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County Borough of Southampton.

Annual Report

ON THE

Health of the

County Borough of Southampton

AND THE

Port of Southampton

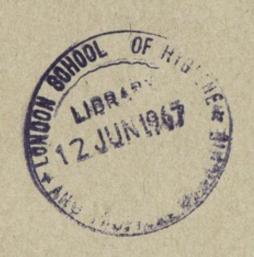
For the Year 1933,

BY

H. C. MAURICE-WILLIAMS, M.R.C.S., L.R.C.P., D.P.H.,

Medical Officer of Health of the County Borough and Port of Southampton,

Medical Superintendent of the Municipal Hospitals.





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County Borough and Port of Southampton.

ANNUAL REPORT

OF

The Medical Officer of Health.

TO THE MAYOR, ALDERMEN AND COUNCILLORS.

Mr. Mayor, Ladies and Gentlemen,

I have the honour and pleasure to present to you my third Annual Report on the Public Health and Medical Services of the Borough, and also my Annual Report as Medical Officer to the Port Sanitary Authority. Both these Reports are in accordance with the statutory duty placed upon me as Medical Officer of Health under the Sanitary Officers' Order, 1926.

This introduction briefly summarizes the main features of interest in each of the services which comprise the Public Health Department. Fuller information and statistics follow under the appropriate headings in the body of the Report.

Reviewing the vital statistics of the Borough for the year 1933, there was a slight fall in the death rate per thousand of the population as compared with the previous year, being due to a slight decrease in the number of deaths from Tuberculosis and Pneumonia.

The Town Ward again showed a higher death rate than any of the other Municipal Wards, being 17 per thousand, as compared with a rate of 8 per thousand in St. Nicholas Ward, and 9.1 in the Bitterne and Sholing Ward.

The birth-rate for the year was 16.12 per thousand of the population. It compares rather unfavourably with the previous year, as well as with the average of 18.3 per thousand for the last ten years. The birth-rate for Bitterne and Pear Tree Ward was higher than in any of the other wards in the Borough, the figures being 24 per thousand of the population, as compared with 8.4 in the Banister Ward.

This fall in the birth-rate is of serious consequence. If it continues to fall at the same rate during the next few years, and the excess of births over deaths ceases, the population will remain stationary, and must decrease if it falls below the death-rate. Although the birth-rate in Southampton is falling, we are still above the average for the whole of England and Wales, which for the year under review was 14.4 per thousand of the population.

Concerning the infantile mortality rate, there was a slight increase in the deaths per thousand births as compared with the previous year, but again, with a figure of 57.8, we were below the average for the 118 great towns of England and Wales, which had a rate of 67 per thousand.

The infantile mortality rate of illegitimate infants was 109 per thousand births, as compared with 55 per thousand for legitimate infants. This matter calls for serious consideration, and a greater effort should be made to reduce the number of illegitimate infants who die each year, often owing to the fact that many of the unmarried mothers have to go out to work, and are unable to give their infants the necessary care. The establishment of a centre where these infants could be cared for during the day when the mothers go out to work is a matter which would well repay the money expended.

In the Woolston Ward there was a big increase in the infantile mortality rate. The average for the ten years, 1923–1932, was 50.9 per thousand births, whereas for the year 1933 the figure was III.I per thousand. There was also an increase in the Northam Ward, the average for the last ten years being 58.I, whereas last year the figure was 79.I. The years of unemployment, with their consequent lack of money for the ordinary necessities of life, have probably been reflected in these two wards, and, although it is difficult to dogmatize, it appears that these figures represent something more than mere coincidence.

Concerning the local incidence of infectious diseases, South-ampton, like other towns throughout the country, suffered from an increased incidence of Scarlet Fever during the year, the number of cases being 469, as compared with 153 during 1932. However, it is gratifying to find that from this number of cases only one death resulted. Speaking generally, the disease was of an exceptionally mild type.

The number of cases of Diphtheria also showed an increase on previous years, and resulted in nine deaths. With the advent of immunisation in the Schools and Welfare Centres, it is hoped that future years will show an appreciable decrease from this disease.

Regarding Enteric Fever, there were fewer cases recorded than for many years past. For the third year in succession no deaths occurred from this disease.

Influenza, although prevalent in the early months of the year, abated towards the end of February, and for the rest of the year the Borough was free from this disease, except for an occasional sporadic case.

Eight cases of Cerebro-spinal Fever occurred, but did not lead to any local epidemic.

An agreement was reached with some of the neighbouring Authorities regarding the treatment of their cases in the Borough Isolation Hospital at a fixed weekly rate. This definite understanding has simplified the procedure for the admission of such cases, and has obviated any possible delay in administering the appropriate treatment.

During the year many alterations and improvements were carried out in the Department.

In the Central Office a new system of indexing and filing was introduced. Although this has only been in operation a few months, it has already brought about a substantial saving in clerical labour, and the system has the added advantage of classifying and keeping together the correspondence relating to any particular subject or case, rendering them accessible with the minimum delay.

The general sanitary work has been continued on similar lines to previous years. Apart from Slum Clearance and Improvement Areas, a systematic street by street inspection of working class dwellings was introduced for the purpose of ascertaining their condition, and where defects were found, either structural or decorative, informal notices to correct such were served upon the owners, so that the dwellings might be brought up to a reasonable standard of what is considered fit for human habitation. Most of the owners readily complied, but those who refused were later dealt with under Section 17 of the Housing Act, after due consideration by the Housing Committee. The routine work for the abatement of nuisances, the inspection of drains, disinfection

of houses following infectious disease, inspection of workshops, ice-cream manufacturers, and common lodging houses, has been continued as in past years. Rat and vermin destruction has been carried out, and advice to the tenants and owners readily given by the Sanitary Staff.

Regarding Food Inspection, all the slaughterhouses were regularly visited by the Meat Inspector. The butchers, in accordance with the regulations, notify the Department as to the time and place of slaughtering. The Meat Inspector has during the year kept a close inspection on all animals slaughtered, condemning the carcases of those that were unfit for human consumption.

At the beginning of 1934 the Slaughter of Animals Act will come into force, making it obligatory on all slaughtermen to be licensed by the Local Authority. No slaughterman under the age of 18 can obtain a licence, and if the Local Authority have evidence which shows that any applicant is not a suitable person to carry out this work, the licence will be refused. The Council passed a resolution in accordance with the Act stating that the killing of all animals named in the Schedule must be undertaken by a mechanically-operated instrument or by special electrical apparatus, and only makes exemption in cases of certain religious bodies who have their own methods.

Regarding the supply of milk to the Borough, the Council decided at the beginning of the year to appoint a Veterinary Inspector under the Milk and Dairies (Consolidation) Act, to carry out two routine inspections annually of all milch cows within the Borough, and, in addition, when considered necessary, to subject any individual cow, found on clinical examination to have suspicious signs of tuberculosis, to a tuberculin test.

During the year the Inspector carried out 304 examinations, and out of this number 14 cows were tuberculin tested; three of which gave positive reactions, and were subsequently slaughtered under the Tuberculosis Order, 1925. In addition, 22 samples of milk were taken and examined for tubercle bacilli. When it is remembered that over 2,000 deaths occur annually in children from bovine tuberculosis, and that at least 4,000 fresh cases develop each year, resulting in a great amount of suffering, the importance of safeguarding the milk supply to the young population will be readily realized.

In certain parts of the country an effort is being made to build up tubercle free herds by segregating the reactors from the non-reactors. The milk from reacting animals is subjected to pasteurization, and animals showing clinical signs of tuberculosis are slaughtered. This system has the advantage that it obviates the necessity of slaughter in every case that gives a positive reaction, for it is found that 40% give positive reactions, often due to very small lesions which do not affect the condition of the milk. Of course, pasteurization has the added advantage that it destroys other pathogenic organisms.

It is felt that a Register of all cows should be kept, for at the present time the frequent transfer of cows makes it difficult to identify them without special markings. This record would simplify matters, and by using a distinctive mark for those which are proved to be reactors, it would assist Local Authorities in safeguarding the milk supply.

Maternity and Child Welfare.

The Maternity and Child Welfare Service continued its excellent work during the year. The systematic visiting of children under the age of five, introduced in 1931, is proving itself a valuable method of finding and correcting defects in their earliest stage, and results in a greater number of mothers taking advantage of the Welfare Clinics, as evidenced by the attendances in each of the eight Welfare Centres, with a total of 27,143 mothers, and 1,543 new cases under one year. There is still need for a further Centre to be established in the Shirley Warren area to cater for the new estate. At the present time the nearest Welfare is in St. James' Road, which entails a considerable walk for some of the mothers from the Coxford area.

Grants of free milk and cod liver oil again increased, being mainly due to the continued unemployment in the Borough.

The Maternity and Child Welfare Committee are anxious to provide the same facilities for children under the age of five as available to those under the supervision of the School Medical Service. The Dental Department devotes one session a week in dealing with cases referred to them from the various Welcomes, and it is hoped at an early date to have available a means of treating adequately children referred for ear, nose, and throat defects, and also those in need of ophthalmic treatment. With a limited medical staff, it has not been possible to carry out a systematic routine medical examination at definite age periods of the pre-school child, but, when conditions are more favourable, it is proposed to bring such a scheme into operation.

Reference has been made in the first part of this introduction to the fact that our infantile mortality is still below that for the 118 great towns. The instruction that is given to the mothers on infant feeding and nurture at the various Centres, together with the liberal grants of milk and cod liver oil, are undoubtedly responsible for this favourable result.

Regarding the maternal mortality, there was a slight increase in the rate for the year 1933, and it is felt that, before an appreciable improvement is made, there must be better organisation of the midwifery services throughout the country. The question of building a special unit at the Borough Hospital to cater for normal and abnormal cases, and fully equipped to deal with any emergency, is receiving the attention of the Maternity and Child Welfare Committee. Pending the consideration of this scheme, the appointment of a Consulting Ante-natal Officer and Obstetrician was deferred, but, when appointed, it is proposed to improve the Ante-natal side of the Service, which at the present time is not as comprehensive as one would desire. Although the majority of the midwives do their best to carry out the necessary examinations and keep accurate records, in some cases their busy practices do not allow them the requisite time for this very important side of the work. It is, however, gratifying to find that there is a marked increase in the number of cases that they refer to the Ante-natal Clinics. When the Council appoints an Ante-natal Officer and Obstetrician, it is hoped that, without exception, every case will be referred, in order that the necessary examinations may be carried out. During the last two years it has been the rule to have a Wassermann test done in every case that is referred to the Ante-natal Clinic.

The Insurance Scheme that was inaugurated in 1927 again showed a considerable loss. On occasions medical aid was requisitioned when it appears to have been unnecessary, probably due to the fact that pressure was brought to bear upon the midwives by those who had insured, who, having paid the insurance fee, thought they were entitled to the services of a doctor, irrespective of the necessity. Of those who insured, medical aid was requisitioned in 47% of the cases, whereas in the uninsured cases medical aid was requisitioned in 20.7% of the cases. In addition to the Insurance Scheme, the Committee have paid the midwives' fees where there was no maternity benefit available from the National Health Insurance. In such cases it is the practice to insist that applications be made at the time of booking the midwife, in order that the Superintendent be given time to ascertain the financial circumstances of the applicant.

The supply of Home Helps also greatly increased during the last year. Such assistance is of immense value to some of the women, but in a few of the cases the Scheme was abused, for in

the past relatives, who used to be only too willing to give assistance at such a time, are now reluctant to do so. A list is kept of women in various parts of the town who are considered suitable to undertake this work, and 172 Home Helps were provided during the year.

I wish to acknowledge the assistance that was given to my Department by the Queen's Nurses, who have always been very helpful in any case we have asked them to undertake.

There were 36 cases recorded of Ophthalmia Neonatorum during the year. With the efficient prophylactics available to prevent this condition, the number is disappointing. The midwives are constantly reminded that the instillation of a suitable prophylactic as soon as possible after birth should always be strictly adhered to. However, of the 36 cases recorded, it is pleasing to be able to report that there was no permanent injury to the vision in a single case.

From the records available, it appears that the incidence of rickets was very low, probably due to the liberal grants of cod liver oil, and to the fact that early cases found in the Welfare Clinics are referred for treatment to the Sun-ray Clinic. The result of treating this condition by the artificial sunlight lamp was that approximately two-thirds of the cases derived appreciable benefit.

The Maternity and Child Welfare Committee decided during the year that all milk supplied under their scheme should be first subjected to an efficient method of pasteurization. Certain dairymen in the town, who agreed to these terms, have since complied with our requirements, and this condition has thus acted as an incentive to many of the smaller dairymen to instal pasteurizing plants.

The Maternity and Child Welfare section of the Public Health Service is one of the most important, and remunerative, because in detecting and treating disease usually in its earliest stage, it fulfils the primary object of Preventive Medicine.

Venereal Disease.

The year under review was the first complete year since the reorganisation of the Venereal Disease Department. There was a big increase in the number of cases and attendances at the Centre. This does not mean that the incidence of the disease has increased in Southampton, but is due to the fact that better facilities are now offered for the treatment of these conditions,

with the result that the defaulter rate is steadily decreasing, and fresh cases of infection are more easily persuaded to attend for treatment. Another factor which probably influences the decrease in the defaulter rate is the unemployment amongst seamen, who are now able to continue treatment until certified by the Venereal Disease Officer as fit for discharge.

Two hundred and fifty-seven cases of Gonorrhœa reported who had contracted the disease during the year, whereas last year 193 such cases attended.

There was a slight decrease in the number of primary syphilitic infections, the number being 37, as compared with 44 in 1932.

During the year we treated 108 cases living in the County area, the Hampshire County Council agreed to pay us at a fixed rate for each attendance made by patients resident in their district.

Tuberculosis.

There was a slight decrease in the number of deaths from Pulmonary Tuberculosis, as compared with the previous year, although the death rates for both Pulmonary and Non-Pulmonary were still above the average for England and Wales. Late notification is believed to have some bearing on the death-rate, and when the reorganisation of the Department takes place, it is proposed to concentrate on earlier notification. This can only be improved by getting the medical practitioners to send to the Dispensary all patients who show the slightest signs of a tubercular infection, and also for the Clinical Tuberculosis Officer to carry out a systematic examination of all contacts, and to keep under continued observation those who show the slightest indication of infection, and those who live in the same house as an infectious case.

Further accommodation is needed for the treatment of children, as there are a number of early glandular infections detected which, unless treated, develop into lung infections. The accommodation available at the Millbrook Sanatorium for females is also inadequate. The question of erecting further pavilions for the treatment of these cases is a matter which needs consideration, together with the erection and equipping of an X-ray plant at the Isolation Hospital, as, at the present time, cases have to attend at the Borough Hospital for the purpose of being X-rayed.

The Town Ward showed the highest incidence, there being 3.25 cases per thousand, as compared with 1.98 in St. Nicholas Ward.

Structural alterations have been carried out at the Sydney House Dispensary, in order to provide a separate Waiting Room, Dispensary, and Consulting Room for the Clinical Tuberculosis Officer. It is hoped with this improvement greater advantage will be taken by the patients living on the east side of the Itchen to attend at Sydney House.

The Council have provided extra nourishment where it was felt that the additional amount would help to keep the patient in work or to return to work at an earlier date following Sanatorium treatment.

The question of providing portable shelters, which can be used by patients on their return from the Sanatorium, thus helping them to lead an open-air life, is receiving attention.

Housing is a matter which also deserves consideration. Some towns give preference to tubercular patients, and have assessed the rents on their ability to pay. Improved housing conditions do undoubtedly help to curtail the incidence and spread of infection.

It is proposed in the reorganisation of the Department to pay special attention to the home visiting of patients by the Health Visitors, and to allocate one session a week for the purpose of allowing the Clinical Tuberculosis Officer to discuss the home conditions of patients with the Health Visitors of the various districts.

Housing.

The year under review will stand out as the beginning of a new epoch in the history of Housing. The measures that are being adopted, and the work in course of accomplishment, have so raised our standards of citizenship that the conditions of the past it is hoped will never return. For as far as decent houses at economic rents are concerned, manual workers and their families will have henceforth at least the incentive, and the opportunity to improve their physical mode of living and their mental outlook on life.

The criticism often made by the inexperienced, that the poorer classes in being rehoused make slums of the new dwellings,

is known to be inaccurate. It is now definitely established that the great majority of the rehoused tenants from insanitary areas improve their standard of living, and the children reared in these new surroundings will never again tolerate the filth and squalor which their parents accepted as their destiny.

It is true that a small percentage of slum dwellers, when moved to totally different environment, have failed to respond, but that is not strange when one considers that they have been reared, and have spent the greater part of their lives in dark, dismal, damp, and dilapidated dwellings, herded together in courts and alleys without the ordinary facilities for health and cleanliness. The result has been that these areas have served as fertile breeding places for such conditions as tuberculosis, rickets, respiratory and infectious diseases, which have caused an immense amount of misery and suffering to the people, and a tremendous burden upon the Local Authorities in their endeavour to treat and maintain those incapacitated from leading a normal existence.

Southampton is fortunate in not possessing slum dwellings to the same extent as some of the industrial towns. This is due mainly to the fact that the South did not share in the migration which took place in the early part of the nineteenth century, when small urban areas in the North and Midlands became industrialised, which attracted an influx of the rural workers. Coincident with this, there was a great increase in the population during the century—in 1801 the population being 8,892,536, whereas in 1901 it had increased to 32,527,843.

In those days the difficulty of transport made it obligatory for the workers to concentrate around the factories. The houses were built on every available piece of land within easy walking distance of their work.

The slum dwellings in Southampton did not originate in the same way. The older courts in the town are the remains of a time when this, like many other towns, was surrounded by a wall to defend itself against hostile raids. It was only those who lived within these precincts that could feel themselves protected against such dangers. Of the original dwellings very few remain, but the landlords of succeeding generations, ungoverned by any building bye-laws, availed themselves of the sites to erect houses little better than the earlier ones.

At last there appears to be a concerted movement to rid this country once and for all of insanitary dwellings. Southampton, like other towns throughout the country, has entered into the spirit of the action. In proportion to our population, we are as far advanced with our programme as any other town. During the latter half of 1933, representation was made to the Borough Council on nineteen clearance areas, comprising 378 houses and 1,567 persons.

The five years' programme passed by the Council was submitted to the Ministry of Health, giving details of the areas, dates as to demolition, displacement and the rehousing of tenants. Three of the larger areas are to be acquired by means of compulsory purchase orders, and on the cleared sites it is proposed to rehouse approximately 50% of the existing tenants.

Prior to submitting a programme, a census was taken of all the occupiers, and it was ascertained that at least 40%, chiefly casual workers in the Docks and neighbourhood, would have to be rehoused within easy reach of their work. With no suitable site available in the centre of the town for the rehousing of the persons displaced from the first areas, it will be necessary to find accommodation for them on the outskirts of the town, but when the whole of the five years' scheme is completed, it will be possible to make adjustments, thus allowing the casual worker to be rehoused in the central part of the town.

During the year a Ministry of Health Inquiry was held concerning two clearance areas, comprising 12 houses in Bell's Court and Spa Court, following which the Ministry confirmed the orders, and the houses in question have since been demolished.

Port Sanitary Service.

It is pleasing to state that in a port of the size and significance of Southampton, with over 15,000 vessels entering during the year, I can again report a year free from any of the major infections and a fall in the number of the commoner infectious diseases.

Although Southampton still leads as the premier passenger port, there was a slight decrease in the number of passengers entering and leaving, with the exception of those to and from the Channel Islands, which showed a substantial increase on the previous year. All the other passenger ports in the United Kingdom showed a similar fall in the passenger rate, with the exception of Bristol, which showed a slight increase. However, the total number and tonnage of vessels entering Southampton was above that of 1932. The main reason for the decrease in the number of passengers was due to a drop in the North American trade.

On the 1st May the new Port Sanitary Regulations came into force, which consolidated previous enactments and extended the powers and duties of the Port Sanitary Authority in dealing with infectious diseases. As will be seen in the section of this Report which deals with the working of the new regulations, before putting them into operation it was necessary to hold numerous conferences with representatives of H.M. Customs, the Harbour Board, and the Southern Railway. I wish to express my thanks to them for their kind co-operation in giving me every facility in putting the new regulations into operation. One advantage of the new regulations is that it is now a statutory duty for all ships, prior to arrival from an infected port, to send a wireless message notifying us if they have on board a case, or suspected case, of infectious disease. This obviates any delay on arrival by allowing time to make the necessary arrangements with the ambulance and hospital.

Another obligation contained in the regulations was the necessity of designating special mooring stations for the purpose of isolating certain vessels. This was overcome without any friction with the technical assistance rendered by the officers of Trinity House, the Harbour Board and Southern Railway.

The question of dealing with vessels which disembark passengers at Cowes Road, which is outside our Port Sanitary jurisdiction, is receiving the consideration of the Ministry of Health, and will undoubtedly be settled in the near future.

I am glad to be able to report that the rat incidence in the port shows a further decrease, the number of rats destroyed during the year was 1,206, as compared with 5,999 in 1928, which shows that the rat-proofing which is being carried out on vessels and in the Docks is proving an effective measure against this menace.

Another point of interest is the fact that the rats destroyed on board vessels numbered 254 black and 19 brown, whilst in the Docks only 5 black and 651 brown. As the black rat is usually imported from foreign countries on ships, these figures go to prove that the measures adopted to prevent rats gaining access from ships to shore prove effective. Owing to this big decrease in the rat incidence on board, it has not been necessary to carry out as many fumigations as in previous years, with the result that shipping companies have thus saved a considerable amount of money.

Regarding the hygienic conditions of crews' spaces, there is still room for improvement in some of the smaller cargo vessels, and the Port Sanitary Association are at the present time considering a report on this question.

Food inspection in the Docks has been carried out as in former years. Since the rigid inspection of mutton carcases for the condition of caseous lymphadenitis was commenced some years ago on the instruction of the Ministry of Health, there has been a marked improvement. Out of a total of 96,344 mutton, and 518,021 carcases of lambs, only 12 were condemned owing to this condition during the year.

It has been my aim to link up as far as possible the various departments under my control, for by such co-operation the efficiency of the Service is much improved.

In conclusion I wish to thank the Chairman and Members of my Committees for their kind consideration and support in enabling me to carry out the various developments of the Service, and to the members of my staff, both medical and clerical, for their loyal and efficient service.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

A.E. Manince. Williams.

Medical Officer of Health.

REPORT.

STATISTICAL SUMMARY FOR THE COUNTY BOROUGH OF SOUTHAMPTON.

Area (land and	inland y	water).	Acres	age			9,192
Area (including	tidal w	ater and	d fores	hore)			11,109
Census Populat	ion, Apr	ril, 1931				•••	176,007
Population, est	imated (middle	of 193	3)			177,600
Number of stru	cturally	separa	te dwe	llings	(Census	1931)-	_
Occupied						38,08	So
Unoccupie	d on nig	ht of Ce	ensus			1,12	5
						-	- 39,205
Total private fa	imilies t	herein (Census	1931)			45,550
Estimated num				-	e dwell	ings	
end of 1933					• • • •		41,723
Rateable value	***************************************						,435,967
Sum represente	d by a p	penny ra	ate	• • • •			£5,400
Births—							
Legitimate	Males	1,405	Fer	nales	1,320	Tota	al 2,725
Illegitimate	Males	65	Fen	nales	64	Tota	al 129
Birth-rate							16.12
Deaths							2,131
Death-rate				'			12.04
Number of wor of, childbir	1.1	ng in, o		-	,	rom Sej other ca	
Deaths of infan	ts under	one yea	ar of ag	ge per	1,000 b	irths—	
Legitin	nate, 55.	4; Illes	gitimat	e, 108	.5 ; tot	al, 57.8	
Deaths from Mo	easles (a	ll ages)					6
Deaths from W	hooping	Cough	(all ag	es)			7
Deaths from Di	arrhœa	(under a	2 years	of ag	e)		8

Death-rate from Tuberculosis, Cancer and maternal mortality in Southampton and England and Wales during the year 1933:—

Per million Population.

	So	uthampto	on.	England and Wales. (provisional rates).				
Respiratory	Males.	Females.	Persons.	Males.	Females. Persons.			
Tuberculosis	1,140	670	898	819	571	690		
Other								
Tuberculosis	175	121	147	148	121	134		
Cancer	1,571	1,637	1,604	1,490	1,559	1,526		

Maternal mortality (deaths primarily classed to Puerperal conditions):—

Southampton—	Puerperal Sepsis.	Others.	Total.
Per 1,000 live births	 1.05	2.80	3.85
Per 1,000 total births	 I.OI	2.69	3.70
England and Wales—			
Per 1,000 live births	 1.79	2.63	4.42
Per 1,000 total births	 1.71	2.53	4.23

Population and Meteorology.

POPULATION.

The enumerated population at the Census taken at midnight, 26/27th April, 1931, was: Males, 85,478; females, 90,529; total, 176,007, an increase of 15,013 when compared with the Census 1921.

The Registrar-General estimates that the population of the County Borough at the middle of 1933 to be 177,600. This population is used throughout the Report as the basis for the calculation of birth and death rates.

The Registrar-General's estimate is based on the Census population, after allowing for the varying rate of natural increase as evidenced by the births and deaths, and of migration, as indicated from other sources of information, such as changes in the number on the Parliamentary Register and the migration returns obtained from the Board of Trade.

The estimate for the preceding year was 177,470, so that the estimate of the increase during the twelve month is only 130.

The number of new houses completed for occupation since the date of the Census to the end of 1933 is: Erected by private enterprise, 1,829; by the Council, 889; total, 2,718.

METEOROLOGY.

The year 1933 was distinguished by a marked deficiency in the rainfall, and an excess of sunshine.

The rainfall for the year totalled 23.6 inches, which is 7.3 below the average for Southampton. The whole of the deficiency accrued during the last three months of the year, the rainfall during that period amounting to 2.35 inches, compared with an average of 10.75 inches.

The lowest rainfall recorded in Southampton is 15.92 inches in the year 1921.

The sunshine totalled 1,843 hours, the average for the Borough being 1,668 hours. From the beginning of June to the end of September the weather was exceptionally warm with plenty of sunshine.

The mean temperature for the year was 51.1 degrees, 0.3 above the average. December was a very cold month, the temperature being as much as 7.3 degrees below the average.

An abstract from the Monthly Weather Reports published by the Meteorological Office, in which the records relating to Southampton are included, is appended.

Summary of the Records of Temperature, Rainfall and Sunshine in Southampton during the year 1933. Abstracted from the Monthly Weather Reports of the Meteorological Office.

-	_	- 4					-	-			_	_	_						
HINE.		cent. of possible	19	28	52	42	39	90	53	57	48	33	29	19	41				
BRIGHT SUNSHINE.	er day.	Devia- tion from Normal.	-0.13	+0.1	+2.06	-0.01	-1.04	+1.05	+1.17	+1.61	+0.62	+0.01	+0.40	-0.02	+0.48				
BRIGE	Hours per day	Daily Mean.	1.58	2.74	60.9	5.81	5.96	8.12	8.23	8.22	60.9	3,49	2.60	1.53	5.05				
	mm,	No, of da on which I or more f	12	00	15	9	10	00	6	10	00	10	4	9	101				
	Most in a day.	Date.	15th	24th	16th	23rd	27th	18th	13th	15th	12th	23rd	14th	27th	12th Sept.				
RAINFALL,	Most	Amt.	Mm. 12	24	20	80	11	12	=	80	34	10	10	7	34				
RAII	no. fem	Deviation Norr	Mm. —13	+36	+38	-18	- 3	9 —	-14	43	+26	-53	63	73	-186				
	ı and			Fall.	Mm. 55	94	96	29	48	45	44	24	81	47	17	20	009		
		Total Fall.	Ins. 2.15	3.71	3.78	1.14	1.88	1.78	1.72	0.93	3.19	1.87	0.69	0.79	23.62				
HEIT.		AHRENHEIT. aximum and mum.	Date.	17th, 23rd,	20th and	24th 21st	19th and	20th 1st	12th	lst	22nd	15th	28th	12th	9th, 10th, and 11th	17th, 23rd, 27th and			
HREN	ximum	Min.	22	25	59	30	40	45	50	48	43	29	29	24	22				
H	Absolute Maximum Minimum.	Absolute M	Absolute M	Absolute M	Absolute Mini	Date.	8th	5th & 8th	13th	8th	22nd	6th, 7th,	3rd & 26th	6th	3rd & 6th	6th, 7th,	20th	30th	6th Aug.
N DE	7	Max.	52	55	64	69	78	83	83	87	79	67	59	44	87				
AIR TEMPERATURE IN DEGREES	.len	Deviati	-2.9	-0.4	+2.9	+1.1	+1.6	+2.1	+2.3	+3.1	+2.9	+0.4	-2.3	-7.3	+0.3				
IPERA	Means	A and B.	37.2	40.9	46.5	49.6	56.1	61.9	65.4	65.5	61.3	51.9	43.1	34.5	51.1				
R TEN				B Mín.	32.1	35.4	38.9	41.1	47.8	52.8	57.2	56.4	52.9	45.1	37.5	30.1	43.9		
AII	Means of	A Max.	42.3	46.4	54.0	58.1	64.4	6.07	73.6	74.7	69.7	58.7	48.7	38.9	58.4				
			:	:	:	:	:	i	:	:	:	:	:	:	:				
	Month.		January	February	March	April	May	June	July	August	September	October	November	December	Year				



General Provision of Health Services,

and

Sanitary Circumstances of the Area.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

The following particulars are inserted by the request of the Ministry of Health.

Hospitals provided or subsidized by the Local Authority.

A. (1) BOROUGH HOSPITAL.

This Hospital, previously known as Shirley Warren Infirmary, was on the transfer of the functions of the Poor Law Guardians under the Local Government Act, 1929, appropriated by the County Borough Council for the purpose of a general Hospital, and for the reception of the sick under the Public Health Acts. The administration and control of the Hospital were placed by the Borough Council under the Health Committee.

The number of beds provided is 450, allocated as follows:-

Medical	 	 	64
Surgical	 	 	59
Children	 	 	54
Chronic sick	 	 	168
Venereal Disease	 	 	52
Tuberculosis	 	 	45
Maternity	 	 	8

A detailed Report on the Borough Hospital is given on pages 124-130.

(2) FEVER HOSPITAL.

The Fever Hospital, known as the Southampton Isolation Hospital, which was opened in 1900, is situated at Millbrook within the County Borough.

The Hospital is constructed of brick, and stands on high ground, sloping to the south. The buildings consist of entrance lodge, out-bathing station, mortuary, administration block, five pavilions, one of which was erected in 1905, laundry, ambulance block, disinfector, and other buildings. In addition to this accommodation there are two huts, containing 16 beds each, which were erected for the reception of military cases in 1916, and one additional brick pavilion of 12 beds, for the reception of Tuberculosis cases, was erected in 1919.

The total number of beds provided is 171, and 25 cots; 48 beds are set aside for the treatment of Tuberculosis cases with the approval of the Ministry of Health.

Provision has been made for any future extensions necessary, the buildings having been arranged with that end in view. The original site contained $10\frac{1}{4}$ acres, and in 1915 the Corporation acquired the adjoining land and buildings with an area of about 44 acres.

(3) SMALL POX HOSPITAL.

The Small Pox Hospital is situated at Millbrook Marsh, on a triangular piece of land 21.30 acres in extent. It is bounded on two sides by the Southampton Water, and on the third side by the railway line. Accommodation for 30 cases is provided in three military huts, and one observation hut. Staff quarters, fumigation hut, laundry, and other offices are provided.

During the year the Borough Council, with the approval of the Ministry of Health, resolved to divide the land into three portions: 5.76 acres for the Small Pox Hospital, 13.75 acres for sewage disposal works for the western district of the Borough, and 1.25 acres reserved for a recreation ground. It has further been agreed to sell a strip of land, 0.54 of an acre in extent, to the Southern Railway.

B. (I) TUBERCULOSIS.

Forty-eight beds are available for the treatment of cases of Tuberculosis in two pavilions set aside for this purpose at the Isolation Hospital.

Forty-five beds are also provided in the Borough Hospital for the treatment of Tuberculosis. The beds are chiefly used for the treatment and isolation of advanced cases.

(2) MATERNITY.

Beds are provided by the Local Authority at the Municipal Maternity Home, No. 2 East Park Terrace, for the treatment of maternity cases. Until the end of March, 1930, only six beds were available. The Home has now been extended to accommodate nineteen maternity cases. Central heating has been provided, and the premises redecorated and refurnished. A Maternity Ward of eight beds is also provided at the Borough Hospital.

Ambulance Facilities.

(a) For Infectious Cases.

Three motor ambulances, with the necessary staff for the removal of infectious cases, are provided by the Corporation.

(b) FOR NON-INFECTIOUS AND ACCIDENT CASES.

Three ambulances are provided by the Public Assistance Committee, and are used for the removal of cases to the Borough Hospital.

For non-infectious and accident cases, an ambulance is provided by the Fire Brigade and by the Red Cross Society.

Clinics and Treatment Centres.

The following Clinics and Treatment Centres are provided by the Local Authority:—

- Maternity Centre and Infant Clinic... No. 23, East Park Terrace.

 Ditto ... Sydney House, Bitterne.
- Eight Welcomes for Mothers and Infants are provided, and are situated at Winton Street, Bond Street, Albert Road, St. James' Hall and Rechabite Hall, Shirley, Hampton Park, Woolston, and Sydney House, Bitterne.
- Tuberculosis Dispensary ... No. 1, East Park Terrace. (See pages 98-119).

Ditto ... Sydney House, Bitterne.

School Clinic (see separate Report) East Park Terrace.

Ditto ... Sydney House, Bitterne.

Treatment Centre for Venereal East Park Terrace. Diseases (see pages 88-96).

Ditto (Females) ... No. 23, East Park Terrace.

Ditto (In-Patients) ... Borough Hospital.

Professional Nursing in the Home.

(a) GENERAL.

Nursing is provided by the Queen Victoria Jubilee Nurses' Institute for cases brought to their notice by the Health Visitors. A grant is made by the Council to the Institute in aid of this work. Particulars of their work are given on page 60.

(b) Infectious Diseases.

Cases where proper isolation or adequate nursing arrangements cannot be provided at home are removed to the Isolation Hospital for treatment. Cases of Measles and Chicken Pox and other diseases coming to the knowledge of the Department are visited by the Health Visitors, and, if necessary, removed to the Isolation Hospital. Disinfection is carried out at the home after removal or recovery of cases, and the bedding and other articles removed to the West Quay Disinfecting Station.

Midwives.

No practising midwives are employed by or subsidized by the Local Authority. The number of midwives practising in the area is 46, all of whom are trained midwives. Maternity and Nursing Homes.

The following is a record of the action taken during the year:—

(I)	Number of applications for registration	4
(2)	Total Number of Homes registered	29
(3)	Number of orders made refusing or cancelling	
,-,	registration	nil
(4)	Number of appeals against such orders	nil
(5)	Number of cases in which such orders have	
(0)	been	
	(a) Confirmed on appeal	nil
	(b) Disallowed	nil
(6)	Number of applications for exemption from	
(-)	registration	nil
(7)	Number of cases in which exemption has been	
(/)	granted:—	
	(a) Granted	nil
	(b) Withdrawn	nil
	(c) Refused	nil
	101 11014304	

Chemical Work.

The chemical work is carried out by the Public Analyst in the Borough Laboratory.

A detailed report of the work of this Department during the year is included in this Report (pages 192—199).

Legislation in Force.

LOCAL ACTS DEALING WITH SANITARY MATTERS:

The Southampton Improvement Act, 1844. The Southampton Corporation Act, 1910. The Southampton Corporation Act, 1931.

GENERAL ADOPTIVE ACTS.

Public Health (Amendment) Act, 1890, except Part IV. Public Health (Amendment) Act, 1907. Public Health Act, 1925.

BYE-LAWS.

Common Lodging Houses; Houses let in lodgings; Slaughter-houses; New Streets and Buildings; Drainage of existing houses; Tents, vans, sheds or other similar structures; For the prevention of nuisances arising from snow, filth, dust, ashes and rubbish, and for prevention of keeping of animals on any premises so as to be injurious to health; Spitting in public places.

SANITARY CIRCUMSTANCES OF THE DISTRICT.

The following particulars have kindly been supplied by the Waterworks Engineer:—

SOUTHAMPTON CORPORATION WATERWORKS.

The statutory limits of supply of the Corporation's Water Undertaking embrace an area of about 225 square miles, including the Borough of Southampton.

The whole of the water supply is obtained from deep wells and adits in the chalk at Otterbourne, Twyford and Timsbury, where the Pumping Stations of the Undertaking are situated. The water obtained from the three sources of supply is of a natural hardness of about 16° (Clark's Scale) and in each case is softened down to about 8° before distribution. The water supplied to the consumers is submitted to frequent and regular examination, and is of a high degree of purity.

The average daily consumption throughout the area of supply during the year ended March 31st, 1934, was 8,934,000 gallons. The estimated daily consumption per head of population supplied during the same period was 29.41 gallons, of which 18.85 gallons were used for domestic purposes.

RIVERS AND STREAMS.

The Rivers Itchen and Test on either side of the old Borough are large tidal rivers. The tidal water of the Itchen receives the effluents from the sewage disposal works of the Southampton Corporation, and sewage effluent from the Eastleigh Urban District.

SEWAGE DISPOSAL AND CLOSET ACCOMMODATION.

The Borough Engineer has kindly given the following brief account of the drainage scheme of the Borough.

The whole of the area administered by the Corporation is sewered, with the exception of a few isolated groups of dwellings near the Borough boundary, in the Bitterne area, and at Weston, but in the Shirley district, especially, the sewers are of inadequate size for development now taking place.

In the case of the former, there are 195 cesspits which are cleaned by the Council's men, and at Weston there are 22 night soil buckets with which the men similarly deal.

The sewage is treated at three disposal works, situate at Chapel Wharf, Woolston and Portswood, and are all on the River Itchen.

At Chapel Wharf the sewage is purified by simple settlement, the tanks being emptied and "sludged" as necessary, the sludge being lifted by an ejector to an elevated tank on the Quay side, discharged into barges, taken out to sea and emptied off the Nab, in an Admiralty scheduled "spoil area."

The effluent from the tanks discharges into the river, where there is sufficient dilution for purification purposes.

The sewage at the Woolston Works, after passing through detritus tanks, is treated by continuous flow settlement, the effluent passing into the River Itchen, where it is adequately diluted, and the sludge is ejected to a storage tank, and from thence barged out to sea.

The Portswood Works are situated in a much narrower part of the River Itchen, and more thorough purification is arranged.

The works are in two parts, a pumped system which brings in the sewage from the low-lying St. Denys area, in addition to the flow from Bassett, Swaythling, and Bitterne Park, and a gravitational system which deals with the area to the west and north-west of the Works.

The treatment in both cases being by means of detritus chambers, continuous flow settlement tanks, rotary filters and associated humus tanks, the effluent then discharging into the River Itchen, the sludge being pumped into a storage tank and then barged out to sea.

In each of the Works, adequate storm water tank accommodation is provided.

The Ministry of Health has now approved of the Council's scheme for the drainage of Shirley and neighbourhood, including the provision of new disposal works and the laying of trunk sewers of ample dimensions to rectify the position above-mentioned.

The average dry weather flow treated at each of the Works is:—

 Chapel Wharf
 ...
 3,500,000 gallons per day.

 Woolston
 ...
 510,000
 ,,
 ,,

Portswood-

Pumped System ... 1,188,000 ,, ,, Gravitational System ... 400,000 ,, ,,

SCAVENGING.

The scavenging of the Borough is carried out under the supervision of the Borough Engineer's Department.

VITAL STATISTICS.

Births, Deaths and Infantile Mortality.

BIRTHS.

The total number of births occurring among residents of the Borough was 2,854, compared with 3,025 in the previous year. The actual number of births registered in the Borough was 2,916, of which 103 were non-residents, and 41 births occurred in other districts among residents of Southampton. The birth-rate was 16.12, which is a decrease of 0.98 compared with the previous year, and is the lowest rate yet recorded in the Borough.

The birth-rate in 1932 was 17.10, and the average for ten years 18.3.

The excess of births over deaths was 723, compared with 889 in 1932 and 1,029 in 1931.

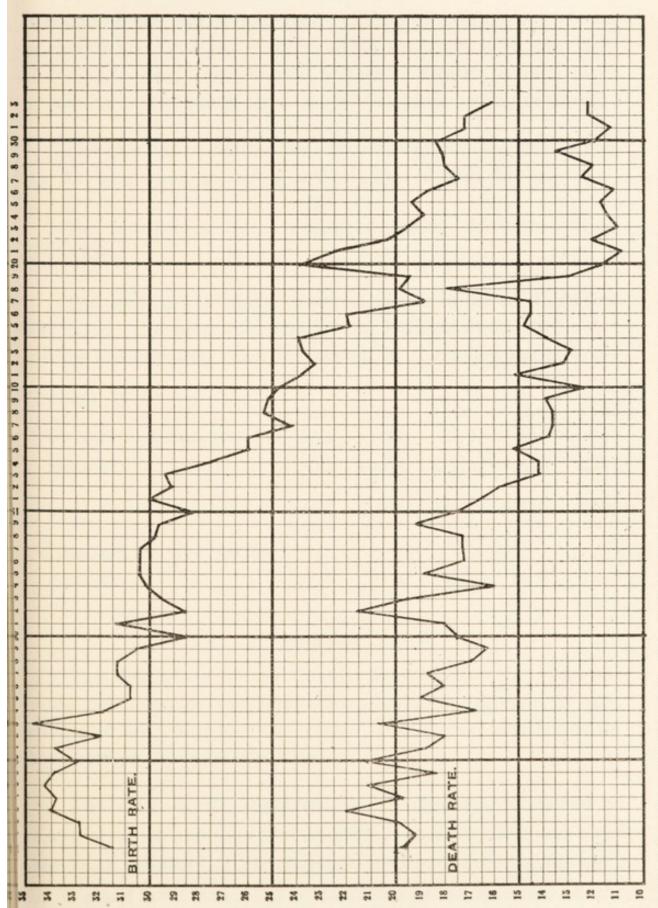
The following were the birth-rates in the Municipal Wards during the year:—

Bitterne & Pear Tree	24.0	St. Denys	 	15.0
St. Nicholas	21.5	Woolston	 	13.7
Northam	18.6	All Saints	 	13.0
Shirley	18.6	Portswood	 	13.0
Bitterne & Sholing	18.0	Freemantle		12.7
Trinity	17.2	Newtown	 	11.6
St. Mary	16.2	Bevois	 	10.0
Town	16.0	Banister	 	8.4
Millbrook	15.8			

Of the total of 2,854 births, 1,470 were males and 1,384 females, being in the proportion of 1,062 males to every 1,000 females; the average for the previous five years being 1,031 males to every 1,000 females.

The number of illegitimate births recorded was 129, the proportion to every 1,000 births registered being 45, compared with an average of 45 in the preceding five years.

The birth-rate in England and Wales was 14.4, and for the 118 great towns, 14.4.



BIRTH & DEATH RATES, PER 1000 OF THE POPULATION IN SOUTHAMPTON SINCE 1873



The Notification of Births Act came into operation in the Borough on the 9th March, 1908. This Act requires any person in attendance upon the mother within six hours after the time of birth, to notify the Medical Officer of Health of such birth in writing within thirty-six hours of the birth having occurred.

The number of notifications received during the year under the Act was 2,963, including 105 relating to still births.

The number of births registered during the same period was 2,916.

The number of notifications of births received, including still births, and percentages under the Notification of Births Act during the last five years are shown in the following table:—

Notified by—							
			1929.	1930.	1931.	1932.	1933.
Doctors and	Parents		653	722	742	758	749
Midwives			2,510	2,465	2,349	2,360	2,214
			3,163	3,187	3,091	3,118	2,963
Percentage of	live bir	ths			div le		
notified			97.8	93.4	98.2	98.9	98.0

DEATHS.

The death-rate of the County Borough for the year was 12.04 per 1,000 of the population, being a decrease of 0.03 compared with the previous year. The average death-rate for the previous 10 years was 11.9.

The total deaths registered in the Borough amounted to 2,097, of which 126 were non-residents. One hundred and sixty deaths of residents of the Borough occurred in other districts in England and Wales. The total deaths of residents of the Borough was therefore 2,131, of which 1,098 were males and 1,033 females.

The decrease in the number of deaths compared with the previous year was 5. There was a decrease in the number of deaths from Tuberculosis, Cancer, and Pneumonia, but an increase in the deaths from Heart Diseases.

The death-rate in each of the Municipal Wards per 1,000 of the population was:—

St. Nicholas		8.0	Woolston		 13.3
Bitterne & Sho	oling	9.1	St. Mary's		 13.4
Bitterne & Pea	r Tree	9.5	Freemantle	е	 13.7
Shirley		9.9	All Saints		 14.4
Millbrook		10.3	Northam		 15.3
St. Denys		10.4	Trinity		 15.3
Banister		11.2	Bevois		 16.7
Newtown		12.4	Town		 17.0
Portswood		12.6			

Of the 2,097 deaths registered in the Borough, 944, equal to 45.0 per cent., occurred in Public Institutions and Nursing Homes, compared with 41.5 per cent. in 1932 and 38.2 in 1931.

The Institutions in which the deaths occurred were:— Isolation Hospital 31, Borough Hospital 460, St. Mary's Institution 44, Royal South Hants and Southampton Hospital 298, Southampton Children's Hospital 50, Municipal Maternity Home, 4, Nursing Homes 57.

TABLE 1.

Showing Population, Birth Rates, Infantile Mortality and Death Rates in each of the Municipal Wards for the Year 1933, together with the Average Rates for the previous 10 Years 1923-1932.

	32.	Death Rate from All Causes.	17.4 11.4 11.5 11.5 11.5 12.0 10.9 10.8 10.3 10.8	6.11
	Average Rates, Ten Years, 1923-1932.	Death Rate from Phthisis.	1.20 1.31 1.20 0.89 0.89 0.89 0.97 1.01 1.01 1.02	1.04
0	s, Ten Yea	Death Rate from Zymotic Diseases.	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.40
	erage Rate	Infantile Mortality per 1,000 Births Register'd	82.28 57.29 52.64 53.55 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50.90 50 50.90 50.90 50.90 50.90 50.90 50.90 50 50.90 50 50 50 50 50 50 50 50 50 50 50 50 50	56.2
	Av	Birth Rate.	18.9 16.9 20.02 15.0 14.5 14.5 17.2 15.7 16.6 17.2 32.3	18.3
7		Death Rate from All Causes.	17.0 15.3 15.3 16.7 16.7 10.3 10.3 10.3 10.4 10.4 10.5 10.5 10.5 10.5 10.5 10.5 10.5 10.5	12.04
0		Death Rate from Phthisis.	1.53 1.27 1.27 1.22 1.22 1.23 1.23 1.23 1.23 1.23 1.23	06.0
	1933.	Death Rate from Zymotic Diseases.	0.00 0.38 0.038 0.12 0.12 0.14 0.00 0.17 0.00 0.15 0.15	0.18
		Infantile Mortality per 1,000 Births Regist'red	83.3 65.8 79.1 81.5 32.6 54.1 67.6 56.3 60.1 53.0 63.0	57.8
Torre + 2330 colores		Birth Rate.	16.0 18.6 17.2 17.2 11.6 13.0 13.0 15.8 18.0 15.0 13.7 24.0	16.12
tom The	Esti.	Popula- tion, 1933.	9,806 10,348 9,562 7,890 7,936 8,101 7,939 13,586 17,929 17,929 17,929 17,929 17,929 17,929 17,929 17,929	009,771
		Ward.	Town St. Mary's Northam Trinity Newtown All Saints Bevois Banister Freemantle Millbrook Shirley Portswood St. Denys Bitterne and Pear Tree Bitterne and Sholing Woolston St. Nicholas	Borough 177,600
			1.5. 4.5. 0.0. 0.0. 1.1. 1.2. 1.1. 1.2. 1.1. 1.2. 1.1. 1.2. 1.1. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1	

† Includes deaths from Small Pox, Enteric Fever, Scarlet Fever, Diphtheria, Measles, Whooping Cough, and Diarrhœa and Enteritis under two years of age.

TABLE 2.

Table Showing Deaths of Persons belonging to Southampton classified according to ages and sex for 10 years.

							AC	GES.						SI	EX.	
Year	o to I	to 2	to 5	5 to 15	15 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 to 85	85 to 95	95 & Up- wards	Males	Females	Total
1924 1925 1926 1927 1928 1929 1930 1931 1932 1933	198 184 175 186 152 198 184 161	28 67 31 62 23 36 44 29 40 27	40 42 36 67 30 46 50 19 34 20	63 48 62 66 48 53 68 34 39 52	89 76 72 7 4 96 1 00 87 77 72 71	117 101 87 95 86 98 109 88 97	132 145 126 144 138 131 137 104 116	226 213 214 242 243 265 235 225 238 230	268 292 288 325 323 378 339 304 375 354	355 349 363 424 419 458 411 438 439 465	305 336 318 405 354 419 349 394 388 413	113 94 100 89 108 127 92 121 128 129	4 9 7 6 5 6 5 4 9 2	1085 1255 1116 1052	940 1090 994 929 1016	1938 1956 1880 2183 2025 2315 2110 1981 2136 2131

TABLE 3.

CAUSES OF DEATHS IN SOUTHAMPTON FOR 10 YEARS, 1924 TO 1933.

Cause of Death.		1924	1925	1926	1927	1928	1929	1930	1931	1932	1933
Enteric Fever		8	3	4	2	6	3	2			
Small Pox											
Measles		I	18	3	54	3	I	43	1	14	6
Scarlet Fever		3	4		10	2	3	2	I		I
Whooping Cough		6		8	12	IO	29	4	14	13	7
Diphtheria		17		20	10	19	23	30	12	2	9
Influenza		89	29	53	66	39	93	8	43	56	50
Erysipelas		6	7	7	9	12	5	6	I	7	I
Phthisis (Pulmonary Tubercu	losis)	177	165	160	171	178	200	197	154	187	159
Tuberculous Meningitis		17	17	13	18	II	25	16	7	14	12
Other Tuberculous Diseases		14	14	IO	6	14	14	10	9	II	14
Cancer, malignant disease		231	273	237	275	281	289	286	251	305	284
Rheumatic Fever		9	3	5	9	IO	9	10	IO	8	8
Meningitis		5	5	9	9	5	9	5	2	8	5
Organic Heart Disease		229	266	257	259		288	314	369	350	399
Bronchitis		145	135	115	161	152	214	124	146	117	106
Pneumonia (all forms)		132	124	134	213	164	180	124	IS6	197	172
Other Diseases of Respira	atory										
Organs		22	17	8	17	12	IO	17	15	IO	II
Diarrhœa and Enteritis		26	II	23	30	16	25	20	14	18	8
Appendicitis		7	15	16	II	19	15	14	14	13	12
Cirrhosis of Liver		4	10	7	5	IO	7	7	5	8	6
Alcoholism		3	1	I	I	I	I	2	2		3
Nephritis and Bright's Diseas	e	72	61	62	102	99	107	128	104	77	102
Puerperal Fever		2	7	2	4	5	6	II	4	3	3
Other accidents and Diseases	s of										
Pregnancy and Parturition		3	7	9	8	7	8	4	1	9	8
Congenital Debility and Malfo									-	-	
tion, including Premature E	Birth	84	96	79	85	68	82	85	60	75	79
Violent Deaths, excluding Sui	cide	56	64	50	65	66	57	75	59		61
Suicide		17	15	24	24	21	25	39	30	30	25
Other Diseases		553	564	564	547	484	587	527	467	540	580
Totals		1938	1956	1880	2183	2025	2315	2110	1981	2136	2131

Table showing Deaths from All Causes belonging to the County Borough of Southampton during the Year 1933 (52 weeks ended 31st December, 1933), classified according to Diseases and Ages. (This Table includes deaths of "Residents" occurring in other districts, and excludes deaths of "Non-Residents," in accordance with the Rules of the Residents. AGDUE T.

		Totals.	9 H C 6 6 1 6 2 1 4 4 4 4 H H W C 4	283 146 13 28
	SEX.	Females.	€ :0 € 1 : 4 2 H 0 5 4 H H : : H 1 2	116 2 66 3 28 28
	SI	Males.	98: 22 19 61 13 2 4 9 6 1 1 3 2 4 9 6 1 1 1 3 3 1 7 7 8 8 1 1 1 3 2 1 1 3 1 3 1 3 1 3 1 3 1 3 1 3	167 21 80 10
		95 and up- w'ds		: :::
		85 to 95	4	9 : 9 : :
		75 to 85	111151111111111111	7 2 4::
		65 to 75		31 6 6 6 6
		55 to 65	: :::: HH::: 2::: HH::: 2::	35 12 38 4 11
		45 to 55	1 3 1 1 1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1	38 2 2 2 8
1441/	AGES	35 to 45	::::::::::::::::::::::::::::::::::::::	38 н н н н
Com	A	25 to 35	39 39 39	1 I I I
Strat		15 to 25	H H 1 1 1 1 1 1 1 1	34 :::
TACE		5 to 15	0 a	i ::::
		5 5 5	4 : : : H : : : H : G : : : : : : : : :	∞ : :::
1		10 to	4 : WHH : : H : H W : : : : : : : : : : :	12 : : : :
		to t	+ H	6 : :::
ı				tive
			8 : : : : : : : : : : : : : : : : : : :	Diges
		DISEASES CLASSIFIED.	Measles Scarlet Fever Whooping Cough Diphtheria Influenza Erysipelas Cerebro-Spinal Fever Tetanus Tuberculous Meningitis Tuberculosis of Peritoneum Tuberculosis of Spine Tuberculosis of Skin Tuberculosis of Skin Syphilis (congenital) Syphilis (acquired) Septicæmia	Totals Cancer and other Tumours. Cancer of the Buccal Cavity System Cancer of the Respiratory System Cancer of the Uterus

TABLE 4.—Continued.

	Totals.	10 19 14 17 22 22 11	308	8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	56	13 1 1 21
SEX.	Females.	10 29 77 11 77	991	3 17 2 2 3	37	9 II 6
SI	Males.		142	ю:40н:	19	2 7 7 1 1 1 1 2 1 1 1 2 1 1 1 1 1 1 1 1
	95 and up- w'ds	111111111	:	111111	:	11111
	85 to 95	[H & H]]]]]	II		I	H H
	75 to 85	нее : анн : нн	44	:: e3 H:	IO	[H [H 8
	65 to 75	H :: 2 0: 5 63	84	o I	17	: 0 : : 0
	55 to 65	4× 4 H H H : 4 : 4	88	::«½:H	II	14 : 1 4
	45 to 55	н∞ : : на : : : а	58	: : H & : H	5	: m : : m
AGES.	35 to 45	нна : : н : : : а	14	11111	:	11111
A	25 to 35		4	4 : : : : :	63	на : : ю
	15 to 25	:::::::	63	H : : : H :	63	: H 4 : 6
	to to r5	:::::::::::::::::::::::::::::::::::::::	61	4:::::	4	H : H : 7
	200	111111111	:		I	::::::
	H 2 61	111111111	н	:::::0::	64	H : : : H
	0 С н	:::::::::	:		I	H : : : H
	DISEASES CLASSIFIED.	Cancer of the Female Genital Organs Cancer of the Breast Cancer of the Male Genito-Urinay Organs Cancer of the Skin Cancer of Unspecified Organs Fibroid of Uterus Ovarian Cyst Dermoid Cyst Carebral Tumour	Totals	tion and of Endocrine Glands, and other General Diseases. Rheumatic Fever Chronic Rheumatism Rheumatoid Arthritis Diabetes Enlarged Thymus Addison's Disease	Totals	Furpura Hæmorrhagica Leukæmia Lymphadenoma Totals Totals

	Totals.	6		н	13	203	91	но	Н	14	2 9	3	4	C3 W	o 4	145		3 1 17 34
SEX.	Females.	ı		1.	4 W	1 5	IO	H 4	н	:	H	- :	I	: *	H (F)	69		4 : H & 2
SI	Males.	61		н	OI	2.2	9	: 10	:	14	1 6	2 60	3	C1 -	+ H	94		нн : 66
	95 and up- w'ds	:		:	: :	:	: :	: :	:	:	: :	: :	:	:	: :	:		11111
-	85 to 95	:		:	: :	: 4	+ +	: 0	:	:	:	: :	:	:	: :	7		: : : : H
	75 to 85	:		:	: "	: :	9	: 01	:	:	:	: :	Н	:	: :	25		::: 1, 4
	65 to 75	:		:	: "	16	0	: "	:	:	: :	:	н	:	: :	27		H :: 67
	55 to 65	н		:	: ^	::	210	нн	:	3	н	:	61	:	: :	34		:::00
	45 to 55	63		:	: 03	01 W	н	: +	I	7	+ :	:	:	: +	1 :	21		:::4H
AGES	35 to 45	:		:	: :	: 0	:	: :	:	3	: 0	:	:	: +	н	6		:::H 60
1	25 to 35	:		н	: :	: +	:	: :	:	н	: +	:	:	61	: H	7		::::"
	15 to 25	:		:	: :	: :	:	: :	:	:	: 03	:	:	: *	н	4		::::
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	0 t t	:		:	: :	: :	_	: :	_	:	: :	_	:	; *		23		11111
	DISEASES CLASSIFIED.	V.—Chronic Poisoning. Alcoholism	VI Diseases of the Nervous System and Sense Organs.	:	Locomotor Ataxy	Progressive Muscular Atrophy Cerebral Hæmorrhage		Hemiplegia Hemiplegia	::,	General Paralysis of the Insane	Epilepsy	:	Paralysis Agitans	sı	Mastoiditis	Totals	VII Diseases of the Circulatory System.	Pericarditis Acute Endocarditis Malignant Endocarditis Aortic Valvular Disease of Heart Mitral Valvular Disease of Heart

-- v. continuod.

TABLE 4.-Continued.

													-			
						A	AGES.							SEX	Х.	
DISEASES CLASSIFIED.	o to	H 2 6	5 to	to to 15	15 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 to 85	85 a to 95 w	95 and up- w'ds	Males.	Females.	Totals.
Fatty Heart Other or Unspecified Organic Disease of the Heart Angina Pectoris Embolism Thrombosis Aneurysm Arterio Sclerosis Raynaud's Disease Varicose Veins Phlebitis	1 111111111	1 11111111	1 11111111	1 111111111	1 111111111	: 4 : : : : : : :	: a+::++:::	4 0g : H 2 2 : : E	4 12 : : 4 H : H 2	100 100 H 20 20 H 20 20 H 20 20 20 20 20 20 20 20 20 20 20 20 20	4 04 : H + 0 6 : :	4 08 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	H	12 10 10 3 7 7 54	15 170 10 11 13 41 5	321 20 10 10 95 7
Totals	1:	:	:	4	н	3	6	39	86 I	82 I	73	47	н	261	284	545
Laryngitis Laryngitis Bronchitis Broncho-Pneumonia Lobar Pneumonia Pleurisy Empyema Asthma Abscess of Lung Fibroid Disease of Lung IX.—Diseases of the Digestive System. Pharyngitis Torals Torals Torals Torals Torals Torals Torals	39 ::::: 62 ::::		: 4 H	: H & G : H : : : 1	[H 4 4] [H 1 9] [H 1 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	[Haw []] [0] []	HH: 10 HH: H70H:	1400 H H 9 H 148	14H9 :::::: 15 H H: 8	13 13 14 14 14 14 14 14 14 14 14 14 14 14 14	H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	191 HUH		523 30 14 14 13 14 13	H 25 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1006 1111 611 22 22 22 22 112 13 17

	Totals.	EH 2 28 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
SEX.	Females.	2 : 2 H E 4 Q E : 2 : 2 4 H Q H Z Z H Z H Z H Z H Z H Z H Z H Z H
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	95 and up- w'ds	
	85 to 95	
	75 to 85	4 H H H H H H H H H H H H H H H H H H H
	65 to 75	H : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 :
	55 to 65	
,	45 to 55	HH:H:44::::::: 8 :::::: 4
AGES	35 to 45	[:::::::::::::::::::::::::::::::::::::
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	DISEASES CLASSIFIED.	Ulcer of Duodenum Ulcer of Jejunum Gastritis Colitis Diarrhœa under two years Appendicitis Hernia Intestinal Obstruction Volvulus Intussusception Cirrhosis of Liver Biliary Calculi Cholecystitis Pancreatitis Drinary System and Acute Nephritis Urinary System and Acute Nephritis Chronic Nephritis Chro

Trong T. Continued.

TABLE 4.—Continued.

	Totals.	немень	1 11		н 1 0 г	6	н
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	75 to 85	11111	: :		: + : :	I	: .
	65 to 75	11111	: :		H H	64	:
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	45 to 55	11141	: Н		1111	:	н
AGES	35 to 45	ннн : :	: 0		::::	:	:
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	15 to 25	: : H 4 :	: "		: 0 : :	61	:
	5 to 15	11111	: :		::::	:	:
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	0 С н	11111	: :		:::H	I	:
	DISEASES CLASSIFIED.	XI.—Diseases of Pregnancy, Childbirth, and the Puerperal State. Ectopic Gestation Puerperal Sepsis Post Partum Hæmorrhage Chorea of Pregnancy Chorea of Pregnancy	Abortion—Hæmorrhage Totals	XII.—Diseases of the Skin & Cellular Tissue.	Carbuncle	Totals	XIII.—Diseases of the Bones and Organs of Locomotion. Osteomyelitis

Females	[H & H H] [5	38 :: 1 1 :: 1 16
Males.	а : : а 4 н н	OI	84 128 84 45 45 45 45 45 45 45 45 45 45 45 45 45
and up- w'ds	1111111	:	
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DISEASES CLASSIFIE	Congenital Hydrocephalus Meningocele Spina bifida Malformation of the Heart Pyloric Stenosis Pulmonary Stenosis Other Malformation	Totals	NV.—Diseases of Early Infancy. Debility, Marasmus and Inanition Premature Birth Injury at Birth Atelectasis Icterus Neonatorum Melana Neonatorum Hæmorrhage of New Born Pemphigus Totals XVI.—Old Age.
	r 2 5 15 25 35 45 55 65 75 85 and to	FIED. 0 I 2 5 15 25 35 45 55 65 75 85 and to	D. 0 I 2 5 I5 25 35 45 55 65 75 85 and to

TABLE 4.—Continued.

TABLE 4.—Continued.

		Totals.	64 иннии ии 4 4 V гV	86	I	2131
	SEX.	Females.	2 C H H H E H H H H H H H	31	:	1033
	SE	Males.	133 133 133 141 153	55	I	1098
		95 and up- w'ds	1111111 1111	н	:	и
		85 to 95	:::::::::::::::::::::::::::::::::::::::	3	:	129
		75 to 85		6	:	413
		65 to 75	12 H H	15	:	465
		55 to 65	H 4 H 1 1 1 1 1 1 1 4 4 1	II	н	354
	có.	45 to 55	4 4 1 1 1 H 1 1 H 1 H 1 H 1 H 1 H 1 H 1	6	:	230
	AGES.	35 to 45	a H H	00	:	III
		25 to 35	4	9	:	92
		15 to 25	: a : : : : : : H : : H & H &	13	:	7.1
		5 to 15		9	:	52
		to to 5		(1)	:	20
		to 4		:	:	27
		100	::::::::::::::::::::::::::::::::::::::	3	:	165
					:	-
			ons Traffi	:	:	:
		DISEASES CLASSIFIED.	(a) Suicide— By Solid or Liquid Poisons By Poisonous Gas By Hanging By Drowning By Jump from Window By Firearms By Cutting (b) Accidents— By Corrosive Poison By Burns or Scalds By Burns or Scalds By Suffocation By Injury by Fall By Injury by Fall By Injury in Vehicular Traffic	Totals	XVIII.—III-Defined Diseases. Heart Failure—Syncope	Total Deaths from all Causes

-letoT	159 159 159 159 159 159 159 159 159 159	2131
No Home Addre obtainable.		00
St. Nicholas.	H : H & : : : : : : : : : : : : : : : :	120
Woolston.	:: : : : : : : : : : : : : : : : : : :	105
Bitterne and Sholing.		IZI
Bitterne and Pear Tree.	[H : H : E : O : : I I H H T 7 4 H H : : 8 : H 7 4 4 2 5 5	IIO
St. Denys.	::::::::::::::::::::::::::::::::::::::	IOI
Portswood.	::::uv:8+:4000::H+8: H 72404	146
Shirley.	::::::::::::::::::::::::::::::::::::::	177
Millbrook.	382 H 8 : 1 : 1 : 1 : 2 2 2 2 : 1 : 1 : 1 : 8 H 2 8 8	140
Freemantle,	::::::::::::::::::::::::::::::::::::::	97
Banister.	: : H : H : : W : H & H : S	98
Bevois.	::: + : 4 : 0 : 47 : : : : : : : : : : : : : : : : :	122
All Saints.		115
Newtown.		105
Trinity.	::::44:0142::HT11:14:4:: 2844	611
Northam.	: H : : H 4 : 18 : : 15 : : 18 : 18 : 18 : 18 : 18	145
St. Mary's.	:::4:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:	137
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ATH,	mts of mits of	:
OF DE	nlosis gitts niseases ase ase are arcider ard trure B strure B strure B strure B	Totals
CAUSES	asles urlet Fever nooping Cough ohtheria luenza luenza luenza luenza luenza luenza luenza luenza luenza luer Tubercular D ncer eumatic Fever ningitis ganic Heart Dise onchitis rhosis of Liver pendicitis rhosis of Liver phritis and Brigh erperal Fever her Diseases and und Parturition ngenital Defects including Premation ngenital Defects including Premation ngenital Defects including Premation her Diseases and nd Parturition ngenital Defects	T
	St. Mary's. Northam. Trinity. Mewtown. All Saints. Bevois. Britterne and Pear Tree. St. Denys. Bitterne and Sholing. St. Micholas. St. Micholas. St. Micholas. St. Moolston. St. Moolston.	Town. Town

TABLE 6.

SHOWING POPULATION, BIRTH RATES, DEATH RATES, ZYMOTIC DEATH RATES, INFANTILE MORTALITY, AND MARRIAGE RATES IN SOUTHAMPTON AND ENGLAND AND WALES FOR TWENTY YEARS, 1914-1933.

ges.	Marriage i- Rate Frogland							8 19.8			15.7				_	-		_				
Marriages.	Marri- age Rate.		17.4	1.61	16.0	14.7	18.	8.61	21.0	:	:	:	:	16.8	16.0	17.	17.(18.	10.	17.	15.7	16.
	Total	1080	1202	1052	946	1209	1300	1375	:	:	::	:	1413	1353	1459	1491	1562	1583	1562	1395	1481	
Infantile	Deaths under I year per 1000 Births Registered.	England & Wales.	105	OII	16	96	46	89	80	83	77	69	75	75	20	69	65	74	09	99	65	64
Infa	Deaths year p Births Re	South- ampton.	06	88	85	98	92	74	49	62	49	54	62	57	56	63	50	64	56	84	53	58
Zymotic Deaths.	Zymotic		I.00	I.33	0.84	0.81	1.23	0.44	0.83	0.51	0.51	0.54	0.33	0.36	0.31	89.0	0.32	0.48	0.55	0.23	0.25	0.18
Zymotic	Total	Deaths.	123	156	98	93	137	56	601	82	83	89	56	09	52	115	52	82	46	40	44	30
	Death Rate Death England Rate. Wales.		14.0	15.7	14.4	14.4	17.6	13.8	12.4	12.1	12.9	9.11	12.2	12.2	9.11	12.3	11.7	13.4	11.4	12.3	12.0	12.3
Deaths.	1900	Rate.	13.9	14.8	14.5	14.5	6.7I	13.0	9.11	10.8	12.1	0.11	11.4	9.11	II.I	12.9	12.0	13.5	6.11	11.3	12.1	12.0
I	Total	1,716	1,728	1,677	199 I	2,049	1,663	1,520	1,749	1,975	1,817	1,938	1,956	1,880	2,183	2,025	2,315	2,110	1,981	2,136	2,131	
	Birth Rate	Mate. England and Wales.	23.8	21.9	20.0	17.8	17.7	18.5	25.4	22.4	20.6	7.61	18.8	18.3	17.8	16.7	16.7	16.3	16.3		in	
Births.	Birth	Nate.	in	H	4	8	6	19.5	3	2	0	6	00	6	0	7	18.0	00	00	17.2	7	1.91
	Total	DILLIES.	2,949	2,707	2,770	2,413	2,533	2,598	3,131	3,621	3,318	3,205	3,204	3,250	3,141	2,958	3,047	3,111	3,260	3,010	3,025	2,854
	Popu- lation.		123,948	117,349	116,391	115,345	114,727	126,033	131,055	162,200	163,700	165,200	167,300	168,600	169,300	169,800	169,900	172,300	175,000	175,600	177,470	177,600
	Year.		1914	19151	19161	1617	18161	\$616I*	19201	1921	1922	1923	*1924	1925	1926	1927	1928	1929	*1930	1931	1932	1933

Note.—The Zymotic Deaths and Death Rates include the seven principal Zymotic Diseases, viz.—Whooping Cough, Measles, Diarrhoea, Diphtheria, Scarlet Fever, Typhoid Fever and Small Pox. † Estimated Civil Population. *53 Weeks.

INFANTILE MORTALITY.

The deaths of infants under one year of age recorded during the year amounted to 165, which is an increase of 4 deaths compared with the previous year.

The deaths are equal to a rate of 57.8 per 1,000 births registered during the same period. The average rate for the ten years, 1923–1932, was 56.2.

In the II8 Great Towns of England and Wales the infantile mortality rate for 1933 was 67.

The infantile mortality rate in Southampton during the past thirty-six years is shown in the following table:—

	Perio	d.	Infantile	Mortality Rate.
Average 5	years,	1897—1901	 	159
,,	,,	1902—1906	 	120
,,	,,	1907—1911	 	108
,,	,,	1912—1916	 	86
,,	,,	1917—1921	 	76
,,	,,	1922—1926	 	59
,,	,,	1927—1931	 	56
		1932	 	53
		1933	 	58

In the year 1933 the number of deaths of male infants amounted to 96, and the deaths of females 69. The rate per 1,000 births for each sex for the past five years is shown in the following table:—

	Males.	Females.	Both Sexes.	
1929	 68.8	 58.3	 63.6	
1930	 58.5	 54.6	 56.4	
1931	 57.1	 38.1	 47.8	
1932	 63.3	 43.3	 53.2	
1933	 65.3	 49.9	 57.8	

The deaths of illegitimate infants amounted to 14, which, calculated upon the number of illegitimate births registered during the same period, is equal to an infantile mortality of 108.5, the rate for legitimate infants being 55.4.

Similar rates for the past five years are given for comparison:

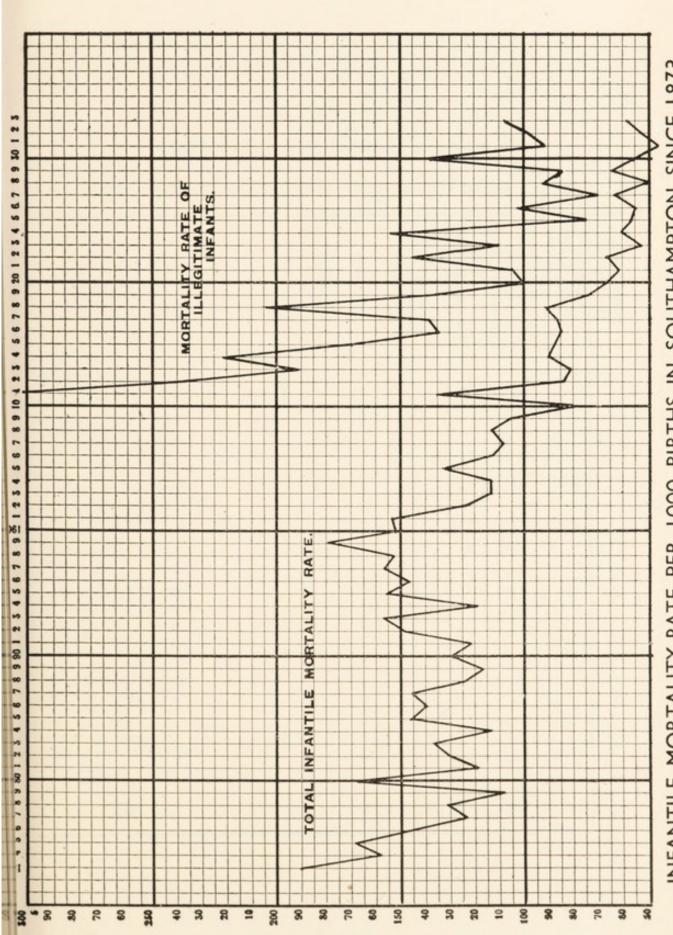
		egitima ant Mo Rate.	Illegitimate Infant Mortality Rate.			
1929	 	 63	 	86		
1930	 	 53	 	137		
1931	 	 46	 	92		
1932	 	 51	 	99		
1933	 	 55	 	109		

Special attention is being given in the case of illegitimate infants, with a view to reducing the excessive mortality when compared with that of legitimate infants.

The infantile mortality rate per 1,000 births in the Municipal Wards is given in the following table. The Wards are tabulated according to the average rate for ten years, 1923–1932, the rate for the year 1933 being shown for comparison.

Ward.			Average	10 years,	1923-1932.	1933.
St. Denys				39.1		41.4
Banister				40.I		67.6
Portswood				42.3		53.3
Newtown				43.5		32.6
Bitterne and	d Sholin	ng		50.2		63.0
Bitterne and	d Pear	Tree		50.4		50.4
Woolston				50.9		III.I
Bevois				51.9		54.I
Millbrook				52.4		56.3
All Saints				53.5		38.1
Freemantle				56.9		33.0
St. Nicholas	· · ·			57.I		31.4
Shirley				57.2		60.1
Northam				58.1		79.I
Trinity				62.6		81.5
St. Mary's				75.2		65.8
Town				82.2		83.3
Borough		•••		56.2		57.8
						-

The average rate is the index that should be taken of the infant mortality in the Wards. The rate varies considerably in a small area from year to year, where a few additional deaths occurring in any one year may double the rate of infant mortality.



INFANTILE MORTALITY RATE PER 1000 BIRTHS IN SOUTHAMPTON SINCE 1873



INFANTILE MORTALITY, 1933.

Deaths from stated causes at various ages under I year.

Cause of	F DEAT	н.		Under I week.	I-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	4 weeks & under 3 months.	3 months & under 6 months.	6 months & under 9 months.	9 months & under	Total Deaths
Small Pox													
Influenza										I			1
Chicken Pox													
Measles													
Scarlet Fever	• • • •								***				
Whooping Cough			***	•••						3	I	***	4
Diphtheria		•••	•••	•••								•••	
Erysipelas Tuberculous Men	incritic	•••		•••					•••			п	
Abdominal Tuber											I	100	2
Other Tuberculos											•••	•••	
Meningitis									***				
Convulsions										I			I
Laryngitis													
Bronchitis							2	2	3	I			6
Pneumonia (all fo	orms)								6	12	5	10	33
Diarrhœa and E	nteritis								3	3	2	***	8
Gastritis												***	,
Syphilis				I				I	I				2
Rickets													
Pemphigus						I		I		•••			I
Suffocation, overl				2	***			2	•••				2
Injury at birth		•••		9				9					9 6
Atelectasis Malformations				5		I		6	6				
Premature Birth			• • • •	38	7	I	I	51	8	1 2	***		13 61
Debility and Mar				30 I		5		21	2				3
Other Causes				6	3			9	I	2	***	п	13
Totals				65	II	8	4	88	30	26	9	12	165

Maternity and Child Welfare.

MATERNITY AND CHILD WELFARE.

The revised methods adopted and reported upon in my 1932 Report regarding the administration of the Maternity and Child Welfare Services have been conducted on these lines with marked success during the year 1933. The systematic visiting at different age periods by the Health Visitors to all children under the age of 5 years has been a means of keeping under close surveillance children passing through a most critical period. Those in need of treatment are referred to the appropriate Clinic and the remainder in need of advice to the nearest Welcome, with the result that there has been a marked increase in the new cases and attendances at the various Welcomes. There is further need of establishing a Welcome in the Shirley Warren area to cater for the new housing estate, and this is being kept in mind by the Maternity and Child Welfare Committee when a suitable hall can be obtained.

All the Welcomes remain full and need expansion near the new Council houses at Bassett Green and Merryoak.

In spite of reports of improvement in economic conditions, the grants of free milk and cod liver oil found necessary have increased.

The Dental, Sun-ray, and Orthopædic Clinics held at No. I East Park Terrace have been available for children under 5, and have done most valuable service. Some parents treat them lightly or are unable to be regular, so that the children do not get the full benefit. Epidemics also interfere with attendance.

The enquiry into Maternal Mortality in the district has been carried on as before; 15 cases have been reported on. Two were due to ruptured ectopic pregnancy and four to pregnancy complicated by other diseases. Six were due to Toxæmia, and three to Puerperal Sepsis.

The work of the Department may be classified as follows:-

- (1) Provision for Maternity Services in the district.
 - (a) Insurance Scheme for medical aid.
 - (b) Inspection of Midwives.
 - (c) Provision of Home Helps.
 - (d) Inspection of Maternity and Nursing Homes.
 - (e) Report on notifications of Puerperal Fever and Pyrexia.
 - (f) Still Births.
 - (g) Ophthalmia Neonatorum.
- (2) Ante-natal Clinic at 23, East Park Terrace.
- (3) Maternity Home at 2, East Park Terrace.
- (4) Mothers' and Babies' Welcomes.
- (5) Infant Clinic at 23, East Park Terrace.
- (6) General advice to Mothers at 23, East Park Terrace.
- (7) Clinic for Venereal Diseases at 23, East Park Terrace.
- (8) Sydney House Clinic for Mothers and Infants.
- (9) Health Visiting in the Homes.
- (10) Grant of free and cheap milk and sales at cost price or less.

I (a). MIDWIVES ACTS, 1918—1926. INSURANCE SCHEME.

Section 14 of the Midwives Act, 1918, prescribes that in case of any emergency as defined in the Rules of the Central Midwives' Board, a midwife shall call in to her assistance a registered medical practitioner, and the Local Supervising Authority shall pay to such medical practitioner a fee in accordance with a scale fixed by the Ministry of Health.

The same section gives power to the Local Supervising Authority to recover the fee from the patient or from the husband or other person liable to maintain the patient, either summarily or otherwise as a civil debt, unless it be shown to their satisfaction that the patient or her husband or such other person is unable, by reason of poverty, to pay such fee.

Much difficulty is experienced in recovering the fee from the patient and, with the approval of the Ministry of Health, an Insurance Scheme was inaugurated in the Borough, under Section 2 (3) of the Midwives and Maternity Homes Act, 1926. Briefly, the scheme which came into operation on the 1st August, 1927, is as follows:—

An expectant mother, on booking her confinement with a midwife, may send the sum of 7/6 for a first pregnancy, and 6/for any subsequent pregnancy to the Medical Officer of Health, which will insure her against any liability that may be incurred by the services of a doctor being requisitioned by the midwife in accordance with the rules of the Central Midwives' Board. The fee was increased to the present rate from a flat rate fee of 5/- at the end of 1931.

The number of cases from whom the insurance fee was received under the scheme during the year was 1,234, a decrease of 22 compared with the previous year.

The notifications received from midwives of sending for medical help totalled 906. The number of claims for fees received from medical practitioners during the year for insured patients was 513, and 237 for uninsured patients. Of the uninsured patients 55 were confined in the Municipal Maternity Home, 49 other patients were unable to pay owing to poverty, and in the remaining 135 cases accounts were sent by the Local Authority for the recovery of the whole or part of the fee.

There has been a loss on the Insurance Scheme ever since its inception, and notwithstanding the increased Insurance Premium there was a loss of £295 on the Scheme for the financial year ended 1933.

Application was made to the Ministry of Health at the end of the year for an alteration in the terms of the Insurance Scheme, and at their request a statement was prepared of the working of the Scheme for the period of $2\frac{1}{2}$ years from the 1st July, 1931, to the 31st December, 1933, the following of which is a copy:—

Statement for the Period ($2\frac{1}{2}$ Years), is	T JULY,	1931,
TO 31ST DECEMBER, 1933.	-	
		centage.
Number of Births and Still Births registered	7,812	
Number of Births attended by Midwives	5,487	70.2
Number of Births attended by Midwives in		
which medical aid was sought	2,333	42.5
Number of Births and Still Births attended by		
Midwives for which Insurance fee was paid	3.190	58.I

Insured Cases.	Perc	entage.
Number of Insured cases	3,190	
Number of Insured cases attended by Mid- wives in which medical aid was sought and for which accounts from medical		
practitioners were received	1,500	47.0
Uninsured Cases.		
Number of Uninsured cases	2,297	
Number of Uninsured cases in which medical aid was sought by Midwives and for which accounts from medical		
practitioners were received	475	20.7
Amounts received under Insurance Scheme	£992	
Payments made to medical practitioners for		
Insured cases	£1,698	
Average per case	£1 2s. 8d.	
Payments to medical practitioners for Un-		
insured cases		
Average per case	£1 os. 9d.	
Deficiency—loss under Insurance Scheme	£706	

(b). Inspection of Midwives.

The number of midwives who notified their intention to practice in the Borough was 46. The supervision is carried out by the Superintendent Health Visitor, who during the year made 128 routine inspections, and 192 special visits of enquiry. The standard of the midwives' work has been good, but the ante-natal work leaves much to be desired, and in a large number of cases this important work is not properly carried out. Irrigation of the nose and mouth of the midwives with a mild antiseptic has been carried out in many cases, and is specially advised to be done before attending any case of confinement. The wearing of gauze masks and rubber gloves at deliveries is also advocated.

A well-equipped bathroom is provided at the Disinfecting Station, West Quay, for the bathing and disinfection of midwives after contact with infectious disease, a trained nurse being in attendance to supervise the disinfection of equipment and appliances.

Lectures have been arranged during the year by myself through the Secretary of the Local Midwives' Institute. The lectures were given by the medical staff of the Health Department on various subjects connected with pregnancy and parturition. In addition, two speakers from the Midwives' Institute in London attended and gave lectures.

The following table shows the number of women in childbirth attended by midwives, and the percentage of still births to total births attended during the last 10 years:—

Year.	Number of Live Births Registered.	Number of Live Births attended by Midwives.	Number of Still Births attended by Midwives.	Percentage of Live Births attended by Mid- wives to Births registered during same period.	Percentage of Still Births among Births attended by Midwives.
1924	3204	2602	90	81.2	3.3
1925	3250	2485	66	76.5	2.6
1926	3141	2452	69	78.1	2.7
1927	2958	2332	68	78.8	2.8
1928	3077	2220	45	72.7	2.0
1929	3232	2300	68	71.2	2.4
1930	3294	2369	51	71.9	2.2
1931	3042	2118	64	69.6	2.9
1932	3056	2260	61	73.9	2.7
1933	2916	2000	53	68.6	2.7

The following notifications from midwives were received by the Local Supervising Authority during the year:—

Notification of intention to practice	46
Notifications received of sending for medical	
	906
Notification of Still Births	49
" " Artificial Feeding	19
" " Death of Infant	II
" " Death of Mother	0
" contact with infectious disease	6
" ,, Puerperal Fever	16
" " Puerperal Pyrexia	17
" ,, Ophthalmia Neonatorum	30
" Pemphigus (notified by midwife)	IO
" ,, Laying out dead body	I
Routine Inspection of Midwives (Inspector	
	128
Special Visits of Enquiry (Inspector of Mid-	
wives and Health Visitors) I	341
Visits to Nursing Homes (Superintendent,	
Health Visitor)	68

The special visits of enquiry include those paid by the Health Visitors to assist in the investigation of special cases, and enquiries made in connection with claims under the Insurance Scheme.

The conditions for which medical aid was sought by midwives during 1933 were :—

Ŋ	Іотні	ER.				
Ante-Partum Hæmorrh	nage				55	
Post-Partum Hæmorrh	age				18	
Premature, delayed an	d pro	olonged	labour		115	
Mal-presentation					36	
Retained Placenta					8	
Ruptured Perineum					188	
Threatened Abortion of					29	
General Condition unsa	tisfa	ctory—				
Ante-natal				185)	220	
Post-natal	•••			35)		
Rise of Temperature					20	
Albuminuria				•••	23	
Thrombosed or Varicos	e Vei	ns			22	
Vaginal discharge		•••			13	200000
						747
I	NFAN	T.				
Premature Birth					21	
Dangerous Feebleness					12	
Malformation of Infant					IO	
Tongue Tie					2	
Discharge from Eyes					64	
Skin Trouble					- T	
					16	
General Condition unsa						
General Condition unsa Still Births					16	
General Condition unsa	tisfac	ctory			16 26	
General Condition unsa Still Births	tisfac	ctory			16 26 6 2	159
General Condition unsa Still Births	tisfac	ctory			16 26 6 2	159

MIDWIVES' FEES.

The payment of midwives' fees was granted in seventeen necessitous cases during the year where no maternity benefit was available, and the patient was unable to pay the midwife's fee.

In normal cases the midwives attend for the confinement and for ten subsequent days, visiting twice daily for the first three days, and once a day afterwards for as long as necessary. The standard fees charged by the local midwives are: Primipara, £2 7s. od.; multipara, £1 15s. od.

(c). HOME HELPS.

A sub-committee of the Maternity and Child Welfare Committee attended with regularity each month during the past year to consider applications for the provision of home helps. They have dealt with approximately 200 cases, going thoroughly into the circumstances of each case and interviewing some of the applicants. The usual period granted is two weeks, but this has been extended where the mother has been removed to Hospital, and the children would otherwise be neglected if the home help was withdrawn. There is no doubt that this branch of the service is proving of the highest value by giving the mother a rest from the anxiety of running the home, and an opportunity of establishing breast feeding. Home helps were granted in 172 cases during the year.

The following rules have been adopted for governing the work of home helps:—

(I) The home help must attend daily at the home to which she is sent from 8 a.m. (half-day on Sundays). The usual period for which she will be required for each case will be 14 days. Free time during the afternoon can be arranged with the patient.

(2) She must—

- (a) Keep the house clean and tidy.
- (b) Cook and prepare meals for the family.
- (c) Care for any children there may be, and see that those attending school do so punctually, and are clean and tidy.
- (d) Do the necessary washing (except arrears), including linen soiled during the confinement.
- (3) She must not interfere with the instructions of the doctor or midwife, and must recognise that she is not a nurse, but simply a domestic help.
- (4) Where a case of infectious disease occurs in the house of a home help, or in the family of the patient, or should the home help come in contact with infection, she must report at once to the Superintendent Health Visitor at the Clinic.

- (5) Application for payment will be made at the Maternity Clinic as soon as proof is obtained of satisfactory service. The rate of pay will be 15/- (less National Health Insurance where indicated) for a full week, including half-day on Sunday, extra for night duty when necessary. Where less than a full week is worked, a proportionate deduction be made.
- (6) The patient to contribute according to her means.
- (7) Any conduct on the part of the home help which is contrary to the interests of the household where she is employed will, if brought to the notice of the Clinic, lead to her name being removed from the list.
- (8) Home helps are specially warned that they must not in any circumstances gossip about the affairs of the families to which they have been sent.

SCALE OF INCOME OF APPLICANTS.

Man and wife 7/- per head, after deducting rent from income.

Man and wife and one or two children ... Ditto.

Man and wife and three children ... 6/- ditto.

Man and wife and four children

or more 5/- ditto.

A large number of applications have been received from women to act as home helps, and a list is kept of suitable women in various districts of the town.

The selected women must be of the highest respectability, sound health, with good teeth, and those without young children, preferably widows. Their services are much appreciated, which has led to an increasing demand.

(d). NURSING HOMES REGISTRATION ACT, 1927.

This Act, which came into operation on the 1st January, 1927, made it an offence for any person to carry on a Nursing or Maternity Home unless registered under the Act.

The Registered Homes number 29. The standard of work and equipment is very good, especially in the larger Homes. The smaller Homes show a marked improvement in the standard of equipment and administration.

NURSING OF CASES.

An annual grant is made by the Local Authority to the local branch of the Queen's Nurses, who have nursed 140 cases referred to them by the Health Department during the year. The following is a record of the cases and number of visits made:—

				Cases.	Visits.
Puerperal Feve	er an	d Pryexia	ı	 8	103
Ophthalmia N	eonat	orum		 8	229
Confinements	(comj	olicated c	ases)	 15	135
Breast Abscess	ses			 6	151
Pemphigus				 6	117
Pneumonia				 45	829
Influenza				 7	71
Tuberculosis				 29	1,781
Impetigo Threadworms		(Childre 5 years		 14	95
Septic Cord (J	aund	ice)		 2	54
				140	3,565

The work of the Queen's Nurses has been of the utmost value to the department. The service rendered has been of the highest standard, and greatly appreciated by the patients. They have taken over cases referred to them by the Health Visitors from midwives and others at once without question, sometimes under very difficult conditions, but their work has been done in such a kindly and tactful manner that there has been no friction or trouble.

(e). Puerperal Fever.

Fourteen cases of Puerperal Fever were notified during the year. Five from the Borough Hospital, seven by medical practitioners, and two from the Municipal Maternity Home. Eight of the cases were treated in the Borough Hospital.

Investigation was made at once into the pre-disposing causes, and as far as could be ascertained the causes were, in eight cases:—

Acute Ante-Partum Hæ	morrl	nage		 2
Post-Partum Hæmorrha				2
Acute Albuminuria				 I
Pneumonia, complicated	with	mental	distress	 I
Retained membrane				 I
Mild Sapræmia				 I

Cases occurring in the Borough Hospital are reported on by the Resident Medical Superintendent.

One case was not notified, but in the return of deaths the cause was given as Puerperal Fever. On investigation it was found the midwife had requisitioned medical aid for obstructed labour, and the patient was later removed to the Royal South Hants Hospital. Difficult delivery, child died at birth.

PUERPERAL PYREXIA.

There were 17 cases of Puerperal Pyrexia notified during 1933.

Two cases were notified from the Borough Hospital. Eight cases occurred in the practice of Midwives. Three cases were notified by medical practitioners. (One occurred in a private Nursing Home, one was removed to the Borough Hospital.) Four cases were notified from the Municipal Maternity Home.

Investigation was made at once into the pre-disposing causes, and as far as could be ascertained the causes were:—

Incomplete abortion and Sapræmia			I
Obstructed labour, cord presentation			I
Ruptured perineum			I
Retained membrane, and Post-Pa	artum		
Hæmorrhage			3
Pyelitis B. Coli present			2
Pneumonia			2
Influenza. (3 cases complicated with	Nephr	itis,	
Bronchitis and Mastitis)			6
Forcep delivery, severe lacerations and	Rupt	ured	
Perineum			I

This latter patient died in the Nursing Home where the birth occurred. This was the only death.

The four cases notified from the Municipal Maternity Home were all slight, and yielded quickly to treatment.

Both in the cases of Puerperal Fever and Pyrexia, steps were taken at once to safeguard the patient, and to prevent the spread of infection. The Queen's Nurses were provided in several cases, and special night nursing where necessary, also Home Helps for extended periods.

There were 30 Midwives disinfected in connection with these cases, Health Visitors attending to disinfect bags and equipment. The Home Helps also were disinfected. Disinfection was carried out in the Registered Homes, and where necessary in the homes of Midwives and patients. There was no cross infection in either Puerperal Fever or Pyrexia, due in a great measure to early notification, which enabled quick action to be taken, and so obviate the spread of infection.

The Health Visitors superintended the disinfection of 82 contacts of infection during the year.

(f). STILL BIRTHS.

There were 118 still births notified during 1933. Investigation was made into 113 cases with the following results.

Seventy-two cases occurred in the practice of Midwives. (Form "A" was rendered in 48 cases by them.) Twenty-four cases occurred in the practice of Doctors. Eight cases occurred in the Borough Hospital. Three cases occurred in the Royal South Hants Hospital. Eleven cases occurred in the Municipal Maternity Home.

As far as could be ascertained, the suspected causes were :-

Fright and shock					2
Severe falls					5
Fits. Of these, two o	cases of	f ecla	ampsia	, one	
renal fits, and one	case of	sevei	e chore	ea	4
Albuminuria and renal	disease				15
Ante-Partum Hæmorrh	age				18
Placenta Prævia					3
Complicated and obstru	icted lal	bour			20
Complicated breech.	(Eight	of	these	were	
premature)					II
General ill-health					18
Specific disease suspecte	ed				6
Suspected drugs					3
No cause found					8

Thirty-three of the above cases were premature. Twenty-one were found to be macerated. Twelve were born before the arrival of a Doctor or Nurse, and were mostly emergency cases, and there were three sets of twins.

There were 10 cases of deformity as follows:—Three anacephalic; three hydrocephalic; one spina bifida; one born without arms or legs; two monsters.

(g). OPHTHALMIA NEONATORUM.

There were 36 cases notified during the year. The majority of these were treated at the Eye Hospital. Particulars of each case notified are appended, showing the present condition of the eyes. With the exception of those who had left the Borough, they were all visited in the early part of 1934 and, as far as could be ascertained, the vision was unimpaired. This good result is due mainly to early notification and prompt treatment.

OPHTHALMIA NEONATORUM. Particulars of cases notified.

(This Table is inserted by request of the Ministry of Health).

								,	64									
Of LLCOLORS of the second control of the sec		Remarks.		Treated at Hospital. Discharged. Cured.	Treated at home and in Hospital.	Treated at Hospital. Discharged. Cured.	Treated in Hospital. Moved to Winchester.	Treated at Hospital. Discharged. Cured.	Treated at home and in Hospital. Doctor attending every third day. 18/10/33.		Treated at home. Doctor attending, Cured.	Left the Borough. Could not trace.	Treated at home and in Hospital. Dis-	Treated at Maternity Home and at home.	Eyes improving, still under observation,	Treated at Hospital. Eyes clear, and dis-	Treated at home. Moved to Hedge End. 20/4/33.	
transfer of regions of the state of the stat		Present Condition.		Well	Well	Well	Left the	Well	Well	Well	Left the	ugnolog	Well	Well	:	Well	:	
acombox for no		Vision Unimpaired.		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	:	Yes	Yes	Yes	Yes	1	
Management of the Community of the Commu		Treated	In Hospital.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	:	:	Yes	At Maternity	Yes	Yes	:	
	CASES.	Tre	At Home.	:	Yes	:	:	:	Yes	Yes	Yes	Yes	Yes	Yes	:	:	Yes	
		Notified		January 7th	" r2th	" 18th	" 18th	" 22nd	" 3oth	February 2nd	" 21st	" 27th	March 8th	" 21st	" 22nd	" 25th	April 12th	The state of the s
-		No.		н	61	3	4	5	9	7	_∞	6	10	II	12	13	14	

OPHTHALMIA NEONATORUM. Particulars of cases notified.—continued.

			CASES.				
No.	Motified		Tre	Treated	Vision Unimpaired.	Present Condition.	Remarks.
	Notified		At Home.	In Hospital.			
15	May 2nd	:	Yes	Yes	Yes	Well	Treated at home and in Hospital. Queen's Nurses attending. Discharged from Eye
91	" 5th	:	Yes	Yes	Yes	Well	Hospital. Cured. 31/7/33. Treated at home and in Hospital. Discharged from Eye Hospital. Cured.
17	" 20th	:	Yes	Yes	Yes	Well	26/5/33. Treated at home and in Hospital. Queen's Nurse attending. Discharged from Hos-
18	June 15th	:	:	Yes	Yes	Well	red. 7/ Sye Hos
61	" 28th	:	:	At Sydney	Yes	Well	at S
20	" 29th	:	Yes	House	Yes	Well	Treated at home and in Hospital. Dis-
21	July roth	:	Yes	Yes	Yes	Well	at home and in Hospital.
22	" 15th	:	Yes	Yes	Yes	Well	Treated at home and in Hospital. Clear.
23	" 27th	:	Yes	Yes	Yes	Well	Treated at home and in Hospital. Queen's
24	August 11th	ч	Yes	Yes	Yes	Well	Treated at home and in Hospital. Dis-
52	" 16t	r6th	Yes	At Borough Hospital	Yes	Well	Treated at Borough Hospital and at home. Attends Welfare. Eyes quite clear.
26	" 17t	17th	Yes	:	Yes	Well	Treated at home. Cured September.
27	" zīst	.:. t	Yes	Yes	Yes	Well	Treated at home and in Hospital. Cured.

OPHTHALMIA NEONATORUM. Particulars of cases notified.—continued.

		CASES.				
No.	Notifood	Tre	Treated	Vision Unimpaired.	Present Condition.	Remarks.
	Notified.	At Home.	In Hospital.	•		
200	September 20th	Yes	Yes	Yes	Well	Treated at home and in Hospital. Dis-
59	October 4th	Yes	Yes	Yes	Well	Treated at home and in Hospital. Queen's
30	" IIth	Yes	Yes	Yes	Well	Hospital. 3/11/33. Treated at home and in Hospital. Dis-
31	" 27th	Yes	Nursing Home	Yes	Well	Charged from Hospital. 20/11/33. Treated in Nursing Home, and by Queen's Nurse on return to own home. Cured
32	November 11th	Yes	Yes	Yes	Well	December, 1933. Treated at home and in Hospital. Cured.
33	" r6th	Yes	Yes	Yes	Well	3/1/34. Treated at home and in Hospital. Discharged from Eve Hospital Cured
34	" 3oth	Yes	Yes	Yes	:	729/12/33. Treated at home and Hospital. Still under
35	December 11th	:	Yes	Yes	Well	observation. Treated at Hospital. Discharged. Cured.
36	" 3oth	:	Yes	Yes	:	28/12/33. Treated at Hospital. Still under observation.

PEMPHIGUS.

This disease is not notifiable, but the midwives, in accordance with the instructions given in the rules of the Central Midwives Board, have to call in a doctor and report to the Local Authority any serious skin eruption in the newly-born infant. Ten suspected cases of Pemphigus were reported by the midwives during the year. They were of an epidemic character, occurring mainly in the practice of one midwife at varying intervals. The disease occurred round about the sixth day, and infection was carried to other cases in her practice before definite symptoms were shown. Drastic steps were taken, as the infection was difficult to check. Special nursing was provided, and, after repeated disinfection, the midwife was obliged to stand off and go away for a change of air and surroundings. It was only after this that it became safe for her to resume practice. The Queen's Nurses proved invaluable in nursing. Some of the cases had to be removed to the Borough Hospital for treatment.

2. Ante-Natal Clinic, at 23 East Park Terrace.

There was a slight decrease in the number of patients who attended the Ante-Natal Clinic, but the incidence of conditions requiring treatment showed an increase. Amongst the most common of these conditions were catarrhal infections which in some cases led to symptoms of Toxæmia. The majority of patients who attend are those booked for the Municipal Maternity Home, but many, owing to abnormality are sent to the Borough Hospital. The midwives are sending more of these cases to the Clinic for advice and assistance. This side of the Clinic serves a useful adjunct by providing medical examination during the ante-natal period for those who cannot afford the services of a private doctor.

3. MATERNITY HOME.

Three hundred and twenty-one confinements were dealt with, 22 being delivered by doctors owing to some abnormality. Several of the patients were in bad general condition beforehand, with unfortunate results to the infant and mother, and many were suffering from anæmia and needed treatment. Two cases of Puerperal Fever occurred, both successfully treated in the Borough Hospital. Four cases of Puerperal Pyrexia were notified, and one of Ophthalmia Neonatorum. All cleared up satisfactorily.

The number of emergency beds had to be increased during the year.

Breast feeding is the rule for all babies born in the Home, but in 29 cases this could not be maintained throughout the stay.

4. Mothers' and Babies' Welcomes.

These are eight in number and tend to be overcrowded, so that the medical officers have to see more than can be properly dealt with per session. Primarily they are intended for the supervision of normal babies, but for economic reasons, cases of minor ailments, mild catarrhs, deformities, etc., are brought first to the Welcome, and are referred to the appropriate place for treatment. The voluntary workers have given most devoted service in the working of these sessions.

The voluntary Welfare Centres are four in number, and render a most valuable service to the Borough.

The total number of mothers who attended the Municipal Welcomes during the year was 2,425: babies under one year of age, 11,857, and children, aged 1 to 5 years, 1,402. The total attendances at these Welcomes is shown in the following table:—

Welcome.	Ante-Natal.	Mothers.	Babies 1 yes Old.		1-2	Foddlers 2—5 years. Old.	1-5	Weighings.	Consulta- tions.	Lectures.
Winton Street	6	3,138	2,396	300	565	307	58	1,810	2,633	_
Eastern	18	3,088	2,606	127	786	290	41	1,461	2,694	4
Shirley	_	3,053	1,945	136	1,442	1,006	56	1,484	1,947	-
Woolston	2	3,703	2,857	166	799	435	46	3,713	1,781	3
Bond Street	4	1,627	1,067	135	431	568	77	697	1,451	8
Portswood	21	6,573	4,712	308	1,499	2,367	65	4,786	4,064	3
Sydney House	_	3,067	2,447	230	581	541	79	3,287	1,966	2
Rechabite Hall	41	2,894	2,065	141	626	930	65	1,773	1,698	3
Totals	92	27,143	20,095	1,543	6,729	4,444	487	19,011	18,234	23

5. CLINIC FOR INFANTS AT 23 EAST PARK TERRACE.

This is intended for minor ailments in children under five, who have no family doctor. In addition, a few normal children come for supervision who cannot attend an afternoon Welcome. Definite enquiry as to economic status is made in each case. Feeding troubles, skin disease, coughs, mental defect, suspected rheumatism, and convalescence from acute disease form the bulk of the cases. The number of new cases remains about the same each year, but more treatment has had to be given. Certain cases reported for catarrhal conditions have turned out to be Diphtheria. As this disease is most fatal to children under five years of age the establishment of immunisation by the Local Authority should help to reduce the incidence.

Nursing mothers in poor condition get general treatment to facilitate breast-feeding, and some get special treatment pending the opening of the post-natal Clinic.

The following is a record of the work done:—

Number of medical consultations:-

New cases:	Ante-natal			577	
	Mothers			32	
	Children			537	
Old cases:	Ante-natal			2,136	
	Mothers				
	Children			3,410	
	Tota	.1			6,837
Number of babi	es weighed				2,139
Number of chil					
intermediate	e treatment				3,771
Dispensing for C	linic and Bra	nch	Welcon	mes :	13,789

6. GENERAL ADVICE TO MOTHERS.

Under this heading is included a great deal of individual instruction in mothercraft, advice on conditions arising in the home or among the family. A number of medical and social emergencies must be considered, involving reference to private doctors or philanthropic agencies, recommendation of private midwives, of foster-mothers or nurses. The Superintendent Health Visitor now sees her patients at the new Clinic, East Park Terrace.

In certain cases, where the Medical Officer considers that a further pregnancy would be injurious to the health of the mother, advice is given regarding birth control.

Number of general consultations by Medical
Officer, Superintendent Health Visitor, and
the Sister in Charge at No. 2 East Park
Terrace 4295
Number of consultations for ante-natal and
maternal advice 1,715

CLINIC FOR VENEREAL DISEASES IN WOMEN AND CHILDREN.

The Clinic for Venereal Diseases provides for a number of expectant and nursing mothers and young children, who receive Welfare supervision in addition to their special treatment. Six cases were admitted to the Municipal Maternity Home; one infant was stillborn.

8. SYDNEY HOUSE CLINIC.

The Bitterne Welfare was transferred to Sydney House in July, 1932. A full year's working shows the transfer from the old hall is entirely one for the good, and is reflected in the improvement in the attendances.

An ante-natal Clinic is held at Sydney House every Monday afternoon. The attendance is small, but the midwives of the district have shewn a commendable enthusiasm for the consultative services provided. Consequently the number of difficult cases is somewhat higher than is met with at many such Clinics.

On the same afternoon children are seen who are not yet old enough to come under the School Medical Service. A certain number of minor ailments are treated, but the main business of the session is the treatment of disorders, such as Rickets and discharging ears, and the supervision of convalescents after debilitating and infectious diseases.

In this connection the prevalence of Rickets deserves comment, for there can be little doubt that even the minor degrees now so common could be eliminated, and with them their accompaniment of catarrhal inflammations throughout the body. The dietetic rules necessary for this purpose are simple, and, on the whole, not expensive. Although the financial stringency of prolonged unemployment is bound to have a deleterious effect, the disease appears to be just as prevalent among those who can

afford to provide suitable food as among those few who cannot. The administration of cod liver oil certainly does much to diminish its seriousness, but it is of little value to administer preventive drugs to those whose diet consists of porridge, bread and milk, or biscuits. Ignorance or prejudice are the greatest enemies of healthy childhood, and they are of all things the most difficult to eradicate.

The following gives the particulars of the Maternity and Child Welfare work carried out at Sydney House Clinic:—

Number of medical consultations :-

New cases	· Ante-nat	al			53	
Tien cases			•••			
	Mothers				15	
	Children				132	
Old cases:	Ante-nat	al			30	
	Mothers				13	
	Children				349	
						592
Babies weighed						45
Number of chil	ldren who	receiv	ved me	dical	treat-	
ment						485
Number of inte	erviews for	gener	al advi	ce		229
Dispensing						971

9. HEALTH VISITING IN THE HOMES.

The staff carrying out this work, although not fully adequate to cope with the increasing population, have succeeded in keeping accurate and full records. The records show that the frequent absence from home of the mother leads to much loss of time and some children get missed altogether, especially if the mother is not keen on being visited. The migration of the population also hinders continuity of supervision.

Each Health Visitor has a separate district, and is responsible for the visiting of all cases residing in her area.

The Scheme of Health Visiting is as follows:-

- 1. ON RECEIPT OF BIRTH NOTIFICATION.
 - (a) Every case where a doctor is not in charge is visited by the Health Visitor as soon as possible before the 10th day.
 - (b) Where a doctor is in attendance at the birth—after he has ceased visiting.
 - (c) The Health Visitor, on her first visit, leaves the address of the nearest Infant Welfare Centre, and endeavours to get the mother to attend.

2. CHILDREN UNDER ONE YEAR.

Are re-visited once a month up to three months, then once every three months up to one year.

- CHILDREN BETWEEN I—2 YEARS.
 Are visited once every six months.
- 4. CHILDREN BETWEEN 2—5 YEARS.
 Are visited at least once a year.

The records are kept by the Health Visitors on cards, which, when the child reaches the age of five years, are passed on to the School Medical Department.

The above Scheme refers only to routine visiting and applies to those cases that appear to be running a normal course. Cases needing special treatment or showing any defect or deformity are kept under closer surveillance.

The following is a record of visits made by the Health Visitors during the year:—

Visits to expectant mothers	1,752
First visits to infants under one year of age	3,157
Re-visits to infants under one year of age	15,220
" ,, children over one year of age and under school age	9,604
Visits to cases under Ophthalmia Neonatorum Regulations	85
" ,, cases of Pneumonia, Measles, Chicken	
Pox and Mumps	375
Visits in connection with free milk	1,154
" " " Orthopædic Clinic	154
Visits to nurse children under Children Act	551
Other visits	617

10. GRANTS OF FREE MILK, COD LIVER OIL, ETC.

The number of these has increased. A new method of keeping records was started at the beginning of the year and simplified this side of the work. The applications are scrutinised by the Milk Sub-Committee of the Maternity and Child Welfare Committee each month, and slight modifications of the scale of eligibility have been made by them during the year.

The frequent moving of the population complicates the administration of these grants, as the applicant may move without letting the department know, and then re-appears in a different district of the Town unknown to the staff.

Cod Liver Oil remains the staple nutrient preparation given to the patients attending the Maternity and Child Welfare Centres to aid growth and resistance to infection. Very few children are unable to take it. Some other preparations are sold much below cost to aid breast-feeding and nutrition of very young children.

The total free fresh milk granted during the year was 253,163 pints, compared with 211,763 pints in 1932; free dried milk 15,384lbs. compared with 12,754lbs., in 1932.

Only pasteurized milk treated by the Retarder process is supplied to mothers and infants under the Council's scheme.

During the year the following grants of free fresh milk were made:—

		Averag numbe on book	r	Total amount supplied in pints.
Expectant mothers		62		19,285
Nursing mothers		177		64,436
Infants under 6 months		74		24,135
Infants between 6 months	and 5			
years of age		400		145,307

Grants of milk at less than cost price.

The following amounts were supplied:-

		number	r	Total amount supplied in pints.
		I		197
		2		643
ths	,	I		333
		7		2,289
	ths		number on book	ths 2 months and 5

The following grants of free dried milk, etc., were also made:

	Average number on books.	Total amount supplied in lbs.
Expectant mothers	. I	 42
Nursing mothers	. 4	 276
Infants under 6 months	. 45	 3,643
Infants between 6 months and	5	
years	117	 11,423
Issues of Malt and Cod Liver Oil	l,	Free.
in lbs	—	 6,752
Ditto from Sydney House	. –	 258

The amount of dried milk issued at less than cost price was 210lbs.

The following figures give further particulars as to the distribution of free milk during 1933:—

Number	r receiving	fresh milk,	December	31st,	1932	674	
,,	,,	dried milk	,,	,,	,,	119	793
,,	,,	fresh milk	,,	,,	1933	723	
"	,,	dried milk	"	"	,,	178	901

SALE OF DRIED MILK AT COST PRICE.

A number of persons who are known to the Department buy dried milk at cost price at the various centres. Also some of the nutrient preparations for children are sold at cost price. Three brands of dried milk are stocked.

The total number of issues of dried milk at East Park Terrace was 13,901, and the weight in pounds 20,811. The total number of issues of malt and cod liver oil was 7,116, weight in pounds 7,368. In addition the following issues were made from Sydney House:—malt and cod liver oil 392, weight in pounds 440.

ORTHOPÆDIC CLINIC.

Now that the Orthopædic Clinic is established in more spacious premises at the Vicarage, East Park Terrace, the advantages gained by the transfer from No. 123 becomes more evident, and it is now possible to carry out the effectual treatment of minor deformities.

The Masseuse at the Borough Hospital now attends the Clinic three sessions each week, whereas in the old premises only one session a fortnight for remedial work could be held. Not only has it been possible to provide more classes for remedial exercises, but massage and electrical treatment have been much increased during the year, and individual cases have obtained more efficient and thorough treatment. A large number of cases of a mild degree of spinal curvature or of flat foot have responded so well to treatment that it has been possible to discharge them with a reasonable certainty of cure.

As in previous years the Clinic has been run in conjunction with the Lord Mayor Treloar's Hospital, at Alton, and one of the Surgeons from that Hospital has attended every second and fourth Wednesday in the month throughout the year. Cases requiring in-patient treatment have been admitted to the Hospital at Alton. Splints, calipers, spinal jackets, special boots, etc., have been supplied where necessary.

The attendances at the Clinic continue to increase, and it will probably be necessary to obtain the services of a full-time Masseuse for remedial work.

The following is a record of the cases treated at the Clinic during the year:—

		first time d the year.	Total of all Attendances.
Tuberculous cases		8	 134
Other diseases under 5 ye of age		44	 243
Other diseases of School : (5-16 years)	age	188	 2,861
Other diseases over School	age	3	 14
County cases		II	 29
Totals		254	 3,281
		_	

The following is an analysis of the cases treated during the year:—

Anterior Poliomyelitis		 	 22
Asthenia Muscular		 	 I
Birth Palsy		 	 I
Congenital—			
Abnormality of Mandi	ble	 	 I
Contracture of Fingers	3	 	 I
Deficiency of Radius		 	 I
Deformity of Thumb		 	 2
Deformity of Toes		 	 3
Deformity of the Spin-	е	 	 2
Dislocation of Hip		 	 3
Metatarsal Varus		 	 I
Multiple Deformities		 	 I
Short Leg		 	 2
Talipes Calcaneous-val	lgus	 	 4
Talipes equino-varus		 	 12
Deltoid, weakness of		 	 2
Ebb's Paralysis		 	 I
Femur, old fracture of		 	 I
Hallux Rigidus		 	 I
Hallux Valgus		 	 I
Hammer Toe		 	 2
Injury, Finger		 	 I
Internal Derangement of K	Knee	 	 2
Metatarsalgia		 	 I
Myositis		 	 2
Osteomyelitis		 	 4
Pes Cavus		 	 6
Pes Planus—			
Simple		 	 60
With Valgus		 	 20
With Peroneal Spasm		 	 3
Pes Valgus		 	 12
Pes Varus		 	 3

Pseudocoxalgia						3
Radius—						
Greenstick, fra	cture of	f	• • • •		• • • •	I
Sublunation of				•••		I
Rickets—						
Bowed Tibia						5
General						25
Genu Valgum						IO
Genu Varus						I
Semimembranosis I	Bursitis					I
Spastic Hemeplegia						4
Spastic Paraplegia						16
Schlatter's Disease						I
0:10:						
Spinal Deformities-						
Lordosis			• • • •	•••		I
2.1	•••		• • • •			52
Kypho-scoliosis						24
Kypho-scolio-L	ordosis					IO
Scoliosis						45
Torticollis						9
Tuberculosis of—						
Ankle						I
Hip		- 107				15
Knee						5
Shoulder						I
Spine						II
Wrist						2
W1150	•••					2
Non-Orthopædic—						
Nil Abnormal o	detected	l				6
Constipation						I
	Total	attenda	ances			430

LORD MAYOR TRELOAR'S HOSPITAL, ALTON.

By an arrangement with the Trustees of the above Hospital, orthopædic cases under 16 years needing institutional treatment are admitted from the Borough of Southampton.

The Health Committee is responsible for the treatment of tuberculosis cases. The Maternity and Child Welfare Committee for cases other than tuberculosis up to the age of five years, and the Education Committee for cases other than tuberculosis from five to sixteen years of age.

The following is a record of the cases, for which the Health Committee and the Maternity and Child Welfare Committee are responsible, which were treated in Lord Mayor Treloar's Hospital during the year:—

		Ad	lmitted.	Di	ischarged	l. I	Remaining.
Tuberculosis			II		8		16
Other cases			12		14		6
			-		_		- 1
To	otals		23		22		22
					_		_

The cases admitted were suffering from the following:—
Tuberculosis of—

Spine				 	 2
Hip				 	 7
Knee				 	 I
Elbow				 	 I
Rickets				 	 6
Torticollis				 	 I
Congenital d	islocat	ion of	Hip	 	 I
Spastic Para	plegia			 	 I
Bowed Tibia				 	 I
Synovitis of	Knee			 	 I
Congenital I	isease	of Spi	ne	 	 I

Total ...

23

Notifiable Infectious Diseases.

THE INCIDENCE OF NOTIFIABLE INFECTIOUS DISEASES.

The following is a total of the notifications received during the year, also the rate per 1,000 of the population:—

				Notified.	te per 100 Population	England and Wales.
Small Pox				0	 0.00	 0.02
Diphtheria				286	 1.61	 1.18
Erysipelas				74	 0.42	 0.45
Scarlet Fever				469	 2.64	 3.21
Enteric Fever a	and I	ara-Typ	hoid			
Fever				6	 0.04	 0.04
*Puerperal Fever				14	 4.71	 3.5
*Puerperal Pyrex				17	 5.72	 9.6
Cerebro-Spinal I				8	 0.05	 -
Encephalitis Let				2	 0.01	 -
*Ophthalmia Nec	nator	um		35	 12.26	 _
Pulmonary Tub				232	 1.31	 -
Other Forms of	Tube	rculosis		46	 0.26	 -
Pneumonia				II2	 0.63	 -
Malaria				0	 0.00	 -
Poliomyelitis				5	 0.03	 _
Dysentery				I	 0.01	 _
				1,307		
				757		

*The rate for Puerperal Fever and Puerperal Pyrexia is calculated on the number of live births and still births registered, and Ophthalmia Neonatorum on live births registered.

The death-rate from diseases usually classified as the chief epidemic diseases, namely: Small Pox, Scarlet Fever, Diphtheria, Enteric Fever, Measles, Whooping Cough, and Diarrhœa, and Enteritis among children under two years of age, amounted to 0.175 per 1,000 of the population.

The death-rate per 1,000 of the population from the diseases specified above for the past five years is shown in the following table:—

	1929	1930	1931	1932	1933
Small Pox	.000	.000	.000	.000	.000
Scarlet Fever	.017	.OII	.006	.000	.006
Diphtheria	.139	.170	.069	.OII	.051
Enteric Fever	.017	.OII	.000	.000	.000
Measles	.006	.240	.006	.079	.034
Whooping Cough	.168	.023	.080	.073	.039
Diarrhœa and Enteritis					
under 2 years of age	.128	.091	.069	.085	.045
Total Zymotic					
Death-rate	.475	.546	.230	.248	.175

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The following table shows the number of notifications received of Infectious Diseases, which have been classified in age groups

		suo	Instituti	:40:720::: 4::8 : :	53
Para			St, Nicholas.		66
ES.			Woolston.	13 2: 1 2 2: 2 2: 2 2: 2 2: 2 2: 2 2: 2	52
E			Bitterne & Sholing.	15 : 2 : 5 : 7	ro8
LOCALITIES			Bitterne & Pear Tree.	.88 1 2 . 7 . 1 . 8 8 4 4	601
AND L	Vard.		St. Denys.	:01 Hu2:: 2::2 7 4	62
	pal V		Portswood.	11881 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	56
AGES	fumici		Shirley.	.800 4 H 2 H 2 . 4 4 6	86
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owing table shows the number of notifications an an CASES OF INFECTIOUS DISEASES NOTIFIED			At all Ages.	286 66 66 66 66 74 74 74 74 74 8 8 5 5 3 5 7 7 8 8 8 7 7 8 8 8 8 8 8 8 8 8 8 8 8	307
ig ta	-	_	44		1307
The following table shows the number of notincations and and CASES OF INFECTIOUS DISEASES NOTIFIED			DISEASE,	Small-pox Scarlet Fever Diphtheria Enteric Fever Puerperal Fever Puerperal Pyrexia Erysipelas Cerebro-Spinal Fever Acute Poliomyelitis Encephalitis Lethargica Ophthalmia Neonatorum Dysentery Dysentery Pulmonary Tuberculosis Culosis Other Forms of Tuberculosis	Totals

The following table shows the number of cases of notifiable disease recorded in the Borough during the past five years:—

I	DISEAS	SE.		1929.	1930.	1931.	1932.	1933.
Small Pox			 	_	_	_	_	_
Scarlet Fever			 	367	345	185	153	469
Distal			 	368	410	215	212	286
Enteric Fever			 	7	14	8	9	6
Puerperal Fev			 	8	16	II	14	14
Puerperal Pyr	exia		 	32	46	31	32	17
D 1			 	62	80	58	58	
Cerebro-Spina	1 Fev	er	 	2	I	2	8	74
Poliomyelitis			 	I	_	2	2	5
Ophthalmia N	Jeona		 	37	38	37	30	35
Pulmonary Tu	berci	losis		365	356	299	325	232
Other Forms	of Tul	herculo				31		46
Encephalitis 1				40	42 I		45	2
D		igica	 			3	5	
			 	229	105	89	114	112
	• • • •	•••	 	I	2	_	1	
Dysentery	•••		 	I	I		_	I
	Totals	·	 	1,522	1,457	971	1,008	1,307

Ophthalmia Neonatorum was made compulsorily notifiable on 1st April, 1914; Encephalitis Lethargica on the 1st January, 1919; Pneumonia, Malaria and Dysentery on 1st March, 1919, and Puerperal Pyrexia on the 1st October, 1926.

There were 853 visits and re-visits made to houses in which infectious diseases occurred, and inquiries were made relative to the probable source of infection, and the isolation of the patient. Information was also given concerning the precautions necessary to be taken to prevent the spread of disease, and in the case of Measles advice as to treatment and nursing of patients where a medical man was not in attendance.

Of the cases notified in the Borough under the various Acts and Regulations, 886 were removed to the Isolation Hospital for treatment.

Sanitary defects were found in 34 houses in which cases occurred.

SMALL POX.

No case of Small Pox was notified in the Borough during the year.

SCARLET FEVER.

The number of cases of Scarlet Fever notified during the year amounted to 469.

This number is an increase of 316 compared with 1932, and is the highest number recorded in the Borough for many years.

The increase in the incidence of this disease was general throughout England and Wales, the rate per 1,000 of the population being 3.21, compared with 2.64 in Southampton. The increase in the number of cases commenced in July and continued until the end of the year.

One death occurred among cases notified during the year.

The disease was most prevalent in the Northam, Bitterne and Pear Tree, Bitterne and Sholing, and Trinity Wards.

The number of cases notified and deaths resulting from the disease for the past five years were:—

		Cases.	Deaths.	Percentage.
1929	 	 367	3	0.82
1930	 	 345	2	0.58
1931	 	 185	I	0.54
1932	 	 153	0	0.00
1933	 	 469	I	0.21

Three hundred and ninety of the cases notified were removed to the Isolation Hospital, which is equal to a percentage of 83.2, compared with 79.7 in 1932 and 77.8 in 1931.

In addition to the cases admitted to the Isolation Hospital from the Borough, 48 from neighbouring districts, three from the Port, and two military cases were admitted for treatment.

The following table gives particulars of cases of Scarlet Fever notified in the Borough, showing the number treated in the Isolation Hospital, the period of detention and the number of "return" cases during the past six years:—

Year.	Cases notified.	Admitted to Hospital.	Average period in Hospital (days).	No. of "return" cases.	Cases treated at home.
1928	 324	205	38.0	2	119
1929	 367	265	37.0	3	102
1930	 345	263	33.0	2	82
1931	 185	144	32.0	0	41
1932	 153	122	34.3	I	31
1933	 469	390	33.8	I	79

DIPHTHERIA.

The number of cases of Diphtheria notified during the year amounted to 286, being an increase of 74 compared with the previous year.

The cases occurred generally throughout the Borough, the highest number being 28 in St. Nicholas Ward.

The percentage of deaths to cases was 3.15, compared with an average of 5.61 in the previous five years.

The number of cases notified and deaths recorded during the past five years are shown in the following table:—

		Cases.	Deaths.	Percentage.
1929	 	 368	23	6.25
1930	 	 410	30	7.32
1931	 	 215	12	5.58
1932	 	 212	2	0.94
1933	 	 286	9	3.15

Two hundred and fifty-nine of the cases notified were admitted to the Isolation Hospital for treatment, which is equal to a percentage of 90.6, compared with 92.0 in 1932 and 90.7 in 1931.

In addition to the number specified above, two cases were admitted to the Isolation Hospital from the Port, and 13 from neighbouring districts.

ENTERIC FEVER.

The number of cases of Enteric Fever notified during the year amounted to six, including two cases of Para-Typhoid. All the cases notified were admitted to the Isolation Hospital, four cases were admitted from the Port, and one from a neighbouring district.

No death occurred from the disease, being the third year in succession without any mortality among cases notified in the Borough. The number of cases notified, and the deaths that occurred amongst cases notified in the Borough for the past five years are given in the following table:—

		Cases.	Deaths.	Percentage of Deaths amongst cases notified in the Borough.
1929	 	 7	2	28.5
1930	 	 14	2	14.3
1931	 	 8	0	0.0
1932	 	 9	0	0.0
1933	 	 6	0	0.0

INFLUENZA AND PNEUMONIA.

Influenza was again prevalent during the early months of the year, 50 deaths being recorded, compared with 56 in the previous year, and 43 in 1931.

The deaths from Pneumonia numbered 172, compared with 197 in 1932, and 186 in 1931.

The notifications received of cases of Pneumonia were 112, 120mpared with 114 in 1932.

CEREBRO-SPINAL FEVER.

Eight cases of Cerebro-Spinal Fever were notified during the vear. Four deaths occurred, giving a mortality rate of 50 per cent.

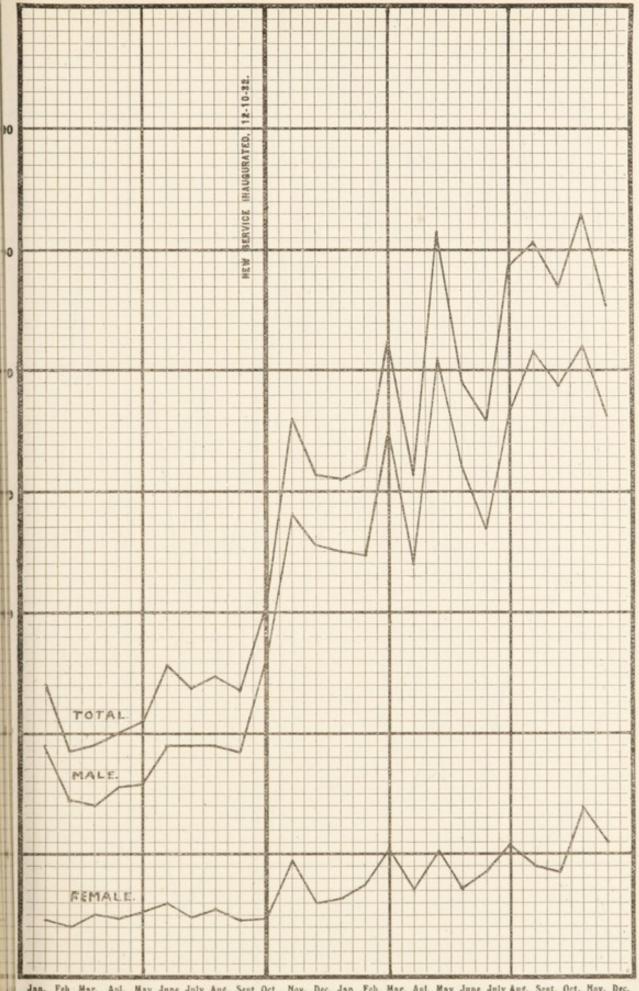
Venereal Diseases.

VENEREAL DISEASES.

When it is considered that after the earliest local manifestations Venereal Diseases may spread and involve any and every system of the human body, it will be realised that this disease is met with by the clinician in charge of every branch of the Medical Services. For many years now it has been evident that, with the limited administrative control that we have over persons suffering from these diseases, treatment should be carried out only in large centres, such as Southampton, by one department. In order to ensure the best results, close co-operation must necessarily be established with all branches of the medical fraternity and services. The year under review is really the first in which this has been possible in Southampton, and the gratifying results make the prospects of treatment and prevention of these diseases in the future very much more hopeful than under the previous régime, where several separate treatment centres were dealing with the disease.

A large number of cases of Venereal Disease exist in the community who have never sought adequate advice or treatment either from the private practitioners or from any of the Clinics or Hospitals. Particularly is this so in the case of Gonorrhœa, a disease which is lightly viewed by the general public, as, in the uncomplicated case, beyond the personal discomfort, the patients are rarely hindered in their routine work or life. This fact is also responsible for a large proportion of defaulters before complete cure has been obtained, and will be a source of grave danger both to the patients; to other members of their family and the community, later in life. Modern treatment allows of rapid elimination of the manifest symptoms, and, particularly is this the case in the female, when such a condition is accepted as criterion of cure. The endeavours made to persuade these patients to return for treatment is referred to elsewhere.

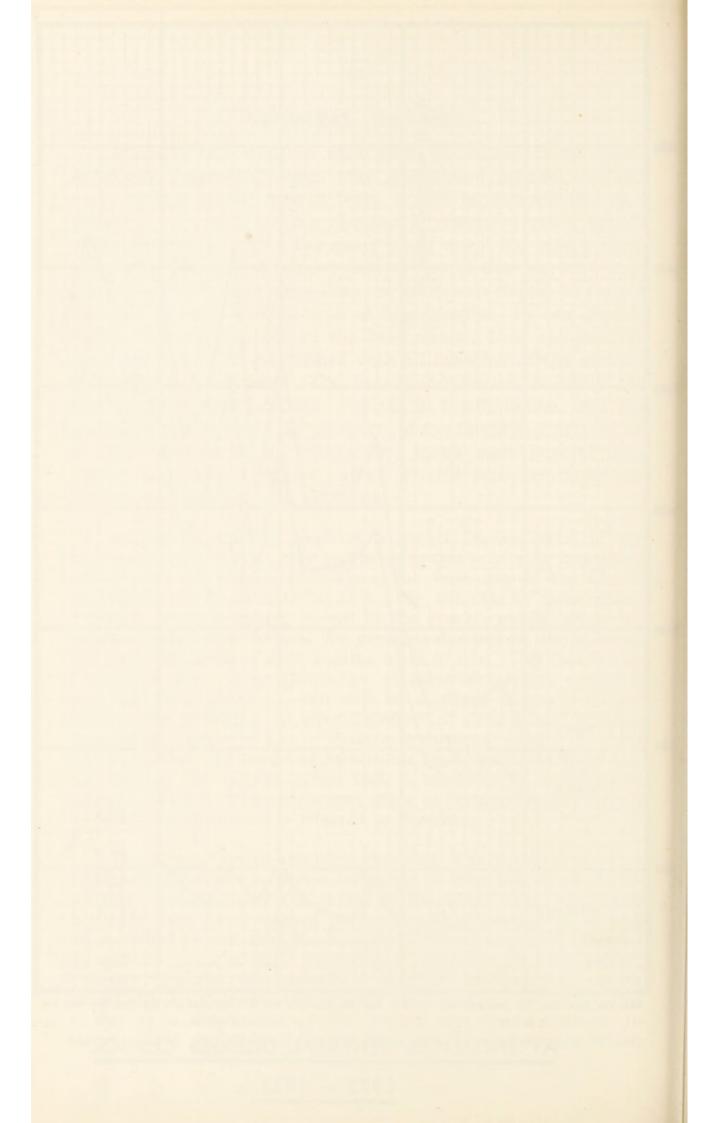
The cases of Syphilis under review show a very high proportion of late manifestations, many occurring in men who were inadequately treated during the period of the Great War. In many cases the men have enjoyed perfect health since that time, and are horrified to find that the conditions, which appeared between 40 and 60 years of age, were due to infection so long before. Primary Syphilis was singularly rare in Southampton as in practically every town throughout the country. Whether this is due to a diminution in the disease one would hesitate to state. Most probably it is the fruit of the endeavours which

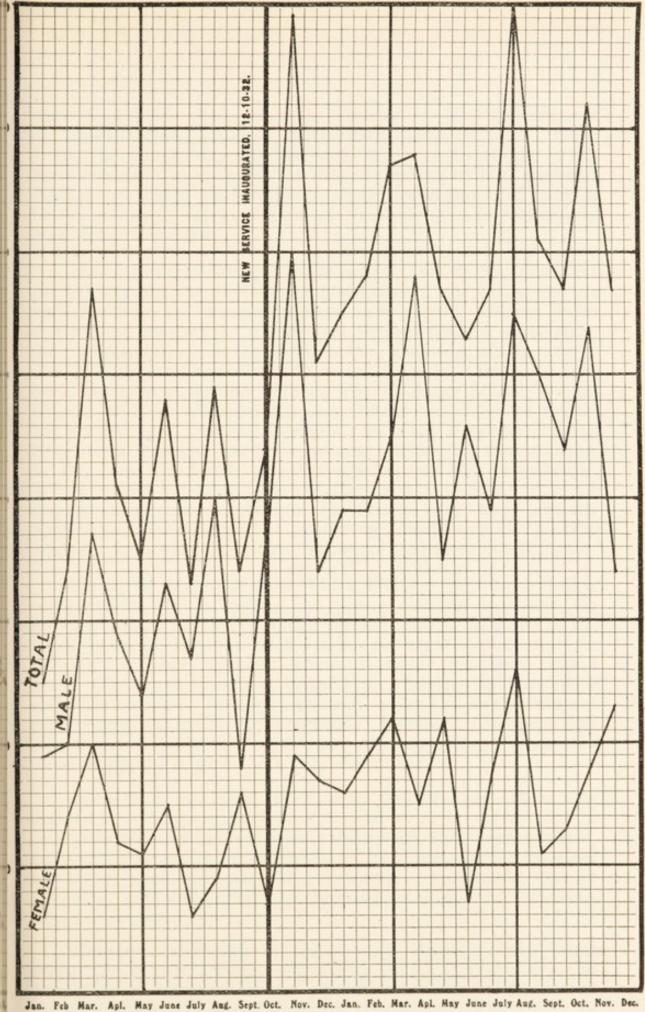


Jan. Feb Mar. Apl. May June July Aug. Sept. Oct. Nov. Dec. Jan. Feb. Mar. Apl. May June July Aug. Sept. Oct. Nov. Dec. 1932.

ATTENDANCES, VENEREAL DISEASES CLINICS,

1932 - 1933.

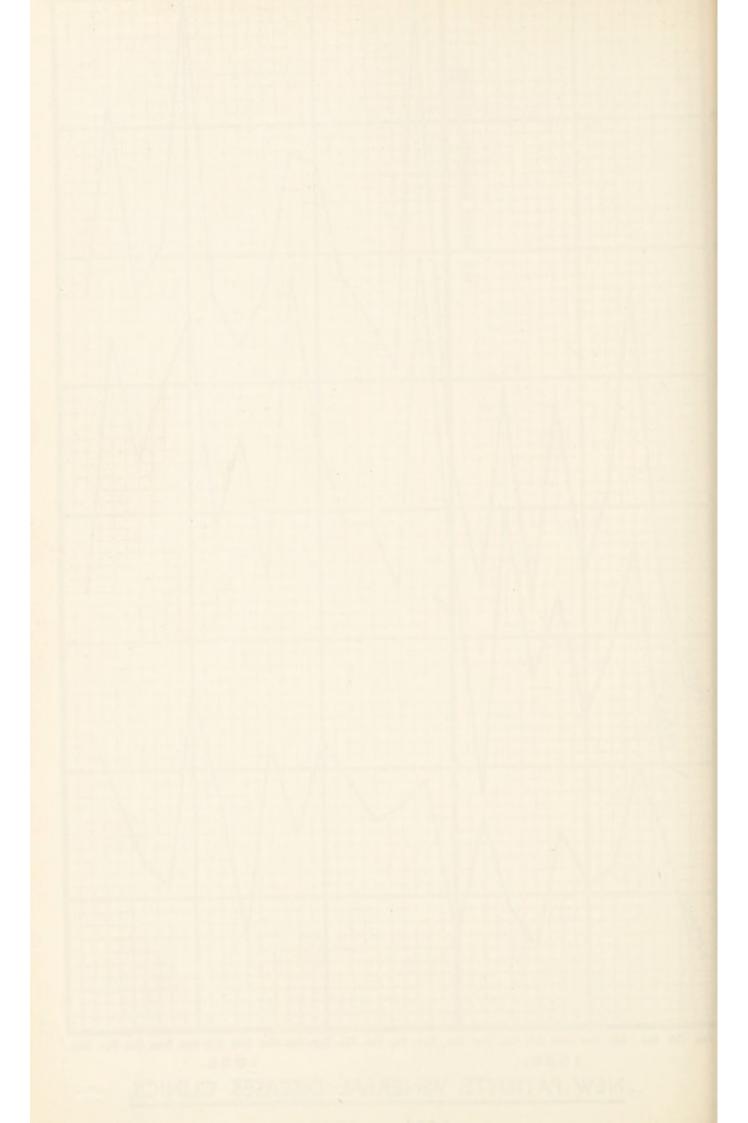




Jan. Feb Mar. Apl. May June July Aug. Sept. Oct. Nov. Dec. Jan. Feb. Mar. Apl. May June July Aug. Sept. Oct. Nov. Dec. 1932.

NEW PATIENTS, VENEREAL DISEASES CLINICS,

1932 - 1933.



have been made throughout the country by the establishment of Venereal Disease Clinics, particularly since the war. When a man or woman has reported with late manifestations, it has been necessary to examine the other members of that patient's family, and thus a considerable percentage of unsuspected Syphilis has been found. The incidence of Neuro-Syphilis is particularly high in Southampton.

Other Departments of the Municipal Health Services have proved useful in the discovery of new patients, and many who are suffering from the disease are now more rapidly brought under control and treatment. The School Medical Officers occasionally note manifestations in the children they examine, which may be due to congenital Syphilis. As a result regular Clinics are now held, where consultation between the Assistant School Medical Officers and the Venereal Diseases Officer establishes or refutes the possibility of venereal infection. In many instances children have been brought under treatment before serious damage to the eyes, the heart, or other systems has been manifested. Where a child has been definitely diagnosed as suffering from the disease, the other members of the family have been tactfully approached, either directly or through their private medical advisors, and, where necessary, adequate treatment commenced.

Similarly, Maternity and Child Welfare Centres, by their co-operation, are protecting the young children and also the unborn infants, for every woman coming under ante-natal supervision has a blood test carried out in case latent Syphilis may be present. In every instance where treatment has been started before the fourth month of pregnancy, a healthy non-syphilitic child has resulted. In a few instances, where the mother did not report until later in the pregnancy, intensive treatment has resulted in a living child with reasonable hope of complete cure from congenital stigmata in a very short time.

In several instances the Clinical Tuberculosis Officer has asked for a Wassermann test of the blood to be carried out in cases referred to him, and where the results have been positive, anti-specific treatment has been started in addition to that required for the tubercle present. The Assistant Port Medical Officers also refer any suspicious cases arriving on vessels to the Clinic for examination.

Midwives practising in the County Borough have taken advantage of the service, where any doubt has arisen as to possibility of infection in the patients who consult them, particularly where a woman complains of discharge, which may be gonorrheal in origin. General practitioners in the town have referred 24.8% of the new male cases reporting, and 19.8% of the female cases reporting. In many instances they have taken advantage of the laboratory facilities for the diagnosis of possible infection, which is carried out by means of microscopic examination of discharge, etc., or the examination of patients' blood. Where the practitioners decide to carry out treatment themselves, the advice of the Venereal Diseases Officer has been frequently sought, and in the case of syphilitics the appropriate drugs of the arsenobenzole group have been supplied in accordance with the Venereal Diseases Regulations. In several instances the Venereal Diseases Officer has been called into consultation by medical practitioners to review private patients and to carry out the appropriate blood tests, and, where necessary, lumbar punctures have been performed in the patient's own home in order that an accurate diagnosis could be made.

A large proportion of new patients have been referred to both Male and Female Clinics by the honorary staff of the Free Eye Hospital, and, where the patient has been too unwell to attend as an out-patient, the Venereal Diseases Officer has been invited to visit the Free Eye Hospital in consultation. Similarly, the honorary staff, particularly of the Ear, Nose, and Throat Department of the Royal South Hants and Southampton Hospital, have referred cases which have come to their notice.

In the general wards of the Borough Hospital manifestations of Venereal Disease are frequently met, and such cases are regularly reviewed by the Venereal Diseases Officer when he visits the Hospital. The majority of cases of Venereal Disease occurring on the ships visiting the Port are referred by the Ship's Surgeon to the Clinic immediately upon arrival, and the Company will not accept such referred cases for service again until a certificate of fitness is issued by the Venereal Diseases Officer. Many Ships' Surgeons have called at the Clinic to discuss the obvious difficulties, and all have expressed appreciation of the facilities and help given.

Thus co-operation has been happily established with every branch of medicine throughout the Borough and Port.

OPHTHALMIA NEONATORUM.

The majority of these cases are all the result of untreated or unsuspected Gonorrhæa in the mother, and, by our endeavours to treat early cases until complete cure has resulted, this disease could eventually be eliminated from the community. Particulars of these cases will be found in the section of the Report dealing with Maternity and Child Welfare. The Venereal Diseases Officer is notified of every case reported to the department, and, by tactful following up, the mother and father are asked to report to their own doctor or to the Clinics.

VULVO-VAGINITIS.

Three cases of Vulvo-Vaginitis in children were found in the course of the year. Such a condition, when not arising from criminal assault, is usually the result of infection from contaminated articles with which the child has come into contact. The seriousness of the condition can well be understood when it is realised that every case requires a minimum of six months' Hospital treatment, and even when the infection has been eradicated the dangers of ill-health and possible sterility remain.

TREATMENT.

In the Male and Female Clinics modern facilities for the treatment of Venereal Diseases are available, and where outpatient treatment is inadequate accommodation is provided in the appropriate wards at the Borough Hospital. In the case of male and female Gonorrhæa, local irrigation treatment is still the routine method in conjunction with suitable vaccine and non-specific protein therapy, etc. The Clinics are open each day of the week for intermediate treatment, at hours to suit all classes of patients. In Syphilis, drugs of the arsenobenzole group are administered in conjunction, for the most part, with bismuth in various forms. In Neuro-Syphilis excellent results have been obtained with Tryparsomide, a drug introduced in the Southampton Clinic on the establishment of the present scheme.

It is a matter for regret that Malaria, which has proved so efficacious in disease of the central nervous system, has not been available for such victims because of the inadequacy of the nursing staff at the Borough Hospital. This has resulted in either persuading the patient to enter one of the mental hospitals as a voluntary patient, or waiting until actual certification is necessary. Thus valuable time is lost in cases showing early symptoms.

LABORATORY FACILITIES.

The laboratory at 23 East Park Terrace is now established as a recognised laboratory under the Venereal Diseases Scheme, and all modern methods of diagnosis are available. It will be seen from the figures that a large amount of work has been carried out.

PROPAGANDA AND DEFAULTERS.

Venereal Diseases are probably the most widespread, yet preventable danger, which the community has to face, are still shunned by all classes even when public health has to be considered. Thus many acquire the disease in complete ignorance. As in all branches of hygiene, the public must be instructed to protect itself, but, in Southampton, as elsewhere, the access to the individual is extraordinarily difficult. By means of a film and a lecture, delivered by the Venereal Diseases Officer in the Central Hall, an endeavour was made to point out the dangers to the male members of the public. In co-operation with the British Social Hygiene Council, the Health Department gave its support to the film "Damaged Lives," which has been shown at two local picture houses. By lectures to nurses, and particularly to practising midwives, the symptoms suggesting Venereal Disease have been stressed, and has given them an opportunity of being able to recognise the principal signs and symptoms.

The defaulter rate in the town is very low, when the class of patient dealt with is considered. Twenty-five per cent. of the new cases dealt with during the year belonged to other areas, and the tendency of these patients to return to their native towns without letting us know gives the defaulter list an appearance of being larger than it actually is.

Efforts have been made to ensure more regular attendance, and no cases have been written off the Register until every effort to persuade the sufferer of the importance of treatment has failed. Only 98 were so treated in 1933 (approximately 5%), and this is a distinctly encouraging feature.

The methods adopted for following up are as follow:-

At the Male Clinic the casepapers are scrutinised from time to time, and patients who have absented themselves for a period without informing the Medical Officer of their intention or reason for doing so are sent a non-committal note stressing the importance of treatment. These notes are subsequently repeated, and efforts made to get into touch by means of acquaintances among the other patients (care, of course, being taken to preserve the confidential character of the work). These methods have had successful results with natives of Southampton, but numbers of letters are returned where patients have moved to unknown addresses. False names and addresses have again been given in a number of cases of individuals requiring intensive treatment.

At the Female Clinic letters are more sparingly employed, the Health Visitor who carries out duties at the Clinic visiting the Homes and dealing personally with the patients. It is also possible here to make use of the Maternity and Child Welfare and Ante-Natal services in maintaining contact with defaulters. The personal element thus introduced is obviously more successful than written communications.

The confidential nature of the work renders it imperative that no ostentatious methods should be employed, and hinders us considerably in ensuring that every case completes a cure before discharge. The greater continuity and co-ordination of the work now that the control is centralised under the Venereal Diseases Officer, has already been responsible for considerable improvement.

The following is a summary of the work carried out during the year 1933 at each of the Clinics provided by the Local Authority for the treatment of Venereal Diseases:—

	Males.	Females & Children.
Number of persons under treatment or		
observation on 1st January, 1933	1,392	91
Number of new cases dealt with for the first time during 1933 at the Out-		
Patient Clinics	510	205
Total attendances of all persons at the		
Out-Patient Clinics during 1933	20,551	4,412
Total number of In-Patients admitted		
for treatment during 1933	60	55
Aggregate number of In-Patient days of		
treatment given to persons	3,955	2,793

The above figures show that 715 new cases were dealt with for the first time during the year 1933. The total includes 203 persons who attended for conditions other than Venereal.

Compared with the previous year, these figures show an increase of 165 in Venereal cases, and 72 in conditions other than Venereal.

The total attendances at the Out-Patient Clinics amounted to 24,963 compared with 13,632, in the previous year, and 13,900 in 1931.

		Sy	Syphilis.	Soft C	Soft Chancre.	Gonor	Gonorrhæa.	Conditio	Conditions other than venereal.		Totals.	
		W.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals
-: 63	Number of cases on 1st January under treatment or observation	754	99	61		636	26	:	w	1392	16	1483
8	under report for treatment or observation of the same infection	9	13	:	:	21	7	:	1	27	21	48
	Item 4) suffering from :— Syphilis, primary	37	: 6	::	::	::	::	::	::	37	:60	37
	", latent in 1st year of infection all later stages congenital	.: 52 18	26 27 27	:::	:::	:::	:::	:::	:::	.:. 52 18	26 27	45.83
	Soft Chancre Gonorrhœa, 1st year of infection	::	::	: 73	::	257	50	::	::	257	200	307
4	Conditions other than venereal	:: 65	i i	::	::		o : 4	116	82	116	87	203
	Totals of Items 1, 2, 3, and 4	806	141	4	1:	096	06	118	93	1990	324	2314
6. 5.	Number of cases discharged after completion of treatment and final tests of cure	19	64	:		99	10	107	57	192	69	261
	ance, suffering from :— Syphilis, primary secondary	7 ::	:	::	1	::	::	::	::	7 ::	:40	7
	", latent in 1st year of infection all later stages	: 1	: 000	:::	:::	:::	:::	:::	:::	171	:0000	15
	r of infection	::	::	::	::	:000	12:	::	::	30	12.	42
7.	Number of cases which ceased to attend after completion of treatment but before final tests	:	:	:	:	4	0	: 77	:	4	0	,
00		:	1	-	:	6	4	:	: ;	10	· 0	15
6	institutions, or to care of private practitioners Number of cases remaining under treatment or observation on 31st December	19	103	- 2	: :	819	12	: =	10	1687	36	1865
		000	1		-	000		-	-			

10. Number of cases in the following stages of syphilis 12. 13. 13. 14. 15. 15. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15.		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO	Syp	Syphilis.	Soft C	Soft Chancre.	Gono	Gonorrhæa.	than v	than venereal.		Totals.	TORKET TO
Number of cases of congenital syphilis in Item 3 1 1 1 1 1 1 1 1 1			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals.
Number of cases of congenital syphilis in Item 3 18 18 18 18 18 18 18	10.	1000	4 :	: "	::	::	::	::	::	::	₹ :	: "	40
1, for internation of the medical officers 2819 2318 5 5199 1250 145 201 8168 3769 (a) for individual attention of the medical officers 262 65 17290 1828 643 (b) for individual attention of the medical officers 262 65 17290 1828 175 201 20581 4412 (a) Total attendances 29 23 1 27 13 3 19 60 55 (b) Aggregate number of persons admitted for treat.		all later stages congenital		: °° :		:::	:::	:::	111	:::	: 21	: 010	:09
Total attendances 180 180 170 180 180 170 180 180 170 180 180 170 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 18	11.	Numh (a)	2819	2318	0	:	5199	1250	145	201	8168	3769	11937
Chief preparations used in treatment of syphilis :		dressing Total attendances	3081	65 2383	: 10	: :	12091	578	30		12383	643	13026 24963
Chief preparations used in treatment of syphilis :	12.	In-pa (a)	29	23	-	:	27	13	8	19	09	55	115
Number of cases of congenital syphilis in Item 3 above classified according to age periods		Aggregate number of "in-patient days" treatment given	2748	1535	13	:	1065	450	129	808	3955	2793	6748
Number of cases of congenital syphilis in Item 3 above classified according to age periods	-		Under		1 and 5 y	under ears.	5 and 15 y	under ears.	15 and	years over.		Totals.	
Number of cases of congenital syphilis in Item 3 above classified according to age periods			M.	F.	· M.	F.	M.	F.	M.	F.	M.		F.
Chief preparations used in treatment of syphilis:— (a) Names of preparations content of syphilis:— (b) Total number of injections given (out-patients) and in-patients who on first attendance at this Centre were suffering from primary and secondary syphilis	13.	Number of cases of congenital syphilis in Item above classified according to age periods	1	5	61	1	80	8	7	13	18		27
(a) Names of preparations used in treatment of sypnius. (b) Total number of injections given (out-patients and in-patients) (c) Number of injections included in (b) given to patients who on first attendance at this Centre were suffering from primary and secondary syphilis	17			Arsenober	nzene Com	pounds.			Mercury.			Bismuth.	
and in-patients) 2473 Number of injections included in (b) given to patients who on first attendance at this secondary syphilis	14.	(a)	Nec Nec	kharsivar	tab	ab,	N.A.B.	Hy	drarg c'er Pil. Hyd.	eta.	I O	Sismostab Juinostab	
531					2473				:			2814	
		Secondary syphilis			531			1	1:			604	

Return relating to all Persons at the Treatment Centres at Nos. 1 and 23 East Park Terrace, Southampton.—Continued.

	Micros	copical.		Serum Tests.	
16. Pathological Work:—	For Spirochetes.	For Gonococci.	Wassermann.	Others for Syphilis.	For Gonorrhæa
(a) Number of specimens examined at and by the medical officer of the treatment centre (b) Number of specimens from patients attending	78	:	:	ı	:
at the centre sent for examination to an approved laboratory	:	2552	2094	:	:

Statement showing the services rendered at the Treatment Centres during the year, classified according to the areas in which the patients resided.

90	22	100					35	
Total	216	61	360	205	783	24963	6748	2501
Hertfordshire	:	:	-	:	-	61	:	:
Bristol	:	:	-	:	-	-	:	:
Gloucestershire	-	:	:	:	1	4	:	:
Hastings	:	:	:	-	-	-	:	
Dover	:	:	1	:	-	10	:	- :
Surrey	:	:	-	:	-	10	:	:
Manchester	64	:	:	:	61	21	:	- :
Lincolnshire	:	:	-	:	-	9	:	:
Essex	-	:	63	:	3	25	:	9
Staffordshire	1	:	:	53	3	61	:	:
Berkshire	:	:	1	:	-	6	:	- :
Birmingham		1	:	:	-	3	:	-
Derbyshire	:	:	-	:	-	15	:	:
Yorkshire	-	:	:	:	-	63	:	-
Kent	:	:	80	63	0.	144	:	1
Suffolk	:	:	:	1	-	:	:	:
Somerset	-	:	:	:	-	64	:	:
North Wales	-	:	:	3	-	8	:	:
Cornwall	:	:	-	:	1	5	:	:
Durham	-	:	-	:	63	25	:	:
South Wales		-	7	-	10	67	:	17
Liverpool	61	:	6	-	12	8	:	61
Northampton	-	:	-	:	63	64	:	61
Scotland	-	:	0.	23	00	80	:	- :
Pondon	9	:	18	4	28	4 315		==
Cambridge	:	:	1	:	-	4	:	:
Wiltshire	:	:	-	:	-	-	:	:
Hampshire	43	:	41	24	108	8961	128	412
Southampton	152	-	263	167	583	1 22156 1968	6620 128	2049 412
Name of County or County Borough (or Country in the case of persons residing elsewhere than in England and Wales).	A. Number of cases in Item 3 from each area found to be suffering from :— Syphilis	ncre	Сопотгана	Conditions other than venereal	Total	B. Total number of attendances of all patients residing in each area	C. Aggregate number of "in-patient days" of all patients residing in each area D. Number of doses of arsenobenzene	compounds given in the out-patient Clinic and in-patient Department to patients residing in each area

Tuberculosis and Cancer.

TUBERCULOSIS.

There was a decrease in the mortality from Tuberculosis in Southampton during the year, the deaths from Pulmonary Tuberculosis, which had risen from 154 in 1931 to 187 in 1932, fell to 159 for 1933. The deaths from Non-Pulmonary Tuberculosis rose from 25 in 1932 to 26 in 1933.

The deaths occurred from the following forms of the disease:

Pulmonary Tuberculosis				159
Tuberculous Meningitis				12
Tuberculosis of Peritoneu	m and	Intest	ines	4
Tuberculosis of Spine				4
Tuberculosis of Kidney				4
Tuberculosis of Epididym	itis			I
Tuberculosis of Skin				I
				-
				185

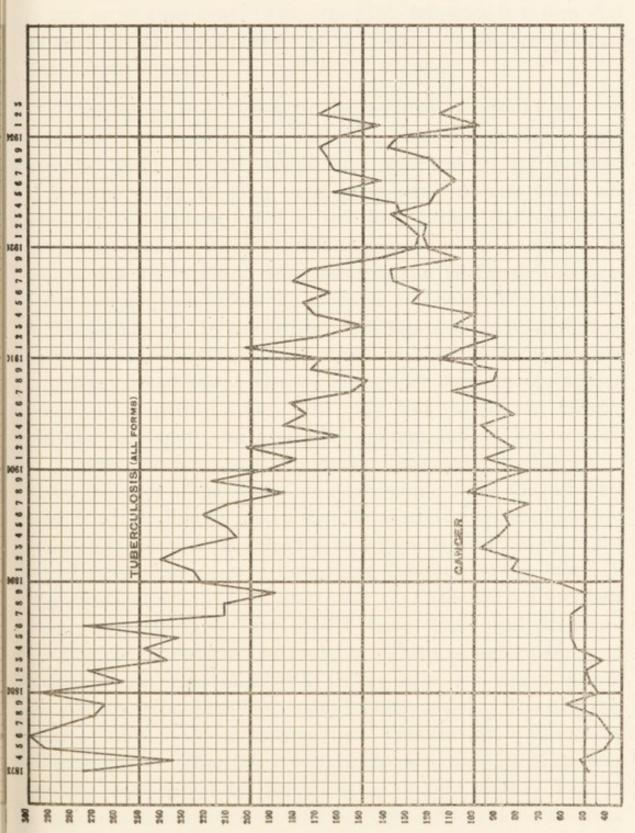
This gives a death rate per 100,000 of the population from Pulmonary Tuberculosis of 89.8, and from all forms of Tuberculosis 104.5. The rate for males was 114.0, and for females 67.0.

The following are comparative mortality rates during 1933 in Southampton, and England and Wales per 100,000 of the population:—

		Southamp	ton.	Eng	land and	Wales.
	Males.	Females.	Persons.	Males.	Females.	Persons.
Respiratory Tuberculosis						69.0
Other Tuberculosis	 17.5	12.1	14.7	14.8	12.1	13.4

NOTIFICATIONS.

The number of primary notifications of Tuberculosis of the lung received during 1933 was 232, in addition 45 cases came to the knowledge of the Department otherwise than by formal notification, giving an incidence rate of 1.54 per 1,000 of the population for Pulmonary Tuberculosis. Other forms of Tuberculosis notified and coming to the knowledge of the Department



DEATHS PER 100,000 OF THE POPULATION FROM TUBERCULOSIS AND CANCER IN SOUTHAMPTON 1873 TO 1933



was 63, giving a rate of 0.35. The ratio of deaths from Pulmonary Tuberculosis to primary notifications for the year 1933 was 159 to 277, or 57.4 per cent. From the table following it is seen that most of the deaths occurring in 1933 were notified for the first time the same year.

This figure is considerably higher than it should be, and indicates that notification has been delayed, probably been withheld until tubercle bacilli have appeared in the sputum. It is quite wrong to delay notification until tubercle bacilli are found in the sputum, for it is well known that the number of cases that recover when bacilli are present is very small. The policy of a Tuberculosis department should be the detection of Tuberculosis, years before the probable advent of tubercle bacilli in the sputum, and by the institution of treatment in a sanatorium on purely conservative lines, it should in many cases be possible to prevent closed lesions from becoming open ones, thereby adding years to the patient's life. Not only will the patient benefit, but also his family, for a positive sputum case of Tuberculosis in a household is a constant menace, especially to children in whom the seeds of the disease are easily sown. From the following table of notifications it is seen that the greatest number of notified cases occur between the ages of 25 and 35 years, and that up to the age of 15 very few cases of Pulmonary Tuberculosis were notified. The significance of this is that cases of childhood Tuberculosis were not notified as they should have been, and therefore not kept under constant supervision. There is, unfortunately, a certain stigma associated with Tuberculosis, and many people are loathe to attend the Dispensary for that reason. The probable origin of this is the impression that Tuberculosis is essentially a fatal disease. That this is true in the vast majority of sputum positive cases cannot be denied, but a sputum positive stage is a late one, and in most cases evidence of healed foci of Tuberculosis can be seen in a skiagram. That the disease has flared up and involved most of one or both lungs is a regrettable accident, which might have been prevented if the patient had been kept under dispensary supervision. Notification is the only means of keeping

in touch with suspected cases, and with more notification the stigma of Tuberculosis will lessen. In short, the work of the Department is directed towards a decrease in the number of infectious cases amongst the primary notifications, and establishing a diagnosis in the earliest stage of the disease.

Of the cases dying in 1933, the following table shows the years in which the primary notifications were received:—

1915	 		I	1928				4
1920	 		I	1929				IO
1921	 	•••	I	1930				IO
1922	 		I	1931	•••			15
1923	 		2	1932				32
1925	 		I	1933				40
1926	 		3	Not n	otified	l		30
1927	 		4	Trans	ferable	e Deatl	ns	4
								159
								-

Summary of Notifications Received under the Public Health (Tuberculosis) Regulations, 1930, During the 52 weeks ended 30th December, 1933.

Total Notificat	ions		 	307
Notification of	Admission to	Hospital	 	227
Ditto	Discharged		 	220
				754

Of the above total 278 were notifications of new cases. In addition to the above, 62 cases came to the knowledge of the Medical Officer of Health otherwise than by notification.

The localisation of the disease of the notified cases was :-

Lungs				232	Kidney		 	I
Meninge	es of Br	ain		6	Cervical	Glands	 	14
Peritone	eum an	d Intes	tines	6	Ankle		 	2
Spine				5	Wrist		 	I
Hip				5	Testicles		 	I
Knee				3	Groin		 	I

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

Part 1.—Summary of Notifications during the Period from the 1st January, 1933, to the 31st December, 1933, in the Area of the County Borough of Southampton.

						For	mal	No	tific	atio	ns.			
			Nu	ımb	er of	f Pri	imar of	y N Tul	otif	icati ulos	ions	of nev	v	Total
Age Periods	s.	o to I	to 5	5 to	to to	to	20 to 25	25 to 35	to		to	65 & up- w'rds	(all	duplicates.)
Pulmonary—														
Males		_	I	3	3	3	26	34	35	τ5	17	2	139	156
Females		_	_	_	3	15	19	32	II	9	2	2	93	102
Non-Pulmonar	у—													
Males		_	5	II	I	3	4	I	-	_	I	-	26	27
Females		_	5	6	5	_	_	2	I	I	_	_	20	22

SUPPLEMENTAL RETURN.

Part II.—New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by formal notification.

Age Periods.	o to I	to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65		Total cases.
Pulmonary—												
Males	_	_	_	_	_	3	7	3	5	I	3	22
Females	_	I	_	_	I	4	9	3	2	_	3	23
Non-Pulmonary—												
Males	I	I	3	_	_	-	_	_	2	_	2	9
Females	ı	3	2	_	-	-	2	_	_	_	-	8

SUPPLEMENTAL RETURN—Continued.

The source or sources from which information as to the beforementioned cases was obtained are stated below:—

the state of the s	No. of	Cases.
Source of Information.	Pulmonary.	Non- Pulmonary.
Death Returns from Local Registrars	30	16
Ditto Transferable Deaths from Registrar General	I	_
Posthumous Notifications	I	I
"Transfers" from other Areas (other than transferable deaths)	7	_
Other Sources—Restored to Register	6	_

NOTIFICATION REGISTER.

Part III.

	Pu	lmonar	у.	Non	-Pulmor	nary.	
Number of Cases of Tuber- culosis remaining at the 31st December, 1933, on the Register of Notifi-	Males.	Females.	Total.	Males.	Females.	Total.	Total Cases.
cations kept by the Medical Officer of Health	629	463	1092	118	114	232	1324
Number of Cases removed from the Register during the year by reason, inter alia, of:—							
r.—Withdrawal of Notifi- cation (not Tubercular)	5	10	15	-	I	I	16
2.—Recovery from the Disease	22	II	33	2	I	3	36
3.—Death	98	61	159	15	II	26	185
4.—Left District, or lost sight of	39	16	55	4	3	7	62

TUBERCULOSIS.

NEW CASES AND MORTALITY, 1933.

Including cases coming to the knowledge of the Medical Officer of Health during the year.

(Inserted by request of the Ministry of Health.)

		New	Cases.			De	aths.	
Age Period.	Pulmo	onary.	Non-Pul	monary.	Pulm	onary.	Non-Pul	monary
	М.	F.	M.	F.	М.	F.	M.	F.
o—1			I	I			I	ı
1 —5	I	I	6	8		I	2	3
5—10	3		14	8			4	3
10-15	3	3	I	5	2		I	
15-20	3	16	3		I	4		I
20-25	29	23	4		10	13	2	
25 —35	41	41	I	4	23	16		3
35-45	38	14		I	20	12		
45-55	20	II	2	I	20	5	ı	
55-65	18	2	I		17	3	2	
and up'ds.	5	5	2		5	7	2	
Totals	161	116	35	28	98	61	15	11

TUBERCULOSIS.

TABLE showing case-rates (notified cases), deaths, and death-rates from Pulmonary and Non-Pulmonary Tuberculosis in Municipal Wards during the year 1933.

			CASES.	ES.					DEATHS.	нэ.		
WARD.	Pulm	Pulmonary.	Non-Pulmo	monary.	Total.	al.	Pulmonary.	nary.	Non-Pulmonary	monary.	Total.	i.
	Number	er Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
r. Town	31	3.16	61	0.20	33		15	1.53	н	0.10	91	1.63
St. Mary's	I 6	1.55	61	0.19	81	1.74	6	0.87	1	1	6	0.87
Northam		3.14	3	0.31	33		18	1.89	1		18	1.89
Trinity	Io	1.27	61	0.25	12		IO	1.27	3	0.35	13	I.05
Newtown	9	0.76	3	0.38	6		1	0.89	1	1	/0	0.00
nts	IO	1.23	3	0.37	13		00	0.99	1	1	0	0.00
Bevois	6	1.22	H	0.I4	OI	.3	6		63	0.20	11	1.50
Banister	IO	1.13	ı	0.11	II	1.24	n	0.34	H	0.11	4 (0.45
Freemantle	5	69.0	I	0.I4	9	0	1		24	0.27	5	1.20
Millbrook	13	96.0	61		15	01.1	9	0.44	4	0.29	01	0.73
	IS	0.84	3	0.17	18	0.0	10		ı	00.00	11	
_	6	0.78	I	60.0	IO		00 0	0.00	I		00	0.70
St. Denys	17	1.75	4	0.41	21	2. IO	0	0.02	64	0.20	0	
14. Bitterne and	1				9.	10	01	98 0	1	1	TO	0.86
rear ree.	12	1.03	4	46.0	04	/6.7						
Sholing	12	06.0	7		61	I.43	8	09.0	3	0.23	II	0.83
		1.51	63	0.25	14	1.76	6	I.14	4	.5	13	1.64
St. Nicholas		I.0I	5	0.34	20	1.35	91		63	0.13	18	1.21
Borough .	232	1.31	46	0.26	278	I.57	159	06.0	26	0.15	185	1.05

TUBERCULOSIS.

Average case-rates and death-rates per 1,000 of the population from Tuberculosis in Municipal Wards during the ten years 1924—1933.

				CASE-RAT	E.	D	EATH RA	TE.
	Ward.		Pulmonary.	Non- Pulmonary.	Total.	Pulmonary.	Non- Pulmonary.	Total.
	Town		3.25	0.36	3.61	1.96	0.23	2.19
	St. Mary's		2.11	0.41	2.52	1.14	0.15	1.29
3.			2.35	0.55	2.90	1.34	0.18	1.52
4.	PW3 1 11		2.08	0.37	2.45	1.18	0.30	1.48
	Newtown		1.51	0.21	1.72	0.92	0.10	1.02
6.	All Saints		I.64	0.24	1.88	0.87	0.10	0.97
7.			I.66	0.18	1.84	0.93	0.06	0.99
8.			I.19	O.II	1.30	0.61	0.06	0.67
9.			I.55	0.20	1.75	0.97	0.24	1.21
	Millbrook		I.70	0.24	I.94	0.96	0.20	1.16
	Shirley		I.57	0.16	1.73	0.87	0.10	0.97
	Portswood		1.28	0.19	1.47	0.64	0.11	0.75
	St. Denys		1.64	0.28	1.92	0.92	0.09	1.01
	Bitterne &			0.18	1.91	1.09	0.13	I.22
	Bitterne & S	sholing .	1.45	0.36	1.81	0.83	0.23	1.06
	Woolston		1.31	0.25	1.56	0.89	0.13	I.02
17.	St. Nicholas		1.98	0.24	2.22	1.03	0.18	1.21
	Borough		1.79	0.27	2.06	1.02	0.16	1.18

The Clinical Tuberculosis Officer is responsible for the clinical work at the two Dispensaries. These are situated at I East Park Terrace, and Sydney House, Bitterne. At the latter Clinic two sessions are held weekly, one on Monday evening and the other on Thursday morning. Sessions are held at East Park Terrace every morning, except on Thursdays and Saturdays. There is an evening session on Thursday, the object of these evening sessions being for the benefit of those whose occupation prevents them from attending in the day time. Tuesday morning, at East Park Terrace, is mainly intended for the examination of contacts, although these are examined at any session.

On Saturday morning the Clinical Tuberculosis Officer interviews the Health Visitors. A list of approximately ten notified cases is given weekly to each Health Visitor, upon whom she is expected to call. She obtains information on very important points in connection with the Department, and furnishes her report at the weekly interview. Health Visitors also carry out

the initial visit in newly-notified cases, and complete a very detailed environmental form on each. This is returned to the Clinical Tuberculosis Officer, who makes appointments for the contacts to attend the Clinic for an examination. Appointments are also made for notified patients who have not attended the Clinic for some time, and for those who have never attended.

During the year 7,100 visits were made by the Health Visitors.

The following is a summary of the patients who attended Sydney House during the year:—New patients, 49. Contacts, 5. Old patients, 511. Total, 565.

The total number of attendances at East Park Terrace and Sydney House, including new patients and contacts, was 4,905.

NEW PATIENTS.

New patients are seen at any session at both Clinics.

During the year 442 new patients were examined, of whom 420 were sent by medical practitioners.

A new patient is systematically examined. The various parts of the body as well as the chest are examined clinically. An appointment for an X-Ray examination is then made, and a sputum tube is given with instructions to return a specimen as soon as possible. At the conclusion of the investigation, a report, together with a chart of the chest, is sent to the practitioner, giving a diagnosis, and suggesting disposal or treatment according to the amount of disease present. It is the aim of the Dispensary to furnish practitioners with reports on their cases within a week, but sometimes it is impossible to do this, as there is an occasional delay in the return of the sputum. It is therefore advisable for practitioners to ask new patients to bring a specimen of sputum with them.

CONTACTS.

Forty-one contacts were examined during the year, 37 of whom were found non-tuberculous. This number is exceptionally low, as it is amongst this section of the public that Tuberculosis in its earliest stages is most likely to be found. Accordingly it is one of the most important branches of work in the Department.

DOMICILIARY VISITS.

The Clinical Tuberculosis Officer visited 149 patients in their homes during the year.

SPUTA EXAMINATIONS.

The sputum is examined for tubercle bacilli and albumen. Even in undoubtedly active cases of Tuberculosis, it is occasionally necessary to examine the sputum on several occasions before the tubercle bacillus is found. The Lowenstein-Janson method of cultivation has been found useful in these difficult cases, and several specimens have been examined by this method. The presence of albumen is an indication of a lung lesion of some description, but is not pathognomonic of Tuberculosis. Although the examination of sputum for tubercle bacilli is very important, and is done in every case, the absence of organisms does not rule out the diagnosis of Tuberculosis. As stated above, the aim of the Clinic is to treat non-infectious Tuberculosis. Three hundred and ninety-seven specimens were examined, 321 of which were examined for albumen. In the remaining 76, the amount of sputum was insufficient for the albumen test.

X-RAY EXAMINATIONS.

Skiagrams in connection with the Clinic are taken at the Borough Hospital on Monday and Thursday afternoons, at 2 o'clock. In addition, all chest cases are screened. Skiagrams are taken as a routine of all new patients, and of others from time to time in order to determine the progress of the disease. The scope of the X-Ray work for the Department includes chests, spinal columns, bones, and joints. Lipiodal injections might occasionally be given in future. This test is valuable in cases of suspected cancer of the lung. Patients receiving artificial Pneumothorax treatment are screened from time to time in order to regulate the degree of collapse of the lung.

During the year there were 1,257 X-Ray examinations.

INSTITUTIONAL TREATMENT.

The institutions provided for the treatment of Tuberculosis are the County Borough Sanatorium, Millbrook, and the Borough Hospital, Shirley Warren. Both institutions provide beds for adults, and usually the more advanced cases are treated at the Borough Hospital. There is no special provision for the treatment of children.

County Borough Sanatorium ... 32 male beds.

16 female beds.

Borough Hospital ... 31 male beds.

14 female beds.

There are plans for the erection of new sanatorium accommodation, and it is to be hoped that this work will commence in the near future. A few cases of Tuberculosis are treated in outside sanatoria, the Council defraying part or whole of the expense. Seven children of school age are in Sanatorium Schools. This is a poor substitute, both from a medical and economic standpoint. The foregoing remarks apply to respiratory Tuberculosis only, as children suffering from Non-Pulmonary Tuberculosis are treated at Lord Mayor Treloar's Cripples' Hospital, Alton, eleven cases being admitted during the year, particulars of which are given on page 78.

It is the aim of the Department to do all that is possible for sufferers from Tuberculosis, although its object is primary to detect incipient disease. The various forms of treatment adopted are past the experimental stage, as it is felt that only recognised methods should be employed in a municipal scheme. It is not sufficiently appreciated by patients that the oldest and simplest treatment by means of long periods of rest, good food, and graduated exercises is still the best, and must be the basis of all forms of treatment. The education of the public in medical matters, usually by pernicious articles in newspapers, has led to the belief that Tuberculosis can be rapidly cured by an operation or the use of injections. This is an absolute fallacy. Tuberculosis is a chronic disease, and needs chronic treatment. short cuts. In 5 per cent. of cases Pneumothorax treatment is useful, but from the low percentage of cases it has but a limited use. Tuberculin injections do good in many cases by building up the patient's resistance. A large number of patients in hospital and amongst those attending the Clinic receive weekly injections, and appear to be deriving benefit.

The injection of gold salts is useful in certain cases, and patients have received this during the past year. Gold injections are given in Hospital only, as it is considered inadvisable to give them in the Clinic. The major surgical operations of phrenic evulsion and thoracoplasty are limited to the more severe types of Tuberculosis, and should only be undertaken when it is felt that no other form of treatment will improve the patient. These major surgical operations are performed by the Surgeon at the Borough Hospital.

CHILDHOOD TUBERCULOSIS.

It is not sufficiently recognised in many parts of England that Tuberculosis is a systemic infection of the lymphatic tissue. Infection with the tubercle bacillus can be acquired at any age of life. In childhood the proportion of lymphatic tissue in the body, and particularly in the lungs, is much greater than in the

adult. This lymphatic tissue undergoes retrogression with the onset of adult life. It has been proved that most children in big towns have been infected with smaller or greater doses of the tubercle bacillus by the time they reach the age of 14 years, and Lymphatic Tuberculosis is almost universal in the lungs of children from households where one or both parents are sputum positive. Much of this Tuberculosis heals without greatly affecting the child's health, but a certain percentage progresses to the adult type of ulceration and cavitation, with all its attendant crippling results. That this adult type is not seen more often is because the living tubercle bacilli are arrested in the lymphatic tissue of the lungs and mediastinal glands. If these bacilli are still alive at the retrogressive period, there is nothing to prevent them from setting up active ulcerative Tuberculosis of the adult type in the young adolescent. It is common knowledge that adolescent Tuberculosis is a very frequently occurring disease, and usually runs a rapidly downhill course to a fatal termination.

For combating this real menace two essentials are absolutely necessary:—

- I. Hospital Beds for Children. These would be used for children manifesting a definite Toxæmia, showing that at least many organisms were active.
- 2. Open-air Schools. These would be for the benefit of those children manifesting Tuberculosis in less severe form, and where daily medical supervision is not necessary. It is to be hoped that provision for these children will be made in the near future, as it is on these lines that the ultimate control of Tuberculosis is to be based.

AFTER-CARE.

Patients on discharge from Hospital are required to attend the Dispensary for further supervision and treatment. Insured patients who are too ill to attend are placed under the care of their Medical Practitioner, who is required to furnish a quarterly report in accordance with the Ministry of Health Regulations.

EXTRA NOURISHMENT.

The economic depression and the long treatment necessary causes no little hardship to sufferers from Tuberculosis, and such articles of diet as milk, butter, and eggs are the first to be cut down in Tuberculosis households, to the detriment of the patient. To patients who find it difficult to obtain such foodstuffs, the Clinical Tuberculosis Officer recommends a period of extra nourishment. This scheme does not apply to patients who are unlikely to recover sufficiently enough to return to work.

RE-HOUSING OF INFECTIOUS CASES.

There is no scheme at present for re-housing infectious cases. Although not much improvement in the health of the patient can be expected in every case, there is a definite improvement in the health of the contacts.

The continuance of the high mortality rate of Tuberculosis in the Borough is a matter of regret. An adverse factor undoubtedly promotes this, namely, unemployment in the shipping industry. Unemployment leads to the purchase of less nourishing food and a lowering of the body resistance. Many cases of Tuberculosis are found in seafarers, and probably the confined quarters of the crew are in some measure responsible for this.

The Department can confidently expect a diminution in the mortality from Tuberculosis, depending on the following factors:

- Adequate sanatorium accommodation for adults. At least 50 per cent. more beds are necessary.
- Adequate sanatorium accommodation for children. At least 30 beds are necessary.
- The provision of open-air schools in the town, a proportion of the places to be allocated to the disposal of the Department.
- 4. Complete co-operation between Practitioners and the Department.
- 5. The treatment of incipient cases of Tuberculosis.
- 6. Systematic examination of contacts of all notified cases.
- 7. Earlier notification.

Silicosis and Asbestosis (Medical Arrangements) Scheme, 1931.

Under the above Scheme, which was issued by the Home Office, every employer engaged in an industry or process included in the First Schedule to the Scheme is required to arrange for the initial examination of any workman newly engaged by him within two months of his commencing to be employed in the industry or process, and any workman found at such examination to be suffering from Tuberculosis or otherwise failing to reach the standard of health and physique prescribed must be suspended from employment in the industry or process.

The Clinical Tuberculosis Officer is authorised by the Council to carry out initial examinations of workmen engaged in the industry, for which the Home Office pay a fee of 6/- for each examination to the Local Authority.

Public Health (Prevention of Tuberculosis) Regulations, 1925.

These Regulations give local authorities power to require Tuberculous employees, who are in an infectious state, engaged in the milk trade, to discontinue their employment or occupation.

It was not necessary to take any action under these Regulations during the year.

Public Health Act, 1925—Section 62.

This section gives power to local authorities to enforce any person suffering from Pulmonary Tuberculosis, who is in an infectious state, without proper lodging or accommodation, and is a serious risk of infection to other persons, to be removed to a suitable hospital or institution.

No action was taken under this section during the year.

For statistical purposes, cases are divided up according to the classification suggested by the Ministry of Health:—

- All patients are grouped according to sex and age, those under 15 years of age being classed as children.
- II. Classification as to whether the disease is (a) Pulmonary or (b) Non-Pulmonary.
- III. Patients suffering from Pulmonary Tuberculosis are divided into:—
 - Class T.B. minus—viz., those in which Tubercle Bacilli have not been discovered in the sputum.
 - Class T.B. plus—viz., cases in which Tubercle Bacilli have been found in the sputum.

This latter class is further sub-divided into:-

- Group I. Cases with slight constitutional disturbance and with the disease limited to the apex of one lobe only, with slight exceptions.
- Group 3. Cases with profound systemic disturbance with marked impairment of function, and with little chance of recovery.
- Group 2. All cases which cannot be included in the above groups.
- IV. Patients suffering from Non-Pulmonary Tuberculosis classified according to the site of lesion.

The tables given are also those suggested by the Ministry of Health, and adopted for the sake of uniformity throughout the service.

The results of treatment are described by the following terms:—

Quiescent.—Cases which have no signs or symptoms of disease left.

Arrested.—Cases which have been quiescent for at least two years.

Cured.—Those in which the disease has been "arrested" for three years.

Improved.—Cases in which their general condition is better.

No material improvement.—All other patients who are alive.

The following Tables are prepared in the form required by the Ministry of Health. They show the work carried out at the Dispensaries, at No. 1, East Park Terrace, and Sydney House, and a record of patients admitted to, and the results of treatment of patients discharged from the Borough Sanatorium and the Borough Hospital during the year 1933:—

(Ministry of Health, Form T. 145). (A) Return showing the work of the Dispensary (or Dispensaries) during the year 1933. TUBERCULOSIS SCHEME.

	E	GRAND TOTAL.		151 28 263	3 37	32	340	383
		lren.	F.	1 31	12	6	46	2 23
	AL.	Children.	M.	4 4 4	I	- 71	53	23
	TOTAL.	lts.	F.	63 13 106	2 I IO	13	136	256 19
J car		Adults.	M.	83 12 92	11 "	14	105	352
and had some	۲.	ren.	F.	-11	111	61	1	~1
-	Non-Pulmonary.	Children.	M.	w	111	1	1	10
150	ON-PUL	lts.	F.	-	111	I	1	N
o bound	Z	Adults.	M.	111	111	I	1	1-1
-		ren.	F.	111	111	1	1	15
C ma	NARY.	Children.	M.	+11	-	I	1	I3
Today.	PULMONARY.	lts.	F.	1 62	"	12	1	251
2000		Adults.	M.	83	111	13	1	345
(1) Hetalin showing me worm of the Dispensarios		DIAGNOSIS,		A.—New Cases examined during the year (excluding contacts):— (a) Definitely Tuberculous (b) Diagnosis not completed (c) Non-Tuberculous	B.—Contacts examined during the year:— (a) Definitely Tuberculous (b) Diagnosis not completed (c) Non-Tuberculous	C.—Cases written off the Dispensary Register as:— (a) Recovered (b) Non-Tuberculous (including any such cases previously diagnosed	and entered on the Dispensary Register as Tuberculous)	D.—Number of Cases on Dispensary Register on December 31st:— (a) Definitely Tuberculous (b) Diagnosis not completed

(A) Return showing the work of the Dispensary (or Dispensaries) during the year 1933.—Continued.

24	26	45	149	397 321 1,257	327
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	4. Cases written off during the year as Dead (all causes)	6. Number of Insured Persons under Domiciliary Treatment on the 31st December	8. Number of visits by Tuberculosis Officers to Homes (including personal consultations)	Io. Number of— (a) Specimens of sputum, &c., examined for albumen (b) X-ray examinations made in connexion with Dispensary work	12. Number of "T.B. plus" cases on Dispensary Register on December 31st
801	148	4,905	82 420	7,100	22
I. Number of cases on Dispensary Register on January 1st	3. Number of cases transferred to other areas, cases not desiring further assistance under the Scheme, and cases "lost sight of"	5. Number of attendances at the Dispensary (including contacts)	7. Number of consultations with medical practitioners:— (a) Personal (b) Other	9. Number of visits by Nurses or Health Visitors to Homes for Dispensary Purposes	Dispensary Register, and included in A (a) and A (b) on previous page

(B) Number of Dispensaries for the treatment of Tuberculosis (excluding centres used only for special forms of treatment).

... Nil. : : ... Provided by Voluntary Bodies Provided by the Council ...

(C) Number of Beds available for the treatment of Tuberculosis on the 31st December in Institutions belonging to the Council.

NAME OF		LMONARY SES.		PULMONARY SES.	TOTAL.
Institution.	Adults.	Children under 15.	Adults.	Children under 15.	
Southampton County Borough Sanatorium	48	_	_	_	48
Southampton Borough Hospital	45	_	_	_	45

Children suffering from Non-Pulmonary Tuberculosis are admitted to Lord Mayor Treloar's Cripples' Hospital at Alton.

(D) Return showing the extent of Residential Treatment and Observation in the Borough Sanatorium during the year.

		In Institu- tion on Jan. 1st.	Ad- mitted during the year. (2)	Discharged during the year.	Died in the Institu- tion. (4)	In Institu- tion on Dec.31st.
	Adult Males	_	6	6	_	
Number of doubtfully Tuberculous Cases ad-	Adult Females	5	4	8	_	i)
mitted for observation	Children	I	I	2	_	_
	Total	6	II	16	-	I
	Adult Males	20	72	78	_	14
Number of definitely Tuberculous Patients	Adult Females	5	59	51	2	II
admitted for treatment	Children	I	3	3	_	I
	Total	26	134	132	2	26
GRAND TOTAL		32	145	148	2	27

(D) Return showing the extent of Residential Treatment and Observation in the Borough Hospital during the year.

		In Institu- tion on Jan. 1st. (1)	Ad- mitted during the year. (2)	Discharged during the year.	Died in the Institu- tion. (4)	In Institu- tion on Dec.31st.
	Adult Males	3	_	3		
Number of doubtfully Tuberculous Cases ad-	Adult Females	_	_		_	_
mitted for observation	Children	_	_	_	_	
	Total	3	_	3	_	_
	Adult Males	22	87	42	38	29
Number of definitely Tuberculous Patients	Adult Females	12	35	19	16	12
admitted for treatment	Children	I	6	3	4	_
	Total	35	128	64	58	41
GRAND TOTAL		38	128	67	58	41

(F) Return showing the results of observation of doubtfully Tuberculous cases discharged during the year from the Borough Sanatorium.

Diameter on		FOR PULMONARY TUBERCULOSIS.					F		Non-I			Y				
Diagnosis on discharge from observation.		Stay under 4 weeks.		Stay over 4 weeks.		Stay under 4 weeks.		Stay over 4 weeks.			Totals.					
		М.	F.	Ch.	М.	F.	Ch.	М.	F.	Ch.	М.	F.	Ch.	М.	F.	Ch
Tuberculous		_	_	_	-	-	_	_	_	_	_	-	_	_	_	_
Non-Tuberculous		4	1	1	2	7	1	-		-	-	-	-	6	8	2
Doubtful		-	-	_	-	-	-	_	-	-	-	-	-	_	-	-
TOTALS		4	1	1	2	7	1	_	_	_	_	_	_	6	8	2

(F) Return showing the results of observation of doubtfully

Tuberculous cases discharged during the year from the

Borough Hospital.

	FOR PULMONARY TUBERCULOSIS.					FOR NON-PULMONARY TUBERCULOSIS.					RY	TOTALS.			
Diagnosis on discharge from observation.		y un weel			ay ov weel			y ur weel			ay o		1	OTAL	.5.
	М-	F.	Ch.	М.	F.	Ch.	M.	F.	Ch.	М.	F.	Ch.	М.	F.	Ch.
Tuberculous	_	_	_	2	_	_	_	-	_	_	_	_	2	_	-
Non-Tuberculous	1	_	-	_	_	_	-	_	-	_	_	-	1	_	-
Doubtful	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTALS	1	_	_	2	_	_		_	_	_	_	_	3	_	_

TUBERCULOSIS SCHEME.—Continued.

(G) Return showing the immediate results of treatment of definitely Tuberculous Patients discharged during the year from the Borough Sanatorium.

	Grand Totals.		10	7 7 1	5 70 1	H	111	6	111	111
		Ch.	+	111	111	111	111	121	111	111
	Totals.	표.	0.80	1 8	27 1	2 H		111	111	111
on.	T	M.	9	4 4	43	101	111	111	111	111
Institution.	an hs.	Ch.	111	111	111	1.11	111	111	111	111
the Ins	More than 12 months.	Т	111	111	111	111	111	111	111	111
in th	Mo 12	M.	111	111	H	111	111	111	111	111
Residential Treatment in	iths.	Ch.	111		111	111	111	111	111	111
Freat	6-12 months.	F.	H	111	0	111	111	111	111	111
tial 7	6-13	M.	1	111	4	4	111	111	111	111
esider	ths.	СЪ.	111	111		111		12	111	111
of R	3-6 months.	Ħ.	3		1 9	+	111	111	111	111
Duration	3-6	M.	H 4	0	1 24	8	111	111	111	111
Dura	r hs.	Ch.	H	111	111	111		111	111	111
	Under	Œ.	2	18	1 91 1	НН		111	111	111
	n	M.	41	99	I 15	2	111	111	111	111
	Jo :		:::	:::	:::	:::	:::	:::	:::	:::
	Condition at time of discharge.		Quiescent Not quiescent Died in Institution	Quiescent Not quiescent Died in Institution	Quiescent Not quiescent Died in Institution	Quiescent Not quiescent Died in Institution	Quiescent Not quiescent Died in Institution	Quiescent Not quiescent Died in Institution	Quiescent Not quiescent Died in Institution	Quiescent Not quiescent
	Classification on admission to the	Institution.	Class T.B.	Class T.B. plus. Group 1.	Class T.B. plus. Group 2.	Class T.B. plus. Group 3.	Bones and Joints.	Abdo- minal.	Other Organs.	Peripheral Glands.
	Clas on a	Ins		NEOSIS.	Ригмо Гивекс	c	X	MONAR.	ои-Рог	

(G) Return showing the immediate results of treatment of definitely Tuberculous Patients discharged during the year from the Borough Hospital.

Devisionin pinente Parintella discussioning

	Grand Totals.		211	7	13	1 1 1 4 4 8 4 4 8 4 8 4 8 4 8 4 8 4 8 4	9 80	- 0	нн	н
		Ch.	H	111	111	1 0	H	11 "	н н	1-1-1
	Totals.	표.	2	H	200	1 4 13	0	- +	1 - 1	н
tion.	I	M.	8	9	13	33 8	н н	111	111	111
the Institution	than onths.	Ch.	111	111	111	1.11	111	111	111	111
he In		표.	111	111	8	111	111	111	111	111
	More 12 mc	M.	111	111	-	111	"	111	111	111
Residental Treatment in	months.	Ch.	111	111	111	111	111	111	1.11	1,11
Freat	om 2	T.	111	111	-	111	+	111	1-1-1	111
ıtal	6-12	M.	111	111	н н 4	110	111	111	111	111
sider	ths.	Ch.	111	111	111	111	-	111	-	111
of Re	months.	Œ.	-	111	1 9 1	4	111	I	1 "	111
tion	3-6	M.	111	111	н н	1 4 8	111	1-1-1	111	111
Duration	r hs.	Ch.	+	111	111	1 0	1-1-1	11"	11"	111
	Under months.	표.	H	-	1 - 6	1 4 6	"	111	111	H
	6	M.	2	9 1	7	7 27	H.	111	111	111
-	jo		::::	:::	:::	:::	:::	:::	:::	:::
	Condition at time discharge.		Ouiescent Not quiescent Died in Institution	Ouiescent Not quiescent Died in Institution	Ouiescent Not quiescent Died in Institution	Quiescent Not quiescent Died in Institution	Quiescent Not quiescent Died in Institution	Ouiescent Not quiescent Died in Institution	Quiescent Not quiescent Died in Institution	Quiescent Not quiescent Died in Institution
	Classification on admission to the	Institution.	Class T.B. minus.	Class T.B. plus. Group 1.	Class T.B. plus Group 2.	Class T.B. plus. Group 3.	Bones and Joints.	Abdo- minal.	Other Organs.	Peripheral Glands.
	Class on ac	Insti	16.		Бигжс	C			ои-Рог	

CANCER.

The number of deaths from Cancer amounted to 284, of which 135 were males and 149 females.

This number is a decrease of 21 compared with previous year, and is equal to a death-rate of 1.60 per 1,000 of the population. The rate is a decrease of 0.12 compared with the previous year, but is 0.05 above the average for 10 years.

The following table shows the death-rate from Cancer in the Municipal Wards during the year 1933, and, for comparison, the average death-rate from the disease for the previous ten years:—

	Ward.			Death-rate, 1933.	Death-rate, 1923—1932.
I.	Town			1.64	 2.03
2.	St. Mary's			1.26	 1.41
3.	Northam			1.57	 1.37
4.	Trinity			1.91	 1.59
5.	Newtown			3.03	 I.66
6.	All Saints			1.98	 1.64
7.	Bevois		•••	2.31	 1.82
8.	Banister	•••		1.70	 1.52
9.	Freemantle			2.23	 1.78
IO.	Millbrook	•••		1.48	 1.41
II.	Shirley	• • •		1.08	 1.66
12.	Portswood			1.90	 1.50
13.	St. Denys			1.34	 1.53
14.	Bitterne and I	Pear Tr	ee	1.04	 1.34
15.	Bitterne and S	Sholing	•••	2.04	 1.23
16.	Woolston	•••		1.40	 1.52
17.	St. Nicholas		•••	0.94	 1.49
	Borough			1.6o	 1.55

Deaths from Cancer during the year 1933, showing the part of the body primarily affected.

Situa	tion.		Male.	Female.	Situa	ation.		Male.	Female.
Buccal Cav	ity and	Ph	arynx.		Respirato	ry Orga	ns.		
Cheek			I	_	Larynx		•••	5	_
aw			2	_	Lung			5	2
Lip			1	_	Trachea			_	I
Maxilla			I					10	3
Mouth				_					
			2		Ovary	nd Fema	ile (Genital O	rgans.
Naso-phary	ynx		2	-	Uterus			_	28
Palate			2	-	Vagina				2
Pharynx			-	I	Vulva			_	2
congue			9	_					38
Consil			I	I	Breast				
			21	2	Dreast				29
					Male Gen	ito-Urii	nary	Organs.	
igestive C	rgans	and	Peritone	um.	Bladder			6	-
Bowel"			4	2	Kidney			2	-
æcum			_	I	Penis			2	-
olon			8	17	Prostate			9	_
all Bladd	er		I	_				19	_
iver			3	5					
Esophagu			10	1	Unspecifi "Abdom			_	1 4
ancreas			II	2	Axilla			I	_
		•••		ı	Bladder			_	3
eritoneun	ш	•••			Cervical	Glands		_	I
tylorus		•••	I	3	Femur			_	I
lectum		•••	14	12	Skin			2	_
igmoid F	lexure		3	2	Spleen			I	I
plenic Fle	exure		-	1	Thyroid	Gland		_	I
stomach			25	19	Multiple			I	_
		100							

Municipal Hospitals

and

Municipal Laboratories.

BOROUGH HOSPITAL.

The Borough Hospital, previously the Shirley Warren Poor Law Infirmary, was appropriated under the Local Government Act as a General Hospital under the Public Health Acts, and the administration transferred to the Health Committee.

The Hospital consists of four Male Pavilions of eight wards, and four Female Pavilions of seven wards. In addition there are in each Pavilion, on an average, four Side Wards containing three or four beds.

On the male side of the Hospital, St. MICHAEL'S PAVILION consists of a Lower Ward in which acute surgical cases are exclusively treated, the Side Wards being devoted to the treatment of boys over 5 and under 16 years of age, and an Upper Ward, to which chronic or inoperable surgical cases are periodically drafted from the Lower Ward. These Wards are visited on three days a week by the Visiting Surgeon. Shirley Pavilion consists of a Lower Ward in which acute medical cases are treated, and an Upper Ward to which chronic medical cases are drafted as occasion arises. In the Side Wards, boys of over 5 and under 16 years of age are treated for acute medical conditions. The Visiting Physician controls the treatment of patients in these Wards on his visits three days a week. Portswood Pavilion consists of a Lower Ward in which senile and bed-ridden patients are treated. The patients in this Ward are almost all over 70 years of age. The Upper Ward is exclusively confined to the treatment of advanced Pulmonary Tuberculosis, the majority of which cases have at some time or another been under the care of the Tuberculosis Officer and have therefore received treatment at the Municipal Dispensary. Finally, in St. John's Pavilion, the Lower Ward is now in full working order as a Tonsils and Adenoids Ward. The Day Room has been converted into a well-equipped Theatre, and the Ward is exclusively used for these cases. They are admitted on a Monday afternoon, operated upon on Tuesday morning by an Aural Specialist, and discharged on the following afternoon. This arrangement has worked admirably. The Upper Ward is reserved for male Venereal cases requiring Hospital treatment, and Skin Diseases. The Clinics are held by the Resident Medical Superintendent on four days a week in a well-equipped and up-to-date Treatment Room. The Venereal Disease Officer visits the Hospital one afternoon a week, when he reviews the cases and works in co-operation with the Resident Medical Superintendent.

On the female side of the Hospital, Holyrood Pavilion consists of one Ward containing eight Maternity beds, and a Labour Room where the cases are confined. This Maternity unit is well equipped, but the number of beds is inadequate to the needs of the Hospital, and requires extension. The Ward is under the charge of a Sister who is a certified Midwife, and also an approved Lecturer in practical midwifery to the pupil Midwives, who are senior nurses specially selected for this work. LAWRENCE PAVILION is the Female Surgical unit and on the Lower Ward acute surgical and gynaecological cases are treated. This section is under the care of the Visiting Surgeon. The Upper Ward is devoted to the treatment of female Venereal cases and Skin Diseases. The Clinic is under the charge of the Resident Medical Superintendent, who works in co-operation with the Venereal Disease Officer who reviews these cases once a week. It also has a well-equipped Treatment Room similar to that on Upper St. John's Ward. All Saints Pavilion is devoted to the treatment of acute medical cases in the Lower Ward, while the Upper Ward is used for chronic medical cases. This Pavilion is under the charge of the Visiting Physician. The Lower Side Wards are reserved for female staff patients. St. Mary's Pavilion consists of a Lower Ward for the treatment of children up to 5 years of age and an Upper Ward, separated by a partition into two Wards, the first of which is used for female senile cases, while the Back Ward (with enclosed balcony) is reserved for advanced female phthisical cases.

Finally, there are well-equipped Operating Theatre, X-Ray, and Massage Departments. The chief operating day is on Thursday morning, but urgent operations may prove necessary on any day and at any time during the week. Two sessions for X-Ray examinations are held by the Visiting Radiologist on Monday and Thursday afternoons. The patients undergoing X-Ray examination are selected partly from Hospital In-Patients and partly from Tuberculous Out-Patients selected by the Tuberculosis Officer from his Dispensary patients. On the same afternoon the Tuberculosis Officer visits the Hospital and makes use of the Operating Theatre, where he operates on the chests of

selected Tuberculous cases, working in conjunction with the Radiologist. On Wednesday afternoons the Tuberculosis Officer visits the male and female patients under treatment in the Borough Hospital.

Apart from the visits of the Visiting Physician and Surgeon on Mondays, Tuesdays, Wednesdays, Thursdays and Saturdays, the Hospital is also visited on Friday mornings by the Consulting Surgeon, who sees selected cases in consultation. The Consulting Surgeon also operates in the absence of the Visiting Surgeon, and from time to time he holds theoretical and practical examinations in the Hospital for Senior Nurses.

MASSAGE DEPARTMENT.

This department is under the charge of a competent Masseuse, who treats cases of fracture, dislocation, palsy, contracture, etc., selected by the Medical Officers. She also gives remedial exercises to convalescent patients. A certain number of Out-Patients are also treated in this department.

OPERATIVE SURGERY.

As will be seen from Table E, 748 operations were successfully performed during the year. Of this number, 310 were Tonsils and Adenoids operations performed by Dr. MacKeith. The position of Visiting Surgeon, rendered vacant by the lamented death of Mr. H. G. G. Nelson, has been filled by the appointment of Mr. H. J. Nightingale.

SENILE PATIENTS.

During 1933, out of 2,235 admissions (including 120 births), 275 patients over the age of 70. Out of a total number of 463 deaths, 159 were over the age of 70, and 270 were over the age of 60. On the other hand, between the age periods of 1 and 20 only 14 patients died.

NURSING STAFF.

It is hoped that before long building operations will commence in order to provide an addition to the Nurses' Home in which to house 30 extra nurses. This should go far towards relieving the situation, which for some time past has been causing considerable anxiety.

HEALTH OF THE STAFF.

The health of both the indoor and outdoor Staff has been, on the whole, very good.

for sick, maternity and mental cases, and the number of beds occupied on the 31st December, 1933. TABLE A.—Table showing the classification of the accommodation

	Total.	Occupied (10)	46	38	120	26	17	. 41	;	8	:	296
112	To	Provided (9)	52	59	168	54	52	45	:	8	:	438
	CHILDREN (under 16 years of age).	Occupied (8)	:	:	:	26	:	:	:	:	:	26
BEDS.	CHILDREN (under 16 year of age).	Provided (7)		:	:	54	. 5	;	:	:		59
BE	IEN.	Occupied (6)	22	18	54	:	7	12	:	80	:	121
	WOMEN.	Provided (5)	26	28	99	:	15	14	:	80	:	147
	MEN.	Occupied (4)	24	20	99	:	OI	29	:	:	:	149
	ME	Provided (3)	26	31	112	:	32	31	:	:	:	232
	Number of Wards.	(2)	21	64	5	I	64	64	INI	I	Nil	15
	Classification of Wards.	(I)	I. Medical	2. Surgical	3. Chronic sick *	4. Children	5. Venereal	6. Tuberculosis	7. Isolation	8. Maternity	9. Mental	Totals

* 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 chronic patients.

TABLE B.

	Statistics relating to the year ended 31st December, 19	33.
I.	Total number of admissions (including infants born	
	in hospital)	2,235
2.		139
3.		120
4.		19
5.		120
6	4 weeks of age)	IO
6.	Total number of deaths among children under one year (including those under 5 years)	31
7.		31
,	in hospital	2
8.	Total number of deaths	463
9.	Total number of discharges	1,813
IO.	Duration of stay of patients included in Nos. 8 and 9	
	above, whose stay was for the following periods —	
	(a) Under four weeks	1,538
	(b) Four weeks and under 13 weeks	499
	(c) Thirteen weeks or more	239
II.	Number of beds occupied during the year:—	
	(a) Average, 295.76; (b) highest, 352, on 11th	
	February, 1933; (c) lowest, 253, on 17th Sep-	
	tember, 1933.	
12.	Number of surgical operations under general anæsthetic	
	(excluding dental operations)	1000
13.	Number of abdominal sections	58
	OUT-PATIENTS.	
	During the year 1,257 patients passed through the	Y-raw
		A-ray
De	partment viz '	
De	partment, viz.:—	
De	Chest cases 1,21	
De		

TABLE C.

Classification of In-Patients who were discharged from or who died in the Institution during the year ended 31st December, 1933.

	DISEASE GROUPS.	Child (under 16 of ag	years	Men and Women.		
	DISEASE GROUPS.	Dis- charged.	Died.	Dis- charged.	Died.	
Α.	Acute infectious disease	12	I	22	9	
B. C.	Influenza Tuberculosis—			4	I	
·.	Pulmonary	I	2	54	53	
	Non-pulmonary	2	2	7	I	
D.	Malignant disease			33	60	
E.	Rheumatism—					
	(I) Acute rheumatism (rheumatic fever) together with sub-acute					
	rheumatism and chorea	2		8		
	(2) Non-articular manifestations of	~		0		
	so-called "rheumatism" (mus-					
	cular rheumatism, fibrositis,					
	lumbago, and sciatica)	I		II		
	(3) Chronic arthritis			10		
F.	Venereal disease	I		85	5	
G.	Puerperal pyrexia			II		
H.	Puerperal fever		***	9	I	
I.	Other diseases and accidents connected			70		
T	with pregnancy and childbirth Mental diseases			79 18	I	
K.	Sanila dagare			6	T.E.	
L.	Accidental injury and violence	2		54	15	
		200		JT	-3	
I	n respect of cases not included above—					
	Disease of the Nervous System and					
	Sense Organs	16	4	77	32	
N.	,, ,, Respiratory System	344	II	135	28	
0.	,, ,, Circulatory System		2	65	132	
P.	" " Digestive System …	28	II	134	19	
Q.	,, Genito-urinary System	10	I	108	40	
K.	Other diseases	62	3	110	3	
O. P. Q. R. S. T.	Other diseases Mothers and infants discharged from	II	4	40	7	
4.	maternity ward—					
	Mothers			125		
	Infants	116				
	Totals	608	41	1205	422	
	TULGIS	UUU	44.1	161/7	44 4 4	

TABLE D.

Class	sification o	f num	ber	of o	death	s occur	ring a	at the dif	ferent	age
	periods bet	ween	1st	Jan	uary	and 3	1st De	ecember,	1933.	
I.	Above 90	years	of ag	ge						6
2.	Between 8	Bo and	90 y	ear	S					51
3.	,, 7	70 ,,	80	,,	• • • •					102
4.	,, 6	00 ,,	70	,,						III
5.	,, 5	50 ,,	60	,,		•••	•••			65
6.	,, 4	10 ,,	50	,,	•••					38
7.	,, 3	30 ,,	40	,,	• • •	• • • •	• • • •			31
8.	,, 2	20 ,,	30	,,					•••	14
9.	,,]	10 ,,	20	,,		• • • •			•••	3
10.	,,	5 ,,	10	,,			•••			5
II.	,,	Ι ,,	5	,,		•••	•••			6
12.	Under I y	rear					• • • •			16
13.	,, 4 v	veeks								15
								Total		463
	There is a	n inci	*0200	of	22	deaths	25 0	ompared	with	the
prev	ious year.	ii iiici	casc	OI	43	deaths	as C	ompared	WILL	the
P-0,	To do j car.			т	ABL	E E.				
	Operation	ne non	form				ach E	Iosnital f	nom	
	-	-				t Decen	_		rom	
-							The state of the s		4)	6.
I.	Abdomina						nose t	mder No	• 4)	64
2.	Operation									7.0
	(a) A1	*				Popos	and I	ointo		13
0						Bones				26
3.	Genito-uri	-	-							67
4.	Gynæcolog	_	-							117
5· 6.	Brain Ope									I
0.	Operation									074
						ls				314
									•••	I
_										6
7.	Eye Opera									2
8.	Dental Op								1	18
9.	Miscellane							_		TTO
	grants	s, men	sion,	anc	i dra	mage of	absce	esses, etc		119
								Total		748

ISOLATION HOSPITALS.

One thousand and sixty cases were admitted to the Isolation Hospital and Millbrook Marsh Hospital during the year, compared with 746 in 1932.

There was an increase of 298 in the number of Scarlet Fever cases admitted, and an increase of 60 in the Diphtheria cases.

The following table shows the number and description of the cases admitted in each year since 1924:—

Disea	se Admi	tted.	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933
Small Pox Scarlet Fever Diphtheria Scarlet Fever Enteric Fever Tuberculosis Cerebro-Spins Measles and Chicken Pox Mumps Erysipelas Pneumonia Influenza Encephalitis Whooping Co	and Dip	Measles	 1 284 260 9 26 112 — 40 9 33 —	281 261 3 16 111 4 99 24 14 1	220 321 3 16 208 3 90 64 13	1 354 250 1 216 2 68 19 8 —		320 373 19 224 2 74 25 12 2	418 I	180 230 3 11 178 4 6 22 3 2	214 3 15	274 3 11 152 12 24 18
Poliomyelitis Other Disease		:::	 778	- 5 820	941	-6 947	5	14	4	3	38	1060

^{*} For observation.

ISOLATION HOSPITALS.

Cases Isolated for Treatment during the Year 1933.

This Table shows all admissions to the Isolation Hospital, and Millbrook Marsh Hospital, and includes all Cases admitted from Vessels in the Port, Cases admitted from neighbouring Districts, and Naval and Military Cases.

1		
Case Mortality. Per cent.	18.2 18.2 18.3 58.3	T
Average number of Daysin Hospital (Cases treated to a Conclusion)	33.8 24.6 17.0 16.9	1
Remaining in Hospital, 31st Dec., 1933.	81 23 3 1 1 2 1	176
Died.	1 (a) 10 (b) 1 (c) 3 (d) 1 (c) 1 (d) 1 (d)	31
Diagnosis confirmed. Discharged	38 82 112 152 152 153 154 155 7	956
Diagnosis confirmed.	434 233 23 34 35 30 30 44 30 44	1021
Total number of Admis- sions.	440 274 24 111 152 36 11 7 7 18 34 44 12 44 44 44 44 44 44	0901
Cases Remaining in Hospital, rst January, 1933.	25 17 22 14 14 19	103
DISEASE NOTIFIED OR SUSPECTED.	Scarlet Fever and Diphtheria Diphtheria Measles Enteric Fever Pulmonary Tuberculosis Erysipelas Whooping Cough Parotitis Chicken Pox Influenza Meningitis Tonsillitis and other cases Scarlet Fever Measles Enterior Fever The first fever The	Totals

(b) Three deaths of patients admitted as Diphtheria were due to the following causes: -Pneumonia, Tuberculous Meningitis, and Marasmus. (a) The death of the Scarlet Fever patient was due to an old injury to the throat causing Asphyxia. (c) Admitted as Enteric Fever, but was suffering from Nephritis and Uræmia.

The second half of the year 1933 was marked by epidemics of the commoner infections, with resulting increase of admissions to the Hospital. The total of patients, excluding Tuberculosis, was higher than for the past fifteen years. There were in all 1,060 admissions, 314 more than the previous year.

SCARLET FEVER.

Four hundred and forty were admitted, compared with 142 the year before. The disease was of a mild character in general, but during the peak period of the epidemic it assumed more virulent propensities. There were, as last year, no deaths actually from the disease, although one of the patients died during convalescence in Hospital. The cause of death was Asphyxia, due to blocking of the larynx by a tissue tag following a tracheotomy previous to admission to relieve the effects of Œdema from a scalded throat. There were nine operations for Otitis Media and Mastoid disease during the year. Six patients admitted for Scarlet Fever were not suffering from this disease.

DIPHTHERIA.

Two hundred and seventy-four patients were admitted, compared with 214 the year previous. The increase was due to an epidemic in the late months of the year. The type, especially at the end of the year, was exceedingly severe with marked Toxæmia, necessitating prolonged stay in Hospital and long convalescence at home. The disease affected primarily the pharvnx and nose with little obstruction to the larynx. With the increased severity there was an increased death rate, seven, as compared with four the year before. Six were in children under the age of twelve, who died within a few hours to a few days of admission. while the seventh death occurred in a woman of 48 years with severe Pulmonary and Cardiac disease, who died four hours after admission. The other three deaths in this section did not result from Diphtheria, although notified as such. One child died a a few hours after admission from Pneumonia, another from Tuberculous Meningitis, and the third from Marasmus. Fifteen of the notified cases proved not to be suffering from Diphtheria.

INFLUENZA AND PNEUMONIA.

There were 64 more admissions in 1933 from this infection, including thirty cases of Pneumonia. The character was in the main severe, affecting all ages, but mostly those between sixty and seventy years of age, and between those ages there were five deaths. The other death occurred in a boy twenty years of age, who had bilateral Pneumonia and Empyema.

ERYSIPELAS.

Thirty-six were admitted during the year with no deaths, as compared with 24 in 1932 with four deaths. This is the most ever admitted during twelve months, and the type was, on the whole, severe, involving principally the face and scalp. The extensive use of anti-scarletinal serum in large doses from the commencement lessened the Toxæmia and increased the comfort of the patients. Two of those admitted proved not to be suffering from the notified disease.

MEASLES.

Twenty-four were admitted in 1933 with one death, as compared with 61 with three deaths the year previous. The incidence covered all ages, and was on the whole mild. The death occurred in a child of sixteen months with Broncho-Pneumonia. One of the cases admitted was not diagnosed as such. There were two operations for Mastoid disease.

ENTERIC FEVER.

Eleven were admitted to the Hospital, as compared with 15 in 1932. Five of the notified cases were not diagnosed as suffering from this disease. There were no deaths. One man of 64, admitted as observation Enteric Fever, died from Uræmia and Nephritis.

MENINGITIS.

This includes all types of the disease admitted to Hospital. There were in all twelve cases. Seven were definitely Cerebro-Spinal Meningitis, and of the seven five died. Of the others, there was one Streptococcal Meningitis, who died, one Pneumococcal Meningitis, who died, and three which were not Meningitis.

The following Table shows the districts from which cases were admitted during the year 1933:—

	Disease Notified or Suspected.	Boro'.	Port.	New Forest Rural.	Winchester Rural.	Romsey and Stockbridge.	Romsey Boro'.	Other Districts.	Military Cases.	Total.
	arlet Fever arlet Fever and	387	3	20	7	15	5	I	2	440
50	957 7 17 1.	. 3	_	_	_	_	_	_	_	3
Di	-hib-min	259	2	I	9	2	-	I	-	274
En	iteric Fever	6	4		_	I	=	-	-	II
		152	8	=	-	-	-	-	-	152
Me	easles	14	8	-	=	-	-	-	2	24
W		II		-	-	-	=	-	-	II
Ch		13	5 5	-	-	-	-	-	-	18
M		I	5	-	-	-	-	-	I	7
E		30	_	2	-	I	I	2	-	36
	fluenzal Pneumonia	36	8	-	*19	-	_	I	-	64
Ce	rebro - Spinal			-35.00	U10 - 213				1	
Do	11 11.11	9			=	I	I	I		12
To	maillitia	4	2					=		4 2
	armontitie		I				_	_	_	I
	movio		ī	_	_	_	_	_	_	I
_	riexia									
	Totals	925	39	23	35	20	7	6	5	1060

^{*} West End Institution.

MUNICIPAL LABORATORIES.

The work of the Laboratory shows a very marked increase on the previous year's figures. The number of specimens examined for Diphtheria alone showed a 75% higher figure, partly due to the increased examinations of contacts.

Under the Tuberculosis Scheme a new culture media, a Lowenstein Jensen, was commenced, and this will allow of even earlier diagnosis than with the routine microscopic examination of specimens.

Under the Milk and Dairies Act samples of milk are now submitted to the guinea-pig inoculation test, and so the health of the community is further protected.

Samples of water from the Borough reservoirs and the Corporation Baths were analysed.

The main increase in the work has resulted from the recognition of the Laboratory by the Ministry of Health under the Venereal Disease Scheme. Wassermann reactions upon blood and cerebro-spinal fluid are carried out every week, and the various tests required in the modern diagnosis and treatment of Venereal Disease are available for the Clinics and all members of the medical profession. Owing to the latency of syphilis a Wassermann reaction is carried out on every patient reporting at the Clinics. In previous years only where syphilis was suspected was a Wassermann reaction test performed, so that the number of such tests was nearly five times the previous year's figure. This leads to greater efficiency and a definite financial saving to the department.

All bacteriological examinations required by the staff of the hospitals under the control of the County Borough Council are carried out at the Laboratory, and with the closer personal contact now existing between the Laboratory staff and the Hospital staffs, these examinations are more numerous and more intensive than was possible before.

The following report shows the amount of work carried out during the year at the Bacteriological Laboratories at No. 23 East Park Terrace, and at the Isolation Hospital:—

BACTERIOLOGICAL LABORATORY, MUNICIPAL DISPENSARY, 23 EAST PARK TERRACE.

DIPHTHERIA—		
Specimens from Doctors	•••	1,749
Sputa-		
Specimens from Doctors		628
T. B. Dispensary		397
Estimation of Albumen		321
Lowenstein Jensen test (Cultural)		IO
Typhoid Group—		
Agglutination test for T.A.B		34
Blood Cultures (organisms)		19
Fæces		46
CEREBRO-SPINAL FEVER-		
Fluid		23
Contacts (Throat Swabs)		76

V:	INCENT'S ANGINA—		
	Throat Swabs	5	
R	INGWORM—		
	Cases from Doctors	19	
	" " School Clinic	89	
U	RINE EXAMINATIONS—		
	Microscopic and Cultural	168	
G	ONORRHŒA—		
	Urine Examinations—Bacteriological	31	
	Examinations of Pus, etc		
	Specimens from Doctors		
S	YPHILIS—		
	Wassermann Reactions	1,985	
	Cerebro-Spinal Fluid cell counts		
	Cerebro-Spinal Ross Jones cell counts	50	
D	ARK GROUND EXAMINATIONS—		
	Spirochetes	78	
A	NÆMIA-		
**	Blood Films Examined	24	
		-4	
M	ISCELLANEOUS—		
	Bacteriological tests on samples of Milk		
	(fresh and tinned)	104	
	Guinea Pig Inoculations	5	
	Analyses of Corporation Baths Water	I	
	Tests of Water from Borough Reservoirs	21	
	BACTERIOLOGICAL LABORATORY, ISOLATION	HOSPITAL.	
	The following Bacteriological Examinations		at
ne	Laboratory at the Isolation Hospital:-		77.5
	Specimens from patients in Hospital	3,400	
	Number positive	383	
	Specimens submitted by medical practitioner	rs 269	
	Number positive	37	
	Sputum examination of specimens	30	
	Cerebro-Spinal Fluid examinations	20	
	Blood Film examinations	IO	

Mental Deficiency

and

Mental Treatment Clinic.

INSTITUTIONAL PROVISION FOR THE CARE OF MENTALLY DEFECTIVES.

Under an Agreement dated the 12th June, 1931, between the County Council of Hampshire and the Councils of the County Boroughs of Southampton and Bournemouth, provision is made both for mental hospital accommodation under the Lunacy Acts, and for the provision of institutional accommodation for cases under the Mental Deficiency Acts.

By the Joint Agreement the Hampshire County Council are allotted 6/10ths of the accommodation available, the County Borough of Southampton 3/10ths, and the County Borough of Bournemouth 1/10th.

Two Colonies for mentally defectives have been provided, namely:—

COLDEAST COLONY.

This Colony was acquired by the Hants County Council in April, 1925. It is situated at Sarisbury, not far from Bursledon Bridge, and stands 100 feet above sea level. The Colony, which extends to about 172 acres, was opened for 60 female adult patients in 1928. One villa was subsequently built and opened in July, 1931, to accommodate 50 low grade mentally defective boys under the age of 16 years. Seven further villas are in course of erection and plans for three other villas have been approved by the Board of Control to accommodate various grades of defectives.

The Colony is planned for 500 beds and so arranged that it can readily be extended to accommodate 1,000 patients.

TATCHBURY MOUNT COLONY.

This Colony was acquired by the Southampton Borough Council in 1930, as an Institution for mentally defectives, and is a most suitable building for this purpose. The Colony is situated about 1½ miles north-west of Totton and extends to about 177 acres. The site is that of an Old British Earthworks, and stands high, with views over Southampton Water and the New Forest. It comprises a Mansion House, a large walled Garden, Lodge, and two Farms—a Home Farm of 63 acres comprises farm house, buildings, and two cottages; and Hazel Farm of 92 acres, farm house, buildings, and two cottages.

The Colony was opened in November, 1931, for 56 male patients over the age of 16 years. The patients are at present accommodated in the Mansion, the old stables having been converted to useful workshops. Water, electricity, and gas are supplied from the Borough of Southampton.

It is proposed that eventually Coldeast Colony should be primarily used for female patients and children, and Tatchbury Mount Colony developed as a Colony for male patients.

At the end of the year the number of cases from the County Borough of Southampton in Colonies, Certified Institutions, or under Guardianship were:—

IN INSTITUTIONS.

	Under	16 years.		Over 1	6 years.	
Institution.	Male.	Female	e.	Male.	Female.	Total.
Coldeast Colony	II	I		3	25	40
Tatchbury Mount Colony	_			23		23
Stoke Park Colony	-	1		2	3	6
Princess Christian Farm						
Colony	-			2	I	3
Besford Court	_	_		3		3
St. Mary's Home, Pains-						
wick	_	_		-	I	I
Basingstoke Certified In-						
stitution	_	-		-	2	2
Worcester Public Assis-						
tance Institution	_	_		I		I
Walsham How Home	-	_		-	ı	I
	11	2		34	33	80

Note.—Early in 1934 the seventeen cases in Institutions not belonging to the Borough were transferred to Coldeast and Tatchbury Mount Colonies.

UNDER GUARDIANSHIP.

Brighton Guard	dianshi	p					
Society			-	2	 4	4	 10
Faith Cottage			-	-	 	I	 I

Two male defectives are absent on licence from the Western Counties' Institution, and one female from Stoke Park Colony is on licence in domestic service in Southampton.

MENTAL TREATMENT ACT, 1930.

This Act, which came into operation on the 1st January, 1931, is designed to bring within the range of treatment cases in the earliest stages of mental illness. The Act is largely based on the findings of the Royal Commission, and the main principles embodied in it may be summarised as follows:—

- (I) The preventive treatment of incipient mental illness by the provision of Out-Patient Clinics, and extended facilities for voluntary treatment.
- (2) To assimilate the treatment of mental illness to that of other forms of illness by—
 - (a) Provision under which certain cases may be temporarily placed under care and treatment without certification.
 - (b) The opportunities afforded by associating the General Hospitals (Municipal and Voluntary) in the treatment of mental illness.
- (3) Extended provision for after care, and for systematised research into mental illness.
- (4) Dissociation of the treatment of mental illness from the Poor Law.
- (5) Various alterations in terminology, reflecting the more enlightened view now taken in regard to mental illness.

The duties and powers of a Local Authority include :-

- (I) To investigate the needs of their area, and to take such steps as they think necessary to provide and maintain suitable accommodation for the reception of temporary patients.
- (2) To provide Out-Patient Clinics for treatment either gratuitously, or on such terms as they think fit, of persons suffering from mental illness.
- (3) To make provision for after-care of patients who have undergone treatment, and to contribute to the funds of Voluntary Associations formed for that purpose.
- (4) To undertake research, and to make contributions towards bodies engaged in research in relation to mental illness and treatment.

Section I of the Act provides that any person who is desirous of voluntarily submitting himself to treatment for mental illness, and who makes an application in writing for the purpose to the person in charge of an Institution, may, without a Reception Order, be received as a voluntary patient into any Hospital, Nursing Home, or place approved by the Board of Control. In the case of minors under the age of 16 years, a medical recommendation by an approved medical practitioner is required.

Section 5 of the Act provides that a person who is suffering from mental illness and is likely to benefit by temporary treatment, but is for the time being incapable of expressing himself as willing or unwilling to receive such treatment may, on the written application of the husband or wife, or by a relative of the person to whom it relates, or, on the request of the husband or wife or a relative, by a duly authorised officer of the Local Authority, be received as a temporary patient for the purpose of treatment.

An application for temporary treatment of a patient under Section 5 must be accompanied by a recommendation signed by two medical practitioners, one of whom must be approved by the Board of Control, and the other must be the usual medical attendant of the patient.

A Mental Treatment Clinic is held weekly at the Vicarage, East Park Terrace, on Mondays, at which a Mental Specialist from Knowle Mental Hospital is in attendance.

During the year 82 new patients attended the Clinic, the total attendances being 414.

Thirty-two of the cases residing in Southampton were admitted to Knowle Mental Hospital as voluntary patients. Thirty-three voluntary patients were discharged from Knowle Hospital, of which three patients had recovered, 16 were relieved, and 14 had not improved.

Miscellaneous.

THE CHILDREN AND YOUNG PERSONS ACTS, 1908-1932.

The Local Government Act placed the functions under Part I (Infant Life Protection) of the Children Act, 1908, under the administration of the Public Health Authority. These duties had previously been carried out by the Board of Guardians. Part I of the Children Act, 1908, was amended by Part V and Schedule 2 of the Children and Young Persons Act, 1932. Part V of the Act of 1932 was by an Order of the Secretary of State brought into operation on the 1st January, 1933. Part I of the 1908 Act has not been repealed by, nor included in the consolidation Act, 1933, consequently the part of the 1908 Act not repealed by Part V of the 1932 Act is still on the Statute Book, together with Sections 65 to 69 of the Children and Young Persons Act, 1932, and those parts of Schedule 2 which refer to the Children Act, 1908. The changes brought about by the 1932 Act are as follow:—

The ages under which the reception of children for reward must be registered has been extended from 7 to 9 years.

The period of notification of the reception of the child, instead of being within 48 hours under the Act of 1908, has been amended as follows:—

- (a) In the case of the first child proposed to be received, not less than seven days before its reception.
- (b) In the case of any other child, not less than 48 hours before reception.
- (c) In the case of a child already received without reward within 48 hours after the undertaking to receive for reward.

Notification of change of residence is also increased from 48 hours to at least seven days prior to the change. Notification of the death or transfer of the child, instead of being given within 48 hours, must now be given within 24 hours.

Power is also given to enable the advice and direction of the Infant Life Protection Visitor to extend not only to the nursing, but also to the general health and well being of the child.

The Authority is empowered to limit the number of children in a foster-home, and enables them to impose conditions so long as the total number of children kept in the dwelling exceeds the specified number.

The powers of the Authority to secure the removal of children kept on unsuitable premises, or by unsuitable persons, are extended to prevent their reception in such premises, or by such persons.

The class of persons described as unfit to have care of such children is also extended to cover unfitness by reason of old age, infirmity, or ill-health.

The duties of the Local Authority are the ascertainment of all persons receiving children for reward; to satisfy themselves that proper nursing and maintenance is provided; to carry out the proper inspection of houses in which children are kept, and of persons under whose care they are placed; to keep a register of persons giving notice under the Act, and to give notice of all children removed to another district.

The number of persons on the Register who were undertaking for reward the nursing and maintenance of infants at the end of the year was 76, and the number of children in their care as shown by the Register was 93.

Four deaths occurred, and in two cases an inquest was held by the Coroner. Proceedings were taken during the year against a foster-parent for neglecting to give notice to the Local Authority, and the Coroner, of a death of an infant in her care. The Magistrates warned the defendant, and dismissed the case on the payment of costs.

VACCINATION.

The whole of the duties under the Vaccination Acts, together with all officers engaged in the work, were transferred to the Health Department in accordance with Section 2 of the Local Government Act, 1929.

The Borough is divided into nine vaccination districts, a Public Vaccinator (doctor) being appointed to each district, with the exception of districts Nos. 3 and 4 which are combined. Separate Public Vaccinators are also appointed for the St. Mary Street Institution, Borough Hospital, and Children's Homes. There are three Vaccination Officers appointed, each having a separate district.

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The following table is a record of the Vaccinations carried out in Southampton since 1911:—

Year.	Births.	Success- fully Vaccin- ated.	Died Unvaccin- ated.	Insus- ceptible to Vaccin- ation.	Declar- ations of Cons- cientious objection	Postponed and where- abouts unknown or removed to other districts.	Percentage success- fully Vac- cinated.
1911	2851	1630	263	9	771	178	57.2
1912	2823	1524	164	8	908	219	54.0
1913	2886	1364	187	6	1055	274	47.3
1914	2972	1294	209	7	1176	286	43.5
1915	2559	1230	157	8	961	203	48.1
1916	2773	1243	189	6	1083	252	44.8
1917	2430	1057	161	3	983	226	43.5
1918	2532	1002	172	12	1000	346	39.6
1919	2565	1062	157	10	1034	302	41.4
1920	3210	1283	165	8	1413	341	40.0
1921	†2871	1117	155	14	1320	265	38.9
1922	†2601	1082	148	9	1161	201	41.6
1923	†2474	1231	113	4	905	221	49.8
1924	3166	1502	163	7	1202	292	47 - 4
1925	3262	1440	156	4	1401	261	44.1
1926	3153	1354	139	II	1373	276	42.9
1927	3003	1283	125	15	1317	263	42.7
1928	3096	1391	113	9	1398	185	44.9
1929	3145	1311	*147	19	1499	169	41.7
1930	3205	1466	146	7	1514	182	42.I
1931	3073	1370	110	9	1433	151	44.5
1932	3081	1338	122	II	1431	179	43.4
1933	2918	1318‡	*	*	1413‡	*	*

⁹ Figures not available.

[†] Old Borough only.

[‡] These figures do not relate to the births registered in 1933, but are the numbers of certificates of successful primary vaccination of children under 14, and declarations of conscientious objection actually received in 1933, irrespective of the dates of birth of the children to whom they relate.

SOUTHAMPTON CREMATORIUM.

The Southampton Municipal Crematorium was opened in 1932.

The building consists of a Chapel, flanked by Waiting Room, Vestry and Lavatories on the one side, and a Columbarium on the other, with a block at the rear giving accommodation for the furnace and meter rooms, store, etc.

Cremations are carried out in accordance with the Cremation Regulations, 1930, under Section 7 of the Cremation Act, 1902, and Section 10 of the Births and Deaths Registration Act, 1926. These regulations require a statutory declaration to be made by the person effecting the disposal of the remains, together with a certificate from the medical practitioner in attendance during the last illness, and a confirmatory certificate from an independent practitioner of at least five years' standing.

No cremation can take place without the written authority of the Medical Referee and this authority is not granted until he is satisfied that all the requirements of the Cremation Act have been met and that no reason for further enquiry exists.

The Southampton Crematorium serves the needs not only of this Borough, but of the Counties of Hampshire, Wiltshire, parts of Sussex and Dorset.

The number of cremations up to the end of 1933 was 270.

Housing.

HOUSING.

FIVE-YEAR PROGRAMME.

In accordance with Circular 1331, which called for the preparation of the Council's five-year programme, a survey of unfit houses in the Borough was carried out, and official representations were made to the Council with regard to 23 unhealthy areas (19 as Clearance Areas and 4 as Improvement Areas). In addition, it was ascertained that there were 100 individual unfit houses which would require to be demolished under Section 19 of the Housing Act, 1930.

Clearance Areas.

Under the Housing Act, 1930, an unhealthy area may be declared to be a Clearance Area, where the following conditions are satisfied:—

- (a) That the dwelling-houses in that area are, by reason of disrepair or insanitary defect, unfit for human habitation, or are by reason of their bad arrangement, or the narrowness or bad arrangement of the streets, dangerous or injurious to the health of the inhabitants of the area, or that the other buildings in the area are for like reason dangerous or injurious to the health of the said inhabitants; and
- (b) That the most satisfactory method of dealing with the conditions in the area is demolition of all buildings in the area.

Clearance Areas may be dealt with either:—

- By making a Clearance Order, in which case the Owner has to demolish.
- (ii) Purchase by agreement or compulsion of land and houses which are later demolished by the Local Authority.

The Local Authority has also power to purchase surrounding land to secure an area of convenient shape and dimensions.

Following inspection by the Housing Committee, official representations were made concerning nineteen unhealthy areas, which were declared by the Council to be Clearance Areas:—

A. Linney's Passage Clearance Area:

This area includes 4 houses, viz., Nos. 1, 2, and 3, Linney's Passage, and 46, French Street. The number of persons who will be displaced and require to be rehoused is 20.

B. Buchan's Court Clearance Area:

This area includes 3 houses, viz., Nos. 1 and 2, Buchan's Court, and 11, St. Michael's Square. The number of persons who will be displaced and require to be rehoused is 20.

C. Church Row Clearance Area:

This area includes 6 houses, viz., Nos. 1, 2, 3, 4, 5, and 6, Church Row. The number of persons who will be displaced and require to be rehoused is 19.

D. Houndwell Clearance Area:

This area includes 32 houses, viz., Nos. 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, and 18, St. George's Place, Nos. 7, 8, 9, 10, 11, 12, and 13, Evans Street; Nos. 1, 2, 4, 5, 5a, 6, and 7, York Square; Nos. 2, 3, 4, and 5, St. George's Street; and Nos. 1 and 2, Waterhouse Court.

The number of persons who will be displaced and require to be rehoused is 150.

E. North Front Clearance Area:

This area includes 3 houses, viz., Nos. 72, 73, and 74, North Front. The number of persons who will be displaced and require to be rehoused is 4.

F. Foot's Cottages, Compton Walk Clearance Area:

This area includes 3 houses, viz., Nos. 1, 2, and 3, Foot's Cottages. The number of persons who will be displaced and require to be rehoused is 3.

G. Mission Cottages, Kingsland Clearance Area:

This area includes 4 houses, viz., Nos. 1, 2, 3, and 4, Mission Cottages.

The number of persons who will be displaced and require to be rehoused is 8.

H. Waterloo Bridge Clearance Area:

This area includes 5 houses, viz., Nos. 1, 2, 3, and 4, Waterloo Bridge, and No. 26a, New Road.

The number of persons who will be displaced and require to be rehoused is 10.

J. High Road, Swaythling Clearance Area:

This area includes 10 houses, viz., Nos. 118, 122, 124, 126, 130, 132, 134, 136, and 138, and one house unnumbered, High Road.

The number of persons who will be displaced and require to be rehoused is 23.

K. Bell's Buildings, Chapel Street, Clearance Area:

This area includes 7 houses, viz., Nos. 1, 2, 3, 4, and 5, Bell's Buildings, one house in Grace's Court, and one house in Newman's Place.

The number of persons who will be displaced and require to be rehoused is 17.

L. Threefield Lane Clearance Area:

This area includes 113 houses, viz., Nos. 2, 4, 6, 8, 10, 12, 14, and 16, Threefield Lane; Nos. 5 and 6, Sawmill Cut; Nos. 12, 13, 13a, 13b, 17, 18, 32, 33, 34, 35, 36, and 37, King Street; Nos. 2, 3, 4, 6, 7, 8, 9, 10, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, and 29, Queen Street; Nos. 1, 2, and 3, Coombs Court; Nos. 1, 2, 3, 4, and 5, Wheeler's Court; Nos. 1, 2, 3, 4, 5, 6, and 7, Bell's Court; Nos. 1, 2, 3, 4, and 5, Russell Court; Nos. 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, and 24, Russell Street; Nos. 1, 2, 3, and 4, Morris Court; Nos. 7, 8, 9, 10, and 11, Orchard Lane; Nos. 2, 4, 8, 10, 12, 24, 26, 28, 30, 32, 34, 36, 38, 39, 40, 42, 44, 46, 48, 50, and 52, Lime Street.

The number of persons who will be displaced and require to be rehoused is 525.

M. Lime Street Clearance Area:

This area includes 2 houses, viz., Nos. 5 and 5a, Lime Street.

The number of persons who will be displaced and require to be rehoused is 5.

N. Challis Court Clearance Area:

This area includes 8 houses, viz., Nos. 1, 2, 3, 4, 5, and 6, Challis Court; 23 and 24, King Street.

The number of persons who will be displaced and require to be rehoused is 37.

O. Orchard Lane Clearance Area:

This area includes 6 houses, viz., Nos. 72, 73, 74, and 75, Orchard Lane; Nos. 17 and 18, Bell Street.

The number of persons who will be displaced and require to be rehoused is 14.

P. Union Court Clearance Area:

This area includes 4 houses, viz., Nos. 1 and 2, Union Court; 30 and 31, Union Street.

The number of persons who will be displaced and require to be rehoused is 14.

Q. Union Place Clearance Area:

This area includes II houses, viz., Nos. I, 2, 3, 4, 5, 6, 7, 8, 9, 10, and II, Union Place.

The number of persons who will be displaced and require to be rehoused is 30.

R. Bell Street Clearance Area:

This area includes 82 houses, viz., Nos. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 21, Mount Street; Nos. 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 20, 21, 22, 23, 24, 26, 27, 28, 29, 30, 31, 32, and 33, Bell Street; Nos. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 12, Cross Court; Nos. 1, 2, 3, 4, 5, 6, 7, and 8, Nelson Place; Nos. 1, 2, 3, and 4, Barry Court; Nos. 4, 4a, 5, 6, and 7, Cross Street; No. 2, Mount Place; Nos. 14, 15, and 15a, Canal Walk; and Nos. 3, 4, and 5, Brick Court.

The number of persons who will be displaced and require to pe rehoused is 347.

5. Lower Canal Walk Clearance Area:

This area includes 71 houses, viz., Nos. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, and 15, St. George's Street; Nos. 2, 3, 4, 8, 9, and 10, Lower Canal Walk; Nos. 1, 2, 3, 4, and 5, Nelson Place; Nos. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, and 14, Hartley Street; Nos. 3, 4, and 5, Saunder's Court; Nos. 1, and 2, Colson's Court; Nos. 3, 4, 5, 6, 7, 7a, 8, 9, 10, and 11, Charlotte Street; Nos. 1, 2, 3, 4, 5, 6, and 7, Mason's Close; Nos. 1, 2, 3, 4, 5, 6, 8, and 9, China Place; and Nos. 1, 2, 3, 4, and 5, Charlotte Court.

The number of persons who will be displaced and require to be rehoused is 299.

T. Wickham Court Clearance Area:

This area includes 4 houses, viz., Nos. 5, and 6, Wickham Court; and Nos. 1, and 2, Vyse Lane.

The number of persons who will be displaced and require to be rehoused is 22.

It has been ascertained that the number of persons living in unhealthy areas, whose work necessitates their living in close proximity to the docks, is 40%.

In order to provide conveniently situated alternative accommodation as far as possible for these persons, it is proposed to deal with the three largest Clearance Areas, viz., Houndwell, Threefield Lane, and Lower Canal Walk, by means of Compulsory Purchase Orders, and to utilise these sites for rehousing purposes.

It is further proposed to purchase the following properties (which have not been represented as unfit for human habitation), in order to secure areas of convenient shape and dimensions:—

(a) Properties surrounding Threefield Lane Clearance Area, 18 houses, viz.:—Nos. 18, 20, 22, 34, 36, 38, 40, and 42, Threefield Lane. Nos. 8, 9, 10, 11, 19, 20, and 21, King Street. Nos. 25, 26, and 27, Russell Street.

The number of persons who will be displaced and require to be rehoused is 49.

(b) Properties surrounding Lower Canal Walk Clearance Area, 13 houses, viz.:—Nos. 6, 7, 12, 13, 14, 15, 16, 17, 18, 19, and 20, Lower Canal Walk. Florence Cottage and Jubilee Cottage, Charlotte Street.

The number of persons who will be displaced and require to be rehoused is 80.

IMPROVEMENT AREAS.

An unhealthy area may be declared to be an Improvement Area when—

"The housing conditions in that area are dangerous or injurious to the health of the inhabitants by reason of the disrepair or sanitary defects of dwelling-houses therein, and also by reason of over-crowding in the area or of the bad arrangement of the houses or of the narrowness or bad arrangement of the streets, and that those conditions can be effectively remedied, without the demolition of all the buildings in the area, by—

- "(i) the demolition or repair, as the circumstances "may require, of those dwelling-houses which "are unfit for human habitation;
- "(ii) the purchase by the authority of any land in "the area which it is expedient for them to "acquire for opening out the area and, if any "buildings on that land have not previously "been demolished, the demolition of those "buildings, so far as it is necessary to demolish "them for that purpose; and
- "(iii) the abatement of over-crowding in the area."

An Improvement Area, unlike a Clearance Area, may contain at as well as unfit houses, and convenient geographical boundaries hay therefore be chosen.

It will be seen that persons will be displaced and require to rehoused from—

- (I) Unfit houses incapable of repair.
- (2) Houses purchased and demolished for the purpose of opening up the area.
- (3) Houses which are overcrowded.

The following areas, which have been proposed to be dealt rith as Improvement Areas and have been visited by the Housing ub-Committee are now described:—

rove Street Improvement Area.

This area contains all the buildings within the following pundaries, viz., Bevois Street on the north, St. Mary Street on ne west, Chapel Road on the south, and the Southern Railway on ne East, but excluding the Public Assistance Institution, St. lary's Church, and properties having a frontage in St. Mary treet.

It will be seen that this area includes James Street, Golden Grove, Cumberland Street, Edward Street, Coleman Street (including Dickenson's Place and Coleman Court), Grove Street (including Grove Street Cottages, Goddard's Cottage and New Court), Short Street and parts of Chapel Road and Bevois Street.

This area contains 24 houses which are unfit for human habitation and which are incapable of repair at reasonable cost and will require to be demolished.

Four houses should be purchased to open up the area, and 20 of the remaining houses are overcrowded.

The number of persons displaced and who will require to be rehoused are:—

Number of

			Persons.
(1)	From houses which are incapable of repa	ir	61
(2)	From houses purchased to open up the ar	ea	19
(3)	To abate overcrowding		116
	Total	·	196

Bedford Place Improvement Area.

This area comprises all the properties within the following boundaries, viz., Carlton Crescent on the North, London Road on the East, Waterloo Terrace on the South, and Bedford Place on the West, but excluding properties with a frontage in Carlton Crescent, London Road, and Bedford Place.

It will be seen that this area includes properties in Upper Bannister Street, Handford Place, Southampton Street, Carlton Place, Winchester Street, Salisbury Street, Lower Bannister Street (including Bannister Cottages), and Waterloo Terrace.

This area contains 9 houses which are unfit for human habitation and which are incapable of repair at reasonable cost and will require demolition. Of the remaining houses 7 are overcrowded.

The number of persons displaced and who will require to be rehoused are:—

				N	Number of
					persons.
(I)	From unfit houses unfit and i				34
(2)	From houses purchased to o	pen up	the ar	ea	Nil
(3)	To abate overcrowding				22
					_
		T	otal		56
					_

Blechynden Improvement Area:

This area contains (a) all the buildings within the following boundaries, viz.:—Commercial Road on the North, Sidford Street on the East, Southbrook Road on the South, Nelson's Hill on the West, with the exception of properties having a frontage in Commercial Road. (b) Nos. 27, 29, 31, 33, 35, and 37, Southbrook Road.

It will be seen from the map that this area includes Sidford Terrace, Southbrook Square, and parts of Sidford Street, and Southbrook Road.

This area contains to houses which are unfit for human habitation, and which are incapable of repair at reasonable cost, and will require to be demolished. Of the remaining houses 2 are overcrowded.

The number of persons displaced and who will require to be rehoused are :-

				Number of
				persons.
(I)	From houses unfit and incap	able of re	epair	47
(1) (2)	From houses purchased to op	en up th	e area	Nil
(3)	To abate overcrowding			. 12
		-		
		Tota	al	. 59

Itchen Ferry Improvement Area:

The boundary of this area is a line drawn round the following properties:-

Nos. 1—45, Davies Road.

Nos. 10—12, 14—19, 34, 35, 39, and 40, Itchen Ferry.

Nos. 25 and 26, Peartree Green.

Nos. 2-37, Sea Road.

This area includes 22 houses which are unfit for human habitation, and are incapable of repair at reasonable cost, and which will require to be demolished. Of the remaining houses 3 are overcrowded.

The number of persons displaced and who will require to be rehoused are :-

of

renou	ised are .—			1	Number of persons.
(I) (2)	From unfit houses which are From houses purchased to o	-		units	74
(3)	To abate overcrowding				
		T	otal		89

The figures with regard to overcrowding have been estimated on the basis of the standard laid down in the Model Bye-Laws applicable to Improvement Areas, counting a child over the age of 10 years as an adult.

From the above figures it will be seen that the total number of persons who will be displaced from the four Improvement Areas, and who will require to be rehoused, will be:—

Number of

			distribution of	persons.
(1)	From houses which are incap	pable of r	epair	216
(2)	From houses purchased to op	en up the	e area	19
(3)	To abate overcrowding			165
		T-4	,	
		Tota	1	400

REHOUSING.

It is proposed to utilise the undermentioned sites for the purpose of rehousing persons displaced by the operation of the Housing Acts, 1925–30.

(a) Butts Road Estate:

Sixty-eight houses of the A3 type (or equivalent) are to be erected on this estate, and should be ready for occupation on October 1st, 1934. These houses will provide alternative accommodation for persons displaced from:—

Linney's Passage	Clearance	Area.
Buchan's Court	,,	,,
Church Row	,,	,,
Houndwell	"	,,
North Front	,,,	,,
Foot's Cottages	,,	,,
Mission Cottages	,,	,,
Waterloo Bridge	"	,,
High Road, Swaythling	"	,,
Bell's Buildings, Chapel Stree	et, ,,	"
Wickham Court	,,	22

The displaced persons from these areas will require 60 houses. The remaining 8 houses are to be utilised for persons displaced from houses dealt with under Section 19 of the Housing Act, 1930.

(b) Houndwell Site:

This site should be cleared, and 12 houses erected and ready for occupation by 1st June, 1935, in which it is proposed to rehouse 60 persons displaced from Threefield Lane Clearance Area.

(c) Coxford Estate:

On this estate it is proposed to erect the following houses:-

- (I) Two hundred and thirty-four houses to be ready for occupation by 1st June, 1935. These houses are intended to rehouse 519 persons displaced from Threefield Lane and Lime Street Clearance Areas; 400 persons displaced from Grove Street, Bedford Place, Blechynden, and Itchen Ferry Improvement Areas; and 250 persons displaced from houses dealt with under Section 19 of the Housing Act.
- (2) Seventy-eight houses to be ready for occupation on 1st June, 1936.

These houses are intended to rehouse 386 of the 726 persons displaced from Bell Street and Lower Canal Walk Clearance Areas.

(d) Threefield Lane Site:

This site should be cleared, and 68 houses erected and ready for occupation by 1st June, 1936.

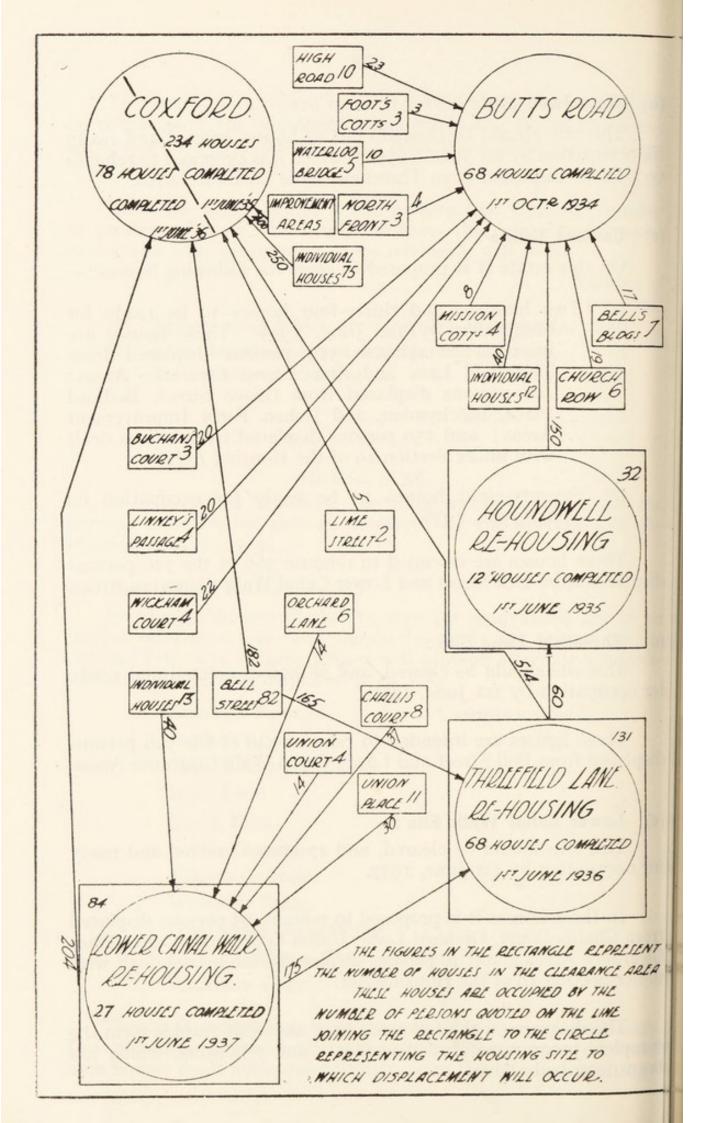
These houses are intended to rehouse 340 of the 726 persons displaced from Bell Street and Lower Canal Walk Clearance Areas.

e) Lower Canal Walk Site:

This site should be cleared, and 27 houses erected and ready for occupation by 1st June, 1937.

In these houses it is proposed to rehouse 95 persons displaced from Challis Court, Orchard Lane, Union Court, and Union Place Clearance Areas; and 40 persons displaced from houses dealt with under Section 19 of the Housing Act.

The diagram on the following page shows in graphic form the complete programme of displacements and rehousing, which has peen described above.



During the year five Clearance Areas were dealt with. Of these, three (Victoria Court, St. George's Place, and Brewhouse Court) had already been the subject of Clearance Orders during 1932, but objections had been lodged, and they were awaiting a Local Inquiry by the Minister of Health at the beginning of the year.

Victoria Court Clearance Area (No. 1). St. George's Place Clearance Area (No. 2). Brewhouse Court Clearance Area (No. 3).

A short description of these areas, together with photographs, was given in my Report for 1932. The Local Inquiry was held on 2nd January, 1933, when evidence was submitted to the Minister's Inspector on behalf of the owners, after which the Inspector visited the areas.

The Clearance Orders were confirmed by the Minister of Health on 21st March, 1933.

Alternative accommodation was offered to displaced persons on the Council's Estate at Butts Road, at an inclusive rental of 7/3 per week for three bedroom non-parlour houses (A 3 type). Of 130 persons displaced from these areas, 63 availed themselves of this accommodation.

Bell's Court Clearance Area (No. 4). Spa Court Clearance Area (No. 5).

Resolutions making Clearance Orders for the above were passed by the Council on 1st March, 1933.

The Southampton (Bell's Court) Clearance Order, No. 4, 1933.

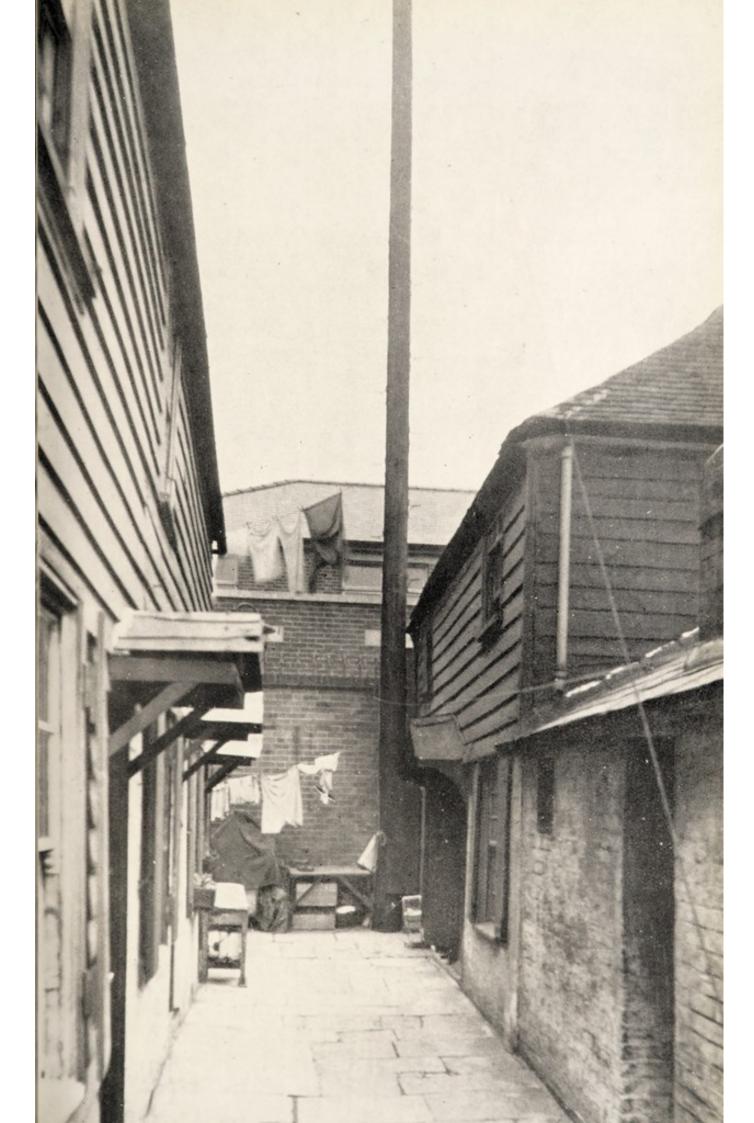
This area comprised 5 houses, 4 wash-houses, 2 water-closets, I brick ashpit, and I common tap, situated in the Court. Although there were four wash-houses, only one copper was provided for the use of the 5 houses.

The court was approached by a narrow passage leading off Spa Road, surrounded by high buildings. All the houses were without through ventilation or yards, with the exception of a small forecourt, and were chiefly constructed of wood, the wooden superstructure being in a state of decay and becoming dangerous. They were damp and dilapidated; one was back to back with other premises, and in two cases the side and rear walls were from 3 to 5 feet below the ground level of the adjoining properties.

Objection having been made by the owner, a Local Inquiry was held on 14th June, when the objection was withdrawn, it being subsequently confirmed, 12th July.

Of the 12 displaced persons, only three elected to avail themselves of the alternative accommodation at Butts Road, the remainder themselves securing accommodation elsewhere.

The houses were demolished by 30th December, 1933, and the site left vacant.





The Southampton (Spa Court) Clearance Order, No. 5, 1933.

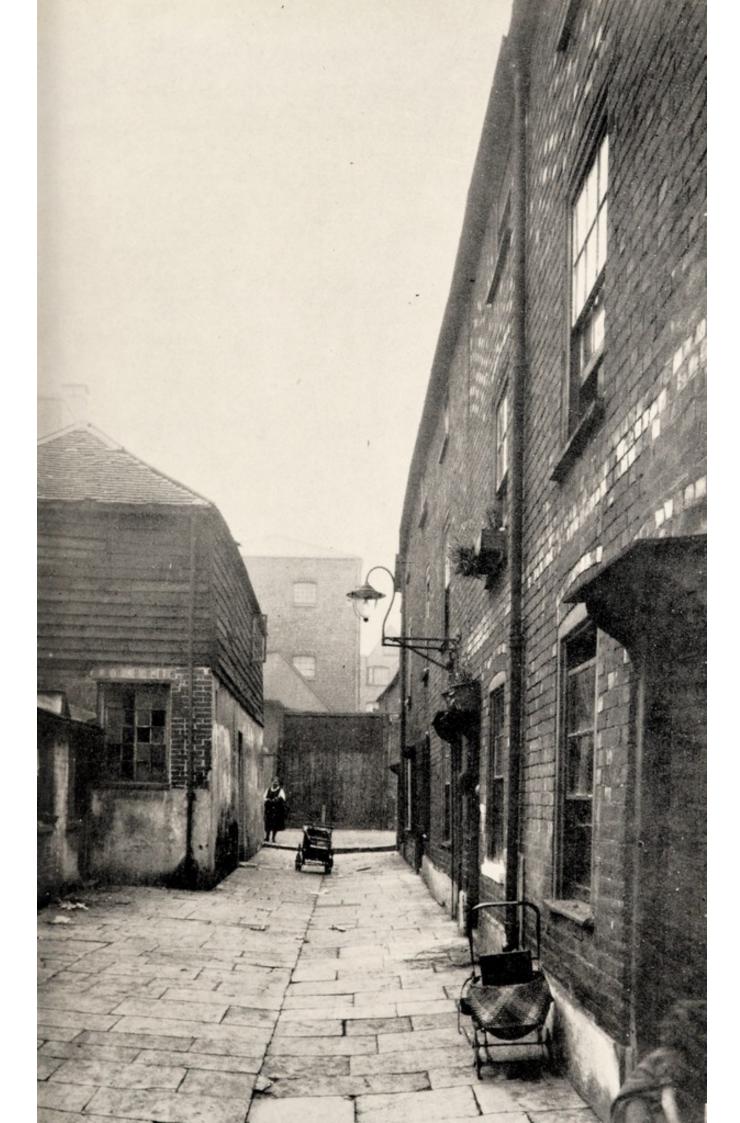
This area comprised 7 houses, 6 wash-houses, 3 water-closets, 1 store, and 1 brick ashpit.

This was a narrow court leading off of Spa Road, and surrounded by high buildings; six of the houses faced North, and were deprived of sunlight. All the houses were without through ventilation or yards, with the exception of a small forecourt; they were damp, owing to the absence of damp-proof courses, and in many instances the walls were bulging. There was no adequate accommodation for the storing of food. Three water-closets were provided for the use of the seven houses; one house being back to back with adjoining premises and having a wooden superstructure. The paving in the court was defective, allowing water to accumulate.

No objection to the Clearance Order was made, though the Minister of Health elected to include this area in the Inquiry held on 14th June. Confirmation of the Order was made on 12th July, 1933, and the occupants were all displaced by 19th September, 1933.

Plans have been submitted for future building on the site, but the buildings had not been demolished by the end of the year.

Of the 36 persons displaced, 18 were rehoused on the Butts Road Estate.





The following is a summary of houses completed for occupation from the date of the Armistice to the end of the year 1933:—

					Erect	ed by	
						Private	
Year.				C	ouncil.	Enterprise.	Total.
1918 to	date o	f Census,	June,	1921	209	90	299
1921 Ju	une to e	end of ye	ear		232	112	344
1922					178	261	439
1923			•		50	383	433
1924					_	636	636
1925					-	821	821
1926					71	776	847
1927					437	568	1,005
1928					196	836	1,032
1929					644	896	1,540
1930					503	901	1,404
1931					614	712	1,326
1932					430	616	1,046
1933					118	732	850
				-			
				:	3,682	8,340	12,022
		-		_			

Total number of houses erected from 1918 to date of Census 1921—299; since the Census—11,723.

From the summary it will be seen that since the Census of June, 1921, to the 31st December, 1933, the number of new houses in the Borough completed for occupation, including those erected by the Corporation under their various Housing Schemes, totals 11,723.

Systematic inspection has been carried out in various parts of the Borough during the year, both under the Housing Acts and under the Public Health Acts, the particulars of which are shown in the following tabular statement:—

Housing Statistics.

The following particulars are given in the form required by the Ministry of Health.

Inspection of dwelling-houses during the year:	
(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or	
Housing Acts)	5,754
 (b) Number of inspections made for the purpose (c) (a) Number of dwelling-houses (included under sub-head (I) above) which were inspected and recorded under the Housing (Consolidated) 	
Regulations, 1925 (b) Number of inspections made for the purpose	383
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit	1,157
for human habitation	9
(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	766
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	192
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	nil
(2) Number of dwelling-houses which were rendered fit after Service of formal Notices:—	
(a) By owners	nil
(b) By Local Authority in default of owners	nil
B. Proceedings under Public Health Acts:	
(r) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	574
(2) Number of dwelling-houses in which defects were remedied after Service of formal Notices:—	3/4
(a) By owners (b) By Local Authority in default of owners	567 nil
(b) Dy Local Authority in default of Owners	1111

C.	Proceedings under Sections 19 and 21 of the Housing Act, 1930:	
	(r) Number of dwelling-houses in respect of which Demolition Orders were made	6
	(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	I
D.	Proceedings under Section 20 of the Housing Act, 1930:	
	(I) Number of separate tenements or underground rooms in respect of which Closing Orders were made	nil
	(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	nil
E.	Proceedings under Section 3 of the Housing Act,	1111
	1925:	
	(I) Number of dwelling-houses in respect of which notices became operative requiring repairs	nil
	(2) Number of dwelling-houses which were rendered fit after Service of formal Notices:—	
	(a) By owners	nil
	(b) By Local Authority in default of owners	nil
	(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	nil
F.	Proceedings under Sections 11, 14, and 15 of the	
	Housing Act, 1925:	
	(I) Number of dwelling-houses in respect of which Closing Orders became operative	nil
	(2) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	nil
	(3) Number of dwelling-houses in respect of which Demolition Orders became operative	nil
	(4) Number of dwelling-houses demolished in pursuance of Demolition Orders	nil

Of the 9 houses referred to in Section I (3) upon which representation was made, the following action was taken: Demolition Orders were made in 6 cases; in 2 cases the owners gave an undertaking to make the houses habitable; and in I case the house was made habitable voluntarily.

DETAILED LIST OF INSPECTIONS MADE UNDER THE HOUSING ACT, 1925.

During the year 383 houses were inspected under the provisions of the above Act.

The following is a list of Roads, Streets, etc., in which systematic inspection was carried out, the number of houses inspected, and the number of notices served:—

Street	or Ro	ad.	Number of Houses Inspected.	Number of Notices served under Housing Act.	Number of Notices served under Public Health Acts.	
Elm Road			 II	_	7	
Elm Street			 36	_	20	
Harold Road			 21	_	5	
Jessie Terrace			 14		7	
May Road			 II	_	_	
Radcliffe Road			 159	_	23	
Wharf Street			 16	_	4	
York Road			 56	-	33	
York Street			 59	_	13	
	Tota	ls	 383	_	112	

THE COMMON BED BUG.

The prevalence of the common bed bug in slum property and methods of eradicating this nuisance have recently formed the subject of investigations by Health Officials.

The adult bed bug is a dark-brown, flat, oval, wingless creature, with a segmented body and three pairs of legs. Both adult and young bed bugs emit a peculiar musty smell, but as they are nocturnal in habit can only occasionally be seen during the day-time in infested dwellings.

They are capable of existing for six months or more without food. The life of the adult bed bug varies from a few weeks up to four years or more under favourable conditions. Even without contact with human beings they may live for their maximum period, feeding presumably on the blood of rats, mice or sparrows.

The eggs are small yellowish-white objects about 1/20th of an inch long, and are fixed by a cement-like substance to the surfaces upon which they are laid. The eggs are laid singly or in batches in the crevices of bedsteads, on mattresses, behind wall-paper, on skirting boards and similar situations, and are hatched in from one to three weeks.

The young bed bug is similar to the adult except for its paler colour and more rounded body. It undergoes a series of moults and on an average reaches maturity in about 10 weeks.

The presence of bed bugs may often be detected by the smell, and by deposits of excreta in the form of individual small dark spots, which, if very numerous, may coalesce into larger areas. Excreta will be found near their normal hiding places on the walls, especially around nail holes, at the edges of cracks in the plaster and woodwork, and where the wallpaper is creased or loose. As the bed bug feeds by night and hides during the day, a very close examination for excreta is necessary to detect their presence.

The chief hiding places are behind wallpaper, moulding of windows, etc., and in any deep crack or groove in woodwork or plaster. They may also be found in crevices between floorboards, and behind overmantles and other permanent fittings. In furniture they frequently take refuge in the seams and leather buttons of stuffed mattresses and in the joints of hollow ornamental brasswork of bedsteads. Other common hiding places are in upholstered furniture, backs of pictures (especially under the paper), the underside of seats of chairs, crevices and cracks in chests-of-drawers, wardrobes and the like; folds at the tops of curtains and in trunks and boxes which lie undisturbed for some time.

Houses may become infested from removal of infested furniture, bedding, etc., from house to house; second-hand furniture or bedding; migration of bed bugs from room to room or from house to house; firewood from infested premises, etc.

The methods of extermination may be summarised as follows:

(I.) CLEANLINESS.

The importance of this cannot be over-emphasised. Infested premises should be subjected to a thorough "spring-cleaning," and all parts thoroughly scrubbed with soap, water and soda, to which some disinfectant, such as cyllin, may be added.

Fabrics and upholstery require to be brushed and beaten to dislodge the bugs and their eggs. Useless lumber should be destroyed. Heavily upholstered furniture may require to be fumigated, and bedding may be treated by steam disinfection.

Picture rails, skirting boards, window mouldings, etc., may have to be detached and thoroughly cleansed, and cracked and defective plaster work or loose wallpapers repaired. A blow lamp may be used for destruction of bugs on metal surfaces.

(2.) SPRAY INSECTICIDES.

These may form a useful supplement to, though cannot replace, thorough cleansing.

Numerous proprietary preparations are available, but are generally unnecessarily expensive and many are of doubtful efficiency.

The following formula has been used successfully by H.M. Office of Works, and has the advantage of being cheap:—

Paraffin oil 50 parts
Ortho-dichlor-benzene ... 2 ,,
Methyl salicylate ... I part

(3.) Fumigation.

Hydrogen Cyanide (prussic acid gas) is the most effective gas known. Unfortunately it is a deadly poison to human beings and can, therefore, only be employed by experts and in suitable premises.

The method can rarely be used for disinfestation of houses, but is the most satisfactory method of disinfecting furniture in course of removal from infested premises into new houses.

Fumigation by sulphur is sometimes effective but cannot be relied upon to kill bugs in deep harbourage or to kill the eggs. If this method is employed it should be repeated after an interval of three weeks.

Sanitary Services

and

Food and Drugs Acts.

SANITARY INSPECTION.

The following summary shows the particular work carried out under the various Acts administered by the Department, and nuisances abated during the year:—

General Inspection of Houses and re-visits		16,061
Inspections on Complaint	•••	1,032
" under the Housing Act		383
Re-visits under the Housing Act		1,157
Inspections of Factories	•••	93
" of Workshops and Workplaces	•••	I,266
" of Laundries		39
" of Bakehouses	• • •	469
" under the Shops Act		2,335
" of Slaughterhouses	• • •	4,100
" of Butchers' Shops	•••	2,333
" of Sausage Factories	•••	266
,, of Wholesale Stores, Markets, etc.	•••	1,413
" of Fish Shops	•••	371
" of Horse Flesh Shops	•••	46
,, of Dairies, Cowsheds, and Milkshops	•••	1,615
" of Ice Cream Factories	•••	234
" of Common Lodging Houses	• • •	1,422
" of Houses let in Lodgings	• • •	146
,, of Courts and Alleys	•••	245
of Stable Yards, Mews, etc	•••	59
Visits re Infectious Disease	•••	853
Preliminary Notices served for the Abatement	of	
Nuisances	•••	574
Legal Notices served for the Abatement of Nuisan		114
Nuisances Abated by Verbal Notices	•••	533
Drains Tested with Smoke	•••	20
" Tested with Water	•••	73
,, found Defective Premises Drained to the Public Sewer	•••	12
Drains algored and repaired	•••	63
Drains cleared and repaired		447
" reconstructed	•••	62
" retrapped intercepted and ventilated from Sewer		76
,, intercepted and ventilated from Sewer	• • • •	
Inspection chambers provided to house drains		138
New soil pipes fixed on external walls of houses Water-closets reconstructed	•••	
Water-closets reconstructed Urinals reconstructed and provided with means		76
		17
flushing	•••	203
***		154
Bath, sink wastepipes, etc., disconnected from drain	ne '	56
Dath, sink wastepipes, etc., disconnected from draf	115	30

Sanitary sinks fixed in houses				98
Damp walls of houses remedied				139
Houses cleansed and whitewashed				171
Roofs of houses repaired				269
Eaves, guttering and stackpipe repaired	ed			144
Window sashes made to open				12
Flooring, windows, etc., repaired				555
Ground floor ventilation provided und	der	rooms		18
Means of light and ventilation provided	l to	water-clo	sets	II
Yards paved and drained				44
Yard paving repaired				99
Sanitary dustbins provided to houses				337
Overcrowding in houses abated				I
Courts re-limewashed				21
Nuisances from keeping animals, etc.,	aba	ated		4
Manure and offensive matter removed				50
Cesspools abolished				14
Privies abolished				51

DISINFECTING STATION.

The following is a list of articles disinfected at the steam disinfector, West Quay:—

Beds and Mattresses	 	 1,463
Bolsters and Pillows	 	 3,040
Blankets and Quilts	 	 4,371
Sheets	 	 1,810
Counterpanes	 	 1,059
Books	 	 278
Sundries	 	 11,173
Total	 	 23,194

RATS AND MICE DESTRUCTION.

In connection with the duties imposed under the Rats and Mice (Destruction) Act, 1919, a total of 593 visits was made by the Sanitary Inspectors to farms, stores, refuse tips, and all possible places likely to be infested with rats.

The number of rats found and destroyed was 2,499.

NATIONAL "RAT WEEK."

The annual National "Rat Week" was held from the 6th to 11th November, and the following methods were adopted for the extermination of rats:—

Notices were published in the local newspaper drawing the attention of the public to their liability under the Rats and Mice (Destruction) Act for the destruction of rats and mice, and inviting those concerned to apply to the Health Department for advice and assistance; many communications were received.

The Ministry of Agriculture and Fisheries bulletin on "Rat Extermination" was available to anyone seeking information, and was also distributed. Rat poisons were in some instances supplied, and the persons desiring to use these instructed in their effective use.

Gassing by "cyanogas gas" was carried out in dealing with harbourages isolated from dwelling-houses, on private refuse tips, and any premises where this method of destruction could be used with safety.

As in previous years, the co-operation of the Borough Engineer has resulted in the laying of poison baits in the sewers.

I have every reason to believe that the "Rat Week" has been very effective. The actual number of rats known to have been destroyed as the result of trapping, gassing, and from poisons is 184. In addition, there are the baits known to have been taken from the sewers, and to this number must be credited those destroyed in refuse dumps by "cyanogas gas" by the Sanitary Inspectors.

MERCHANDISE MARKS ACT, 1926.

Six hundred and seventy-eight visits were made to shops markets and hawkers' trucks, to see that the provisions of the Acts were carried out.

DRAINAGE UNDER THE NEW BUILDING BYE-LAWS.

During the year 640 plans were submitted, of which 507 were approved and 133 disapproved.

The approved	plans c	ompris	e:-			
Dwelling-houses						 1,004
Alterations						 127
Miscellaneous build	ings, sh	op fro	nts, et	c.		 143
Sewers, etc						 15
Work complete	d:-					
Houses						 732
Alterations						 108
Miscellaneous build	ings .					 164
New Streets						 2
Number of inspecti	ons dur	ing pr	ogress	of wo	rk	 7,732
Number of drains	tested a	and ret	ested			 1,759

WORK CARRIED OUT UNDER THE SOUTHAMPTON CORPORATION ACTS AND BYE-LAWS, RELATING TO THE DRAINAGE OF EXISTING BUILDINGS.

During the year 156 notifications were received with respect to the repair and alteration of drainage in compliance with Section 11 of the above Bye-laws.

The following works were carried out and supervised by the Department after notification:—

l	Premises drained to the Sewer		 		13
ŀ	Drains reconstructed		 		60
	,, cleared and repaired		 		61
	" ventilated		 		2
l	Intercepting traps fixed		 		21
Ì	Inspection chambers constructe	d	 		36
	37		 		52
į	New soil pipes fixed		 		21
į	Bath, sink wastepipes, etc., disc		m drai	ns	5
	New traps fixed		 		65
	Sanitary sinks provided		 		14
	Water-closets reconstructed				6
	XX7 . 1 . 1		 		40
	Cesspools abolished		 		2
	External light and ventilation				8
	Urinals		 		I
	Yards paved and drained		 		3
	Yard paving repaired		 		5
	Water-closets constructed				
			 		34

WATER SUPPLY FROM WELLS.

No samples of water were taken for analysis, but 26 houses were connected to the Southampton public supply.

OFFENSIVE TRADES.

The following offensive trades are carried on in the Borough: Gut Scraper I, Tallow Melter I, Tripe Boiler I, Dealers in Rags, Bones, etc., 8, Fish Friers 54, Dealers in Animal Skins 2.

During the year 8 applications were received to establish the trade of Fish Frier, all of which were refused.

SLAUGHTERHOUSES.

There are 7 Registered and 22 Licensed Slaughterhouses in the Borough; 4,100 visits were made, and the premises generally kept in a satisfactory condition.

PUBLIC HEALTH MEAT REGULATIONS, 1925.

Nine hundred and sixty-four carcases were marked in accordance with the provisions of the Regulations.

FOOD.

In carrying out the systematic inspection of food, the following visits were made to premises where food is prepared, stored, or sold:—

Slaughterhouses				 4,100
Butchers' Shops				 2,333
Sausage Factorie	S			 266
Wholesale Stores	, Mai	rkets, e	tc.	 1,413
Fish Shops				 371
Ice Cream Facto	ries			 234

MEAT AFFECTED BY TUBERCULOSIS SEIZED OR SURRENDERED.

		In Slaughter- houses.	In Shops.	Weight.
Carcases of Beef	 	 45	_	24,456 lbs.
" Pork	 	 36	-	4,152 lbs.
Part carcases of Beef	 	 34	-	3,248 lbs.
" " Pork	 	 193		2,370 lbs.

The following is a summary of the diseased and unsound food destroyed during the year:—

BEEF.

Whole Carcases 55, Quarters 71, Livers 173, Lungs 63, Offals 70, Heads 59, Tongues 57, Hearts 7, Skirts 4, Mesenteries 12, Kidneys 14, Sundry pieces of Beef 2,646 lbs.

Total weight of Beef, 49,483 lbs.

PORK.

Whole Carcases 60, Quarters 24, Offals 275, Heads 165, Sundry pieces of Pork 398 lbs.

Total weight of Pork, 11,834.

MUTTON AND LAMB.

Whole Carcases 52, Offals 56, Sundry pieces 230 lbs. Total weight, 2,267 lbs.

VEAL.

Part Carcases 2, Plucks 2.

Total weight of Veal, 66 lbs.

FISH.

Three hundred and twenty-five boxes of Haddock, 128 boxes of Fillets, 36 boxes of Bloaters, 139 boxes of Kippers, 76 stone of Plaice, 195 stone of Mackerel, 232 stone of Codfish, 12 stone of Roes, 40 stone of Herrings, 75 stone of Whiting, 38 stone of Soles, 6 stone of Megrims, 62 stone of Mixed Fish, 18 stone of Mullet, stone of Skate, 3 stone of Sprats, 39 tins of Prawns, 10 gallons of Cockles, 29 gallons of Shrimps, 18lbs. of Salmon, 72 Escallops, 79 lbs. of Lobsters, 32 barrels of Crabs.

Total weight of Fish, 23,067 lbs.

FRUIT, VEGETABLES, ETC.

Eight boxes of Grapes, 24 Rabbits, 45 lbs. of Cheese, 6 Geese, 5 lbs. of Bacon, 12 Ducks, 130 lbs. of Tapioca, 285 tins of Meat, 266 tins of Milk, 171 tins of Tomatoes, 238 tins of Fruit, 11 ns of Fish.

Total weight, 2,638 lbs.

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

Five hundred and twenty-eight samples were taken by the Sanitary Inspectors during the year and submitted to the Public Analyst.

Two hundred and seventy-six were formally purchased in accordance with the Act, and 252 were informal or test samples, 32 of the latter being milk samples.

Proceedings were taken in 17 instances, and convictions obtained in 2. In 5 instances the cases were dismissed, the magistrates accepting the plea that the milk was sold as yielded by the cow. In 10 instances the summons were withdrawn.

	A	RTICI	LE.		97	Number of Samples.	Genuine.	Adulterated
Arrowroot						5	5	
Aspirins						4	4	
Bacon						3		
Butter						28	3 28	
Beefex						I	I	
Cheese				***		16	16	
Cocoa						6	6	
Coffee						7	7	
Coffee Extr	act					2	2	
Cream						2	2	
Custard						7	7	
Flour						3	3	
Glycerine						4	4	
Gregory Po	wder					3	3	
Ground Gin	ger					2	2	
Iodine						3	3	
Jam						3	3	
Lard						20	20	***
						28	28	
Meat Paste						3	3	
" Extra	ct		***			2	2	
Mustard						8	8	
Milk						309	289	20
" Conder						II	II	
" Dried						3	3	
Non-Alcoho	lic Wi	ne				2	2	
				***		3	3	
Pepper						7	7	
Pearl Barle	У					3	3	
						4	4	
						II	II	
Seidlitz Pov						3	2	I
Sponge Cak						3	3	
Tartaric Ac						2	2	
Vinegar		•••	•••		•••	7	5	2
	To	otals				528	505	23

The following Table shows the number of articles analysed which were found to be adulterated, and the result of proceedings taken:—

1					
SCHOOL SALES	No. of Sample.	Date.	Article.	Adulteration.	Result of Proceedings.
ı	30	Jan. 17	Vinegar	Wood Vinegar	Test sample
	96	Feb. 23	Milk	9.7% added water	Fined £2
	116	Mar. 7	Milk	11.6% deficient in fat	Case dismissed, the Magi- strates accepting the plea that the milk was sold as yielded by the cow
ı	144	,, 30	Seidlitz Powder	Incorrectly labelled	Vendor cautioned. Test sample
I	145	Apr. 4	Milk	18.39% deficient in fat	Fined £3
۱	190	May 22	Milk	7.6% deficient in fat	No proceedings taken
١	241	June 19	Milk	20.0% deficient in fat	Summons withdrawn
١	243	,, 22	Milk	5.3% deficient in fat	Transit sample re No. 241.
1	244	,, 22	Milk	7.3% deficient in fat	Summons withdrawn
	267	July 3	Milk	2.79% added water	See transit samples Nos. 277, 278, 279, 284, 285, 287, 290
	377	,, 10	Milk	19.8 added water	270, 279, 204, 203, 207, 290
	:78	,, 10	Milk	14.0% added water	
	:79	,, 10	Milk	19.0% added water	
	84	,, 10	Milk	18.9% added water and	Summons withdrawn
	85	,, 10	Milk	15.0% deficient in fat 10.87% added water & 8.3% deficient in fat	
	87	,, 10	Milk	10.8% added water	
	90	,, 10	Milk	18.1% added water	
	97	,, II	Milk	20.0% deficient in fat	Test sample
	II	Aug. 14	Milk	10.6% deficient in fat	Case dismissed, the Magi- strates accepting the plea that the milk was sold as
	16	,, 29	Milk	14.6% deficient in fat	yielded by the cow Ditto ditto
	56	Sept. 18	Milk	6.6% deficient in fat	Ditto ditto
	73	,, 27	Milk	23.6% deficient in fat	Ditto ditto
1	54	Nov. 9	Vinegar	Wood Vinegar	Test sample

MILK AND DAIRIES (CONSOLIDATION) ACT, 1915, and THE MILK AND DAIRIES (AMENDMENT) ACT, 1922.

There are now 197 purveyors of milk, including 14 cowkeepers, registered in the Borough.

The total includes 41 purveyors of milk who reside outside the Borough. During the year one cowkeeper ceased to keep cows, and his name has been removed from the Register.

Particulars.	Town Proper.	Shirley, Freemantle, and Millbrook.	Portswood and Bitterne Park.	Bassett and Swaythling.	Woolston, Itchen and Bitterne.	Outside the Borough.	Total.
Number of Cowkeepers on Register		4		5	5		14
Number of Purveyors of Milk on Register	58	41	14	7	22	41	183
Number of Purveyors of Milk registered during the year	5	6			7	6	24
Number of Cowkeepers registered during the year							

NUISANCES ABATED IN DAIRIES, COWSHEDS AND MILKSHOPS.

Milkshops cleansed	d and	whitev	vashed		 216
Dairies "		,,			 68
Cowsheds "		,,			 56
Dairies paved					 3
Dairies' paving rep	paired				 6
Drains repaired					 I
Eaves, guttering a	nd stac	kpipe	repaire	d	 3
Roofs repaired					 4
Floors repaired					 I

Total ... 358

MILK AND DAIRIES (CONSOLIDATION) ACT, 1915. MILK AND DAIRIES ORDER, 1926.

On the 15th March, 1933, the Council decided to appoint a Veterinary Inspector to carry out twice yearly a routine inspection of all dairy cows within the Borough, also, when deemed advantageous, to subject any individual cow to a Tuberculin Test. During the year all premises where cows are kept, 12 in number, were visited twice, and 304 examinations of cows were made. Fourteen cows were tested by means of Tuberculin, and three were subsequently slaughtered. One was found to be in an advanced tuberculous condition, and the carcase was destroyed; with regard to the other two cows, certain organs only were found to be affected in a minor degree, and the carcases were passed for food.

In conjunction with the inspection of cattle, 22 samples of milk were taken for bacteriological examination. The samples included mixed milk from the whole of herds, samples from individual cows, and samples taken from milk being delivered to dairies from sources outside of the Borough. Two samples were found to contain Tubercle Bacteria, and the remaining 20 samples showed no evidence of Tubercle.

MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

During the year five applications were received from purveyors of milk for licences to use the designation "Certified Milk." Two o use the designation "Grade A" (Tuberculin Tested Milk), and sixteen to use the designation "Pasteurized Milk."

Test samples were taken by the Sanitary Inspectors of 15 Pasteurized Milks, 14 Certified Milks, and one Grade A Tuberculin Tested Milk.

Two samples of Pasteurized Milks were found to contain more Bacteria per c.c. than the licences allowed. The vendor was autioned, and subsequent samples were taken and found to omply with the order. One sample of Certified Milk was found eficient in fat. The remaining samples complied with the tandard laid down by the order.

HOUSES LET IN LODGINGS.

There are 14 houses in the Borough registered under the Bye-laws relating to Houses Let in Lodgings.

One hundred and forty-six visits were made, and the houses generally kept in conformity with the Bye-laws.

COMMON LODGING HOUSES.

There are 12 common lodging houses in the Borough with registered accommodation for 484 persons.

Applications for the registration of all 12 houses were made previous to the 31st December, by the registered keepers, in accordance with the provisions of the Southampton Corporation Act, 1910.

One thousand four hundred and twenty-two visits were made during the year, and the premises generally were kept in a satisfactory condition.

FACTORY AND WORKSHOP ACTS.

SUMMAR	Y OF	VISITS	DURING	YEA	RI	933.
Factories						93
Workshops	and W	orkplaces				1,266
Bakehouses	(includ	ling Facto	ory Bakeh	ouses)		469
Laundries	(includir	ng Factor	y Laundri	es)		39
Visits re Sa	anitary	Matters				635
			Total			2,502

Reports received from H.M. Factory Inspector during the year, viz.:—

Nature of Report.		No. Sent in.	Action Taken.
New Workrooms and Change of Addre	ess	Nil	, Jak had
Workshops Notified (already on L.A Register or re-notified after Notice from Local Authority)	e	Nil	
Sanitary Defects		2	Notices served and defects remedied.
Total		2	

Five notifications have been sent to H.M. Factory Inspector during the year, respecting new Workshops, change of address, or infringements of the Factory and Workshop Acts.

Eleven new Workrooms have been measured during the year.

BAKEHOUSES.

There are 113 Bakehouses on the Register, 68 being Factories and 45 Workshops. Ninety-two of these were in use at the end of the year, and 21 were unoccupied.

They give employment to 405 males and 41 females, in addition to those employed as shop assistants, roundsmen, etc.

Four hundred and sixty-nine visits of inspection were made during the year, and 15 nuisances abated.

All occupied Bakehouses were re-limewashed twice during the year in accordance with the Regulations.

Two new Bakehouses were constructed during the year.

LAUNDRIES.

There are 31 Laundries on the Register, 18 of which use mechanical power and 13 manual labour.

Thirty-nine visits of inspection have been made during the year.

In addition to the foregoing, 635 visits have been made during the year, comprising re-visits to Factories, Workshops, Workplaces, Bakehouses and Laundries, serving notices, investigating complaints of nuisances, overcrowding and various other matters.

HOMEWORK.

During February 39 lists were sent in containing the names and addresses of 73 Outworkers, and during August 39 lists containing the names and addresses of 71 Outworkers.

Of the 71 names received in August, three reside outside the Borough, 18 occupy premises registered as workshops, and of the remainder (50), 48 work on wearing apparel, and 2 on upholstery needlework.

The names and addresses of the Outworkers living outside the Borough have, in accordance with Section 107 of the Factory and Workshop Acts, been forwarded to the Authorities of the District in which they reside.

One hundred and ten visits of inspection have been made during the year, and five nuisances abated.

NUISANCES ABATED.

The number of nuisances abated during the year were 98, viz.:—Factories 4; Workshops and Workplaces 79; and Bakehouses 15.

NUISANCES ABATED DURING THE YEAR.

	Factories.	Workshops.	Workplaces.	Bakehouses.	Laundries.	Totals.
Drains relaid, trapped and ventilated		I				I
,, cleared or repaired		2				2
,, inspection chambers constructed		2				2
,, soil pipes fixed		I				I
Sanit'ry conveniences provided to premises	2	2	2			6
,, cleansed & limewashed		4	4			8
,, screened for privacy ,, provided (separate	•••	I				I
for sexes)	I	5				6
,, re-constructed				I		I
Water-closets, new pans fixed, ,, cisterns, flush pipes, etc.,		I	I			2
fixed intervening ventilated				I		I
spaces provided		2	I			3
roofs repaired Defective roofs, walls or floors of work-		3	4	2		9
shops repaired		7	2	2		II
Workshops lighted and ventilated		í				I
,, cleansed and limewashed		17	5	2		24
Yards paved or repaired		I		1		2
Eaves, guttering and stack-pipes repaired		4	I	2		7
Smoke nuisances abated	I					I
Defective manure vaults repaired				I		I
Accumulations of manure or refuse removed		3	2	3		8
Totals	4	57	22	15		98

CASES OF INFECTIOUS DISEASE OCCURRING IN HOMES OF EMPLOYEES OF FACTORIES AND WORKSHOPS.

Six cases of Scarlet Fever, and three cases of Diphtheria occurred in the homes of employees of Factories and Workshops during the year.

All were removed to the Isolation Hospital.

The workers living in the houses in which Scarlet Fever cases occurred received a disinfecting bath, and had their clothes disinfected before resuming duties.

The premises in which cases occurred were disinfected, and bedding removed for disinfection after the removal of patients to Hospital.

THE RAG FLOCK ACTS, 1911 and 1928.

There are no premises in the district in which rag flock is manufactured. Bedding manufacturers and upholsterers obtain their supplies from factories outside the Borough. Inspections are made and samples taken of these supplies by the Workshop Inspector.

Seven samples were taken during the year and submitted to the Public Analyst, the result being as follows:—

No. of Sample.	Result of Analysis.						
ī	Chlorine as	Chlorides,	10.0	parts per	100,000		
2	,,	,,	7.5	,,	,,		
3	,,	,,	7.5	,,	,,		
4	,,	,,	6.3	,,	,,		
5	"	,,	7.3	,,	,,		
6	,,	,,	317.0	,,	,,		
7	,,	,,	12.5	,,	,,		

Note.—The limit of Chlorine permitted by the Act is 30 parts per 100,000.

With reference to Sample No. 6, which on analysis showed 17.0 parts per 100,000 of Chlorine as Chlorides, i.e., 287.0 parts per 100,000 in excess of the limit allowed, proceedings were taken against the firm concerned. The case was before the Justices on Monday, 25th September, and the defendant, who pleaded guilty, was let off on payment of costs.

SHOPS ACT, 1912 to 1928.

During the year 2,335 visits of inspection were made under the Act, and the following prosecutions were taken for contraventions:—

Date.		Initials of Defendants.	Nature of Offe	Result.	
Jan.	I2 I2	F.C.	Selling non-exempted articles	icles after hours	Fined 10/- Fined 10/-
Aug.	12	J.A.S. W.G.	Ditto	ditto ditto	Fined 20/-
,,	4	F.P. P.G.M.	Ditto	ditto	Fined 5/- Fined 5/-
oct.	4	J.H.C. W.J.B.		ditto ditto	Fined 10/- Fined 5/-
"	9	M.N.	Ditto	ditto	Fined 5/-

In addition, 110 verbal warnings were given to various shopkeepers during the year.

The two following Tables are inserted by request of the Secretary of State.

FACTORIES, WORKSHOPS AND WORKPLACES.

1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of					
(I)	Inspections. (2)	Written Notices. (3)	Occupiers prosecuted. (4)			
Factories (including Factory Laundries)	107	4				
Workshops (including Workshop Laundries)	1,106	8				
Workplaces (Other than Outworkers' premises)	185	4				
Totals	1,398	16				

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

-		Nu	mber of Defe	ects.	Number of Offences in respect to
	Particulars.	Found.	Remedied.	Referred to H.M. Inspector.	which Pro- secutions were instituted.
	(1)	(2)	(3)	(4)	(5)
N	UISANCES UNDER THE PUBLIC HEALTH ACTS:-*				
4	Want of Cleanliness	32	32		
Y	Want of Ventilation	I	ı		
4.	Overcrowding				
4	Want of drainage of floors				
9	Other nuisances	37	37		
	Sanitary (insufficient unsuitable or	6	6		
	Sanitary accommodation unsuitable or defective not separate for	. 16	16		
	sexes	6	6		
0	FFENCES 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 Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921).				
	Totals	98	98		

^{*} Including those specified in Sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

3.—OUTWORK IN UNWHOLESOME PREMISES, Section 108. NIL.

Analyst's Department.

ANALYST'S DEPARTMENT.

ANNUAL REPORT for the Year 1933.

To the Worshipful the Mayor, Aldermen and Councillors of the County Borough of Southampton.

LADIES AND GENTLEMEN,

I have the honour to submit herewith a summary of the work carried out by this Department during the year 1933.

Section 1.—Food and Drugs (Adulteration) Act, 1928.

Samples	submitte	ed by Inspectors				528
,,	,,	Privately				63
. 17	,,	by Isle of Wight	Count	y Coun	cil	137
,,	,,	by Winchester C	ity Cou	ncil		56

Table I shows the articles examined under the above Act (excluding samples submitted by the Isle of Wight and Winchester Authorities and private samples from outside the Borough), and the number of adulterated samples submitted by Corporation Inspectors and private residents in the Borough.

TABLE I.

Name of	f Artic	le.	Number of	Samples.	Numbe Adulterated	
			Inspectors.	Private.	Inspectors.	Private.
Arrowroot			5	_	_	_
Amelela			4	_	_	_
Danes			3		_	-
D 1			3	_	_	_
D of Posturest			3	_	_	
Doubbon			28	_	_	
01			16	_		_
0			6		_	
			7			
	•••		2			
			2			
Custard Powder			7			_
	• • • •		3	-		_
			2	_	_	-
			4	_	_	_
Gregory Powder			3	-	-	-
Jam			3	_	_	-
Lard			20	_	_	_
Margarine			28	_	_	-
Meat Paste			3	_	_	
Milk			309	59	20	9
Milk (Condensed	1)		II	_	-	_
Milk (Dried)			3	_	_	-
Mustard			8	_	_	_
Olive Oil			3	-	-	_
Pepper			7	_	_	_
Dies			4	_	_	-
			II	-	_	
Seidlitz Powders			3	_	I	
Sponge Cakes			3	_	/ _	_
			2	_	_	_
incture of Iodi			3	_	_	_
'inegar (Malt)			7		2	_
Vine (Non-Alco			2			
me (Non-Aico	none,					
To	tals .		528	59	23	9

Table II shows the nature and amount of adulteration, and the action taken by the Local Authority, with the result of the proceedings.

This table applies only to samples submitted by Inspectors of the Southampton Sanitary Authority, under the above Act.

TABLE II.

Artic Analys		No. on Register	Nature and Amount of Adulteration.	f	Action taken.	Result of Proceedings.
Milk		96	9.7% added water		Summoned	Fined £2
,,		116	11.6% deficient in fat		,,	Case dismissed
,,		145	18.3% ,, ,,		,,	Fined £3
,,		190	7.6% ,, ,,		None .	_
22		241	20.0% ,, ,,		Summoned	Case withdrawn
,,		243	5.3% ,, ,,		,,	,,
"		244	7.3% ,, ,,		. "	,,
,,		267	2.7% added water		See 7 follow-	_
,,		277	19.8% ,, ,,		ing samples	_
"		278	14.0% ,, ,,		,,	_
"		279	19.0% ,, ,,		"	_
"		284	18.9% added water and		,,	_
			15.0% deficient in fat		,,,	
"		285	10.8% added water and		Summoned	Case withdrawn
			8.3% deficient in fat		,,	_
,,		287	4.3% added water		,,	"
,,		290	18.1% added water and		"	,,
		100000000	18.3% deficient in fat		- '!	,,
,,		297	20.0% deficient in fat		Informal	
,,		311	10.6% ,, ,,		Summoned	Case dismissed
"		316	14.6% ,, ,,		,,	"
"		366	6.6% ,, ,,		,,	"
27.		373	23.6% ,, ,,		"	,,
Malt.		30	Wood Vinegar		Informal	_
Vine	gar					
 Seidlitz	"	464	. " " " " " " " " " " " " " " " " " " "		** 3"	_
		144	Incorrectly labelled "Ext	ra	Vendor	_
Powder			Stron	g ''	cautioned	

MILK SUPPLY.

The percentage of adulterated samples taken by Inspectors was 6.4%, against 2.02% in 1932, 7.88% in 1931, 2.09% in 1930. This percentage, however, does not give a strictly accurate idea of the general supply, as several of the adulterated samples were repeat samples from the same source. A considerably increased number of milk samples is now being examined, 309 samples being received this year from Inspectors, against 203 in 1931.

The monthly averages of genuine official samples are given below:

ele	ow:				Non-fatty	Total
				Fat %	Solids %	Solids %
	January		 	3.83	8.87	12.70
	February		 •••	3.75	8.82	12.57
	March		 	3.53	8.86	12.39
	April		 	3.58	8.83	12.41
	May		 	3.55	8.88	12.43
	June		 	3.51	8.82	12.33
	July	•••	 	3.61	8.83	12.44
	August		 	3.72	8.72	12.44
	Septembe	r	 	3.82	8.79	12.61
	October		 	3.84	8.85	12.69
	Novembe	г	 	3.88	8.95	12.83
	December	r	 	3.99	8.94	12.93

TABLE III.

Showing the average composition of Milk received from Inspectors during the past seven years.

Year.	1927	1928	1929	1930	1931	1932	1933	
Fat %		3.65	3.56	3.54	3.63	3.73	3.75	3.72
Non-fatty Solids %		8.91	8.99	9.02	9.07	8.91	8.88	8.84
Cotal Solids %		12.56	12.55	12.56	12.70	12.64	12.63	12.56

Milk (Special Designations) Order, 1923.

The number of samples examined with regard to bacterioogical content has increased considerably. Last year ten were
examined, and this year the number from all sources was 75.

Of these, 30 were submitted by Corporation Inspectors, 15 being
pasteurized, 14 certified, and one Grade A.T.T. All the Inspectors'
examples, with the exception of two pasteurized milks, were satisactory bacteriologically, but one sample of certified milk was

20.0% deficient in fat. Of the other 45 samples submitted, some were from the Isle of Wight and Winchester, and some from private individuals. A few of these did not comply with the regulations.

Public Health (Preservatives, etc., in Food) Regulations, 1927.

The Public Health Regulations, with regard to preservatives in food, continue to be well observed. The following of the samples submitted under the Food and Drugs Act were examined for preservatives with negative results:—Milk, butter, margarine, cream, custard powder, jam, barley, arrowroot, meat extract, bacon, coffee extract, and meat paste. Two samples of ginger and one of sausages were preserved with sulphur dioxide in permissible amounts. A sample of orange squash contained both sulphur dioxide and benzoic acid.

Section II.—Public Health (Regulations as to Food) Act, 1907.

These samples comprised foodstuffs imported into the Docks for home consumption. Thirty-four were examined and reported upon to the Medical Officer of Health, consisting of one or more of the following:—Oranges, apples, pears, drinking water, tallow, canned tomatoes, herrings and pilchards, apricot jam, grape fruit juice, black currants, and glucose.

Seven samples of drinking water were not satisfactory. The pears had been sprayed with arsenical insecticide, and a sample of grape fruit juice contained an excessive amount of sulphur dioxide preservative.

Section III.-Gas Regulation Act, 1920.

Official testing under this Act commenced on October 27th, 1922, and the gas has been systematically tested by daily tests ever since. The Fairweather Recording Calorimeter is now in use, by means of which the actual calorific power of the gas is recorded continuously throughout the day and night. During the past year the Gas Company has fulfilled its statutory obligations which refer to the calorific power of the gas, its freedom from sulphuretted hydrogen, and the maintenance of a pressure of no less than two inches of water. The following table gives a summary of the quarterly results for the year 1933.

TABLE IV.

Quarter.	Number of tests.	Highest test. B. Th. U.	Lowest test. B. Th. U.	Average test. B. Th. U.	No. of times below 460 B. Th. U.	Sulphuretted hydrogen.
ıst	90	472.4	453.I	463.1	23	Absent.
and	86	471.0	450.3	461.9	21	,.
3rd	88	470.5	454.0	461.3	25	**
4th	89	477.5	452.6	465.4	II	,,

N.B.—The Gas Company undertakes to supply gas of an average calorific value of not less than 460 British thermal units per cubic foot, at a minimum pressure of two inches of water, and free from sulphuretted hydrogen.

Section IV .- Rag Flock Act, 1926.

Seven official samples were submitted by the Inspector. One sample was found to be very dirty, and the manufacturer was summoned. The defendant pleaded guilty, and was discharged on the payment of costs.

Section V .- General.

ATMOSPHERIC POLLUTION.

Commencing on April 1st, 1933, observations have been made of atmospheric pollution in the Borough in connection with the general scheme of the Department of Scientific and Industrial Research. A gauge has been erected in the meteorological enclosure of Andrew's Park, and monthly examinations are made of the accumulated deposits. The following table gives the chief results obtained:—

TABLE V.

Month.					Tarry Matter.	Sooty Matter.	Total Solid Deposit.	
April					0.47	1.87	13.35	
May					0.32	2.74	11.98	
June					0.34	2.53	11.09	
July					0.34	1.84	16.16	
August					0.34	1.16	11.53	
September					0.47	2.05	14.13	
October		***			0.44	1.94	12.73	
November					0.27	1.84	8.10	
December				***	0.44	1.77	9.01	

The figures are in tons per square mile.

These figures show the degree of atmospheric pollution to be about one-third of the average pollution of London.

During the year 1933, the following samples of a general kind have been examined for Corporation Departments and for private individuals, and the details have been given in the Quarterly Reports submitted to the Health Committee.

Health Department	•••	26	samples
Waterworks Department		368	,,
Engineer's Department		5	"
Electrical Engineer's Departmen	t	I	sample
Police		3	samples
Baths Department		2	,,
Borough Coroner		17	,,
St. Mary's Institution		2	,,
Private		26	"
Determinations of Water Hardne	ess I	,098	,,

The above samples include routine samples taken to inspect the town water supply, baths water, and sewage.

Water Softening.

The Town Water Supply has a natural hardness of about 16° (Clark's Scale), and the following table gives a summary of the results obtained by the softening process carried out at the Corporation Waterworks, one sample having been taken daily from each of the sources:—

TABLE VI.

Hardness of the Borough Water Supply for the Year 1933.

Source of Sample	Hardness.				
Source of Sample.	Highest.	Lowest.	Average.		
French Street (Otterbourne)	 	16.25°	8.0°	9.2°	
Isolation Hospital (Twyford)	 	9.5°	5.25°	7.1°	
Redbridge (Timsbury)	 	11.75°	6.25°	8.6°	

TABLE VII.

GENERAL SUMMARY FOR THE YEAR 1933.

		Number of Samples.
Food and Drugs (Adulteration) Act		784
Milk (Special Designations) Order, 192	3	75
Public Health Regulations		34
Gas Regulation Act		353
Rag Flock Act		7
General		450
Determinations of Water Hardness		1,098
Total		2,801

Fees received for private analyses ... £320 6s. od.

In conclusion, I should like to express my appreciation of the work done by my assistant, Mr. R. Watridge. In dealing with the largely increased work now being done by the Department, he continues to be an invaluable aid.

I am, Ladies and Gentlemen,

Your obedient Servant,

S. EMSLEY,

Public Analyst.

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Southampton Port Sanitary Authority.

Southampton Port Sanitary Authority.

ANNUAL REPORT

FOR THE

Year ended 31st December, 1933.

PORT OF SOUTHAMPTON.

The Port and Harbour of Southampton are controlled by the Southampton Harbour Board as constituted by the Southampton Harbour Act, 1913.

The Port Sanitary Authority, which was permanently constituted by an Order of the Local Government Board, dated June 8th, 1893, is "the Mayor, Aldermen, and Burgesses of the Borough of Southampton acting by the Council." It exercises Port functions in waters abutting upon the Urban Sanitary District of Southampton, and upon the Rural Sanitary Districts of New Forest, South Stoneham, and Fareham.

LIMITS OF JURISDICTION.

The limits of jurisdiction are "so much of the said Port of Southampton as is comprised within the following lines; that is to say:—

"A straight line following and coincident with the common boundary of the Customs Ports of Southampton and Portsmouth, and drawn from Hill Head to that point in the said common boundary which is nearest to the Bramble Buoy; a straight line drawn from the last-mentioned point to the most northerly point of Calshot Castle, and a line coincident with the boundary of the said Port of Southampton, and drawn from the lastmentioned point up the stream called the Southampton Water, and following the said boundary to Hill Head aforesaid, together with the waters of the said Port of Southampton within such limits, and the place or places for the time being appointed as the Customs Boarding Station or Stations for such part of the said Port, and every other place for the time being appointed for the mooring or anchoring of ships for such part of the said Port, under any regulations for the prevention of the spread of diseases issued under the authority of the Statutes in that behalf, and the docks, basins, quays, wharves, rivers, creeks, streams, channels, roads, bays, and harbours within the aforesaid limits."

PART I.

Sections I to VII, Tables A to J, are prepared in the form and sequence requested by the Ministry of Health in Memo. 174/S.A.

Part II gives in further detail the work connected with Port Sanitary Administration.

Section I.—AMOUNT OF SHIPPING ENTERING THE PORT DURING THE YEAR 1933.

			Number]	Number Inspected.		Number of	Number of Vessels reported as
	Number.	Net Tonnage.	By the Medical Officer of Health.	By the Sanitary Inspector.	Number reported to be Defective.	Vessels on which defects were remedied,	having, or having had, during the voyage infectious disease on board.
Foreign—Steamers Motor	2,12I 363 I	7,816,540 1,984,986	688	1,448	55	51	122 40
	::	:	: :		::	: :	: :
Total Foreign	2,485	9,801,554	788	1,703	58	53	162
Coastwise— Steamers	6,989	1,312,309	I	905	63	46	9 6
Sailing Fishing	1,779	65,456	: : :	87	· : :	o : :	1::
Total Coastwise	12,987	1,649,417	I	1,158	89	49	8
Total Foreign & Coastwise	15,472	11,450,971	789	2,861	126	102	170

Section II.—CHARACTER OF TRADE OF PORT. TABLE B.

(A) Passenger Traffic during 1933.

	Pla	ices out	of Euro	pe.	Con-	Channel	Teores
Number of Passengers.	ıst Class.	2nd Class.	Tourist Class.	3rd Class.	tinent of Europe.	Channel Islands.	Trans- migrants.
Inwards	20,921	7,687	15,335	20,149	64,445	97,333	1,723
Outwards	20,156	13,233	17,725	18,861	60,988	91,233	3,526

Note.—The figures given in the above table are exclusive of the number of persons travelling on pleasure cruises between the United Kingdom and places out of Europe, as particulars of this class of travel of these passengers are not required to be furnished.

(B) CARGO TRAFFIC.

Principal Imports: Meat, butter, cheese, cocoa, coffee, grain, sugar, fruit and vegetables, hides, skin, and wool.

Principal Exports: Manufactured articles, machinery, etc.

(c) Foreign Ports from which Vessels Arrive.

Ports in Europe, North and South America, Asia, Africa, Australia, and various other Ports throughout the world.

Section III.—SOURCE OF WATER SUPPLY.

(A) FOR THE PORT. (B) FOR SHIPPING.

The water supply to the Docks and vessels at this Port forms part of the supply to the Borough of Southampton, and is directly controlled by the Corporation, and is obtained from deep wells sunk in the chalk at Otterbourne, Twyford and Timsbury.

The water supply has a natural hardness of about 16 $^{\circ}$ (Clarke's Scale), which is reduced by softening process to an average of about 8 $^{\circ}$.

The Southampton Corporation supplies water to the whole of the Docks, and mains are available at every berth.

The same water is available at the Town Quay, Shell Mex and Agwi Jetties, Southampton Water, and at the Wharves at Eling, Redbridge, and along the River Itchen.

The general practice therefore, is for vessels to take on water rect from the mains, but for other vessels which do not berth, ere are nine water boats equipped for the purpose of transrting fresh water.

There is no supply of fresh water available other than that pplied by the Southampton Corporation, and its high standard purity is ensured by regular chemical and bacteriological alysis.

NUMBER OF WATER BOATS AND THEIR SANITARY CONDITION.

Of the nine boats equipped as water carriers, three are emoyed solely for this pupose:—Ariel, 20 tons; Aquator, 200 tons; d Test, 80 tons. The remaining six:—Beaulieu, 18 tons; maparte, 20 tons; Erni, 100 tons; Flying Kestrel, 154 tons; tulier, 60 tons; and Romsey, 100 tons, are primarily used as gs, and only occasionally used as water boats.

All these boats have been periodically inspected and found to in a satisfactory sanitary condition. Samples of water are briodically taken and submitted to analysis.

In three cases where the Analyst's report showed deteriorain from the standard of town water, cleansing of the tanks as carried out.

Section IV .- PORT SANITARY REGULATIONS, 1933.

These Regulations, which came into force 1st May, 1933, we further effect to the International Sanitary Convention of ris, 1926, and consolidate and extend powers given under the olera, Yellow Fever, and Plague Regulations, 1907, The Port nitary Authorities (Infectious Diseases) Regulations, 1920, and e Public Health (Deratisation of Ships) Regulations, 1929, all which are revoked thereby.

Prior to the coming into operation of the Regulations, inferences were held between (a) representatives of the Port nitary Authority and H.M. Customs, Harbour Board, Pilots, in the Southern Railway Company; (b) the Port Medical ficer and representatives of H.M. Customs to agree upon the pocedure to be adopted to ensure the maximum co-operation tween the two Authorities in the administration of the gulations.

I. ARRANGEMENTS FOR DEALING WITH "DECLARATION OF HEALTH."

By agreement with H.M. Customs, the following arrangements have been put into force:—

- (a) That where a vessel is first boarded by an officer of the Port Sanitary Authority, that officer shall retain the "Declaration of Health," and leave an "All Clear" Certificate on board for the Customs Officer.
- (b) That where an officer of Customs and an officer of the Port Sanitary Authority board a vessel together, the latter officer shall take the "Declaration of Health," and hand the "All Clear" Certificate to the Customs Officer.
- (c) That where a vessel is first boarded by a Customs Officer, that officer shall take the "Declaration of Health," and forward it to the Port Sanitary Authority as soon as possible, and the officer of the Port Sanitary Authority receiving the "Declaration of Health" shall sign a receipt, if required.

It was foreseen that difficulty might arise, owing to the Customs Officer visiting a vessel down the river and taking away the "Declaration of Health." Should such vessel subsequently be visited by an officer of the Port Sanitary Authority, no "Declaration of Health" would be available.

To meet this contingency, a form was devised and issued to be left on board by the Preventive Officer, stating that he had received the "Declaration of Health" and the action taken by him.

The use of the Blue Medical Certificate, which had previously been used in this Port, was discontinued in the case of foreigngoing vessels, but its use has still been continued for vessels trading exclusively within the "Home Trade" limits.

2. Boarding of Vessels.

All vessels entering the docks are boarded on arrival by an officer of the Port Sanitary Authority and H.M. Customs. Vessels which berth outside the docks are boarded by H.M. Customs on arrival, and those requiring attention are dealt with by the Port Sanitary Authority. In addition, a round of these vessels is made by launch for the purpose of inspecting as to their sanitary condition.

All vessels which arrive from any foreign port or seaboard which is included in the list prepared pursuant to the provisions of Article II, and any vessels which have had a case of infectious disease during the voyage are visited by the Port Medical Officer.

3. Notification to the Authority of Inward Vessels requiring Special Attention (Wireless Messages, Land Signal Stations, Information from Pilots, Customs Officers, etc.).

The telegraphic address of "Portelth Southampton" has been registered for the purpose of receiving wireless messages, and arrangements made for de-coding any messages received.

The voluntary system adopted by many companies in this Port, of advising the Port Sanitary Authority in advance regarding health conditions on incoming vessels, was continued throughout the year.

These messages were based on information contained in the general wireless message received by the agents from the vessel. This system was not adopted by all companies, and, as the result of experience gained, it was decided to apply to the Minister of Health for Article 6 of the Regulations to be made applicable to this Port. By notice in the "London Gazette," 31st October, 1933, the Minister declared that the provisions of this Article shall apply to this Port on and from 1st February, 1934. H.M. Customs also advise the Port Sanitary Authority of any case of sickness which comes to their notice when visiting outlying vessels.

4. Mooring Stations Designated under Article 10: (a) Within the Docks, (b) Outside the Docks.

The following "Mooring Stations" have been established with the concurrence of the Customs and Harbour Authorities:—

Inner Mooring Stations.

- (a) For vessels bound for the Southern Railway Docks, for Agwi Jetty, or for Shell-Mex Jetty.—The usual place of mooring, subject to the vessel being moored at least six feet from the quay or jetty.
- (b) For vessels bound for places in the Southampton Port Sanitary Area other than those specified at (a)— Between Hythe Pier and the Pilot Cutter Moorings in Southampton Water.

Outer Mooring Stations.

- (a) For vessels not exceeding 500 feet in length.—Between Hamble Spit Buoy and Shell-Mex Jetty in Southampton Water.
- (b) For vessels exceeding 500 feet in length.—At Stokes Bay.

The Outer Mooring Station at Stokes Bay, being outside the Southampton Port Sanitary District, required the approval of the Minister of Health, which has since been obtained, and the Mooring Stations as outlined on the previous page were finally approved by the Council 18th October, 1933.

5. Particulars of any Standing Exemption from the Provision of Article 14.

The procedure agreed upon at the Conference of the Association of Port Sanitary Authorities was that healthy vessels from infected ports should be sent to the ordinary berth by the Customs Officer, and boarded later by the Port Medical Officer.

It was pointed out that by the regulations it was the duty of the Customs Officer to detain a vessel from an infected port at a mooring station, unless the Port Medical Officer of Health otherwise allows.

As inevitable delay would result from detention of such vessels as oil tankers, in Southampton Water, it was suggested that some exemption might be granted in these cases by the Medical Officer.

Vessels from infected ports berthing in the Southern Railway Docks are invariably met on arrival by an officer of the Port Sanitary Authority. For vessels berthing elsewhere, however, the following exemption is authorised by the Port Medical Officer:

That healthy vessels from an infected port should be allowed to proceed to their own berth and to unload, but that that the Medical Officer of Health should be informed as soon as possible.

That, in the event of the ship being unhealthy, the Customs Officer will notify the Port Sanitary Authority at the earliest possible moment and detain the ship.

In view of the comprehensive arrangements in force at this Port to secure that incoming vessels are met on arrival by an officer of the Port Sanitary Authority, it was not considered desirable to give further standing exemptions.

6. Experience of Working Article 16.

It has been the practice of some Shipping Companies to send down employees to board incoming vessels for the purpose of conveying and distributing mails, prior to inspection by an officer of the Sanitary Authority or Customs Officer. As this practice is not in accordance with the Regulations, unless with the express consent of the Port Medical Officer, arrangements have been made for permits to be issued for this purpose on the application of Shipping Companies or agents.

Up to the present no such applications have been refused, and permission would only be withheld on the ground that there was reason to believe that the ship was unhealthy.

It has been the practice in this Port for many years to require address lists of passengers landing at Southampton from all vessels, except those which have called exclusively at North Atlantic ports during the voyage.

This practice has been continued during the year, the lists being prepared prior to the arrival of the vessel, thus obviating delay when the vessel berths.

Special cards have been printed permitting passengers to land, provided they fill in the precise address to which they are proceeding, and undertake to notify the Port Medical Officer forthwith of any change of address which may occur within fourteen days of disembarkation.

These cards would be used extensively in cases of major infections or other cases at the discretion of the Medical Officer. No cases of the major infections occurred, however, since the Regulations came into force.

7. (a) Premises and Waiting Rooms for Medical Examination.

Premises and waiting rooms for medical examinations are provided in connection with the rooms used by the Immigration Officers; on the larger vessels using this Port, adequate facilities for medical examination are available on board.

(b) Cleansing and Disinfection of Ships, Persons and Clothing, and other Articles.

Disinfection of quarters is carried out in all cases of infectious disease by the staff of the Port Sanitary Authority, or by the Shipping Companies under their supervision.

Formalin spray is the method employed together with thorough cleansing. Should fumigation be required, this is carried out by firms of chemists who specialise in this work, under the supervision of the Port Sanitary Authority. Contacts requiring disinfection are taken to the Disinfecting Station at West Quay, where fully-equipped bathrooms are available. Clothing and other articles are also dealt with at this station by means of steam disinfectors.

(c) Premises for the Temporary Accommodation of Persons for whom such Accommodation is required for the Purpose of the Regulations.

No special accommodation has been set aside for this purpose, but this could be speedily arranged, should the occasion arise, at the Borough General Hospital (450 beds), or at one of the hospitals for infectious disease.

(d) Hospital Accommodation available for Plague, Cholera, Yellow Fever, Small Pox, and other Infectious Diseases.

The following Hospitals provided by the Southampton Corporation are available for cases or suspected cases of infectious disease arriving at this Port:—

- Isolation Hospital, Millbrook—148 beds are available for these cases.
- (2) Small Pox Hospital, Millbrook Marsh, providing accommodation for 30 cases.
- (e) Ambulance Transport.

The three motor ambulances provided by the Corporation are available for the Port for the removal of cases of infectious disease. Ambulances provided by the Fire Brigade and the Red Cross Society are also available for non-infectious cases. The motor launch provided by the Port Sanitary Authority is adapted for the transport of two stretcher cases.

(f) Supervision of Contacts.

The procedure for ascertaining passengers' destination has been described in dealing with the working of Article 16, and the Medical Officer of Health of the district to which such passengers are proceeding is informed by letter, giving necessary particulars. Contacts remaining in the Borough are kept under observation by the Sanitary Inspectors.

The same procedure applies to seamen who are paid off in this Port.

8. Arrangements for Bacteriological Examination of Rats for Plague.

All rats caught or found dead about docks or on vessels are brought to the Port Sanitary Office, where they are examined, and a proportion submitted to post-mortem examination by the Medical Officers, specimens being forwarded to the Municipal Laboratory for microscopical and cultural examination.

 ARRANGEMENTS FOR OTHER BACTERIOLOGICAL OR PATHOLO-GICAL EXAMINATION.

This work is carried out by the Pathologist at the Municipal Laboratory.

10. ARRANGEMENTS FOR THE DIAGNOSIS AND TREATMENT OF VENEREAL DISEASE AMONG SAILORS UNDER INTER-NATIONAL ARRANGEMENTS.

The treatment of venereal diseases in accordance with the International Convention is carried out at the new Treatment Centre, which is conducted in a separate building adjoining the other Municipal Clinics at East Park Terrace.

This centre is under the charge of a full-time Venereal Diseases Officer and Pathologist, and is available for treatment daily. Notices giving particulars of the facilities provided are carried by the Sanitary Inspectors, and are distributed by them on their visits to vessels where indicated. In addition, notices are displayed in the public lavatories about the Borough and Docks.

II. ARRANGEMENTS FOR THE INTERMENT OF THE DEAD.

The Port shares the facilities of the town for this purpose, the Corporation providing Cemeteries and a modern Crematorium.

A Municipal Mortuary is available, situated at Platform Road, which adjoins the Docks. Facilities are thus available for the interment of the dead, subject to any special condition which might be imposed by the Medical Officer of Health in respect of persons dying from an infectious disease.

12. OTHER MATTERS, IF ANY, REQUIRING OR RECEIVING ATTENTION.

As required by Article II, a complete list of infected ports and seaboards is compiled each month by the Port Medical Officer, and six copies forwarded to the Chief Preventive Officer, H.M. Customs, any additions or amendments being notified weekly.

Copies of these lists are also forwarded to the Pilots' Association for the information of Inward Pilots.

It has also been found desirable to include in Part 2 of the Declaration of Health columns giving numbers of passengers (British and Alien) landing at Southampton.

PSITTACOSIS.

The Parrots (Prohibition of Import) Regulations, 1930.

The importation of any bird of the parrot species is prohibited by these Regulations, unless for consignment to the London Zoological Society, or by special permission of the Ministry of Health, and enquiries are made on all incoming vessels as to the presence of any bird on board.

Notifications are received by the Port Sanitary Authority of any cases coming to the notice of H.M. Customs.

The following table shows the action taken during the year under these Regulations:—

Eleven notices were served in respect of 36 parrots: 10 were re-exported, 13 were surrendered and destroyed under the supervision of the Port Sanitary Staff, 8 were imported under licence of the Ministry of Health, while 5 which arrived in previous years are under detention on yachts in this Port, and are regularly inspected by the Port Sanitary Staff.

TABLE C.

Cases of Infectious Sickness landed from vessels.

Disease			Number of during 19		Number of Vessels	Average number of cases for
			Passengers.	Crew.	concerned.	previous five years.
Chicken Pox			8	I	9	22.4
Diphtheria				2	2	9.4
Dysentery			18	I	12	25.4
Erysipelas			I		I	2.0
Enteric Fever Typhoid Fever	and Pa	ra- 	3	3	5	29.4
Encephalitis			2		2	1.8
German Measels			2		2	2.6
Influenza			13	31	6	39-4
Malaria			20	2	14	27.6
Measles			8	4	7	20.0
Mumps			5	2	6	9.2
Poliomyelitis			2		2	1.2
Pharyngitis			I		I	2.4
Pneumonia			39	4	23	37.8
Small Pox						.6
Scarlet Fever			2	I	2	7.6
Tuberculosis			116	9	52	130.4
Tonsillitis			5	7	9	16.2
Undulant Fever			5		3	-4
Venereal			14	35	41	71.6
Whooping Cough			4		2	9.6
Totals			268	102	201	_

TABLE D.

Cases of Infectious Sickness occurring on vessels during the voyage, but disposed of prior to arrival.

Disease	ie.		Number of during 19		Number of Vessels	Average number of cases fo	of or
			Passengers.	Crew.	concerned.	five years	
Chicken Pox			5		2	3.4	
Diphtheria						1.0	
Dysentery			I		I	1.4	
Erysipelas						.2	
Enteric Fever Typhoid Fever		Para-	3	2	5	4.4	
Encephalitis							
German Measles						.8	
Influenza	•••					4.6	
Malaria	, E		2	I	2	11.2	
Measles			6		5	10.0	
Mumps			I		I	1.4	
Poliomyelitis							
Pharyngitis							
Pneumonia			15	4	11	11.2	
Small Pox			I		I	.6	
Scarlet Fever				1	I	1.8	
Tuberculosis			17	2	15	23.8	
Tonsillitis						.2	
Undulant Fever							
Venereal			I		I	.2	
Whooping Cough	1					1.4	
Totals	·		52	10	45	102	A

Section V.-MEASURES AGAINST RODENTS.

I. Steps taken for Detection of Rodent Plague: (a) In Ships in the Port. (b) On Quays, Wharves, Warehouses, etc., in the vicinity of the Port.

Careful enquiries and inspections as regard to rat infestations are made on all vessels (whether foreign going, home trading, or coastwise) entering the Port, and any instances of death or sickness of rats on board are thoroughly investigated.

All rats caught or found dead upon ships or about the docks are taken to the Port Sanitary Office where they are examined. All abnormal rats are subjected to post-mortem examination by the Medical Officer, and bacteriological specimens from the liver, spleen and enlarged glands are forwarded to the Municipal Laboratory for examination.

During the past year bacteriological specimens were taken from 108 rats, the report in every case being negative.

2. Measures taken to Prevent the Passage of Rat between Ships and the Shore.

Regulations drawn up by the Port Medical Officer for this purpose are as follows:—

- (I) That the ship be so moored that at no point is she less than six feet from the quay or wharf.
- (2) That all ropes, warps, etc., used for mooring the ships be fitted with canvas rat-guards, two feet long, the same to be daily coated with tar, or fitted with shields or discs; all such rat-guards when fitted to be clear of ship and quay, and readjusted with rise and fall of the tide.
- (3) That no gangway, shoot, plank, etc., connecting the ship with the shore, except that which is in actual use, be permitted; and that any gangway, shoot, plank, etc., while connecting the ship with the shore, and not in constant use, shall have a man in attendance day and night. The gangway shall be provided with a light from sunset to sunrise.
- (4) Booms and other appliances provided for the purpose of keeping the ship in position, and connecting the ship with the quay, shall be kept coated with tar parcelling at least three feet in length, and the tar renewed daily.

Supervision is maintained by the Port Sanitary staff to ensure that these Regulations are observed.

Official notices are served on the Master of all vessels from infected ports, grain carrying ships, or vessels showing evidence of rats. With the co-operation of the Shipping Companies, however, it may be said that the procedure outlined above has become the general practice on all vessels in the Port.

- 3. Methods of Deratisation of: (a) Ships. (b) Premises in the vicinity of Docks or Quays.
- (a) Routine setting of traps is carried out by the Shipping Companies.

Some companies employ their own men as rat-catchers, though the majority employ professional rat-catchers on all their vessels. Poisoning is only occasionally used on ships.

Fumigation. During the current year there have been no instances of vessels entering the Port which would have necessitated fumigation by reason of rat infestation.

Fumigation was, however, carried on in the case of eleven vessels at the wish of the Company, either for the purpose of freeing the ship from cockroaches or as a routine annual procedure.

Fumigations were conducted by contracting chemists, and the work was supervised throughout by the Port Sanitary staff as Deratisation Certificates were asked for.

Fumigants employed during the year were: Liquid Hydrocyanic Acid, Sodium Cyanide, Liquid H.C.N. combined with Discoids.

- (b) The Southern Railway Company employ a full-time rat-catcher about the docks, warehouses, etc., the methods employed being trapping and poisoning.
- 4. Measures taken for the Detection of Rat Prevalence in Ships and on Shore.

Systematic inspection is carried out on all vessels for rat traces and harbourage, similar inspections are also carried out on quays, wharves, and warehouses, and appropriate action taken where such traces are found. Although trapping is carried out as extensively as in previous years by professional rat-catchers, and the area has been extended owing to the construction of the new Docks, the total number of rats caught during the year was reduced to 939 (273 being caught on ships, and 666 being caught on shore).

Comparative figures for the preceding five years are given below:—

1928	 	 	5,999
1929	 	 	4,178
1930	 	 	2,515
1931	 	 	1,793
1932	 	 	1,206

5. Rat-Proofing.

- (a) To what extent are docks, wharves, warehouses, etc, rat-proof?
- (b) Action taken to extend rat-proofing.
 - (i) In Ships. (ii) On Shore.
- (a) and (b). The standard of rat-proofing of the sheds, wharves, and warehouses is, generally speaking, satisfactory. Practically all sheds are of metal construction, the floors being of concrete, surfaced with tar-paving; a few sheds remaining which are of wooden construction have been floored with concrete. During the year a fire destroyed the wooden sheds at Berth 31-2, and these are being replaced by modern metal and concrete sheds. All buildings, quays, and wharves on the new Dock Extension are constructed on modern rat-proof principles.

(i) In Ships.

It has been the practice in this Port for many years, when issuing Deratisation Exemption Certificates, to forward to the Companies a detailed schedule of work required to correct or protect rat harbourage found on detailed inspection of the vessel. During the year such schedules were issued in the case of 49 vessels, and numerous other minor corrections were secured by means of verbal intimation.

The co-operation of the Shipping Companies in this matter has been good, and the work required has been willingly carried out; and the value of this work is reflected by the steady decrease in the number of rats found on board vessels using this Port.

(ii) On Shore.

The reconstruction of sheds at Berth 31-2 has already been referred to, refuse deposits are removed daily, and any possible harbourage is noted by the Sanitary Inspectors and correction secured.

RATS DESTROYED DURING 1933. TABLE E.

(1) ON VESSELS.

NUMBER OF RAIS.	Jan.	Jan. Feb. Mar.	Mar.	April.	May.	April. May. June. July. Aug. Sept.	July.	Aug.	Sept.	Oct.	Oct. Nov.	Dec.	Dec. Total in Year.
Black	21	17	21	37	21	21	22	4	OI	15	53	12	254
Brown	64	61	73	3	:	:	9	-:	61	:	61	:	61
Species not recorded	:	:	:	:	:	:	:	:	:	:	:	:	:
Examined	23	19	23	40	21	21	28	4	12	15	55	12	*273
Infected with Plague	:	:	:	:	:	:	:	:	:	:	:	:	:

TABLE F.

(2) IN DOCKS, QUAYS, WHARVES AND WAREHOUSES.

Total in Year.	5	199	:	999*	:
Dec.	:	99	:	9	:
Nov.	:	42	:	42	:
Oct.	:	53	:	53	:
Sept.	:	45	:	45	:
Aug.	I	89	:	69	:
April. May. June. July.	I	54	:	55	:
June.	:	45	:	45	:
May.	:	45	:	45	:
April.	:	64	:	64	:
Mar.	:	56	:	56	:
Jan. Feb. Mar.	3	63	:	99	:
Jan.	:	99	:	99	:
	:	:	:	:	:
RATS.	:	:	F	:	
NUMBER OF RATS.	:	:	Species not recorded	:	Infected with Plague
NUMB	:	:	s not 1	peu	ed with
	Black	Brown	Specie	Examined	Infect

*The totals in E and F of Rats examined include 108 Bacteriologically examined.

Measures of Rat Destruction on Plague "Infected" or "Suspected" vessels from Plague-infected ports arriving in the Port during the year 1933.

Number of such Vessels on which measures of Rat destruction were	not carried out.	99
Number of Rats killed.	7.	. 71
Number of such Vessels on which trapping,	were employed.	9
Number of Rats killed.	ý	9
mber Number of Number Vessels on whi kats such Vessels of Rats trapping, etc. fumigated killed.	by H.C.N.	6
Number of Rats killed.	÷	1
Number of such Vessels fumigated	by S.O. ₂ .	I
Total number of such Vessels	arriving.	74

TABLE H.

Deratisation Certificates and Deratisation Exemption Certificates issued during the year.

	Total	Ce	15 39 52 28	140
	Number of	Exemption Certificates issued.	14 37 6 50 22	129
sued.		Total.	0 0 1 B H	II
Number of Deratisation Certificates issued	After	trapping, poisoning, etc.	11111	1
ratisation	n with.	H.C.N. and S.O.2.	11111	
ber of Der	After fumigation with.	S.O.2.	11111	1
Num	After f	H.C.N.	00 01	11
		Number of Ships.	15 39 6 52 28	140
			:::::	:
		Net Tonnage.	Ships up to 300 tons from 301 to 1,000 tons from 1,001 to 3,000 tons from 3,001 to 10,000 tons over 10,000 tons	Totals

Section VI.-HYGIENE OF CREWS' SPACES.

Inspections have been regularly carried out throughout the year regarding the sanitary conditions on vessels in this Port. Where nuisances or structural defects are found to exist, a notice is served on the Master requiring him to take such procedure as may be necessary to abate the condition complained of within a specified time.

As vessels frequently leave for other ports before such notices can be complied with, particulars are forwarded to the Medical Officer of Health at their next port of call, requesting that the notice may be followed up, and that we may be notified on completion of the necessary work. In the figures given in the following table, defects have only been entered as having been remedied when the completed work has been inspected in this Port, or we have been informed to that effect by the Medical Officer of Health of other ports.

As some vessels leaving for foreign ports are inevitably lost sight of, it is probable that the proportion of defects remedied is higher than the actual figures shown.

The question of better structural provision for accommodation of crews can only be dealt with by future legislation, in the framing of which it is desirable that the experience of Port Medical Officers should be utilised.

The table embodying particulars of inspection during the year is given below:—

year is given below .—				Defect		Complied with.
Accumulation of rubbish, stagna	nt wa	ter, etc		IO		9
Dampness in crew quarters				I		Í
Defective port lights				21		14
,, decks, cable casings, e				12		IO
" seats, or absence of sea				3		3
stories or absence of				3		3
				_		-
quarters			• • • •	5		
" galley sky lights			• • • •	I	• • • •	I
,, flushing apparatus to				II		IO
,, or dirty fresh water ta				6		4
,, chain lockers				I		_
,, waste pipes				I		I
Insanitary or choked w.c.s, urina				38		-0
" condition of crews' qu				20		-0
,, galleys and store roor	ne					
bilges	115			- 2		2
yorminous guesters and hall						I
Verminous quarters and bedding	5			35		27
Totals				168		140
						-

TABLE J.

Nationality of Vessel.	Number Inspected during 1933.	Defects of original construction.	Structural defects through wear and tear.	Dirt, vermin, and other conditions prejudicial to health.
British	2,137	I	48	102
Other nations	800		7	10

Section VII.—FOOD INSPECTION IN THE PORT.

Report on the Working of the Public Health (Imported Food Regulations, 1925, the Public Health (Imported Food) Amendment Regulations, 1933, the Public Health (Imported Milk) Regulations, 1926, and the Public Health (Preservatives, etc., in Food) Regulations, 1925 to 1927.

The inspection and examination of all food stuffs landing in the Port is carried out under the above Regulations, and, as in previous years, the valuable assistance rendered by the Officers of H.M. Customs and Excise, the Southern Railway Company, Shipping Companies, Shipping Agents, Meat and Fruit Importing Companies, has considerably facilitated the carrying out of the varied duties appertaining to the Regulations.

The amount of food stuffs landed in the Port during the year consisted of the following articles:—

FRUIT.—Country of origin: Canary Islands, West Indies, New Zealand, Levant, North and South America, South Africa, Spain, Continent, and Channel Islands.

-1	,		,	Tons.	I				Tons.
Apricots				257	Oranges				65,113
Apples				13,339	Pears				11,036
Bananas				27,844	Peaches				1,973
Cherries		***		I	Pineapples				816
Currants				31	Plums				4,154
Grapes				7,597	Pomegranat	es			17
Grape Fru	it*			8,923	Tomatoes				38,289
Lemons				999	Fruit, not	otl	nerwise		
Melons				327	specified				1,110
Mandarins				255				_	
Naartjes				225			Total		182,515
Nectarines				209				-	

VEGETABLES.—Country of origin: Continent, Spain, South Africa, Canary Islands, etc.

		Tons.				Tons.
Beans	 	 839	Lettuce			7
Broccoli	 	 870	Vegetables, no	ot other	wise	
Carrots	 	 74	specified			272
Onions	 	 2,840				
Potatoes	 	 31,842			-	
Parsnips	 	 3		Total		36,939
Peas	 	 192			_	

GRAIN AND GRAIN OFFALS.—Country of origin: North and South America, Egypt, Continent, Russia, Australia, Turkey, etc.

			Tons.	1				Tons.
Bran		 	733	Oats		/		1,378
Barley		 		Pollards				2,830
Cotton Seed	l	 	9,518	Rice				20
Flour		 	3,736	Seeds				712
Grits		 	50	Shorts				150
Grouts		 	7	Wheat				13,188
Hominy Ch	ops	 	151	Wheat Ger	rm			345
Linseed Cal	ke .	 	143	Grain, no	ot ot	herwise		
Linseed		 	2,879	specified	l			159
Maize		 	10,851					
Maize Meal		 	1,414	Part of the last			-	
Meal		 	1,376			Total		65,603
Middlings		 	2,662	The second			-	

Meat.—Country of origin: South America, New Zealand, Australia, South Africa, etc.

D (Tons.	1			Tons.
Beef		 	28,116	Meat, not	otherwise		
Beef Cuts		 	773	specified			103
Offal		 	815			_	
Pork Cuts		 	166		Total		40,329
Sheep and	Lamb		10,356			_	

Provisions.—Country of origin: North and South America, South Africa, Spain, Canada, and Continent.

	Tons.		Tons.
Apple Pomace	 69	Lard	2,660
Apricot Kernels	 75	Meats, Boxed and Canned	308
Bacon	 536	Macaroni	6
Beers	 117	Milk, Canned	1,078
Butter	 2,569	Mineral Waters	87
Coffee	 238	Muffets	2
Cheese	 829	Oil, Cocoanut	474
Cider	 I	,, Olive	8
Chicory	 II	,, not otherwise specified	644
Corn Flakes	 90	Oatmeal	5
Confectionery	 436	Provisions, not otherwise	3
Cereals	 625	specified	124
Chestnuts	 164	Preserves	105
Canned Goods,		Poultry	76
wise specified	2,857	Quaker Oats	453
Canned Fruit	 771	Špirits	553
Dried Fruit	 6,245	Sugar	235
Eggs	 4,112	Tag	458
Fruit Pulp	 76	Wolnuto	62
Force	 129	Wines	
Fat	 972	wines	3,757
Grape and Grap	416	Total	22 420
Ground Nuts	 6	Total	32,439
	 0		

QUANTITIES OF MEAT LANDED IN THE PORT FOR THE YEAR 1933.

	(.es.)		VI989	d pr	bite		J wo	ori 9	(Fre	
Packages of Bacon.		461	1	1	1	2,960	230	1	46	3,697
Packages of Offal.	410	1	858	4,752	27,867	904	1	1		34,791
Packages of Pork Cuts.		1	1	1	8,974	1	1	1	1	8,974
Carcases of Veal.	1	1	1	1,000	1	1	1	1	1	1,000
Carcases of Pork.	1	1	203	1	To1	1	1	1	1	310
Lamb Cuts Fores and Hind Pairs.	1	1	-	1	1,500	1	1	1	1	1,500
Carcases of Lamb.	25,656	1	423,641	1,040	67,684	1	. [1		518,021
Carcases of Mutton.	2,600	1	78,957	1,039	13,748	1	1	.1	1	96,344
Packages Beef Cuts.	1	589	I	IOI	26,172	1	1	1	1	26,862
Quarters Frozen Beef.	000'6	1	814	9,262	201	1	1	1	1	19,277
Quarters Chilled Beef.	1	1	520	76,904	272,728	1	-	1	1	350,152
	:	;	:	:	:		:	:	:	:
Origin.	:	:	:	:	:	Americ	:	:	:	:
Country of Origin.	Australia	Canada	New Zealand	South Africa	South America	United States of America	Holland	Irish Free State	Other Countries	Totals

Notices Served During the Year under The Public Health (Imported Food) Regulations, 1925.

Form A (Notice to Surrender)	 88
" C (Notice to Sort)	 5
" E (Notice for Special Examination)	 77
Permission to Remove	 89
Condemnation Notices	 88
	347

OFFAL.

The customary practice of defrosting a small percentage has been carried out, and 5% of all consignments of beef tongues have been defrosted for the detection of Actinomycosis, etc.

In all instances, the examinations have revealed no trace of disease.

CANNED GOODS.

The importation of canned goods for the year amounted to 156,191 packages.

The examination of canned goods is usually carried out in the presence of an officer of H.M. Customs and Excise, as numerous consignments are of dutiable value, and this method facilitates the working of the Customs and Public Health (Imported Food) Regulations.

The Public Health (Imported Milk) Regulations, 1926.

There have been no importations of milk during the year.

CASEOUS LYMPHADENITIS.

There has again been a marked diminution of carcases of mutton and lambs entering the Port showing Caseous Lymphadenitis—the direct result of rigid examination, but the uniform examination of 5% of consignment of mutton and lambs (42-lbs.

in weight and over) is still carried out, and if 2% of the 5% examined are found to be affected with the disease, the whole of the next consignment is held up until all necessary examinations have been completed. This has been requisite on five occasions.

The above procedure applies to whole carcases only, routine examination of pieces remaining as formerly—100%.

Six thousand two hundred and fifty-three carcases of mutton and lambs have been examined during the year, and seven hundred and twenty-five pairs of lambs' fore-quarters and seven hundred and twenty-five pairs of lambs' hind-quarters.

Twelve carcases and three pairs of hind-quarters were condemned during the year, and were destroyed by burning, or permitted to be used for non-edible refining purposes.

			Mutton.			Lambs.			
	Country of Origin.	Carcases Landed.	Carcases Examined.	Carcases Condemned.	% Affected.	Carcases Landed.	Carcases Examined.	Carcases Condemned.	% Affected.
Au	stralia	2,600	131			25,656	76		
Ne	w Zealand	78,957	4,056	7	.17	423,641	512		
So	uth Africa	1,039	52			1,040			
130	uth America	13,748	717	3	.41	67,684	709	2	.28
	Totals	96,344	4,956	10		518,021	1,297	2	

SAMPLES.

The following samples of food stuffs were taken during the year for analysis under the Public Health (Preservatives, etc., in Food) Regulations, 1925 to 1927:—

No.	Nature of Sample.	Result of Analysis.
ı	Oranges	Free from preservatives.
2	Canned Herrings	Free from preservatives03 parts per 1,000 of Tin.
3	Black Currants in water	Free from preservatives.
4 5	Apricot Jam Machine-skimmed Condensed Milk	Genuine, and free from preservatives. Genuine.
6	Pears	o.24 parts per million Arsenical Insecticide, 1.4 parts per million accepted limit.
7	Pears	o.20 parts per million Arsenical Insecticide, 1.4 parts per million accepted limit.
8	Pears	0.02 parts per million Arsenical Insecticide, 1.4 parts per million accepted limit.
9	Tallow	Genuine.
10	Yeast	Genuine.
II	Canned Tomatoes	Free from preservatives.
12	Pectine	504 parts per million of Sulphur Dioxide, 1,500 parts per million permitted.
13	Apples	o.o6 parts per million of Arsenic, 1.4 parts per million accepted limit.
14	Canned Pilchards	Free from preservatives. Free from lead.
15	Lemons	Free from preservatives.
16	Grape Fruit Juice	494 parts per million Sulphur Dioxide, 350 parts
		per million permitted. Written guarantee from importers that the consignment will be broken down to comply with the regulations.
17	Glucose	415 parts per million Sulphur Dioxide, 450 parts per million permitted.
18	Canned Tomatoes	Free from preservatives. Tin not excessive.

Six samples of machine-skimmed condensed milk were forwarded to the Bacteriologist for examination. Each sample was cultured on Agar and Bile Salt (McConkey) Media. In each case growth of non-pathogenic Gram positive bacilli was obtained. No strepococci, B Coli, organisms of the Typhoid or Para-typhoid groups, or other pathogenic organisms have been found.

CONDEMNED FOOD.

The total amount of food condemned for the year=80 tons 2 cwts. I qr. 26 lbs., and in all instances surrenders have been voluntary.

4								
			riginal ckages.	Loose Articles.		Weig Conden		
	Description.	No.	Descrip- tion.	Description.	Tons.	Cwts.	Qrs.	Lbs.
ğ		1931	Boxes	quantity of loose	32	15	I	20
9	Apricots	I	Box	avantitus of outs			-	12
M	Bacon	I	Box	quantity of cuts	0.7	2	I	22
	Bananas Beef	2 2	Crates Hinds	quantity of loose quantity of cuts	27	II	I	7
		- 4	Timus	and joints		8	0	27
E	Black		-		LI TH			
ı	Puddings	I	Box					12
ŧ	Canned Ox							
	Tongues	-0	Dames	quantity of loose		I	I	14
	Cakes	8	Boxes			T.M.	I	12
	Carrots Crabs and	17	Bags			17	0	0
Ť	Lobsters			quantity of loose		I	I	TE
L	0 01		Case	quantity of 100se		1	I	15
	0 1	I	Box				1	12
	Grapes	I	Box					10
	Hams	I	Case			2	2	0
- 31	Lamb	4	Carcases	quantity of cuts		_		
1	111111111111111111111111111111111111111	-		and joints		3	0	15
H	Mutton	10	Carcases	quantity of cuts		3	100	
1				and joints		4	3	9
2	Milk							
1	(Condensed)	8	Cases			3	I	0
	Oranges	_	-	quantity of loose	7	15	3	5
	Offal	6	Pails	quantity of loose		I	0	24
	Pears	520	Boxes		5	14	2	22
	Peaches	2	Boxes					20
	Pineapples	6	Crates			4	I	4
	Plums	93	Boxes			10	2	12
	Pork	_		quantity of cuts				5
	Potatoes	15	Bags			*0		
	D- 14 .	70	Crates		2	18	3	0
	Poultry	I	Crate	anantity of loose			I	13
	Rabbits	_	Knob	quantity of loose			I	4 6
	Suet	1 66	Baskets				0	2
	Fomatoes	00	Daskets			4		
	Total				80	2	I	26

METHOD OF DISPOSAL.

Method of D	Tons.	Cwts.	Qrs.	Lbs.		
Dumped at sea			 39	3	0	9
Sold for manure			 32	6	I	20
Sold for pig food				17	0	0
Burnt			 7	15	3	25
	Total		 80	2	I	26

PART II.

PASSENGER TRAFFIC DURING 1933.

The number of vessels entering the Port of Southampton during the year was 15,472, being an increase of 497 compared with the previous year. The net tonnage of these vessels amounted to 11,450,971 tons, compared with 10,116,279 in the year 1932.

The number of passengers arriving in the Port from countries outside Europe was 64,092, a decrease of 9,183 compared with the previous year, and the number embarking was 69,975, a decrease of 3,283 compared with the total in 1932.

In addition to the above, 371 vessels arrived in Southampton Water and Cowes Roads to embark and disembark passengers.

The number of passengers landed by tender in the Docks from these vessels amounted to 14,493 during the year.

Sixteen transports also arrived in the Port, and landed 3,409 crew and 24,957 military passengers and troops; the statistics relating to these vessels not being included above.

The passenger traffic during the years 1932 and 1933 between ports in England and places outside Europe, and not within the Mediterranean Sea, is given in the Board of Trade Journal as follows:—

TABLE I.

NUMBER OF PASSENGERS.

	Inw	ard.	Outw	vard.	Total.		
Port.	1932.	1933.	1932.	1933.	1932.	1933.	
Bristol	1,654	2,025	1,747	1,971	3,401	3,996	
Plymouth	23,954	21,948	3,285	3,194	27,239	25,142	
Liverpool	51,964	41,133	45,033	42,819	96,997	83,952	
London	48,684	45,312	35,612	38,629	84,296	83,941	
Southampton .	73,275	64,092	73,258	69,975	146,532	134,067	

The figures given as above and in the following tables are exclusive of the number of persons travelling on pleasure cruises between the United Kingdom and places out of Europe, as particulars of this class of travel of these passengers are not required to be furnished.

The Board of Trade returns (from which the following particulars and tables are obtained) of the passenger movement to and from the United Kingdom, show that the total number of passengers who arrived in the United Kingdom from places out of Europe during the year 1933 amounted to 201,848, an increase of 38,983 compared with the year 1932. The number of passengers who arrived at the Port of Southampton from places out of Europe during the same period amounted to 64,092, a decrease of 9,183 compared with the previous year.

The total number of passengers who left various ports in the United Kingdom for places out of Europe amounted to 176,992, a decrease of 6,930 compared with 1932. The number of outward passengers who left Southampton for places out of Europe amounted to 69,975, a decrease of 3,283 compared with 1932.

The following table shows the total number of passengers who arrived at ports in the United Kingdom from places out of Europe, during the years 1932 and 1933:—

TABLE II.

Passengers who arrived in the United Kingdom from places out of Europe, distinguishing the class of travel, during the years 1932 and 1933:—

		Inward.							
Ports.		First Class.	Second Class.	Tourist Class.	Third Class.	Total.			
Liverpool	{1933	6,142 4,773	8,806 10,043	9,402 12,108	16,783 25,040	41,133 51,964			
London	{1933	16,738	9,249 9,714	8,162 7,897	11,163	45,312 48,684			
Plymouth	{1933	8,121 8,986	6,709 5,197	3,851 4,782	3,267 4,989	21,948			
Southampton .	{1933	20,921	7,687 8,814	15,335	20,149 25,340	64,092 73,275			
Bristol	{1933	2,005 1,632	9		11 8	2,025 1,654			
Glasgow	{1933	337 290	1,639 2,246	5,568 7,890	12,307	19,851			
Londonderry .	{1933	11	40 139	305 630	1,197 3,164	1,553 3,952			
Belfast	{1933	68 70	274 520	1,136 1,563	3,214 5,017	4,692 7,170			
Other Ports	{1933	960 625	91 11	57 185	134 287	1,242			
Total, all Ports	{1933	55,303 53,904	34,504 36,698	43,816 52,824	68,225 97,405	201,848			

TABLE III.

Passengers who left the United Kingdom for places out of Europe, distinguishing the class of travel, during the years 1932 and 1933:—

		Outward.							
Port	First Class.	Second Class.	Tourist Class.	Third Class.	Total.				
Liverpool	{1933	12,884	10,923	9,905 11,891	9,107	42,819			
London	{1932	18,166	6,849	5,806	7,808 8,250	45,033 38,629 35,612			
Plymouth	{1933	1,102	1,016	1,069	7	3,194 3,285			
Southampton	{1933	20,156	13,233	17,725 20,159	18,861	69,975 73,258			
Bristol	{1933	1,971	=	=	=	1,971			
Glasgow	{1933	356 511	1,282	5,055 6,300	5,902 7,228	12,595			
Londonderry	{1933	33 35	33 192	382 594	1,125 1,158	1,573 1,979			
Belfast	{1933	23 54	339 486	987 1,735	1,902 2,602	3,25I 4,877			
Other Ports	{1933	2,433 2,036	424 367	30 12	98 87	2,985 2,502			
Total, all Por	ts {1933	57,124 53,052	34,099 35,700	40,959 46,460	44,810 48,710	176,992 183,922			

Of the total of 378,840 passengers outward and inward in 1933, 35 per cent. were recorded at Southampton, 22 per cent. at Liverpool, and 22 per cent. at London, as compared with percentages of 35, 23, and 20 respectively in 1932. Glasgow accounted for about 9 per cent. of the total in each of the years 1932 and 1933. About 11 per cent. of the total number of inward passengers in 1933 disembarked at Plymouth, as compared with nearly 10 per cent. in 1932. Of the numbers travelling on pleasure cruises to places outside Europe, more than three-quarters in both years embarked at Southampton or Liverpool, and the remainder at London or Glasgow.

CLASS OF TRAVEL.—The aggregate number of passengers (outward and inward) travelling in the first, second, tourist and third class represented about 30, 18, 22 and 30 per cent. respectively, of the total traffic in 1933, as compared with 25, 17, 23 and 35 per cent., respectively, in 1932. It will be seen from these percentages, and from the table above, that the decrease in the aggregate number of passengers carried resulted almost entirely from the decreased numbers recorded as travelling tourist class and third class, particularly the latter, being due in part to the decrease in the number of returning migrants. There was an increase in the numbers travelling first class, and a small decrease in the number of second class passengers.

The principal decrease was in the movement of passengers to and from British North America and the United States.

PASSENGERS TRAVELLING IN FOREIGN SHIPS.

The number of outward and inward passengers (British and aliens) who travelled between the United Kingdom and places outside Europe by vessels under foreign flags in 1933 was 53,011, or 11.1 per cent. of the total passenger movement, as compared with 54,360 (10.9 per cent.) in 1932. Excluding persons travelling on pleasure cruises, the proportion carried by vessels under foreign flags was 13.4 per cent. in 1931, 12.8 per cent. in 1932, and 14.0 per cent. in 1933.

PASSENGER MOVEMENT BETWEEN THE UNITED KINGDOM AND THE CONTINENT.

For the present purpose, movement to and from the Channel Islands and all ports within the Mediterranean Sea is grouped with movement to and from the "Continent"; and the latter expression is used with that connotation throughout this section. It may be noted that the passenger movement, by ship direct, between the United Kingdom and ports on the Mediterranean and Black Sea is only about I per cent. of the total movement between the United Kingdom and the Continent, as above defined. Some information as to the passenger traffic with the Channel Islands is given below.

The following table shows the number of passengers of all nationalities who left the United Kingdom for the Continent, and the number who arrived in the United Kingdom from the Continent, including the numbers travelling on pleasure cruises to the Mediterranean and to other parts of Europe, in each of the years 1931, 1932, and 1933, distinguishing the number of persons who travelled by sea and by air, and showing the principal British ports of arrival and departure.

TABLE IV.

Passengers by Sea and Air between the United Kingdom and the Continent (including the Channel Islands).

		Total Number of Passengers.								
Port.		Outward.		Inward.						
	1933.	1932.	1931.	1933.	1932.	1931.				
Principal Channel Por	rts:									
Dover	310,707	247,595	373,897	317,947	242,750	402,209				
Folkestone	162,777	164,226	261,878	163,766	183,327					
Southampton	152,221	145,960	156,120	161,778	148,642	160,064				
Newhaven	106,252	77,223	121,131	107,704	75,472	121,883				
Weymouth	61,977	58,301	55,142	58,240	53,940					
Other Ports:	100000000000000000000000000000000000000				000.	00.10				
Harwich	142,222	133,632	167,268	141,553	132,447	162,621				
London	61,193	54,735	100,235	61,733	59,796					
Liverpool	22,498	19,704	3,582	21,388	17,588					
Tyne Ports	14,584	13,858	12,975	14,671	13,419					
Hull	8,674	10,242	14,684	9,610	10,857					
Other	87,731	73,015	69,025	85,193	73,351	68,807				
Air Stations*	45,422	35,281	22,377	46,818	36,368	24,294				
ıst Quarter	115,602	123,478	155,308	118,659	120,608	162,68				
2nd ,,	276,265	215,799		288,038	231,859					
3rd ,,	628,921	546,312	720,370	634,810	556,886					
4th ,,	115,470	148,183	141,363	148,894	138,604					
Total	1,176,258	1,033,772	1,358,314	1,190,401	1,047,957	1,400,61				

^{*} As reported by the Air Ministry.

TRAFFIC AT INDIVIDUAL PORTS.—The five ports on the English Channel which are separately specified in the above table accounted for about 68 per cent. of the entire passenger movement to and from the Continent in 1933, while nearly 27 per cent. of the outward and inward passengers embarked or disembarked at the port of Dover alone. Compared with 1932, increases of 8,400 at London (including Tilbury and other places in the Thames Estuary), 17,700 at Harwich, 61,300 at Newhaven, and 19,400 at Southampton and a decrease of 21,000 at Folkestone were recorded in the number of passengers travelling to and from the Continent *via* these ports. The marked increase in 1932 and 1933 compared with earlier years in the numbers travelling *via* Liverpool is due to the increase in pleasure cruises to the Mediterranean. The number of passengers who were carried to and from Southampton and the Continent (excluding the Channel Islands) in 1933 and 1932 were as follows:—

Outv	vard.	Inw	ard.
1933.	1932.	1933.	1932.
60,988	60,429	64,445	59,181

The number of passengers who were carried to and from the Channel Islands via Southampton and Weymouth in 1933 and 1932 were as follows:—

	Outw	vard.	Inward.			
Port.	1933.	1932.	1933.	1932.		
Southampton	 91,233	85,531	97,333	89,461		
Weymouth	 59,237	56,354	55,542	52,597		

The number of passengers to the Channel Islands increased year by year from 1927 to 1930, the increase being principally in passengers from Southampton. In 1931 the total number declined somewhat, but in 1932, and again in 1933, a substantial increase in the numbers embarking and disembarking at both Southampton and Weymouth was recorded.

TABLE V.

RETURN OF SHIPS' TONNAGE, PASSENGER ARRIVALS, ETC., FOR THE YEARS, 1924-1933. (This table is supplied by H.M. Customs).

1										
Net Tonnage of Vessels entering the Port.	9,548,984	9,989,300	861,178	9,669,794	10,975,616	11,317,862	11,506,830	11,153,185	10,116,279	11,450,971
Number of Ships under 2,000 Tons (including Coasters).	9,236	13,733	12,489	13,502	14,555	14,259	14,600	14,290	14,071	14,451
Number of Ships of 2,000 Tons and upwards.	816	873	854	910	984	1,014	1,034	686	006	1,021
Number of Crews Arriving.	309,926	335,453	343,976	337,142	400,905	384,023	484,869	309,156	400,410	407,376
Number of Passengers arriving from Jersey.	56,953	54,288	41,309	53,423	58,343	68,559	77,914	81,228	91,652	92,876
Number of Passengers arriving at the Port from Ports other than Jersey.	176,265	208,109	174,679	190,931	199,579	199,261	207,808	186,138	168,335	174,998
Number of Arrivals from Home Ports (Coasters).	2,066	11,420	10,152	090'11	12,195	11,988	12,436	12,208	12,447	12,987
Number of Arrivals from Foreign Ports.	3,088	3,186	3,191	3,352	3,344	3,285	3,198	3,071	2,528	2,485
Year.	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933

The above figures include Troops and Passengers arriving by H.M. Transports.

TABLE VI.

Statistical summary of ships, passengers, crew, and net tonnage of vessels entering the Port of Southampton from 1909 to 1933:— (Compiled from H.M. Customs Returns).

YEAR.	Number of Ship arrived from		Total number of Passengers landed from the Continent of Europe	Number of Crew	Net Tonnage of Vessels	
2 2/1/11	Foreign.	Home Ports.	(including Jersey) and Foreign Countries.	landed.	entering the Port.	
1909	2,848	11,908	167,317	166,260	6,314,410	
1910	2,848	11,986	170,083	163,229	6,399,101	
1911	2,783	11,446	175,113	167,642	6,514,152	
1912	2,724	11,173	173,266	167,556	7,021,578	
1913	2,979	11,515	206,545	179,816	7,939,869	
1914	2,296	5,617	136,089	128,731	4,674,696	
1919	1,369	6,697	113,413	144,501	2,191,329	
1920	2,258	8,007	161,306	154,541	3,327,754	
1921	2,270	8,127	208,680	187,767	5,347,766	
1922	2,470	9,071	216,869	187,296	7,646,502	
1923	3,044	7,048	236,644	320,453	9,350,234	
1924	3,088	7,066	233,218	309,926	9,548,984	
1925	3,186	11,420	262,397	335,453	9,989,300	
1926	3,191	10,152	215,988	343,976	9,861,178	
1927	3,352	11,060	244,354	337,142	9,669,794	
1928	3,344	12,195	257,922	400,905	10,975,616	
1929	3,285	11,988	267,850	384,023	11,317,862	
1930	3,198	12,436	285,722	484,869	11,506,830	
1931	3,071	12,208	267,366	309,156	11,153,185	
1932	2,528	12,447	259,987	400,410	10,116,279	
1933	2,485	12,987	270,874	407,376	11,450,971	

INFECTIOUS DISEASE.

The cases of infectious disease reported by vessels on arrival at Southampton are shown in Table VII, which includes all cases reported on the bills of health on both H.M. Transports and other vessels.

Many of the cases reported on Transports were convalescent cases from India or the Mediterranean, who proceeded to Netley Hospital or Haslar Hospital for discharge, on furlough, or otherwise. This especially applies to the cases of Diarrhœa, Dysentery, Enteric Fever, Malaria, Tuberculosis, and Venereal Disease shown in the table.

The cases reported among the civil population of the Port who were suffering from infectious diseases at the time of arrival, and the number of such cases removed to the Isolation Hospital and Borough Hospital were:—

				Cases Notified.	Cases reme Isolation Hospital.	oved to Borough Hospital.
Small Pox				_	_	_
Scarlet Feve				3	3	_
Diphtheria				2	2	_
Enteric Feve				4	4	_
Pneumonia		JP		9	I	3
Measles				9	8	_
Tuberculosis				27	_	3
Whooping Co				I		
Chicken Pox				18	5	_
Venereal Dis						I
31				44	=	_
Dysentery				2	5	
Malaria			• • • •			2
D. 1. 11.				II		2
				I		
Poliomyelitis	Tothomai			I	-	_
Encephalitis			• • • •	I	_	_
Influenza			• • • •	46	7	
Pyrexia of u		origin	• • • •	3	I	I
Tonsillitis		• • • •		2	2	-
	T / 1				_	_
	Totals			190	38	10
				1000000		

The above cases are included in the total of infectious cases reported by vessels which arrived in the Port shown in Tables VII and VIII.

PLAGUE, CHOLERA, YELLOW FEVER and TYPHUS.

No case or suspected case of the above diseases occurred upon any vessel using this Port during the year, and no plagueinfected rats were discovered.

SMALL POX.

H.M.T. "Somersetshire."

The above ship, carrying 1,728 passengers and 187 crew, arrived at Southampton on 30th January, and was boarded by launch in Southampton Water.

S. J. S., age 37, a first class passenger, reported sick on 11th January, 1933, and his condition was diagnosed as Small Pox on 13th January, 1933, when he was removed from his cabin (No. 60) and isolated in hospital. His symptoms were "headache, backache, mild pyrexia, and papular rash, consisting of a few spots on palm of hands, side of face, roots of hair, and back." The ship's surgeon attributed the mildness of the attack to previous vaccination, though the exact date of this is not available. The patient was landed at Suez on January 18th.

The disinfection of the hospital and bedding and all effects was carried out at Suez, together with disinfection of cabin (No. 60) and all articles contained therein.

There were four immediate contacts, and these were vaccinated on 13th January, and all persons on board were vaccinated within the next two days, with the exception of 177 men, who had been successfully vaccinated within the past 12 months.

On arrival at Southampton every person on board was individually inspected, and all were found to be free from the disease. Names and addresses of all persons boarding the vessel were taken, and these persons were kept under observation for 14 days. With the exception of troops proceeding direct to barracks or other military stations, the names and addresses of all persons landing were forwarded to the Medical Officer of Health of the district to which they proceeded for the purpose of surveillance, and no further cases occurred. The source of the infection of the case is suspected to have been Rawalpindi.

OTHER INFECTIOUS DISEASES.

The disposal of cases of infectious diseases other than those noted on the preceding page are shown in Table VII.

A card index system has been introduced during the year regarding cases of disease occurring on vessels using this Port. A separate card is made out for each vessel, upon which particulars regarding the condition of health on board is noted whenever the vessel enters the Port. By this means the medical history of any individual ship is made available to the Medical Officer at a moment's notice.

TABLE VII. INFECTIOUS AND OTHER DISEASES.

Table showing the number of cases reported on vessels arriving in the Port of Southampton, and how they were dealt with during the year 1933:—

		How dealt with.								
DISEASE.			Total Cases reported.	Removed to Borough Hospitals or Nursing Homes.	Removed to Naval or Military Hospitals.	Landed at other Ports before arriving at Southampton.	Proceeded in Vessels to other Ports.	Landed at South- ampton, but did not proceed to Hospital.	Died at Sea.	Convalescent on Arrival.
Accidents			25	14	I		I	6	3	
Appendicitis			13	7			2			· · ·
Bronchitis			63	7		I	7	3 8		40
Chicken Pox			32	5		5	7 8	4		IO
Cancer			IO	I			I	3	5	
Cellulitis			2	I				I		
Diphtheria			3	2			I			
Dysentery			25		12	I	3	7		2
Diabetes			5 116				3 2 28	2	I	
Diarrhœa			116				28	I		87
Enteric Fever	and	-		1000						
Para-Typ	hoid	Fever	13	3	3 5	5	2		***	
Eczema	•••		6		5			I		
Encephalitis	•••		2		I			I		•••
Erysipelas	•••		3		I		•••			2
German Measle Gastritis			3		I			I		I
Glandular Swel	linge		80			I	2	3	I	73
Heart Disease			13	2		I	4 2	5 8	18	I
Influenza	•••		32 127	4 5		***	6	39		77
Insanity			24	5 8			ı	14		
Malaria			30		6	2	4	13	I	
Measles			29	3 8		6	9	4		2
Mumps			19	5		I	5	2		6
Mumps Nephritis			7	3			I	2	I	
Otitis Media			2			I		I		
Poliomyelitis			2	I				I		
Peritonitis			2	I					I	
Pyrexia			19	4	I	6	I	4	3	
Pleurisy			13	7		***	I	4		I
Pharyngitis			I	I						
Pneumonia			67	II	27	16	I	5	3	4
Ringworm	•••		I					I		
Rheumatism	•••		II	5	I		I	4		
Small Pox Scarlet Fever	***		I			I	•••	***		•••
Tuberculosis			6	3	86	I		***	6	2
Tonsillitis			149	10	157170	13	5	29	6	
Undulant Feve	т.		19	3		***	5	9		2
Venereal Disea	se		5 71	3	5	I	17	43		4
Whooping Cou			5					4		I
Other Diseases	repo		69	24	2	2	6	22	II	2
	-F-		-9	-4	-	-	374			-
										-
Tot										

TABLE VIII.

INFECTIOUS DISEASES.

Reported by vessels which arrived in the Port of Southampton during the 10 years 1924—1933:—

DISEASE.		1924	1925	1926	1927	1928	1929	1930	1931	1932	1933
Small Pox		3	4	3	I	2				4	I
Scarlet Fever		7	5	5	10	9	13	6	10	15	6
Enteric Fever and Para-Typhoid F		28	24	46	31	66	51	27	21	20	13
Diphtheria		II	II	18	II	8	10	13	12	12	3
Typhus Fever											
Plague											
Cholera											
Cerebro-Spinal Fe	ver				2		I	4	I		
Tuberculosis		166	194	183	174	200	137	183	133	162	149
Measles		40	42	54	51	65	40	43	28	38	29

DEATHS AT SEA.

Fifty-four deaths were reported to have occurred on vessels on their voyage to Southampton, and were buried at sea:—

Accidents		 3	Malaria			I
Cancer		 5	Nephritis			I
Gastritis		 I	Pneumonia			3
Diabetes		 I	Pulmonary T	ubercu	losis	6
Heart Diseas	ses	 18	Other Causes			15

FUMIGATION OF VESSELS.

Fumigation was carried out on II vessels during the year, five being fumigated with Liquid Hydrocyanic Acid Gas, three with Liquid Hydrocyanic Acid Gas combined with Discoids, and three with Sodium Cyanide.

Arrangements are made by the shipping companies with firms making a speciality of this class of work to carry out the fumigation. The fumigation is carried out under the supervision of the Port Sanitary Staff, and a certificate is issued if the fumigation is satisfactory.

TABLE IX.

The following table gives particulars of the vessels fumigated under the supervision of the Port Sanitary Authority.

Date.	Vessel.	Fumigant used.	Rats found after Fumigation.
1933. Jan. 7	s.s. " Duchess of Richmond "	H.C.N. (Liquid)	Nil
,, 7	s.y. " Nahlin "	Sodium Cyanide	Nil .
June 12	s.s. "Nevasa"	H.C.N. (Liquid)	6
,, 13	s.s. "Neuralia"	H.C.N. (Liquid)	Nil
Oct. 28	s.s. " Mauretania "	H.C.N. (Liquid com-	Nil
Nov. 18	s.s. "Aquitania"	bined with Discoids) H.C.N. (Liquid com-	I
,, 25	m.y. " Aldebaron "	bined with Discoids) Sodium Cyanide	Nil
,, 25	s.s. " Empress of Britain "	H.C.N. (Liquid)	5
Dec. 16	s.y. " Nahlin "	Sodium Cyanide	Nil
,, 23	s.s. " Empress of Australia "	H.C.N. (Liquid)	Nil
,, 30	s.s. "Berengaria"	H.C.N. (Liquid combined with Discoids)	Nil
	Total—11 Vessels.	5 H.C.N. (Liquid) 3 H.C.N. (Liquid combined with Discoids) 3 Sodium Cyanide	12

DISINFECTION.

Disinfection was carried out by the Port Sanitary Authority on 63 vessels, and 3,351 articles of bedding and other effects, including 5 packages of passengers' effects, were removed to the Disinfecting Station at West Quay or to the Isolation Hospital for disinfection.

Six contacts with infectious disease were bathed and disinfected at West Quay.

OIL TANKERS, 1933.

During the year one hundred and forty-two oil tankers arrived in Southampton Water to discharge or load oil fuel or spirit at the oil wharves at Fawley or Hamble.

The vessels came from the following ports:-

Abadan	 	 21	Las Piedras .		 I
Aruba	 	 19	Malmo		 I
Bordeaux	 	 1	Mexico .		 6
Bayonne	 	 1	Minititilan .		 I
Balik Papam	 	 4	New Orleans .		 I
Baton Rouge	 	 4	Pauillac .		 6
Baytown	 	 4	Porten Bassein		 I
Cabo Blanca	 	 I	Rotterdam .		 2
Constanza	 	 2	Sfax		 I
Copenhagen	 	 1	Talara		 19
Curacao	 	 17	Tampico .		 21
Dunkirk	 	 1	Tuxpan .		 I
Houston	 	 I	St. Louis du Ri	hone	 I
Hamburg	 	 1		Tot-1	
Helsingfors	 	 2		Total	 142

TRANSPORTS.

Sixteen transports arrived at Southampton during the year; the total crew landed amounted to 3,409, and the military passengers, troops, women and children to 24,957. In the previous year, 15 transports, 3,404 crew and 23,311 military passengers arrived in the Port.

All vessels arriving from ports on the "infected" list were boarded and examined on arrival in conjunction with the naval and military authorities at the port.

TABLE X.

Statement showing the number of H.M. Transports which arrived in the Port during the year 1933, the ports from which they arrived, and the number of military passengers and troops landed at Southampton.

Date.		Vessel.	Whence.	Crew.	Troops and Passengers.
Jan.	33.	" Nevasa "	Karachi	237	1,487
,,	20	"Dorsetshire"	Karachi	188	1,710
,,	27	"Lancashire"	Bombay	205	1,581
,,	30	"Somersetshire"	Bombay	187	1,728
Feb.	10	" Nevasa "	Alexandria	237	1,192
Mar.	26	" Neuralia "	Shanghai	239	1,555
,,	26	" Dorsetshire "	Bombay	188	1,741
,,	28	"Somersetshire"	Karachi	188	1,723
Apr.	10	"Nevasa"	Bombay	233	1,127
May	3	" Lancashire "	Shanghai	210	1,413
Nov.	2	" Nevasa "	Bombay	237	1,514
,,	14	"Dorsetshire"	Bombay	187	1,725
,,	28	"Lancashire"	Karachi	209	1,586
Dec.	9	" Nevasa "	Alexandria	237	1,576
,,	14	"Somersetshire"	Karachi	188	1,704
,,	26	" Neuralia "	Shanghai	239	1,595
		16		3,409	24,957

General Summary of Inspections carried out by the Port Sanitary Staff, and other Statistics, during the Year 1933.

Steamers (from foreign) visited 1,520
Motor vessels (from foreign) visited 258
Sailing vessels (from foreign) visited —
Steamers (coastwise) visited 906
Motor vessels (coastwise) visited 166
Sailing vessels (coastwise) visited 87
Total steam, motor and sailing vessels visited 2,937
Number of vessels found in satisfactory sanitary
condition 2,811
,, vessels found in defective sanitary condition 126
Number of crew arriving (from foreign) 359,800
,, passengers arriving (from foreign) (includ-
ing troops) 399,004
" crew arriving (coastwise) 39,294
" passengers arriving (coastwise) 11,460
Total number of crew and passengers (including troops) 809,558
1 0 (-).55
British vessels visited 2.137
D ::: 1
Foreign vessels visited
Foreign vessels revisited
Total number of visits 2,937 Total number of re-visits 2,300
Number of passengers landed by tender from 371 vessels 14,493
,, rats captured and destroyed 939
,, rats examined 666
" vessels on which Rat Orders were served 165
,, rats found on 74 vessels from Plague-
infected ports 23
,, vessels where disinfection was carried out 63
,, articles of bedding, etc., including 5 pack-
ages of effects, disinfected 3,351
" contacts bathed and disinfected 6

Showing number of vessels inspected, including re-visits, with percentage of defects.

YEAR.	Vessels from Foreign visited.	Coasting Vessels visited.	Total Inspections.	Number found defective.	Percentage defective.
1924	3,253	1,109	4,362	30	0.99
1925	3,188	929	4,117	18	0.63
1926	3,124	776	3,900	32	1.15
1927	3,510	948	4,458	44	1.44
1928	3,851	783	4,634	53	1.95
1929	3,818	670	4,488	92	3.54
1930	3,923	775	4,698	77	2.78
1931	4,362	1,357	5,719	99	3.09
1932	4,140	1,163	5,303	115	3.16
1933	3,828	1,409	5,237	126	4.29

TABLE XII.

Table showing the number of vessels visited, showing nationality, description and number defective during 1933, not including re-visits.

Nationality.	Steam.	Motor.	Sail.	Total.	Defective
American	55			55	
Belgian	2			2	I
British	1,843	207	87	2,137	116
Danish	18	33		51	
Dantzig, Free State of	f 10	28		38	
Dutch	74	102		176	
Esthonian	3			3	
French	15	7		22	
Finnish	10	I		II	
German	320	18		338	
Greek	3			3	3
Italian	3	2		5	I
Latvian	2			2	
Norwegian	39	22		6r	4
Panamanian	I			I	
Palestinian	I			I	
Roumanian	I			I	
Russian	2			2	
Spanish	I			I	
Swedish	24	3		27	ı
Totals	2,427	423	87	2,937	126

ALIENS' ORDER, 1920.

The Aliens' Order, 1920, which came into operation on the 12th April, 1920, prohibited the landing of aliens in the United Kingdom, except with the leave of an immigration officer appointed by H.M. Government. The Order further restricted an alien from landing except at an approved port, of which there are eighteen in the United Kingdom.

Southampton is one of the approved ports, and the work of inspection and examination of all aliens arriving is carried out by the Port Sanitary Medical Staff.

The work necessitates a Medical Officer being always available for duty. Many aliens arrive from the Continent by the Channel steamers which arrive daily at between 6 a.m. and 7 a.m., others by vessels of the Royal Mail, Cunard, White Star, Red Star, Union-Castle and other lines which arrive regularly but at uncertain hours.

The inspection of aliens is carried out on board the large vessels on arrival, those aliens requiring a more detailed medical examination being sent ashore to a room specially provided in the Docks.

The following figures show the amount of work carried out in connection with the inspection of aliens during the year:—

	The state of the s	
I.	(a) Total number of aliens (excluding alien seamen) landed at the Port	
	(b) Aliens refused permission to land by Immigration	
	Officer	
	(c) Transmigrants	1,723
	(d) Total number of aliens arriving in the Port	31,881
	(e) Number inspected by Medical Inspector	30,826
	(f) Number subjected to detailed examination	
	by Medical Inspector	
2.	Certificates issued :—	
	(a) Lunatic, idiot, or mentally defective	IO
	(b) Undesirable for medical reserve	I
	(a) Dhysically in as a site to 1	6
	(d) Suffering from acute infectious disease	4
	(e) Landing necessary for adequate medical	
	examination	I
3.	(a) Total number of vessels carrying alien passengers	1,650
	(b) Number of such vessels dealt with by Medical	
	Inspector	1,094

TABLE A.

Analysis of aliens landed.

	Resid	lents returning							1,522		
	In tra	ansit							2,606		
	Visite	ors							21,145		
	Busin	ness							3,019		
	Diplo	omatic							487		
	Seam	ien							90		
	Cont	ract seamen							593		
	Minis	stry of Labour	Permit	(M.L.):—						
		(a) Males			• • • •				288		
	1	(b) Females							289		
		(c) Children							18		
	Alien	is coming to se	ttle not	holdi	ng M.L	. perm	its:—				
		(a) Males			•••				257		
		(b) Females			•••	***	•••		280		
		(c) Children					•••		121		
	TABLE B.										
	Classification of aliens referred to the Medical Inspector by the										
		Immigrat	ion Offi	icer fo	r detail	ed exa	minatio	n.			
	(i)	Holding Minis	try of]	Labou	r permi	ts			530		
	(ii)	Intending to t			-		main in	the			
	(11)	country o		-					35		
	(iii)	Intending to r							20		
	(1V)	Students comi	ng for	educat	tional p	urpose	s		27		
	(v)	0			-	ention	of healt	h as			
		a reason f	or thei	r visit			• • • • • • • • • • • • • • • • • • • •		IO		
	(vi)	Who appear t	to the	Immig	gration	Officer	$\mathbf{r} : -(a)$	Not			
		to be in									
		physically									
		dirty in special re	-			are s	elected				
	/min								4		
	(V11)	Seamen travel	ling as	passer	ngers				IIO		
- 9	I II a										
	(viii)	Number of ce	rtificat	es issu	ed				8		

TABLE XIII.

Table showing for comparison the food stuffs condemned during the years 1909 to 1933:—

5	,	,	200			
			Tons.	Cwts.	Qrs.	Lbs.
1909	• • • •		90	14	3	8
1910		****	137	6	2	25
1911		• • • • •	115	4	0	25
1912			96	15	3	25
1913	• • • •		99	15	I	5
1914		•••	53	II	0	19
1915			22	18	I	4
1916			28	4	3	25
1917			586	7	2	8
1918			538	9	0	7
1919			79	15	3	6
1920		****	324	I	0	4
1921	• • • •		91	8	3	22
1922			30	8	0	IO
1923	•••		26	9	I	22
1924			80	5	0	27
1925			158	0	2	19
1926			90	IO	2	15
1927			58	2	3	24
1928			129	15	3	18
1929			97	12	0	4
1930	•••		136	18	2	27
1931			136	0	2	9
1932			230	4	I	26
1933			. 80	2	I	26

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