

**[Report 1933] / Medical Officer of Health and School Medical Officer of Health, Rochdale County Borough.**

**Contributors**

Rochdale (Lancashire, England). County Borough Council.

**Publication/Creation**

1933

**Persistent URL**

<https://wellcomecollection.org/works/cdqzuqk2>

**License and attribution**

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

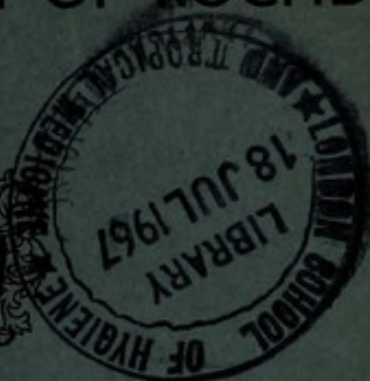
Non-commercial use includes private study, academic research, teaching, and other activities that are not primarily intended for, or directed towards, commercial advantage or private monetary compensation. See the Legal Code for further information.

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>

7244865  
COUNTY BOROUGH OF ROCHDALE



# ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER

1933

---

JOHN INNES, M.D., D.P.H.,  
Medical Officer of Health  
and School Medical Officer.

ROCHDALE:  
E. WRIGLEY & SONS LIMITED, PRINTERS, ACKER STREET

—  
1934

3535



COUNTY BOROUGH OF ROCHDALE



# ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER

For the Year ended 31st December, 1933.

---

**JOHN INNES, M.D., D.P.H.,**  
**Medical Officer of Health**  
**and School Medical Officer.**

ROCHDALE :  
E. WRIGLEY & SONS LIMITED, PRINTERS, ACKER STREET

—  
1934



# CONTENTS.

## I.—PUBLIC HEALTH REPORT :

A.	PAGE
Area ... ..	10
Ambulance Facilities ... ..	15
Analyst's Report ... ..	50
Ante-Natal Clinic ... ..	23
Anti-toxin and Sera ... ..	56
Arsenobenzene Compounds ... ..	65
Atmospheric Pollution ... ..	41—43
<b>B.</b>	
Bacteriological Examinations ... ..	17
Births Registered ... ..	8, 10
Births, Notification Act ... ..	20
Bakehouses ... ..	40
Birch Hill Hospital ... ..	18
Boarded-Out Children ... ..	26
<b>C.</b>	
Cancer ... ..	13
Children Act, 1908 ... ..	28
Closet Accommodation ... ..	30
Conversion of Pail-closets ... ..	30—38
Clinics—Infant Welfare ... ..	16, 21
Tuberculosis ... ..	16
Venereal Diseases ... ..	16
School Medical ... ..	16
Artificial Sunlight ... ..	16
Orthopædic ... ..	16
Ante-Natal ... ..	16
Consultant Services ... ..	24
Clothing—Provision of ... ..	61
<b>D.</b>	
Deaths Registered ... ..	11
Dairies and Cowsheds ... ..	46
Diseases of Animals Acts ... ..	47
Disinfection ... ..	65
Dispensary, Tuberculosis ... ..	59
District Nursing Association ... ..	13
Drainage and Sewerage ... ..	29
Dysentery ... ..	53
Disinfestation ... ..	45
Diphtheria Immunisation ... ..	23
Dental Service ... ..	24
<b>F.</b>	
Food Supply, General ... ..	46
Foodstuffs destroyed ... ..	47
Food and Drugs Acts ... ..	49—51
Factory and Workshops Acts ... ..	40
<b>H.</b>	
Hospital Accommodation ... ..	17
Housing ... ..	43, 45
Health Visitors' Work ... ..	20
Hospital—Marland ... ..	17, 55
Health Propaganda ... ..	19
Hospital Fees ... ..	25
Health Insurance ... ..	9

I.	PAGE
Inhabited Houses ... ..	8
Infantile Mortality ... ..	11
Infectious Diseases ... ..	52
Isolation Hospital ... ..	17—19, 55
Infant Welfare Centres ... ..	21
Illegitimate Children ... ..	8
Infant Life Protection ... ..	28
Institutional Accommodation ... ..	17
<b>L.</b>	
Laboratory Facilities ... ..	16
<b>M.</b>	
Mental Defectives ... ..	15
Municipal Midwifery Service... ..	14
Maternal Mortality ... ..	26, 27
Milk and Dairies (Consolidation) Act, 1915 ... ..	48
Milk—Tuberculous ... ..	48
Milk Shops ... ..	46
Meat and Food Supply ... ..	46
Marland Hospital ... ..	17, 55
Medical and Midwifery Assistance ... ..	25
Midwives ... ..	14
Milk and Food Assistance Scheme ... ..	22
Milk Sedimentation Tests ... ..	51
Maternity Outfits ... ..	24
Medical Out-Relief Poor Law... ..	14
<b>N.</b>	
Nursing Homes... ..	17
Notification of Births Act ... ..	20
Nursing Arrangements ... ..	13
Nuisances, Removal of ... ..	39
National Health Insurance ... ..	9
<b>O.</b>	
Offensive Trades ... ..	46
Ophthalmia Neonatorum ... ..	26
Orthopædic Treatment ... ..	24
<b>P.</b>	
Poor Law Relief ... ..	9, 14
Population ... ..	10
Pail Closet Conversion ... ..	30—38
Pathological Examinations ... ..	17, 65
Puerperal Fever and Puerperal Pyrexia ... ..	26
Public Cleansing ... ..	29
<b>R.</b>	
Rateable Value... ..	8
Respiratory Diseases ... ..	13
Rag Flock Acts ... ..	52
Rats and Mice Destruction Act, 1919 ... ..	47
Refuse Disposal ... ..	29
Rivers and Streams ... ..	29

CONTENTS—*Continued.*

S.	PAGE	U	PAGE
Sanitary Inspection ... ..	39	Unhealthy Areas ... ..	44
Scavenging ... ..	29	Unemployment ... ..	9
Smoke Abatement ... ..	40		
Slaughter Houses ... ..	46	V.	
Staff ... ..	4	Vaccination ... ..	56, 57
Statistical Summary ... ..	8	Venereal Diseases ... ..	63—65
Still Births ... ..	10	Venereal Diseases Clinics ... ..	16
		Vital Statistics... ..	8
T.		W.	
Tuberculosis Order, 1925 ... ..	47	Water Supply ... ..	28
Tuberculosis—Mortality ... ..	59	Workshops ... ..	40
Notifications ... ..	57, 58, 59	Wolstenholme Hall Sanatorium ... ..	61
Dispensary ... ..	59		
Residential Treatment ... ..	61	X. Y. Z.	
Tuberculous Milk ... ..	48, 49	X Ray Examinations ... ..	24, 60
		Zymotic Diseases ... ..	12
APPENDIX, Tables I.—XIII. ... ..			68—80

## II.—SCHOOL MEDICAL REPORT :

A.	PAGE	O.	PAGE
Adenoids ... ..	85	Open Air School ... ..	83, 89—91
Accommodation ... ..	83		
		S.	
C.		Stammering ... ..	93—98
Cost of Medical Inspection ... ..	98	Staff ... ..	82
		School Premises—Condition of ... ..	82
D.		Scholars ... ..	83
Dental Defects ... ..	86	Secondary School ... ..	83
Diphtheria Immunisation ... ..	88	Skin Diseases ... ..	85
		School Closure ... ..	87
E.		School Nurses—Work of ... ..	89
Eye Diseases ... ..	85—86	Special Schools ... ..	92
Ear Diseases ... ..	86		
		T.	
I.		Tonsils ... ..	85
Inspection—Medical ... ..	83—84	Tuberculosis ... ..	85
Dental ... ..	84		
Infectious Diseases ... ..	87	U.	
		Uncleanliness ... ..	84
M.			
Minor Ailments... ..	85		
Meals—Necessitous Children ... ..	91		
Medical Inspection—Cost ... ..	98		

APPENDIX TABLES I.—IV. ... ..	100—106
-------------------------------	---------



## PUBLIC HEALTH OFFICERS.

*Medical Officer of Health, School Medical Officer,  
Administrative Tuberculosis Officer, Medical Superintendent of Corporation Hospitals :*  
JOHN INNES, M.D., D.P.H.

*Assistant Medical Officer of Health,  
Clinical Tuberculosis Officer,  
V.D. Medical Officer :*  
ALBERT H. HEYWORTH, M.B., CH.B., D.P.H.

*Assistant School Medical Officer :*  
NORAH MILLS, M.D., CH.B.

*Assistant Resident Medical Officer :*  
(Birch Hill Hospital)  
J. J. O'REILLY, M.B., CH.B., B.A.O., D.P.H.,  
F.R.C.S.E.

*Chief Clerk :*  
FRED SCHOFIELD†,

*Meat and Dairy Inspector :*  
S. HENNINGS.†||

*Removal and Disinfection Officers :*  
J. J. DOWD, E. BRIDGE.

*Health Visitors (Tuberculosis) :*  
Miss C. HOLT\*† and Mrs. M. L. GALLIMORE\*.

*Hospital Matrons :* Miss H. COPELAND\*†§ (Birch Hill).  
Miss E. D. MACKENZIE\*, R.R.C. (Marland).

PART TIME OFFICERS.

*Visiting Surgeon (Birch Hill Hospital) :*  
J. C. JEFFERSON, M.B., B.S., F.R.C.S.

*Obstetric Consultant :*  
C. P. BRENTNALL, M.B., CH.B.

*Pathologist :*  
J. S. POOLEY, M.A., M.R.C.S.,  
L.R.C.P., D.P.H.

*Dental Surgeon (Birch Hill Hospital) :*  
J. ASHWORTH, L.D.S.

*Public Analyst :*  
S. E. MELLING, F.I.C.

*Ophthalmic Surgeon :*  
PHILIP A. HARRY, M.D., D.P.H.

*Municipal Midwives :* E. C. BAMFORD†, M. BENNETT, K. COUPE†, G. CUSHEN†, E. DORRELL,  
M. C. GROARKE†, A. MEANLEY†, V. WILD†, M. WOOD†.

*Principal Medical Officer :*  
(Birch Hill Hospital)  
HARRY CROSSLEY, M.B., CH.B., D.P.H.

*Assistant Medical Officer Maternity and Child  
Welfare,  
V.D. Medical Officer :*  
ELISABETH M. WILLIAMS, M.B., CH.B., D.P.H.

*Dental Surgeon (Schools) :*  
A. G. WALKER, L.D.S.

*Chief Sanitary Inspector,  
Inspector Food and Drugs Acts :*  
ALBERT E. DUNCAN.†

*Assistant Sanitary Inspectors :*  
F. COOKSON†, A. TURNER†, G. HART†.

*Health Visitors and Infant Protection Visitors :*  
Misses N. DIXON\*†, L. LORD\*†, E. A. JOHN-  
SON\*†||, R. WALCH\*†||, E. BROWN\*†||,  
and K. MATHERS\*†||.

*School Nurses :*  
Misses M. INGHAM\* L. W. BOOTH\*†|| and E. GREEN-  
WOOD\*. G. PETRIE (Dental Assistant).

*Radiologist :*  
ALAN RICHARDSON, M.B., M.R.C.S., L.R.C.P.

*Laryngologist :*  
V. F. LAMBERT, F.R.C.S., M.B., CH.B.

*District Poor Law Medical Officers and Public  
Vaccinators :*  
W. H. CARSE, M.B., C.M.  
J. G. STANDING, M.B., C.M.  
A. LOMAS, M.B., CH.B., L.R.C.P.  
H. G. RAMSBOTTOM, M.R.C.S., L.R.C.P.

*Veterinary Surgeons :*  
ROBERT HERBERT, M.R.C.V.S.

*Vaccination Officers :*  
R. T. BUTTERWORTH, H. CAMPBELL,  
W. M. LAW, H. BOOTH.

\* Certificate of General Nursing.

† C.M.B. Certificate of Midwifery.

‡ Royal Sanitary Institute Certificate,  
(Sanitary Inspector).

|| Royal Sanitary Institute Certificate,  
(Meat and Foods).

§ Certificate of Society of Massage and Medical Gymnastics.

¶ New Health Visitor's Certificate (Royal Sanitary Institute).



**To the Chairman and Members of the Health Committee of  
the County Borough of Rochdale.**

GENTLEMEN,

I have the honour to submit to you my Second Annual Report on the Health Conditions of the Borough, and the Report on the Medical Inspection of School Children for the year ending 31st December, 1933.

The Report has been prepared on the lines indicated by the Ministry of Health's Circular 1346, which states that the Report should contain as a minimum :—

- (a) Information with regard to the matters specified in the Appendix 1 to the Circular, set out as far as possible in the order there given, under the main heads :—

Statistics and Social Conditions of the Area ;

General Provision of Health Services in the Area ;

Sanitary Circumstances of the Area ;

Housing ;

Inspection and Supervision of Food ;

Prevalence of, and Control over, Infectious and Other Diseases.

- (b) A statement of any noteworthy conditions prejudicial to the health of the area which have not been adequately dealt with in Special Reports of the Medical Officer of Health.
- (c) A statement of any special action taken during the year in the area to arouse public interest in the prevention of ill health.
- (d) A summary of important Special Reports, if any, made during the year, including those which have been separately transmitted to the proper authorities.

The first portion of the Report is statistical in character, and continues to show a decline in the birth-rate; the present year's rate again sets a new low record. The death-rate has increased as compared with last year, and is slightly above the average for the previous ten years. These figures are somewhat disquieting. Unless there is a definite increase in the birth-rate, and that very soon, there will inevitably be a marked alteration of the distribution of the population with regard to age groups which will in itself tend to produce



an increased death-rate. At the 1921 Census, for instance, 23.7 per cent. of the population of Rochdale were under 15 years of age, and only 5.2 per cent. were aged 65 or over, while at the 1931 Census only 20.4 per cent. were under 15, while 6.8 per cent. were 65 or over.

On October 1st, the district of Norden and part of the district of Bamford were included within the borough boundary. Modifications in the services due to this are noted in the appropriate places throughout the Report.

There was, unfortunately, a marked increase in the infantile mortality rate. A large proportion of the deaths occurred in the first three months of the year, when there was an increased prevalence of respiratory diseases at all ages.

The results of the measures taken to combat the persistently high Maternal Mortality Rate were again very satisfactory. For the second year in succession Rochdale's rate was less than half the average rate of twelve neighbouring towns, which average is regularly taken as a useful comparison.

I have included this year certain information on Poor Law Relief, National Health Insurance and unemployment in the district. These figures are interesting since they affect, or are related to, the Public Health Services in many ways. They have been inserted without comment, since any commentary, to be useful, would have to be a very long one.

The year has been one of gratifying progress in all the schemes for the improvement of Health Services. The new Hospital and Sanatorium accommodation is well advanced, and the new and combined Clinics have actually been put into use. This is very satisfactory, not only from the point of view of increased usefulness to the public, but also as an indication that the economic outlook is regarded as more favourable by those whose duty it is to control expenditure.

I wish to acknowledge the unfailing support and encouragement which I have received from the Health Committee during my first complete year of office.

In conclusion, I wish to put on record my appreciation of the excellent work done throughout the year by all the members of the Public Health Staff, including the staffs at Birch Hill and Marland Hospitals.

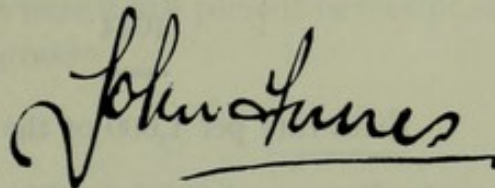
In connection with the preparation of this Report, I wish to acknowledge the work done by Mr. Schofield (Chief Clerk) and Mr. Duncan (Chief Sanitary Inspector).

At the time of going to press I have to record with deep feelings of personal loss the sudden death of Alderman Edward Thomas during his twentieth year of office as Chairman of the Health Committee. Alderman Thomas's intense interest in, and knowledge of, the details of Public Health work, together with his progressive outlook, were a stimulus to all with whom he came in contact. His departure from their midst will be mourned by many sections of the public to whom he devoted so much of his time.

I have the honour to be,

Gentlemen,

Your obedient Servant,



Medical Officer of Health.

June 12th, 1934.



# STATISTICS.

Year ended 31st December, 1933.

Area (in acres) ... ..	15,999
Registrar-General's Estimate of Resident Population, mid-year 1933	95,370
Number of Inhabited Houses (Census 1931) ... ..	25,487
Estimated sum represented by a Penny Rate ... ..	£2,039
Rateable Value, April, 1934 ... ..	£536,941

	Total	M.	F.
Live Births.—Legitimate	994	487	507
Illegitimate	50	22	28
	<hr/> 1044	<hr/> 509	<hr/> 535
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

Birth-rate per 1,000 of the estimated resident population 11.4

**Still-births 61**—Rate per 1,000 total Births (Live and Still-births) 55.2

Deaths ... ..	Total	M.	F.
	1371	671	700

Death-rate per 1,000 of the estimated resident population 15.0

## Deaths from Puerperal Causes 3.

1 Puerperal Sepsis—Rate per 1,000 total Births (Live and Still-births)	0.90
2 Other Puerperal Causes     ,,     ,,     ,,     ,,	1.80

## Death-rate of Infants under one year of age.

All infants per 1,000 live births ... ..	89
Legitimate Infants per 1,000 legitimate live births ... ..	83
Illegitimate Infants per 1,000 illegitimate live births ... ..	200

	No. of Deaths		Rate per 1,000 of population	
	1933	1932	1933	1932
Measles .. .. .	0	7	0.00	0.08
Whooping Cough .. .. .	0	10	0.00	0.11
Diarrhoea (under 2 years) .. .. .	13	10	0.14	0.11
Other Principal Zymotic Diseases .. .. .	18	11	0.20	0.12
Respiratory Diseases (excluding Pulmonary Tuberculosis) .. .. .	190	172	2.08	1.90
Tuberculosis of the Respiratory System .. .. .	59	59	0.64	0.65
Other Tuberculous Diseases	8	11	0.09	0.12

### Poor Law Relief.

The following information as to number of persons receiving Relief on December 31st, 1933, and the amount of cash payments during the year, compared with the corresponding figures for 1932, has been kindly supplied by the Public Assistance Officer :—

		During the year ended Dec. 31st,	
		1933	1932
In receipt of Institutional Relief	... ..	552	529
In receipt of Domiciliary Relief :—			
(a) Unemployment Relief	... ..	£15,100	£11,493
(b) Poor Relief	... ..	£12,467	£10,171

On December 31st, 1933, there were 2,419 persons in receipt of domiciliary or institutional relief, excluding vagrants.

### National Health Insurance.

We are indebted to the Clerk to the Rochdale Insurance Committee for the following comparative information as to the number of insured persons in the Borough, and the cost of medicines for the insured population during the past and previous year :—

		Year ended Dec. 31st,	
		1933	1932
(1) Total number of Insured Persons in the borough on July 1st	... ..	48,267	48,756
(2) Number of Prescriptions made up for the Insured Population	... ..	213,146	191,872
(3) Annual Cost of Medicines for Insured Population	... ..	£6784 4 4	£6695 15 5

### Unemployment.

The following figures kindly supplied by the Manager of the Employment Exchange, and relating to unemployment in Rochdale County Borough and the adjoining districts of Milnrow and Wardle, show an improvement compared with the year 1932. Figures for Rochdale only are not available.

	Total	Men	Women	Juveniles
Average No. on the Register during the year ended				
31/12/33	11,058	7,097	3,641	320
Average No. on the Register during the year ended				
31/12/32	12,646	7,693	4,593	360



## VITAL STATISTICS.

### Area and Population.

A change in the borough boundary was effected on October 1st, 1933, by the inclusion of the district of Norden and part of the district of Bamford. The new district covers an area of 9,553 acres, which, together with the old Borough area of 6,446 acres, now gives Rochdale Borough a total area of 15,999 acres.

The resident population of this extended area, as estimated by the Registrar General at mid-year 1933, was 95,370.

In submitting this figure the Registrar-General writes :—

“ This population relates to the area as constituted after the change  
“ in boundary, but as the number of births and deaths furnished by the  
“ Registrar-General for the year includes, so far as relates to the portion  
“ of the year prior to the change, those occurring in the old area, adjust-  
“ ment requires to be made in the above-mentioned population to make  
“ allowance for the change of area. *The adjusted figure, 91,340, should*  
“ *accordingly be used for the calculation of birth and death rates for the year*  
“ *1933.*”

The vital statistics contained in this report are, therefore, calculated on the figure 91,340.

The population of the Borough at mid-year 1932, excluding the newly-added districts was estimated as 90,550, as compared with 90,278 at the Census of April, 1931.

### Births.

The live births registered in or belonging to Rochdale during the year numbered 1,044, as compared with 1,135 in the previous year—a decrease of 91.

Of those born alive during 1933, 509 were males and 535 females. There were 50 illegitimate births, representing 4.8 per cent. of the total live births, as against 6.2 per cent. the previous year, and 7.7 per cent. during the year 1931.

### Still-births.

61 were registered, as against 54 the previous year.

The Birth-rate was equal to 11.4 per 1,000 of the estimated population, as compared with 12.5 per 1,000 in 1932, and an average for the decennial period 1923-32 of 14.4 per 1,000. The birth-rate during the past year is the lowest on record for Rochdale.



The corresponding rate for England and Wales during the past year was 14.4 per 1,000.

### Deaths.

The total number of deaths registered in the Borough, after correction for inward and outward transfers, was 1,371 as compared with 1,273 in the year 1932, an increase of 98. Of the 1,371 deaths, 671 were in males and 700 in females.

Comparative figures as to age groups of persons dying are given below :—

		Under 1 yr.		1-5 yrs.		5-15 yrs.		15-25 yrs.		25-65 yrs.		65 years and over
Year 1933	...	93	...	28	...	31	...	54	...	575	...	590
Year 1932	...	82	...	46	...	21	...	46	...	507	...	571

The death-rate was 15.0 per 1,000 of the estimated population, as against 14.1 per 1,000 in the previous year, and 14.7 for the decennium 1923-32.

The chief causes of death during the past year are given below in comparison with the previous year :—

								Year 1933		Year 1932
Influenza	...	...	...	...	...	...	...	99	...	21
Tuberculosis	...	...	...	...	...	...	...	67	...	70
Cancer	...	...	...	...	...	...	...	137	...	171
Cerebral Hæmorrhage, etc.	...	...	...	...	...	...	...	69	...	61
Heart Disease	...	...	...	...	...	...	...	280	...	256
Bronchitis	...	...	...	...	...	...	...	84	...	80
Pneumonia (all forms)	...	...	...	...	...	...	...	90	...	79
Nephritis	...	...	...	...	...	...	...	56	...	45
Congenital Debility, Malformation and Premature Birth	...	...	...	...	...	...	...	47	...	35

These nine groups of diseases represent 929 deaths during the year, or nearly 68 per cent. of the total deaths registered.

Table II., Appendix, shows the age and sex distribution and cause of deaths, while Table I., Appendix, gives comparative mortality rates and birth-rates during the past ten years.

### Infant Mortality.

There were 93 deaths of children under one year of age, or 11 deaths more than during the previous year.

Comparative figures of age groups of infants dying are :—

		Under 4 wks.		4 wks. to 3 mths.		3-6 mths.		6-9 mths.		9-12 mths.		Total
Year 1933	...	47	...	12	...	15	...	12	...	7	...	93
Year 1932	...	34	...	8	...	22	...	5	...	13	...	82

The mortality rate was 89 per 1,000 live births registered, as against 72 per 1,000 births in the previous year, and an average of 78 during the ten years 1923-32.

The corresponding rate for England and Wales during 1933 was 64, and for County Boroughs and Great Towns 67 per 1,000 live births.

The chief causes of death were :—

Congenital Debility, Malformation, etc.	...	...	...	28
Premature Birth	...	...	...	19
Pneumonia	...	...	...	18
Bronchitis	...	...	...	2
Diarrhoea and Enteritis, etc.	...	...	...	12

Table III., Appendix, shows these infant deaths classified according to age and cause.

#### Comparative Mortality and Birth Rates.

	Death-rate All Causes per 1,000 of population	Live Birth-rate per 1,000 of population	Infant Mortality per 1,000 live births
<b>ROCHDALE</b> ...	15.0	11.4	89
118 County Boroughs and Great Towns ...	12.2	14.4	67
132 Smaller Towns (Population 25,000 to 50,000) ...	11.0	14.5	56
<b>ENGLAND AND WALES</b>	12.3	14.4	64

#### Zymotic Diseases.

The principal zymotic or epidemic diseases (excluding influenza) caused 31 deaths (0.34 per 1,000 population), as against 38 the previous year (0.42 per 1,000).



	Year 1933	Year 1932
Typhoid Fever ... ..	1 ...	1
Scarlet Fever ... ..	2 ...	1
Diphtheria ... ..	15 ...	9
Measles ... ..	— ...	7
Whooping Cough ... ..	— ...	10
Diarrhoea and Enteritis (under 2 years of age)	13 ...	10
	<hr/> 31 ...	<hr/> 38
	<hr/> <hr/>	<hr/> <hr/>

### Respiratory Diseases.

The deaths certified as due to respiratory affections, excluding tuberculosis, show an increase of 18 during the year. In 1933 there were 190, and 172 the preceding year.

Pneumonia was responsible for 90 deaths, bronchitis 84, and other respiratory affections 16.

### Cancer.

There were 137 deaths (males 56, females 81) registered as due to this disease, or 34 less than in the year 1932. This is the lowest annual number of deaths registered as due to cancer since the year 1926 with 136 deaths.

The death-rate was 1.50 per 1,000 of the estimated population, as compared with 1.88 the previous year.

## General Provision of Health Services.

### Nursing in the Home.

There has been no alteration in the arrangement for general nursing and nursing of infectious diseases as outlined in previous reports.

In certain infectious diseases such as tuberculosis, ophthalmia, measles, etc., the local authority refer selected cases to the District Nursing Association for home nursing. During the past year much valuable work in this direction has been done by the staff of that Association, as shown in the following summary kindly supplied by the Matron :—



	No. of Cases	No. of Visits
Pneumonia (excl. bronchial or with measles) ...	90	1,631
Tuberculosis ...	16	1,415
Complications of Pregnancy ...	13	273
Complications after Childbirth ...	9	377
Influenza ...	157	398
Ophthalmia Neonatorum...	3	155
Pemphigus Neonatorum ...	1	19
Erysipelas ...	2	28
Other Diseases in Children under 5 years ...	56	706

### Midwives.

There were 27 midwives practising in this area at the end of the year, or four more than in the previous year. The number of births registered as occurring in the borough was 664 (excluding births occurring at Birch Hill Hospital and registered in the district of Wardle) and midwives reported attendance in 648 cases: 575 as midwives and 73 as maternity nurses.

The bulk of the midwifery work in this borough is done by nine midwives, whose services are recognised as part of the public health service, and who are each guaranteed a minimum salary by the local authority.

Periodical visits of inspection were made by the Medical Officer and Health Visitors, and the cleanliness of the midwives' homes and the condition of their bags were found satisfactory, whilst the necessary case records and temperature charts were on the whole properly kept.

In 33 cases a fee of ten shillings was paid to midwives as compensation in respect of maternity patients sent to Hospital at the request of a medical practitioner or the Clinic Medical Officer.

No claims were received for compensation in cases where a midwife was suspended from practice on account of liability to a source of infection.

### Poor-Law Medical Out-Relief.

No change in the administration of this service has taken place since transfer from the late Board of Guardians to the Local Authority.

The Public Assistance Committee have control of this service, and four part-time Medical Officers are engaged, each with a separate district. It is, however, quite definite that this arrangement is becoming increasingly unsatis-



factory in view of altering economic conditions and the falling-out of Health Insurance Benefit of large numbers of people. Many districts are adopting the panel system for dealing with Medical Out-Relief. This arrangement is much more satisfactory, but unfortunately much more costly. It is proposed to enquire into the position in Rochdale in the near future.

It is to be noted that Medical Out-Relief is the only part of statutory medical treatment which is not directly linked up with the Health Department. There is thus one part of the spirit of the 1929 Local Government Act which has not yet been put into effect.

### **Institutional Provision for Care of Mental Defectives.**

The arrangements outlined in the report of 1932 have been continued.

The Public Assistance Committee are, however, considering proposals for increased and more convenient accommodation for mental defectives at the Birch Hill Institution.

### **Ambulance Facilities.**

For the removal of infectious cases, including tuberculosis, to Hospitals, the Health Committee provide a motor ambulance. Three other motor ambulances belonging to the Borough Police are available for non-infectious and accident cases, and for cases of sickness; also a taxi for the removal of less urgent cases of sickness.

The total ambulance and taxi journeys removing patients to the Corporation Hospitals on behalf of the Public Health Department was:—Birch Hill Hospital 893, Marland Hospital and Wolstenholme Hall 412.

### **Clinics and Treatment Centres.**

The Local Authority provide six Centres in various parts of the town in connection with Maternity and Child Welfare, and one Centre each in connection with (a) Venereal Diseases and Tuberculosis, and (b) School Medical Service. Hours of Clinic Sessions and situation of Centres are shown below, as also are particulars of clinics provided by voluntary associations.



	Mon.	Tues.	Wed.	Thurs.	Fri.
<b>I.—Maternity and Child Welfare—</b>					
(A) St. Luke's School, Deeplish .....	2—4 p.m.	—	—	—	—
(B) St. Clement's School, Spotland Bridge ...	—	2—4 p.m.	—	—	—
(C) Norden Liberal Club Edenfield Road	—	2—4 p.m.	—	—	—
(D) Baillie St. Council School .....	—	—	2—4 p.m.	2—4 p.m.	—
(E) Castleton Wesleyan School, Essex Street	—	—	—	—	2—4 p.m.
(F) Newbold Baptist School, Milnrow Rd.	—	—	—	—	2—4 p.m.
(G) Ante Natal (Baillie St. Council School) .....	—	5-30 to 7-0 p.m.	10 a.m. to 11-30 a.m.	10 a.m. to 11-30 a.m.	—
<b>II.—Municipal Clinic</b>					
(A) Tuberculosis Dispen. Entrance: 24 Baillie St.	—	5-30 p.m. to 7-30 p.m.	2—4 p.m.	—	9-30 a.m. to 11-30 a.m.
(B) Venereal Diseases Clinic—					
Male .....	5-30 to 7-30 p.m.	3-0 p.m. to 5-0 p.m.	—	5—7 p.m.	—
Entrance: 20 Baillie Street					
Female ...	—	9-30 a.m. to 11-30 a.m.	5-30 p.m. to 7-30 p.m.	—	—
Entrance: 2 Alfred Street					
<b>III.—Clinics Provided by the Education Committee—</b>					
(A) Inspection Clinics ...	9—12 noon	—	2—5 p.m.	—	9—12 noon
(B) Treatment Clinics ...	Daily 9—10-30 a.m.	—	—	—	—
(C) Eye Clinic .....	—	—	—	—	2—4 p.m.
<b>IV.—Orthopædic Clinic—</b>					
Champness Hall (Provided by the Rochdale Crippled Children's Union .....	2—4 p.m.	—	—	—	—
<b>V.—Clinics provided by the Rochdale Infirmary Board—</b>					
Orthopædic Clinic ...	Monday to Friday.				
Artificial Light Clinic	Morning and Evening each day.				

The Clinics for Tuberculosis at Elliott Street and those for Venereal Diseases at the Rochdale Infirmary were discontinued in December, 1933, and transferred to premises more centrally situated in Baillie Street. An additional Clinic for Child Welfare was provided in the district of Norden on October 1st to serve the new area of Norden and Bamford.

The work in connection with the Corporation Clinics is set out in detail in the respective sections of this report.

### Laboratory Facilities.

The facilities for the examination or analysis of clinical material such as sputum, swabs, etc., and of water, milk and foodstuffs generally, remain as outlined in previous reports.



Bacteriological and pathological work carried out on behalf of the Public Health Department shows a steady increase. During the year 2,859 specimens from the Corporation Hospitals and Clinics, and from General Practitioners, were examined at the Broadfield Laboratory (Dr. Pooley), as compared with 2,509 in the previous year, and 2,387 in the year 1931. Those for the past year include 1,877 Throat Swabs for diphtheria, 612 sputa for tubercle bacilli, etc., 91 blood or fæces for typhoid, etc., and 279 urines, fæces and miscellaneous. The work is arranged and classified in Table XII., Appendix, according to the Clinic or Hospital served.

### Maternity and Nursing Homes.

Four Homes are registered under the Nursing Homes Registration Act, 1927 :—

- 59, Boundary Street—Maternity—one patient ;
- 60, Park Road—Maternity—two patients ;
- 183, Drake Street—Medical and Surgical—registered accommodation for four adults and four children ;
- 62, King Street East—Maternity—one patient.

Premises at 133, Manchester Road, referred to in the last report, were registered during the year as a home for maternity cases and for medical and surgical cases, but were discontinued by the owner after a few months.

These registered homes have been visited by the Medical Officer during the year, and are reported as satisfactory.

### Hospitals.

The public and voluntary hospital services in the district provide 963 beds for the sick, as shown below :—

#### PUBLIC HOSPITALS—

Birch Hill Hospital—General Medical and Surgical	424 beds
... .. Maternity	51 „
Birch Hill Institution—Epilepsy, Mentally Infirm, etc.	148 „
Marland Hospital—Infectious Diseases, including	
Tuberculosis ... ..	135 „
Wolstenholme Hall—Pulmonary Tuberculosis (males)	45 „

#### VOLUNTARY HOSPITALS—

Rochdale Infirmary—General (chiefly surgical) ...	110 beds
The Memorial Home—Orthopædic ... ..	50 „

In addition to this number, the Local Authority has arrangements to send selected cases of tuberculosis to Sanatoria at Stannington, Nr. Morpeth ; Meathop, Westmorland ; Eastby, Yorkshire ; and Harlow Wood, Nottingham ; where



at present there are 22 patients undergoing treatment. Three beds are also retained at the Hyde Smallpox Hospital for cases of smallpox.

The extent to which the Hospitals under the control of the Corporation have been used during the year is shown in the following summary :—

	No. of Beds available	No. of Cases admitted	Occupation of Beds		
			Average daily No.	Highest No.	Lowest No.
Marland Hospital ...	*135	553	69	105	44
Birch Hill Hospital	475	(a) 2,587	359	409	318
Birch Hill Inst'n	148	167	147	163	133

\* Including 15 beds for cases of Tuberculosis.

(a) Excluding 553 infants born in Hospital.

#### **The General Hospital, Birch Hill.**

This hospital serves the Rochdale County Borough and the adjacent County districts with a total population of over 128,000.

There were 2,587 patients admitted during the year, as compared with 2,419 the previous year, and 2,287 in 1931, which is further evidence that greater use is being made of the general hospital service. The patients discharged during the year include 827 children under 16 years of age, and 1,917 adults. There were 595 women confined in Hospital, and 553 live-births were registered.

The erection of a new Maternity Block (50 beds) and an Infants' Pavilion (45 beds) is nearing completion, and it is anticipated that the premises will be available for use in the autumn of 1934.

The new entrance roadway from Birch Road is also nearing completion, and the erection of a Porter's Lodge and Public Conveniences is to proceed at an early date.

The appointment of a Junior Assistant Resident has not yet been made. The necessity for this has been indicated in recent Annual Reports, and a full report on the matter was presented to the Hospital Sub-Committee in October. Full consideration of this has been postponed until next year.

A statistical comparative summary relating to the work at Birch Hill Hospital is given below :—



	Year 1933	Year 1932
Total number of admissions (including infants born in hospital) ... ..	3140	2969
Number of women confined in hospital ... ..	595	580
Number of live births ... ..	553	550
Number of still-births ... ..	43	30
Number of deaths among the newly-born (i.e., under 4 weeks of age) ... ..	22	12
Total number of deaths among children under one year	69	43
Number of maternal deaths among women confined in hospital ... ..	1	1
Total number of deaths ... ..	429	378
Total number of discharges (including infants born in hospital) ... ..	3173	2566
Duration of stay of patients—		
(a) Four weeks or less ... ..	2254	2193
(b) Exceeding four weeks but under thirteen weeks	561	515
(c) Exceeding thirteen weeks ... ..	358	238
Number of beds occupied, average during the year 1933 (highest 409 on 8/1/33, (c) lowest 318 on 13/6/33)	561	515
Number of surgical operations under general anæsthetic (excluding dental operations) ... ..	391	414
Number of abdominal sections ... ..	199	184
Number of pathological and microscopical examinations	509	521

Further details of type and classification of cases dealt with are shown in Tables IX., X. and XI., Appendix.

### Marland Hospital.

A report on the work of this institution is given in a later part of this report, pp. 55.

## Health Propaganda.

Since March, 1933, a monthly issue of 2,000 copies of the periodical "Better Health," with its local and general health information, have been distributed at the various Clinics and to adult school children.

Talks by the Medical Staff of the Public Health Department have been given during the year to members of religious and other organisations.

Leaflets dealing with infectious diseases such as measles, scarlet fever, and infant care and management, are distributed freely in the homes by the Public Health Staff.



## Maternity and Child Welfare

## Notification of Births Act, 1907.

The number of births notified was 1,064, including 396 occurring at Birch Hill Hospital and belonging to Rochdale.

Births are required to be notified to the Medical Officer of Health within 36 hours. With a few exceptions, the provisions of this Act were generally complied with.

### Health Visitors.

Six Health Visitors are now employed, and their duties are concerned only with maternity and child welfare work. In addition to their attendance at the Infant Welfare Centres, over 14,000 visits have been made during the year, chiefly to houses where there are infants and young children. In November of last year an additional Health Visitor was appointed for duty in the Norden District, and in connection with the Clinic for Venereal Diseases.

Details of visits are given below :—

Classification of Visits	No. of Visits
Primary Visits to Births notified (or otherwise reported) ... ..	1,073
"    "    re Still Births .. .. .	53
Subsequent Visits to Infants under 1 year ... ..	5,257
Subsequent Visits to Infants and Young Children 1—2 years 3,321	} 6,889
"    "    "    "    "    2—5 .. 3,568	
Ante-natal Cases—	
Primary Visits ... ..	82
Subsequent Visits ... ..	54
Post-natal ... ..	7
Infant Deaths ... ..	55
Maternal Deaths ... ..	3
Boarded-out Infants and Visits under Children Act ... ..	150
Infectious Diseases (chiefly Children) ... ..	27
Midwives ... ..	21
Milk Distribution Scheme ... ..	52
Miscellaneous Visits—re Medical and Midwifery Fees, Convalescent Homes, etc. ... ..	334
	14,057
Unsuccessful Visits (house closed or occupier out) ... ..	509
TOTAL ... ..	14,566

### Infant Welfare Centres.

There are six Centres in different parts of the town with seven sessions weekly in the afternoon of each day of the week, Monday to Friday. The total number of attendances at all Centres was 26,100, an increase of 2,988 as compared with the previous year (23,112).

The average attendance per session ranges from 24 (Norden) to 110 (Baillie Street), while the weekly attendances at all Centres was 549, as against 494 the previous year.

The total number of children who attended at the Centre for the first time during the year was 779, or 77 per cent. of the notified live births.

There were 4,550 medical examinations of children by the Medical Officer during the year, as compared with 4,292 the previous year.

Details of the attendances at the various Clinics are given below :—

Centre	New Cases Admitted during 1933	Total Attendance		Average Attendance per Clinic Day	No. of Medical exam'tions by M.O.
		Children under 1 yr.	Children 1—5 years		
(a) Baillie St. (Ward'w'th)	213	3,626	1,898	110 (103)	1,099
(b) St. Luke's ...	107	2,434	1,302	79 (95)	1,019
(c) St. Clement's ...	155	3,400	1,702	102 (89)	591
(d) Baillie St. (Castleton)	184	3,698	1,432	103 (78)	1,136
(e) Castleton Moor ...	91	1,752	1,512	68 (68)	339
(f) Newbold ... ..	83	1,902	1,144	63 (61)	285
(g) Norden ... ..	32	233	65	24 (—)	81
<b>Totals ... ..</b>	<b>865</b>	<b>17,045</b>	<b>9,055</b>	—	<b>4,550</b>
<b>Corresponding Figures, 1932</b>	<b>904</b>	<b>16,161</b>	<b>6,951</b>	—	<b>4,292</b>

Attendances during 1932 shown in brackets.

The Clinic services continue to receive the assistance and interest of the members of the Ladies' Executive Committee and their co-opted voluntary helpers, to whom we are indebted.



### Provision of Milk.

Milk and Food is supplied to expectant and nursing mothers, and to children under five years of age, on medical grounds and in necessitous cases, in accordance with the provision of the Maternity and Child Welfare Act, 1918.

Prior to August, 1933, the criteria of the need for a supply of milk free was an income limit of 8/- per head after deducting house rent, but in that month the Health Committee reviewed this question carefully, and recommended the Town Council to reduce this income limit to 6/6 per head, which is more in accordance with the income limit in neighbouring towns.

The following summary indicates the low average income per head of 799 families who made application for free supplies of milk during the three months ending May, 1933.

Group (average income per head)	No. of Applicants	Total Value of Grant 3 months Mar.-May	Percentage of Total Value of Grant
		£ s. d.	
8/- and under ... ..	29	9 3 2	3.4
7/- do. ... ..	77	28 9 5	9.8
6/- do. ... ..	176	66 6 9	22.2
5/- do. ... ..	291	108 3 8	36.4
4/- do. ... ..	226	88 3 6	28.2
TOTALS... ..	799	300 6 6	100.0

During the year over 95 cwts. of dried milk such as Ambrosia, Cow and Gate, and Ostermilk, and 2,323 gallons of fresh milk have been distributed free to 437 necessitous families, while over 76 cwts. of dried milk were sold at the Centres at cost price.

Comparative details are given in following table :—

Food	Quantities Supplied			Cost of Food		
	At Cost Price	Free of Cost		Distributed Free of Cost	Distributed at Cost Price	
	Quantity	No. of Families	Quantity			
Fresh Milk ... ..	...	140 (94)	Galls. 2,323 (2,017)	£ s. d. 232 6 0 (201 18 6)	£ s. d. ...	
Dried Milk (Glaxo Ambrosia and Cow and Gate etc.)	Lbs. 8,520 (9,400)	297 (242)	Lbs. 10,698 (7,815)	794 10 3 (582 6 4)	625 9 1 (680 1 6)	
Food Prepara- tions (Malto- line and Virol)	pkts. 3,517	...	pkts. 1,507	32 13 6	65 15 6	

(Figures for the year 1932 are shown in brackets.)



### Immunisation.

During May of the past year a scheme was approved by the Health Committee offering immunisation against Diphtheria to parents for their children between the ages of one and five years. Facilities for such are available at each of the Child Welfare Clinics, and in the seven months up to December, 383 children had been immunised.

The response was considered sufficiently encouraging to justify the continuance of the scheme. No special Clinics are held for the purpose, but mothers are urged to take advantage of these extra facilities at the ordinary Clinic. No serious ill effects have been reported, and it is confidently hoped that this service will grow. [See also in School Report].

### Ante-Natal Clinic.

The number of expectant mothers from the Borough and from the adjoining County districts attending the Ante-Natal Clinic at Baillie Street School shows a steady increase, with an average of 19 per session. There are three sessions each week—one on Tuesday evening, and one during each morning of Wednesday and Thursday.

Comparative figures are given below :—

		From Rochdale	From County Districts	Total
No. of Expectant Mothers attending	...	546	134	680
No. of attendances	... ..	2,468	413	2,881
Average attendance per session	...	16.4	2.8	19.2

The 546 Rochdale mothers attending during the year is equal to 51.3 per cent. of the total notified births in the Borough.

Under this scheme for ante-natal care and supervision no treatment is given, but every case of abnormality is reported to the family doctor, and the patient is advised to place herself under his care.

When a midwife is engaged for the confinement, or in the case of those patients who desire admission to Birch Hill Maternity Wards, a full report of the ante-natal findings is supplied to the doctor or midwife concerned. Similar information is given to Birch Hill Hospital in cases desiring admission to the Maternity Wards. In certain cases the Health Visitors follow up the case by home visiting following attendance at the Clinic, and last year 136 such visits were paid.



### **X-Ray Facilities.**

The X-Ray facilities at Birch Hill Hospital and the Rochdale Infirmary are available where the Medical Officer desires further information as regards any particular patient attending the Ante-Natal Clinic.

### **Consultant Services.**

The services of Dr. C. P. Brentnall, of Manchester, are available in cases where the Medical Officer at the Clinic or at Birch Hill Hospital, or a Medical Practitioner, desires the assistance of a Consultant Obstetrician. In necessitous cases the expense involved is met by the Local Authority.

### **Orthopædic Treatment.**

No special arrangements have been made under this heading, but any children requiring expert opinion or treatment are referred to the Crippled Children's Union Clinic.

### **Maternity Outfits.**

Outfits containing the necessary clothing, linen, etc., for mothers and newly-born infants are loaned out free to poor families where the confinement is arranged to take place at home. Eleven outfits were loaned during the year.

Sterilised Accouchment Outfits may be obtained at the Infant Welfare Clinics at cost price, and in necessitous cases are supplied free of charge.

### **Dental Service.**

Arrangements for the dental treatment of expectant and nursing mothers and of children under five years of age were completed early in the year.

The services of the School Dental Officer are available on the morning of Saturday each week at the School Dental Clinic adjoining the Public Health Offices. The scheme applies to necessitous cases coming within the income limit applicable to families receiving milk and food preparations without charge, under the Milk Distribution Scheme, and is limited to extractions and small fillings necessary for cleansing septic conditions generally. Other patients are referred to their own Dentist.

Since the scheme came into operation on March 1st there have been 41 Clinic sessions. The total attendances were 177, or an average of 4 per Clinic. These include 151 by mothers and 26 by children under five years of age. The dental work done during the ten months since the commencement of the scheme is summarised below :—

				Mothers		Children under 5
No. of Extractions	...	...	...	394	...	37
No. of Fillings	...	...	...	4	...	—
No. of Scalings	...	...	...	12	...	—
Gum Treatment	...	...	...	14	...	1
Anæsthetics—						
(a) Local	...	...	...	84	...	7
(b) General	...	...	...	16	...	—
Other Operations	...	...	...	13	...	1

### Medical Assistance.

The Regulations of the Central Midwives Board provide that in case of any emergency arising during pregnancy or confinement the midwife must call a medical practitioner to her assistance, and the local Supervising Authority is required to pay the practitioner for his services in accordance with the scale fixed by the Ministry of Health. The scale is subject to certain limitations, and the amount paid may be reclaimed from the patient. Last year 270 such calls were made, as compared with 323 the previous year, chiefly on account of delayed labour (77), ruptured perineum (52), and 58 on account of the abnormal condition of the child or mother.

In 129 cases the medical practitioner's fee was paid, amounting in the aggregate to £206, as compared with £249 the previous year. The amount reclaimed from patients was £51. The continued trade depression makes recovery of these charges from parents difficult, and in many cases impossible.

### Midwifery Fees.

The Local Authority pay the midwifery fee in cases where the family circumstances are poor and where there is no maternity benefit available. During the year the fee was paid in 33 cases, amounting to £25.

### Hospital Fees.

The scale maintenance charge for cases admitted to the Maternity Wards at Birch Hill Hospital is £2 5s. 6d. per week for borough residents, but in necessitous cases this fee is reduced, according to the ability to pay. The number of cases classified in the necessitous group shows a gradual increase, due to the continued state of unemployment. There were 197 cases assisted during the year in the payment of hospital maternity fees.



### Puerperal Fever and Puerperal Pyrexia.

There were three cases of puerperal fever and five of puerperal pyrexia notified in 1933, as compared with five of the former and seven of the latter the previous year. Death was registered in one case as due to sepsis.

For the treatment of such cases the following services are available :—

- (a) Four beds for in-patient treatment at Marland Hospital ; (b) The services of a Consultant Obstetrician ; and (c) Bacteriological Examination.

### Ophthalmia Neonatorum.

Four cases of ophthalmia were reported, as against three cases the previous year, and nine in 1931.

These were dealt with as follows :—

Treated at home	...	...	...	...	2
Treated in Hospital	...	...	...	...	2
Result—Vision impaired	...	...	...	...	—
Vision unimpaired	...	...	...	...	3
Total Blindness	...	...	...	...	—
Death (due to Bronchitis)	...	...	...	...	1

### Boarded-out Children.

There are four children boarded out by the Public Assistance Committee in accordance with Part VI. of the Public Assistance Order, 1930. Their supervision and visitation is a duty of the Health Visitors, and during the year 19 visits were made to the homes. Reports show that in each case the home and general conditions were satisfactory.

### Maternal Mortality.

There were three maternal deaths registered in 1933, one due to puerperal sepsis, and the other two due to other puerperal causes. The previous year two deaths were recorded as compared with nine deaths in 1931, and 12 deaths in 1930.

Calculated per 1,000 live births the mortality rate in 1933 was 2.87, as compared with 1.76 the previous year, and 8.52 average for the preceding five years, 1927-31.

Comparative mortality figures for neighbouring towns, the Administrative County of Lancaster and England and Wales are given below :—



TOWN	MATERNAL MORTALITY PER 1,000 LIVE BIRTHS		
	1933	1932	Average 5 yrs. 1927-31
BLACKBURN ... ..	4.11	6.47	4.25
BOLTON ... ..	8.52	6.76	5.85
BOOTLE ... ..	3.63	3.39	3.44
BURNLEY ... ..	6.87	7.70	4.59
HALIFAX ... ..	10.92	9.10	7.06
HUDDERSFIELD ... ..	9.25	5.24	6.36
OLDHAM ... ..	7.67	5.02	8.25
PRESTON ... ..	4.07	4.53	5.81
ST. HELENS ... ..	5.67	4.17	4.41
STOCKPORT ... ..	4.51	2.94	5.55
WARRINGTON ... ..	4.60	2.89	4.79
WIGAN ... ..	6.37	8.54	6.38
<b>Average 12 Towns</b>	<b>5.99</b>	<b>5.56</b>	<b>5.56</b>
<b>ROCHDALE ...</b>	<b>2.87</b>	<b>1.76</b>	<b>8.52</b>
ADMINISTRATIVE COUNTY OF LANCASTER ...	<b>5.40</b>	<b>4.70</b>	<b>5.38</b>
ENGLAND & WALES	<b>4.42</b>	<b>4.24</b>	<b>4.27</b>

The figure for maternal mortality in Rochdale is again much below the average for the years since 1915, when statistics became readily available. With the exception of last year with two deaths, which is a record, one has to go back to 1924 to find the figure of three deaths equalled.

This year's cases do not show up any unsuspected weak link in the arrangements which have been made for the care of maternity cases. One case indicated very clearly the necessity for the expectant mother to seek expert advice early and to withhold no useful information when so doing. Another indicated forcibly the impotence of the present facilities, unless they are called upon as soon as any untoward symptoms develop. This is particularly important with regard to puerperal sepsis. Unless adequate treatment is instituted before a case of puerperal sepsis becomes definitely established in its severity, results are often disappointing in the extreme.

The accommodation for puerperal sepsis and puerperal pyrexia at Marland Hospital has been utilised to a gratifying extent for doubtful cases, and it is to be hoped that this practice will continue so that the occasional severe case may have its severity determined in Hospital after treatment has begun, and not before.

It is a striking commentary that in these last two years thirteen mothers have passed safely through childbirth who would have died had the mortality rate for the period 1925 to 1930 still prevailed.



### Children Act, 1908.

The Health Visitors act as Infant Protection Visitors under this Act. Prior to January, 1933, the supervision of children ceased when children reached the age of seven, but the Children's and Young People's Act, 1932, extended the age to nine years. At the end of the year there were 65 persons registered as receiving children for reward, and the number of children concerned was 70.

Comparative figures are given below :—

	Year 1933	Year 1932
NUMBER OF FOSTER PARENTS ON REGISTER :—		
(a) At the beginning of the year ... ..	28	7
(b) At the end of the year ... ..	65	28
NUMBER OF CHILDREN ON REGISTER :—		
(a) At the beginning of the year ... ..	31	8
(b) At the end of the year ... ..	70	31
(c) Who died during the year ... ..	Nil	Nil
(d) On whom inquests were held during the year	Nil	Nil

There were no persons or societies authorised to visit under Section 2/21 of this Act, nor has it been necessary to institute legal proceedings in any case during the year.

The number of visits paid to homes by the Health Visitors in connection with the work during the year was 131.

## Sanitary Circumstances of the Area.

I am indebted to the Chief Officials of the various Departments of the Corporation for information included in this section of the Report.

### Water Supply.

During the past year the Waterworks Committee have continued with the construction of the Watergrove Reservoir at Wardle, the capacity of which, when completed, will be in the neighbourhood of 750,000,000 gallons.

The quality of water supplied from the various reservoirs belonging to the Corporation has been satisfactory, and the Waterworks Committee has been assured of this by chemical and bacteriological examinations, taken separately, from all the sources of supply. These have constantly indicated that the usual high degree of organic purity and the satisfactory character of the water for domestic purposes has been maintained.

During the dry period water has been purchased in bulk from the Oldham Corporation's supply at Butterworth Hall. Boring operations have also been commenced at Blackstone Edge for the purpose of augmenting our present supply.



### **Drainage and Sewerage.**

The large number of houses which have been built during the last few years both by the Corporation and by private enterprise, practically all of which are provided with bathrooms, and W.C.s and lavatory basins, and the number of old houses which have been converted to the water-carriage system, have made considerable demands upon the Sewage Disposal Works.

With a view to deciding on the most satisfactory lines for extension, the Borough Surveyor has installed a small experimental plant for the purpose of ascertaining the possibilities of partially activated sludge treatment on the Kessener principle followed by treatment on percolating filters. This plant is now working.

The sewers of the town are regularly flushed with the object of keeping them clean, and new lengths of sewers are continually being added to the system.

### **Rivers and Streams.**

The Rivers, Mersey and Irwell Joint Committee are primarily responsible for the prevention of pollution of rivers and streams in the area, but as much assistance as possible is given by reporting to the Joint Committee any cases which come to our notice.

### **Public Cleansing.**

The method of collection and disposal of refuse remains the same as outlined in the Annual Report for 1930, with the following exceptions :—(a) The contents of the few remaining privies are now collected weekly and burned with the house refuse at the disposal works ; (b) Since the extension of the Borough on October 1st, 1933, the dry refuse collected in the added areas has been disposed of by controlled tipping.

Since the passing of the Rochdale Corporation Act, 1925, 13,305 regulation ashbins have been provided free by the Corporation under Section 108 in lieu of wooden ashtubs and other receptacles formerly used. This work is now practically complete, the only properties remaining to be dealt with being those awaiting the conversion of pail closets, etc.

A new refuse-collecting motor vehicle having a " Transport " moving floor on a " Dennis " chassis has been put into service. This vehicle, one of the first of its kind used for refuse collection, has a van-type body which is loaded from the rear. The floor is power operated for compression and discharge of the load.

Street cleansing has undergone some change since 1930, and the mechanical sweeper mentioned in the Report for that year is not now in use. Gang work has been somewhat reduced, and the beat system extended. All sweeping is now done by hand except for the occasional use of a horse-broom.



### Closet Accommodation.

The accommodation in the Borough at the end of December, 1933, was as follows :—

Fresh Water Carriage System ... ..	21,694
Pail Closets (excluding Norden Ward, see Table III. below)	2,171
Waste Water Closets (principally in Castleton Moor) ...	2,330
Privy Middens (principally in Castleton Moor) ... ..	52

### CONVERSION OF PAIL CLOSETS TO THE WATER-CARRIAGE SYSTEM.

The following is a copy of the Sanitary Inspector's Report on the work of conversion during 1933, and since 1911 :—

To the Chairman and Members of the Closet Conversion Sub-Committee.

GENTLEMEN,

I beg to submit a further report on the closet accommodation within the Borough, showing the progress which has been made in the work of conversion since 1911 to the end of 1933.

#### General.

The original number of pail closets which existed in 1911 in the Borough was approximately 14,031. Of these 11,563 have now been converted, and 297 have been done away with under the conversion scheme as not being required, leaving an estimated total of 2,171 pail closets still to be dealt with, of which 1,482 are at dwellings. The statement of the number of closets converted each year since the commencement of the work in 1911 is appended in Table I.

It will be seen from that Table that 1,828 additional closets have been installed for the purpose of bringing joint accommodation up to separate, and if these are included, the total number of closets completed is 13,391, of which 5,060 were put in during the five years 1921-25, and 4,225 during the five years 1926-30.

#### Analysis of Remaining Accommodation :—Separate Accommodation.

Table II. shows that of the 1,482 pail closets remaining at dwellings, 921 are separate accommodation and 561 joint accommodation. Of the 921 separate closets 827 can at present be dealt with under the conversion scheme. There are 94 of these 921 closets, the conversion of which is held up by :—

- (1) Unsuitability or insufficiency of sewers ;
- (2) Owing to being situated in areas to be dealt with in the Housing Committee's " Five Year Plan."



The cases which do not come under the conversion scheme proper, and to which the Committee do not contribute, number 631. These are situated at mills, workshops, churches, clubs, schools, etc. In addition there are 35 closets at farms remote from any sewer.

Of the 266 converted during 1932 it is interesting to note that 105 were separate accommodation, the remainder being joint accommodation and requiring 60 additional closets to bring them up to the standard adopted by the Committee, viz., one W.C. for each through house, and one W.C. for each two back-to-back houses. The total number of closets installed during 1933 was thus 326.

### Joint Accommodation.

Of the 561 jointly used closets, 438 are waiting for new sewers or are included in the "Five Years' Plan." These cannot be immediately dealt with, and including those which are now in hand or in progress, there remains a total of 123, which at the end of 1933 were under consideration, and for many of which there were Notices outstanding.

It will be seen that the number of pail closets actually converted during 1933 was rather less than in 1932, and considerably less than any year since the close of the war. The work is becoming increasingly difficult as the end of the scheme approaches. It is only at enormous expense that anything like reasonable accommodation can be provided at some of the property, owing to the bad arrangements, lack of space, and the necessity for the entire reconstruction of buildings and drainage. In some cases cottages of the "inset" type have had to be sacrificed by owners, added to the adjoining houses, and sanitary conveniences provided in the additional space gained.

There were in 1933, 21 schemes of conversion which cost over £100. The range is shown below :—

Joint accommodation conversions during 1933 costing between—

£400 and £500	1
£250 and £300	1
£200 and £250	1
£150 and £200	6
£100 and £150	12

In many of these cases two and sometimes three water-closets have had to be erected for every one existing ; the additional closets being at the sole expense of the owner and without contribution by the Corporation.

The depressed state of local trade also has prevented conversion work going on in many of the mills whose directors were in favour of the change, but persuasion is being used to get those responsible to reconsider the matter.



During the year 1933, many valuable improvements have been carried out in conjunction with this conversion of joint closets. Some indication of this is found when considering the total cost of all work during 1933, when 326 closets were installed, which amounted to £5,571, whilst in 1922, when the largest number of closets for one year were put in (1,800) the cost was only £20,024. This means that, whereas in 1922 the cost to owners of conversion and accompanying improvements was about £11 per closet, the cost in 1933 was £17 per closet. This fact is easily appreciated when it is remembered that new drainage and the reconstruction of buildings, as well as such improvements as mentioned above, has been the rule in connection with the joint accommodation dealt with in recent years.

The nature of this work and some idea of its extent can be gathered from the Medical Officer's Report, where brief summaries are given of the more important improvements carried out in connection with joint accommodation.

#### **Notes Regarding Table II.**

Table II., which is appended, gives in detail a statement of the pail closet accommodation in the Borough of Rochdale in December, 1933.

It will be seen that the number of conversions held up for want of proper sewerage is 519, and that 341 others cannot be considered owing to being situated in Housing Committee's "Five Year Plan."

It will also be seen that 125 mills and workshops still have pail closets numbering 503, many of which cannot be converted for reasons shown.

The Day School mentioned in the Table is the Healey School, where no sewer is available, and which is under consideration for closing by the Education Committee.

As regards licensed premises, the conversions are involved with other structural alterations, which are from time to time required by the Licensing Justices.

Attention is drawn to the footnote of Table II., which gives the number of premises affected as distinct from the number of closets.

Table III. is a Report showing the state of the closet accommodation in the Norden Ward at the time of amalgamation on October 1st, 1933. It will be seen that many conversions are here held over on account of want of sewers. Amongst these are several cases of outlying hamlets where the possibility of new sewers being constructed is very remote. It is intended to confer with the Borough Surveyor as to the possible alternative methods of providing sewage disposal in such cases.

A. E. DUNCAN,

Chief Sanitary Inspector.

TABLE I.

STATEMENT SHOWING PROGRESS OF CONVERSION  
WORK FROM COMMENCEMENT.

Year		Conversions	Additional Closets Installed	Total
1911	(5 year period) ...	164	21	185
1912		677	28	705
1913		967	52	1019
1914		667	92	759
1915		171	15	186
1916 to 1920	(5 year period) ...	67    67	1    1	68    68
1921	(5 year period) ...	414	9	423
1922		1760	40	1800
1923		1197	28	1225
1924		724	90	814
1925		610	188	798
1926	(5 year period) ...	563	265	828
1927		772	192	964
1928		736	226	962
1929		510	183	693
1930		639	139	778
1931	... ..	365	89	454
1932	... ..	294	110	404
1933	... ..	266	60	326
TOTALS ...		11563	1828	13391

(a) 297 pail closets not required have been done away with in addition (including 25 in connection with insanitary areas).

(b) The total number of closets installed during the first five years, 1911-1915, was 2,854.

(c) The total number of closets installed during the five years, 1921-1925, was 5,060.

(d) The total number of closets installed during the five years 1926-1930 was 4,225.

(e) The total number of closets installed during the years 1931 to 1933 was 1184.



TABLE II.

SHOWING STATE OF PAIL CLOSET ACCOMMODATION  
IN THE BOROUGH AT THE END OF DECEMBER, 1933.

Description	Total Pail Closets in Borough	Not immediately convertible			Total remaining to be dealt with
		No sewer available	Sewer unsuitable	Included in Housing C's '5 Yr. Plan'	
At Dwellings—					
Joint ... ..	561	120	7	311	123
Separate ... ..	921	18	54	22	827
*At Mills and Workshops ... ..	503	206	35	8	254
*At Churches, Schools, Clubs	128	39	—	—	89
*At Licensed Premises ... ..	18	5	—	—	13
At Farms ... ..	40	35	—	—	5
	2,171	423	96	341	†1,311

† Notices for 750 of the 1,311 pail closets remaining have already been served.

\* Number of premises concerned :—

Mills and Workshops ... ..	125
Churches, Sunday Schools, Clubs, etc. ... ..	36
Day School (Healey) ... ..	1
Licensed Premises ... ..	10

TABLE III.

STATE OF PAIL CLOSET ACCOMMODATION IN THE NORDEN WARD,  
TAKEN OVER OCTOBER 1st, 1933.

Description	Total Pail Closets	Not immediately Convertible		Total remaining to be dealt with
		No sewer available	Sewer unsuitable	
At Dwellings—				
Joint ... ..	166	150	2	14
Separate ... ..	177	108	...	69
*At Mills and Workshops ...	49	49	...	...
*At Churches, Schools, Clubs ...	26	20	6	...
*At Licensed Premises ... ..	5	3	...	2
At Farms ... ..	30	27	...	3
	453	357	8	88

\* Number of premises concerned :—

Mills and Workshops ... ..	12
Churches, Sunday Schools, Clubs, etc. ... ..	9
Day School (St. Paul's) ... ..	1
Licensed Premises... ..	4



## PAIL CLOSET CONVERSIONS.

The Additional Work carried out during the year in connection with  
Pail Closet Conversions is summarised below.

(a) **Joint Accommodation—**

No. of Houses affected	...	...	...	...	...	261
No. of Pail Closets existing	...	...	...	...	...	126
No. of W.C.'s provided	...	...	...	...	...	191
Main drainage reconstructed on modern principles	...					17
Main drainage partly reconstructed	...	...	...	...		4
Branch drains, etc., reconstructed	...	...	...	...		108
Inspection chambers and vent shafts provided to existing drainage	...	...	...	...	...	6
Increased yard space	...	...	...	...	...	15
Houses broken through or provided with back doors and made through	...	...	...	...	...	36
Houses pulled down	...	...	...	...	...	3
Cellar areas filled in or covered	...	...	...	...	...	13
New yard walls built	...	...	...	...	...	2
Private yards provided	...	...	...	...	...	6
Bath rooms provided	...	...	...	...	...	7

(b) **Separate Accommodation—**

No. of houses affected	...	...	...	...	...	95
Closet buildings repaired	...	...	...	...	...	14
Pail closets pulled down and re-erected	...	...	...	...	...	73
Main drainage reconstructed on modern principles	...					8
Main drainage partly reconstructed	...	...	...	...		2
Branch drains, etc., reconstructed	...	...	...	...		65
Inspection chambers and vent shafts provided to existing drainage	...	...	...	...	...	7
Increased yard space	...	...	...	...	...	5
New coal sheds erected	...	...	...	...	...	21
Yard walls rebuilt	...	...	...	...	...	31

Following are typical examples of the works involved in the schemes of conversions referred to :—

Ref.	No. of Houses affected	No. of Pail Closets existing	No. of W.C.s. provided	Particulars of Improvement
F. (Joint)	14	8	12	Six pail closet buildings demolished ; six new W.C.s built into houses with approach from outside ; two pail closet buildings repaired and converted ; four other W.C.s erected in suitable positions ; main drainage reconstructed on modern principles with the provision of three manholes and two lamp eyes ; nine branch drains reconstructed ; ten back-to-back houses made into five through houses ; covered shelter for ashbins provided.
P. (Joint)	22	9	12	Nine pail closet buildings demolished ; seven new W.C.s erected in suitable positions ; eight back-to-back houses made into four through houses, with the provision of a bathroom and water-closet to each house ; part of one house pulled down and part added to house at rear and made into through house with provision of bathroom and water-closet ; main drainage reconstructed on modern principles with the provision of two manholes and vent. shaft ; fourteen branch drains reconstructed ; covered shelter for ashbins provided.
B. (Separate)	8	8	8	Six pail closets demolished, and six new water-closets erected in suitable positions ; two pail closets converted and buildings repaired ; new 6" main drain provided ; two new coal sheds built to replace old ones ; two yard walls rebuilt ; covered shelters provided for ashbins provided to replace ashtubs.



Ref.	No. of Houses affected	No. of Pail Closets existing	No. of W.C.s. provided	Particulars of Improvement
B.B. (Joint)	9	5	7	Five pail closet buildings demolished ; three new water-closets provided in recess, one provided on rear of house concerned and one other placed in the common yard, making a total of five new outside water-closet buildings ; one bathroom with bath and new W.C. installed ; one pail closet building converted and repaired ; five houses provided with back doors giving access to the common yard and two houses given lighted and ventilated food stores ; new main drain laid in the common yard, and with access and ventilation provided ; common yard levelled, extended, and flag paved ; covered shelter provided for ashbins.
S. (Joint)	12	8	10	Block of eight insanitary pail closets and common ashpit demolished and the site cleared and flag paved, giving extra yard space to four houses ; six new water-closets provided in such positions as will allow each to stand in its own yard when two inset cottages are broken through ; four new water-closets built against the rear walls of the houses concerned ; covered shelters for eight ashbins provided ; main drainage re-laid on modern principles and two new branch drains constructed (approx. 200ft.).
O. & T. (Separate)	17	17	17	Seventeen pail closets demolished and sixteen new water-closets provided ; one pail closet converted and building repaired ; eight new brick coalplaces built ; the whole of the yard drains were re-laid, and in two cases the yard walls were re-built ; in the remaining cases the yard walls were repaired and coping stones or concrete coping provided where necessary ; the yards were levelled and the flags re-set where necessary.





NATURE OF WORK DONE	Nos.
<b>ASHPLACES—</b>	
Ashplaces repaired or reconstructed .. .. .	9
(See under Separate and Joint Pail Closet Conversions under Conversion Scheme)	
<b>DRAINS—</b>	
Main drains reconstructed .. .. .	25
Main drains extended .. .. .	6
Drains repaired only .. .. .	14
Drains opened and cleansed .. .. .	25
Branch drains reconstructed .. .. .	173
Inspection chambers provided to old drainage .. .. .	13
Soil pipe repaired ... .. .	1
<b>GENERAL—</b>	
Rag-sorting in public street discontinued ... .. .	1
Effluvium nuisances abated ... .. .	2
Keeping of animals discontinued (dogs, fowls, etc.) ... .. .	2
Preparation of food (premises repaired) ... .. .	4
Unsuitable stable premises ... .. .	1
Cellar areas filled in .. .. .	13
NOTE.—See also under Factory and Workshops Acts, Additional works in connection with conversion, etc.	

## FACTORY AND WORKSHOPS ACTS.

### Retail Bakehouses.

The number of bakehouses now on the Register is 191. These have been regularly inspected, and cleansing and limewashing carried out on intimation from Inspector in 72 cases.

A high standard of cleanliness has been generally maintained, and it has not been found necessary to issue any statutory notices in this respect.

### Workshops.

352 inspections of workshops have been carried out during the year, and in 5 cases the sanitary arrangements have been improved.

See Table XIII., Appendix, for full particulars of inspections under these Acts.

## SMOKE ABATEMENT.

The recorded observations during 1933 number 125. The observations were for one half-hour each, and were confined to factory chimneys in the

Borough. The time limit for the issue of dense black smoke fixed by the Town Council is two minutes per half-hour, and this limit was exceeded during 1933 on 7 occasions.

The number of times when the issue of moderately dense smoke (as distinguished from dense black smoke) exceeded ten minutes in the half-hour, and where special letters were sent was 17.

## Atmospheric Pollution.

During 1933-34 the Health Committee carried on the observations of atmospheric deposit with one gauge, situated at the rear of the Town Hall. The following figures refer to the results obtained from this gauge up to the end of March, 1934.

### Extent of Deposit.

The following table shows the

### MEAN MONTHLY DEPOSIT OF SOLIDS IN ROCHDALE DURING 1933-34.

TABLE A.

Total Deposit in English tons per square mile.					
Year	Total Solids	Highest	Lowest	Undissolved	Percentage of Undissolved matter to Total
1933-34	18.98	34.37 Oct., 1933	11.68 May, 1933	10.34	54.4%

From April 1st, 1933, to March 31st, 1934, the mean monthly deposit of solids averaged 18.9 English tons per square mile, against 16.31 tons in the previous year, which was the lowest average recorded since the beginning of observations in 1916.

From the following table it may be seen that a steady decrease occurred up to 1933, and that the total deposit for 1933-34 is 2.6 tons above the 1932-33 record.



TABLE B.  
MEAN MONTHLY DEPOSIT OF ALL SOLIDS IN ROCHDALE,  
1916-1934.

	English tons per square mile	Metric tons per 100 square kilometres
Average 1916-1927— (Technical School Gauge) ... ..	59.6	2,300
Average 1927-1928— (9 Gauges) ... ..	33.2	1,281
Average 1928-1930— (5 Gauges) ... ..	29.9	1,154
Average 1930-1932— (2 Gauges) ... ..	23.4	903
1932-33 (1 Gauge) * ... ..	16.3	629
1933-34 (1 Gauge) ... ..	18.9	731

#### Composition of Deposit.

A record of the nature of the deposit in 1933-34 is shown in comparison with five previous years in the following table :—

TABLE C.  
MEAN MONTHLY DEPOSIT.—ENGLISH TONS PER SQUARE MILE.

Period	Total Solids			Sulphates as SO <sub>3</sub>	Tarry Matter
	Undiss'lv'd Matter	Dissolved Matter	Total		
1928 and 1929 ... (5 gauges)	20.41	9.82	30.24	2.69	0.43
1929 and 1930 ... (5 gauges)	20.88	8.82	29.70	2.42	0.45
1930 and 1931 ... (2 gauges)	16.38	9.83	26.21	2.83	0.39
1931 and 1932 ... (2 gauges)	12.75	7.92	20.67	1.98	0.40
1932 and 1933 ... (1 gauge)	10.09	6.22	16.31	1.63	0.31
1933 and 1934 ... (1 gauge)	10.34	8.64	18.98	2.82	0.41

## SEASONAL DEPOSIT.

TABLE D.

MEAN MONTHLY DEPOSIT.—ENGLISH TONS PER SQUARE MILE.

Month	Total Solids			Sulphates as SO <sub>3</sub>	Tarry Matter
	Undiss'lv'd Matter	Dissolved Matter	Total		
APRIL—1933 ...	9.36	3.42	12.78	1.12	0.41
MAY... ..	7.47	4.21	11.68	1.22	0.20
JUNE ... ..	5.54	6.24	11.78	1.50	0.26
JULY ... ..	20.07	5.84	25.91	2.42	0.97
AUGUST ... ..	12.93	8.31	21.24	2.52	0.51
SEPTEMBER... ..	9.95	6.40	16.35	2.65	0.28
OCTOBER ... ..	12.70	21.67	34.37	7.17	0.38
NOVEMBER ... ..	7.67	9.31	16.98	3.39	0.18
DECEMBER ... ..	9.28	11.09	20.37	3.09	0.33
JANUARY—1934 ...	12.06	10.86	22.92	3.72	0.51
FEBRUARY ... ..	7.11	7.32	14.43	1.53	0.35
MARCH ... ..	9.89	9.06	18.95	3.47	0.51
Averages ... ..	10.34	8.64	18.98	2.82	0.41

## HOUSING.

Statistics relating to the number of houses erected, inspections and action taken under the Public Health and Housing Acts are given below :—

## 1.—INSPECTION OF DWELLING-HOUSES DURING THE YEAR :—

- |  |   |     |
|--|---|-----|
| (1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ... ..   | } | 361 |
| (b) Number of inspections made for the purpose ... ..  |   |     |
| (2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 ... ..        | } | 42  |
| (b) Number of inspections made for the purpose ... ..  |   |     |
| (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... ..                                    |   | 32  |
| (4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ... .. |   | 10  |

## 2.—REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES :—

- |  |    |
|--|----|
| Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers ... .. | 11 |
|--|----|

## 3.—ACTION UNDER STATUTORY POWERS DURING THE YEAR :—

## A.—Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930 :

- |  |    |
|--|----|
| (1) Number of dwelling-houses in respect of which notices were served requiring repairs ... .. | 63 |
|--|----|



(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) By owners ... ..	40
(b) By local authority in default of owners ...	Nil
B.—Proceedings under Public Health Acts :	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... ..	242†
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) By owners ... ..	12
(b) By local authority in default of owners ...	Nil
C.—Proceedings under Sections 19 and 21 of the Housing Act, 1930 :	
(1) Number of dwelling-houses in respect of which Demolition Orders were made ... ..	32
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders ... ..	21
D.—Proceedings under Section 20 of the Housing Act, 1930 :	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ... ..	6
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ... ..	6

† Not including insufficiency of closet accommodation. Notices for this were served in respect of 102 dwellings.

### Unhealthy Areas.

During the year two areas were inspected and reported upon, and on May 24th officially represented by the Medical Officer of Health under the Housing Act, 1930.

On June 1st the Council made Orders for Clearance, and on the 11th July the Ministry of Health held an enquiry into the Council's application for confirmation of the Orders.

On October 20th the Ministry confirmed the Orders with only slight modifications.

The areas in question were :—

**Whitehall Street No. 1**, consisting of three blocks of property bounded by North Lane, Eastgate Street, Whitehall Street and the rear of property in Whitworth Road, the whole area consisting of 35 houses accommodating 154 persons ;

**Whitehall Street No. 2**, consisting of 14 houses accommodating 46 persons, and situated in Castle Street, Queen Street, Whitehall Street and Standring's Yard.

The problem of Slum Clearance is undoubtedly one of paramount importance, and there can be few who will not rejoice that a sincere attempt is to be made to remove rapidly this millstone round the neck of sanitary progress. That the Slums are to be dealt with on a national scale, both as regards standards



and time limits to the programmes, is all to the good. It must not be imagined, however, that the sweeping away of all slum dwellings in the space of five years will solve entirely the housing problem. The very fact that new houses provided by the Local Authority are earmarked for those displaced from slum property means that over-crowding in houses above the grade of slum property cannot be dealt with by the Sanitary Authority. Unless there is some drastic alteration in the Regulations whereby provision can be made for families who ought to be displaced by Orders to abate over-crowding, it would appear that practically none of these cases can be dealt with during the next five years.

That the facts of overcrowding are by no means exaggerated is shown by the following extract from the 1931 Census figures :—

Persons in Rochdale living—

6 or more in one room	...	...	...	4 cases
7 or more in two rooms	...	...	...	78 „
8 or more in three rooms	...	...	...	65 „
9 or more in four rooms	...	...	...	77 „
10 or more in five rooms	...	...	...	53 „

Actually 1,732 persons in Rochdale are living three to one room, and 937 persons more than three to one room.

These figures are sufficient to show how impossible it is for a considerable proportion of the population to have adequate living space, and how utterly impossible to provide that privacy and separation of the sexes on which the elements of decency are based.

Amongst the cases of overcrowding which the Department is awaiting an opportunity to deal with, the following are notable examples. One house, with six adults and five children, contains only 1,245 cubic feet of sleeping space in place of the necessary 2,550 cubic feet (300 for an adult and 150 for a child). Another, with eleven adults, contains 2,550 cubic feet instead of 3,300, and still another with eleven adults and five children, contains only 2,864 cubic feet in place of the necessary 4,050.

### Disinfestation of Houses.

During 1933 the Housing Department have referred to the Health Department 33 Council houses found to be affected with vermin. These have been treated at the expense of the Housing Committee, either by fumigation, the spraying of liquid vermicide, or both, according to the extent of infestation. In the majority of cases, picture moulds, skirting boards, architraves and covering woodwork, have been removed and separately treated before being reinstated.

In addition 10 other houses not owned by the Council have been treated similarly at the request and expense of the respective landlords.



The methods adopted have invariably proved successful, particularly when it has been possible to have the premises vacated for the purpose.

## INSPECTION AND SUPERVISION OF FOOD.

### Dairies and Cowsheds.

The number of Farms on the Register at the end of 1933 was 52. The number of visits paid by the Dairy Inspector was 163. During the year the following improvements have been made under notice from this Department :—

Shippens reconstructed	...	...	...	...	...	4
New Dairies provided	...	...	...	...	...	4
Middenstead provided	...	...	...	...	...	2

In the case of five other farms which are under notice for improvements or reconstruction of farm premises, the work is in progress or has been arranged for.

### Milkshops.

The number of shops retailing milk in bottles is 188. The number of shops retailing unbottled milk is 5. The number of visits paid by the Dairy Inspector was 164.

### Inspection of Premises used for the Preparation and Sale of Foodstuffs.

The inspection of all premises used for the preparation and sale of foodstuffs has received constant attention during the year, and 2,237 visits have been made. Five of these premises have been discontinued on notice by the Inspector. 19 Notices have been served in respect of others for limewashing and cleansing.

### Meat and Food Supply.

The foodstuffs delivered in the Borough during the year, taken collectively, show a good standard of quality.

The number of recognised slaughter-houses in the Borough is 14 ; of this number three are registered and 11 are licensed annually.

### Offensive Trades.

The number of premises at which these trades are carried on in this Borough is as follows :—

Tripe Boiling	...	...	...	...	2
Gut Scraping	...	...	...	...	2
Fellmongering	...	...	...	...	1
Knacker's Yard	...	...	...	...	1

The number of visits to these premises in the year was 39.

## DISEASES OF ANIMALS ACTS.

## Tuberculosis Order, 1925.

was £34 5s. 0d.

food.

Disease or Condition	No. of animals affected	Weight in lbs.
Tuberculosis .. .. .	137	28,191
Septicæmia .. .. .	16	5,697
Abscesses .. .. .	75	750
Jaundice... .. .	3	505
Pericarditis .. .. .	67	402
Dropsy .. .. .	9	2,130
Cirrhosis .. .. .	205	2,050
Imperfect bleeding .. .. .	28	1,818
Frozen Meat .. .. .	..	1,238
Swine Erysipelas .. .. .	48	4,536
Unwholesome Food—		
Fruit and Vegetables .. .. .	..	2,497
Fish .. .. .	..	437
Tinned Food .. .. .	(Tins) 157	...
Turkeys ... .. .	8	...
Ducks ... .. .	4	...
Rabbits ... .. .	60	Couples ...
Geese ... .. .	13	...
Chickens ... .. .	67	...
Miscellaneous .. .. .	..	3,627
<b>Total ... 24 tons 1 cwt. 6 lbs.</b>		



## MILK AND DAIRIES (CONSOLIDATION) ACT, 1915.

## Tuberculous Milk.

During the year 123 samples of milk have been taken in the Rochdale streets for the purpose of detecting supplies of tuberculous milk. These samples represented the mixed milk of about 1,500 cows, and were taken in batches of 10 at various periods of the year, viz.:—February, March, April, May, June, August, September, October and December.

Of the 123 samples 38 were from Rochdale Borough Farmers, and 85 from County Farmers delivering milk in the Borough.

The number found to be positively tubercular was:—

From Rochdale Farmers ... .. 4 (10.5%)

From County Farmers ... .. 9 (10.6%)

It should be borne in mind that the 38 mixed samples taken from Rochdale farmers represents about 460 cows. During the year, therefore, the number of cows found to be affected was about 1 in 120, or 0.8%.

The following Table gives this information concisely:—

Number of Samples taken				Samples Negative		Samples Positive		Percentage
Feb.	{ Borough County	5	13	3	12	2	1	40% 7.7%
March	{ Borough County	4	8	4	7	—	1	0% 12½%
April	{ Borough County	4	6	3	4	1	2	25% 33.3%
May	{ Borough County	3	17	3	17	—	—	0% 0%
June	{ Borough County	—	1	—	1	—	—	— 0%
August	{ Borough County	3	7	3	6	—	1	0% 14.3%
Sept.	{ Borough County	3	7	2	6	1	1	33.3% 14.3%
October	{ Borough County	1	9	1	9	—	—	0% 0%
Novem.	{ Borough County	4	6	4	5	—	1	0% 16.6%
Decem.	{ Borough County	11	11	11	9	—	2	0% 18.2%
TOTALS	{ Borough County	38	85	34	76	4	9	10.5% 10.6%
COMBINED TOTALS ...		123		110		13		10.57%

It will be seen that 10.57 per cent. of all the mixed samples taken were found to contain tubercle bacilli, as against 6.2 per cent. in 1932, 9.1 per cent. in 1931, and 7.8 per cent. in 1930.

Each positive sample was followed up by secondary samples from all cows on the infected farms; the number of secondary samples necessary for the Borough was 47.

It is interesting to note that during the period May to December only one positive sample occurred in 25 taken from Borough Farmers.

The work is being continued on a similar scale during 1934.

### SALE OF FOOD AND DRUGS ACT.

380 samples of Food and Drugs, as against 267 in 1932, were obtained by the Inspector during the past year, 26 of which, on analysis, were found to be adulterated in some degree. The following is a list of samples obtained:—

Description	Number taken		Result of Analysis	
	Formally	Informally	Genuine	Adulterat'd
Milk ... ..	340	5	319	26
Boned Haddock ... ..	...	1	1	...
Tapioca ... ..	...	1	1	...
Butter ... ..	...	3	3	...
Coffee ... ..	...	3	3	...
Baking Powder ... ..	...	1	1	...
Lard ... ..	...	2	2	...
Oatmeal ... ..	...	1	1	...
Ground Rice ... ..	...	1	1	...
Lemonade Powder ... ..	...	1	1	...
Margarine ... ..	...	2	2	...
Self-Raising Flour... ..	...	1	1	...
Blood and Stomach Bitters ... ..	...	1	1	...
Health Salts ... ..	...	1	1	...
Broken Chocolate ... ..	...	1	1	...
Mixed Chocolates ... ..	...	3	3	...
Bicarbonate of Magnesia ... ..	...	1	1	...
Tea ... ..	...	1	1	...
Cocoa ... ..	...	1	1	...
Flour ... ..	...	1	1	...
Whisky ... ..	3	...	3	...
Rum ... ..	2	...	2	...
Gin ... ..	1	...	1	...
Sherry ... ..	1	...	1	...
Australian Wine ... ..	1	...	1	...
	348	32	354	26
TOTAL ...	380		380	



Of the 26 samples reported as adulterated proceedings were instituted in 15 instances ; in the remaining cases warning letters were sent or the samples were informal or only slightly adulterated. Convictions were obtained in 12 of the 15 cases proceeded against, and fines amounting to £44, together with Analyst's fees and costs, were imposed ; the other 3 cases being dismissed.

The full analysis of milk samples in connection with which proceedings were taken is given in the following table :—

No.	Percentage of			Extent of Adulteration
	Fatty Solids	Non-Fatty Solids	Water	
746	2.25	8.44	89.31	25 per cent. deficient in fat.
751	2.83	8.70	88.47	5.6 per cent. deficient in fat.
765	3.1	7.5	89.4	9 per cent. added water.
766	3.61	7.75	88.65	9 per cent. added water.
770	2.61	9.46	87.93	13 per cent. deficient in fat.
688	2.70	8.59	88.71	11 per cent. deficient in fat.
78	2.88	8.80	88.32	4 per cent. deficient in fat.
88	2.81	8.57	88.52	6.3 per cent. deficient in fat.
103	2.64	8.74	88.62	12 per cent. deficient in fat.
127	2.88	8.89	88.23	4 per cent. deficient in fat.
*162	2.82	8.92	88.26	6 per cent. deficient in fat.
194	3.0	8.1	88.9	5 per cent. added water.
266	1.78	9.18	89.04	40.6 per cent. deficient in fat.
284	2.40	9.24	88.36	20 per cent. deficient in fat.
283	1.85	8.78	89.37	38.3 per cent. deficient in fat.

\* The vendor of this sample was fined also for the presence of Formaldehyde in small quantity.

#### Extract from Report of the Borough Analyst.

" It is appropriate to refer to the quality of milk vended in Rochdale throughout the whole year. The usual striking feature is noted in the autumnal rise in fat (common to all supplies throughout the country), but, when compared with last year's graph, this constituent is seen to be distinctly depressed. Thus the grand calculated averages appear in the following order :—

	1932	1933
	per cent.	per cent.
" Milk-fat ... ..	3.75	3.63
" Non-fatty solids ... ..	8.79	8.80
<hr/>		
" Total No. analysed ... ..	199	345
<hr/>		



“ This lower mean fat result is probably due to sustained periods of abnormal dryness and relatively high temperature (vide April to September, inclusive). On the whole, however, there is little to criticise regarding general quality throughout, and, although it would appear that, at least, one in fourteen samples was either adulterated or failed to comply with the necessary requirements, there must be considerable satisfaction in the knowledge of such systematic inspection of this vital commodity.

“ The chocolate samples consisted of varying proportions of sucrose, invert sugar and glucose (the latter in appreciable amount), but were of wholesome quality and free from metallic contamination. The miscellaneous groceries were, also, in order, and the various spirits were of the required statutory alcoholic strength.

“ A sample each of Australian red wine and British sherry contained normal amounts of grape sugar and extractive matter, and showed respectively 17.24 and 13.64 per cent. of absolute alcohol, by weight. Whilst the former was free from sulphur dioxide (Sulphites), the latter contained 165 parts per million of this preservative agent, which does seem excessive. For example, this result is quite double what was found in a ‘ control ’ sample of British make, priced at 2/6 a bottle, recently purchased. In view, however, of the customary practice of using this agent to inhibit fermentation during storage, etc., one does not feel justified in reporting adversely. It might be added, all the same, that this is another illustration of the principle now being sought, of having appropriate ‘ standards ’ and/or limiting figures for such extraneous matters, and it is hoped, hereafter, that some permanent Authority will be set up by the Ministry of Health whose recommendation, in this direction, will have legal force.”

## Examination of Milk for Dirt.

### MILK SEDIMENTATION TESTS.

The examination of milk by the sediment test has been continued during the year, and 238 samples have been purchased in the street for this purpose from local milk sellers. These samples are procured only during the winter period when the cows are housed in shippens, and greater care has to be used in the production of clean milk.

As before, the vendors of unsatisfactory samples were warned by letter and invited to inspect the test disc at the Public Health Offices. During the year 87 such letters have been sent out. That the milk sellers in the town are genuinely interested in the results of this test is seen by the fact that not only did the majority of the recipients of these letters attend to inspect the test discs, but that many other purveyors attended in whose case the samples had been quite satisfactory.



Each unsatisfactory primary sample is followed up by further samples from the same source until a satisfactory sample is obtained. It cannot, of course, be said that in every case the milk is ultimately found to be of a high standard of cleanliness, but it is an exception to find cases in which a marked improvement is not achieved.

During the year's sampling 151 samples, or 67.25 per cent., of all first, second, third and fourth samples passed the test required. The corresponding figure for last year was 64.2 per cent.

This work is regarded as of great importance, and is to be continued during 1934 on the same basis.

#### **Rag Flock Acts, 1911 and 1928.**

There are no premises in this Borough where rag flock is manufactured. Regular inspections have been made of premises where such flock is used in the making of mattresses, but it has not been considered necessary to take samples of rag flock for analysis.

### **PREVALENCE OF INFECTIOUS AND OTHER DISEASES.**

#### **(A) INFECTIOUS DISEASES GENERALLY.**

The general incidence of the chief infectious diseases continued low and much below the average with a total of 837 cases, as against 1,671 cases the previous year, and 1,547 in the year 1931.

Diphtheria and scarlet fever were the most prevalent, with 203 and 181 cases respectively. While the former showed an increase over the previous year of 94 cases, and recorded a greater incidence than in any one year since 1915 with 518 cases reported, the latter disease was less prevalent and below the average incidence of previous years.

The incidence of the three non-compulsorily notifiable diseases, measles, whooping cough and chicken-pox, was very low, with only 116 cases reported or otherwise ascertained from School Returns.

Comparative figures of the most prevalent are given below, and further details as to age, distribution and annual incidence are shown in Tables IV. and V., Appendix.



								Average 5 years 1928-32
				1933		1932		
Scarlet Fever	...	...	...	181	...	190	...	256
Diphtheria	...	...	...	203	...	109	...	134
Tuberculosis	...	...	...	115	...	108	...	118
Pneumonia	...	...	...	130	...	57	...	77
*Whooping Cough	...	...	...	23	...	139	...	101
*Chicken pox	...	...	...	82	...	206	...	207
*Measles	...	...	...	11	...	812	...	557
Other Diseases	...	...	...	92	...	50	...	67
				837	...	1,671	...	1,517

\* Not compulsorily notifiable. Information from Reports of Head Teachers of Public Elementary Schools.

### Dysentery.

An unusual outbreak of dysentery occurred in the month of March, which was fortunately confined to a local Institution which serves as a residential school and training college for orphans. A full report of the outbreak, together with information as to the measures adopted by the Department for limiting the spread of infection, was forwarded to the Ministry of Health in accordance with Article 14 (5) of the Sanitary Officers Order, 1926.

An extract of the Report prepared by the Assistant Medical Officer, Dr. Heyworth, is given below :—

“ There are about two hundred and sixty boys in residence at the Institution in question. These are arranged in age groups and housed in eight dormitories with separate classrooms and dining and recreation rooms. One wing of the building is set aside as a Hospital, with two sick wards in an annexe under the charge of a qualified nurse. Two Medical Practitioners in the town act as Visiting Medical Officers.

“ The outbreak of epidemic diarrhoea began in February, and the sick wards were gradually filled with boys suffering from slight fever and some vomiting and diarrhoea. All were fit again in a few days. The Public Health Department was called in on March 13th, and about twenty boys had then been affected. The sick cases were examined and specimens of blood and faeces obtained. All the bloods gave negative results, and in only two cases was a suspicious organism found in the faeces. This was found to be *B. coli mutabilis*. Precautions against spread of the epidemic included isolation and disinfection of the wards and bedding.



" About the 19th of March the epidemic became complicated by an outbreak of influenza of the respiratory type. There were now very few cases of gastro-enteritis, but the sick wards were kept full of the influenza cases. Six boys developed pneumonia, and were removed to Hospital, where two died after a very short illness.

" On April 10th, the Institution was again visited, when all sick boys examined were found to have influenza with one exception, in whose case a mild degree of dysentery was suspected. The blood from this boy was found to agglutinate a type of flexner bacillus in a titre of 1/320. The type having thus been determined, blood specimens were examined from ten boys who had previously suffered from diarrhoea and vomiting, and these were found positive to this type in titres of 1/40 to 1/160. Full Clinical investigation showed that the dysentery epidemic was quite separate and distinct from the influenza outbreak. Unfortunately, however, the control established over the dysentery broke down in face of the additional strain placed on the resources of isolation by the influenza cases.

" Finally, further provision for isolation was made in the Corporation Isolation Hospital while the sick wards and contents were disinfected. One dormitory was set aside for all those who had been affected in any way. About two hundred and fifty boys received a course of intestinal disinfectant, e.g., Salol ; two hundred and fifty boys received two doses of dysentery vaccine with one week's interval. Laundry, Cooking and food store arrangements were investigated and controlled ; the milk and water supplies were investigated. The Institution was quarantined for admissions and discharges. Recent admissions and the cooking and serving staff were thoroughly investigated. No source for the dysentery outbreak was definitely established. The diagnosis of an outbreak of dysentery due to a bacillus of the flexner type was made purely on the presumptive evidence of the laboratory investigation of the agglutination titres of the blood of convalescents. No organism of this type was recovered from any of the affected cases.

" Following the measures above noted, the Institution was released from isolation and quarantine on May 8th, although at that time slight cases of influenzal colds were still occurring here and there throughout the Institution."

### **Mortality.**

There were 22 deaths registered as due to certain infectious diseases :— diphtheria 15, scarlet fever 2, cerebro spinal fever 2, encephalitis lethargica 2, and puerperal sepsis 1, as compared with 30 deaths in the same group the previous year.



### Marland Isolation Hospital.

This Hospital was approved by the General Nursing Council of England and Wales in November, 1932, as a complete training school for fever nurses.

Probationer Nurses who complete their period of training at Marland Hospital and receive the Fever Certificate of the General Nursing Council and who desire to take the Certificate of General Nursing are given preference in the appointment of Probationer Nurses at the General Hospital, Birch Hill.

The Institution serves not only Rochdale but the adjoining districts of Middleton, Heywood, Whitworth, and, in emergency, some of the adjoining County districts. There are 120 beds available for cases of infectious disease other than tuberculosis and puerperal infections, and last year there were 553 cases admitted, as compared with 512 the previous year, and 539 cases in 1931. Of the 553 cases admitted, 412 were from Rochdale, 53 Middleton, 43 Heywood, 18 Whitworth, and the remaining 27 from five other districts adjoining the Borough.

The case mortality was above the average, with 41 deaths due chiefly to the virulent type of diphtheria, which caused 24 deaths. There were 6 deaths from cerebro-spinal fever, and 5 due to scarlet fever.

A summary of the cases admitted to Hospital is given below :—

DISEASE	In Hospital on 31st December 1932	Admitted during the Year	Discharged	Died	Remaining in Hospital at end of Year 1933	Average stay in Hospital of Patients Disch'rg'd — Days	Ages of Patients Admitted		
							Under 5 Years	5—15 Years	Above 15 years
Scarlet Fever ..	52	225	243	5	29	37	60	135	30
Diphtheria ..	32	256	222	24	42	42	56	158	42
Dysentery ... ..	..	31	31	..	..	21	..	26	5
Cerebro Spinal Meningitis ...	1	10	3	6	2	42	3	1	6
Erysipelas ..	..	18	14	3	1	20	1	1	16
Puerperal F. & P.	..	9	8	1	..	35	...	..	9
Other Diseases ..	...	4	2	2	...	30	1	1	2
<b>Total ..</b>	<b>85</b>	<b>553</b>	<b>523</b>	<b>41</b>	<b>74</b>	<b>..</b>	<b>121</b>	<b>322</b>	<b>110</b>

Of the 256 cases of Diphtheria admitted during the year, 244 were definite and uncomplicated cases of clinical Diphtheria. The following table dividing these 244 into groups according to the day of their disease on which they were admitted is an interesting commentary on the effects of delayed treatment. It is to be noted that the numbers after the 6th day are largely made up of very mild cases, many of them only recognised on the occurrence of a second associated case.



Day of Disease Admitted	No.	RECOVERED		DIED	
		Normally	Slowly	No.	Percentage
1	15	14	1	—	0
2	66	50	10	6	9%
3	65	41	16	8	12.3%
4	55	29	20	6	10.9%
5	23	15	6	2	8.7%
6-7	12	9	2	1	8.5%
8+	8	3	4	1	12.5%
	244			24	10%

There were no structural alterations to the Hospital buildings during the year, but arrangements for the transfer of cases of tuberculosis from Marland Hospital to the new Springfield Sanatorium for women are nearing completion, and at an early date it is proposed to carry out such structural alterations to the vacated Wards as will provide additional accommodation for cases of infectious disease.

#### Antitoxin.

Diphtheria Antitoxin, Scarletina, Meningococcal and Erysipelas Sera are distributed on behalf of the Department from the Broadfield Pathological Laboratory to medical practitioners, for use within the Borough. The arrangement of distributing these sera from the Public Health Office has been discontinued. Outside Laboratory hours, supplies are available at Marland Hospital.

#### Vaccination Acts.

No vaccinations were carried out by the Medical Officer of Health in pursuance of the Public Health (Smallpox Prevention) Regulations, 1917.

The four Registrars of Births and Deaths act also as Vaccination Officers, each with an area corresponding to the Registration District. There are also four Public Vaccinators.

A summary of the Vaccination Returns forwarded to the Ministry of Health for the year 1932 is given below, in comparison with the 1931 figures. The Returns for 1933 are not yet available.

**Summary of the Vaccination Returns forwarded to the Ministry  
of Health for the year 1932, as compared with the  
Year 1931.**

	1932		1931	
	Total	Percent- age	Total	Percent- age
Number of successful vaccinations... ..	150	19.1	149	18.8
Number insusceptible to vaccination ... ..	...	...	3	0.4
Number of exemptions ... ..	561	71.4	575	72.3
Number died unvaccinated ... ..	41	5.2	38	4.8
Number not traceable, or removed to other districts, or postponed ... ..	34	4.3	29	3.7
Total number of children born ... ..	786*	100.0	794*	100.0

\* Excluding children born at Birch Hill Hospital.

The number of primary successful Vaccinations has been steadily falling, and it is now at the low average figure of 19 per cent., so that the proportion of the populace who are susceptible to smallpox is now four times greater than those who are protected against the disease.

The average percentage of successful vaccinations for the whole of England and Wales is about 40.

**(B) TUBERCULOSIS.**

**Notifications.**

There were 115 tuberculous cases notified during the year, as compared with 120 the previous year, and 122 the average annual number during the five preceding years 1927-31.

Comparative annual average numbers of notifications are given below :—

Average 5 year periods	NOTIFICATIONS		
	Respiratory	Non- Respiratory	Total
1913—17	184	108	292
1918—22	216	52	268
1923—27	85	40	125
1928	78	43	121
1929	79	27	106
1930	84	42	126
1931	98	35	133
1932	89	31	120
1933	91	24	115



Non-notification of this disease in Rochdale is becoming rare, and during the year under review only one such case was ascertained from the Registrar's Weekly Returns of Deaths.

There were, however, 24 cases added to the Register as transfers from other areas, 17 of which were patients resident in the newly added district of Norden, and who were formerly under the supervision of the Lancashire County Council.

The 115 new cases of tuberculosis and the number of deaths resulting from the disease are arranged in the following table, according to age, sex, and type of disease.

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	...	...	...	...	...	...	...	...
1—5 years ..	...	1	1	2	...	1	...	1
5—15 „ ..	...	4	2	2	...	...	...	2
15—25 „ ..	5	9	2	4	3	8	1	...
25—35 „ ..	15	10	1	5	14	7	...	...
35—45 „ ..	13	10	1	1	6	5	2	...
45—55 „ ..	9	2	1	...	4	3	...	...
55—65 „ ..	10	1	...	2	4	...	...	2
65 years and over ..	...	2	...	...	2	2	...	...
<b>TOTAL ..</b>	<b>52</b>	<b>39</b>	<b>8</b>	<b>16</b>	<b>33</b>	<b>26</b>	<b>3</b>	<b>5</b>

The period between date of notification and date of death in the 67 cases recorded in the above table is classified below.

Year	Not Notified	No Trace	Interval between notification and death						
			Under 2 wks.	2-4 weeks	1-3 months	3-6 months	6-9 months	9-12 months	Over 12 months
1933	1	1	12	4	9	8	3	4	25

### Deaths.

The death-rate from tuberculosis has shown only slight variations during the past five years. In 1933 there were 67 deaths, as against 70 during the previous year. This number is equal to 0.73 per 1,000 of the estimated population, as against 0.77 in 1932, and 0.60 in 1931. During the five years 1928-32 the average was 0.74 per 1,000.

### Notification Register.

The card index register of notifications of tuberculosis kept at the Public Health Office is regularly revised in accordance with the Public Health (Tuberculosis) Regulations, 1930, and on December 31st there were 557 cases remaining on the Register as compared with 513 cases at the end of 1932.

Respiratory			Non-Respiratory			Total Cases
Male	Female	Total	Male	Female	Total	
203	149	352	87	118	205	557

There were 95 cases removed from the Register during the year for the reasons of :—

Recovery from the disease	...	...	...	...	...	16
Death	...	...	...	...	...	72
Withdrawal of Notification	...	...	...	...	...	7

### Tuberculosis Dispensary.

The premises in Elliott Street used for many years as the Dispensary in connection with the tuberculosis scheme were closed in December, 1933, and more centrally situated premises in Baillie Street, in close proximity to the Public Health Offices and adjacent to the tram and bus service, were opened for this purpose.

The number of new cases examined by the Tuberculosis Officer during the past year was 362, of which 133 were children under 16 years of age. In 1932 the number was 394, and in 1931 322 cases were examined. The continued co-operation of the family doctor with the work of the Dispensary is shown by the fact that 57 per cent. of the cases examined last year were referred to the Tuberculosis Officer by the general practitioner or by the School Medical Officer, while 32 per cent. were examined as contact cases.

Of the 362 cases examined, there were 33 per cent. diagnosed as suffering from tuberculosis. These cases are classified in the following table, along with comparative figures for 1932.



Sex	ADULTS								CHILDREN								Gra Tot
	PULMONARY				Non-pulmonary	NOT tuberculous	Diagnosis not complete	TOTAL	PULMONARY				Non-pulmonary	NOT tuberculous	Diagnosis not complete	TOTAL	
	T.B. minus	T.B. + Groups							T.B. minus	T.B. + Groups							
		I.	II.	III.						I.	II.	III.					
Males	16	4	25	8	7	58	1	119	1	..	..	..	2	58	1	62	18
Females	9	6	18	4	10	62	1	110	4	..	...	..	5	58	4	71	18
Totals	25	10	43	12	17	120	2	229	5	..	...	..	7	116	5	133	36
Year 1932	20	3	28	16	11	166	5	249	14	..	..	..	7	119	5	145	39

The work in connection with the Dispensary is shown in detail in Table VII., Appendix, and is here briefly summarised along with corresponding figures for the previous year :—

	1933	1932
Number of New Cases examined ... ..	362	394
Total Number of Attendances of Patients ... ..	2,581	2,410
Number of Attendances of Old Cases ... ..	2,219	1,937
Average Attendance per Clinic (Year 1933—Highest 33, Lowest 6) ... ..	17	15.3
Number of Contacts examined ... ..	117	143
Dressings and Injections carried out during the year ...	932	655
Home Visits and Consultations by Tuberculosis Officer Year 1933—(138 home visits and 460 letters, telephones, etc.)	598	554
Home Visits by Tuberculosis Nurses ... ..	1,943	1,963
Number of necessitous patients who have had milk granted	64	62
Number of necessitous patients who have had malt and oil granted ... ..	28	31
Wasserman Tests taken at the Dispensary ... ..	22	45
Year 1933—(Positive 6, Doubtful 0, Negative 16)		
X-Ray Examinations ... ..	166	192
Sputum Examinations—		
Dispensary Patients ... ..	130	158
(Positive 46, Negative 109, Asbestos Bodies found 3)		
Dispensary Patients in Wolstenholme Hall or Marland	248	271

#### X-Ray Work.

Patients requiring radiological examination are referred either to the Birch



Hill Hospital or the Rochdale Infirmary, whichever is more convenient to the residence of the patient concerned, and a full report and X-ray plate returned to the Dispensary in each case.

During the past year there were 166 X-ray examinations, and in the previous year 192 cases were referred.

### **Extra Nourishment.**

Special nourishment in the form of milk or malt and cod liver oil was granted in 92 selected cases. There is a tendency on the part of the patient to regard this as a form of relief, and it is often difficult in families where the circumstances are poor to explain that the grant of nourishment is made on medical grounds and as an "extra."

These grants are only made to non-insured persons and selected necessitous cases waiting admission to Sanatorium, or who have received an adequate course of Sanatorium treatment, and may be expected to maintain or recover full working capacity.

### **Provision of Clothing.**

Suitable clothing and footgear is provided by the Local Authority in necessitous cases selected for admission to a Sanatorium. During last year 18 patients, chiefly children for admission to Stannington Sanatorium, were assisted in this direction.

### **Residential Treatment.**

On July 1st, 1933, Wolstenholme Hall was handed over to the Lancashire County Council to be administered by them as an institution for tuberculous male patients, and an agreement was entered into providing for the retention of 18 beds for the use of Rochdale patients pending completion of structural alterations and extension of buildings providing a complete and up-to-date sanatorium, when this number will be increased to 25 beds. A corresponding agreement was entered into for the use by the County Council of 18 beds for tuberculous women patients at Springfield, where building operations are now in progress providing accommodation for 36 patients.

It is anticipated that Springfield may be opened as a Sanatorium during the summer months of 1934, and the tuberculous women patients now at Marland Hospital transferred thereto.

The following Table shows that 92 borough patients were admitted to Institutions during the year under review, chiefly to Wolstenholme Hall, Marland Hospital, and to Westmorland Sanatorium, which, together with 59 patients in



residence at the beginning of the year, makes 151 patients under treatment during the twelve months. Eight of these patients were admitted for observation.

There were 16 deaths in Wolstenholme Hall, and 20 deaths in Marland Hospital, due to tuberculosis.

Institutions	In Hospital or Sanatorium on 31st Dec., 1932	Admissions			Discharged during 1933	Died	Remaining in Hospital at end of 1933	Average stay in Hospital of Patients disch'g'd — Months
		Total	Males	Females				
Wolstenholme Hall								
Sanatorium ... ..	21	34	34	...	25	16	14	10.1
Marland Hospital ...	16	33	4	29	15	20	14	2.4
Stannington Sanatorium	8	5	1	4	5	...	8	10.3
Westmorland San'torium	6	13	12	1	12	...	7	7.6
Harlow Wood Hospital...	2	2	2	...	3	...	1	13.7
Eastby Sanatorium ...	6	2	2	...	4	...	4	7.8
Wrightington ... ..	...	1	1	...	...	...	1	...
Memorial Home, Norden	...	2	...	2	1	...	1	4.4
TOTAL ...	59	92	56	36	65	36	50	

Returns relating to patients treated in residential institutions as forwarded to the Ministry of Health are reprinted in Tables VI. and VII., Appendix.

#### **Public Health (Prevention of Tuberculosis) Regulations, 1925, and Public Health Act, 1925 (Section 62).**

The former relates to persons engaged in the milk or dairy trade who are suffering from tuberculosis, while the latter confers powers for the removal to hospital of infectious persons suffering from pulmonary tuberculosis.

No occasion has yet arisen where it has been found necessary to make use of the powers conferred by this Act and Regulation.

**(C) VENEREAL DISEASES.**

The clinic premises at the Rochdale Infirmary referred to in the last Report as inadequate and inconvenient for patients, were discontinued in December, 1933, and in lieu thereof central premises in Baillie Street, in the vicinity of the Public Health Offices, were opened as the Centre for the diagnosis and treatment of Venereal Diseases. These premises have been arranged and equipped on modern lines, and afford facilities reasonably comparable with the larger Clinics in the country. A Resident Orderly has been appointed, and intermediate treatment for males may now be obtained daily from Monday to Friday between the hours of 9-0 a.m. and 7-0 p.m. ; Saturday 9-0 a.m. to 12-0 noon, and 6-0 to 8-0 p.m., and on Sundays from 9-0 to 10-0 a.m.

The Medical Clinics for male patients remain unaltered with three sessions weekly :—

Monday	...	...	...	...	...	5-30—7-30 p.m.
Tuesday	...	...	...	...	...	3-0—5-0 p.m.
Thursday	...	...	...	...	...	5-0—7-0 p.m.

The Clinics for Female patients are provided with a separate entrance at 2, Alfred Street. Medical Clinics are held on Tuesday, 9-30 to 11-30 a.m., and on Wednesday, 5-30 to 7-30 p.m.

Intermediate treatment is available daily by arrangement through the Medical Clinic.

The Clinic serves mainly Rochdale residents and those of the adjoining County districts, under an Agreement with the Lancashire County Council, but any other person, although resident in some other part of the country, may avail himself of the Clinic services, and obtain free treatment.

**Patients under Treatment or Observation.**

There were 358 new cases dealt with at the Centre during the year, and their residence was—Rochdale 260 ; adjoining County districts 94 ; other districts 4.

Returns from other districts show that 27 Rochdale residents received treatment at other Centres—Manchester 12 ; Salford 12 ; and Bury 3.

The number of cases under treatment or observation during the year ended December 31st showed a further increase from 540 in 1932 to 630 in 1933. These are classified in comparative summary below :—



	Syphilis		Soft Chancre		Gonorrhoea		Conditions other than Venereal		TOTALS	
	1933	1932	1933	1932	1933	1932	1933	1932	1933	1932
1.—Number of Cases on January 1st under treatment or observation ... ..	170	113	...	1	87	114	10	12	267	240
2.—Number of Cases removed from the Register during any previous year which returned during the year under report for treatment or observation of the same infection ...	...	...	...	...	5	2	...	...	5	2
3.—Number of Cases dealt with for the first time during the year under report (exclusive of Cases under Item 4) ...	154	96	1	1	117	123	85	72	357	292
4.—Number of Cases dealt with for the first time during the year under report known to have received treatment at other Centres for the same infection ...	...	5	...	...	1	1	...	...	1	6
<b>TOTAL</b> ...	<b>324</b>	<b>214</b>	<b>1</b>	<b>2</b>	<b>210</b>	<b>240</b>	<b>95</b>	<b>84</b>	<b>630</b>	<b>540</b>
Congenital syphilis in children under 15 years of age.							Male Patients ...		439	377
							Female Patients		191	163

Of the 630 cases dealt with in Rochdale during the year 208, or 33 per cent., were discharged after completion of treatment and final tests of cure.

### Clinic Attendances.

Attendances by patients total 14,925—9,537 for attention of the Medical Officer, and 5,388 for purposes of irrigation, dressings, etc., as against 15,132 the previous year.

### In-Patient Treatment.

Although the Clinic rooms at the Rochdale Infirmary have been discontinued, an arrangement has been made to continue the reservation of two beds at that Institution for cases of venereal disease. Only one case required in-patient treatment during the year.

### Pathological Examinations.

No change has been made in the arrangement for the examination of specimens. Microscopical examinations for gonococci are sent to the Broadfield Laboratory, and serum tests for Wassermann reaction to the Public Health Laboratory, University of Manchester.

The number of specimens examined at the approved Laboratories and by the Medical Officer at the Centre was 1,045, as against 1,081 the previous year.

	1933	1932
From V.D. Clinic ... ..	473	386
From Private Practitioners...	152	130
From Other Sources ... ..	237	185
Total examined at the Laboratory ...	862	701
Examined by the Medical Officer at Treatment Centre ... ..	183	380
	<u>1,045</u>	<u>1,081</u>

Outfits for the collection of specimens are distributed from the Public Health Office.

### Arsenobenzene Compounds.

These drugs are supplied by the Local Authority free to medical practitioners on the "Approved List," which consists of 15 names.

During the year 174 doses of arsenobenzene were supplied to "Approved" private practitioners.

### DISINFECTION.

Prior to December, 1933, articles of clothing from infected houses and which were suitable for disinfection by steam were removed and treated by the Manlove Alliott Disinfectors.

In the case of infected rooms of dwelling-houses, schools or public buildings, it was the custom to fumigate with formalin or sulphur and spray with formalin.

The whole question of disinfection was considered by the Health Committee at their meeting in December, and on the recommendation of the Medical Officer of Health it was decided to vary the present practice as regards measles, German measles, chicken-pox, mumps, whooping cough, pneumonia, scarlet fever and erysipelas.



Following these infectious diseases, it is now considered sufficient in the majority of cases to advise the parents or other responsible person that during the isolation at home of a patient, all articles, utensils and the like that have recently been used or have been in contact with the patient should be thoroughly cleansed by ordinary domestic methods.

After the removal of a patient to Hospital or recovery of the patient :—

- (1) The walls and furniture should be washed down or wiped over with a damp duster ;
- (2) The windows should be opened as widely, and for as long as possible, so as to ventilate the room thoroughly ;
- (3) All bed clothing, linen, and personal clothing should be exposed to sunshine out-of-doors for several hours, if possible. All such articles should be boiled or washed in the usual way with soap and water, unless the articles would be destroyed by this treatment.

If any householder should still desire the usual fumigation of infected premises and the removal of infected clothing, etc., the Officers of this Department will give the request immediate attention.

## APPENDIX.

---

TABLE		Page
I.—Vital Statistics of Whole District during past ten years	.. ..	68
„ II.—Causes of Death—Age and Sex Distribution	.. ..	69
„ III.—Infantile Mortality—Causes of Deaths of Children under one year of age	.. .. .	70
„ IV.—Infectious Diseases—Incidence and Mortality in age groups	..	71
„ V.—Infectious Diseases—Notifications	.. .. .	72
„ VI.—Tuberculosis—Return showing results of Treatment of Tuberculous Patients discharged from Residential Institutions	.. ..	73
„ VII.—Tuberculosis—Return showing the work of the Dispensary	.. ..	74
„ VIII.—Venereal Diseases—Extract from Return showing number of patients dealt with	.. .. .	75
„ IX.—Birch Hill Hospital—Staffing and Accommodation	.. ..	76
„ X.—Birch Hill Hospital—Classification of accommodation for Sick and Maternity cases, and number of beds occupied	.. ..	77
„ XI.—Birch Hill Hospital—Classification of In-Patients discharged from or who died in Hospital	.. .. .	78
„ XII.—Summary of Pathological and other Examinations	.. ..	79
„ XIII.—Factories and Workshops Act—Inspections	.. ..	80



TABLE I.—Vital Statistics of Whole District during 1933, and previous years.

Year	Population estimated to Middle of each Year	Births			Total Deaths Registered in the District		Transferable Deaths		Nett Deaths belonging to the District.		
		Uncorrec'd Number	Nett		Number	Rate	Of Non-Residents Registered in the District	Of Residents Registered in the District	Under 1 year of age		At All Ages
			Number	Rate					Number	Rate per 1,000 Nett Live Births	
1923	92,710	1440	1591	17.2	1063	11.5	46	264	121	76	1281
1924	92,750	1275	1451	15.6	1124	12.1	59	282	113	78	1347
1925	92,190	1160	1382	15.0	1124	12.2	59	333	129	93	1398
1926	91,510	1180	1399	15.3	990	10.8	54	314	119	85	1250
1927	91,660	1052	1272	14.0	1183	13.0	54	347	111	87	1476
1928	90,720	1006	1248	13.8	1019	11.2	60	326	94	75	1285
1929	90,900	884	1295	14.2	1191	13.1	64	394	100	77	1521
1930	90,900	839	1245	13.7	956	10.5	52	350	82	66	1254
1931	91,160	797	1151	12.6	1044	11.4	51	376	76	66	1369
1932	90,550	785	1135	12.5	962	10.6	64	375	82	72	1273
Average for years 1923-1932	91,455	1042	1317	14.4	1066	11.6	56	336	103	78	1345
1933	*91,340	664	1044	11.4	1038	11.4	80	413	93	89	1371
											15.0

\* Estimated Population for statistical purposes only. See note pp. 10.  
The estimated resident population is 95,370.

TABLE II.  
CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE,  
During Year 1933.

CLASSIFIED CAUSES OF DEATH	Sex	All Ages	All									
			0-	1-	2-	5-	15-	25-	45-	65-	75-	
ALL CAUSES ... ..	M	671	50	5	6	16	32	83	236	143	100	
	F	700	43	4	13	15	22	61	195	183	164	
1—Typhoid and paratyphoid Fevers	M	1	...	...	...	...	1	...	...	...	...	
2—Measles ... ..	M	...	...	...	...	...	...	...	...	...	...	
	F	...	...	...	...	...	...	...	...	...	...	
3—Scarlet Fever ... ..	F	2	...	...	1	1	...	...	...	...	...	
4—Whooping Cough ... ..	M	...	...	...	...	...	...	...	...	...	...	
	F	...	...	...	...	...	...	...	...	...	...	
5—Diphtheria ... ..	M	6	...	...	1	5	...	...	...	...	...	
	F	9	1	...	4	4	...	...	...	...	...	
6—Influenza ... ..	M	45	1	1	...	2	...	14	15	8	4	
	F	44	1	...	...	...	1	9	17	11	5	
7—Encephalitis Lethargica ... ..	M	1	...	...	...	...	...	1	...	...	...	
	F	1	...	...	...	...	...	...	1	...	...	
8—Cerebro-spinal Fever ... ..	M	2	...	...	...	...	1	1	...	...	...	
9—Tuberculosis of Respiratory System ... ..	M	33	...	...	...	...	3	20	8	2	...	
	F	26	...	1	...	...	8	12	3	2	...	
10—Other Tuberculous Diseases ... ..	M	3	...	...	...	...	1	2	...	...	...	
	F	5	...	1	...	2	...	...	2	...	...	
11—Syphilis ... ..	M	1	...	...	...	...	...	...	1	...	...	
	F	...	...	...	...	...	...	...	...	...	...	
12—General paralysis of the insane, tabes dorsalis ... ..	M	...	...	...	...	...	...	...	...	...	...	
	F	...	...	...	...	...	...	...	...	...	...	
13—Cancer, malignant disease ... ..	M	56	...	...	...	...	...	2	31	17	6	
	F	81	...	...	...	...	1	5	35	27	13	
14—Diabetes ... ..	M	9	...	...	...	...	...	...	5	2	2	
	F	11	...	...	...	...	1	...	5	5	...	
15—Cerebral Haemorrhage, &c. ... ..	M	29	...	...	...	...	...	1	13	9	6	
	F	40	...	...	...	...	...	1	8	14	17	
16—Heart Disease ... ..	M	133	...	...	...	3	6	3	53	35	33	
	F	147	...	...	1	3	3	8	42	47	43	
17—Aneurysm ... ..	M	3	...	...	...	...	...	...	...	2	1	
18—Other Circulatory Diseases ... ..	M	64	...	...	...	...	...	...	20	22	22	
	F	49	...	...	...	...	...	...	6	22	21	
19—Bronchitis ... ..	M	29	1	1	...	...	...	1	10	9	7	
	F	55	1	...	...	...	1	2	11	17	23	
20—Pneumonia (all forms) ... ..	M	59	12	1	1	2	3	12	21	5	2	
	F	31	6	1	5	1	1	4	6	4	3	
21—Other Respiratory Diseases ... ..	M	7	...	...	...	...	...	...	5	1	1	
	F	9	...	...	...	...	...	1	2	3	3	
22—Peptic Ulcer ... ..	M	9	...	...	...	...	...	3	6	...	...	
	F	3	...	...	...	...	...	...	2	...	1	
23—Diarrhoea, etc. ... ..	M	8	8	...	...	...	...	...	...	...	...	
	F	8	4	1	1	1	...	...	...	...	1	
24—Appendicitis ... ..	M	5	...	...	...	...	2	1	2	...	...	
	F	7	...	...	...	1	1	2	2	1	...	
25—Cirrhosis of Liver ... ..	M	2	...	...	...	...	...	...	2	...	...	
	F	...	...	...	...	...	...	...	...	...	...	
26—Other Diseases of the Liver, etc. ... ..	M	3	...	...	...	...	1	...	...	1	1	
	F	8	...	...	...	...	...	...	6	2	...	
27—Other Digestive Diseases ... ..	M	14	2	1	...	...	1	2	5	3	...	
	F	14	1	...	...	...	1	...	9	3	...	
28—Acute & Chronic Nephritis ... ..	M	26	...	...	...	2	1	3	10	8	2	
	F	30	...	...	...	...	...	4	17	5	4	
29—Puerperal Sepsis ... ..	F	1	...	...	...	...	...	1	...	...	...	
30—Other Puerperal Causes ... ..	F	2	...	...	...	...	...	2	...	...	...	
31—Congenital Debility, Premature Birth, Malformation, etc....	M	21	21	...	...	...	...	...	...	...	...	
	F	26	26	...	...	...	...	...	...	...	...	
32—Senility ... ..	M	8	...	...	...	...	...	...	...	...	8	
	F	21	...	...	...	...	...	...	...	4	17	
33—Suicide ... ..	M	11	...	...	...	...	...	3	6	2	...	
	F	7	...	...	...	...	1	1	5	...	...	
34—Other Violence ... ..	M	28	1	1	2	2	5	6	6	3	2	
	F	16	1	...	1	1	...	2	2	2	7	
35—Other Defined Diseases ... ..	M	55	4	...	2	...	7	8	17	14	3	
	F	47	2	...	...	1	3	7	14	14	6	
36—Causes ill-defined or unknown	F	...	...	...	...	...	...	...	...	...	...	



TABLE III.

**INFANT MORTALITY.—Nett Deaths from stated causes at various  
Ages under one year of age—Year 1933.**

CLASSIFIED CAUSES OF DEATH	Under 4 weeks	4 weeks to 3 months	3-6 months	6-9 months	9-12 months	Total Deaths under 1 year	
						1933	1932
Measles ... ..	...	...	...	...	...	...	1
Diphtheria ... ..	1	...	...	...	...	1	...
Influenza ... ..	...	...	...	1	1	2	...
Bronchitis ... ..	...	2	...	...	...	2	5
Pneumonia ... ..	...	2	4	7	5	18	12
Other Respiratory Diseases ... ..	...	...	...	...	...	...	1
Diarrhoea and Enteritis ... ..	1	3	6	1	1	12	10
Other Digestive Diseases ... ..	1	...	...	2	...	3	3
Congenital Debility, Malformations, etc. ... ..	21	4	3	...	...	28	23
Premature Birth ... ..	17	1	...	1	...	19	12
Suffocation ... ..	1	...	...	...	...	1	3
Other Causes ... ..	5	...	2	...	...	7	12
ALL CAUSES ... ..	47	12	15	12	7	93	82

Nett Births in the year :—Legitimate 994 ; Illegitimate 50.

Nett Deaths in the year :—Legitimate infants 83 ; Illegitimate infants 10.

TABLE IV.—NOTIFIABLE DISEASES DURING 1933.

Disease	Total Cases Notified											Cases admitted to Hospital	Total Deaths.											
	Under 1 year	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65		65 and over	Total	Under 1 year	1 to 2	2 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 to 75	75 and over	Total
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (incl. Mem. Croup)	4	4	6	16	23	78	42	9	17	3	20	6	40	196	1	5	9	...	...	1	1	2	...	5
Scarlet Fever	...	2	9	15	19	88	29	10	8	1	...	...	181	145	...	1	1	...	...	...	...	...	...	2
†Typhoid Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	2	1	...	...	3	2	...	...	...	...	1	...	...	...	...	1
Puerperal Pyrexia	...	...	...	...	...	...	...	1	4	...	...	...	5	3	...	...	...	...	...	...	...	...	...	...
Cerebro-Spinal Fever	...	1	...	...	...	...	...	...	2	1	...	...	4	4	...	...	...	1	1	...	...	...	...	2
Poliomyelitis	...	...	...	...	...	...	1	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum	4	...	...	...	...	...	...	...	...	...	...	...	4	1	...	...	...	...	...	...	...	...	...	...
Malaria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	...	...	...	...	...	...	28	6	...	...	...	...	34	32	...	...	...	...	...	...	...	...	...	...
Acute Enceph. Lethargica	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	1	1	...	...	...	...
Acute Polio Encephalitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
‡Pneumonia	2	1	4	4	2	9	6	5	26	20	41	10	130	...	18	2	6	3	4	16	27	9	5	90
*Whooping Cough	...	...	...	3	2	18	...	...	...	...	...	...	23	...	...	...	...	...	...	...	...	...	...	...
*Chicken-pox	...	...	...	4	11	64	3	...	...	...	...	...	82	...	...	...	...	...	...	...	...	...	...	...
*Measles (Includes German Measles)	...	...	...	1	1	8	1	...	...	...	...	...	11	1	...	...	...	...	...	...	...	...	...	...
Pulmonary Tuberculosis	...	...	1	...	...	4	...	8	31	23	22	2	91	75	1	...	...	...	32	11	4	...	...	59
Other Tuberculous Diseases	...	1	...	1	1	2	2	6	6	2	3	...	24	9	1	1	2	2	1	2	...	...	...	8
TOTAL	10	9	20	44	59	271	113	46	101	58	88	18	837	486	20	4	12	15	17	54	42	15	5	179

\* Not compulsorily notifiable. Information obtained chiefly through Head Teachers of Elementary Schools, and consequently only partially complete.

† Includes Para Typhoid Fever.

‡ The cases notified are Acute Primary and Acute Influenzal Pneumonia, but the deaths include all forms of Pneumonia.

§ Including only cases sent under local authority's scheme.



**TABLE V.**  
**NOTIFICATIONS OF INFECTIOUS DISEASE**  
**during the years 1928 to 1933.**

Disease	Years					Annual Average		1933
	1928	1929	1930	1931	1932	1923-1927	1928-1932	
<b>Compulsorily Notifiable—</b>								
Small-pox ... ..	1	4	...	...	...	2.8	1.0	...
Scarlet Fever ... ..	181	143	484	285	190	233.6	256.6	181
Diphtheria (incl. Mem. Croup) ...	113	176	142	132	109	99.2	134.4	203
Typhoid Fever (incl. Continued Fever and Para Typhoid Fever)	2	3	...	6	5	6.4	3.2	...
Puerperal Fever ... ..	6	12	7	5	5	3.4	7.0	3
Puerperal Pyrexia ... ..	13	11	14	4	7	...	9.8	5
Erysipelas ... ..	37	39	30	20	28	26.2	30.8	40
Acute Poliomyelitis ... ..	2	..	1	...	...	1.2	0.6	1
Cerebro Spinal Fever ... ..	5	2	...	...	1	0.4	1.6	4
Ophthalmia Neonatorum ... ..	10	8	4	9	3	11.0	6.8	4
Pulmonary Tuberculosis ... ..	78	79	84	98	78	85.4	83.4	91
Other forms of Tuberculosis ...	43	27	42	35	30	40.2	35.4	24
Malaria ... ..	...	...	...	..	...	0.6	...	...
Dysentery ... ..	1	...	...	...	...	...	0.2	34
Acute Enceph. Lethargica ... ..	2	3	11	...	1	8.6	3.4	1
Pneumonia ... ..	61	96	70	102	57	41.8	77.2	130
<b>Not Compulsorily Notifiable—</b>								
Whooping Cough ... ..	16	275	...	78	139	105.6	101.6	23
Chicken-pox ... ..	226	124	63	416	206	235.0	207.0	82
Measles and German Measles ...	335	40	1242	357	812	417.6	557.2	11
TOTAL ... ..	1132	1042	2194	1547	1671	1319.0	1517.2	837

**TABLE VI.—Ministry of Health Return showing the immediate results of treatment of definitely tuberculous patients discharged from Residential Institutions during 1933**

Classification to on admission to the Institution	Pulmonary Tuberculosis													Non-Pulmonary Tuberculosis												
	Class T.B. minus	Condition at time of discharge	Duration of Residential Treatment in the Institution												Totals	Total										
			Under 3 months			3-6 months			6-12 months			More than 12 months														
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.									
Pulmonary Tuberculosis	Class T.B. minus	Quiescent ...	1	...	...	5	...	1	...	...	4	...	...	1	6	...	6	12								
		Not quiescent	...	1	1	2	...	...	...	...	...	1	1	...	...	3	1	2	6							
		Died in Institution	1	2	1	...	...	...	...	...	...	...	...	...	...	1	2	1	4							
	Class T.B. plus Gr'p 1	Quiescent ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...							
		Not quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...							
		Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...							
	Class T.B. plus Gr'p 2	Quiescent ...	...	...	...	2	...	...	...	...	...	...	1	...	...	3	...	...	3							
		Not quiescent	8	2	...	6	2	...	3	1	...	1	...	...	18	5	...	23								
		Died in Institution	2	3	...	2	2	...	1	...	...	3	1	...	8	6	...	14								
	Class T.B. plus Gr'p 3	Quiescent ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...							
		Not quiescent	...	...	...	1	...	...	3	...	...	1	...	...	5	...	...	5								
		Died in Institution	5	6	...	1	...	...	1	...	...	1	4	...	8	10	...	18								
		TOTALS pulmonary	17	14	2	19	4	1	8	1	5	8	5	1	52	24	9	85								
	Non-Pulmonary Tuberculosis	Bones and Joints	Quiescent	...	...	...	1	...	...	1	...	...	1	...	...	3	...	...	3							
			Not quiescent	2	...	...	...	...	...	...	...	...	1	...	...	3	...	...	3							
			Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...							
		Abdominal	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...							
			Not quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...							
Died in Institution			...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...								
Other Organs		Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...								
		Not quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...								
		Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...								
Peripheral Glands		Quiescent	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	2	2							
		Not quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...								
		Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...								
		TOTALS non-pulmonary	2	...	...	1	...	...	1	...	2	2	...	...	6	...	2	8								



TABLE VII.—Ministry of Health Return showing the work of the Dispensary during the year 1933.

DIAGNOSIS	PULMONARY				NON-PULMONARY				TOTAL				Grand Total	
	Adults		Children		Adults		Children		Adults		Children			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A.—NEW CASES examined during the year (excluding contacts):														
(a) Definitely tuberculous ...	40	25	1	4	4	6	—	3	44	31	1	7		
(b) Diagnosis not completed...	—	—	—	—	—	—	—	—	1	1	—	1		
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	45	38	30	24		223
B.—CONTACTS examined during the year :—														
(a) Definitely tuberculous ...	5	5	—	—	—	2	1	1	5	7	1	1		
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	—	—	1	3		
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	13	24	28	34		117
C.—CASES written-off the Dispensary Register as :—														
(a) Recovered ...	2	3	3	2	—	—	3	3	2	3	6	5		
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ...	—	—	—	—	—	—	—	—	60	63	60	58		257
D.—NUMBER OF CASES on Dispensary Register on December 31st :—														
(a) Definitely tuberculous ...	112	76	21	18	21	37	21	26	133	113	42	44		
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	1	1	1	4		339

1. Number of cases on Dispensary Register on January 1st ...	300	8. Number of visits by Tuberculosis Officer to Homes (including personal consultations) ...	107
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ...	22	9. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes... (M.O.H. Notifications...452)	1943
3. Number of cases transferred to other areas, cases not desiring further assistance under the "scheme," and cases "lost sight of" ...	6	10. Number of (a) Specimens of sputum, &c., examined ... (b) X-ray examinations made in connection with Dispensary work ...	378 166
4. Cases written-off during the year as dead (all causes) ...	60	11. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above and B (a) ...	4
5. Number of attendances at the Dispensary (including Contacts) ...	2581	12. Number of "T.B. plus" cases on Dispensary Register on December 31st ...	119
6. Number of Insured Persons under Domiciliary Treatment on the 31st December	41		
7. Number of consultations with medical practitioners :— (a) Personal ... (b) Other ...	31 460		

**TABLE VIII.**  
**VENEREAL DISEASES.**

Extract from the Annual Returns showing the number of persons dealt with at the Treatment Centre during each of the five years 1929—1933.

	Y E A R				
	1929	1930	1931	1932	1933
(1) No. of persons who were under treatment, or observation, at the commencement of the year .. ..	127	100	182	240	267
(2) No. of persons who ceased to attend in previous years and who returned to the Centre suffering from the same infection .. .. .	8	5	9	2	5
(3) No. dealt with during the year for the first time (new cases) .. ..	199	303	252	298	272
(4) No. of persons who ceased to attend the out-patient clinic—					
(a) Before completion of treatment	72	60	64	39	31
(b) After completion of treatment, but before final tests as to cure	9	2	6	23	7
(5) No. of persons transferred to other treatment centres for further treatment .. .. .	11	10	14	12	21
(6) No. of persons discharged—					
(a) After completion of treatment and observation .. .. .	90	76	40	125	208
(b) As not suffering from any Venereal Disease .. .. .	52	78	79	74	85
(7) No. of persons under treatment, or observation, at the end of the year ..	100	182	240	267	363



TABLE IX.

Ministry of Health Return.

## INSTITUTIONAL TREATMENT OF THE SICK.

## BIRCH HILL HOSPITAL.

1. County or County Borough Council of ...	ROCHDALE.
2. Name and situation of Institution ...	Birch Hill Hospital, Dearnley, Little-borough, Nr. Manchester.
3. Define the area and give the population served by the Institution ...	Area—32,528 acres. Census Population—1931 Rochdale Borough and Four adjacent County Districts ... 128,199
4. State whether Institution is : (a) an Institution } maintained under or (b) a Hospital } the Poor Law Acts or (c) a General Hospital maintained under the Local Government Acts or the Public Health Acts	A General Hospital maintained under the Local Government Acts or the Public Health Acts.
5. Staffing : Medical Superintendent ...	JOHN INNES, M.D., D.P.H. (Non-resident)
Principal Medical Officer ...	HARRY N. CROSSLEY, M.B., Ch.B. D.P.H. (Vict ). (Resident.)
No. of other resident medical staff ...	One.
No. of visiting staff ...	One.
Specialised services supplied...	Surgery. Ophthalmic ; Obstetric ; X-Ray, etc., as required.
No. of (a) Trained Nurses ...	42 (including 17 Pupil Midwives).
(b) Probationer Nurses ...	50.
(c) Assistant Nurses ...	—
(d) Male Attendants ...	2.
6. State total number of beds provided in the Institution for <b>sick, maternity and mental</b> cases at 31st December, 1933—	
(a) for men ...	211 { excluding mental cases, which are
(b) for women ...	197 { accommodated at the Poor-Law Institution.
(c) for children (under 16 years) ...	67 (excluding cots in maternity wards.
TOTAL ...	475

TABLE X.

Ministry of Health Return.

## BIRCH HILL HOSPITAL.

CLASSIFICATION OF ACCOMMODATION FOR SICK AND MATERNITY CASES AND NUMBER OF BEDS OCCUPIED ON 31ST DECEMBER, 1933.

Classification of Wards*	Number of Wards	BEDS							
		MEN		WOMEN		CHILDREN under 16 year of age		TOTAL	
		Pro-vided (3)	Occu-pied (4)	Pro-vided (5)	Occu-pied (6)	Pro-vided (7)	Occu-pied (8)	Pro-vided (9)	Occu-pied (10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1. Medical ...	4	48	34	40	26	...	...	88	60
2. Surgical ...	2	40	30	44	32	...	...	84	62
3. Chronic Sick—†									
Female ...	2	117	117	52	41	...	...	169	158
Male ...	1 block }								
4. Children ...	6	—	—	—	—	67	56	67	56
5. Venereal ...	...	...	...	...	...	...	...	...	...
6. Tuberculosis ...	1	...	...	4	...	...	...	4	...
7. Isolation—‡	3	6	5	6	3	...	...	12	8
8. Maternity ...	8	—	—	51	31	—	—	51	31
9. Mental—									
(a) Lunacy Act, 1890...									
I. Short Stay									
II. Long Stay									
(b) Mental Treatment Act, 1930...									
I. Voluntary									
II. Temporary									
10. Mental defectives									
11. Other ...	...	...	...	...	...	...	...	...	...
	26 & 1 block	211	186	197	133	67	56	475	375

\* Cots in adult wards are entered in Col. 7; children in adult wards (whether in beds or cots) in Col. 8. Cots and infants in maternity wards are excluded.

† Patients needing hospital treatment because they are suffering from some chronic disease; also aged infirm persons whose medical and nursing needs approximate to those of the chronic patients.

‡ Reserved specifically for the isolation and treatment of infectious diseases (excluding Puerperal sepsis).



TABLE XI.

Ministry of Health Return.

## BIRCH HILL HOSPITAL.

Classification of In-Patients discharged from or who died in the Hospital during the year ending 31st December, 1933 :—

DISEASE GROUPS	Children (under 16 years of age)		Men and Women	
	Dis- charged	Died	Dis- charged	Died
A. Acute infectious disease (1) ... ..	12	3	48	12
B. Influenza (2) ... ..	...	1	67	20
C. Tuberculosis—				
Pulmonary ... ..	1	1	22	2
Non-Pulmonary ... ..	1	1	9	5
D. Malignant disease ... ..	...	...	29	43
E. Rheumatism—				
(1) Acute rheumatism (rheumatic fever) to- gether with sub-acute rheumatism and chorea ... ..	21	...	9	1
(2) Non-articular manifestations of so-called " rheumatism " (muscular rheumatism) fibrositis, lumbago and sciatica) ... ..	2	...	31	...
(3) Chronic arthritis ... ..	1	...	31	5
F. Venereal disease ... ..	1	1	3	1
G. Puerperal pyrexia ... ..	...	...	4	...
H. Puerperal fever—				
(a) Women confined in hospital ... ..	...	...	...	...
(b) Other Cases ... ..	...	...	2	...
I. Other diseases and accidents connected with pregnancy and childbirth ... ..	...	...	51	1
J. Mental diseases—				
(a) Senile dementia ... ..	...	...	...	...
(b) Other ... ..	...	...	...	...
K. Senile decay (3) ... ..	...	...	22	6
L. Accidental injury or violence (4) ... ..	10	...	56	6
In respect of cases not included above :				
M. Diseases of the Nervous System and Sense Organ	15	10	79	14
N.     "     "     Respiratory System ... ..	47	14	162	57
O.     "     "     Circulatory System ... ..	9	4	129	115
P.     "     "     Digestive System ... ..	48	23	196	10
Q.     "     "     Genito-urinary System ... ..	9	1	173	47
R.     "     "     Skin ... ..	41	...	126	...
S. Other diseases ... ..	44	25	22	...
T. Mothers and infants discharged from Maternity Wards and not included in above figures—				
Mothers ... ..	...	...	643	...
Infants ... ..	555	...	...	...
U. Any persons not falling under any of the above headings ... ..	10	...	3	...
TOTALS ... ..	827	84	1917	345

(1) Including—with the exception of Acute Primary Influenzal Pneumonia, Tuberculosis, Puerperal Pyrexia and Puerperal Fever—all generally notifiable diseases, together with Measles, German Measles, Chicken-pox, Whooping Cough and Mumps. Cases of Influenzal Pneumonia, Tuberculosis, Puerperal Pyrexia, and Puerperal Fever and Acute Primary Pneumonia are recorded respectively among groups B, C, G, and H. Cases of Encephalitis Lethargica are entered under Group A if acute, and under Group M if chronic.

(2) Including Acute Influenzal Pneumonia.

(3) Confined to cases and deaths in which no more specific diagnosis was practicable.

(4) Including suicides, attempted suicides, and poisoning cases.

TABLE XII.—Summary of Pathological and other Examinations, 1933.

	Medical Practitioners	Marland	T.B. Dispensary	Wolstenholme Hall	Education Committee	Birch Hill Hospital	Total for all Hospitals
Diphtheria Test...	501	1157	...	...	57	162	1877
Sputum, Complete examination	...	...	...	...	...	1	1
" ? T.B.	152	98	93	176	...	87	606
" ? Asbestos Bodies	1	...	4	...	...	...	5
Urine, General examination	1	...	...	...	...	27	28
" ? T.B.	4	...	...	...	...	2	6
" Acid bodies	...	...	...	...	...	2	2
" Urea %	...	...	...	...	...	27	27
" Sugar %	...	...	...	...	...	2	2
" Complete examination	1	1	...	...	...	43	45
Blood, Complete Counts	2	...	...	...	2	15	19
" Partial Counts	...	...	...	...	...	1	1
" Cultures	5	3	...	...	...	...	8
" Sugar %	...	1	...	...	...	4	5
" Urea %	...	...	...	...	...	30	30
" Transfusions	...	...	...	...	...	3	3
" Widal's	10	1	...	...	...	1	12
Faeces, Complete examination	6	6	...	...	...	1	13
Post-nasal Swabs	8	...	...	...	...	...	8
Smears, ? g.c.	45	...	...	...	...	...	45
Pleural Fluid	...	...	...	...	...	6	6
Pus, Complete examination	...	...	...	...	...	17	17
Swabs, Complete examination	...	...	...	...	...	4	4
" ? T.B.	...	1	...	...	...	...	1
" Vagina ? K.L.B.	...	1	...	...	...	...	1
Cerebro-spinal Fluid	1	12	...	...	...	15	28
Test Meal	...	...	...	...	...	1	1
Vaccines	...	...	...	...	...	1	1
Sections...	...	...	...	...	...	57	57
	737	1281	97	176	59	509	2859



TABLE XIII.

## FACTORIES, WORKSHOPS AND WORKPLACES.

## 1—Inspection of Factories, Workshops and Workplaces.

Including Inspections made by Sanitary Inspectors.

(HOME OFFICE RETURN.)

Premises (1)	Number of		
	Inspections (2)	Written Notices (3)	Occupiers Prosecuted (4)
Factories .. .. . (Including Factory Laundries)	7	7	—
Workshops .. .. . (Including Workshop Laundries)	352	79	—
Workplaces .. .. . (Other than Outworkers' premises)			
TOTAL .. .. .	359	86	—

## 2—Defects found in Factories, Workshops and Workplaces.

Particulars  (1)	Number of Defects			Number of Prosecu- tions  (5)
	Found  (2)	Remedied  (3)	Referred to H.M. Inspector (4)	
NUISANCES UNDER THE PUBLIC HEALTH ACTS—				
Want of cleanliness .. .. .	72	72	—	—
Want of Ventilation .. .. .	1	1	—	—
Overcrowding .. .. .	—	—	—	—
Want of drainage of floors .. .. .	—	—	—	—
Other nuisances.. .. .	7	6	—	—
Sanitary accommodation—				
Insufficient .. .. .	3	2	—	—
Unsuitable or defective .. .. .	5	3	—	—
Not separate for sexes .. .. .	—	—	—	—
OFFENCES UNDER THE FACTORY AND WORKSHOP ACTS—				
Illegal occupation of underground bakehouse (s. 101) .. .. .	—	—	—	—
Other offences .. .. .	—	—	—	—
(Excluding offences relating to outwork and offences under the Sections mentioned in the Sched- ule to the Ministry of Health (Factories and Workshops Tran- fer of Powers) Order, 1921.)				
TOTAL .. .. .	88	84	—	—
Outworkers in Unwholesome Premises .. .. .	..	..	..	Nil

## COUNTY BOROUGH OF ROCHESTER

To The Chairman and Members of the Education Committee.

I beg to submit the Twenty-ninth Annual Report of the Medical Officer of Health for the County Borough of Rochester.

The Medical Officer of Health for the County Borough of Rochester is a Medical Officer of Health for the County Borough of Rochester, and is a Medical Officer of Health for the County Borough of Rochester.

The Medical Officer of Health for the County Borough of Rochester is a Medical Officer of Health for the County Borough of Rochester, and is a Medical Officer of Health for the County Borough of Rochester.

The Medical Officer of Health for the County Borough of Rochester is a Medical Officer of Health for the County Borough of Rochester, and is a Medical Officer of Health for the County Borough of Rochester.

## REPORT

ON THE

MEDICAL INSPECTION OF  
SCHOOL CHILDREN.

The Medical Officer of Health for the County Borough of Rochester is a Medical Officer of Health for the County Borough of Rochester, and is a Medical Officer of Health for the County Borough of Rochester.

The Medical Officer of Health for the County Borough of Rochester is a Medical Officer of Health for the County Borough of Rochester, and is a Medical Officer of Health for the County Borough of Rochester.

The Medical Officer of Health for the County Borough of Rochester is a Medical Officer of Health for the County Borough of Rochester, and is a Medical Officer of Health for the County Borough of Rochester.

The Medical Officer of Health for the County Borough of Rochester is a Medical Officer of Health for the County Borough of Rochester, and is a Medical Officer of Health for the County Borough of Rochester.

The Medical Officer of Health for the County Borough of Rochester is a Medical Officer of Health for the County Borough of Rochester, and is a Medical Officer of Health for the County Borough of Rochester.

The Medical Officer of Health for the County Borough of Rochester is a Medical Officer of Health for the County Borough of Rochester, and is a Medical Officer of Health for the County Borough of Rochester.

The Medical Officer of Health for the County Borough of Rochester is a Medical Officer of Health for the County Borough of Rochester, and is a Medical Officer of Health for the County Borough of Rochester.

The Medical Officer of Health for the County Borough of Rochester is a Medical Officer of Health for the County Borough of Rochester, and is a Medical Officer of Health for the County Borough of Rochester.

The Medical Officer of Health for the County Borough of Rochester is a Medical Officer of Health for the County Borough of Rochester, and is a Medical Officer of Health for the County Borough of Rochester.

The Medical Officer of Health for the County Borough of Rochester is a Medical Officer of Health for the County Borough of Rochester, and is a Medical Officer of Health for the County Borough of Rochester.

The Medical Officer of Health for the County Borough of Rochester is a Medical Officer of Health for the County Borough of Rochester, and is a Medical Officer of Health for the County Borough of Rochester.



## COUNTY BOROUGH OF ROCHDALE.

**To The Chairman and Members of the Education Committee.**

LADIES AND GENTLEMEN.

I beg to submit the Twenty-sixth Annual Report of the work of the School Medical Service.

### **Staff.**

The School Medical Staff consists of the Medical Officer of Health, who is also the Chief School Medical Officer, an Assistant School Medical Officer, a Dental Officer, three Nurses and a Dental Assistant. A part time Ophthalmic Surgeon is also engaged.

It is to be noted that on the 1st of October, 1933, the district of Norden was added to Rochdale. Thus two schools comprising three departments have been brought within the borough boundary, increasing the school population by 540. It has not been found necessary to set up any separate clinics for this district.

### **Co-ordination.**

Steps to increase the degree of co-ordination of all the Health Services of the town have been continued during the year. The Tuberculosis and Venereal Disease Clinics have been removed to premises close to the Public Health Offices and School Clinic, with the result that a large proportion of the Clinic services are now concentrated in one street within a few hundred yards of each other.

### **Condition of School Premises.**

The following work has been done during the year :—

- (1) The playing field adjoining Halifax Road School has been partially prepared for playing pitches ;
- (2) Additional temporary classrooms at Brimrod School have been occupied since October, 1933, and a site adjoining the school has been made temporarily suitable for organised games ;
- (3) At Derby Street School the playing field has been brought into full use, an entrance has been made to it from the school playground, and the boundary fences have been completed. Hard courts are being relaid ;
- (4) Plans have been approved for four additional classrooms at Heybrook School ;
- (5) The former cookery room at Castlemere School is now being used for ordinary class teaching purposes ;
- (6) The new cookery room at Fleece Street School is finished, and has been in use since September, 1933.



- (7) The boys' playground at the Parish Church School has been re-asphalted ;
- (8) Six schools have been painted inside and one outside during the year.
- (9) During 1933 building operations for the new Girls' Secondary School at Greenhill have been commenced.

### Schools and Scholars.

There are thirty-one elementary schools, one open-air school and one secondary school. The number of children attending day classes during the year was as follows :—

#### ELEMENTARY SCHOOLS—

Juniors (under 5 years of age)	...	...	...	...	1,067
Mixed (over 5 years of age)	...	...	...	...	11,241
Open-air School...	...	...	...	...	119
					<hr/>
					12,427
Secondary School	...	...	...	...	606
					<hr/>
					13,033
					<hr/>

### MEDICAL INSPECTION.

#### Elementary Schools.

Each elementary school has been visited at least once during the year for the purpose of medical inspection, and seven schools have been visited twice. Three groups of children have been inspected :—

- (a) **The routine cases**—including the entrants since the previous inspection, and those who have attained their eighth or twelfth birthday since that date ;
- (b) **The special cases**—those not due for routine inspection, but considered by the teacher to be suffering from some defect. The total number of " specials " is less than formerly on account of fewer schools having been visited twice ;
- (c) **The re-examinations**—those found at a previous inspection to be suffering from some defect requiring to be kept under supervision. This number is less than formerly, and for the same reason as the above.

#### Secondary School.

This school has been visited once, and two groups of children were medically inspected, namely, fresh entrants since last examination and children due to leave within twelve months.

#### The Open-air School.

This school is visited each week during term time for purposes of medical inspection. Girls and boys are seen and weighed on alternate visits, and are fully examined periodically.



### Inspections.

The number of inspections made by the Medical Officer during the year is shown below in comparison with the corresponding figures of the previous year 1932.

	1933	1932
Routine Inspections		
at Elementary Schools ... ..	3,378	3,098
at Secondary School ... ..	221	237
Special Inspections ... ..	692	3,405
Re-inspections ... ..	1,003	4,526
Inspections at Open-air School ... ..	2,050	2,025
Special Inspections Clinic ... ..	2,445	—
Re-inspections Clinic ... ..	2,944	—
TOTAL ...	12,733	13,291
Cases seen by Ophthalmic Surgeon ... ..	554	570

Table II.B., Appendix, gives details of the number of children inspected, and shows that of the 3,599 examined by the Medical Officer during routine inspection 15.7 per cent. of those attending the Elementary Schools, and 7.6 per cent. of those attending the Secondary School were found to require some form of medical treatment.

### Dental Inspection.

This work is carried out by a whole time Dental Officer. Each elementary school has been visited twice during the year for routine dental inspection of children from six to eight years of age. The number inspected was 6,325, as against 6,654 the previous year.

## FINDINGS OF MEDICAL INSPECTION.

The defects found by medical inspection during the past year are shown in detail in Table II., Appendix.

### Uncleanliness.

The number of visits to each school averaged 3 times, and the School Nurses made 15,688 examinations of children for cleanliness, a decrease of 356 examinations as compared with the year 1932. Of this number 451 individual children, or 3.4 per cent. of all children examined, were found unclean. The Central School was the only one with 100 per cent. cleanliness at all three inspections, but ten other schools showed 100 per cent. clean at one of the three inspections. The average for all schools was 96.6 per cent. clean, as compared with 97.3 per cent. last year.



### **Minor Ailments.**

Table IV., Group I., Appendix, shows the minor ailments treated at the School Clinic, to which children are referred, except where the home is too far from the Clinic, or where the parents are willing, and can be expected to carry out treatment efficiently.

There were 12,005 attendances at the Minor Ailments Clinic during the year, a decrease of 2,485 on the previous year ; on the other hand there was an increase of 419 in the total number of individual children treated, which was 2,468 for the year. The defects were either less severe or treated earlier, for the average number of visits paid by each child was only 4.8 compared with 7 for 1932. The defects treated were impetigo (546) ; minor eye and ear defects (471) ; and minor injuries, bruises, sores, etc. (1,170).

### **Tonsils and Adenoids and other Nasal Conditions.**

There were 221 children found to be suffering from affections of the nose and throat requiring treatment, and 77 of these were referred for and received operative treatment under the Local Authority's Scheme for tonsils and adenoids at the Rochdale Infirmary, while 6 others received operative treatment by private arrangement.

Severe nasal catarrh is treated at the morning clinic by instillation of drops, and some throat conditions by painting.

### **Tuberculosis.**

There are 59 children of school age on our books as notified to be tubercular :

- (1) Ten cases are in the Crippled Children's Home, Bamford (now part of the Borough) ;
- (2) Four cases are in Stannington Sanatorium, Morpeth ;
- (3) Four cases are in Eastby Sanatorium, Skipton ;
- (4) Two cases are at home, unfit for school ;
- (5) Six cases are attending the Open-air Day School (non-infectious cases) ;
- (6) Thirty-three cases are attending ordinary elementary schools.

These also are non-infectious cases.

### **Skin Diseases.**

There have been 15 mild cases of Scabies during the year, not confined to any particular school or district.

### **External Eye Diseases.**

These include chiefly Blepharitis and Conjunctivitis, and during the year 121 cases of minor eye defects were treated at the morning clinics.



### **Vision.**

The Ophthalmic Surgeon attends the Clinic once each week, and 554 children were referred to him by the School Medical Officer on account of errors of refraction, including squint. Suitable spectacles were prescribed for 481 of this number; 4 were advised as to other treatment required, and, in the remaining 69, no treatment or alteration of treatment was considered necessary. At the end of the year 467 children for whom spectacles were prescribed had been provided with suitable glasses, 40 being cases examined at the end of 1932.

The Local Authority's Scheme for the provision of glasses at cheap rates (payable by instalments, if desired), or free in necessitous cases, has been continued.

In 7 cases where the parents refused to obtain prescribed glasses for their children, the Committee asked the N.S.P.C.C. Inspector to take action.

### **Ear Disease and Defective Hearing.**

In view of the fact that many discharged cases of otorrhoea are continually returning to the clinic with recurrent attacks, in December 1933, a proposal was brought before the Committee to provide consultant service for such children, together with operative facilities at the Municipal Hospital in suitable cases. Such a scheme is already provided in the Tuberculosis Department. The Committee, however, did not consider the time opportune, and the scheme was not proceeded with.

## **DENTAL DEFECTS.**

I beg to submit the following Annual Dental Report :—

Since January all Schools have been visited twice for routine inspection, the total number inspected being 6,326; of these 3,490 were recommended for treatment. All those for whom parental consent of treatment was given have been treated. The number actually treated, including "Specials," was 3,608.

There has been, during the year, a marked decrease in the number of children inspected, there being a decrease of 319 compared with the previous year. As all children of the "routine" age groups must be submitted for inspection, it can only be assumed that either "sickness absentees" were considerably larger in number, or that there is a marked decrease in the number of children attending the schools; the total decrease is probably obtained by a combination of both these factors. The "sickness absentees" were very considerable during the influenza epidemic in January and February. This decrease has meant that the number referred and submitted for treatment has been comparatively fewer, thus—3,508 this year as compared with 3,783 last year, and this, in its turn, has reduced in comparison the actual treatment carried out. In the forthcoming year, however, these reductions will probably be balanced by the additional inspection and treatment of the Norden Schools, which have been added as a result of the recent extension of the Borough.







### **Diphtheria Immunisation.**

In September a report was prepared on the subject of the prevalence of Diphtheria, showing that the disease was still very widespread throughout the whole country, and continued to exact a very heavy toll of fatal cases.

It was pointed out that in Rochdale during the last fifteen years there had been 1,247 cases of Diphtheria amongst children under the age of 15, and of these 108 children had died. It was emphasised that this disease continued in spite of all modern procedures of isolation and disinfection, and that, because of the "carrier" condition which exists in this disease, and which is responsible for a large amount of the spread of the disease, attention generally was being transferred from the problems of disinfection to the problem of protecting susceptible children. It was therefore suggested that facilities for protecting the child of school age might be given in Rochdale.

This report was presented to the Medical Sectional Committee in October, and was considered by them in an abridged form in December, when this Committee decided to recommend to the full Committee that facilities should be granted for immunisation of school children during school hours, the method for the present being restricted to children under the age of eight. Permission was also recommended for the distribution of leaflets throughout the schools, and for addresses to the parents to be given in the various schools by the Medical Staff, it being noted that the treatment should be given on a purely voluntary basis. This permission was finally given, and confirmed in January, 1934, and, at the time of going to press, the children of two of the larger schools, namely, Heybrook and Lowerplace Schools, whose parents consented to this immunisation, have had their complete course of treatment, and the work has been commenced in two other schools.

So far, the response has not been very satisfactory, for in the schools circularised, less than 30 per cent. of the parents have consented to this method of immunisation being carried out, whereas, 75 per cent. of consents are necessary before the whole schools can be regarded as sufficiently protected.

It is proposed, however, to continue with the work in the hope that further years will see a considerable increase in the interest taken in this measure, particularly when it can be shown that the method is without danger to Rochdale children and is productive of a definite saving in child health and child life.

### **Following-up.**

The arrangements under this heading remain substantially as in last year's report.



### Work of the School Nurses.

The work actually done by the Nurses, in addition to their clerical and incidental work, may be summarised as follows :—

Treatment to children at morning Clinics	...	...	...	12,005
Cleanliness Inspections in Schools	...	...	...	15,688
Inspections attended with School Medical Officer at Schools				5,294
"                    "                    "                    " at Clinics				5,389
Inspections attended with Ophthalmic Surgeon	...	...		554
"                    " at Open-air School	...	...	...	2,050
Home Visits	...	...	...	520

### DAY OPEN-AIR SCHOOL.

There is accommodation provided for 120 children at the Brown Hill School, and the average attendance is 110.

During the year there were 113 admissions, and 109 children left the school, chiefly to return to the ordinary elementary school. The average length of stay of the 109 children who have been discharged during the year was about nine and a half months.

These children who left during the past year had been admitted to the Open-air School from the elementary schools for the following reasons :—

	Boys	Girls
Pre-tubercular conditions	3	5
Post-tubercular conditions	2	6
Heart Disease	1	2
Bronchitis and Asthma	11	4
Orthopædic defects	5	2
Cervical Adenitis	1	1
Anæmia and General Debility, etc.	33	33
	<u>56</u>	<u>53</u>

Asthma, in common with other spasmodic affections, is apparently increasing among our school children, and since attendance at the Open-air School has been found to afford much relief in decreasing both the frequency and the severity of the attacks, our asthmatic children (all boys) have, whenever possible, been admitted to the school. Unfortunately the relief is not often maintained on return to the ordinary elementary school, early readmission being frequently sought ; indeed, for certain asthmatic children, open-air education for the whole of their school life offers the only likelihood of good attendance and any real education. Admission to the Open-air School also benefits considerably the child with bronchitis or pulmonary fibrosis with or without bronchiectasis, and



in these cases the relief is more lasting ; on the other hand, rheumatic conditions, especially chorea, have been found definitely unsuitable for open-air treatment in this area, which is unfortunate, since rheumatism is prevalent here, and little can be done to hasten, after a rheumatic attack, the return of a child to normal school life. Again, the majority of our cases at Brownhill were suffering from general debility, avitaminosis, anaemia and subnormal nutrition. The most striking improvement shown during the year was in the case of an anæmic girl of 12, who was found on June 29th to have the following blood picture :—

Red blood corpuscles	...	...	...	3,728,000
White blood corpuscles	...	...	...	12,500
Hæmoglobin	...	...	...	35%
Colour Index	...	...	...	·5

She was admitted to the Open-air School immediately and given gr. x Pil Ferri tds., and on September 25th a second blood count was taken which showed the following result :—

Red blood corpuscles	...	...	...	6,152,000
White blood corpuscles	...	...	...	8,000
Hæmoglobin	...	...	...	102%
Colour Index	...	...	...	·8

The improvement in the girl's appearance was commensurate with the laboratory findings in the blood, and she was indeed hardly recognisable as the same child.

Despite the general economic depression of which this borough bears a heavy burden, there is so far no noticeable increase in severe malnutrition among our children ; indeed, their average height and weight are greater than formerly. There are, however, large numbers of children who display in some degree such symptoms as faulty posture, liability to recurrent colds, lassitude, poor condition of skin, eyes, hair and teeth, or impaired powers of concentration and memory, together with a tendency for slight abrasions and scratches to turn into sluggish septic sores. In the absence of any other reason such as physical defect, unsatisfactory housing or neglect, it seems probable that such symptoms are to be accounted for by some fault of nutrition. Such children show very rapid improvement when admitted to the Open-air School ; the tired apathetic and listless child with a spotty face becomes full of energy and spirits. Since many of these children now live in new housing estates, overcrowded houses and bad air cannot be the whole cause of their original condition. Several cases of chronic blepharitis have cleared up entirely after a few weeks at the Open-air School, and all were children whose weight was quite satisfactory before admission.

Some cases of poor nutrition are due to a definite defect in the child's digestive powers causing poor assimilation, failure to assimilate fats properly being the form most commonly met with, and that amongst the nervous type of child. Most malnutrition, however, is due rather to deficiency in quality of the food taken than to deficiency in quantity.



The result of enquiries suggests that although few children even in the face of long continued poverty suffer from insufficient quantity of food so far as calorific intake is concerned, there are nevertheless many children who are living on a badly balanced and unsuitable diet, especially on a diet lacking first-class protein, salts and vitamins.

The poor woman who is also a poor cook and a poor manager has always had ill-nourished children, but to-day it is next to impossible for the children of the poor to have a properly balanced diet, since their food can contain virtually no first-class protein except occasionally a little meat. Fish is prohibitive in price ; cheese is little eaten by children in their homes, although buttered raisin-bread and a piece of Lancashire cheese are readily eaten for tea at the Open-air School. Eggs and fresh milk are regarded as absolute luxuries, only purchased by a special effort for the delicate or ailing child, the healthy members of the family being fed almost entirely on starch in the form of white bread and potatoes, with sugar and jam, some fat, and a little second-class protein from vegetables.

The chief desiderata in drawing up menus for delicate or necessitous children would seem to be to ensure that each day's food includes some first-class protein, together with some fresh food containing salts and vitamins such as fruit, milk or green vegetables.

### PROVISION OF MEALS.

The Committee's proposals some time ago to build premises at Brownhill for the cooking of meals for necessitous children in this area, as referred to in the last report, are still under consideration by the Board of Education, together with alternative plans for the adaptation of a portion of the existing buildings for the purpose. Meanwhile, the meals are supplied under the old arrangements whereby small local caterers provide the food on their own premises.

During the year there has been an increase of 55,154 in the number of dinners provided :—

No. of dinners supplied ... ..	187,004
No. of individual children supplied ... ..	1,215
Average No. of dinners each child ... ..	154

### CO-OPERATION OF VOLUNTARY BODIES.

#### The Crippled Children's Union.

33 new orthopædic cases were referred to the Crippled Children's Union Clinic at the Champness Hall, as against 15 the previous year.

On December 31st there were 12 girls and 9 boys of school age resident at the Memorial Home, Norden. When discharged from the Home the children are frequently admitted to the Open-air School for a period.



Dr. Bateman's ready and courteous assistance is much appreciated, and is hereby acknowledged once again.

### **The National Society for the Prevention of Cruelty to Children.**

The local Inspector has again rendered valuable assistance during the year. 9 cases were referred to him :—

- (a) 7 cases of refusal to obtain glasses ordered by the Ophthalmic Surgeon ; these parents were warned, and in 4 cases obtained glasses. The Inspector reported one family to be in necessitous circumstances, and the glasses were then provided free by the Education Committee. In the other 2 cases no further action has yet been taken.
- (b) 1 case of neglect, which showed improvement afterwards.
- (c) In 1 case advice was asked.

**The Children's Convalescent Home at St. Annes** continues to co-operate with this department in providing, by means of a two or three weeks' holiday, change of air and environment for suitable cases. We are much indebted to the Secretary for his help and co-operation with regard to ailing school children.

**The Moorland Home at Wardle** has also provided large numbers of Rochdale children with a holiday of two or three weeks.

### **The Cinderella Fund of the " Manchester Evening Chronicle."**

Through the generosity of this fund two parties of children from this Borough again spent a week at the seaside.

### **The Clog Fund.**

The Head Teachers have again kindly allowed the use of their special fund for the supply of clogs to necessitous children, and during the year 344 new pairs of clogs have been supplied and 30 pairs repaired.

### **Blind, Deaf and Epileptic Children, including other defectives.**

There are two special schools in Rochdale, the Open-air Day School for delicate children and the Memorial Home for Crippled Children (a residential cripple school). During 1933, 27 Rochdale children were resident in special schools outside Rochdale.

#### **BLIND—**

- Two boys and one girl at the Wavertree School for the Blind ;
- One blind girl at the Sunshine Home, Southport.

#### **DEAF AND DUMB—**

- Four boys and eight girls in the Royal Schools for the Deaf, Old Trafford ;
- One boy in the St. John's R.C. School, Boston Spa Yorkshire



**MENTALLY DEFECTIVE—**

Two boys and one girl at the Royal Albert Institution, Lancaster ;  
 Three boys at the Pontville R.C. Special School, Ormskirk ;  
 One boy at Sandlebridge Home for Feeble-minded Children ;  
 One boy and one girl at Soss Moss Residential School for Epileptic  
 Children ;  
 One boy at Maghull School for Epileptics.

**THE AETIOLOGY OF STAMMER IN CHILDREN.****Special Investigations during the year.**

During 1932, an investigation was made into the family and environmental background of the stammerers attending Rochdale Schools, with a view to drawing a more complete clinical picture of the child-stammerer than has hitherto been available. This investigation was completed during 1933, and the following is a summary of the findings.

The total number of stammerers attending school was found to be 142, being 1.1 per cent. of the school population. This may be taken as a minimum, since cases are more likely to be missed than wrongly included. The incidence of stammer is thus the same as has been found in other areas. It does not appear to be generally realised how indefinite is the border-line between the stammerer and the normal speaker, since almost any of us, considered normal speakers, may show hesitation and confusion when in difficult or embarrassing circumstances such as a first public speech or a viva voce examination. It is found, for instance, when dealing with large numbers of children that many stammer on their first visit to the Clinic, but never on subsequent visits ; such cases have obviously not been included in this series, but they show the indefiniteness of the distinction between the stammerer and non-stammerer. Every grade is met with from such slight and temporary hesitation to a fully developed stammer, interfering gravely with educational progress.

There were 118 boys and 24 girls in the series of cases under review, a proportion of 5 to 1, but when those cases are excluded whose parents consider the defect so slight as not to require treatment, the residue of 70 includes only seven girls, which suggests that girls, as well as being less likely than boys to contract a stammer, are less likely to be severely affected when they do contract it. The records of the class for stammerers show that in 1907, of the 57 children then considered to need treatment, 16 were girls and 41 boys, so that the ratio of girls to boys was four times as high as at present.

**Onset of Stammer.**

In some cases no definite time of onset could be ascertained, "several years," or "since a little boy," being the kind of answer given, but in 117 cases it was found possible to fix the time of onset more definitely, and the results are shown in the accompanying graph.



It is certain that the numbers allocated to the age periods 2, 3 and 4 years, are not accurate as these children constitute part of the group where stammer is reported as being "always present" or "present before he attended school." It is probable that the true curve for these years should rise gradually from the two-year-olds through the three and four-year-olds to the level of, or even above, the five-year-old group, which is the first in which accuracy can be said to have been achieved.

Although definite conclusions cannot be drawn from such a small series as this, it confirms the accepted opinion that the older a child grows the less risk there is of his acquiring a stammer, and that after the age of eight years, the number of new cases rapidly declines, for 76 per cent. of these cases began to stammer at the age of seven or less. It becomes obvious that the kindergarten or elementary school offers the most fertile field for the further study and treatment of stammer. It was also found that stammer among school children occurs in a much simpler form than in adults, and their case-histories are less likely than in later years to be obscured by faults of memory, or coloured by subsequently acquired opinions.

### Causes.

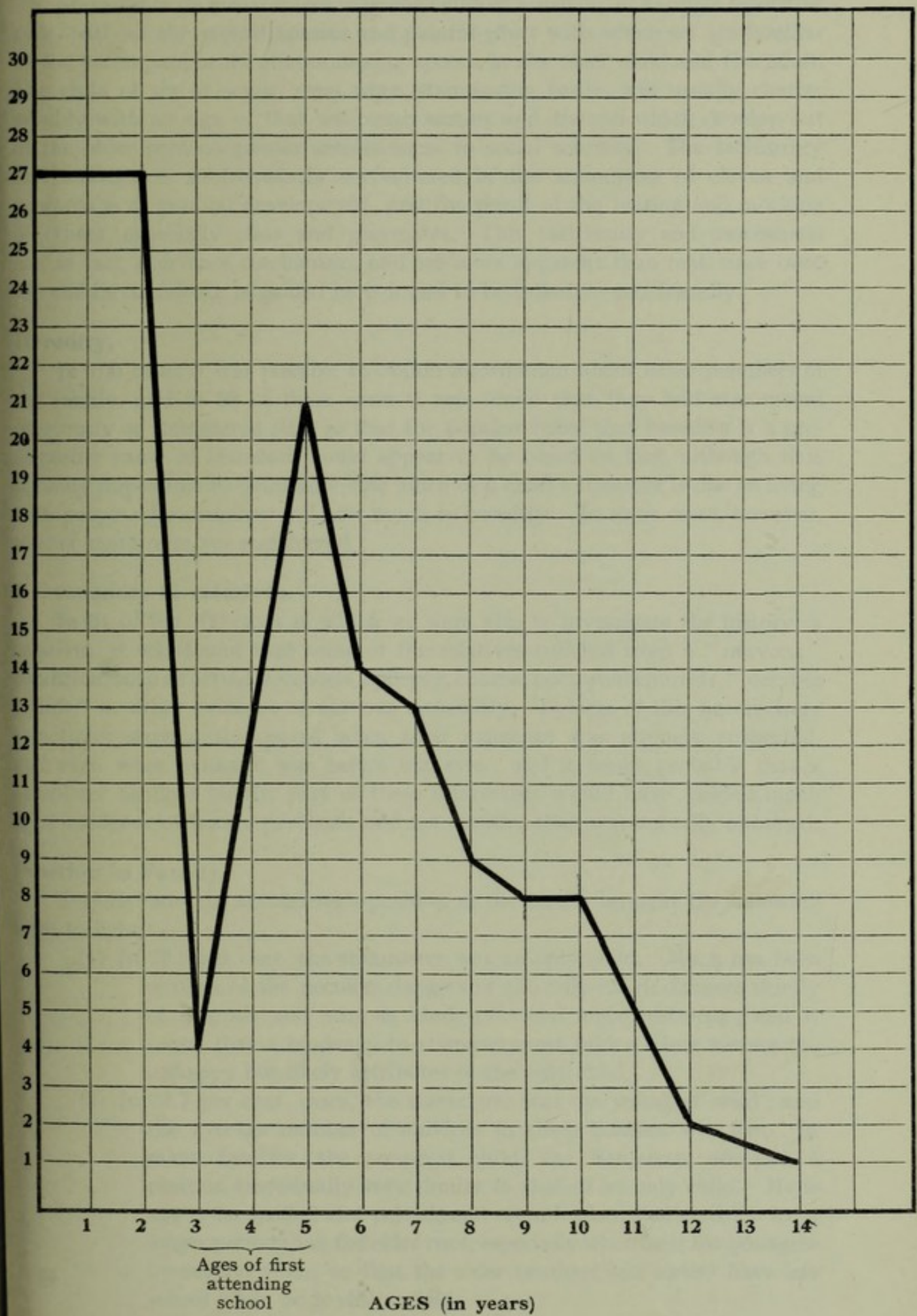
The supposed causes of stammer were given as follows :—

"Caught" from other stammerers	...	...	...	...	28
Accident or fright	...	...	...	...	14
Illness	...	...	...	...	12
Change of circumstances	...	...	...	...	6
Ante-Natal Causes	...	...	...	...	5
No cause ascertainable	...	...	...	...	77
					<hr/>
					142
					<hr/>

The most popular reason given was that the child had caught the stammer from another stammerer, sometimes a relative, more usually a playmate. Incidentally, no parent will admit the possibility of another child catching the defect from her own offspring, even though she refuses to allow him to attend the Centre in case "hearing the others would make him worse." That a stammering child is a source of danger to others cannot be insisted upon too strongly, and stammerers should most certainly be excluded from ordinary classes.

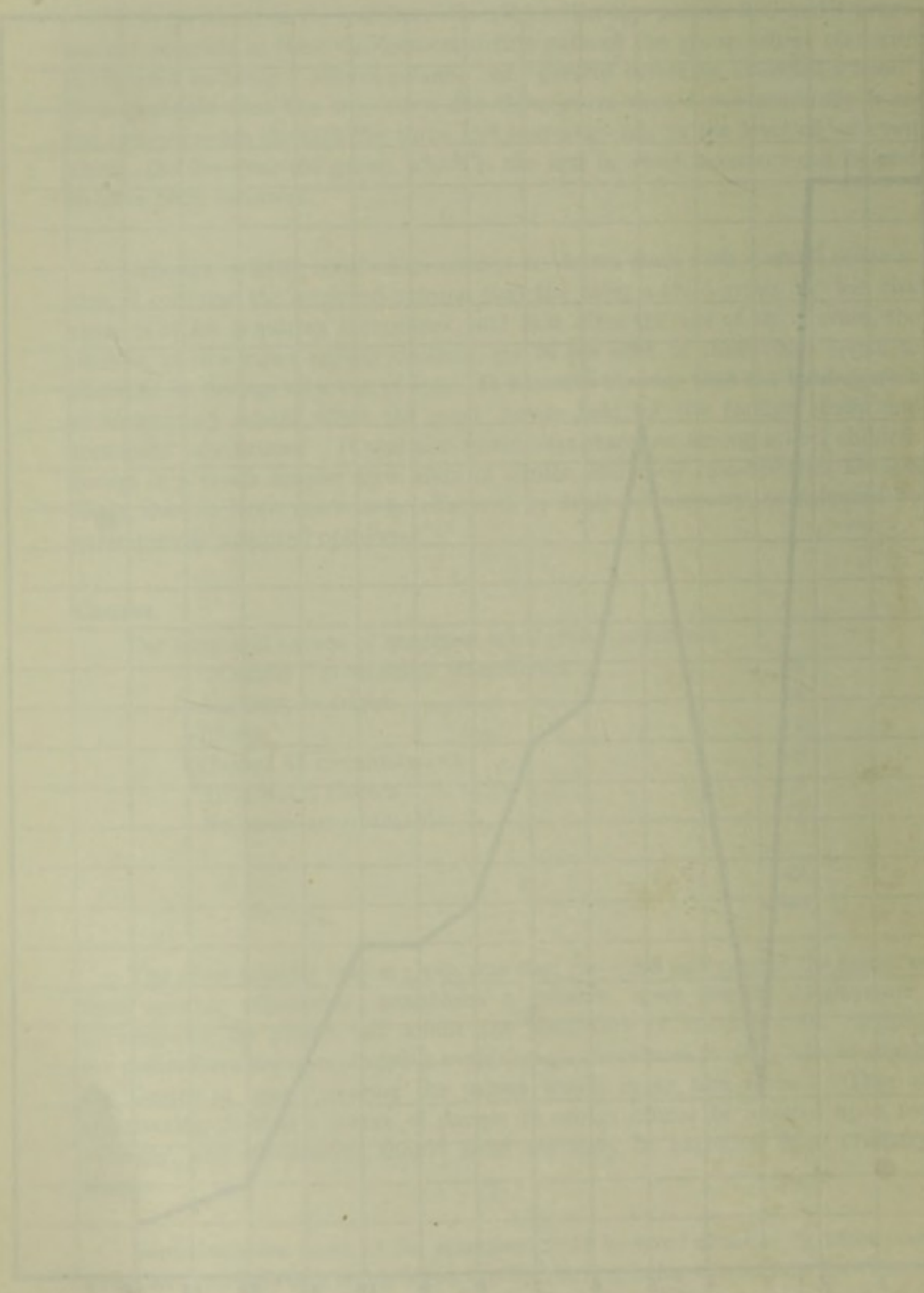
Sometimes the onset of the stammer could be fixed exactly, by some such event as the death of a much-loved brother, or first being moved into the class of a strict teacher, or some particular occasion of punishment, and in at least three cases the stammer definitely developed out of a defective articulation.

# STAMMER—AGE OF ONSET.





# STAMMER-AGE OF ONSET



Stammer in its initial stages in young children is usually of a simple repetitive type, without the violent spasms and painful effort with which we are familiar as the accompaniments of stammering speech in the older child and the adult. The child of six or seven, even when stammering badly, will usually chatter volubly with no sign of that self-consciousness and distress which develop out of the older persons greater sensitiveness to social scrutiny. The taciturnity and moroseness so frequently encountered in the stammerer of eleven and upwards is of gradual development, and the result of the teasing and mocking of others, especially class and playmates. This taciturnity and moroseness are, in fact, a defence mechanism, and are more apparent than real, since once the child's confidence is gained he is found to be talkative and friendly.

### **Heredity.**

In 100 cases it was possible to obtain information about other members of the family, and in 38 of these cases it was found that they had stammered previously or stammered still, so that the popular belief that heredity is a predisposing cause of stammer would appear to be based on fact, although it is actually impossible to determine how much of a child's stammer is due to living with people who stammer and how much to heredity. In some cases, however, four or more relatives stammered.

### **Nervousness in relatives.**

In 61 of the 100 cases in which we were able to investigate the history of relatives, it was found that some of the relatives suffered from a "nervous" condition, such as actual psychosis, epilepsy, chorea, nocturnal enuresis, "nervous squint," or other evidence of nervous instability. Defects of this nature were sometimes strenuously denied when their existence was strongly suspected, and even when evidence was before our eyes; and it seems probable that a completer candour on the part of these informants would have yielded much more evidence of family psychosis and neuropathy than was actually obtained.

### **Position in Family.**

Enquiry into the stammerer's position in the family brought the following facts to light:—

- (1) In 22.5 per cent. the stammerer was an only child. Much has been written of the peculiar dangers of the only child, dangers chiefly of neurosis and various kinds of social maladjustment; and it seems that a tendency to stammer must take a place among the unhappy but likely attributes of the only child.
- (2) In 24.7 per cent. cases, the stammerer was the youngest child; and the average number of children in these families was five. In many families, the youngest child, the Benjamin, occupies a position emotionally very similar to that of an only child. He is apt to be spoiled and petted, and often leads a sheltered life for a longer period than the elder ones, especially when he is the youngest by several years, so that the elder brothers and sisters have left school while he is still a child.



- (3) In 26.4 cases the stammerer was the eldest child, and the average length of time between his birth and that of the second child was three and a half years, that is to say, during his formative years he was in the position of an only child.

It is well recognised that faults in the emotional attitude displayed towards a young child, either faults of neglect or of over-solicitude, have far-reaching effects, and will render a child less well-prepared to deal unaided with the problems which await him outside the family circle. Failure to deal with these problems leads to maladjustment, shown either by abnormal conduct (delinquency) or by a neuropathic state, of which stammer may be a symptom.

In all the cases just mentioned, there was evidence to show that the child had spent its early years in an atmosphere of over-solicitude. The stammer had developed at the first crisis in the child's emotional experience, such as first contact with the impartial discipline of elementary school life. In a few cases, where the stammerer was the first-born, his defect appeared to have been definitely precipitated by the birth of a baby brother or sister.

The residue of 26.4 per cent. who could not be classified with regard to their familial position were in very many cases found to have been in some unusual position as to emotional environment. Prematurity, continued ill-health, being the only survivor of twins, or some other such circumstance resulted in the child being the object of precisely such undue parental attention and solicitude as is not usually a child's lot.

### **Summary of Aetiology.**

The predisposing cause of stammer is a neuropathic diathesis, a liability to "nervousness," an inborn tendency to suffer from disabilities for which no organic condition can be found to account. This tendency may be inherited from either parent, or both, but in most of the cases under review it seemed to have been inherited from the mother.

The second predisposing cause is some faulty emotional atmosphere surrounding a child during the formative early years, those years when seemingly trivial events leave deep impressions, perhaps never to be effaced. In the large majority of the cases considered here, this fault was found to be one of oversolicitude, but may, with exactly similar effect, be of neglect and ill-treatment. The result is a maladjustment of which in these cases, stammer happened to be the chief symptom.

The exciting cause of stammer is some kind of a crisis in the child's life; this may be, to adult eyes, a trifling occurrence, not justifying the use of such a word, but looming terrific in the child's mind; or it may be some considerable alteration in his mode of life. These causes were most commonly found to be first going to school, illness, shock, grief, fright, a change of circumstance such as being moved to the class of a less sympathetic teacher, the birth of a baby brother or sister, or re-marriage of a parent.



Once the stammerer has become conscious of his stammer, it is likely to increase in severity as does any other neuropathic manifestation such as phobia or a tic. Each and every occasion of stammering impresses the habit of such a mode of speech upon the stammerer's mind, and renders him more liable to stammer again on a similar occasion, particularly when feeling at a social disadvantage.

### **The Stammerer's Health.**

The routine examination of this series of 142 yielded at first little of interest. Their height, weight, special senses and intelligence were normal, though many were backward scholastically as a direct result of their speech defect. One was a cripple, being an old case of Pott's disease ; eight had been considered suitable for admission to an Open-air School for general and nervous instability. When enquiries were made about symptoms of "nervousness," the following facts were discovered.

47 were left-handed or had left-handed relatives, 8 squinted, 30 were severe nailbiters ; the nail-biting is of little significance, since large numbers of unselected children do the same. Many, however, suffered from "nervous" symptoms, or had such temperamental defects or abnormalities as led their parents to describe them as quite different from their other children. 8 were bed-wetters ; 33 showed abnormal fears ; 15 were admitted by the parents to be excessively babyish for their age, shy and lacking in confidence ; 43 were described as very restless and excitable ; 26 were unduly obstinate and irritable ; 14 complained of other nervous conditions such as non-choreic twitching, nystagmus, dysphagia, lenteric diarrhoea, hysterical aphonia or shaky handwriting. In addition, there was frequent evidence of generalised neuromuscular instability, the children being said to be "always on the go," or "getting easily worked up," or "restless at night."

### **Summary of Symptoms.**

From the detailed histories taken of these cases it seemed obvious that stammer is simply one of the many troubles which afflict the nervous child. The chief symptom in these 142 cases happened to be stammer, but some were brought for consultation on account of other complaints, such as sleep-walking or "nervousness," and the stammer was discovered during examination. In this series of cases the stammer was found to be always accompanied by, and sometimes interchangeable with, other evidence of nervous and emotional instability manifested by a host of signs and symptoms such as have been enumerated above. Such children are often careless and forgetful, though striving to be careful and to remember, often breaking their glasses and leaving books and articles of clothing behind them. In spite of their fear of solitude, they are apt to be shy, nervous and ill-at-ease in company other than that of their immediate family.



Though small children are as a rule free from self-consciousness in stammering, the older ones are often silent and reticent, and their confidence is difficult to win, as they are suspicious and defensive.

### Conclusion.

An attempt has been made to show that the description of a stammering child is the description of a nervous child. Stammer is a symptom of neurosis, of personal maladjustment to the external world, occurring in persons of neuropathic constitution, and accompanied by other evidence of such neuropathy. It can therefore be successfully treated only by application of the rules of individual psychology and re-education, since no two cases are exactly alike. Treatment should be undertaken during childhood, when the history of the condition is more readily and clearly obtainable, the attendant circumstances more plainly visible, and the social relationships more easily assessed.

Much remains to be done in the investigation of both stammer and other nervous conditions occurring during childhood, that period when are sown so many seeds of adult neurosis, unsocial conduct and actual psychosis.

### Cost of Medical Inspection.

The cost of Medical Inspection and Treatment from April 1st, 1932, to March 31st, 1933, was as follows :—

	£	s.	d.
Salaries ... ..	1,916	10	5
Printing, Stationery and Postage ... ..	69	9	3
Drugs, Materials and Apparatus, including Spectacles ...	265	11	0
Hospitals, Nursing Associations, etc....	123	10	9
Travelling Expenses ... ..	22	12	6
Rent ... ..	237	5	6
Fuel, Lighting and Cleaning ... ..	12	8	2
Conveyance of Children ... ..	107	18	9
Upkeep ... ..	60	6	11
	<hr/>		
TOTAL ...	£2,815	13	3
	<hr/>		
Recovered from Parents ... ..	£158	10	7

The School Medical Service continues to receive the assistance and interest of many Organizations, to whom our thanks are due. The assistance and co-operation of the Secretary and Staff of the Education Committee in supplying information included in this Report is also gratefully acknowledged.

I am again indebted to Dr. Nora Mills, the Assistant School Medical Officer, for the preparation of this Report, and for the excellent work both she and her Nurses have performed throughout the whole year.

The special investigation on Stammering, of which this report contains but a synopsis, is also the work of Dr. Mills.

*John Lums.*

Medical Officer of Health and  
School Medical Officer.

PUBLIC HEALTH OFFICES,  
ROCHDALE.

31st MARCH, 1934.



TABLE I.

## Return of Medical Inspections, 1st January to 31st December, 1933.

## A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections—						Elementary Schools	Secondary Schools
Entrants ..	..	..	..	..	..	993	127
Intermediates ..	..	..	..	..	..	1203	42
Leavers ..	..	..	..	..	..	1182	52
Total ..						3378	221

## B.—OTHER INSPECTIONS.

Number of Special Inspections at Schools ..	..	692	..	5
Number of Special Inspections at Clinic ..	..	2445	..	—
Number of Re-inspections at Schools ..	..	1003	..	8
Number of Re-inspections at Clinics ..	..	2944	..	—
Open Air School ..	..	2050	..	—
Total ..		9134	..	13

TABLE II.

## A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1933.

Defect or Disease  (1)					Routine Inspections				Special Inspections		
					No. of Defects				No. of Defects		
					Requiring treatment (2)		Requiring to be kept under observation, but not requiring treatment (3)		Requiring treatment (4)	Requiring to be kept under observation, but not requiring treatment. (5)	
Skin	Malnutrition	..	..	..	..	E. 22	S. ..	E. 2	S. ..	E. 1	..
	Uncleanliness	..	..	..	..	137	..	..	..	..	..
	(See Table IV., Group V.)										
	Ringworm—										
	Scalp	..	..	..	..	1	..	..	..	1	..
	Body	..	..	..	..	..	..	..	..	..	..
	Scabies	..	..	..	..	1	..	..	..	..	..
Impetigo	..	..	..	..	6	..	..	..	..	..	
Other Diseases (non-Tuberculous)	..				..	7	..	..	..	5	..

TABLE II.—(continued).

					E.	S.	E.	S.	E.	E.
Eye	{	Blepharitis	...	...	16	1	...	...	3	...
		Conjunctivitis	...	...	2	...	...	...	...	...
		Keratitis	...	...	...	...	...	...	...	...
		Corneal Opacities	...	...	...	...	...	...	...	...
		Defective Vision (excluding Squint)	...	116	25	34	...	173	17	...
		Squint	...	9	...	8	...	3	...	...
		Other Conditions	...	1	...	...	...	3	...	...
Ear	{	Defective Hearing	...	4	...	1	...	2	...	...
		Otitis Media	...	34	...	1	...	23	...	...
		Other Ear Diseases	...	39	4	...	...	28	...	...
Nose and Throat	{	Enlarged Tonsils only	...	53	3	32	...	5	1	...
		Adenoids only	...	7	...	2	...	9	...	...
		Enlarged Tonsils and Adenoids	...	52	...	41	...	17	2	...
		Other Conditions	...	24	...	2	...	54	...	...
Enlarged Cervical Glands (Non-Tuberculous)					6	...	4	...	2	...
Defective Speech					12	1	...	...	25	1
Teeth—Dental Diseases										
(see Table IV., Group IV.)										
Heart and Circulation	{	Heart Disease—								
		Organic	...	...	3	...	...	...	...	...
		Functional	...	...	17	...	23	...	5	1
Lungs	{	Anæmia	...	...	4	...	2	...	...	...
		Bronchitis	...	...	7	...	...	...	2	...
		Other Non-Tuberculous Diseases	...	...	...	...	...	...	2	...
Tuberculosis	{	Pulmonary—								
		Definite	...	...	...	...	...	...	...	...
		Suspected	...	...	...	...	...	...	...	...
		Non-pulmonary—								
		Glands	...	...	...	...	...	...	...	...
		Spine	...	...	...	...	...	...	...	...
		Hip	...	...	...	...	...	...	...	...
		Other Bones and Joints	...	...	...	...	...	...	...	...
		Skin	...	...	...	...	...	...	...	...
Nervous System	{	Other Forms								
		Epilepsy	...	...	1	...	...	...	...	...
		Chorea	...	...	1	...	...	...	...	...
		Other Conditions	...	...	5	...	1	...	2	...
Deformities	{	Rickets	...	...	2	...	1	...	...	...
		Spinal Curvature	...	...	...	...	...	...	...	...
		Other Forms	...	...	5	...	3	...	2	...
Other Defects and Diseases					77	...	14	...	107	1

E.—Elementary.

S.—Secondary.



**B.—Number of Individual Children found at Routine Medical Inspection to Require Treatment (excluding uncleanness and dental diseases).**

Group	Number of Children				Percentage of Children found to require treatment	
	Inspected		Found to require treatment			
Code Groups—	E.	S.	E.	S.	E.	S.
Entrants ...	993	127	115	17	11.5%	7.6%
Intermediates ...	1203	42	242		20.1%	
Leavers ...	1182	52	175		14.8%	
Total (code groups)	3378	221	532	17	15.7%	7.6%
Other routine inspections	...	...	...	...	...	...

E.—Elementary Schools.

S.—Secondary Schools.

TABLE III.—Return of all Exceptional Children in the Area.

Nature of Defect	At Certified Special Schools	At Public Elementa'y Schools	At Other Instituti'ns	At no School or Institution	TOTAL
Blindness ... ..	3	—	—	—	3
Partial Blindness ...	—	5	2	—	7
Deafness ... ..	13	—	—	—	13
Partial Deafness ...	—	7	—	—	7
Mental Defect ...	4	35	5	6	50
Epilepsy ... ..	3	4	—	—	7
Pulmonary Tuber- culosis ... ..	11	16	—	1	28
Non-Pulmonary Tuberculosis ...	9	17	—	1	27
Delicate Children ...	104	23	—	1	128
Crippling ... ..	15	59	—	1	75
Heart Disease ...	4	10	1	11	26

In addition 6 children are suffering from multiple defects :—

- 1 is Epileptic and Mentally Defective ;
- 3 are Crippled and Mentally Defective ;
- 1 is Blind and Mentally Defective ;
- 1 is Blind and Epileptic.



TABLE IV.

Return of Defects Treated during the Year ended 31st December, 1933.

TREATMENT TABLE.

GROUP I.—Minor Ailments (excluding uncleanliness, for which see Group V.).

Disease or Defect (1)	Number of Defects treated, or under treatment during the year		
	Under the Authority's Scheme (2)	Otherwise (3)	Total (4)
SKIN—			
Ringworm—Scalp ... ..	59	...	59
Ringworm—Body ... ..	35	...	35
Scabies ... ..	15	...	15
Impetigo ... ..	546	...	546
Other skin diseases ... ..	172	...	172
MINOR EYE DEFECTS ... .. (External and other, but excluding cases falling in Group II.)	121	...	121
MINOR EAR DEFECTS ... ..	350	...	350
MISCELLANEOUS ... .. (e.g., minor injuries, bruises, sores, chilblains, etc.)	1170	...	1170
TOTAL ... ..	2468	Nil	2468

TABLE IV.—(Continued).

GROUP II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or Disease (1)	Number of Defects dealt with			
	Under the Authority's Scheme (2)	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme (3)	Otherwise (4)	Total (5)
Errors of Refractions including Squint ... ..	550	...	...	550
Other Defect or Disease of the eyes (excluding those recorded in Group I.) ... ..	4	...	...	4
Total ... ..	554	...	...	554

Total number of children for whom spectacles were prescribed :—

(A) Under the Authority's Scheme	...	...	...	...	...	481
(B) Otherwise	...	...	...	...	...	—

Total number of children who obtained or received spectacles :—

(A) Under the Authority's Scheme	...	...	...	...	...	467
(B) Otherwise	...	...	...	...	...	—

**GROUP III.—Treatment of Defects of Nose and Throat.**

Number of Defects.

Received Operative Treatment			Received other forms of Treatment	Total number treated
Under the Authority's Scheme, in Clinic or Hospital	By Private Practitioner or Hospital, apart from the Authority's Scheme	Total		
(1)	(2)	(3)	(4)	(5)
77	6	83	138	221

**TABLE IV.—(Continued).**

**GROUP IV.—Dental Defects.**

(1) Number of Children who were :—

(a) Inspected by the Dentist—

Routine Age Groups	6.....	2009	} Open-Air School
	7.....	2070	
	8.....	2108	
	9.....	28	
	10.....	26	
	11.....	25	
	12.....	27	
	13.....	27	
	14.....	5	

Grand Total ..... 6325

(b) Found to require treatment during Inspection	...	...	3490
(c) Actually treated—Routines	2320	}	...
—Specials	1188		
(d) Re-treated during the year as the result of periodical examination	...	..	...



(2) Half-days devoted to—	Inspection	..	110			
	Treatment	..	312	Total	..	422
(3) Attendances made by children for treatment	..	..	..	..	..	4008
(4) Fillings—	Permanent teeth	..	539			
	Temporary teeth	..	18	Total	..	557
(5) Extractions—	Permanent teeth	..	592			
	Temporary teeth	..	5870	Total	..	6462
(6) Administrations of General anaesthetics for extractions	..	..	—			
(7) Other operations	Permanent teeth	..	48			
	Temporary teeth	..	40	Total	..	88

GROUP V.—Uncleanliness and Verminous Conditions.

(i.) Average number of visits per school made during the year by the School Nurses .. .. .	3
(ii.) Total number of examinations of children in the Schools by School Nurses .. .. .	15688
(iii.) Number of individual children found unclean .. .. .	451
(iv.) Number of children cleansed under arrangements made by the Local Education Authority .. .. .	Nil
(v.) Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921 .. .. .	Nil
(b) Under the School Attendance Byelaws .. .. .	Nil

