions ... ..	...	...	...	349	37	34
		Structural Defects ... ..	...	...	...	185	29	27
		Overcrowding ... ..	...	...	...	57	6	6
		Unfit for Habitation... ..	...	...	...	1017	79	40
		Lodging Houses ... ..	...	...	...	14	—	—
		Dairies and Milkshops ... ..	...	...	...	137	3	3
		Cow Sheds ... ..	...	...	...	277	7	7
		Bakehouses ... ..	...	...	...	167	9	9
		Slaughter Houses ... ..	...	...	...	507	11	11
		Canal Boats... ..	...	...	...	45	—	—
		Ashpits and Privies ... ..	...	...	...	1926	119	95
		Deposits of Refuse and Manure ... ..	...	...	...	79	14	14
House Drainage	{	Water-closets ... ..	...	...	...	961	74	74
		Defective Traps ... ..	...	...	...	76	19	17
		No Disconnection ... ..	...	...	...	28	8	6
		Other Faults ... ..	...	...	...	27	3	2
		Water Supply ... ..	...	...	...	49	6	5
		Pigsties ... ..	...	...	...	79	17	17
		Animals improperly kept ... ..	...	...	...	24	3	3
		Offensive Trades ... ..	...	...	...	22	—	—
		Smoke Nuisances ... ..	...	...	...	—	—	—
		Other Nuisances ... ..	...	...	...	19	3	3
<b>TOTALS ... ..</b>						<b>6045</b>	<b>447</b>	<b>373</b>
						No.		
Unwholesome Food surrendered ... ..						40	2266 lbs.	
Samples of Food taken for Analysis... ..						—		
Ditto of Food found adulterated... ..						—		
Ditto of Water taken for Analysis ... ..						6		
Ditto of Water condemned as unfit for use ... ..						5		
<b>Precautions Against Infectious Disease</b>								
Lots of Infected Bedding Stoved or Destroyed ... ..						2211		
Houses Disinfected after Infectious Disease ... ..						217		
Schools ditto ditto ditto ... ..						2		
Prosecutions for not Notifying Existence of Infectious Disease						—		
Convictions ditto ditto ditto ditto						—		
Prosecutions for Exposure of Infected Persons or Things...						—		
Convictions ditto ditto ditto ditto						—		

*Signed—*

**GEORGE W. ANDREW, Inspector of Nuisances.**



# **Report**

ON THE

**Medical Inspection of School**

**Children**

FOR 1913.

Members of the Education Committee of the  
Borough of Muneaton.



MR. R. W. SWINNERTON, J.P., CHAIRMAN.

MR. L. COLEMAN, J.P., VICE-CHAIRMAN.

MRS. WILLIAMS.

MISS SWINNERTON.

HIS WORSHIP THE MAYOR,—ALDERMAN W. T. BATES, J.P.

DEPUTY MAYOR,—ALDERMAN T. W. SANDS, J.P.

ALDERMAN J. F. JOHNSON, J.P., C.A.

„ G. ORTON, J.P.

COUNCILLOR H. AXON.

„ W. BUCKLER.

„ J. A. CARTWRIGHT.

„ W. FRENCH.

„ T. HORTON, J.P.

„ H. C. JONES.

„ E. F. MELLY, J.P.

„ J. RANDLE.

„ J. SIDWELL, C.C., J.P.

„ J. WHEWAY.

„ J. H. WHITEHOUSE.

„ W. W. WHITEMAN.

MR. G. R. BIGGS.

„ W. COOPER.

MUNICIPAL OFFICES,

NUNEATON,

March, 1914.

**To the Chairman and Members of the Education  
Committee, Borough of Nuneaton.**

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit to you my Annual Report upon the work done in connection with the Medical examination of School children in your Borough for the year ending December 31st, 1913.

I incorporate the report of the School Nurse, Miss M. W. Leonard, and also information from Mr. H. W. Dallison, the local Inspector for the National Society of the Prevention of Cruelty to Children.

I would like to express my appreciation of the loyal assistance, and very high standard of the work done by Miss Leonard. Her untiring energy in her campaign against verminous heads has resulted in a very marked improvement in this respect in the Schools in your Borough. The aggregate of her work, which embraces work at the Office, at the Schools, and at the patients' homes, visits and re-visits, deals with nearly 10,000 children. I think this figure absolutely justifies the remarks which I am only too pleased to make about her work.

My thanks are also due to Mr. Dallison who is always ready to render any assistance in reporting cases to me, or in dealing with cases which I report to him. This co-operation between the School Medical service and the National Society of the Prevention of Cruelty to Children cannot help but be productive of good results.

I also wish to record my appreciation of the assistance rendered to me by Mr. Thistlethwaite and Mr. Smith, the School Attendance Officers. The system which we have of working together is a means of dealing with absentees, and by which I may justly claim, children are at once examined, and in very many cases there is less loss in School attendance than otherwise would be the case.

In conclusion, I would respectfully tender my thanks to the members of your Committee for the consideration invariably shown to those working in the School Medical service, and to Mr. Lewis for his assistance in the preparation of this report.

I have the honour to be,

Your obedient servant,

VIVIAN GRAY-MAITLAND, D.P.H.,

Medical Officer of Health.

## THE SCHOOLS AND THEIR ACCOMMODATION, LIGHTING, VENTILATION, AND GENERAL SANITARY CONDITIONS.

There are four provided and nine non-provided Elementary Schools in the Borough. These have 26 separate departments, with accommodation for 3974 in the provided Schools, and 3710 in the non-provided Schools. The number on the books is 7151. Although Infectious disease has been less prevalent in the Borough during 1913 than it was in 1912 the average attendance for 1913 has been rather low. Of course, Infectious diseases will account for this to a certain extent, but during the year, more particularly in the early months, and towards the close of the year, there has been a great deal of illness, chiefly Bronchial Catarrh and severe colds, simulating Influenza. These conditions have been responsible for a considerable loss of attendance, more particularly in the Infant Department.

### COUNCIL SCHOOLS.

These Schools are in excellent condition, and it may be rightly said that the lighting, heating, ventilation, sanitary arrangements, and equipment are all that could be desired.

All the Schools in the Borough, with the exception of Galley Common Church of England School, are provided with Water Closets and flush closets. The Galley Common Church of England School is a considerable distance outside the limits of the Sewerage system. Here, there are Ashpit Privies, which are regularly emptied and kept in proper condition by the Local Authority.

Additions are being made to the Attleborough Council School, by which total accommodation will be provided for not more than 370 mixed scholars and 224 infant scholars. It is expected that the new portion of this School will be opened after the Easter holidays, 1914.

### NON-PROVIDED SCHOOLS.

As I have stated in previous reports, many of these Schools are old, and at the time they were built the modern improvements which we see to-day in the Schools were probably not thought of. At the same time, owing to improvements which have been carried out at the instigation of His Majesty's Inspectors and also on the part of the Managers, it may be said that these Schools are in a good condition, and that the lighting has been utilised to the best advantage. The Sanitary arrangements are good.

The Education Committee adopt a system of cleansing, re-colouring, and painting the walls of a section of the Schools each year. Much new and modern equipment has been provided.

I understand that considerable improvements are to be carried out at the Stockingford Church of England School, and I shall be able to give full particulars in my next report.

## THE MEDICAL EXAMINATION OF SCHOOL CHILDREN.

The work of Medical examination of School children consists of the examination of children at Schools, the Inspection Clinic at the Office of the School Medical Officer, and the after care and following up of cases where defect or neglect, or Infectious disease render it advisable for such cases to be visited at their own homes.

The examination at the Schools deal with entrants, and up till August, 1913, also with leavers.

In addition, any case which the Head Teacher may specially wish me to see whilst I am at the School.

With regard to the examination of children leaving School, the Board of Education insist that, as far as possible, all such children should be examined. In this respect there has been a leakage in the past, but which, I am glad to say, now is obviated, and a very small percentage of children leave School without undergoing a final Medical Examination. In a large district like this, it was a matter of some difficulty not to miss leavers, considering that children are leaving Schools every week as soon as they have obtained their attendances. In order to get over this difficulty I have devised another system. All the Head Teachers in the Mixed Departments were requested, by letter, that whenever a child applied for his or her attendances that such child should be sent down to my Office to be examined before obtaining same. At the same time the child was to be given a circular letter which was to be given to the parents, a copy of which appears in my report. I set aside Wednesday morning from 10 to 12 o'clock for this work, and I am glad to state that it has answered admirably, and I do not think that many children now leave School without having a final Medical examination. I notify the Head Teacher the same day that such children have attended and been examined, and they are then granted their attendances.

Since the Education Committee kindly granted assistance to this Department by contributing towards the salary of the Clerk, I have called in all the Card Boxes from the various Schools, and they are all now kept at my Office. Hitherto each School kept a record of children examined, with the cards. This made a large amount of extra work for the Head Teachers, for the School Nurse and myself, and it happened in very many cases that where children removed from one School to another in the Borough, their Medical Inspection Card did not accompany them, and thus many children have been examined two or three times in one year as entrants at different Schools. Our present system has obviated all that. When visiting a School now, I write to the Head Teacher and ask for a list giving the full name, age, address, and date of birth, of the entrants, or age group, which I may be proposing to examine. The Head Teacher returns this list to me; it is then checked by the Clerk with the cards which I keep in the Office. A corrected list is then returned to the Head Teacher together with the notices made out to the parents. These notices are given to the children who take them home.

Copy of Circular Letter given to Parents whose children have applied to leave School:—

BOROUGH OF NUNEATON.

EDUCATION DEPARTMENT.

Municipal Offices, Nuneaton.

Dear Sir (Madam),

I am informed by the Head Teacher that your child will shortly reach the age of 13, and as it is important that children should be medically examined before leaving School, I shall be glad if you will kindly attend at my Office, Queen's Road, Nuneaton, on Wednesday next, between the hours of 10 and 12, with your child, so that the final medical examination can take place.

As you are doubtless aware, the successful working of this great boon conferred upon children attending Public Elementary Schools, cannot be carried out unless I have the hearty co-operation of the parents, and this should by no means be lacking considering the great advantages the children will gain in their future life.

The result of my examination will be made known to you, and you will then be in a position to finally decide as to whether the employment to which you propose to place your child is suitable or not.

In all instances it is very desirable that you should give me your assistance in the matter, and I shall be glad if you will help in this direction to the best of your ability.

I am,

Yours faithfully,

V. GRAY-MAITLAND,

School Medical Officer.

During the year 1319 children were examined at the Schools in your Borough, 661 boys and 658 girls. These are divided up as follows:—

Entrants.		Total.	Leavers.		Total.
Boys.	Girls.		Boys.	Girls.	
392	405	797	147	149	296

In addition to the Entrants and Leavers, I started this year to examine children of the age group of 8 years. This age group was commenced in the beginning of November. A list of the dates when each School was visited for this age group is kept at the Office, and each School will be visited for this age group at the same dates next year. Up to the end of the year only the Church Schools had been dealt with, those in the Council Schools being done before March, 1914; 226 children belonging to this age group was examined, 122 boys and 104 girls

The work at the Inspection Clinic continues to grow year by year. In 1912 2147 children were examined at the Clinic; in 1913, 2954. The Clinic is worked on the card system, no child being seen without a card signed by the Head Teacher or School Attendance Officers, and a report

is sent, the same day, to the Head Teacher stating the result of the examination, and whether the child may or may not attend School.

So far no treatment has been carried out in connection with this department, parents have been simply advised with regard to minor ailments and skin disease, or recommended to consult their own Medical man.

Details of the various conditions for which children attended at the Inspection Clinic appear further on.

At the end of my report I refer, in detail, to the School Clinic.

In addition to children examined at the Schools, and at the Clinic, I have paid surprise visits to various Schools, with the School Nurse, to see how the result of her campaign against verminous heads was progressing, and I have gone through various departments in the Schools where cases of Infectious disease, more particularly Measles and Mumps, have broken out. A large number of children have been seen in this way during the year.

Divided into the Provided and Non-Provided Schools the numbers examined are as follows:—

#### PROVIDED SCHOOLS.

	Boys.	Girls.	Total.
Park Avenue ... ..	25	30	55
Queen's Road ... ..	103	92	195
Fitton Street ... ..	50	45	95
Grove Road ... ..	115	93	208
	<hr/>	<hr/>	<hr/>
	293	260	553

#### NON-PROVIDED SCHOOLS.

	Boys.	Girls.	Total.
Abbey Green ... ..	82	89	171
Attleborough C. of E. ...	45	53	98
Coton Avenue C. of E.	54	51	105
Galley Common C. of E.	30	52	82
Heath End C. of E. ...	25	28	53
St. Joseph's R.C. ...	24	33	57
Vicarage Street ... ..	76	52	128
Stockingford C. of E. ...	32	40	72
	<hr/>	<hr/>	<hr/>
	368	398	766

The total number of children examined during the year:—

Entrants examined at the Schools ... ..	797
Age group 8 years examined ... ..	226
Leavers examined ... ..	296
Examined at Inspection Clinic ... ..	2954
	<hr/>
	4273

## AGE AND SEX CLASSIFICATION.

Age.	Boys.	Girls.	Total.
4 ... ..	150	149	299
5 ... ..	88	88	176
6 ... ..	32	37	69
7 ... ..	22	23	45
8 ... ..	140	124	264
9 ... ..	22	23	45
10 ... ..	23	12	35
11 ... ..	14	17	31
12 ... ..	81	115	196
13 ... ..	88	67	155
14 ... ..	1	3	4
	661	658	1319

REMARKS ON THE GENERAL CONDITIONS FOUND AMONGST  
CHILDREN EXAMINED AT THE SCHOOLS.

## NUTRITION.

Forty-two children out of 1319 did not come up to the standard of Normal, 33 boys and 9 girls. In the majority of these cases the children were thin and under-sized, but in no case was it possible to put this down to actual insufficiency of food. A number of these children had been delicate from birth, and showed signs of Anæmia.

## CLEANLINESS OF HEAD AND BODY.

As in previous years I have divided cleanliness of head into Clean, Dirty (non-verminous), and Verminous.

Out of 1319 children 6 had dirty heads, 4 boys and 2 girls; 80 were verminous, all of which number were girls.

In 1912, I reported 16 dirty heads and 57 verminous. Although the number of verminous heads is greater this year, the percentage is considerably less, owing to the very much larger number of children who have been examined for this condition. It was necessary to institute proceedings against parents for neglecting their children in this respect on three occasions, one family being proceeded against twice. A conviction was obtained in this case at the second prosecution. The other case a conviction was obtained, but owing to the condition of the mother sentence was withdrawn. There are a few parents who are bad offenders in this respect, and a list of whom is kept at the office. They have been warned on several occasions, and their children are visited at the Schools at odd times without the parents' knowledge. I am afraid it is only a matter of time before a number of these cases will find their way into the Police Court, because as soon as they think that there is any relaxation of vigilance on the part of the School Nurse or myself, the children's heads again become neglected. These sort of cases must infect other

children in the School, and one has to put up with a good deal from a parent who takes a pride in the cleanliness of her child, and who is sometimes requested to bring the child to the Office and is there told that its head is not clean.

The general external cleanliness of the child and its clothing should be a matter for the teacher to deal with, and endeavour to improve, although I have had cases where a child has been sent to me because its clothing was not clean, though not verminous.

#### CLEANLINESS OF BODY.

Sixty-two children had dirty bodies, 24 girls and 38 boys; 91 had, or showed abundant evidence, of vermin, 38 boys and 53 girls. This is an improvement on 1912, when 116 children had dirty bodies, and 94 showed evidence of vermin.

It is a noticeable fact that where children are found dirty, verminous, or ill-clad, the School Medical examination always appears to take place on a day upon which it is most inconvenient for the parent to attend!

#### ATTENDANCE OF PARENTS.

Parents were present at the examination of 967 children, as against 986 in 1912. There is always a good attendance of parents in the Infant Departments, and since I have started examining children of the age group of eight (a great majority of whom have already been examined), I am glad to find a large number of parents attending. I think, probably, when they get to know that this examination is for the purpose of seeing what progress the child has made since its examination in the Infant Department, parents will endeavour to be present. The importance of this age group examination has been emphasized in several cases by the discovery of Organic Heart disease, or Ear trouble, due to an illness which has occurred since the child was previously examined, and which, with regard to the Organic Heart disease, was quite unsuspected.

#### VACCINATION.

Seven hundred and thirty-nine children showed efficient Vaccination marks.

#### CLOTHING.

Twenty-three boys and 11 girls were found to be insufficiently clad. This evidence is mainly obtained in the winter months, and the chief fault in both cases is one thin cotton garment next to the skin.

Clothing was found to be dirty in the case of 25 boys and 15 girls. In the case of six girls the clothing was described as "Disgracefully dirty," and the case reported to the Inspector of the National Society for the Prevention of Cruelty to children. At the same time these figures are a marked improvement on those for the previous year.

## BOOTS.

Sixteen boys were found to have bad boots, and six girls, as against 31 boys and 10 girls in 1912.

As I remarked in my report last year, the conditions that one finds, more particularly with regard to clothing and foot-gear, when conducting Medical examinations at the Schools cannot be taken as the usual conditions under which children are sent to School. The notification to parents that their children are to be examined, of course, has a great deal to do with this, and the majority of children probably have an extra "wash and brush up" for the occasion. It is a great pity that parents do not always take the trouble to send their children to School clean and tidy.

Twenty-nine tickets were issued to children suffering from defective vision for treatment at the Birmingham Eye Hospital; 8 tickets for treatment at the Birmingham Orthopædic Hospital; and 7 for the Ear and Throat Hospital. Many more might have been issued were it not for the expense involved.

## DETAILS OF DEFECTS FOUND ON EXAMINATION AT THE SCHOOLS.

### TEETH.

Perfect Dentition means no decayed teeth.

Fair Dentition, not more than three decayed teeth.

Bad Dentition, four or more decayed teeth.

	No. Boys.	No. Girls.	Total.
Perfect Dentition ...	203	197	400
Fair Dentition ...	289	303	592
Bad Dentition ...	169	158	327

In the School Clinic scheme there is no provision, at present, for the care of the children's teeth. I trust that later on the Education Committee will consider this very important subject, considering to what a great extent bad teeth can affect the present and future health of the individual.

### TONSILS.

Seventy-two children were found to be suffering from Enlarged Tonsils.

### ADENOIDS.

Eight children were found to be suffering from Adenoids.

### HEARING.

Five children were slightly deaf.

Six were deaf due to accumulation of wax.

One child was deaf due to a complication of Scarlet Fever.

Nine children were suffering from discharge from the ear.

## VISION.

35 children were suffering from defective vision.

16	"	"	"	"	Squint.
6	"	"	"	"	Blepharitis.
1	child	was	suffering	from	Corneal Ulcer.
1	"	"	"	"	Conjunctivitis.
4	other defects.				

## OTHER DEFECTS FOUND IN CHILDREN EXAMINED AT THE SCHOOLS.

Glands ... ..	2	Nephritis ... ..	1
Abscess neck ... ..	1	Alopæcia Areata ... ..	1
Goitre ... ..	9	Pediculous Eczema ... ..	2
Bad cleft palate ... ..	1	Eczema (non-Pediculous) ... ..	3
Bronchial Catarrh ... ..	25	Scabies ... ..	1
Bronchial Tubercle ... ..	1	Impetigo ... ..	1
Organic Heart Disease ... ..	10	Ringworm ... ..	10
Not Organic Heart disease ... ..	4	Psoriasis ... ..	1
Lungs suspicious of Tubercle ... ..	14	Small Papilloma on lower lip ... ..	1
Phthisis ... ..	1	Ditto on Ear ... ..	1
Fluid swelling in right armpit	1	Old Epyema Scar (4 years old)	1
Anæmia ... ..	21	Abscess under righ thigh ... ..	1
Whooping cough ... ..	1	Incontinence ... ..	1
Pigeon breasted ... ..	1	Very backward ... ..	5
Needle point in hand ... ..	1	Backward ... ..	2
Worms ... ..	2	Deficient ... ..	2
Epilepsy ... ..	4	Divided Uvula ... ..	1
Flat feet ... ..	1	Canker ... ..	1
Club feet ... ..	3	Mumps ... ..	1
Infantile Paralysis (old) ... ..	4	Hare lip ... ..	1
Hernia ... ..	5	Rickets (old) ... ..	1
Delicate children ... ..	8	Deformed hip ... ..	1
Convalescent Bright's Disease	1	Enormous liver ... ..	1
Rheumatism ... ..	1		

CONDITIONS FOR WHICH CHILDREN ATTENDED AT THE  
INSPECTION CLINIC.

Deaf ... ..	2	Heart disease ... ..	3
Wax ... ..	9	Post Scarlet Fever ... ..	6
Discharging ears ... ..	14	Post Diphtheria ... ..	1
Alveolar Abscess ... ..	13	Whooping Cough ... ..	20
Nephritis ... ..	1	Vaginitis ... ..	2
Mumps ... ..	2	Colic ... ..	7
Tonsillitis ... ..	49	Bilious ... ..	4
Goitre ... ..	1	Bronchitis ... ..	1
Weak Chest ... ..	19	Old fracture, painful ... ..	1
Diphtheria ... ..	4	Erythema Nodosum ... ..	2
Bronchial Catarrh ... ..	30	Rheumatism ... ..	9
Nil ... ..	30	Heat rash ... ..	1
Canker ... ..	5	Follicular Tonsillitis ... ..	2
Bruise ... ..	7	Epilepsy ... ..	4
Alopœcia Areata ... ..	1	Incontinence ... ..	1
Urticaria ... ..	20	Tubercular hip ... ..	2
Headache ... ..	3	Sprained ankle ... ..	2
Psoriasis ... ..	2	Sprained knee ... ..	1
Nasal Catarrh ... ..	2	Sprained elbow ... ..	1
Scald ... ..	1	Hæmophilia ... ..	1
Hernia ... ..	1	Tubercular elbow ... ..	1
Verminous Heads ... ..	52	Circumcision ... ..	1
Periostitis Jaw ... ..	3	Synovitis ... ..	2
Periostitis Thigh ... ..	1	Polypus ear ... ..	2
Scurvy Rickets ... ..	1	Jaundice ... ..	2
Lumbago ... ..	1	Swallowed pin ... ..	1
Infected wounds ... ..	40	Mental ... ..	4
Debility ... ..	53	Pediculous Eczema ... ..	16
Abscess ... ..	21	Burns ... ..	4
Impetigo ... ..	128	Measles ... ..	13
Puberty ... ..	1	Feverish colds ... ..	26
Glands ... ..	85	Dyspepsia ... ..	3
Quinsy ... ..	5	Croup ... ..	2
Ringworm ... ..	162	Scarlet Fever ... ..	3
Eczema ... ..	67	Chicken-pox ... ..	18
Bad sight ... ..	19	Hæmaturia ... ..	2
Conjunctivitis ... ..	29	Worms ... ..	2
Blepharitis ... ..	11	Shingles ... ..	5
Iritis ... ..	2	Adenoids ... ..	1
Ulcer ... ..	2	Tonsils ... ..	18
Stye ... ..	11	Boils ... ..	12
Squint ... ..	1	Whitlow ... ..	4
Diarrhoea ... ..	14	Ganglion ... ..	1
Influenza ... ..	3	Anæmia ... ..	8
General Neglect, dirty ... ..	7	Chorea ... ..	5
Scabies ... ..	27	Mastitis ... ..	1

*To the Chairman and Members of the Nuneaton  
Education Committee*

Mr. Chairman, Ladies and Gentlemen,

I submit to you my Annual Report of work done in the Schools in your Borough, from January to December, 1913.

I have assisted Dr. Maitland to examine 1023 children at the Schools, and 296 at the Office, 222 of whom were found to have some physical defect, 80 of whose heads were in a verminous condition, and 4 of whom were suffering from general neglect. I have paid 198 visits at home, and 4 at School to those found defective. As to the children with verminous heads, I have paid seven visits to the homes and 90 to the Schools, and have sent or given 48 notices as to the cleansing of the same. In the case of the four children suffering from general neglect, two were in such a dreadful condition that the Doctor wrote to the father of one, and asked me to see the mother of the other, and request her to come and see him, which she did. In the case of the first, the improvement was instantaneous. In the second, it was less marked, and needed one more visit to the home and two to the School from me. The other cases showed a marked improvement after a visit from me to the home. In all, to the four children, I paid five visits to the homes and four to the Schools.

1161 children have attended at the Office, making in all 2954 attendances. To the homes of some of these children I have paid 297 visits:—

Cases of	Visits.	Cured.
Ringworm     ...     ...	40	62     All.
Scabies       ...     ...	10	13     "
Conjunctivitis     ...     ...	6	13     "
Impetigo       ...     ...	16	18     "
Verminous Head   ...     ...	9	11     "
Eczema         ...     ...	4	5     "
Other diseases   ...     ...	175	,
	297	

At the end of December there were still 54 children unable to attend School.

When not visiting as above, I have paid surprise visits to the Schools, and have examined 4321 children, 439 of whom had Verminous Heads, and 14 of whom were suffering from General Neglect. To those with Verminous Heads I paid 47 visits at home, and 1029 at School. As will be seen by the figures, several parents require more than one telling before taking the advice given as to cleansing their children's heads. In 22 instances my own exhortations were of no avail, and Dr. Maitland had to request them to attend at the Office to see him before improvement was made. These made in all 45 attendances at the Office. The

two worst of all were prosecuted under the Children's Act for neglecting their children in a way likely to cause unnecessary suffering.

To the children suffering from general neglect I paid 9 visits at home, and 35 at School. Three of these had to attend at the Office, and though they all showed signs of improvement on being summoned here, it is always the same names that recur in this connection, so past experience leaves one in doubt as to whether the improvement is other than temporary.

To children suspected of suffering from some infectious disease, I have paid 10 visits.

Attendances at Office	...	...	...	...	2954
Visits to the homes of these children	...	...	...	...	279
Medical Inspection	...	...	...	...	1319
Visits to the homes of these	...	...	...	...	210
Visits to these at School	...	...	...	...	98
Examinations at School for Vermin, etc.	...	...	...	...	4897
Visits to the homes of these	...	...	...	...	83
Visits to those suspected of suffering from infectious diseases	...	...	...	...	10
					<hr/>
					9868
Visits to Homes	...	...	...	...	600
Visits to Schools	...	...	...	...	4995
					<hr/>
				Total	5595

I am,

Your obedient servant,

M. WILHELMINA LEONARD.

### CO-OPERATION WITH N.S.P.C.C.

Mr. H. W. Dallison has kindly supplied the information below with regard to co-ordination between the School Medical Service and the Local Branch of the N.S.P.C.C.

In the Nuneaton district during the past year the Medical Officer has reported to the Society five cases of neglected children, and the School Attendance Officers, Head Teachers, and School Nurse have reported eight cases.

In all cases the conditions were found to be principally dirt and neglect, and improved under supervision.

The Inspector N.S.P.C.C. has reported to the Medical Officer of Health six cases of overcrowding and two of insanitary conditions. These cases improved, and the bad insanitary conditions removed at once.

One case was reported by the Inspector N.S.P.C.C. in which a child was not attending School, having defective eye-sight, and this case is now under consideration by the Education Committee.

## SCHOOL CLINIC.

REPORT OF THE SCHOOL MANAGEMENT SUB-COMMITTEE  
UPON THE ESTABLISHMENT OF A TREATMENT CLINIC.

The School Management Sub-Committee report that they held a Meeting on the 17th February, 1913, when Mr. R. W. Swinnerton was in the Chair, and that they had again fully considered the question of the establishment of a School Clinic.

The Sub-Committee was informed that at the present time the School Medical Officer is giving the necessary advice to parents who submit their children for examination, and visits are made by the School Nurse and himself to the homes.

This arrangement is not, however, at all satisfactory, as there is a tendency on the part of the parent to be careless and to neglect the advice given by your Officers, with the result that the children have to be excluded from school attendance for a much longer period than would be necessary if the School Medical Officer had the whole of the cases for treatment under his direct charge at the Clinic. This work is now carried on free of cost to the parents.

The Sub-Committee had before them useful information upon various points with regard to clinics established by other Local Education Authorities throughout England and Wales, and which is contained in the Annual Report of the Chief Medical Officer of the Board of Education.

The Sub-Committee now recommend the Education Committee as follows:—

1. To establish a School Clinic at the Offices of the School Medical Officer under his direct control for the treatment of minor ailments, Uncleanliness, Ringworm and other common skin diseases of children such as Scabies, Impetigo, Pediculosis, Slight Contagious Eruptions, Sores, Eczema, etc., Defective Eyesight or Hearing, some external affections of the eyes and ears and various temporary conditions of the mouth, nose, and throat. The whole of this work can be carried out by the School Medical Officer and the School Nurse, provided that adequate clerical assistance be given.

2. That a charge be made to the parents for the treatment of their children as follows:—

For treatment during the first week of attendance 1/-.  
For every additional week ... .. 6d.

3. It is estimated that the cost to the Committee will be as follows:—

Equipment of Room	... ..	£8 10 0
Appliances	... ..	3 0 0
Eyesight apparatus including suitable lens case, Lamp and Bracket, Ophthalmoscope and revolving types	... ..	17 0 0
		<hr/>
		£28 10 0

It is estimated that the cost of drugs, etc., will be more than covered by the contributions received from the Parents.

A claim will also be submitted to the Board of Education in due course for a grant towards this initial outlay.

4. With regard to the arrangements for surgical treatment the Sub-Committee recommend:

(a) That a fee of £1 1s. 0d. be paid to the Governing Body of the Nuneaton General Hospital for the use of the operating theatre and retiring rooms for not more than three operations at one time, such as excision of tonsils, adenoids, and circumcision. That this fee include the provision of drugs, dressings, and applicances, and the services of the Hospital Nurses.

(b) That arrangements be made with the Doctors practising in the District to undertake the above-mentioned operations at a Fee of £1 1s. 0d. for each case, and that they be responsible for the administration of anæsthetics for which the sum of 10s. 6d. will be paid, the latter sum being paid for three or less operations performed on the same afternoon.

(c) It was considered that this would be by far the most satisfactory arrangement that could be made for operations of this nature, and the Sub-Committee are recommended to make a charge to parents under this section as follows:—

A minimum charge of 5s. and a maximum charge of 10s. 6d. for each operation, the maximum fee to be charged in all cases except those in which, in the opinion of the School Medical Officer, the circumstances of the parents render it impossible for them to pay this sum.

(d) No operation shall be performed except upon an Order of the School Medical Officer, who shall be responsible for carrying out all the arrangements and for obtaining the necessary consent of the parents in writing to the operation.

(e) It is estimated that not more than 60 operations per annum will be necessary during the next three years, the cost of which under the Scheme is estimated at £80 after deducting the contributions by parents at the minimum only. In arriving at this figure the Sub-Committee have not taken into consideration the grants to be made by the Board of Education.

5. The Sub-Committee cannot see their way to recommend the inclusion of the treatment of teeth until the proposed Scheme has been placed in proper working order.

6. The Sub-Committee also took into consideration the question of clerical assistance for the School Medical Officer, and as a great portion of the time of the School Medical Officer and School Nurse is taken up in this direction, and in view of the fact that the work of the Clinic cannot be carried on in an efficient manner unless

such assistance is provided, the Sub-Committee therefore recommend the Education Committee:

“To approach the Sanitary Committee of the Council with a view to appointing a clerk for the joint purpose of the School Medical Service and the Sanitary Committee at a salary to be agreed upon.”

The additional cost to the Education Committee will be quite small, as they will then be enabled to claim from the Board of Education a grant in respect of the time now given by the School Medical Officer and the School Nurse to the Clerical work and which will then be devoted to treatment.

7. It is not intended by the proposed scheme to lessen the responsibility of the parents or to deter them from obtaining the advice of their own medical attendant with regard to such specific treatment as may be necessary, and the Sub-Committee therefore strongly urge the Education Committee to adopt the proposed Scheme and would point out that there is a large amount of disease and defect which will remain unremedied unless the Education Committee take full advantage of the powers conferred upon them and thereby accomplish work of great and lasting value, not only in alleviating the sufferings of the children, but also increasing their capacity to profit by the Education provided for them and laying a foundation for their future health.

The above report was submitted to a meeting of the Local Education Authority on the 4th March, 1913, and was unanimously adopted by them, and the scheme was submitted to the Board of Education on the 16th April, 1913. The following letter was received from them:—

“(1) In reply to Mr. Clay’s letter of the 16th April last, I am directed to state that the Board of Education have given careful consideration to the proposals of the Authority set out therein. The Board understand that the scheme provides—

- (i) for the establishment of a School Clinic at the Offices of the School Medical Officer for ophthalmic work, and the treatment of minor ailments;
- (ii) for the treatment of Enlarged Tonsils and Adenoids at the Nuneaton General Hospital.

(2) With regard to the first part of the Authority’s Scheme, I am to inquire whether the Board are correct in assuming that the ophthalmic work will be undertaken by the School Medical Officer, and that the treatment of minor ailments will be carried out by the School Nurse under his supervision. It would be a condition of the Board’s sanction to the treatment of minor ailments by the School Nurse that the work should be carried out under the direct supervision of the School Medical Officer, and that it should be limited to the treatment of common skin diseases (including the treatment of ringworm by drugs), minor external diseases of the eyes, discharging ears, and uncleanness associated with pediculosis. It is desirable

that the arrangements made by the Authority should include provision for the daily treatment of cases requiring it. The Authority will be aware from paragraphs 4 and 5 of Circular 792 (copy enclosed) that, while grant under the Medical Treatment Grant Regulations will be payable both in respect of the ophthalmic work and in respect of the treatment of minor ailments, only the latter is regarded as coming under the head of medical treatment proper and, therefore, as requiring the formal sanction of the Board under Section 13 (1) (b) of the Education (Administrative Provisions) Act, 1907; and the formal sanction of the Board will accordingly not be required to the expenditure in respect of ophthalmic work. The Board understand from Dr. Eichholz that the room, which it is proposed to use for the purpose of the Clinic, is satisfactory.

(3) The Board observe that the estimated expenditure for the year ending on the 31st July, 1914, on the treatment of minor ailments is stated to be £28 10s. 0d. This appears to be made up of £8 10s. 0d. for the equipment of the room, £3 for appliances, and £17 for ophthalmic apparatus. As explained in paragraph 2 above, the Board's formal sanction is not required to the expenditure of £17 for ophthalmic apparatus. The Board will be prepared in due course to give their sanction to the expenditure of £11 10s. 0d. on equipment and appliances, and I am to request that they may also be furnished with an estimate of the amount of the School Nurse's salary attributable to the treatment of minor ailments and of the amount of the School Medical Officer's salary attributable to supervision of such treatment, together with an estimate of the expenditure on drugs, materials, etc., required for the work. The Board will then be in a position to give their formal sanction to this part of the Authority's scheme.

(4) It is observed that the Authority propose to make a charge of 1s. for treatment at the Clinic during the first week of attendance, and 6d. for every additional week. Such a scale of payment does not appear to the Board to be altogether appropriate to cases of minor ailments which, on the one hand, may be so trifling as to make it unreasonable to expect the parents to pay 1s., and on the other hand may require treatment to be continued for a considerable time. It is desirable also that provision should be made for necessitous cases, where the parents are not in a position to make any payment in respect of treatment. I am accordingly to suggest that further consideration should be given to the question of the charges to be made.

(5) With regard to the second part of the Authority's scheme the proposal that arrangements should be made with the Doctors practising in the district to undertake the operations at a fee of £1 1s. 0d. for each case, and that they should be responsible for the administration of anæsthetics for which the sum of 10s. 6d. would be paid, appears to the Board to be open to considerable objection.

In the first place, I am to invite attention to paragraphs 51 and 52 of the Annual Report of the Board's Chief Medical Officer for 1911 in regard to the necessity for skilled treatment in such cases, and to

say that, in the Board's view, it is essential that the operative treatment of Adenoids and Enlarged Tonsils should be entrusted only to Medical Officers having special experience in the work. Having regard to the comparatively small number of cases to be treated—60 a year—I am to suggest that the Authority should consider the advisability of entrusting the whole of the work to one Medical Officer specially qualified to undertake it, who would be assisted by one Anæsthetist.

In the second place, it appears that, assuming that three cases were treated on each occasion, the total cost to the Authorities per case at the rates of payment suggested would £1 11s. 6d., made up as follows: 7s. to the Hospital, £1 1s. to the Operating Surgeon, and 3s. 6d. to the Anæsthetist. Such a rate of payment appears to the Board to be unduly high, and I am to request that it may be further considered. In this connection I am to suggest that the remuneration of the Medical Officers undertaking this work might perhaps be based on a fixed payment per case. If this suggestion is adopted, the minimum number of cases to be treated at the session should be fixed.

(6) The Board note that it is proposed to make a minimum charge to parents of 5s., and a maximum charge of 10s. 6d. for each operation, the maximum fee to be charged in all cases except those in which, in the opinion of the School Medical Officer, the circumstances of the parents render it impossible for them to pay this sum. Here also it is desirable that provision should be made for necessitous cases, and I am, further, to suggest that the duty of deciding as to the ability of the parents to pay can more suitably be intrusted to a Sub-Committee of the Authority than to the School Medical Officer.

(7) I am to express the regret of the Board that owing to pressure of work in their Medical Department it has not been found possible to send an earlier reply to Mr. Clay's letter."

I am, Sir,

Your obedient Servant,

W. R. DAVIES.

The Medical Inspection Sub-Committee held meetings on the 16th October, and the 21st November, 1913, and considered the letter of the Board of Education dated the 9th July, and instructed the Clerk to communicate with the Medical Practitioners in the Borough, giving the opinion of the Board of Education upon that portion of the scheme which immediately effected them.

The Sub-Committee received a letter from the Secretary, giving the following decision which had been come to at a Meeting of the Nuneaton and Tamworth Division of the British Medical Association held on the 11th November, 1913, namely:—

"That we regret that the Board of Education cannot agree to the terms as arranged, and that in view of their decision we have no further suggestion to offer."

In view of the letter of the Board of Education and of the reply of the Medical Practitioners, the Sub-Committee had no alternative but to recommend the School Management Sub-Committee as follows:—

“The Medical Inspection Sub-Committee report that they held meetings on the 16th October and the 21st November, 1913, when Mr. R. W. Swinnerton was in the chair. That, having considered the letter of the Board of Education dated the 9th July last upon the proposals of the Local Education Authority to establish a School Clinic, and to make arrangements for the treatment of cases at the Nuneaton Hospital, they instructed the Clerk to communicate with the Medical Practitioners in the Borough, giving the opinion of the Board of Education upon that portion of the scheme which immediately affected them.

The Sub-Committee received a letter from the Secretary, giving the following decision which had been arrived at, at a meeting of the Nuneaton and Tamworth Division of the British Medical Association, held on the 11th inst., namely:—

“That we regret that the Board of Education cannot agree to the terms as arranged, and that in view of their decision we have no further suggestion to offer.”

In view of the letter of the Board of Education and of the reply of the Medical Practitioners, the Sub-Committee now recommend the School Management Sub-Committee as follows:—

1. That the ophthalmic work be undertaken by the School Medical Officer, and that the treatment of minor ailments be carried out by the School Nurse under the supervision of the School Medical Officer, and that it be limited to the treatment of common skin diseases, including the treatment of ringworm by drugs, minor external diseases of the eyes, discharging ears, and uncleanness associated with pediculosis.
2. That the charge for treatment be at the rate of 6d. per week, and that in all necessitous cases the School Medical Officer be authorised to remit the charge proposed and to report such cases to the next Meeting of the School Management Sub-Committee for confirmation.
3. The Sub-Committee have given considerable time and thought to the arrangements for treatment of operative cases, and having regard to the decision of the Medical Practitioners above referred to, they have no alternative but to recommend the School Management Sub-Committee to direct Dr. V. Gray-Maitland to carry out the operative treatment of Adenoids and Enlarged Tonsils, and that he be paid a fee of £1 1s. per case to include the administration of anæsthetics, and a fee of 12s. 6d. per case when the administration of anæsthetics is not considered necessary.
4. That arrangements be made whereby the School Medical Officer can have the use of a room in the house adjoining the School Medical Officer's offices, and belonging to the Corporation, for the carrying out of the operative work, and that a fee of 1s. per

case be paid Mrs. Adcock, the present tenant, for the use of her room and for any services that might be required of her.

5. To make a charge of 5s. for each operation, such fee to be charged in all cases except those in which, in the opinion of the School Medical Officer, the circumstances of the parent render it impossible to pay this sum, and that all such cases be submitted to the School Management Sub-Committee for approval.

The School Management Sub-Committee considered this recommendation at a meeting held on the 24th November, 1913, and decided to recommend the Education Committee to adopt same.

The report of the Management Sub-Committee was then considered at a meeting of the Local Education Authority on the 10th December, 1913, and the proposals then submitted were unanimously adopted by them. The revised scheme was submitted to the Board of Education on the 22nd December, 1913, and on the 12th March, 1914, a reply was received from the Board of Education approving of the same.

I hope to have the School Clinic in working order soon after the Easter Recess.

I am also very pleased to be able to state that the Board of Education have this year made a grant of £144 0s. 6d. under Part I. of the Medical Grant Regulations in respect of the work of the School Medical Service connected with the Public Elementary Schools in the Borough. This is an increase on the grant received last year, which amounted to £103 7s. 10d.

**AVERAGE HEIGHT OF CHILDREN CLASSIFIED ACCORDING TO AGE AND SEX.**

BOYS.				GIRLS.			
Age.	Number Examined.	Average Height in Feet and Inches.	Age.	Number Examined.	Average Height in Feet and Inches.		
4	150	3-3½	4	149	3-3		
5	88	3-5½	5	88	3-5½		
6	32	3-7	6	37	3-7½		
7	22	3-9½	7	23	3-8¼		
8	140	4-0	8	124	3-11¼		
9	22	4-0¼	9	23	4-0½		
10	23	4-3	10	12	4-2		
11	14	4-5¾	11	17	4-4½		
12	81	4-7	12	115	4-7½		
13	88	4-8	13	67	4-8¼		
14	1	4-7¾	14	3	4-11¼		

**AVERAGE WEIGHT OF CHILDREN CLASSIFIED ACCORDING TO AGE AND SEX.**

**BOYS.**

**GIRLS.**

Age.	Number Examined.	Average Weight in Pounds.	Age	Number Examined.	Average Weight in Pounds.
4	150	36-15 ozs.	4	149	36-1 $\frac{3}{4}$ ozs.
5	88	39-2 "	5	88	38-11 $\frac{1}{4}$ "
6	32	42-2 $\frac{3}{4}$ "	6	37	42-0 $\frac{3}{4}$ "
7	22	45-11 $\frac{3}{4}$ "	7	23	43-10 "
8	140	52-0 "	8	124	51-0 $\frac{1}{2}$ "
9	22	51-0 "	9	23	54-4 $\frac{1}{4}$ "
10	23	59-6 "	10	12	56-2 "
11	14	65-9 "	11	17	62-9 $\frac{1}{2}$ "
12	81	70-5 "	12	115	73-8 $\frac{1}{2}$ "
13	88	73-10 $\frac{1}{2}$ "	13	67	76-10 $\frac{3}{4}$ "
14	1	69-0 "	14	3	89-8 "

