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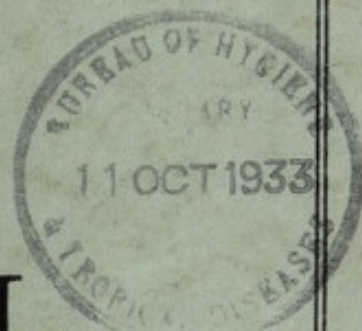
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COUNTY BOROUGH *of* STOCKPORT



ANNUAL REPORT

OF THE
MEDICAL OFFICER
OF HEALTH

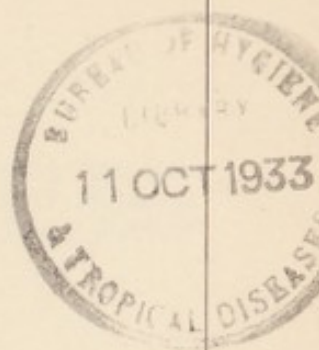
(E. K. MACDONALD, M.D. (Lond.), D.P.H.)



1932

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ANNUAL REPORT

ON THE

HEALTH

OF THE

County Borough of Stockport

For the Year 1932.

E. K. MACDONALD,

M.D., B.S., (LOND.), D.P.H.

Medical Officer of Health.

STOCKPORT :

Swain & Co. Ltd., "Advertiser" Offices, High Street.

The following are the Committees for 1932-1933 :—

HEALTH COMMITTEE.

Chairman—COUNCILLOR JAMES H. STANSFIELD.

Vice-Chairman—COUNCILLOR THOMAS S. FISH.

HIS WORSHIP THE MAYOR (Councillor George Gill).

COUNCILLORS ADA ALLCOCK, CHARLES L. BRIMELOW, EDWARD BROWN, THOMAS BUCKLEY, WILLIAM T. DINGLE, J.P., WILLIAM A. DOWNHAM, JOHN W. FIDLER, ALFRED GLYNN, WILLIAM HITCHEN, FREDERICK HOPWOOD, JOHN T. LORD, JOSEPH MORTON, JAMES PENNY, and JOHN E. SMITH.

HOSPITAL SUB-COMMITTEE.

Chairman—COUNCILLOR JAMES H. STANSFIELD.

Vice-Chairman—COUNCILLOR THOMAS S. FISH.

COUNCILLORS ADA ALLCOCK, THOMAS BUCKLEY, JOHN W. FIDLER, FREDERICK HOPWOOD, JOSEPH MORTON, JAMES PENNY, and JOHN E. SMITH.

TUBERCULOSIS, VENEREAL, and MENTAL DISEASES SUB-COMMITTEE.

Chairman—COUNCILLOR JAMES H. STANSFIELD.

Vice-Chairman—COUNCILLOR THOMAS S. FISH.

COUNCILLORS CHARLES L. BRIMELOW, WILLIAM T. DINGLE, J.P., WILLIAM A. DOWNHAM, ALFRED GLYNN, WILLIAM HITCHEN, and JOHN T. LORD.

EMERGENCY AND STAFFING SUB-COMMITTEE.

Chairman—COUNCILLOR JAMES H. STANSFIELD.

Vice-Chairman—COUNCILLOR THOMAS S. FISH.

COUNCILLORS ADA ALLCOCK, EDWARD BROWN, THOMAS BUCKLEY, JOHN T. LORD, and JOSEPH MORTON.

MANCHESTER AND DISTRICT REGIONAL SMOKE ABATEMENT COMMITTEE.

COUNCILLORS THOMAS BUCKLEY and JOHN W. FIDLER.

MATERNITY AND CHILD WELFARE COMMITTEE.

Chairman—COUNCILLOR WILLIAM A. DOWNHAM.

Vice-Chairman—ALDERMAN JOHN W. CRAIG, J.P.

HIS WORSHIP THE MAYOR (Councillor G. Gill).

ALDERMEN HENRY PATTEN, J.P. and CHARLES SHARPLES, J.P.; COUNCILLORS ADA ALLCOCK, CHARLES L. BRIMELOW, WILLIAM T. DINGLE, J.P., JOHN W. FIDLER, CHARLES GATTIE, NORMAN GREENWOOD, FREDERICK HOPWOOD, HARRY MATKIN, JOHN E. SMITH, and JAMES H. STANSFIELD; MRS. NELLIE W. BENNETT, J.P., MRS. AGNES N. BUCKLEY, MRS. EVELYN M. MURRAY, MRS. ELIZABETH POTTS, J.P., MISS FLORENCE ROWBOTHAM, J.P., MRS. MARY A. SKUSE, J.P., and DR. F. J. KITT.

MATERNITY HOME SUB-COMMITTEE.

Chairman—COUNCILLOR WILLIAM A. DOWNHAM.

Vice-Chairman—ALDERMAN JOHN W. CRAIG.

COUNCILLORS ADA ALLCOCK and NORMAN GREENWOOD; MRS. AGNES N. BUCKLEY, MRS. EVELYN M. MURRAY, MRS. ELIZABETH POTTS, J.P., and MRS. MARY A. SKUSE, J.P.

SUB-COMMITTEE RE DISTRIBUTION OF MILK.

Chairman—COUNCILLOR WILLIAM A. DOWNHAM.

Vice-Chairman—ALDERMAN JOHN W. CRAIG, J.P.

COUNCILLOR ADA ALLCOCK; and the Medical Officer of Health.

HOUSING COMMITTEE.

Chairman—COUNCILLOR JOHN T. LORD.

Vice-Chairman—ALDERMAN JOHN W. CRAIG, J.P.

HIS WORSHIP THE MAYOR (Councillor G. Gill).

ALDERMEN JOHN COUPE, and CHARLES SHARPLES, J.P.; COUNCILLORS FRANK H. ATKINSON, WILLIAM H. CHATERTON, WILLIAM H. CLAYTON, CHARLES HARTLEY, THOMAS E. HUNT, GEORGE MARPLES, HARRY PONSONBY, J.P., REV. A. RIPPINER, F.R.G.S., DAVID SCOTT-MORTON, and FRED SUTCLIFFE.

STAFF OF PUBLIC HEALTH DEPARTMENT.

Medical Officer of Health; Medical Superintendent, Public Health Corporation Hospitals; Administrative Tuberculosis and Venereal Diseases Officer; Medical Officer to the Maternity and Child Welfare Committee, to the Education Committee, and to the Public Assistance Committee :—

ERNEST KENNETH MACDONALD, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health and Tuberculosis and Assistant Venereal Diseases Officer :—

EDWIN RATNER, M.D., Ch.B., D.P.H.

Assistant Medical Officer of Health, Maternity and Child Welfare Medical Officer, and Assistant Venereal Diseases Officer :—

JEAN M. MACKINTOSH, M.B., Ch.B., D.P.H.

Clinical Venereal Diseases Officer (Part time) :—

W. J. S. REID, M.A., B.Sc., M.D., M.R.C.P.

Consultant Obstetrician to Mile End Hall Maternity Hospital and Stepping Hill Hospital (Part time) :—

KENNETH VERNON BAILEY, M.C., M.D., M.C.O.G., M.R.C.P.

Deputy Medical Superintendent, Isolation Hospital :—

JAMES WORTHINGTON, L.R.C.P., L.R.C.S., L.M. (Ceased July, 1932).

HUGH G. WATSON, M.B., Ch.B. (Part Time) (Temporary Appointment Nov. 1932).

Assistant Medical Officers, Maternity and Child Welfare Centres (Part time) :—

HARRY SLATER, M.B., Ch.B.

ANNA M. ROBERTSON, M.B., Ch.B., D.P.H.

Public Analyst (Part time) :—WM. MARSHALL, F.I.C., F.C.S.

Chief Sanitary Inspector and Inspector of Foods.....F. ALLSOP §°

District Inspectors	{	.....H. PRICE §°
		.....F. MILLS §°
		.....P. N. BLOMFIELD §°
		.....H. HOWARD §°
		(Resigned 17/9/32).....L. CROWTHER §°
		.....S. H. TURNER §°
		(Commenced 7/11/1932).....A. E. SHERWOOD §°

Shops Act Inspector.....E. A. HAMBLET

Superintendent Health Visitor.....Miss K. M. JONES §†a

.....Miss E. B. SWAN §†a

.....Miss E. SNOWDON*†a

.....Miss L. M. DREW*†a

.....Miss A. N. STUBBS*†a

Health Visitors {Mrs. E. HOLLAND †a

.....Miss M. BILLINGS*†a

.....Miss D. T. CLAYTON*†a

(Tuberculosis and V.D.).....Miss M. SMITH*†

Matron, Isolation and Tuberculosis Hospitals.....Miss T. P. CRANMORE

Matron, Mile End Hall Maternity Hospital (Resigned 31/8/32).....Miss B. L. SCOTT

(Commenced 17/10/32).....Miss E. M. SKRIMSHIRE

Deputy Matron, Isolation Hospital.....Miss K. RICHARDSON

Deputy Matron, Tuberculosis Hospital.....Miss E. E. WILSON

Masseuse (Part time) Maternity and Child Welfare Department...Miss G. POTTS

Chief Clerk.....A. ROWLAND, A.C.I.S.

.....J. B. BROWN §

Clerical Staff { Junior Clerk.....H. HOLDEN

Shorthand Typist.....Miss K. L. ECKERSALL

Maternity & Child Welfare Records Clerk—Miss M. HORNBY

Office Boy.....G. JENKINSON

Dispensary.....Mrs. F. STEAD

".....Miss A. B. BELLERBY

V.D. Orderly (Part time).....W. E. LEES

§ Certificate, Inspector of Nuisances. † Certificate of Central Midwives Board.

° Certificate, Meat and Other Foods. a Certificate (new) R.S.I., Health Visitors.

* Certificate of General Training.

PUBLIC VACCINATORS :—

No. 1 District	..	R. M. WILSON, M.B., Ch.B.
No. 2 District	..	F. CHADWICK, M.B., Ch.B.
No. 3 District	..	F. J. KITT, M.B., Ch.B. (Resigned June, 1932). J. W. BROOKS, M.B., Ch.B. (Commenced July, 1932).
No. 4 District	..	R. NIGHTINGALE, M.B., Ch.B.

Stepping Hill Hospital; Shaw Heath Institution; Cottage Homes :—

E. C. DUTTON, M.B., Ch.B., F.R.C.S. (Ed.)

VACCINATION OFFICERS :—

No. 1 District	..	F. THOMPSON.
No. 2 District	..	J. T. LOMAS.
No. 3 District	..	S. R. BROOME.
No. 4 District	..	W. C. TUNSTALL.

PUBLIC ASSISTANCE DEPARTMENT.


Clerk to the Public Assistance Committee :—HARRY BARLOW, Barrister-at-Law.

Deputy Clerk :—HENRY WHALLEY.

Medical Superintendent, Stepping Hill Hospital; Medical Officer, Shaw Heath Institution and Cottage Homes :—E. C. DUTTON, M.B., Ch.B., F.R.C.S. (Ed.)

DISTRICT MEDICAL OFFICERS :—

No. 1 District	..	H. G. WATSON, M.B., Ch.B.
No. 2 District	..	F. CHADWICK, M.B., Ch.B.
No. 3 District	..	C. B. V. WALKER, M.B., Ch.B., D.P.M.
No. 4 District	..	W. M. THOMSON, L.R.C.P., L.R.C.S.



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To the Worshipful the Mayor, Aldermen and Councillors of the County Borough of Stockport.

MR. MAYOR, MRS. ALLCOCK AND GENTLEMEN,

I have the honour to submit to you my Report on the Health of the Borough during 1932.

A Report of this nature, dealing as it does with the multifarious duties of a Health Department, of necessity has much in it, chiefly statistical in character, that makes dull reading, and it is perhaps difficult to select those portions of the Report that are of more than passing interest.

In this opening letter, therefore, I propose to direct your attention to certain outstanding features of the Report, with the hope that a perusal of the fuller detail found therein will be of interest.

The Census, 1931.

A comparative and analytical study of the Census figures brings out the interesting fact that, although the population of the Borough is nearly stationary, there is a marked increase in the number of family units. This brings its own problems. Overcrowding, also, is worse than in 1921.

Housing.

Particular attention is devoted to this most important question. The presence in any progressive town of old unhealthy houses of the slum type, such as can be found in Stockport, is a severe criticism of the direction in which the town is progressing. A special note is made of the housing conditions of certain cases of Tuberculosis.

In addition to the foregoing, there are numerous other matters of interest, too many to detail here, but which ultimately affect the health of the Borough and the work of the Department.

At the conclusion of my first year as your Medical Officer, I desire to express to all Members of the Council, and especially to the Members of the various Committees which I attend, my keen appreciation of their interest in the work, and for their help during the year.

As regards the staff of the Health and Allied Departments, I have great pleasure in bearing my testimony to the devoted work that has been accomplished during the year. Success is difficult to evaluate, but a job well done has always been worth doing. So has it been with the work of your staff during 1932.

I am,

Mr. Mayor, Mrs. Allcock, and Gentlemen,

Your obedient Servant,

E. K. MACDONALD, M.D., B.S., D.P.H.

Medical Officer of Health.

Public Health Department,

Town Hall,

Stockport.

6th July, 1933.

COUNTY BOROUGH OF STOCKPORT.

Statistical Memorandum.

	Stockport.	England and Wales.	118 County Boroughs & Great Towns.	126 Smaller Towns.
Population (Census 1931).....	125,490	—	—	—
Estimated Population, Mid-year, 1932	126,800	—	—	—
Area in Acres.....	7,063	—	—	—
Birth Rate per 1,000.....	12.66	15.3	15.4	15.2
Do. do. average for five years, 1928-1932.....	13.53	—	—	—
General Death Rate per 1,000.....	12.72	12.0	12.2	11.4
Do. do. average for five years, 1928-1932.....	13.05	—	—	—
Infantile Death Rate per 1,000 Births	71.03	65	70	61
Do. do. average for five years, 1928-1932.....	75.02	—	—	—
Death Rate from Seven Principal Zymotic Diseases.....	0.45	—	—	—
Death Rate from Phthisis (Pulmonary Consumption) per 1,000.....	0.80	0.69	—	—
Death Rate from all other Tubercular Diseases.....	0.15	0.15	—	—

Statistics and Social Conditions of the Area.

Area (in acres).....	7,063
Registrar-General's estimate of resident population, 1932.....	126,800
Number of inhabited houses (end of 1931) according to rate books.....	35,220
Rateable Value (April, 1932).....	£729,638
Sum represented by a penny rate.....	£2,769

Extracts from vital statistics for the year :—

	Total.	M.	F.	
Live Births : Legitimate.....	1605	828	777	} Birth Rate per 1,000 of the estimated resident population, 12.66.
Illegitimate.....	71	41	30	
Stillbirths.....	93	53	40	Rate per 1,000 total births (live and stillbirths), 54.77
Deaths.....	1613	843	770	Death Rate per 1,000 of the estimated resident population, 12.72.

Deaths from diseases and accidents of pregnancy and childbirth :—

From Sepsis.....	—
„ other causes.....	5

Death Rate of Infants under one year of age :—

All Infants per 1,000 live births.....	71.03
Legitimate infants per 1,000 legitimate live births.....	68.45
Illegitimate infants per 1,000 illegitimate live births.....	126.76
Deaths from Measles (all ages).....	10
„ Whooping Cough (all ages).....	14
„ Diarrhoea (under 2 years of age).....	7

The form of this Report is based on Circular 1269 of the Ministry of Health, 24th June, 1932.

COMPARATIVE STATEMENT OF VITAL STATISTICS.

YEAR 1932.

	<i>Birth Rate.</i>	<i>Death Rate.</i>	<i>Infantile Mortality Rate.</i>	<i>Death Rate from Phthisis.</i>	<i>Death Rate from other T'cular Dis's.</i>	<i>Maternal Mortality Rate.</i>
ENGLAND AND WALES..	15.3	12.0	65	0.69	0.15	4.06
118 GREAT TOWNS.....	15.4	12.2	70	—	—	—
Birkenhead.....	17.7	11.6	71	0.94	0.19	4.0
Blackburn.....	12.6	12.6	66	0.64	0.15	6.47
Bolton.....	13.2	12.5	71	0.607	0.146	6.76
Burnley.....	12.03	13.01	86.4	0.71	0.25	7.70
Bury.....	12.74	13.47	85	0.45	0.17	2.58
Halifax.....	12.0	14.6	80	0.51	0.20	9.1
Huddersfield.....	11.75	12.74	52	0.56	0.11	5.24
Manchester.....	15.37	13.03	85.4	1.00	0.17	3.64
Oldham.....	12.8	13.9	83	0.74	0.13	5.02
Preston.....	14.89	13.05	84	0.75	0.18	4.53
Rochdale.....	12.5	14.1	72	0.65	0.12	1.76*
St. Helens.....	19.9	11.3	89	0.63	0.18	4.17
Salford.....	15.4	13.2	99	1.2	0.16	6.1
Stockport.....	12.66	12.72	71	0.80	0.15	2.94
Wallasey.....	13.5	12.0	48.8	0.60	0.01	Nil.
Warrington.....	17.3	12.2	87	0.98	0.13	2.89
Wigan.....	17.80	13.34	93	0.77	0.20	8.54

* Calculated on the number of Live Births.

COMPARATIVE STATEMENT OF THE REVENUE

FOR THE YEAR 1900

REVENUE		EXPENDITURE	
AMOUNT	PERCENT	AMOUNT	PERCENT
100.00	100.00	100.00	100.00
10.00	10.00	10.00	10.00
20.00	20.00	20.00	20.00
30.00	30.00	30.00	30.00
40.00	40.00	40.00	40.00
50.00	50.00	50.00	50.00
60.00	60.00	60.00	60.00
70.00	70.00	70.00	70.00
80.00	80.00	80.00	80.00
90.00	90.00	90.00	90.00
100.00	100.00	100.00	100.00
110.00	110.00	110.00	110.00
120.00	120.00	120.00	120.00
130.00	130.00	130.00	130.00
140.00	140.00	140.00	140.00
150.00	150.00	150.00	150.00
160.00	160.00	160.00	160.00
170.00	170.00	170.00	170.00
180.00	180.00	180.00	180.00
190.00	190.00	190.00	190.00
200.00	200.00	200.00	200.00
210.00	210.00	210.00	210.00
220.00	220.00	220.00	220.00
230.00	230.00	230.00	230.00
240.00	240.00	240.00	240.00
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760.00	760.00	760.00	760.00
770.00	770.00	770.00	770.00
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870.00	870.00	870.00	870.00
880.00	880.00	880.00	880.00
890.00	890.00	890.00	890.00
900.00	900.00	900.00	900.00
910.00	910.00	910.00	910.00
920.00	920.00	920.00	920.00
930.00	930.00	930.00	930.00
940.00	940.00	940.00	940.00
950.00	950.00	950.00	950.00
960.00	960.00	960.00	960.00
970.00	970.00	970.00	970.00
980.00	980.00	980.00	980.00
990.00	990.00	990.00	990.00
1000.00	1000.00	1000.00	1000.00

Approved by the Board of Directors

PART 1.

Health and Statistics.

SECTION A.

SECTION A.

Natural and Social Conditions of the District.

The ancient Borough of Stockport is situated on the Southern border of the Lancashire industrial area, and is actually both in Lancashire and Cheshire. The County Boundary in the Borough is the Rivers Tame and Mersey, the latter being formed by the union of the Rivers Goyt and Tame just east of the town centre.

Stockport is fortunate in that within easy access is some of the most delightful country in England, with the Peak District to the South East, and the rich plain of Cheshire to the South West. The prevailing winds also come to the town without bringing with them the smoke pollution of an industrial area.

The Borough, on the other hand, is well equipped industrially as both road and rail facilities are good, and the air port of Manchester is within very easy reach. There are good sites available for new works and factories, and further the rates levied (12/-, 1932-33-34) are comparatively low.

In this time of industrial depression Stockport, by the very multitude of its manufactures and occupations, has not suffered as severely from unemployment and distress as those towns more dependent on one basic industry. The chief occupations are Cotton Spinning, Weaving and Doubling, Hat Manufacture, Engineering, Brewing, Jam Making, and Confectionery.

There has, however, unfortunately been a fair amount of unemployment and distress in the district, and unless trade improves shortly, this distress must make its mark on the health of the population, especially on that of the growing children in the Borough.

One of the most important problems that confronts the town, and it is a town problem and not merely a problem for the few affected, is that of housing. The centre of the town is congested (one of the Wards, St. Thomas's, shewed the highest number of persons per acre in any part of Cheshire County in the 1931 Census, viz., 89.6 persons), due largely to the policy of building houses as near as possible to the site of the occupant's work, which was carried out in the "industrial revolution." Nowadays, with good transport facilities, it is possible to house the workpeople reasonably far away from the factory, in a locality where houses can be built with gardens and other open spaces, and where the worker, at the end of his day's work, can try to cultivate flowers and vegetables in an atmosphere not polluted by the Work's chimney.

A difficulty peculiar to Stockport is that the town is getting built up, and whereas there is plenty of good building land outside the Borough,

inside the Borough it is becoming increasingly difficult for the Corporation to obtain suitable sites.

A full discussion of the Housing problem will be found later.

THE CENSUS OF 1931.

The decennial Census was last taken on the night of April 26th/27th, 1931, and there are many interesting inferences to be drawn from a comparative study of its figures with those of earlier censuses. The occupational figures are not yet available.

	1921		1931		+ or —
Total Population	123,309	..	125,490	..	+ 2,181
" " (Males).....	56,909	..	58,313	..	+ 1,404
" " (Females).....	66,400	..	67,177	..	+ 777
Persons per acre.....	17.5	..	17.8	..	+ 0.3
Private families.....	30,225	..	33,760	..	+ 3,535
Persons per family.....	4.1	..	3.6	..	— 0.5
Separate dwellings occupied.....	29,765	..	32,765	..	+ 3,000
Rooms occupied.....	135,538	..	148,050	..	+ 12,512
Rooms per person.....	1.12	..	1.22	..	+ 0.10
Persons per room.....	0.89	..	0.82	..	— 0.07
Rooms per dwelling.....	4.55	..	4.52	..	— 0.03
The most overcrowded Ward.....	St. Thomas	..	St. Thomas	..	—
Do. (Persons per acre.....)	93.9	..	89.6	..	— 4.3

Overcrowding.

Population living :—

3 and over 2 persons per room...	6,268	..	5,768	..	— 500
Over 3 persons per room.....	360	..	1,199	..	+ 839
Total population overcrowded.....	6,628	..	6,967	..	+ 339

It should be noted that the Census of 1921 was taken on the night of June 19th, when presumably certain of the Stockport population was on holiday—the Registrar-General subsequently adjusted this figure from 123,309 to 125,500 to allow for the difference, but this latter figure was only an estimate, and in the Census Returns for 1931, when comparison is made between 1931 and 1921, the original figure for 1921, viz., 123,309, is invariably given.

Probably the most interesting deductions that can be drawn, apart from those relating to occupations, the figures for which are not yet available as already stated, relate to the size of the family, and to the housing accommodation available.

The Family.

It will be noted that, although the population is very nearly static, there has been a marked increase in the number of individual families between 1921 and 1931, which, of course, proves that the average family has decreased in size, as in fact it has, consisting of 4.0 persons in 1921 and 3.6 in 1931,

a decrease of no less than 10.0 per cent. in ten years. Had the family remained the same size as in 1921, the population of the Borough in 1931, instead of being 125,490, would have been 138,316, an increase of 12,826.

The deductions to be made from the above facts are probably twofold, although they are closely related. Firstly, the voluntary limitation of families by birth control methods has undoubtedly gained an enormous following in the country, and, secondly, is it not probable that, in any time of stress, such as the last decade, nature tends to conserve her resources, and there is a natural, as distinct from artificial tendency to the small family? This is unquestionably so in microscopic and wild life, and I can see no reason why it should not hold good for human life also.

What is more important to us, however, is that the problem is still with us. In three out of the last four years the birth rate in Stockport has been less than the death rate. Our population, except for immigration, is stationary, and is probably even declining. Is this a good sign, or is it a bad one?

Is a town, or a people, necessarily decadent because its birth rate is low? Until recently this was what was usually thought, but may it not rather be a good sign in that the production of a few healthy, efficient persons must be of more service to the State than the overproduction of many unhealthy inefficients, for whom there is neither work nor food?

I do not propose to discuss here the merits or demerits of birth control; this is not the place for it, but in a Report that deals with the health of the people, it is of no use shirking the fact of its existence, or of its extraordinary increase and power. Sooner or later its influence will have to be faced, and a way found for the Nation's good.

In the meantime, as the birth rate is falling, and as the number in the family is decreasing, it behoves all in the Public Health Service, whether Councillors or Officials, to strive to the utmost that those born shall live to be of the greatest use and service to mankind.

The Question of Housing in relation to the Census.

Although as shown above, the population is stationary, the fact that there are approximately 3,500 more families in 1931 than in 1921 intimately affects the housing problem. On the number of new houses built during the decennium, viz., 3,000, there is therefore a deficit of some 500 houses, on the basis of one family one house.

A further point of interest is that although the average number of rooms per person has increased in the period under review from 1.12 to 1.22, yet there are actually 339 more persons living in overcrowded houses in 1931 than in 1921, i.e., a total of 6,967 persons living more than two to a room in 1931, as against 6,628 in 1921.

The improvement in accommodation shown throughout the Borough in the above figures (rooms per person) has therefore not included the poorest stratum of the population. This stratum is also least affected by birth control methods.

Further consideration of the Housing question may be found in the part of this report specially devoted to that subject.

The following table shows the distribution and density of the population in the various Wards, **as shown at the 1931 Census** :—

<i>Ward.</i>	<i>Acreage.</i>		<i>Population.</i>		<i>Persons per acre.</i>
ALL STOCKPORT.....	7,063	..	125,490	..	17.8
1. Lancashire Hill.....	145	..	5,194	..	35.8
2. Heaton Lane.....	234	..	5,865	..	25.1
3. Old Road.....	114	..	5,385	..	47.2
4. Portwood.....	319	..	7,492	..	23.5
5. St. Mary's.....	90	..	2,689	..	29.9
6. Vernon.....	420	..	6,404	..	15.2
7. Spring Bank.....	80	..	3,974	..	49.7
8. Hollywood.....	340	..	8,483	..	25.0
9. Edgeley.....	326	..	11,553	..	35.4
10. Shaw Heath.....	398	..	10,018	..	25.2
11. St. Thomas's.....	54	..	4,839	..	89.6
12. Hempshaw Lane.....	148	..	5,045	..	34.1
13. Cale Green.....	147	..	5,824	..	39.6
14. Heaviley.....	1,132	..	13,852	..	12.2
15. Reddish North.....	786	..	9,430	..	12.0
16. Reddish South.....	755	..	6,033	..	8.0
17. Heaton Norris North.....	711	..	5,853	..	8.2
18. Heaton Norris South.....	864	..	7,557	..	8.7

Housing.

The number of houses completed in the last ten years is shown as follows :—

<i>Year.</i>	<i>Number of houses completed :</i>			<i>Total.</i>
	<i>By Private Enterprise.</i>	<i>By Corporation.</i>		
1923.....	176	..	—	176
1924.....	241	..	—	241
1925.....	405	..	—	405
1926.....	335	..	—	335
1927.....	330	..	20	350
1928.....	333	..	54	387
1929.....	294	..	128	422
1930.....	233	..	174	407
1931.....	468	..	332	800
1932.....	471	..	107	578
Total for 10 years	3286	..	815	4101

A further 156 houses were in course of erection by the Corporation on December 31st, 1932, and 277 by private enterprise.

Comments on the Vital Statistics.

Births.

The corrected number of births registered in the Borough during 1932 was 1,605, of which 828 were males and 777 females.

The birth rate per thousand of the population was equal to 12.66, the figure for 1931 being 13.60.

Reference to the chart facing page 16 will show that the birth rate for 1932 was the lowest recorded in the history of Stockport.

Infantile Mortality Rate.

This is calculated on the number of deaths occurring in children under one year of age per 1,000 births. I am glad to say that last year this rate was the second lowest Stockport has had, namely, 71.0. In 1930, it was 56.7, and in all other years it has been over 77. With a decreasing birth rate it becomes increasingly more important that every child born should survive. In 1906 nearly every fifth child born in Stockport died before it reached its first birthday. Nowadays about one child in fourteen dies. But in 1906 there was such a large excess of births over deaths that, speaking from one point of view, the infant death rate did not matter so much. Nowadays, with the birth rate in three out of the last four years being lower than the death rate, it becomes vitally important, if the population is to be maintained, that every life that can be saved should be saved.

The majority of these infant deaths occur in the first month of life, often in the first few days, and are frequently due to causes operating during the mother's pregnancy. It is on this point that we must concentrate. As will be shown later, there are two problems to be faced, two problems that are really only one, namely, the continued high maternal mortality rate, and the high neo-natal mortality rate (i.e., deaths occurring in the first few days or weeks of life). The problem is further discussed later.

Illegitimacy.

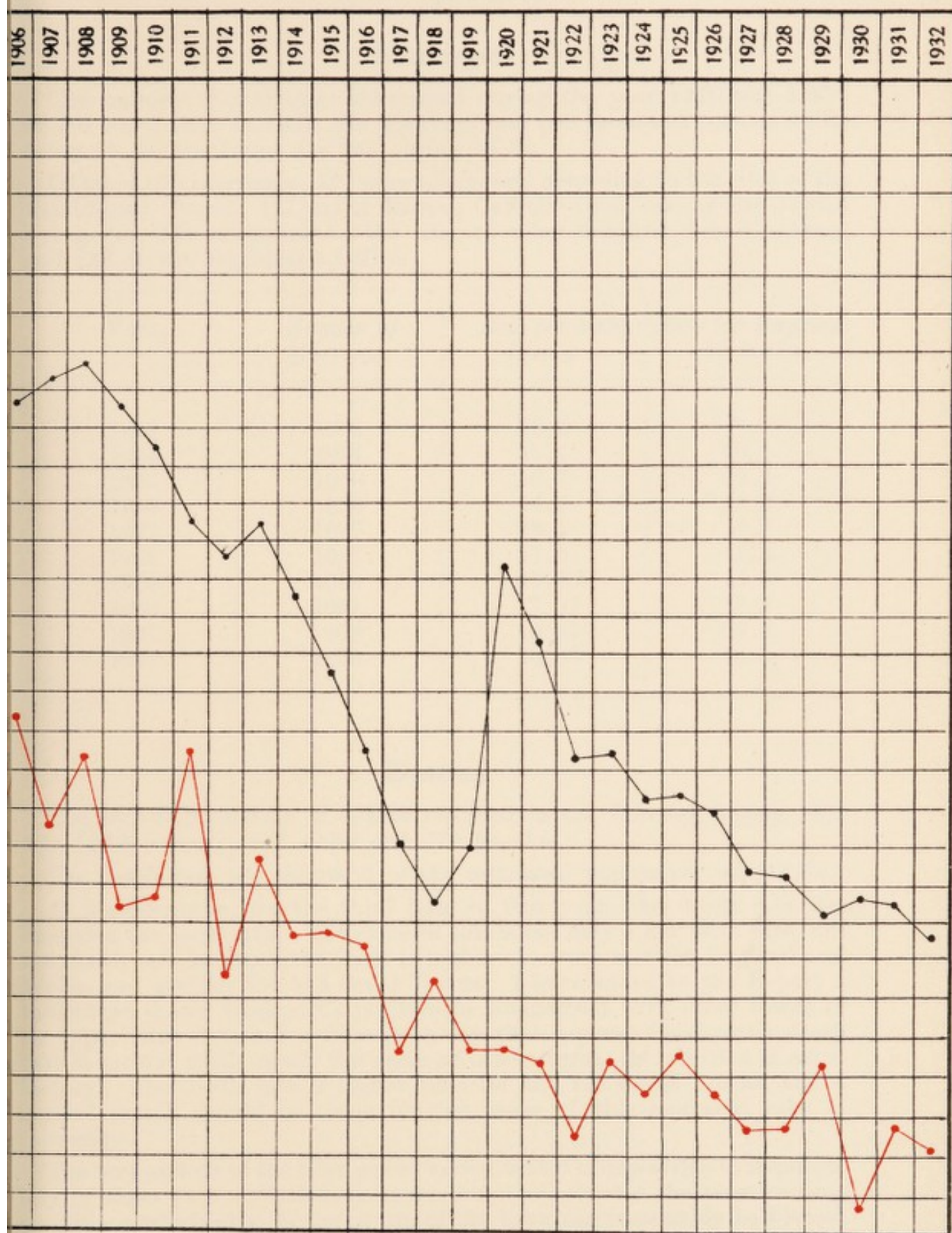
During the year there were 71 illegitimate births registered belonging to the Borough, as compared with 62 in 1931. This gives an illegitimate birth rate of 44.24 per thousand of the total births registered, as compared with 36.00 in 1931.

The infantile mortality rate amongst illegitimate children is 126.8 per thousand illegitimate births.

The following table shows the comparison between the death rates of illegitimate children and others registered in the Borough during the past ten years :—

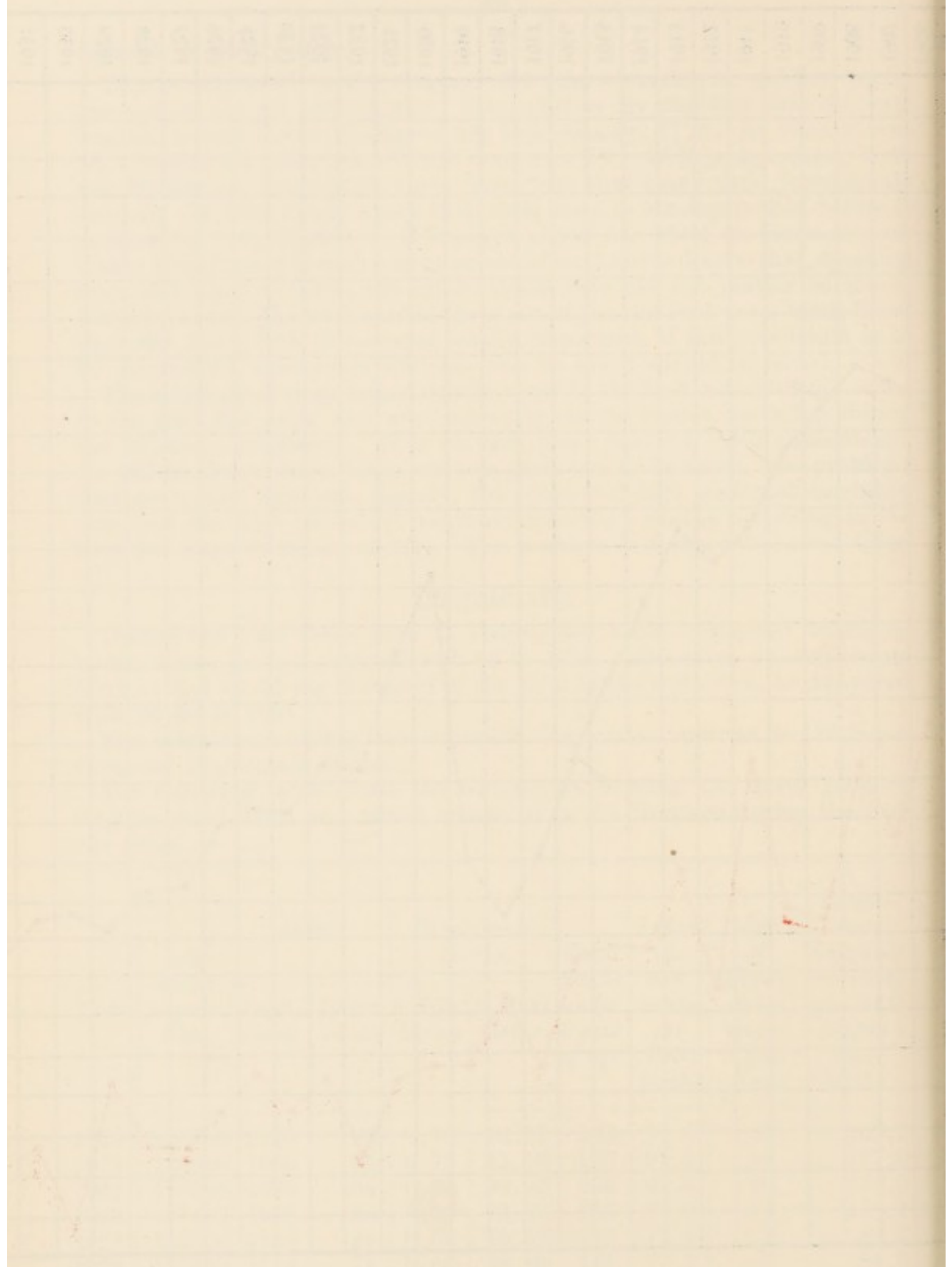
Year	Esti- mated popula- tion.	Births.		Illegitimate Births.		Total deaths under 1 year of age	Infan- tile mor- tality per 1000 births.	Deaths of illegiti- mates under 1 year of age.	Illegiti- mate infantile mortality per 1000 illegiti- mate births.
		Legit- imate	Illegit- imate	to 1000 living	to 1000 births				
1923	125700	2121	95	0.76	42.87	203	91.6	25	263.2
1924	126000	1969	94	0.75	45.56	180	87.3	11	117.0
1925	125900	1975	104	0.83	50.02	202	97.2	20	192.3
1926	125400	1926	88	0.70	43.69	165	81.9	14	159.1
1927	125200	1750	85	0.68	46.32	142	77.4	7	82.4
1928	127600	1756	71	0.56	38.86	141	77.2	6	84.5
1929	127800	1622	78	0.61	45.88	155	91.2	13	166.6
1930	127800	1682	81	0.63	45.94	100	56.7	8	98.8
1931	126600	1660	62	0.49	36.00	136	79.0	7	112.9
1932	126800	1534	71	0.56	44.24	114	71.0	9	126.8

Chart showing the Annual Birth-rate per thousand of the population
and the Infant Mortality Rate per cent. of Registered Births,
for the past 27 years (1906-1932)



Birth-rate indicated by Black lines.
Infant Mortality Rate indicated by Red lines.

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Marriages.

The number of marriages solemnised during the year 1932 was 1,070, or 101 more than in 1931, the marriage rate per thousand persons living being 16.88, the figure for 1931 being 15.31.

Of the 1,070 marriages, 536 were solemnised according to the rites of the Established Church, 137 under Roman Catholic rites, one at the Jewish Synagogue, 168 according to the rites of other religious denominations, and 228 at the Registrar's Office.

<i>Year.</i>	<i>Number of Marriages</i>	<i>Rate per 1000 Living.</i>	<i>Rate for England and Wales.</i>
1923	1008	16.0	18.0
1924	1094	17.4	15.3
1925	1050	16.7	15.2
1926	936	14.9	14.3
1927	1027	16.4	15.7
1928	1087	17.0	15.3
1929	1088	17.03	15.8
1930	1091	17.07	15.8
1931	969	15.31	15.6
1932	1070	16.88	15.2

Deaths.

The corrected number of deaths recorded in the Borough during 1932 was 1,613, namely, 843 males and 770 females.

The death rate per thousand of the estimated population was 12.72.

As stated above, for the third time in four years the death rate has exceeded the birth rate. The cause of this is not only a low birth rate, but the death rate in Stockport itself is higher than the rate for England and Wales, and also for the 118 Great Towns. I have added to the Report a table that shows Stockport's position in comparison with other towns of its type. But it is not sufficient to say that because Stockport's death rate is on the whole much the same as other towns, the position is satisfactory. The death rate is higher than for the 118 Great Towns, and a careful search should be made for the cause of this increased rate of mortality.

The occupations of the town are so varied that it is impossible to implicate any of them as a contributing cause, but undoubtedly the poor housing conditions which exist in the centre of the town can reasonably be blamed for a share in the excess.

A study of the Ward mortality rates which are shown on the table facing page 21 will bring out the fact that generally speaking the higher rates are always in the more crowded Wards.

Mortality in Different Wards.

The Corrected Nett Death-rate for the Borough as a whole was 12.72 per 1,000 of the estimated population. The highest Ward Death-rate occurred in Heaton Lane Ward, namely, 15.69, whilst the lowest was recorded in Heaton Norris North Ward with 10.11.

The Zymotic Death-rate for the whole Borough was 0.45. This Rate is calculated on the number of deaths from the following diseases :—Small-pox, Measles, Scarlet Fever, Diphtheria and Membranous Croup, Whooping Cough, Typhoid Fever, and Diarrhoea, and the total number of deaths from these diseases was 57.

Phthisis Death-rate. The Death-rate from Pulmonary Tuberculosis, or consumption of the lungs, for the whole of the Borough, was 0.80 per 1,000 of the population, as compared with 0.83 for 1931, and the total number of deaths recorded was 101, as compared with 105 for 1931, 76 for 1930, 105 for 1929, 89 for 1928, 77 for 1927, 70 for 1926, 104 for 1925, 110 for 1924, and 119 for 1923.

The highest Death-rate from Phthisis occurred in St. Thomas's Ward, namely, 2.37 per 1,000 of the population.

COMPARATIVE MORTALITY DURING LAST DECENNIUM.

Herein are set out some of the principal causes of death in the Borough for the past ten years :—

<i>Cause of Death.</i>	<i>Number of Deaths.</i>									
	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932
<i>Seven Chief Zymotics.....</i>	44	64	62	50	32	39	30	50	34	57
Smallpox.....	..	..	..	..	1	..	..	..	..	..
Scarlet Fever.....	1	5	6	7	5	2	1	2	1	..
Diphtheria.....	14	5	3	7	6	5	6	12	15	24
" Fevers "—Typhoid and Continued.....	..	2	..	..	..	2	..	1	..	1
Measles.....	9	42	4	25	7	15	1	10	..	10
Whooping Cough.....	12	6	41	5	6	13	19	7	3	14
Diarrhoea.....	8	4	8	6	7	2	3	18	15	8
Influenza.....	20	33	19	25	39	19	83	27	88	37
Lung Diseases (including Phthisis).....	481	559	501	391	373	444	538	214	318	306
Heart Disease, &c.....	367	374	400	420	373	359	373	530	545	504
Accidents.....	31	43	58	33	44	38	52	48	50	36

TABLE SHOWING SUMMARY OF VITAL AND MORTAL
STATISTICS FOR THE BOROUGH.

	<i>No of Deaths</i>
Lung Diseases (excluding Phthisis).....	205
Phthisis.....	101
Other Tubercular Diseases.....	19
Diseases of Circulatory System (Heart, &c.).....	504
„ Nervous System.....	110
„ Digestive System.....	49
„ Genito-Urinary System.....	83
Congenital Debility and Malformations, Premature Birth, &c.	63
Old Age.....	26
Cancer.....	215
Accidents.....	36
Suicides.....	19
All other Diseases.....	183

<i>Year.</i>	<i>Birth-rate</i>	<i>Nett Death-rate.</i>	<i>Zymotic Death-rate.</i>	<i>Infant Mortality.</i>
1913	23.17	16.64	1.85	146
1914	21.64	15.10	1.18	124
1915	19.32	16.69	1.59	127
1916	17.66	15.42	1.49	121
1917	15.17	13.18	0.54	96
1918	13.84	18.29	0.69	112
1919	15.05	13.33	0.32	98
1920	22.20	12.87	0.88	97
1921	20.43	12.16	0.53	91
1922	17.42	13.37	0.53	77
1923	17.63	12.66	0.35	92
1924	16.37	13.86	0.51	87
1925	16.51	13.94	0.49	97
1926	16.06	12.78	0.40	82
1927	14.66	12.54	0.26	77
1928	14.32	12.79	0.31	77
1929	13.30	13.87	0.23	92
1930	13.79	12.02	0.39	57
1931	13.60	13.85	0.27	79
1932	12.66	12.72	0.45	71

Inquests and Uncertified Deaths.

1.—NATURAL CAUSES.

			<i>Total.</i>
Heart Disease.....	24	Premature Birth.....	2
Nephritis.....	14	Alcoholism	2
Arterio Sclerosis.....	7	Septicaemia	2
Pneumonia	5	Pulmonary Tuberculosis...	2
Cerebral Haemorrhage	3	Dysentery	2
Digestive System.....	3	Epilepsy	1
Cancer	2	Other Natural Causes.....	8
			— 77

2.—BY ACCIDENT OR NEGLIGENCE.

In Vehicular Traffic.....	19	In Machinery.....	1
Falls.....	8	Starvation	1
Burns and Scalds.....	3	On Railway	1
Drowning.....	2	Other Injuries.....	1
			— 36

3.—SUICIDE.

By Gas Poisoning.....	5	By Poisoning	1
„ Hanging.....	5	„ Drowning	1
„ Cut or Stab.....	3	„ Jumping from a height.	1
On Railway	3		— 19

4.—OPEN VERDICT.

Found Drowned.....	1		— 1
--------------------	---	--	-----

5.—CERTIFIED BY CORONER (No Inquest held).

Heart Disease.....	1	Arterio Sclerosis.....	1
			— 2

6.—UNCERTIFIED DEATHS.

Heart Disease.....	2	Old Age.....	1
Bronchitis.....	2		— 5
		Total.....	140

SUMMARY OF THE VITAL AND MORTAL STATISTICS OF THE BOROUGH AND EACH OF ITS WARDS FOR THE YEAR 1932

WARD	Acreage.	Estimated Population.	Persons per acre.	No. of Births registered.		Birth rate.	Nett deaths *.	Nett Death rate.	No. of de'ths under 1 year of age *.	Infant mortality rate per 1000 births.	No. of de'ths from principal Zymotic diseases! *.	Zymotic death rate per 1000.	Zymotic death rate per 1000 (excluding Diarrhoea).	No. of de'ths from Diarrhoea. *.	Death rate from Diarrhoea per 1000.	No. of de'ths from Phthisis. *.	Death rate from Phthisis per 1000.	No. of de'ths from other Tubercular diseases *.	Death rate from other Tubercular diseases per 1000.	No. of de'ths from Other Lung Diseases. *.	Death rate from Other Lung Diseases per 1000.
				M.	F.																
LANCASHIRE HILL ...	145	5,412	37.32	81	28	10.90	59	10.90	3	50.85	...	...	...	...	...	10	1.85	...	...	8	1.48
				59																	
HEATON LANE ...	234	5,865	25.06	55	49	17.73	92	15.69	9	86.54	2	0.34	0.34	...	...	2	0.34	1	0.17	22	3.75
				104																	
OLD ROAD ...	114	5,385	47.24	37	38	13.93	75	13.93	5	66.67	2	0.37	0.37	...	...	3	0.56	1	0.19	9	1.67
				75																	
PORTWOOD ...	319	7,522	23.58	63	70	17.68	93	12.36	7	52.63	3	0.40	0.40	...	...	3	0.40	...	...	11	1.46
				133																	
ST. MARY'S ...	90	2,689	29.88	21	27	17.85	39	14.50	8	166.67	5	1.86	1.12	2	0.74	2	0.74	...	...	5	1.86
				48																	
VERNON ...	420	6,418	15.28	43	52	14.80	87	13.56	9	94.74	10	1.56	1.56	...	...	4	0.62	...	...	15	2.34
				95																	
SPRING BANK ...	80	3,974	49.68	39	29	17.11	61	15.35	1	14.71	6	1.51	1.26	1	0.25	5	1.26	1	0.25	11	2.77
				68																	
HOLLYWOOD...	340	8,482	24.95	75	60	15.92	116	13.68	6	44.44	4	0.47	0.47	...	...	9	1.06	2	0.24	17	2.00
				135																	
EDGELEY ...	326	11,645	35.72	79	64	12.28	152	13.05	6	41.96	6	0.52	0.43	1	0.09	6	0.52	2	0.17	16	1.37
				143																	
SHAW HEATH ...	398	10,041	25.23	61	46	10.66	106	10.56	12	112.15	4	0.40	0.30	1	0.10	11	1.10	1	0.10	10	1.00
				107																	
ST. THOMAS'S ...	54	4,640	85.93	28	31	12.72	63	13.58	8	135.59	3	0.65	0.43	1	0.22	11	2.37	4	0.86	8	1.72
				59																	
HEMPSHAW LANE ..	148	5,043	34.08	34	39	14.48	76	15.07	4	54.79	4	0.79	0.59	1	0.20	10	1.98	...	...	3	0.59
				73																	
CALE GREEN ...	147	5,824	39.63	35	28	10.82	74	12.71	5	79.37	1	0.17	0.17	...	...	2	0.34	1	0.17	5	0.86
				63																	
HEAVILEY ...	1132	14,140	12.49	64	78	10.04	188	13.30	12	84.51	2	0.14	0.14	...	...	7	0.50	1	0.07	19	1.34
				142																	
REDDISH NORTH...	786	9,474	12.05	52	49	10.66	113	12.46	7	69.31	3	0.32	0.21	1	0.11	12	1.27	1	0.11	14	1.48
				101																	
REDDISH SOUTH...	755	6,719	8.90	50	44	13.99	74	11.01	8	85.11	1	0.15	0.15	...	...	2	0.30	2	0.30	16	2.38
				94																	
HEATON NORRIS N.	711	5,933	8.34	24	9	5.56	60	10.11	1	30.30	1	0.17	...	...	...	2	0.34	...	...	5	0.84
				33																	
HEATON NORRIS S.	864	7,594	8.79	37	36	9.61	80	10.53	3	54.79	...	...	...	...	...	...	...	2	0.26	11	1.45
				73																	
STOCKPORT BOROUGH	7063	126800	17.96	828	777	12.66	M 843 F 770	12.72	M 64 F 50	71.03	M 30 F 27	0.45	0.39	M 2 F 6	0.06	M 69 F 32	0.80	M 12 F 7	0.15	M 113 F 99	1.62

* Deaths of Stockport residents in the Union Hospital, Union Workhouse, Infirmary, and Isolation Hospital are here referred to the Wards in which they lived. Deaths within the Borough of Non-residents from out-townships are excluded.

† The "Seven Principal Zymotic Diseases" are Smallpox, Measles, Scarlet Fever, Diphtheria and Membranous Croup, Whooping Cough, Fever (typhus, typhoid and continued), and Diarrhoea. ‡ Registrar General's estimate for 1932.

Vital Statistics of whole Borough during 1932, and previous years.—Name of District, STOCKPORT.

YEAR.	Total Population estimated to Middle of each Year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NETT DEATHS BELONGING TO THE DISTRICT.			
		Un- corrected Number.	Nett.		Number.	Rate.	of Non- residents registered in the District.	of Resi- dents not registered in the District.	Under 1 Year of Age.		At all Ages.	
			Number.	Rate.					Number.	Rate per 1000 Nett Births.	Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1923	125,700	2206	2216	17.63	1639	13.04	139	91	203	92	1591	12.66
1924	126,000	2056	2063	16.37	1791	14.21	134	89	180	87	1746	13.86
1925	125,900	2074	2079	16.51	1805	14.43	152	91	202	97	1744	13.94
1926	125,400	2019	2014	16.06	1660	13.24	161	103	165	82	1602	12.78
1927	125,200	1863	1835	14.66	1650	13.18	175	95	142	77	1570	12.54
1928	127,600	1854	1827	14.32	1733	13.58	199	98	141	77	1632	12.79
1929	127,800	1758	1700	13.30	1889	14.78	226	109	155	91	1772	13.87
1930	127,800	1817	1763	13.79	1624	12.71	191	103	100	57	1536	12.02
1931	126,600	1755	1722	13.60	1870	14.77	234	117	136	79	1753	13.85
1932	126,800	1636	1605	12.66	1701	13.41	192	104	114	71	1613	12.72

Total population at all ages, 125,490 at Census of 1931. Area of District in acres (land and water) : 7,063.

Private families or separate occupiers : 33,760 at Census of 1931.

Registrar General's Return of Causes of Death at Different Periods of Life in the County Borough of Stockport.

CAUSES OF DEATH.	Sex.	All Ages.	Under 15 years.										65—	75—
			0—	1—	2—	5—	15—	25—	35—	45—	55—			
ALL CAUSES.....	M. F.	843 771	64 51	20 10	14 16	35 19	31 24	36 19	48 35	88 74	166 135	202 179	139 209	
1. Typhoid and Paratyphoid Fevers...	M. F.	1 6	.. 1	.. 3	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	
2. Measles.....	M. F.	4	1	2	1	..	..	..	..	..	..	..	..
3. Scarlet Fever.....	M. F.	..	..	..	..	..	..	..	..	..	..	..	..
4. Whooping Cough.....	M. F.	7 7	2 2	2 2	2 1	1 2	..	..	..	..	..	..	..
5. Diphtheria.....	M. F.	15 9	1 ..	.. 1	2 2	12 5	..	..	1 2	1 6	.. 7	.. 3	.. 5
6. Influenza.....	M. F.	17 20	.. ..	1 ..	1 ..	.. ..	2 2	1 ..	2 ..	3 ..	.. ..	4 ..	.. ..
7. Encephalitis Lethargica.....	M. F.	2 1	.. ..	.. ..	.. 1	.. ..	.. 1	.. 1	.. ..	.. 1	.. ..	.. ..	.. ..
8. Cerebro-spinal Fever.....	M. F.	6	1	..	1	..	2	..	..	..	..	..	..
9. Tuberculosis of Respiratory System	M. F.	71 33	.. ..	.. ..	.. 1	.. 1	13 11	10 8	18 6	12 1	12 3	5 2	1 ..
10. Other Tuberculous Diseases.....	M. F.	12 6	2 2	.. ..	3 1	3 1	1 ..	.. ..	2 1	1 ..	.. 1	.. ..	1 ..
11. Syphilis.....	M. F.	4	2	..	..	..	..	..	..	1 1	1 ..	.. ..	.. ..
12. General paralysis of the insane, tabes dorsalis.....	M. F.	5 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	3 ..	1 1	1 ..	.. ..	.. ..
13. Cancer, Malignant Disease.....	M. F.	98 120	.. ..	.. ..	.. ..	.. ..	1 1	2 1	4 9	8 23	35 31	36 33	12 23
14. Diabetes.....	M. F.	8 11	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	.. ..	1 ..	3 3	3 7	1 9
15. Cerebral Haemorrhage, &c.....	M. F.	26 46	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	2 ..	1 5	3 9	10 11	9 21
16. Heart Disease.....	M. F.	180 203	.. ..	.. ..	.. ..	2 1	1 4	4 1	5 5	17 20	39 36	63 54	49 82

* Infantile Deaths.
 Legitimate
 Illegitimate
 Total. M. F.
 108 60 48
 7 4 3

[illegible]

EXTENDED SCHEDULE OF CAUSES AND AGES OF DEATH, YEAR 1932.

CAUSE OF DEATH.	Group.	SEX.		AGES.												75 & over.			
				-1	-2	-3	-4	-5	-10	-15	-20	-25	-35	-45	-55		-65	-75	
		M.	F.																
I. Infectious and Parasitic Diseases.																			
1. Typhoid and Paratyphoid Fevers.....	1, 2	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
4. Measles.....	7	6	4	..	6	..	1	1	..	..	..	..	..	..	..	..	..	..	..
5. Scarlet Fever.....	8	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6. Whooping Cough.....	9	7	7	..	4	2	..	1	3	..	..	..	..	..	..	..	..	..	..
7. Diphtheria.....	10	15	9	1	..	1	3	..	17	..	..	..	..	1	2	9	10	4	5
8. Influenza.....	11	18	19	..	..	..	1	..	..	1	1	1	3	2	1	13	15	7	1
9. Dysentery.....	13	..	2	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
11. Tuberculosis of the Respiratory System	23	69	32	..	..	..	1	..	..	1	6	18	18	21	1	1	1	1	1
12. All other Forms of Tuberculosis.....	24-32	12	7	4	..	3	1	..	1	3	1	..	1	3	..	..	..	..	..
13. Syphilis.....	34	3	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14. Purulent Infection and Septicaemia, non puerperal.....	36	1	4	1	..	..	1	1	1	..	..	..	..	..	1	..	..	..	..
15. Malaria.....	38	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
17. Other Infectious and Parasitic Dis.	4, 5, 12, 15-22, 33, 35, 37, 44	10	3	1	..	..	1	..	..	..	4	1	2	..	2	2	2	..	..
II. Cancer and other Tumours.																			
18. Buccal Cavity and Pharynx.....	45	8	4	..	..	..	..	..	..	..	..	..	2	..	3	5	4	..	26
Digestive Organs and Peritoneum.....	46	66	65	..	..	..	..	..	..	..	..	..	..	4	11	41	47	1	1
Respiratory Organs.....	47	10	1	..	..	..	..	..	..	..	..	1	..	1	2	3	3	1	1
Uterus and other Female Genital Organs	48, 49	..	24	..	..	..	..	..	..	..	..	..	..	3	9	5	6	1	1
Breast.....	50	..	15	..	..	..	..	..	..	..	..	..	..	1	4	5	3	2	2
Male Genito-Urinary Organs.....	51	8	..	..	..	..	..	..	..	..	..	..	..	..	..	2	3	2	2
Skin.....	52	2	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	1	..
Other or Unspecified Organs.....	53	2	10	..	..	..	..	..	..	..	1	..	..	..	3	2	1	1	2
19. Tumours, Non-malignant, or of unspecified nature.....	54, 55	4	3	..	..	..	1	..	..	..	..	..	..	..	2	2	1	1	1
III. Rheumatic Diseases, Diseases of Nutrition and Endocrine Glands and other General Diseases.																			
20. Acute Rheumatic Fever.....	56	1	2	..	..	..	..	..	..	..	..	..	..	1	1	..	1	..	..
21. Chronic Rheumatism and Gout.....	57, 58	1	7	..	..	..	..	..	..	..	..	..	..	..	..	2	4	2	2
22. Diabetes Mellitus.....	59	7	10	..	..	..	..	..	..	..	..	..	1	..	1	6	8	1	1
23. Vitamine Deficiency Diseases.....	60-64	4	2	1	4	1	..	..	..	..	..	..	..	..	..	..	..	..	..
24. Diseases of the Thyroid and Parathyroid Glands.....	66	..	2	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..
25. Other General Diseases.....	65, 67-69	2	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..

CAUSE OF DEATH.	Group.	SEX.		AGES.												75 & over.			
				-1	-2	-3	-4	-5	-10	-15	-20	-25	-35	-45	-55		-65	-75	
		M.	F.																
VIII. Diseases of the Respiratory System.																			
47. Bronchitis.....	106	42	29	7	..	..	..	..	..	..	1	..	..	1	4	10	23	25
48. Pneumonia.....	107-109	60	48	16	11	..	1	2	3	3	..	1	6	6	6	20	16	14	
49. Pleurisy.....	110	2	4	..	..	..	..	..	..	..	2	..	..	1	1	1	..	1
50. Other Diseases of the Respiratory System (Tuberculosis excepted)	104, 105, 111-114	9	11	1	1	1	..	..	..	..	..	..	..	1	4	3	2	7
IX. Diseases of the Digestive System.																			
51. Ulcer of the Stomach or Duodenum...	117	3	3	..	..	..	..	..	..	..	..	..	..	..	2	2	1	1
52. Diarrhoea and Enteritis (under 2 years of age).....	119	2	5	4	3	..	..	..	..	..	..	..	..	..	..	..	..	..
53. Diarrhoea, Enteritis, and Ulceration of the Intestines (2 years and over) ..	120	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
54. Appendicitis.....	121	2	2	..	..	..	..	..	..	1	..	..	2	..	..	..	..	1
55. Hernia, Intestinal Obstruction.....	122	5	6	..	..	..	..	..	..	1	..	..	..	..	..	3	4	3
56. Cirrhosis of the Liver.....	124	2	1	..	..	..	..	..	..	..	..	..	..	..	..	1	2	..
57. Other Diseases of the Liver and Biliary passages (including Biliary Calculus).....	125-127	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
58. Other diseases of the Digestive System 115, 116, 118, 123, 128, 129	125, 128, 129	10	5	2	..	..	..	..	..	1	1	1	1	1	2	3	2	2
X. Diseases of the Genito-Urinary System.																			
59. Nephritis.....	130-132	48	16	1	2	1	4	13	16	19	8
60. Other diseases of the Kidney, and Annexa.....	133	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
61. Calculi of Urinary Passages.....	134	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
62. Diseases of the Bladder (excluding Tumours).....	135	1	2	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1
63. Diseases of the Urethra, Urinary Abscess, etc.....	136	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
64. Diseases of the Prostate.....	137	11	..	..	..	..	..	..	..	..	..	..	..	..	..	1	3	4
65. Diseases of the Genital Organs, not stated to be Venereal.....	138, 139	..	3	..	..	..	..	..	..	..	..	..	1	..	..	..	1	1

[illegible]

General Provision of Health Services for the Area.

SECTION B.

General Provision of Health Services for the Area.

SECTION B.

General Provision of Health Services for the Area.

1. LOCAL GOVERNMENT ACT, 1929.

Section VII of the Report for 1930 was devoted to a detailed discussion of the services transferred to this Council under the above Act, and it is sufficient here to note that the transferred services have been carried on as there outlined, and with no change of importance. Reference to the Report for 1930 should be made for further consideration of this subject.

The number and type of cases dealt with are shown on the accompanying tables.

INSTITUTIONAL TREATMENT OF THE SICK.

Stepping Hill Hospital.

Define the area and give the population served by the Institution :—

The County Borough of Stockport. Population (1932) 126,600.

Hyde and Cheadle Guardians Area of the Cheshire County Council. Population (Census 1931) 83,999.

Hospital maintained under the Poor Law Act.

Staffing :—

Medical Superintendent or Medical Officer (Name and qualifications and whether resident) :—E. C. Dutton, F.R.C.S. (Ed.), M.B., Ch.B.(Vict.), Resident and whole-time Officer.

Number of other Resident Medical Staff :—One.

Number of Visiting Staff :—Three.

Specialised services supplied :—(a) Surgeon.
(b) Obstetrician.
(c) Anaesthetist.

Number of—(a) Trained Nurses :—17.

(b) Probationer Nurses :—46.

(c) Assistant Nurses :—4 Untrained Attendants.

(d) Male Attendants :—Nil.

State total number of beds provided in the Institution for Sick and Maternity Cases at 31st December, 1932 :—

	<i>Sick.</i>	<i>Maternity.</i>
(a) For Men	194	..
(b) For Women	184	.. 20
	378	.. 20
(c) For Children (under 16 years of age)....	55	—
Total.....	453	(excluding cots in maternity wards)

I.—Table showing the classification of the accommodation for Sick, Maternity and Mental Cases and the number of beds occupied on the 31st December, 1932.

Classification of Wards.	No. of Wards	BEDS.							
		MEN.		WOMEN.		CHILDREN. (under 16 yrs. of age.		Total.	
		Pro- vided (3)	Occu- pied (4)	Pro- vided (5)	Occu- pied (6)	Pro- vided (7)	Occu- pied (8)	Pro- vided (9)	Occu- pied (10)
1. Medical.....	11	108	56	131	100	..	..	239	156
2. Surgical.....		54	7	26	17	..	..	80	24
3. Chronic sick.....		(Included in 1 and 2 above).							
4. Children.....	1	..	..	..	..	28	28	28	28
5. Venereal.....	..	..	..	..	..	..	..	..	..
6. Tuberculosis.....	2 in San- atorium & 1 Ward	32	11	27	17	3	3	62	31
7. Isolation.....	..	..	..	..	..	..	..	..	..
8. Maternity.....	1	..	..	20	7	..	..	20	7
9. Mental :—									
(a) Lunacy Act, 1890	..	..	..	..	..	..	..	..	..
(i) Short stay...	..	..	..	..	..	..	..	..	..
(ii) Long stay....	..	..	..	..	..	..	..	..	..
(b) Mental Treat- ment Act, 1930..	..	..	..	..	..	..	..	..	..
(i) Voluntary....	..	..	..	..	..	..	..	..	..
(ii) Temporary...	..	..	..	..	..	..	..	..	..
10. Mental defectives.	..	..	..	..	..	24	24	24	24
11. Other.....	Nursery for	healthy children.				24	24	24	24
Total.....	17	194	74	204	141	55	55	453	270

II.—Statistics relating to the year ended 31st December, 1932.

(A) IN-PATIENTS.

1. Total number of admissions (including infants born in hospital) :—1,992.
2. Number of women confined in hospital :—225.
3. Number of live births :—200.
4. Number of still births :—28.
5. Number of deaths among the newly-born (i.e. under four weeks of age) :—13.
6. Total number of deaths among children under one year (including those given under 5) :—31.
7. Number of Maternal deaths among women confined in hospital :—2.
8. Total number of deaths :—432.
9. Total number of discharges (including infants born in hospital) :—1,579.
10. Duration of stay of patients included in 8 and 9 above. Give number of cases whose total stay was for the following periods :—
 - (a) Four weeks or less :—1,457.
 - (b) Exceeding four weeks but under thirteen weeks :—451.
 - (c) Exceeding thirteen weeks :—105.
11. Number of beds occupied (a) average during the year, 263 ; (b) highest, 290 on 6th January ; (c) lowest, 230 on 28th August.
12. Number of surgical operations under general anaesthetic (excluding dental operations) :—435.
13. Number of abdominal sections :—42.

(B) OUT-PATIENTS.

1. State the nature and scope of the out-patient provision (if any) for continuation of treatment, emergency treatment, consultations or otherwise :—Nil.
2. Total number of persons seen in the out-patient department :—Nil.
3. Number of these persons who were subsequently admitted for in-patient treatment in the Institution :—Nil.
4. Number of these persons who had received in-patient treatment in the Institution :—Nil.
5. Total number of attendances in the out-patient department :—Nil.
6. If there is an ante-natal clinic, give the number of women seen and the total number of attendances :—
Ante-natal clinic commenced in April, 1932.
160 women seen. 500 attendances.
7. If there is a Venereal Disease clinic, give the number of patients seen and the total number of attendances :—Nil.

(C) CLASSIFICATION OF IN-PATIENTS WHO WERE DISCHARGED FROM OR WHO DIED IN THE INSTITUTION DURING THE YEAR ENDED 31ST DECEMBER, 1932.

DISEASE GROUPS.	<i>Children (under 16 years of age).</i>		<i>Men and Women.</i>	
	<i>Dis- charged</i>	<i>Died.</i>	<i>Dis- charged.</i>	<i>Died.</i>
A. Acute infectious disease.....	6	3	40	12
B. Influenza.....	2	..	28	1
C. Tuberculosis—				
Pulmonary.....	..	1	157	38
Non-pulmonary.....	1	5	26	..
D. Malignant disease.....	..	..	6	55
E. Rheumatism—				
(1) Acute rheumatism (rheumatic fever) together with sub-acute rheumatism and chorea.....	21	..	17	..
(2) Non-articular manifestations of so- called "rheumatism" (muscular rheu- matism, fibrositis, lumbago and sciatica)	..	..	12	..
(3) Chronic arthritis.....	..	..	25	3
F. Venereal disease.....	..	..	10	..
G. Puerperal pyrexia.....	..	..	5	..
H. Puerperal fever : (a) Women confined in the hospital.....	..	..	1	..
(b) Admitted from outside	..	..	1	..
I. Other diseases and accidents connected with pregnancy and childbirth.....	..	..	75	2
J. Mental diseases : (a) Senile Dementia.....	..	..	..	..
(b) Other.....	..	..	30	..
K. Senile decay.....	..	..	..	..
L. Accidental injury and Violence.....	..	..	21	..
<i>In respect of cases not included above :</i>				
M. Disease of the Nervous System and Sense Organs.....	6	4	82	10
N. " " Respiratory System.....	75	15	161	62
O. " " Circulatory " 	16	1	105	163
P. " " Digestive " 	33	3	42	10
Q. " " Genito-urinary " 	3	..	30	20
R. " " Skin.....	28	..	16	1
S. Other diseases.....	18	7	61	16
T. Mothers and infants discharged from Mater- nity Wards and not included in above figures :—Mothers.....	..	..	223	..
Infants.....	196	..	..	..
Totals.....	405	39	1174	393

Shaw Heath Institution.

Define the area and give the population served by the Institution :—

The County Borough of Stockport. Population (1931) 126,600.

Hyde and Cheadle Guardians' Area of the Cheshire County Council. Population (Census 1931) 83,999.

Institution maintained under the Poor Law Act.

Staffing :—

Medical Superintendent or Medical Officer (Name and qualifications and whether resident) non-resident :—E. C. Dutton, F.R.C.S. (Ed.), M.B., Ch.B. (Vict.).

Number of other Resident Medical Staff :—None.

Number of Visiting Staff :—Two (Medical Superintendent and Asst. Medical Superintendent).

Specialised services supplied :—None.

Number of—(a) Trained Nurses :—4.

(b) Probationer Nurses :—Nil.

(c) Assistant Nurses :—Nil. 19 Female Attendants.

(d) Male Attendants :—7.

State total number of beds provided in the Institution for Sick, Maternity, and Mental Cases at 31st December, 1932 :—

	<i>Mental.</i>	<i>Chronic Sick.</i>
(a) For Men	80	104
(b) For Women	77	90
	157	194
(c) For Children under 16 years of age .....	..	6
Total	357	(excluding cots in maternity wards)

Table showing the classification of the accommodation for Sick, Maternity and Mental Cases and the number of beds occupied on the 31st December, 1932.

Classification of Wards.	No. of Wards	BEDS.							
		MEN.		WOMEN.		CHILDREN. under 16 yrs of age.		Total.	
		<i>Pro- vided</i>	<i>Occu- pied</i>	<i>Pro- vided</i>	<i>Occu- pied</i>	<i>Pro- vided</i>	<i>Occu- pied</i>	<i>Pro- vided</i>	<i>Occu- pied</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1. Medical .....	..	..	..	..	..	..	..	..	..
2. Surgical .....	..	..	..	..	..	..	..	..	..
3. Chronic sick	3	104	98	90	90	6	1	200	189
4. Children .....	..	..	..	..	..	..	..	..	..
5. Venereal .....	..	..	..	..	..	..	..	..	..
6. Tuberculosis .....	..	..	..	..	..	..	..	..	..
7. Isolation .....	..	..	..	..	..	..	..	..	..
8. Maternity .....	..	..	..	..	..	..	..	..	..
9. Mental :—									
(a) Lunacy Act, 1890	..	..	..	..	..	..	..	..	..
(i) Short stay ..	2	80	67	77	70	..	1	157	138
(ii) Long stay ..									
(b) Mental Treat- ment Act, 1930 ..	..	..	..	..	..	..	..	..	..
(i) Voluntary ....	..	..	..	..	..	..	..	..	..
(ii) Temporary ...	..	..	..	..	..	..	..	..	..
10. Mental defectives.	..	..	..	..	..	..	..	..	..
11. Other .....	..	..	..	..	..	..	..	..	..
Total	5	184	165	167	160	6	2	357	327

II.—Statistics relating to the year ended 31st December, 1932.

(A) INMATES (For whole Institution).

1. Total number of admissions :—1,137.
2. Number of women confined in hospital :—Nil.
3. Number of live births :—Nil.
4. Number of still births :—Nil.
5. Number of deaths among the newly-born (i.e. under four weeks of age) :—Nil.
6. Total number of deaths among children under one year (including those given under 5) :—Nil.
7. Number of Maternal deaths among women confined in hospital :—Nil.
8. Total number of deaths :—14.
9. Total number of discharges :—1,120.
10. Duration of stay of patients included in 8 and 9 above. Give number of cases whose total stay was for the following periods :—
 - (a) Four weeks or less :—581.
 - (b) Exceeding four weeks but under thirteen weeks :—155.
 - (c) Exceeding thirteen weeks :—398.
11. Number of beds occupied (a) average during the year, 454 ; (b) highest, 484 on 18th November, 1932 ; (c) lowest, 434 on 16th July, 1932.
12. Number of surgical operations under general anaesthetic (excluding dental operations) :—Nil.
13. Number of abdominal sections :—Nil.

(B) OUT-PATIENTS.

1. State the nature and scope of the out-patient provision (if any) for continuation of treatment, emergency treatment, consultations or otherwise :—Nil.
2. Total number of persons seen in the out-patient department :—Nil.
3. Number of these persons who were subsequently admitted for in-patient treatment in the Institution :—Nil.
4. Number of these persons who had received in-patient treatment in the Institution :—Nil.
5. Total number of attendances in the out-patient department :—Nil.
6. If there is an ante-natal clinic, give the number of women seen and the total number of attendances :—Nil.
7. If there is a Venereal Disease clinic, give the number of patients seen and the total number of attendances :—Nil.

C) CLASSIFICATION OF IN-PATIENTS WHO WERE DISCHARGED FROM OR WHO DIED
IN THE INSTITUTION DURING THE YEAR ENDED 31ST DECEMBER, 1932.

DISEASE GROUPS.	Children (under 16 years of age).		Men and Women.	
	Dis- charged	Died.	Dis- charged.	Died.
A. Acute infectious disease.....
B. Influenza.....
C. Tuberculosis—				
Pulmonary.....
Non-pulmonary.....
D. Malignant disease.....
E. Rheumatism—				
(1) Acute rheumatism (rheumatic fever) together with sub-acute rheumatism and chorea.....
(2) Non-articular manifestations of so- called "rheumatism" (muscular rheu- matism, fibrositis, lumbago and sciatica.
(3) Chronic arthritis.....
F. Venereal disease.....	7	..
G. Puerperal pyrexia.....
H. Puerperal fever : (a) Women confined in the hospital.....
(b) Admitted from outside
I. Other diseases and accidents connected with pregnancy and childbirth.....
J. Mental diseases : (a) Senile Dementia.....	}	..	146	..
(b) Other.....				
K. Senile decay.....	950	..
L. Accidental injury and Violence.....
<i>In respect of cases not included above :</i>				
M. Disease of the Nervous System and Sense Organs.....	6
N. " " Respiratory System.....	3
O. " " Circulatory " 	4
P. " " Digestive "
Q. " " Genito-urinary " 	1
R. " " Skin.....
S. Other diseases.....	17	..
T. Mothers and infants discharged from Mater- nity Wards and not included in above figures :—Mothers.....
Infants.....
Totals.....	1120	14

Stepping Hill Hospital.

MATERNITY AND CHILD WELFARE.

RETURN RELATING TO MATERNITY HOSPITALS AND HOMES MAINTAINED
OR SUBSIDISED BY THE COUNCIL DURING THE YEAR 1932.

1. Number of maternity beds in the Institution (exclusive of isolation and labour beds) :—20.
2. Number of maternity cases admitted during the year :—225.
3. Average duration of stay :—12 days.
4. Number of cases delivered by—(a) Midwives :—199.
(b) Doctors :—26.
5. Number of cases in which medical assistance was sought by a midwife in emergency :—63.
6. Number of cases notified as—(a) puerperal fever :—2.
(b) puerperal pyrexia :—6.
7. Number of cases of pemphigus neonatorum :—2.
8. Number of infants not entirely breast-fed while in the Institution :—22.
9. (a) Number of cases notified as ophthalmia neonatorum :—1.
(b) Result of treatment in each case :—
Transferred to Manchester Eye Hospital. Cured.
10. (a) Number of maternal deaths :—2.
(b) Cause of death in each case :—
(1) Post-partum haemorrhage. Placenta Praevia. Cardiac Muscle Failure.
(2) Central Placenta Praevia. Childbirth. Post-partum haemorrhage.
11. (a) Number of infant deaths—
(i) stillborn :—28.
(ii) within 10 days of birth :—4.
(b) Cause of death in each case, and results of post-mortem examination (if obtainable) :—
(i) No record.
(ii) Congenital Syphilis 1. Premature Birth 3.
No post-mortem examinations.

Stepping Hill Hospital.

During the year this Hospital continued its work as a Poor Law Hospital. Consideration was given to the installation of X-Ray apparatus, and tenders were solicited. At the time of writing this Report the subject is still under consideration, and the question of constructing a new building specially for the X-Ray Department is occupying the time of the Committee.

A complete survey of the Medical Services transferred to the Council under the Local Government Act, 1929, was made by a Medical Officer of the Ministry of Health in the latter part of 1932, and although no official report on that survey has as yet been received from the Ministry, there is no doubt in my mind that it brought out the desirability of a better use of this Hospital.

There has been no consultation with the local voluntary body as provided under Section 13 of the Act. This is unfortunate in my opinion, as during the year the Infirmary has built an extra theatre, nine beds and six staff bedrooms, at a cost of about £6,000, whereas at Stepping Hill Hospital there are 180 beds vacant! The money for the Infirmary extension has presumably had to come out of Stockport ratepayers' pockets.

I do not suggest for one moment that the Voluntary Hospital should lose its voluntary status, or that Stepping Hill Hospital should become a subsidiary of the Infirmary, but I do suggest that a conference should be

held between the authorities concerned, and a joint advisory committee appointed, *without* executive powers, which shall advise as to the type of cases to be admitted to the two Institutions, and as to the general use of the Hospitals.

I consider that Stepping Hill Hospital should be appropriated as a General Hospital under the Public Health Acts. This appropriation would undoubtedly lead to a real economy in the Health Services of the town, and to a marked increase in efficiency.

Poor Law Medical Out-Relief.

No change. See 1930 Report, page 122.

Institutional Provision for the Care of Mental Defectives.

No change. See 1930 Report, pages 29 and 30.

(2) (i) Public Health Officers of the Authority.

A complete list of all officials attached to the Health and Allied Departments is given at the commencement of this Report.

(ii) Nursing in the Home.

(a) General, and

(b) Infectious Diseases.

No change. See 1930 Report, page 25.

(iii) Laboratory Facilities.

No change.

(iv) Legislation in force.

No change.

(v) Hospitals.

See 1930 Report, pages 28 and 29.

The following details are obtained from the Annual Report of the Stockport Infirmary for 1932.

STOCKPORT INFIRMARY, YEAR 1932.

Number of Patients admitted (449 at Stepping Hill Hospital)...	2631
Medical Out-Patients	1839 of which 475 were new cases.
Surgical Out-Patients	3847 „ 885 „
Aural Out-Patients	3988 „ 1177 „
Ophthalmic Out-Patients	3775 „ 761 „
Orthopaedic Out-Patients	4681 „ 966 „
Making a total of	18130 Out-Patients.
Number of Casualties treated.....	4809
„ Attendances made.....	19725
„ Motor Accidents treated.....	473
„ „ admitted.....	114
OPERATIONS.	
General Surgical.....	941
Orthopaedic.....	171
Ear, Nose and Throat.....	884
Eye.....	57
Minor Operations.....	680

MASSAGE AND ELECTRICAL DEPARTMENT.

Number of New Cases.....	1273
„ Attendances.....	48642

ULTRA VIOLET RAYS.

Number of New Cases.....	140
„ Attendances.....	6162

PATHOLOGICAL DEPARTMENT.

		<i>Compared with 1931.</i>	
		<i>Increase.</i>	<i>Decrease.</i>
Hospital Medical Cases.....	2724	.. 190	.. ..
Hospital Surgical Cases.....	1152	.. 330	.. ..
Public Health Cases.....	6359	.. 5101	.. ..
Private Cases.....	643	.. 228	.. ..
Total.....	10878	.. 5849	.. ..

The daily average number of beds occupied was..... 121

The average stay of each In-Patient was 15 days

During the year, as stated earlier in this Report, the Infirmary Board decided to build a new theatre, a new ward of nine beds, and six new bedrooms for the staff. This necessitated closing some of the accommodation temporarily, and two wards were rented from the Public Assistance Committee at Stepping Hill Hospital. This enabled the Infirmary Authorities to reduce their waiting list considerably, especially for ear, nose and throat cases.

The new accommodation was built at a cost of about £6,000.

CO-OPERATION BETWEEN THE VOLUNTARY HOSPITAL AND THE LOCAL AUTHORITY.

No conference has been held between the above bodies as outlined in Section 13 of the Local Government Act, 1929. No scheme of co-operation exists, although isolated cases are transferred between the two Hospitals.

Co-operation between the Infirmary and the Borough Isolation Hospital is intimate. Your Medical Officer of Health is frequently called in to see suspected cases of infectious disease among patients and staff at the Infirmary, and similarly the staff of the Infirmary have been most helpful in seeing special cases at the Isolation Hospital.

(vi) Ambulance Facilities.

For full details see 1930 Report, page 30.

An alteration in the Isolation Hospital Ambulance Service was made during the year, a second ambulance driver being appointed, and a nurse sent out from the Hospital for every case, instead of the custom of sending an ambulance attendant. The two attendants thus liberated have been employed, one on Shops Inspectors duties entirely, and the other on the garden at Dialstone Lane Hospital.

(vii) Clinics and Treatment Centres.

No change. See 1930 Report, page 31.

3) (i) Midwives.

The number of Midwives who notified your Medical Officer of Health of their intention to practice in the area during 1933 was 60.

Full particulars of the arrangements in connection with the District Midwifery Service are given in that part of this Report which deals with Maternity and Child Welfare.

(ii) Maternal Mortality.

Details will be found later in that section of this Report which deals with Maternity and Child Welfare.

(iii) Health Visiting.

See later

(iv) Children Act, 1908.

No change.

(v) Crippling Defects and Orthopaedics.

Arrangements are made with the Orthopaedic Department of the Stockport Infirmary for the care of crippled children referred to them.

Number of cases treated.....	36
Out-patient attendances.....	148
Attendances for massage.....	408
Attendances for exercises.....	114
Number of In-patient days.....	124
Number of X-Ray examinations.....	18
Attendances for Ultra Violet Rays.....	22

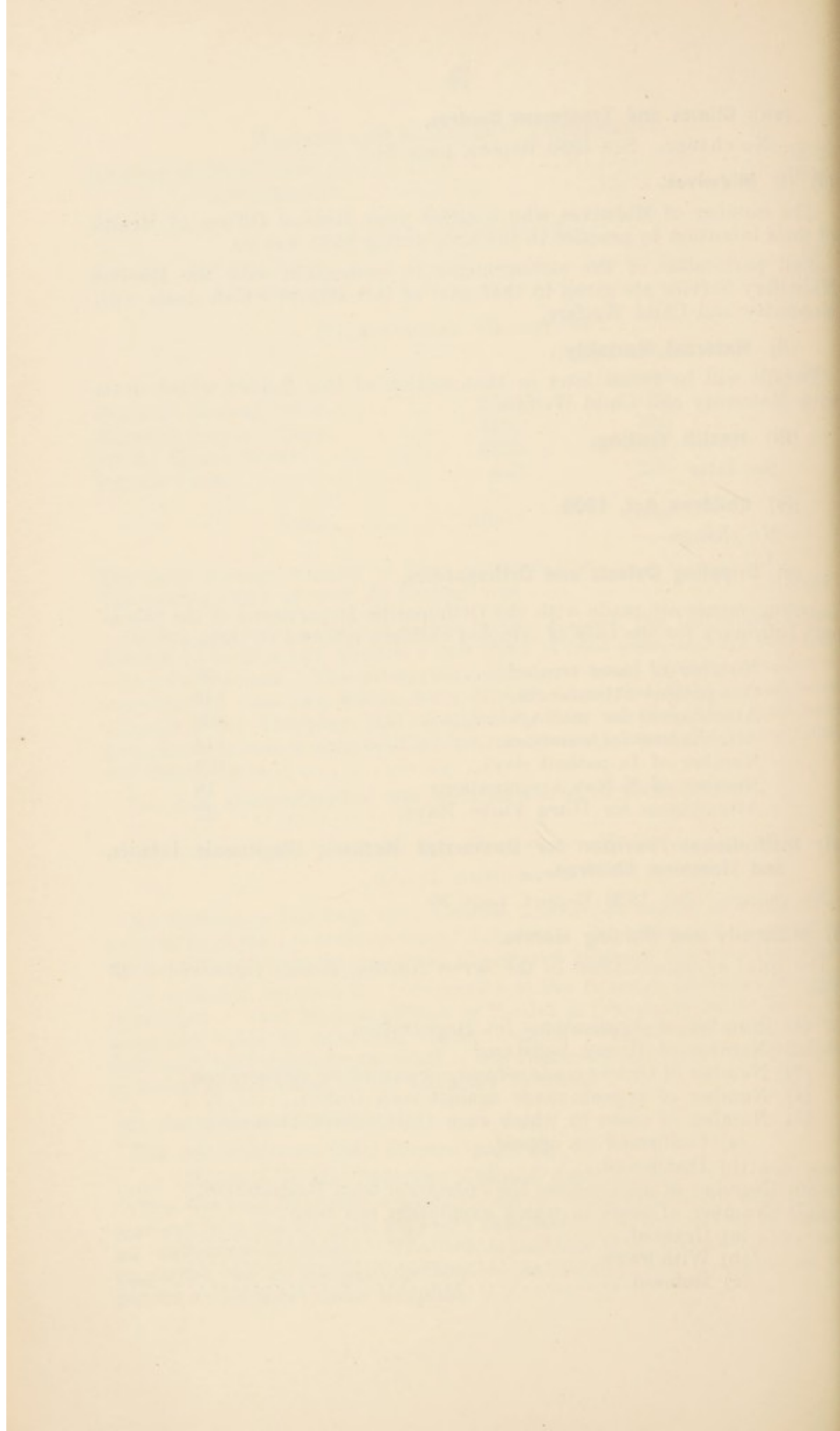
vi) Institutional Provision for Unmarried Mothers, Illegitimate Infants, and Homeless Children.

No change. See 1930 Report, page 30.

4) Maternity and Nursing Homes.

The total accommodation in the seven Nursing Homes registered is 43 beds.

(1) Number of Applications for Registration.....	—
(2) Number of Homes registered.....	7
(3) Number of Orders made refusing or cancelling Registration.	—
(4) Number of appeals made against such Orders.....	—
(5) Number of cases in which such Orders have been :—	
(a) Confirmed on appeal.....	—
(b) Disallowed.....	—
(6) Number of applications for exemption from Registration..	—
(7) Number of cases in which exemption has been :—	
(a) Granted.....	—
(b) Withdrawn.....	—
(c) Refused.....	—



SECTION C.

Sanitary Circumstances of the
Area.

SECTION C.

Sanitary Circumstances of the Area.

(1) Water.

I am indebted to the courtesy of Mr. T. Dearden, Water Engineer, for the following information :—

“The area supplied with water by Stockport covers 97 square miles, and has a population of 203,847. The average daily consumption of water for this area during 1932 was 6,837,000 gallons. The water was analysed at intervals and was found to be satisfactory.”

There has been no material change in the sources of supply, and water is still being supplied to part of Stockport from the Manchester Corporation Works at Longdendale. This water is not filtered, and complaints have been received as to the presence of foreign bodies, for example, leaves, in it. The Water Department has dealt with this type of contamination by passing the water through muslin screens.

Work has proceeded steadily throughout the year on the new waterworks in the Goyt valley.

(2) Drainage and Sewerage.

No important extension of this service, other than as shown below, has been carried out during the year, but an enquiry has been held by the Ministry of Health into the provision of sludge drying beds at the Sewage Works. Permission has been granted for this work to proceed, and at the time of writing, two beds are already in use.

An injunction has been obtained against a local distillery, restraining them from passing their effluent into the sewers after July 1st, 1933. After this date it should be found possible considerably to improve the character of the effluent from the Sewage Works.

I am indebted to the courtesy of Mr. W. F. Gardner, A.M.I.C.E., Borough Surveyor, for the following details of work done during the year :—

Number of Back Passages paved and sewered.....	16
Length of sewers laid.....	9309 yds.
Number of vertical shaft ventilators closed.....	—
Number of surface sewer ventilators closed.....	—
Old sewers taken up and re-laid.....	—
Number of Cellar dwellings closed for street improve- ments.....	5
Number of cellar areas closed.....	
Houses demolished for street improvements.....	3
Water-closets erected in connection with new houses and buildings.....	521

(3) (i) Closet Accommodation.

Very few privies remain in the town, and these are largely on the outskirts.

During the last few years the following conversions from privies to W.Cs. have been carried out :—

<i>Year.</i>	<i>No. of Privies converted to Water-Closets.</i>
1923.....	195
1924.....	238
1925.....	200
1926.....	619
1927.....	342
1928.....	125
1929.....	15
1930.....	2
1931.....	0
1932.....	1

During 1932, 22 waste water closets were converted to W.Cs. and 67 additional W.Cs. provided (as distinct from new houses provision).

Full details of this work are given in the following table :—

CONVERSIONS, ADDITIONAL WATER-CLOSETS, &c., PROVIDED DURING 1932.

<i>District.</i>	<i>Privies converted to W.Cs.</i>	<i>Additional W.Cs. provided.</i>	<i>Pail Closets converted into W.Cs.</i>	<i>Waste Water Closets converted into W.Cs.</i>	<i>Privy Middens abolished.</i>	<i>Dustbins provided where Middens abolished.</i>	<i>Dry Ashpits abolished.</i>	<i>Dustbins provided where Dry Ashpits abolished.</i>
No. 1.....	0	12	0	2	0	0	1	7
No. 2.....	0	14	0	0	0	0	2	6
No. 3.....	0	9	0	14	0	0	46	109
No. 4.....	0	6	0	1	1	0	4	25
No. 5.....	0	15	0	0	1	2	2	1
No. 6.....	1	11	0	5	0	0	2	6
Total....	1	67	0	22	2	2	57	154

90

The number of closets remaining is as follows :—

Privy middens.....	5
Pail closets.....	97

Two of the above privy middens have already been dealt with during 1933.

ii) Public Cleansing.

I am indebted to Mr. H. Wilson, Superintendent, for the following particulars relating to this service.

- (a) The method of collecting dry house refuse—Weekly collection by mechanical (50 per cent.) and horse (50 per cent.) transport.
- (b) The method of collecting refuse from earth closets and privies—there are no earth closets ; privies are emptied monthly by horse transport.
- (c) The method of disposing of dry house refuse—by controlled tipping.
- (d) The method of disposing of refuse from earth closets and privies—as in (c).
- (e) The method of cleansing cesspools—there are only two in the Borough. These are emptied at night.
- (f) The arrangements for the disposal of cesspool contents—by controlled tipping. An excavation is made at the base of the tip, and after the cesspool contents have been tipped, it is filled in with earth.

iii) Sanitary Inspection of the Area.

I am indebted to Mr. F. Allsop, Chief Sanitary Inspector, who has supplied the material for this section of the Report.

District Sanitary Inspectors' Work.

The following is a Summary of the Work carried out by the District Inspectors during the Year :—

	DISTRICTS.						<i>Total.</i>
	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6	
SPECIAL COMPLAINTS RECEIVED.....	59	42	100	70	43	57	371
INSPECTIONS MADE :—							
For Housing Purposes (P.H.A.).....	311	97	158	189	89	213	1057
Re-visits during progress of work...	698	204	478	281	217	546	2424
Courts and Yards.....	266	246	266	361	197	272	1608
Re-inspections respecting Conversions	79	24	93	21	30	20	267
Dry Ashpits and Dustbins.....	361	61	894	257	671	362	2606
Drainage.....	394	105	438	176	605	219	1937
Water Closet Inspections.....	368	402	657	411	277	910	3025
Water Courses.....	—	3	3	2	3	2	13
Picture Houses.....	7	6	9	7	6	44	79
Miscellaneous.....	97	133	150	113	636	681	1810
Interviews with Owners, Contractors, etc., re Sanitary Alterations.....	221	208	334	242	363	328	1696
INFECTIOUS DISEASES :—							
Cases inquired into—Scarlet Fever, Diphtheria, Typhoid Fever, and Erysipelas	104	67	163	191	47	65	637
Houses Disinfected.....	123	74	196	172	46	78	689
Schools and other Public Institutions Disinfected.....	—	4	18	19	—	—	41
Out-District Disinfections.....	—	—	—	—	—	—	5
Re-visits to Cases isolated at home..	57	2	34	8	53	10	164
Pneumonia cases inquired into.....	20	4	44	28	18	11	125
Small Pox contacts inquired into...	1	—	3	—	1	3	8
" " No. of Visits...	2	—	21	—	9	10	42
Encephalitis Lethargica cases in- quired into.....	—	—	—	—	—	—	2
Cerebro-Spinal Fever cases inquired into.....	—	—	—	—	—	—	6
Acute Poliomyelitis cases inquired into	—	—	—	—	—	—	3
WATER CLOSETS, ETC. :—							
Water Closets cleansed (by Owners)...	22	14	17	8	17	25	103
Water Closets cleansed (by Occupiers).	1	—	2	—	1	3	7
Water Closet Pedestals, etc., re- newed or repaired.....	8	12	25	19	25	39	128
Water Supply Pipes or Cisterns to Water Closets repaired.....	11	24	34	38	25	34	166
Water Courses Cleansed.....	—	—	—	—	—	—	—
Dustbins Renewed	98	24	111	81	117	80	511

	DISTRICTS.						<i>Total</i>
	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6	
Houses Cleansed, Re-papered, or Lime-washed.....	1	—	5	—	1	6	13
Overcrowding Abated.....	—	2	—	—	1	4	7
Sink Waste Pipes Renewed or Repaired.	18	25	25	64	40	39	211
Downspout or Eaves Gutters Renewed or Repaired.....	29	67	77	97	95	94	459
House Drains Tested.....	19	19	41	14	15	50	158
House Drains and Drains to Water Closets Reconstructed or Repaired..	39	33	64	80	97	76	389
Gully Traps Fixed	31	25	55	8	19	44	182
Soilpipes and Ventilating Shafts Erected	14	14	20	5	15	18	86
Yards, Courts or Passages Drained or Drains Repaired.....	12	8	10	62	23	14	129
Yards, Courts or Passages Paved or Repaired.....	8	31	13	31	23	40	146
Yards, Courts or Passages Cleansed by Occupiers.....	1	1	12	1	1	2	18
Animals Improperly Kept—Removed.	1	1	—	2	3	—	7
Accumulations Removed.....	1	3	14	6	5	4	33
Notices (Informal) Served.....	193	102	254	143	181	225	1098
Miscellaneous Nuisances.....	19	8	19	44	—	77	167

The following Table gives the Statutory Notices served during the year in respect of the Districts :—

<i>Notice.</i>	DISTRICTS.						<i>Total.</i>
	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6	
Section 36, Public Health Act, 1875.....	—	—	—	—	—	1	1
Section 94, Public Health Act, 1875.....	12	17	22	19	3	12	85
Section 25, Stockport Corporation Act, 1905.....	4	6	19	17	2	1	49
Section 58, Stockport Corporation Act, 1899 ; and Section 23, Stockport Corporation Act, 1905.....	—	—	—	—	39	—	39
Statutory Notices complied with	16	14	22	34	43	2	131

Factory and Workshop Act, 1901. The following statistical table is compiled from the Annual Report for the year 1932 of the Medical Officer of Health for the County Borough of Stockport on the administration of the Factory and Workshop Act, 1901, in connection with Factories, Workshops, and Workplaces :—

1. INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

<i>Premises.</i>	<i>Number of</i>		
	<i>Inspections.</i>	<i>Written Notices.</i>	<i>Occupiers Prosecuted.</i>
Factories.....	98	2	—
Workshops.....	87	3	—
Workplaces.....	14	1	—
Total.....	299	6	—

2. DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

<i>Particulars.</i>	<i>Number of Defects.</i>			<i>Number of offences in respect to which Prosecutions were Instituted.</i>
	<i>Found.</i>	<i>Remedied</i>	<i>Referred to H.M. Inspector.</i>	
Want of Cleanliness.....	3	3	—	—
Other Nuisances.....	2	2	—	—
Unsuitable or Defective Sanitary Accommodation.	6	2	—	—
Illegal occupation of Underground Bakehouses.....	—	—	—	—
Total.....	11	7	—	—

There were no instances in which the attention of the Department was called to outworkers working in unwholesome premises during 1932.

299 visits of inspection were paid by your Inspectors to the various workplaces during the year.

3.—HOME WORK.

Nature of Work	Outworkers' List. Section 107.							Outwork in unwholesome Premises, Section 108.		
	Lists received from Employers.			Number of Addresses of Out-workers received from other Councils.	Number of Addresses of Out-workers forwarded to other Councils.	Instances.	Notices served.	Prosecutions.		
	Twice in the Year.		Once in the Year.							
	Lists.	Out-workers Contractors	Out-workers Work-men	Lists.	Out-workers Contractors	Out-workers Work-men				
Wearing Apparel :—										
(1) Making, etc.....	22	16	120	..	..	..	22	12	..	..

Number of Inspections of Outworkers' Premises.....76

(iv) Smoke Abatement.

The visible evidence of a working factory is sometimes a smoky chimney, and a sense of injustice may be felt at a time of industrial depression, when a rigid adherence to the Smoke Abatement Acts is insisted on. But when it is realised that a smoky chimney usually means bad stoking, and certainly means a waste of heat units to the manufacturer, the feeling of injustice usually disappears, and the Health Department receives the keen help of the firm in question.

There is no doubt that the atmosphere of our towns, heavily charged with smoke both from the factory chimney and even more so from the domestic chimney, is not suitable for Health, and that a severe toll of distress, and even deaths, from respiratory disease, may be laid at the door of atmospheric pollution.

The aim of the Department is to help industry, not to hinder ; to advise, not to compel ; and with that object in view a keen watch has been kept on the chimneys of the town in order that defaulters may be noted, visited and helped to overcome this nuisance.

An observation post has been established in the Clock Tower of the Town Hall, and during the year 517 smoke observations were taken. In 37 instances the smoke emitted was considered to be excessive, and notices sent to the owners of the chimneys requiring them to abate the nuisance. The figures for 1931 were 41 and 14 respectively. In every case the firm was visited, and I am glad to say a marked improvement invariably occurred. It was not found necessary to institute any legal proceedings during the year.

The want of a clear definition of what constituted a smoke nuisance was felt by the Committee, and early in 1933 a Byelaw was passed under the Smoke Abatement Act, 1926, so that now a nuisance is considered to have occurred if a chimney has emitted black smoke for two minutes in the space of half an hour.

(v) Premises and Occupations which can be Controlled by Byelaws or Regulations.

Consideration was given to the adoption of byelaws for offensive trades. The adoptive portions of the Public Health Act, 1925, were adopted early in 1933, and byelaws should follow very shortly.

During the year the Shops Inspector, who had been employed part-time as an Ambulance Attendant, was given whole time work as Shops Inspector. During the year he paid 7,307 visits to the shops.

(vi) Poisons and Pharmacy Act.

One renewal of licence was granted during the year to a seed merchant to sell poisonous substances to which Section 2 of the Poisons and Pharmacy Act, 1908, applies, for use exclusively in connection with agriculture and horticulture, subject to his complying with the provisions of the Arsenic Act, 1851, the Pharmacy Act, 1868, and the Regulations made by Order in Council under the Poisons and Pharmacy Act, 1908.

(vii) Rats and Mice (Destruction) Act, 1919.

132 visits of inspection were made under the above Act and advice was given to the persons concerned as to the safest means of destruction in the various cases. It is known that some hundreds of rats were destroyed.

(viii) Rag Flock Acts, 1911 and 1928.

No change.

(4) Schools.**(a) Sanitation.**

An extensive survey of the sanitary conditions of the elementary schools in the Borough was carried out early in the year, and is commented on in my report as School Medical Officer. Numerous small defects were found, and the attention of the School Authorities drawn to them.

Structurally, the chief defect was the presence of trough closets in six schools. These closets, unless looked after very carefully, soon become dirty, and in any event cannot educate the children to the habits of personal and individual cleanliness so effectively as do the ordinary wash-down closets. They should be replaced as soon as possible by the latter.

(b) Infectious Disease.

In several instances school outbreaks of infectious disease came to the notice of the Health Department, and required investigation. In one instance only was it necessary to close a portion of a school for this cause; namely, Stockport R.C. Girls, one class for a week.

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SECTION D.

Housing.

SECTION D.

Housing.

One of the most important problems facing an urban community at the present time is that of the housing of its people, or in other words the provision of houses (i) for the natural growth of the population, (ii) to abate overcrowding, and (iii) for slum clearance.

There is no doubt whatever that bad housing conditions mean disease. Countless instances have been given where the death and disease rates have been perhaps double in a "clearance" area compared with those of the town as a whole.

Many diseases, especially those of the respiratory organs, and those known as "infectious" are spread from patient to patient by what is known as "droplet" infection. This means that the germs are carried in a droplet of saliva or mucus sprayed from the mouth or nose of the sufferer when talking, coughing or sneezing.

Obviously in a house that is overcrowded the chance of these germs finding a lodging in the mouth or nose of another person is immeasurably greater than in the fresh air, or even in a house that is not overcrowded. A disease that is particularly spread in this way is Pulmonary Tuberculosis, and an investigation was carried out on the housing conditions of all Tuberculosis patients in one quarter of the town. The results of this investigation were presented to the Committee in January, 1933, and are given here.

**REPORT ON HOUSING CONDITIONS OF CERTAIN
TUBERCULOSIS PATIENTS.**

COUNTY BOROUGH OF STOCKPORT.

Public Health Department,
Town Hall, Stockport.

28th January, 1933.

Mr. MAYOR, Mrs. ALLCOCK, and GENTLEMEN,

As instructed by the Health Committee we have the honour to submit herewith a Report on the housing conditions of certain patients actively suffering from Tuberculosis, and living in that part of the Borough indicated below.

(1) Area.

The area under consideration is approximately one-quarter of the town, and can be described best as that part in which the Town Hall is situated. It is bounded on the North by the rivers Mersey and Tame, and on the West by Wellington Road South and Buxton Road, and consists of the South-East quarter of the Borough.

We have taken into consideration every notified case of Tuberculosis in this area, and alive on 1st December, 1932.

(2) Number of Cases of Tuberculosis.

In this area there were on 1st December, 1932, 226 notified cases of Tuberculosis, of which 74 cases were suffering from Non-pulmonary infection, and the remainder, viz., 152, from Pulmonary Tuberculosis—the latter class being sub-divided into 101 cases, in which the examination of the sputum has not shown the presence of living tubercle bacilli, and 51 in which examination of the sputum has shown the presence of living bacilli.

In four instances a second case of Tuberculosis exists in the one household, and therefore, this Report deals with the housing conditions of 222 families.

(3) Standard of Overcrowding.

In a Report of this character, and with the limited time that has been available, some necessarily arbitrary standard of what constitutes good living conditions and what constitutes overcrowding has had to be determined, and after consideration we felt, if we brought to your notice all instances where more than two persons occupy one bedroom, that this standard would be adequate, although it is obvious that occasions must arise which make it imperative that the patient should have a separate bedroom. In 120 families therefore no detailed analysis has been attempted, as they all have at least one bedroom to two persons.

The remaining 102 families are dealt with in the accompanying schedule.

(4) The Attached Schedule of Overcrowding.

The Schedule is in seven columns and deals with 102 houses (106 cases of Tuberculosis) in the area under consideration, all of which are considered to be overcrowded.

- (a) Column 1 shows the number of persons per bedroom.
- (b) Column 2 shows the number of families in which a case of Pulmonary Tuberculosis, with infective sputum (T.B.+) exists, and which have accommodation shown in Column 1.
- (c) Column 3 gives the number of families in which a case of Pulmonary Tuberculosis exists, but in which the sputum is free from living tubercle bacilli (T.B.—).
- (d) Column 4 shows the number of families in which a case of Non-pulmonary Tuberculosis exists.
- (e) Columns 5 and 6 refer to the house. A "single" house is one with one living room and one bedroom—a "back-to-back" house is one with no through ventilation—an especially important point in Tuberculosis. A "back-to-back" house need not necessarily be a "single" house and vice versa. Better housing conditions than "single" and "back-to-back" have not been analysed.
- (f) Column 7 gives the total number of families in the category mentioned.

We have the honour to be,

Your obedient Servants,

E. K. MACDONALD, M.D., B.S., D.P.H.,
*Medical Officer of Health, and
 School Medical Officer.*

E. RATNER, M.B., CH.B., D.P.H.,
Tuberculosis Officer.

COUNTY BOROUGH OF STOCKPORT.

HOUSING SURVEY. TUBERCULOSIS PATIENTS.

<i>Number of Persons per Bedroom.</i>	<i>T.B. +</i>	<i>T.B. —</i>	<i>Non- pul- monary</i>	<i>Single</i>	<i>Back to back.</i>	<i>Number of families.</i>
8	1	—	1	—	1	2
7	—	—	1	1	—	1
6	—	2	1	1	2	3
5	1	3	3	2	2	7
4½	—	3	1	—	—	3 (1 house has 2 cases).
4	3	8	7	2	3	18
3½	—	6	5	—	—	11
3⅓	—	1	1	—	—	2
3	2	13	7	—	2	20 (2 houses have 2 cases).
2⅔	—	2	—	—	—	2
2½	6	12	10	—	—	28
2⅓	1	—	1	—	—	2
2¼	—	2	2	—	—	3 (1 house has 2 cases).
Total.....	14	52	40	6	10	102 houses with 106 cases.

It should be noted that the report only concerns one quarter of the town, a representative quarter, and presumably conditions will be much the same in other parts of the Borough.

One or two figures in the report need comment.

There is one family of eight persons, of whom one is actively infectious from Tuberculosis, occupying one bedroom. Eight persons in one bedroom is bad enough, but when one of them has tubercle bacilli in the sputum, the position is a thousand-fold worse.

There are three families, each of them with an active case of lung Tuberculosis, occupying one bedroom to four persons, and in addition a further eight families have the same accommodation each, but in these cases, although the patient has undoubtedly Tuberculosis of the chest, tubercle bacilli have not been found, but they may be there.

In 35 instances, four or more persons occupy one bedroom. In 70 instances, three or more persons occupy one bedroom.

It is not too much to say that every active case of Tuberculosis ought to have a separate bedroom, both for its own sake, and for the sake of the family.

As a result of the above report the Housing Department was asked to give sympathetic consideration to the re-housing of selected Tuberculous patients, and I desire to place on record the very great help I have received from the Borough Surveyor and his Department in this connection. But the problem is not so easily solved.

The houses available are very frequently at a rental quite beyond the means of the family. Often the breadwinner himself is the patient, and he is absolutely unable to afford the necessarily high rent. Possibly a solution may be found in the assistance of selected cases towards the payment of this charge on their small income.

At the present time it is often the person who needs it least who can be helped easiest.

Two instances of this fact were received the same day :—

(1) A family consisting of man, wife, and daughter aged 7. The parents are both in regular work, the daughter is suffering from Pre-tuberculosis, and is away at a Convalescent Home. These people can easily be helped to get a Council house—they are in lodgings—two rooms.

(2) A family consisting of man, wife and three children. The man himself is the patient, and has frequently been into sanatoria. He states he has applied for a house for the last eleven years. At present all five occupy one bedroom. He has a pension and National Health Insurance. The rent of a Corporation house is probably beyond him, and would appreciably lower the scale of family maintenance. The total family income is about 35/-.

Such is one aspect of the Housing Problem.

Another aspect is that of overcrowding. Reference to the Census Return for 1931 will show that on that date (April 26-27, 1931) there were 33,760 families occupying 32,765 separate dwellings, a deficit of 995 houses. But there were 6,967 persons living more than two persons to a room, i.e., they were overcrowded according to the Registrar-General's scale. These "rooms" include living rooms, and not only bedrooms, so in a house with one living room and two bedrooms, the scale allows six persons to live there before overcrowding is considered to exist. To abate this overcrowding, I estimate that 491 extra houses will be required.

But the number of families in Stockport is increasing at the rate of 350 a year (at the rate of increase maintained between 1921-1931) and therefore the number of houses required to accommodate the total number of families will, by April, 1933, be 1,695 more than the Census figure of 32,765, viz., 34,460.

Wastage of Houses.

A more easy figure to ascertain than that of the houses required to abate overcrowding is that for houses which require demolition or closing.

Just before this Report was written your Chief Sanitary Inspector and myself carried out a complete survey of the town. We inspected all houses of eighty years old and upwards (of which there are some 9,000) and have reported to the Housing Committee that in our opinion, during the period ending December 31st, 1938, twenty clearance and fourteen improvement areas should be scheduled under the Housing Act, 1930. In addition certain individual houses will require demolition under Section 19 of the Act.

The following is a summary of the recommendations of the Report:—

1. Number of Clearance Areas.....	20
2. Number of Improvement Areas.....	14
3. Number of Houses in above areas, including "individual" unfit houses.....	4317
4. Number of houses requiring demolition	1366
5. Number of houses requiring closure.....	68
6. Number of Back-to-back houses to be eliminated by making through.....	363
7. Number of houses overcrowded (in Improvement Areas).....	230
8. Number of Persons displaced by action taken under items 4, 5, 6 and 7 above.....	6740
9. Number of Families in item 8.....	1973
10. Number of new houses required.....	1973

If this is done, by the end of 1938, Stockport will be a very different place to live in—all the courts will have been removed and more open space provided instead; all insanitary houses will have disappeared and there will be practically no slum problem.

Possibly the adoption of a programme affecting nearly 7,000 persons may be considered too ambitious, but the need is great and the cost to the town will be small. The provision by the Corporation of the necessary 2,000 houses will only entail an addition (for forty years) on the rates of 2.6 pence in the £, and as I have said the slum problem will be solved.

Re-housing.

As stated earlier in this report, a real difficulty has been encountered in finding land for re-housing purposes. Land in Stockport is scarce, and is also expensive. A most important part of slum clearance is the re-housing of displaced tenants as near to their work as reasonably possible, and *at rentals they can afford*. Recent investigation into the circumstances of re-housed tenants has suggested that the increased rents of Council houses may have a most undesirable effect on the health of the family, as the family budget is lowered at the expense of food.

Possibly a partial solution of the rent problem is the relaxation of the standard of twelve houses per acre. Owing to the high cost of land, of street works and sewerage, it is cheaper to build 16 houses to the acre than twelve, and therefore it is possible to let them at a more economic rental.

It is highly desirable that the old system of long rows of houses, built in terraces and often 40 or more to the acre, should never be allowed again, but the provision of 16 houses to the acre would allow each house to stand on a garden of approximately 2,400 square feet, not including the roadway. If each house has a frontage on the street of approximately 20 feet this allowance will give a depth over all of 120 feet or 40 yards from the front railings abutting on the road to the back fence of the garden, not an unreasonable allowance.

Another point that should not be lost sight of is that in re-housing tenants displaced from slum houses, although it is the duty of the Local Authority to satisfy themselves that adequate accommodation is available, it is not their duty to build the houses themselves *if other houses are available*.

It is hoped that a large number of tenants will be re-housed in houses built by private enterprise under the Housing (Financial Provisions) Act, 1933. These houses are to be built to let at rentals that a fair proportion of displaced tenants should be able to afford. So that my estimate, that the cost of solving the slum problem is 2.6 pence in the £ on the Rates, is probably on the high side.

The Work of the Department on Housing during 1932.

Reference to the attached tables will show the number of inspections paid, and defects remedied, etc., during the year.

Work in the Bamford Street Improvement Area has continued, and by the end of the year all the inhabitants in this area who had to be removed had been removed, and in the majority of instances their houses demolished. Much work on re-conditioning has also been carried out. Byelaws, based on the Model Byelaws of the Ministry of Health for Improvement Areas, have been adopted.

One of the chief difficulties in dealing with an Improvement Area and the work under the Housing Act, 1930, appears to be the differential rents that are payable by persons displaced. I am informed that there has been discontent among the tenants on the estate for this reason, and of course it is difficult to explain always why rents may be different in two adjacent houses. Possibly a solution may be found by having smaller isolated estates, in each of which the rent is the same for the houses in that particular area, but the areas may be each different themselves. Possibly, also, the provision of different types of houses in the one estate may solve the problem.

It has not been possible to insist yet on full compliance with the byelaws for the Improvement Area, and work has been concentrated more on clearing out the houses to be demolished and on the main items of reconditioning, but it is hoped during 1933 to get the Area into thorough working order, and then to keep it as an Area that has been "Improved."

Repair of Houses.

It will be noted that 105 formal notices under the Housing Act, 1930, and 174 under the Public Health Acts, have been served with respect to defects in houses during the year. The service of a notice under Section 17 of the Housing Act implies that compliance with the notice will render the house fit for habitation. In every instance, therefore, where a house will probably have to be represented in the near future as being unfit, any notice requiring repairs to be remedied (usually of an urgent, or else of a comparatively trivial character) is served under the Public Health Act, and not under the Housing Act.

Demolition and Closure of Houses.

Fourteen individual houses have been ordered to be demolished during the year, and of these four still remain occupied owing to the difficulty of obtaining alternative accommodation for the tenants. Two houses, or parts of houses, have been closed, and are now unoccupied.

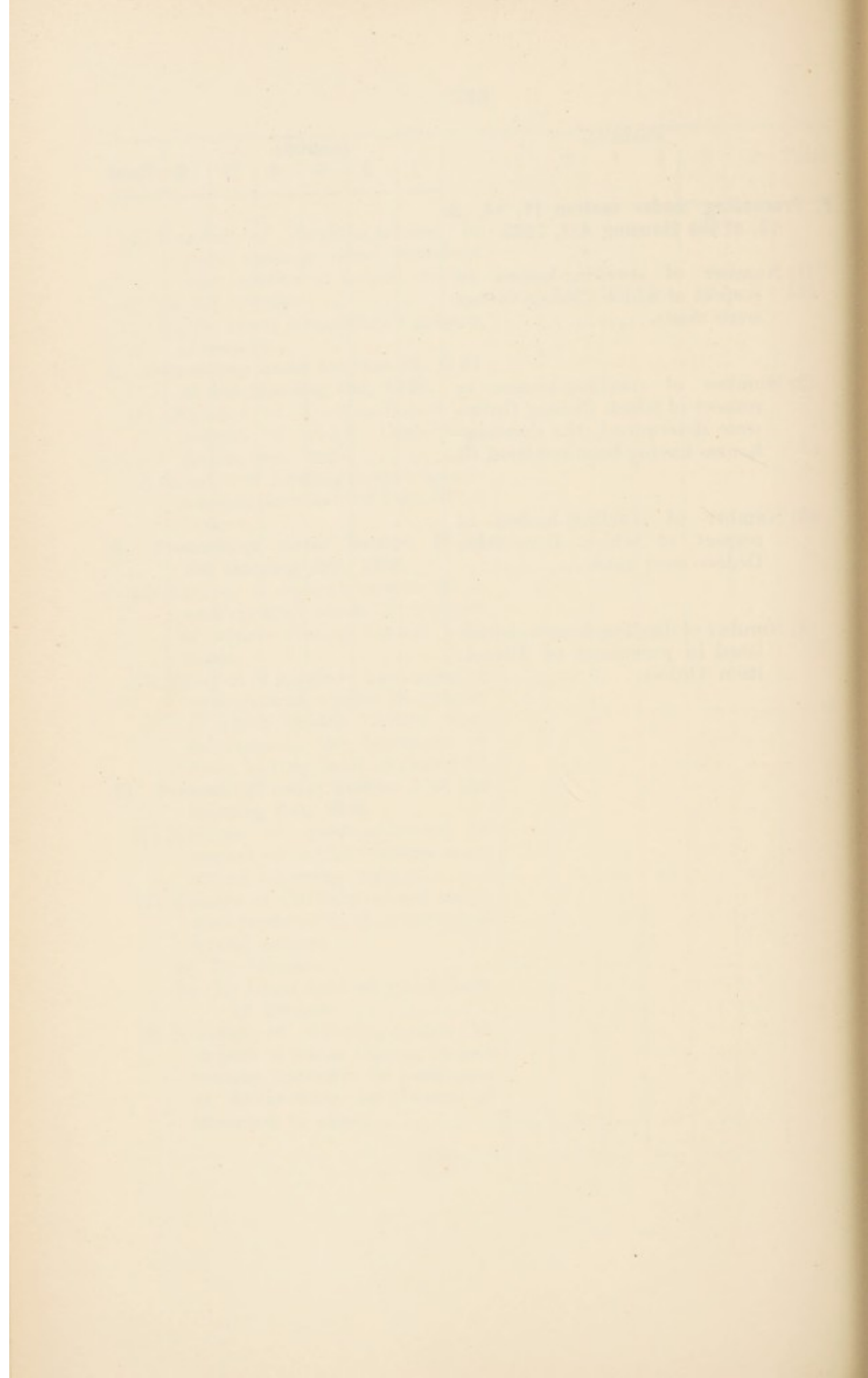
A great difficulty in representing property for demolition or closure during the year has been already mentioned just above (rehousing), and has been largely due to the problem of finding suitable sites for housing tenants displaced. It seems very nearly impossible to find a site in Stockport for rehousing purposes, and this has considerably affected the speed at which representation of unfit houses has been carried out.

It is hoped, early in 1933, to overcome this difficulty, and provide rehousing accommodation on a much larger basis than heretofore. As stated earlier in this report, about 2,245 houses will require replacing in the next few years, but there is no object in representing a defective house if no alternate accommodation is available.

1. Inspection of Dwelling-houses during the year.	Districts						Total
	1	2	3	4	5	6	
1 (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts).....	504	184	308	451	248	451	2146
(b) Number of Inspections made for the purpose	2201	1004	980	1150	896	1726	7957
2 (a) Number of dwelling-houses (included under sub-head (1) above which were inspected and recorded under the Housing Consolidation Regulations, 1925	193	87	250	262	159	238	1189
(b) Number of Inspections made for the purpose.....	999	703	844	690	590	729	4555
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation.....	4	25	18	4	2	9	62
(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..	109	99	123	23	34	101	489
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	131	58	96	67	22	51	425
3. Action under Statutory Powers during the year.							
A. Proceeding under Sections 17, 18 & 23 of the Housing Act, 1930.							
(1) Number of dwelling-houses in respect of which notices were served requiring repairs.....	15	33	..	26	2	29	105
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—							
(a) By Owners.....	..	..	..	..	..	..	62
(b) By Local Authority in default of Owners.....	..	..	..	..	..	..	..
B. Proceedings under Public Health Acts.							
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied.....	16	23	41	36	44	14	174

	<i>Districts.</i>						<i>Total</i>
	1	2	3	4	5	6	
(2) Number of dwelling-houses in which defects were remedied after service of formal notices							
(a) By Owners	16	14	22	34	43	2	131
(b) By Local Authority in default of Owners .....	..	..	..	..	..	..	..
C. Proceedings under Sections 19, & 21 of the Housing Act, 1930.							
(1) Number of dwelling-houses in respect of which Demolition Orders were made	1	7	1	1	..	4	14
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	6	3	1	..	..	4	14
D. Proceedings under Section 20 of the Housing Act, 1930.							
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	1	..	..	..	..	1	2
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit.	..	..	..	..	..	..	..
E. Proceedings under Section 3 of the Housing Act, 1925.							
(1) Number of dwelling-houses in respect of which notices were served requiring repairs.....	..	..	..	..	..	..	..
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—							
(a) By Owners.....	..	..	..	..	..	..	..
(b) By Local Authority in default of Owners.....	..	..	..	..	..	..	..
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by Owners of intention to close.....	..	..	..	..	..	..	..

	<i>Districts.</i>						<i>Total</i>
	1	2	3	4	5	6	
F. Proceeding under section 11, 14, & 15, of the Housing Act, 1925.							
(1) Number of dwelling-houses in respect of which Closing Orders were made.....
(2) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit.
(3) Number of dwelling-houses in respect of which Demolition Orders were made.....
(4) Number of dwelling-houses demolished in pursuance of Demolition Orders.....



SECTION E.

Inspection and Supervision of Food.

SECTION E.

Inspection and Supervision of Food.

(a) MILK SUPPLY.

It is of the utmost importance to secure for a community an adequate supply of pure wholesome milk, which is one of the staple articles of diet, and indispensable for invalids and young children.

Milk forms an excellent medium for the growth of organisms of all kinds, and it is liable to contamination by disease-producing germs. Milk-borne epidemics of such diseases as Scarlet Fever, Enteric Fever, etc., are well known. Milk is liable to contamination at all stages from the cow to the consumer, and it is necessary therefore, for scrupulous cleanliness to be exercised by all who are engaged in its production, storage, transport and distribution.

The farms and dairies in the area have been regularly inspected, and samples of milk have been examined chemically and bacteriologically at regular intervals.

A rough test of milk cleanliness is known as the sediment test, and it is of particular value in that the farmer or dairyman can be shown the actual dirt in his milk, and he will, by the evidence of his own eyes, realise that all is not well. In this test a pint of milk is placed in a special container, and then forced by pressure through a filter pad. The pad retains much of the macroscopic (as distinct from microscopic) dirt, and the farmer or milkman is then given marks according to the cleanliness of the milk—the maximum being 50.

166 sediment tests of milk have been performed during the year, and the results communicated to the farmer or dairyman concerned.

It is interesting to note that the tradesmen who have had tests performed, have frequently asked for a repetition of the test, as they had, in the meantime, been vigorously trying to improve their methods. The second test, as a rule, was distinctly better than the first.

Results of Milk Sediment Tests.

<i>Marks.</i>		<i>Number of Samples.</i>		<i>Per cent. of Samples.</i>
50	..	0	..	0
45	..	14	..	8.4
40	..	30	..	18.2
35	..	24	..	14.4
30	..	32	..	19.3
25	..	10	..	6.0
20	..	11	..	6.6
15	..	5	..	3.0
10	..	22	..	13.3
5	..	3	..	1.8
0	..	15	..	9.0

A more accurate examination of milk for cleanliness is the bacteriological test for the presence of *Bacillus Coli* (the dung organism), and for the number of organisms present in one cubic centimetre.

Forty-seven such tests have been carried out during the year, and in the case of inferior samples, steps have been taken to improve the milk supply.

Milk and Tuberculosis.

There is hardly a more important Public Health problem than that of milk infected with Tuberculosis. It is considered by leading medical opinions that 50 per cent. of child tuberculosis (other than lung tuberculosis) is due to the bovine tubercle bacillus.

Ninety-six samples of milk were examined during the year for this infection, and in 14 instances the tubercle bacillus was found. These cases were followed up, and the affected cows destroyed. But this procedure is lengthy ; it takes up to six weeks after the sample is taken to determine the presence of tubercle bacilli, and during all this time the cow is giving infected milk.

As shown above, in one sample out of every seven examined, living tubercle were found.

In my opinion, if the milk is not from cows guaranteed to be free from disease, it should be pasteurised or otherwise treated by heat to render it safe.

Inspections of Dairies, Milkshops and Cowsheds.

There are in the Borough 31 cowsheds, and 108 dairies and milkshops.

266 visits of inspection have been made to these premises during the year, and many alterations and repairs carried out.

There is no routine inspection of the cows by a Veterinary Surgeon under the Milk and Dairies Order, 1926.

(B) MEAT AND OTHER FOODS.

During the year the method of meat inspection, which had previously been carried out by the Chief Inspector only, was changed, so that each District Inspector was responsible for the work of meat inspection in his district. This has enabled a much greater number of visits to be paid, and in the year 1,681 visits of inspection to slaughter-houses were made.

The following is a summary of the unsound meat and other foods dealt with, and subsequently destroyed :—

	<i>Tons.</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>
Bovine Tuberculosis.....	11	15	2	22
Pig Tuberculosis.....	1	7	0	18
Bovine Abscess.....	..	..	3	10
„ Bruised, unsound, &c.....	1	11	1	26
„ Septicaemia.....	..	5	0	12
„ Pneumonia.....	..	..	..	20
„ Mastitis.....	..	..	1	14
„ Actinomycosis.....	..	..	1	2
„ Peritonitis.....	..	..	3	0
„ Nephritis.....	..	..	..	21
Unsound Turkeys, Ducks, Fowls, Chickens...	..	4	2	15
Unsound Fish.....	..	..	1	15
Distomatosis, Bact. Necrosis, &c.....	..	8	3	26
Total.....	15	16	0	5

Whole Carcases : Bovine, 25 ; Pigs, 9 ; Sheep, 5.

554 tins of meat, milk and fruit unsound.

150 chips of strawberries.

The unsound meat is sent to the Knacker's Yard, where it is rendered down to chicken meal, etc.

Numerous inspections of food shops, and especially the Market, have been paid.

(C) ADULTERATION.

326 samples of various foodstuffs, of which 234 were milk samples, were taken during the year, and of these ten, including five milks, were found to be adulterated. The detailed analyses of the samples, with the action taken, will be found in the following tables :—

Analysis of Food and Drugs.

<i>Articles Analysed.</i>	<i>Number Analysed.</i>	<i>Result of Analyses.</i>		<i>Extent of Adulteration.</i>	<i>Action Taken.</i>
		<i>Genuine.</i>	<i>Adulterated.</i>		
Milk.....	234	229	5	Formal. MILK. 1. Deficient in fat 6.3% 2. Do. 23.6%	No action. Prosecuted. Case dis- missed on payment of costs. Do. Do.
Cream.....	11	11	..		
Butter.....	16	16	..		
Margarine.....	12	12	..	3. Deficiency in non- fatty solids corres- ponding to 4.12% extraneous water	
Cheshire Cheese	14	14	..		
Sausages.....	8	8	..	4. Do. 4.35% do.	Do. Do.
Coffee.....	8	8	..	Informal. MILK.	
Ground Rice...	1	1	..	5. Deficient in fat 2.9%	..
Icing Sugar....	1	1	..	Informal. VINEGAR.	
Vinegar.....	5	4	1	3.6% Acetic Acid.	..
Pepper.....	6	6	..	Formal. RUM.	Prosecuted Fined £5 & Analyst's fees.
Lard.....	6	6	..	41.3° U.P.	
Rum.....	2	..	2	40.2° WHISKY. U.P.	
Whisky.....	2	..	2	Informal. RUM.	
				38° U.P.	..
				WHISKY.	
				39.9° U.P.	..
Totals.....	326	316	10		.

Water samples, 4.

The following tables show the percentage of adulteration compared with previous years :—

<i>Year.</i>	<i>Total Samples analysed.</i>		<i>Adulterated.</i>		<i>Percentage adulteration.</i>
1920	..	360	..	8	2.22
1921	..	360	..	16	4.4
1922	..	361	..	26	7.2
1923	..	326	..	12	3.68
1924	..	360	..	19	5.28
1925	..	360	..	17	4.72
1926	..	361	..	11	3.05
1927	..	360	..	9	2.5
1928	..	360	..	16	4.4
1929	..	239	..	7	2.93
1930	..	338	..	2	.59
1931	..	344	..	4	1.16
1932	..	326	..	10	3.067

Analysis of *milk samples* compared with previous years :—

<i>Year.</i>	<i>Total Samples analysed.</i>		<i>Adulterated.</i>		<i>Percentage adulteration.</i>
1921	..	223	..	9	4.04
1922	..	233	..	10	4.3
1923	..	187	..	7	3.74
1924	..	243	..	13	5.35
1925	..	211	..	10	4.74
1926	..	226	..	8	3.54
1927	..	225	..	7	3.11
1928	..	276	..	13	4.7
1929	..	212	..	6	2.83
1930	..	228	..	1	.44
1931	..	228	..	2	.87
1932	..	234	..	5	2.14

(D) CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF FOOD

Chemical Analysis of samples of food-stuffs taken by your Food Inspectors is carried out by the Public Analyst to the County Borough of Stockport, Mr. William Marshall, F.I.C., F.C.S., at his laboratory at Ladybrook Road, Cheadle Hulme. Bacteriological Examination of samples of food-stuffs is carried out at the Public Health Laboratory, York Place, Manchester.

During the year Mr. Marshall has carried out his duties in a highly satisfactory manner, and his reports of the analyses of samples submitted to him have been promptly and accurately prepared. The work carried out on our behalf by the staff of the Public Health Laboratory in Manchester has been of the high standard we have been taught to expect from that Institution.

(E) NUTRITION.

The dissemination of knowledge of the principles of nutrition has been confined to the work among mothers at the Ante-Natal Clinics and Child Welfare Centres, and to the Hygiene Lectures in the Public Elementary Schools.

The Teaching of Mothercraft to School Girls.

Lectures on Mothercraft have been given in Stockport to the older girls in the Elementary Schools for the last 33 years. The Lectures are given by the Health Visitors of the Public Health Department to the School girls usually aged twelve to fourteen years.

In the smaller schools where the girls of the two or three top classes receive instruction in Domestic subjects together, the girls are present at two similar courses of Lectures, which has the added effect of driving the main points home. In certain instances in the larger schools, where the numbers are sufficient to warrant the extra time involved, two courses are given, and in this case the first Lectures are of a much more elementary character than in the syllabus detailed below.

A teacher is invariably present at the Lectures, and usually takes notes, so that in the lessons of recapitulation with which she follows up the course, no special points are omitted.

The Lectures are illustrated by pictures, charts, and practical demonstration wherever possible. Full use is also made of the blackboard.

The course consists of six Lectures, and the syllabus is roughly as follows :-

LECTURE No. I.

Breast Feeding. The paramount importance of breast feeding is fully emphasized, and although it is necessary to give the girls some rudiments of artificial feeding, the preference for breast feeding is fully stressed.

LECTURE No. II.

Artificial Feeding, with its associated hygiene. Weaning, and the importance of good habits.

LECTURE No. III.

An elementary talk on Infant Ailments, e.g., Rickets, Convulsions, Diarrhoea, etc. Their avoidance by proper feeding and hygiene.

LECTURE No. IV.

A talk on sleep, exercise, ventilation.

LECTURE No. V.

Clothing—its objects and character, and cleanliness of person, clothing and surroundings.

LECTURE No. VI.

A practical demonstration of bathing and dressing a baby.

At the close of the course of Mothercraft in the School, the girls are invited to attend an actual session at the Infant Welfare Centre. Although it has not been possible to arrange for school classes to attend officially in this fashion, yet a considerable number of girls do actually come to the Centres and watch the work that is going on.

When the course is completed, an examination paper is set by the Health Visitor, and the answers submitted for her correction. The sum of 7s. 6d. is awarded by the Health Committee for prizes in connection with this examination, and suitable books are given to the prize winners.

There is no doubt that the simple teaching of Mothercraft in the schools by the Nurses has a far reaching effect, and is of considerable influence when the child becomes a mother. This effect is becoming more and more apparent as time goes on. Most of our present mothers remember at least the fundamental facts of the education they obtained during their school

life, and are keenly anxious to take advantage of all the facilities offered to them by the Maternity and Child Welfare service. The high percentage (about 60 per cent.) of expectant mothers attending the Corporation Antenatal Clinics is evidence of the interest taken in Mothercraft in the town, which is first stimulated in the girl at school.

This is further proved by the large number of mothers in regular attendance at the weekly Mothercraft Classes, and the intelligent questions they are always ready to put at the close of the Lectures or Talks at these Classes, which are usually given by the Health Visitors.

Legal Proceedings during the Year 1932.

OFFENCE.	RESULT.	FINE.
Food & Drugs (Adulteration) Act, 1928.		
MILK		
4.12 Added Water.....	Dismissed	on payment of costs and Analyst's fee.
4.35 Added Water.....		
23.6% Deficient in Fat...	Dismissed	on payment of costs.
RUM.		
41.3 degrees under proof....	Convicted	£5 and Analyst's fees.
WHISKEY.		
40.2 degrees under proof....	Do.	
For an offence against "The Stockport Butchers' Half Holiday and Closing Order, 1921".....	Convicted	£2.
Do.	Do.	£1 10s. 0d.
Do.	Do.	£1 10s. 0d.
For an offence against the "Shops (Hours of Closing) Act, 1928".....	Do.	10/- and costs.
Do.	Do.	10/- and costs.
Do.	Do.	5/- and costs.
Do.	Do.	10/- and costs.

ICE CREAM VENDORS.

During the year 64 visits of inspection were made, but it was not found necessary to service any notices as to cleansing of premises, etc.

SECTION F.

Infectious Diseases and
Hospitals.

SECTION F.

Prevalence of, and Control over, Infectious Disease.

The total number of cases of infectious disease, excluding Tuberculosis, notified during 1932 was 813, as compared with 621 in 1931, and 673 in 1930.

The increase was chiefly due to the prevalence of Diphtheria and Scarlet Fever, and of these two diseases alone 562 cases were notified, as compared with 342 in 1931.

Notifiable Infectious Diseases.

Smallpox.

No cases of this disease occurred in the Borough during 1932, although a large number of cases of mild smallpox, Variola Minor, as it is now called, were notified throughout the country.

There appears to be no doubt that the type of smallpox now prevalent is nevertheless of a milder variety, and should properly be known as Variola Minor. There is no evidence that Variola Minor ever becomes Variola Major, the smallpox of our grandfathers, of the Continent, and of tropical countries. Variola Minor at times, however, can be very severe, and I have seen many cases of it, with the face covered with postules and the patient severely ill. Instances of the importation of Variola Major from abroad have occurred, but fortunately the prompt measures taken by the Health Authorities of the country have been sufficient to prevent any serious spread.

While it is agreed that Variola Minor probably never gives rise to a case of Variola Major, there is no doubt whatever that vaccination protects equally against the Minor as well as against the Major variety, and, of course, vaccination is a very mild discomfort compared with an average case of Variola Minor.

Recent research into methods of Vaccination lead one to hope that soon it may be possible to vaccinate by the hypodermic syringe, just as in Diphtheria immunisation, thus obviating the sore arm which makes so many people refuse vaccination for their children.

Public Vaccination.

The following are the Public Vaccinators for the Borough :—

- | | | |
|------------------------|----|--|
| (1) Dr. E. C. Dutton | .. | For Shaw Heath Institution, Cottage Homes
and Stepping Hill Hospital. |
| (2) Dr. R. M. Wilson | .. | „ No. 1 District. |
| (3) Dr. F. Chadwick | .. | „ No. 2 District. |
| (4) Dr. J. W. Brooks | .. | „ No. 3 District. |
| (5) Dr. R. Nightingale | .. | „ No. 4 District. |

The following table shows the number of successful vaccinations carried out by the Public Vaccinators during the period 1st October, 1931, to 30th September, 1932.

NOTIFIABLE DISEASES DURING THE YEAR 1932.

DISEASE.	Total cases notified.	At Ages—Years.												Cases admitted to Fever Hospital.	Cases treated in Sanatoria, etc.	Total Deaths.	Deaths at age periods.											
		—1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 & upw'da.				—1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 & upw'da.
Smallpox.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever.....	231	..	5	11	13	32	124	27	7	10	1	1	..	*176	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria.....	331	6	7	13	14	14	140	55	19	39	12	10	2	†327	..	22	1	..	1	3	..	14	1	..	..	1	1	..
Enteric Fever.....	3	..	..	..	..	..	..	1	..	2	..	..	..	3	..	1	..	..	..	..	..	..	..	..	1	..	..	..
Puerperal Fever.....	5	..	..	..	..	..	..	..	..	3	2	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Pyrexia.....	31	..	..	..	..	..	..	..	1	26	4	..	..	..	22	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas.....	60	1	..	..	..	..	..	2	2	9	12	26	8	..	18	4	..	..	..	..	..	..	..	..	1	..	2	1
Pneumonia :																												
Acute Primary.....	102	2	4	4	3	1	7	10	5	24	11	22	9	..	38	37	2	2	1	..	..	..	2	..	6	4	12	8
Acute Influenzal.....	23	1	..	..	..	..	1	..	2	3	4	10	2	..	3	10	..	..	..	..	..	..	..	..	2	1	6	1
Malaria.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery.....	1	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	1
Ophthalmia Neonatorum.	15	15	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..
Encephalitis Lethargica...	2	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	1	..	..	..	..	..
Acute Polio-Encephalitis.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebro-spinal Meningitis.	6	..	..	..	1	..	1	..	1	2	1	..	..	†6	..	5	..	..	..	1	..	..	1	2	1	..	..	..
Acute Poliomyelitis.....	3	2	..	..	..	..	1	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..
Total...	813	27	16	28	31	47	274	95	38	119	47	69	22	512	92	81	3	2	2	4	..	14	3	2	12	7	21	11

* Including 1 Case treated at Monsall Hospital.

† Including 9 Cases treated at Hyde Hospital, and 8 at Monsall Hospital

‡ Including 2 Cases treated at Monsall Hospital.

RETURN showing the Numbers of Persons successfully vaccinated and re-vaccinated at the cost of the rates by the Medical Officers of the Poor Law Institutions and the Public Vaccinators during the Year ended 30th September, 1932.

Name of the Poor Law Institution or Vaccination District.	Name of the Medical Officer or Public Vaccinator.	Numbers of Successful Primary Vaccinations of Persons :—			Number of Successful Re-vaccinations, <i>i.e.</i> , successful vaccinations of persons who had been successfully vaccinated at some previous time.	OBSERVATIONS.
		Under one year of age.	One year and upwards.	Total.		
Shaw Heath Institution and Cottage Homes.....	Dr. E. C. Dutton.....	..	..	..	..
Stepping Hill Hospital.....	Dr. E. C. Dutton.....	..	..	..	..
No. 1 District.....	Dr. R. M. Wilson.....	64	1	65	..	
No. 2 District.....	Dr. F. Chadwick.....	184	14	198	..	
No. 3 District.....	Dr. J. W. Brooks.....	63	1	64	..	
No. 4 District.....	Dr. R. Nightingale.....	59	1	60	..	
	Totals.....	370	17	387	..	

Vaccination Officers :

Stockport First District	.. FRED THOMPSON, Esq., 242, Wellington Road South, Stockport.
Stockport Second District	.. J. T. LOMAS, Esq., 78, Churchgate, Stockport.
Stockport Third District	.. S. R. BROOME, Esq., 212, Manchester Road, Stockport.
Heaton Norris District	.. W. C. TUNSTALL, Esq., 33, School Lane, Heaton Norris, Stockport.

The work undertaken by the Vaccination Officers is summarised in the following table :—

Return respecting the Vaccination of Children whose births were registered from 1st January to 31st December, 1931, inclusive.

Districts.	Number of Births returned in the "Birth List Sheets" as registered from 1st Jan., to 31st Dec., 1931.	Number of these Births duly entered by 31st January, 1933, in Columns I., II., IV. and V. of the "Vaccination Register" (Birth List Sheets), viz. :					Number of these Births which on 31st January, 1933, remained un-entered in the "Vaccination Register" on account (as shown by "Report Book") of				Number of Births remaining on 31st January, 1933, neither duly entered in the "Vaccination Register" (columns 3, 4, 5, 6 and 7 of this Return) nor temporarily accounted for in the "Report Book" (columns 8, 9 and 10 of this Return).	Total number of Certificates and copies of Certificates of Successful Primary Vaccination of Children under 14 received during the Calendar Year 1932.	Number of Statutory Declarations of Conscientious Objection actually received by the Vaccination Officer irrespective of the dates of birth of the children to which they relate, during the Calendar Year 1932
		Col. I.	Col. II.	Col. IV. No. in respect of whom Statutory Declarations of Conscientious Objection have been received.	Col. V.	Postponement by Medical Certificate.	Removal to Districts the Vaccination Officers of which have been duly appraised.	Removal to places to which cannot be reached, & Cases not having been found.					
1	2	3	4	5	6	7	8	9	10	11	12	13	
1. STOCKPORT (FIRST)...	766	199	..	..	390	40	35	31	33	38	149	369
2. " (SECOND)...	531	158	..	..	307	29	12	13	12	—	157	292
3. " (THIRD)...	350	160	..	..	160	24	..	1	4	1	149	185
4. HEATON NORRIS....	108	43	2	..	46	7	8	1	1	—	62	53	
Total.....	1755	560	2	..	903	100	55	46	50	39	517	899	

Number of Children successfully vaccinated after the declaration of conscientious objection has been made, Nil.
Total number of Certificates for year 1932 sent to other Vaccination Officers, 59.

TUBERCULOSIS SCHEME. RETURN FOR THE YEAR 1932.

(A) Return showing the work of the Dispensary.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY				TOTAL.				Grand Total.
	Adults.		Children		Adults.		Children		Adults.		Children		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
a—New Cases examined during the year (excluding contacts) :—													
Definitely tuberculous..	57	43	7	10	14	11	17	10	71	54	24	20	169
Diagnosis not completed	..	..	..	..	..	..	..	..	18	18	17	21	74
Non-tuberculous.....	..	..	..	..	..	..	..	..	53	62	63	35	213
b—Contacts examined during the year :—													
Definitely tuberculous..	2	6	1	..	..	..	..	1	2	6	1	1	10
Diagnosis not completed	..	..	..	..	..	..	..	..	9	13	7	4	33
Non tuberculous.....	..	..	..	..	..	..	..	..	54	61	62	76	253
c—Cases written off the Dispensary Register as :—													
Recovered.....	2	..	1	..	1	..	2	1	3	..	3	1	7
Non tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) .....	..	..	..	..	..	..	..	..	127	150	152	133	562
d—Number of Cases on Dispensary Register on December 31st :—													
Definitely tuberculous..	247	191	34	43	42	60	89	79	289	251	123	122	785
Diagnosis not completed	..	..	..	..	..	..	..	..	31	32	27	27	117

1. Number of cases on Dispensary Register on January 1st..... 825
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years..... 8
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"..... 25
4. Cases written off during the year as Dead (all causes)..... 89
5. Number of attendances at the Dispensary (including Contacts)..... 4159
6. Number of Insured Persons under Domiciliary Treatment on the 31st December..... 188
7. Number of consultations with medical practitioners :—
 - (a) Personal..... 115
 - (b) Other..... 96
8. Number of visits by Tuberculosis Officers to homes (including personal consultations)..... 211
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes..... 2582
10. Number of :—
 - (a) Specimens of sputum, etc., examined..... *461
 - (b) X-ray examinations made in connexion with Dispensary work... 293
11. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above..... Nil
12. Number of "T.B. plus" cases on Dispensary Register on December 31st.. 134

* Including all cases,

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

Provided by the Council :—One.

Provided by Voluntary Bodies :—Nil.

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

<i>Name of Institution.</i>	<i>For Pulmonary Cases.</i>		<i>For Non-Pulmonary Cases.</i>		<i>Total.</i>
	<i>Adults.</i>	<i>Children under 15.</i>	<i>Adults.</i>	<i>Children under 15.</i>	
Whitehill Hospital.....	26	..	..	..	26
Poor Law Institution :—					
Stepping Hill Hospital.....	59	3	..	..	62

(D) Return showing the extent of Residential Treatment and Observation during the year in Institutions (other than Poor Law Institutions) approved for the treatment of Tuberculosis.

		<i>In Institutions on Jan. 1st.</i>	<i>Admitted during the year.</i>	<i>Discharged during the year.</i>	<i>Died in the Institutions.</i>	<i>In Institutions on Dec. 31st.</i>
Number of doubtfully tuberculous cases admitted for observation	Adult males	..	6	5	..	1
	Adult females	2	10	11	..	1
	Children	..	3	2	..	1
	Total	2	19	18	..	3
Number of definitely tuberculous patients admitted for treatment	Adult males	28	84	76	9	27
	Adult females	22	57	55	5	19
	Children	4	11	6	..	9
	Total	54	152	137	14	55
Grand Total.....		56	171	155	14	58

(G) Return showing the immediate results of treatment of definitely tuberculous patients discharged during the year from Institutions approved for the treatment of Tuberculosis.

PULMONARY TUBERCULOSIS.	Classification on admission to the Institution	Condition at time of discharge.	Duration of Residential Treatment in the Institution.															Grand Totals
			Under 3 months			3-6 months			6-12 months			More than 12 months			Total			
			M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch	
	Class T.B minus	Quiescent.....	7	7	.	8	7	.	6	6	.	.	.	.	21	20	.	41
		Not quiescent.....	.	2	.	.	1	.	.	.	.	.	.	.	3	.	3	
		Died in Institution	3	1	.	.	2	.	.	.	.	.	.	3	3	.	6	
	Class T.B Plus Group 1	Quiescent.....	.	1	.	1	1	.	.	.	.	1	.	.	2	2	.	4
		Not quiescent.....	.	2	.	.	.	.	.	1	.	.	.	.	3	.	3	
		Died in Institution	1	1	.	.	.	.	.	.	.	.	.	1	1	.	2	
	Class T.B. Plus Group 2	Quiescent.....	14	.	.	6	3	.	5	4	.	3	.	.	28	7	.	35
		Not quiescent.....	5	2	.	2	1	.	1	.	.	2	1	.	10	4	.	14
		Died in Institution	2	.	.	.	.	.	.	.	.	.	.	2	.	.	2	
	Class T.B Plus Group 3	Quiescent.....	2	1	1	3	1	.	3	1	.	.	2	.	8	5	1	14
		Not quiescent.....	2	2	.	.	1	.	2	1	.	.	.	.	4	4	.	8
		Died in Institution	3	1	.	.	.	.	.	.	.	.	.	3	1	.	4	
NON-PULMONARY TUBERCULOSIS.	Bones & Joints	Quiescent.....	3	1	2	.	.	2	.	1	.	.	1	1	3	3	5	11
		Not quiescent.....	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	..
		Died in Institution	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	..
	Abdominal	Quiescent.....	.	1	.	.	.	.	.	.	.	.	.	.	1	.	.	1
		Not quiescent.....	.	1	.	.	.	.	.	.	.	.	.	.	1	.	.	1
		Died in Institution	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	..
	Other Organs	Quiescent.....	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	..
		Not quiescent.....	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	..
		Died in Institution	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	..
	Peripheral Glands	Quiescent.....	.	2	.	.	.	.	.	.	.	.	.	.	2	.	.	2
		Not quiescent.....	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	..
		Died in Institution	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	..

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

Part I.—Summary of Notifications during the period from the 3rd January, 1932, to the 31st December, 1932, in the area of the County Borough of Stockport.

Age Periods.	Formal Notifications.												Total Notifi- cations
	No. of Primary Notifications of new cases of tuberculosis.												
	0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	Total all ages	
Pulmonary Males	..	1	4	4	4	8	9	15	15	12	9	81	84
„ Females.	1	2	5	3	10	9	17	11	1	1	.	60	65
Non-Pulmonary Males.	3	7	7	4	3	4	3	4	2	2	.	39	40
„ Females.	1	4	5	4	2	2	4	.	.	2	2	26	27

Part II.—Supplemental Return.

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

<i>Age Periods.</i>	0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	<i>Total</i>
Pulmonary Males.....	1	..	1	1	2	3	2	3	1	14
Pulmonary Females...	..	1	1	..	..	1	..	2	1	..	1	7
Non-pulmonary Males..	1	2	..	..	1	..	..	..	..	4
„ Females..	1	1	..	1	..	..	1	4

The source or sources from which information as to the above-mentioned cases was obtained is stated below :—

<i>Source of Information.</i>	<i>Number of Cases.</i>	
	<i>Pulmonary</i>	<i>Non-pulmonary</i>
Deaths Return—		
from local Registrars.....	5	4
transferable deaths from Registrar-General.....	—	—
Posthumous notifications.....	—	—
“ Transfers ” from other areas (other than transferable deaths).....	16	4
Other Sources if any (specify).....	—	—

Part III.—Notification Register.

	<i>Pulmonary</i>			<i>Non-pulmonary</i>			<i>Total Cases</i>
	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>	
Number of cases of Tuberculosis remaining at the 31st December, 1932, on the Register of Notifications kept by the Medical Officer of Health....	413	362	775	253	258	511	1286
Number of cases removed from the Register during the year by reason <i>inter alia</i> of :—							
1. Withdrawal of notification.	..	2	2	..	1	1	3
2. Recovery from the disease .	55	49	104	17	28	45	149
3. Deaths (1932).....	73	25	108	14	7	21	129
4. Deaths previous to 1932....	8	1	9	..	1	1	10

In the following table are given the Vaccination Returns for the County Borough of Stockport for the five years 1927 to 1931.

VACCINATION RETURNS FOR THE COUNTY BOROUGH OF STOCKPORT
FOR THE PAST FIVE YEARS.

	1927	1928	1929	1930	1931
Births.....	1859	1856	1753	1819	1755
Successfully vaccinated.....	819	722	600	627	560
Insusceptible of vaccination..	3	11	17	3	2
Died unvaccinated.....	129	120	117	84	100
Exemptions.....	713	827	832	941	903
Postponement by Medical Certificate.....	83	73	43	45	55
Removed (address unknown) &c....	52	41	49	36	50
Had Smallpox.....	..	..	..	..	..
Removed to other districts, Vaccination Officer notified.....	49	53	58	67	46
Successful primary vaccina- tions at all ages.....	1530	814	709	710	699

Scarlet Fever.

231 cases of this disease were notified in 1932, the largest number since 1928. Fortunately, the disease continued to be of a mild type, and no deaths are recorded. The prompt use of Scarlet Fever Antitoxin in all cases admitted to Hospital may perhaps have assisted in obtaining such a happy result.

Until recently it has always been held that every case of Scarlet Fever should be isolated in Hospital, and reference to the foregoing graph will show how complete this hospitalization has been in Stockport.

It has, however, been shown that a case of Scarlet Fever, if properly isolated at home, does not run the same risk of complications as when admitted to Hospital, and in fact usually does better at home. Of course, it is a sine qua non that efficient isolation must be obtained. I have therefore encouraged the local Doctors to keep all cases of this disease at home, and I hope that better use of the Hospital may ensue from this policy, by enabling us to admit selected cases of Measles and Whooping Cough, diseases far more serious and more fatal to life than is Scarlet Fever.

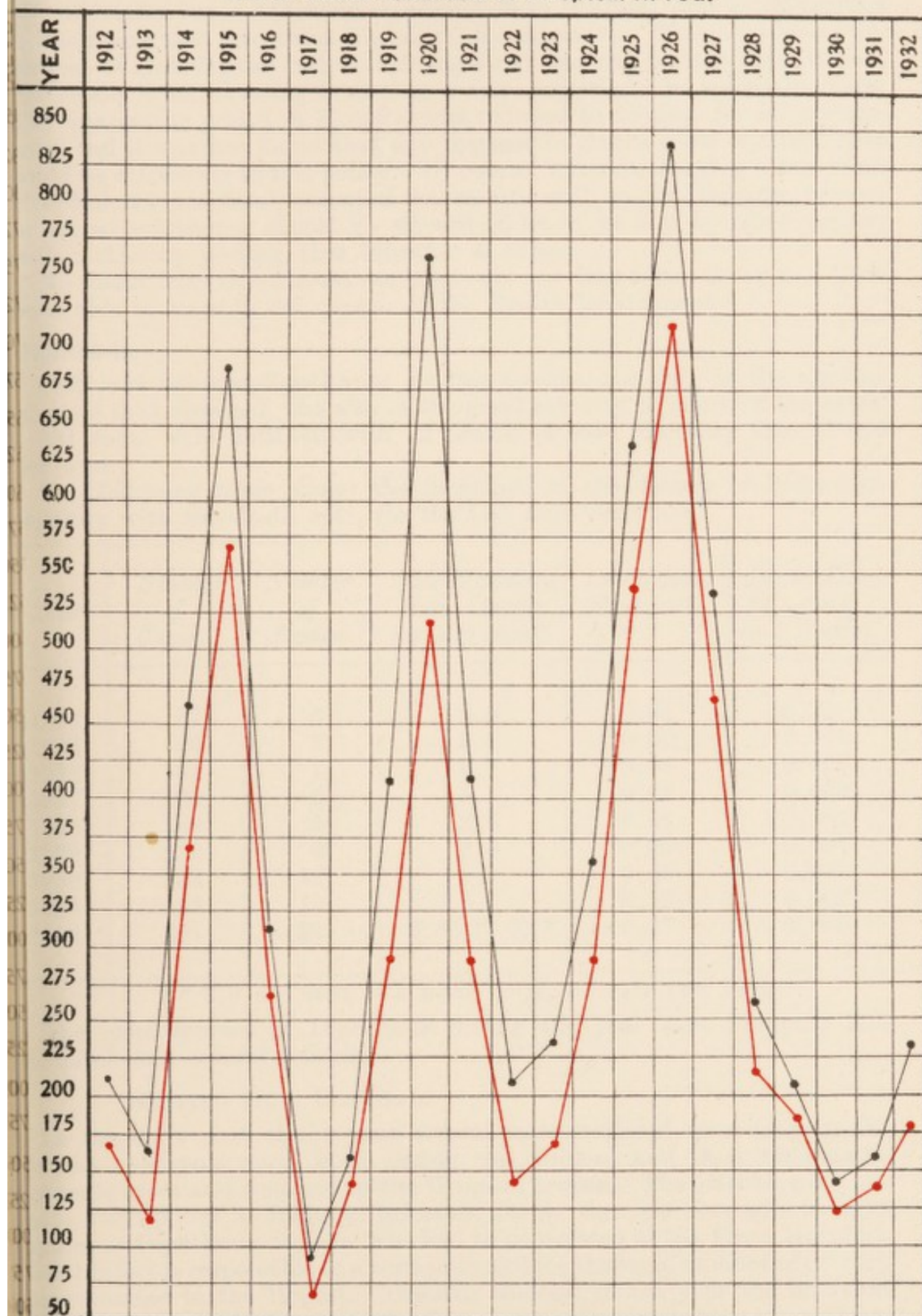
It will take time to overcome prejudice and long-standing habit, but in 1932, 76 per cent. of cases were admitted to Hospital, as against 89 per cent., 84 per cent., 85 per cent., 83 per cent., and 85 per cent., respectively, in the previous five years. No spread of the disease could be attributed to this home isolation.

176 cases of Scarlet Fever were admitted to Hospital, including one case admitted to Monsall Fever Hospital, Manchester.

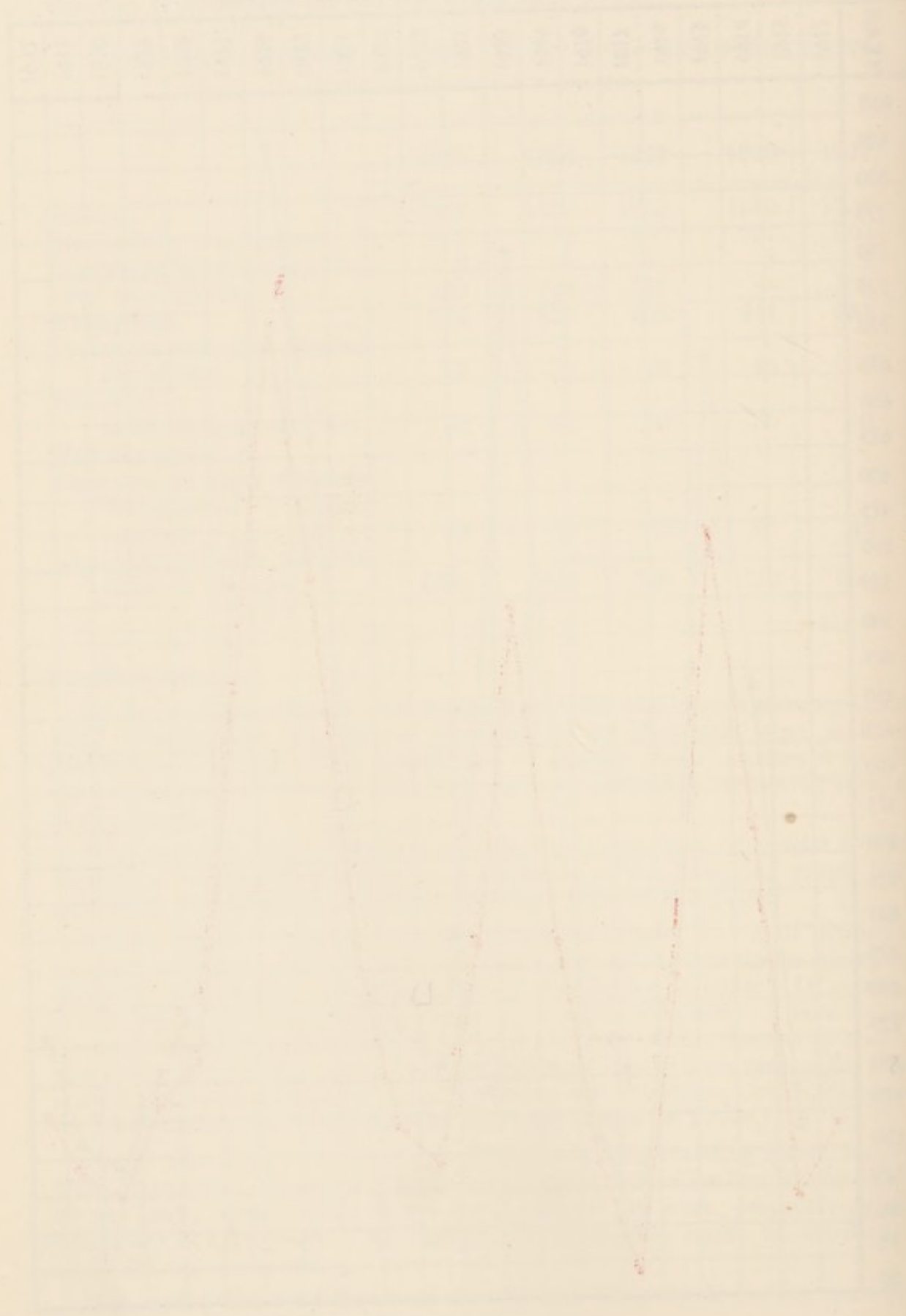
Chart shewing the number of cases of Scarlet Fever for the past 21 years.

No. of cases notified in black.

No. of cases removed to Hospital in red.



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As stated above, all cases were given a routine injection of 5 c.c. or 10 c.c. of Scarlet Fever Antitoxin on admission to Hospital, and by this means it was found that the attack was markedly cut short. Within 24 hours the patient is afebrile, the rash has disappeared and the patient himself feels practically well. Peeling is also as a rule very slight in antitoxin cases. The quarantine period in Hospital was reduced to 28 days for an average case, and it was not found that any increase in return cases occurred that could be attributed to this policy. Of course, when discharging a case from Hospital, it is absolutely essential that no case with an ear discharge, or nose or throat symptoms, should be allowed to leave, as it is by these means, rather than by peeling, that infection is spread.

No death from this disease occurred—for the first time, as far as I have been able to trace in the records of the Health Department.

Diphtheria.

1932 was an exceptional year for this disease, not only in the number of cases that occurred, but also in the great severity of many of the cases.

331 cases were notified, with 22 deaths, a case mortality rate of 6.6 per cent.

The following table shows the incidence of the disease in Stockport, together with the death rate, for the last nine years :—

<i>Year.</i>	<i>Number of Cases.</i>	<i>Number of Deaths.</i>	<i>Case Mortality Rate (deaths per 100 cases).</i>	<i>Death Rate (Stockport).</i>	<i>Death Rate (England and Wales).</i>
1924	57	5	8.8	0.04	0.23
1925	96	3	3.1	0.02	0.071
1926	104	7	6.7	0.06	0.077
1927	109	6	5.5	0.05	0.070
1928	189	5	2.6	0.04	0.081
1929	250	6	2.4	0.05	0.087
1930	234	12	5.1	0.09	0.088
1931	185	15	8.1	0.12	0.067
1932	331	22	6.66 (7.9) *	0.17	0.060

* 7.9 per cent is a more corrected rate (see later).

The chief sources of Diphtheria during the year were Stepping Hill Hospital, and several schools.

STEPPING HILL HOSPITAL.

In the early part of the year several cases occurred, especially in the healthy children's ward, both among the children and their attendants. Sporadic cases also occurred in the Hospital proper. The swabbing of contacts, carried out at frequent intervals during the year, brought to light numerous Diphtheria carriers, who had to be isolated at the Fever Hospital, and this fact is responsible to a certain extent for the large number of carriers shown earlier in the Report. Towards the end of the year the infection spread among the junior nurses, and at one time about twelve nurses were forwarded for this cause,

During the year it was recommended that all nurses on entry to the Stepping Hill Hospital should be "Schick tested," to examine their susceptibility to Diphtheria, and if found susceptible that they should be immunised. This has been done, and it is to be hoped that no more Diphtheria will occur among the staff. Urgent prophylactic measures were taken to prevent further spread, the most efficacious of which appeared to be a 1 per cent. Silver Nitrate spray, which every nurse had twice daily. I would like to thank the resident Medical Staff and the Matron for the co-operation they afforded me in dealing with the outbreak.

SCHOOL INFECTION.

In my Report for 1932 as School Medical Officer will be found full details of School Infection.

PREVENTIVE MEASURES.

I mentioned in my Report for 1931 that by use of preventive inoculation anyone could be protected against the disease, and a campaign to advance this was started during the year.

At a meeting of the local Medical Society I mentioned the matter, and was assured of the co-operation of all the local profession. The scheme as outlined below was therefore put into operation.

A large number of leaflets was printed—a specimen is inserted here for record purposes*—and circulated through the Welfare Centres, the Doctors' Surgeries, etc. The immunising material was supplied free to the Doctors, who carried out the actual work of immunisation in their surgeries. In addition every case of Scarlet Fever admitted to Hospital was offered immunisation against Diphtheria, and a large proportion accepted.

*PROTECTION AGAINST DIPHTHERIA.

One of the most serious diseases which can attack a child is Diphtheria, and at the present time many cases are occurring in Stockport.

Fortunately, however, it is quite easy to protect a child against the disease.

This is done by three simple injections into the child's arm, at intervals of about a week or ten days, with the result that the child develops protection against the disease. This protection is not complete till about three months after the third injection, but after that it should last certainly over the most dangerous period for Diphtheria.

The injections are quite harmless, practically painless, and will not effect the child at all—occasionally the arm may be slightly reddened, but the child will not feel ill.

If you wish your child to be protected, take him to your own Doctor, who will arrange with you for the injections.

Remember Diphtheria is dangerous, and it is far better to protect your child from it than to run the risk of his contracting the disease.

Every child from six months old and upwards should be given this protection.

E. K. MACDONALD, M.D., B.S., D.P.H.,

*Medical Officer of Health,
and School Medical Officer.*

Town Hall, Stockport.

Unfortunately, as regards the general public, although at first a fair number of immunisations were performed, interest soon flagged, and probably a Municipal Clinic, working either through the schools, or through the Welfare Centres, will have to be started.

It is amazing how careless people are of their health, and of their children's. The bad odour into which Vaccination has got in this and other similar towns is easily extended, by ignorance, to any other preventive measure. At the present moment prevention against Diphtheria is more important than Vaccination against Smallpox.

DIPHTHERIA CASES ADMITTED TO HOSPITAL.

During the year 327 cases were admitted to Hospital, with 22 deaths, a case mortality of 6.6 per cent. Out of these 327 cases, 47 were carriers, i.e., not actually suffering from the disease, although carrying the organism. Therefore the rate of 6.6 per cent. is too low, and 22 deaths really occurred in 280 cases, a rate of 7.9 per cent. There is no doubt that the type of Diphtheria was very severe during the year, also often cases came in almost too late for any treatment.

Parents must realise that a sore throat is *not* necessarily the first sign of Diphtheria—when the child is ill and the parent does not know what is the matter, the doctor should be called in immediately. In any case too, where Diphtheria is suspected, antitoxin should be given *at once*, before the result of the swab is received.

Tracheotomy was performed for four cases. This operation is done to relieve the stoppage of breathing, which is due to the blocking of the upper part of the larynx with the diphtheria membrane.

Secondary infection with Scarlet Fever occurred in five instances, and the severe complication of paralysis also occurred in five cases.

Puerperal Pyrexia and Fever.

During the year, 31 notifications of Puerperal Pyrexia and 5 notifications of Puerperal Fever were received. Full details of these cases are given in the section of this Report dealing with Maternity and Child Welfare, vide page 111.

Ophthalmia Neonatorum.

Fifteen cases of this disease were notified during the year as compared with 11 cases in 1931.

Pemphigus Neonatorum.

Particulars of the occurrence of cases of Ophthalmia Neonatorum and of Pemphigus Neonatorum are given in the section of this Report dealing with Maternity and Child Welfare, vide page 113.

Erysipelas.

Sixty cases were notified during the year as compared with 49 in 1931. Of these cases 18 received institutional treatment, and there were four fatal cases.

Pneumonia.

Two forms of Pneumonia are compulsorily notifiable to the Medical Officer of Health :—

- (1) Acute Primary Pneumonia—Number of cases notified during 1932—102.
- (2) Acute Influenzal Pneumonia—Number of cases notified during 1932—23.

Of these cases, 37 of Acute Primary Pneumonia and 10 of Acute Influenzal Pneumonia proved fatal.

Malaria and Dysentery.

One case of Dysentery was notified during 1932 and proved fatal.

Tuberculosis. (*See special section*).

During 1932, 141 cases of Pulmonary Tuberculosis were notified; of these 81 were males and 60 females.

Sixty-five cases of other forms of Tuberculosis were notified during the same period, 39 males and 26 females.

Encephalitis Lethargica.

Two cases of this disease were notified as compared with one case in 1931. Special reports were received from the Doctors in attendance upon the cases. One case proved fatal.

Cerebro-Spinal Meningitis.

Six cases of this disease were notified during 1932, five proving fatal.

Acute Poliomyelitis.

There were three cases of this disease notified during 1932.

Measles and Whooping Cough.

The general public is usually of the opinion that a case of Scarlet Fever is far more serious than one of either of these two diseases. Such is far from the truth. Measles and Whooping Cough are actually two of the most serious diseases of childhood, killing many children, and in those that recover often leaving a trail of illness.

Neither disease is notifiable, for the reason that notification is of no real assistance in controlling the disease, because it is infectious for so long a period before it is recognised, that notification therefore comes too late to be of much use in its control.

Cases of these diseases are, however, notified to the Department from the schools, and in 1932, 701 cases of Measles and 200 of Whooping Cough were so notified. Ten deaths from Measles and three from Whooping Cough occurred, all among children of under school-age.

The mortality among young children is thus strikingly shown, and if a child can be protected till he is five against these diseases, the chance of his safe recovery are enormously increased.

In the case of Measles, however, a very valuable method of prevention and of treatment is now available. If the serum from a convalescent adult case is injected in a very small quantity (5 or 10 c.cs.), into a child who has

been in contact with the disease, the child can be protected absolutely from an attack, or better still, can be allowed to have a very mild attack, which will itself protect him in the future from further attacks.

If the child is protected absolutely, this protection only lasts three weeks or so, and then the child is liable to get normal Measles. Obviously the slight attack is better, if it can be allowed.

Serum for this method of treatment and prevention was made available to the local profession during the year, but with the exception of certain cases satisfactorily treated at the Isolation Hospital, I regret that no use has been made of this service.

It is a pity because, properly used, convalescent measles serum will definitely save lives.

Bacteriological Examinations.

The routine Bacteriological work is carried out at the Stockport Infirmary Pathological Department, under arrangements made by your Health Committee with the Infirmary Board, and at the Public Health Laboratory, York Place, Manchester.

The results of the examinations carried out at the Stockport Infirmary during the year were as follows :—

	<i>Positive.</i>		<i>Total.</i>
Diphtheria.....	821	..	6221
Typhoid.....	—	..	6
Other Bacteriological Examinations :			
Swabs.....	—	..	40
Fermentation Tests.....	—	..	12
Faeces	—	..	16
C. S. Fluid.....	—	..	16
Blood.....	—	..	11
Miscellaneous	—	..	8

During the year the following specimens were examined at the Public Health Laboratory, York Place, Manchester :—

	<i>Positive.</i>		<i>Total.</i>
Swabs (Diphtheria)	4	..	154
Typhoid.....	—	..	2
Bovine Tuberculosis in Milk.....	15	..	97
Fluids (Various)	—	..	21
Water	—	..	5
Sputa (T.B.).....	—	..	3
Ice Cream.....	—	..	6
Butter.....	—	..	1
Milk (Bacterial Count and Coli).....	—	..	43
Maternity Outfits.....	—	..	3
Total.....	19	..	335

The examination of sputa in suspected cases of phthisis is carried out at the Tuberculosis Dispensary, Great Egerton Street, 461 examinations being carried out there during 1932, of which 78 were positive and 383 negative.

Particulars of the examination of Pathological Material in connection with Venereal Disease, which is mainly carried out at the Public Health Laboratory, Manchester, are given on page 104.

Disinfection.

Disinfection of premises after infectious disease is carried out by the Staff of your Health Department.

Infected materials, bedding, etc., are removed to the Isolation Hospital for disinfection.

During the year 18,978 articles were thus disinfected.

See Report for 1930 for details of arrangements under this heading.

Modern ideas on disinfection are crystallizing more and more to the view that disinfection is of doubtful value, particularly after Scarlet Fever. Evidence is accumulating that the ordinary type of infectious disease is spread practically entirely by the spray of mucus and saliva from the nose and throat of the sufferer, and not to any great extent by "fomites," i.e., clothes, etc., with which the patient has been in contact. Of course, the above statement is only meant to be a generalisation, as there is no doubt that in certain diseases, for example Typhoid Fever, very careful disinfection is absolutely necessary. But it is probable that a good deal of the work that is done for disinfection for and after a case of Scarlet Fever will shortly be dispensed with.

ISOLATION HOSPITAL.

The accommodation at the Isolation Hospital at Cherry Tree Lane, namely 78 beds, has been extremely taxed during the year, and there has been an average of 68 patients per day throughout the whole period under review. At times it has been necessary to admit many more patients than the Hospital is supposed to accommodate, and cases have also been sent to Monsall Fever Hospital, and to the Hyde Infectious Diseases Hospital.

The allowance of 78 beds is made on the basis of 2,000 cubic feet per patient—beds are also to be kept 8 feet apart—if this allowance is exceeded the beds have to be brought closer, and there is the risk of secondary infection spreading from patient to patient. It is an undoubted fact that if a ward is overcrowded there are more cases with secondary infections, i.e., running ears, sores, glands of the neck, etc., which of course, have to be treated, and so a vicious circle is established.

More cases in the ward—overcrowding—more secondary infections—longer stays in Hospital—more overcrowding, and so on.

The Medical Officer of Health acts as Medical Superintendent of the Hospital, and I have been ably assisted in the clinical work by Dr. James Worthington until his illness. At this point I would like to express my own personal regret, and the deep regret of the Hospital staff, at Dr. Worthington's illness—he has for so long attended the patients at the Hospital that his absence has been felt the more. Until he is fit to resume his duties the Committee has appointed Dr. Watson to assist in the clinical work of the Hospital. I would like to thank Dr. Watson for the very pleasant and competent way in which he has performed his duties.

The year has been a trying one to the Matron, Miss Cranmore, and her staff. As stated, the Hospital has been constantly overful, and the staff accommodation has been taxed to the utmost, but through it all, the work has continued quietly and efficiently. I would like to thank the Matron and her staff, both nursing and domestic, for the very excellent work they have done during the year, and for the very real help they have been to me.

I feel also that a word of sincere praise is due to the work of the Hospital Committee and its Chairman. I have known throughout the year that the interests of the patients have been paramount with them, no expense for the better treatment of the patients has been spared, and on all occasions the Committee has had the best interests of the Hospital very really at heart.

The accompanying table sets forth the statistics of the work of the Hospital, and of the results of treatment of the cases during 1932 :—

BOROUGH ISOLATION HOSPITAL, CHERRY TREE LANE, STOCKPORT.

<i>Name of Disease.</i>	<i>In Hospital 1st Jan., 1932.</i>	<i>Admitted.</i>	<i>Recovered and Discharged</i>	<i>Died.</i>	<i>In Hospital 31st, Dec. 1932</i>
Scarlet Fever...	14	(1) 176	159	..	31
Typhoid Fever.	..	3	2	1	..
Diphtheria.....	24	(2) 311	266	24	45
Other Causes...	1	(3) 13	6	7	1
Totals.....	39	503	433	32	77

(1) Including 1 case from Bramhall.

(2) „ 1 „ Hazel Grove.

(3) „ 1 „ Denton.

Appointment of Consultant Ear, Nose and Throat Specialist.

Cases of infectious disease while in Hospital often develop disease of the ear, and to a less degree of the nose and throat. I have been allowed by the Committee to obtain the service of a Consultant, Mr. Archer, F.R.C.S., as occasion warranted it, and I would like to thank him for his help. A more economical method would be to appoint a consultant on a part-time basis, with a regular day for visiting the Hospital, and to be on call for urgent work. This appointment would save considerable time in the length of the patient's stay in Hospital, and also suffering.

The seasonal prevalence of these various diseases is indicated in the following table which shews the notifications received in the various months of the year 1932 :—

DISEASE.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
Smallpox.....	..	..	..	..	..	..	..	..	..	..	..	..	231
Scarlet Fever.....	10	5	8	11	20	12	24	10	21	38	31	41	331
Diphtheria and Membranous Croup .	54	66	17	16	13	19	23	16	12	42	25	28	3
Typhoid Fever.....	1	..	..	..	1	..	1	..	..	..	..	..	5
Puerperal Fever.....	2	..	..	..	..	..	..	..	..	..	..	..	31
Puerperal Pyrexia.....	2	4	1	4	2	..	3	2	3	3	5	2	60
Erysipelas.....	8	5	4	4	9	4	4	4	3	1	6	6	15
Ophthalmia Neonatorum.....	..	..	1	2	1	..	1	1	2	..	1	2	2
Encephalitis Lethargica.....	1	..	..	..	..	..	..	..	..	..	..	..	..
Acute Polio-Encephalitis.....	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebro-spinal Meningitis.....	..	1	..	..	1	..	2	..	..	..	1	1	6
Acute Poliomyelitis.....	..	..	..	..	..	1	2	..	..	..	..	..	3
Tuberculosis—													
Pulmonary.....	13	17	10	14	12	13	10	13	11	13	8	7	141
Other Forms.....	2	6	8	9	7	10	3	2	5	3	4	6	65
Malaria.....	..	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery.....	..	..	..	..	..	..	1	..	..	..	..	..	1
Acute Primary Pneumonia.....	6	17	12	11	6	6	3	4	2	11	13	11	102
Acute Influenzal Pneumonia.....	6	2	5	1	1	1	1	2	..	1	..	3	23
Totals.....	105	123	66	72	73	67	78	58	59	117	94	107	1019

CASES TREATED FROM 1913 TO 1932 INCLUSIVE, IN ISOLATION HOSPITALS.

	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932
Smallpox.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	11	1	0	0	0
Scarlet Fever....	132	374	626	355	92	146	314	597	365	184	187	338	611	808	602	283	209	150	141	*191
Enteric Fever....	21	17	23	15	24	17	11	3	2	5	1	4	1	2	5	6	1	3	3	21
Diphtheria.....	44	27	57	55	26	69	73	167	145	112	99	55	86	92	112	193	255	236	177	†352
Other Diseases...	1	0	3	7	13	2	3	0	0	3	0	2	0	30	14	10	6	4	7	‡16
Totals.....	198	418	709	432	155	234	401	767	512	304	287	399	698	932	739	503	472	393	328	562

*Including 1 Case at Monsall Hospital.

†Including 9 Cases at Hyde Hospital and 8 at Monsall Hospital.

‡Including 2 Cases at Monsall Hospital.

<i>Ward.</i>	<i>Number of cases of Scarlet Fever notified during the year 1932</i>	<i>Estimated Popula- tion.</i>	<i>Percentage of cases removed to Isolation Hospital.</i>	<i>Incidence of Scarlet Fever per 1,000 of the Population</i>
Lancashire Hill.....	7	5412	(6) 86	1.29
Heaton Lane.....	4	5865	(3) 75	0.68
Old Road.....	5	5385	(4) 80	0.93
Portwood.....	11	7522	(10) 91	1.46
St. Mary's.....	4	2689	(1) 25	1.49
Vernon.....	6	6418	(5) 83	0.93
Spring Bank.....	6	3974	(6) 100	1.51
Hollywood.....	9	8482	(8) 89	1.06
Edgeley.....	33	11645	(27) 82	2.83
Shaw Heath.....	17	10041	(14) 82	1.69
St. Thomas's.....	9	4640	(8) 89	1.94
Hempshaw Lane.....	2	5043	(2) 100	0.40
Cale Green.....	9	5824	(8) 89	1.55
Heaviley.....	21	14140	(13) 62	1.49
Reddish North.....	31	9470	(21) 68	3.27
Reddish South.....	23	6719	(18) 78	3.42
Heaton Norris North.....	20	5933	(11) 55	3.37
Heaton Norris South.....	11	7594	(8) 73	1.45
Isolation Hospital.....	2	..	(2) 100	..
Barnes' Home Indus- trial School.....	1	..	(1) 100	..

SECTION G.

Tuberculosis.

SECTION G.

Tuberculosis.

Notification of Tuberculosis.

206 cases of Tuberculosis were notified during the year as compared with 219 in the previous year.

Of the 206 cases thus notified 141 were cases of Tuberculosis of the Lungs and 65 were cases of Non-Pulmonary Tuberculosis.

In addition to the above, there were 9 cases of Tuberculosis which ended fatally, which had not been notified in accordance with the Public Health (Tuberculosis) Regulations. The ratio of deaths of non-notified cases to total deaths from Tuberculosis was one in thirteen. In these non-notified cases the attention of the Medical Practitioner in attendance was drawn to the fact that the Public Health (Tuberculosis) Regulations had not been complied with.

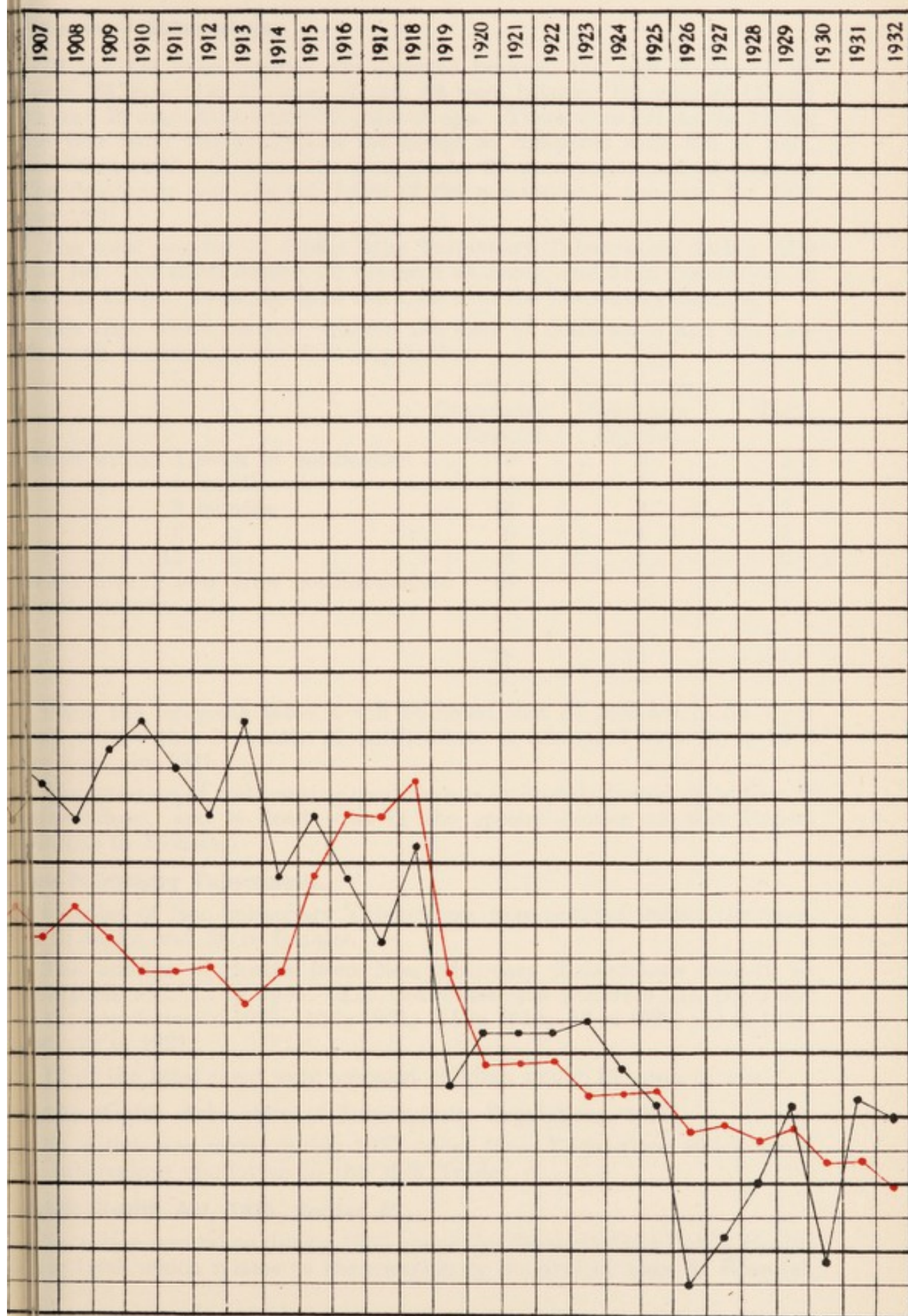
The number of deaths from all forms of Tuberculosis during the year was 120 as compared with 118 in the previous year, giving a death-rate of 0.95 per thousand of the population.

In the following table of New Cases and Mortality during 1932 all primary notifications are included together with other new cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the year :—

TUBERCULOSIS.

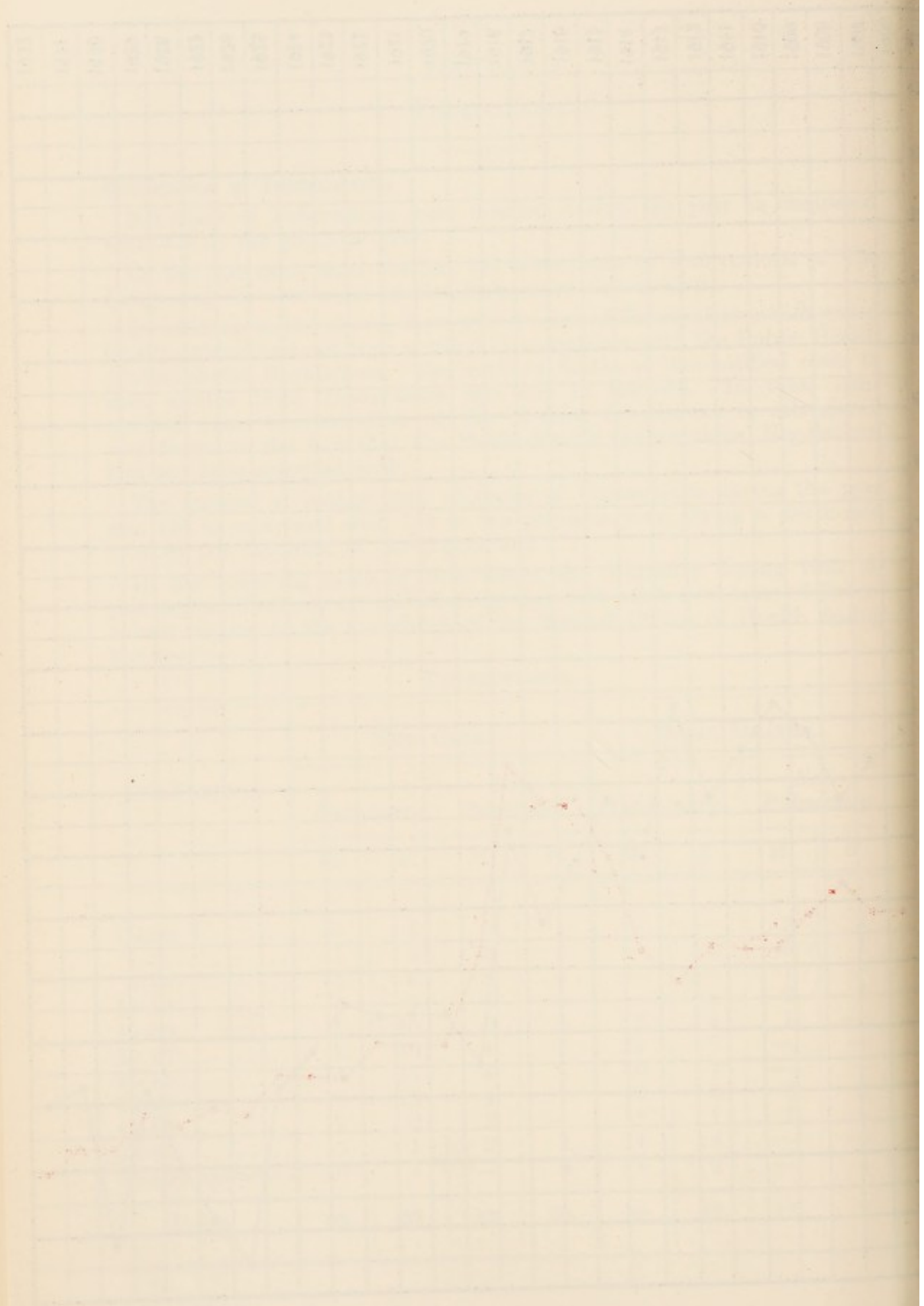
AGE-PERIODS.	NEW CASES.				TOTAL DEATHS.			
	<i>Pulmonary.</i>		<i>Non-Pulmonary.</i>		<i>Pulmonary.</i>		<i>Non-Pulmonary.</i>	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1.....	—	1	3	1	—	—	2	2
1-5.....	1	3	7	4	—	1	3	1
5-10.....	5	6	8	5	—	—	1	—
10-15.....	4	3	6	4	—	1	2	1
15-20.....	5	10	3	3	2	4	1	—
20-25.....	9	10	4	3	12	7	—	—
25-35.....	11	17	4	4	10	7	—	—
35-45.....	18	13	4	1	16	6	2	2
45-55.....	17	2	2	—	12	1	1	—
55-65.....	15	1	2	2	11	3	—	—
65 and upwards..	10	1	—	3	6	2	—	1
Totals.....	95	67	43	30	69	32	12	7

The following Chart shows the Death Rates from Pulmonary Tuberculosis per 10,000 of the Population in England and Wales and Stockport, (1906-1932)



England and Wales in Red.

Stockport in Black.



Pulmonary Tuberculosis.

Of the 141 cases notified, 69 occurred between the ages of 20 and 45 years, 38 were over 45 years of age, 14 were between the ages of 15 and 20, and 20 cases were under 15 years of age. There were 101 deaths during the year from Tuberculosis of the Lungs as compared with 105 in 1931, and 76 in 1930. Of these 101 fatal cases, 69 were males and 32 females. The death-rate was .80 per 1,000 of the population; the rate for 1931 was .83.

The total number of deaths from Pulmonary Tuberculosis during 1932 was 101. Of these deaths, 50 occurred at home, and 51 in Institutions of various kinds. 78 of the fatal cases were on the Dispensary Register.

The time which elapsed between the date of notification and the date of death is shewn in the following table:—

	<i>Cases on Dispensary Register.</i>	<i>Cases not on Dispensary Register.</i>	<i>Total.</i>
Death within 1 week of notification ...	2	3	5
„ 1 month „	4	7	11
„ 3 months „	13	4	17
„ 6 „ „	6	1	7
„ 12 „ „	8	1	9
Death over 1 year after notification....	45	2	47
Death Returns.....	..	5	5
	78	23	101

From the foregoing table it will be noted that 33 patients, or 32.7 per cent., died within 3 months of notification, as compared with 35, or 33.3 per cent., in 1931.

The question of bad housing conditions is intimately bound up in that of Tuberculosis, and is dealt with in the special section of this Report relating to Housing.

Non-Pulmonary Tuberculosis.

65 cases of Non-pulmonary Tuberculosis were notified during the year, 39 in males and 26 in females.

The number of deaths from Non-pulmonary Tuberculosis was 19 as compared with 13 in 1931. The death-rate was therefore .15 per 1,000 of the population in 1932, .10 in 1931, .11 in 1930, .13 in 1929, .14 in 1928, and .22 in 1927.

12 of the fatal cases were amongst children under 15 years of age.

Public Health (Prevention of Tuberculosis) Regulations, 1925.

No action was taken during 1932 under these Regulations which relate to tuberculous employees in the Milk Trade.

Public Health Act, 1925, Section 62.

No action was taken during 1932 under this Section of the Public Health Act, 1925, which relates to the compulsory removal of cases to Hospital,

Treatment of Tuberculosis.

By E. RATNER, M.D., D.P.H.,
Clinical Tuberculosis Officer.

The Tuberculosis Dispensary.

During the year 1932, 752 "new cases" were examined at the Dispensary. These persons can be grouped as follows:—

- (a) Notified cases.
- (b) Cases sent for diagnosis.
- (c) Contacts.

Many patients are sent for examination before notification is made. The increased use of the Dispensary by the Family Doctors for diagnostic purposes is definitely welcomed. As in the previous year extensive use is being made of X-Rays as an aid to diagnosis; no suspected case is dismissed as non-tuberculous, unless a confirmatory X-Ray picture has been obtained.

Amongst the 752 new cases, the following conditions were diagnosed:—

Pulmonary Tuberculosis.....	126
Tuberculosis of Bones and Joints.....	16
Tuberculosis of Glands and Abdomen, Other Organs	37
Bronchitis, etc.....	135
Heart Disease.....	2
Unresolved Pneumonia.....	1
Pneumonia and Br/pneumonia.....	3
Chronic Empyema.....	2
Asthma.....	2
Bronchiectasis.....	4
Cancer of Lung.....	1
Cancer (elsewhere).....	1
Congenital Syphilis.....	—
Pleurisy with Effusion.....	1
No Disease.....	421

Amongst definitely Tuberculosis patients, 9 cases occurred in ex-Soldiers.

Notified cases are seen as soon as possible after the receipt of the Health Visitor's investigation report, either at the Dispensary or at their homes, unless there are good reasons to the contrary (e.g., patient's refusal to be seen).

It has been stated in a previous report that the Dispensary building is by no means ideally planned for the purpose for which it is used. The proposed alterations will go far to improve matters, but may not entirely solve the present inconveniences.

During the past three years the work has increased considerably, and if this increase is maintained, the engagement of another Clerk should be seriously considered.

Bacteriological Examinations of Sputa.

These are received from the Family Doctors, Whitehill Hospital, Stepping Hill Hospital, and the Dispensary.

Total number : 461 ; Positive : 78 ; Negative : 383.

Hospitals, Sanatoria, etc.

During the summer months there was an increased demand for female beds, which was met by obtaining extra temporary accommodation at the Westmorland Sanatorium, and at the Cheshire Joint Sanatorium.

The demand for Orthopaedic beds has been more easily satisfied at the Shropshire Orthopaedic Hospital, owing to some children being sent to the Ethel Hedley Orthopaedic Hospital at Windermere.

During the year most of the Sanatoria were visited by the Medical Officer of Health, together with the Tuberculosis Officer.

The Public Health Committee paid a visit to the Shropshire Orthopaedic Hospital and Derwen Cripples' Colony in July, 1932.

There has been closer co-operation between the Tuberculosis Officer and the Staff of Stepping Hill Hospital, and many visits have been paid during the year to Stepping Hill Hospital for the purpose of examining already notified cases, as well as for consultations. It would appear desirable, both from the point of view of the patient, as well as for administrative convenience, if still closer co-operation were effected.

The following is the accommodation for Stockport patients at the various Institutions for the treatment of Tuberculosis :—

	<i>Males.</i>	<i>Females.</i>
Whitehill.....	9	17
Cheshire Joint.....	8	8
Barrowmore.....	As required	..
Westmorland.....	3	7
Aysgarth.....	As required	..
Shropshire Orthopaedic	” ”	..
Dr. Garrett Memorial Home...	” ”	..
Burrow Hill.....	” ”	..
Preston Hall.....	” ”	..
Ethel Hedley Orthopaedic.....	” ”	..
Stepping Hill.....	” ”	..

Three children were receiving treatment for Pulmonary Tuberculosis at the Dr. Garrett Memorial Home, Conway.

Whitehill Hospital.

This Hospital performs a very useful function in the Stockport Tuberculosis Scheme.

A Hospital of this type should act mainly as a clearing house, where every definite case of tuberculosis admitted could be closely observed, and whatever treatment is found appropriate, carried out.

Those patients who are suitable for Sanatorium treatment will eventually be transferred there, and those who are unsuitable for Sanatoria are retained at Whitehill. Doubtful cases, admitted for observation, are carefully watched, and if found to be non-tuberculous sent home, or if the diagnosis of tuberculosis becomes established, are finally disposed of according to the type of disease.

This plan has been adhered to as far as possible. Unfortunately, there is a definite prejudice amongst the public against the Hospital. The chief cause appears to be the fact that advanced cases are never refused admission. It is, however, decidedly against public interest to refuse admission to advanced cases, as by this means the spread of infection is limited.

If it were possible to utilise Whitehill to its full extent, the waiting list for admission to other residential institutions would be curtailed, and in many cases active treatment could begin at once. There is little doubt in the writer's mind, this delay in accepting treatment has in more than one case adversely affected the patient's chances of improvement. The public unfortunately do not yet realise that complete rest and nursing form one of the most important methods of treatment. Rest must be not only complete, but often prolonged. It is obvious that to the majority of those who come to us for treatment, rest is an unattainable ideal in their own homes. The "bottle of medicine," in which so many see the beginning and the end of all treatment, is usually the same in Hospital as out of it.

Another, and a most important method of treatment, is the production of artificial pneumo-thorax. This method which should be used with care, is capable of giving remarkably satisfactory results. It is being practised at Whitehill, in selected cases, where one sees definite prospects of benefiting the patient. Other methods, modern and time-honoured, are also being used, as occasion arises.

Food, which plays such an important part in the life of a Hospital for the tuberculous, is good, and it is the proud record of the Hospital that during the past three years at any rate, only one complaint has been brought to the notice of the Medical Officer in charge.

At the beginning of the year nine patients were in Hospital, and 16 were in residence on the 31st December, 1932.

During the year, 34 men and 41 women and 3 children were discharged, and of these 10 ended fatally.

The routine work of Whitehill Hospital has been ably carried out during the year by all members of the Staff,

During the year, the Members of your Sanatoria Sub-Committee paid several visits to Whitehill Hospital and expressed themselves as highly satisfied with the arrangements made for the comfort and treatment of the patients.

Classification, on admission, of patients discharged or died.

	<i>Men.</i>	<i>Women & Children.</i>
T.B. + 1.....	2	.. 4
T.B. + 2.....	16	.. 4
T.B. + 3.....	5	.. 7
T.B. 0.....	9	.. 11
Non-Pul.....	0	.. 4
Observation.....	2	.. 11
	—	—
Total.....	34	.. 44
	—	—

Eight Non-Tuberculous patients were discharged, who were admitted for observation.

The following complications were observed amongst those who were discharged :—

Pregnancy.....	1
Uterine Haemorrh.....	1
Spontaneous Pneumothorax.....	2
Pleurisy with Effusion.....	3
Tubercular Laryngitis.....	2
Chronic Laryngitis.....	1
Tubercular Peritonitis.....	1
Tubercular Enteritis.....	1
Ischio-Rctal Abscess.....	1
Amyloid Kidney.....	1
T.B. Meningitis.....	1
Bronchitis.....	1
Bronchiectasis.....	3
Cancer of Lung.....	1
T.B. Cervical Glands.....	1
Miliary Tuberculosis.....	1
	—

Result :—

Improved.....	42
I.S.Q.....	14
Worse.....	4
Deaths.....	10
Non-Tuberculous.....	8
	—
Total.....	78
	—

Of 70 patients leaving Whitehill :—

20	proceeded to various Sanatoria.
2	„ Stepping Hill Hospital.
48	„ their Homes.

Of the 48 who went home :—

8	Were Non-Tuberculous.
8	Left with my approval.
32	Were discharged at their own request.

Contacts.

The usual methods of following up contacts, explained in previous reports, has been continued throughout the year.

296 contacts were examined at the Dispensary, of whom 10 were found to be definitely suffering from Tuberculosis.

It is obvious that this is a most important part of the work.

Dental Treatment.

Arrangements have been made by your Council with the Authorities of the Meathop Sanatorium for Dental Treatment to be available for Stockport patients in that Institution. Financial assistance has been given by your Health Committee for Dental Treatment of Stockport patients when recommended by your Tuberculosis Officer.

This, however, is more of a sporadic nature. No routine dental scheme is in operation, and it would appear to be desirable that some definite arrangements should be made.

After-care.

No special organisation exists locally for finding employment for patients, nor are any arrangements in force for the supply and supervision of shelters at the homes of patients.

During the year your Parks Committee continued to employ a certain number of disabled men as Attendants, etc., in the Public Parks, and a number of the positions were allotted to Tuberculous men. Your Tuberculosis Officer renders every assistance in examining and selecting suitable candidates for these positions, which has been of real value to the successful applicants.

Your Health Committee is grateful to your Parks Committee, and especially to the Chairman (Councillor Gosling), and to the Parks Superintendent (Mr. Morgan), for their kindly action and for their personal interest in the men.

Orthopaedic Treatment.

The arrangements existing in the previous year whereby cases of crippling due to Tuberculosis are treated at the Orthopaedic Department of the Stockport Infirmary have been continued during 1932.

The following is a summary of the work of this Department during 1932 :—

- 41 Cases treated.
- 230 Out-patient attendances made.
- 6 Attendances for Massage.
- 58 Attendances for medical exercises.
- 13 In-patient days.
- 22 X-Ray examinations.
- 1175 Attendances for Ultra Violet Light Treatment.

Cases recommended by your Tuberculosis Officer are dealt with at the Stockport Infirmary by Mr. E. S. Brentnall, Hon. Orthopaedic Surgeon, and the administrative arrangements have been made by Mr. Pearce, Secretary-Superintendent of the Infirmary.

In connection with the scheme valuable financial assistance has been given by the Trustees of the late Miss Maria Leigh in defraying the whole or part of the cost of surgical appliances in necessitous cases.

Patients requiring prolonged Hospital treatment have been sent to the Shropshire Orthopaedic Hospital at Oswestry, and to the Ethel Hedley Hospital, Windermere, when beds have been available, and in this connection I have to thank the Trustees of the George Fearn Trust for financial assistance in certain cases which have been referred to them.

Ultra Violet Light Treatment.

Arrangements have been made under the Orthopaedic Scheme at Stockport Infirmary for cases recommended by your Tuberculosis Officers to receive this special form of treatment at a charge of 1/6 per treatment. The treatment is under the supervision of a Medical Officer with special experience in this work—a necessary precaution in view of the weakly and debilitated condition of some of the patients recommended from the Tuberculosis Dispensary.

Extra Nourishment.

There has been a greater call on the provision of extra milk, than in the previous years. The reason for this is obvious.

Housing.

In the previous year the Tuberculosis Officer has remarked on the deplorable housing conditions under which some of his patients were living. Arising out of his report the Medical Officer of Health was instructed by the Health Committee to prepare a survey of one quarter of the town with regard to the housing of tuberculous patients. This survey has been presented in the beginning of the present year, and is given in detail on page 54. As a result of it, some of the worst cases have been re-housed.

Co-operation with other Services has been maintained and extended. Especially close is it with the School Clinic, who refer to the Dispensary a constant and unabating stream of children, and who in return, accommodate

many children at the Longfield Open-Air School. This work in close relation with the School Medical Services, promises to yield good results in the future. During the year I have paid several visits to Longfield, accompanied by Dr. Rowell. Such visits have been mutually helpful, as the progress and condition of children could be discussed personally and not by letter. Equally valuable is the close co-operation existing between the Dispensary and the Orthopaedic Department of the Stockport Infirmary, and we owe a great debt of gratitude to Mr. E. S. Brentnall, the Hon. Orthopaedic Surgeon, for his skilful and patient treatment of our patients and invaluable advice. There has also been close co-operation with Dr. Norman Kletz, Hon. Physician to the Stockport Infirmary, to whom many patients with non-tuberculous affections of the lungs have been referred for further observation. His advice, generously given, has been of the greatest value.

The Family Doctor, or General Practitioner, is, and will remain the main-spring of every Medical Scheme. Without him the work of the Dispensary would be futile, and it is seldom his fault, when advanced cases are seen for the first time.

The main function of a Tuberculosis Dispensary is diagnosis and general supervision of the patients, the detailed treatment still remains in the hands of the Family Doctor. It is unfortunate that many patients are compelled to seek public treatment, because of their poor circumstances. Many of these, however, would seek treatment in general Hospitals, for the same reasons as they attend the Dispensary at present. The main reason, however, for the advanced case coming to the Dispensary, is not the carelessness of the Family Doctor, but the carelessness of the general public. With the extreme care which is taken for accurate diagnosis, there is little danger of finding Tuberculosis where it does not exist, and if adequate measures are taken, the patient is given a far better chance of recovery, than if things were allowed to slide. It would be wiser and certainly more rational to consult the Family Doctor and go, if the Doctor thinks fit, to the Dispensary, than to place one's faith in the neighbour's advice, however friendly, or to resort to patent medicines, which may mask the symptoms, thus giving a sense of false security.

E. RATNER, M.D., Ch.B., D.P.H.,

Clinical Tuberculosis Officer.

PULMONARY TUBERCULOSIS.—Supplementary Annual Return showing in summary form (a) the condition at the end of 1932 of all patients remaining on the Dispensary Register; and (b) the reasons for the removal of all cases written off the Register. The Table is arranged according to the years in which the patients were first entered on the Dispensary Register as definite cases of Pulmonary Tuberculosis, and their classification at that time.

Condition at the time of the last record made during the year to which the Return relates.			Previous to 1926.				1926				1927				1928				1929				1930				1931				1932											
			Class T.B. minus.				Class T.B. plus				Class T.B. minus.				Class T.B. plus				Class T.B. minus.				Class T.B. plus				Class T.B. minus.				Class T.B. plus											
			Group 1	Group 2	Group 3	Total	Group 1	Group 2	Group 3	Total	Group 1	Group 2	Group 3	Total	Group 1	Group 2	Group 3	Total	Group 1	Group 2	Group 3	Total	Group 1	Group 2	Group 3	Total	Group 1	Group 2	Group 3	Total	Group 1	Group 2	Group 3	Total								
Disease arrested.	Ad' lts	M.	8	2	2	1	1	1	1	1	1	1	2	1	1	1	2	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1							
		F.	7	1	1	3	1	1	1	1	1	1	1	2	1	1	2	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1								
	Children	5	1	1	2	1	1	1	1	1	1	1	7	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1								
Disease not arrested.	Ad' lts	M.	30	7	13	4	24	5	1	3	4	2	3	3	6	1	4	2	6	4	3	9	12	13	5	10	6	21	31	3	16	5	24	18	2	14	4	20				
		F.	15	1	9	10	7	1	3	1	5	2	2	1	5	4	4	1	5	3	4	2	1	7	28	9	2	11	19	1	8	5	14	23	1	7	4	12				
	Children	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	6	1	1	1	1	1	1	1	2	2	14	1	1	1	18	1	1	1	1						
CONDITION NOT ASCERTAINED DURING THE YEAR.			8	1	1	1	2	1	1	1	1	1	1	2	1	1	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1						
TOTAL ON DISPENSARY REGISTER AT 31st DECEMBER.			76	9	24	4	37	21	1	5	4	10	5	7	6	1	14	19	12	4	16	18	7	11	1	19	52	5	19	10	34	64	4	25	10	39	59	3	21	8	32	
Discharged as recovered.	Ad' lts	M.	6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1						
		F.	6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
	Children	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
LOST SIGHT OF OR OTHERWISE REMOVED FROM DISPENSARY REGISTER.			46	10	12	1	23	11	6	1	7	8	4	3	7	12	5	6	2	13	8	2	2	8	1	7	2	10	16	1	2	1	4	3	1	2	1	3				
DEAD.	Ad' lts	M.	14	1	4	7	12	1	6	6	12	1	5	5	15	5	2	14	4	20	3	7	21	6	34	18	13	9	22	12	6	7	13	13	1	4	4	4				
		F.	1	1	9	1	10	4	2	6	2	1	12	4	17	3	4	9	2	15	1	7	1	3	9	1	8	9	18	4	4	7	11	9	1	2	3					
	Children	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
TOTAL WRITTEN OFF DISPENSARY REGISTER.			79	11	25	9	45	12	16	9	25	12	10	21	9	40	20	11	30	8	49	13	7	30	7	44	35	2	28	21	51	33	1	12	15	28	25	1	3	6	10	
Grand Totals			155	20	49	13	82	33	1	21	13	35	17	17	27	10	54	39	23	34	8	65	31	14	41	8	63	87	7	47	31	85	97	5	37	25	67	84	4	24	14	42

(a) Remaining on Dispensary Register on 31st December.

(b) Not now on Dispensary Register and reasons for removal therefrom.

NON-PULMONARY TUBERCULOSIS.—Supplementary Annual Return showing in summary form (a) the condition at the end of 1932 of all Patients remaining on the Dispensary Register; and (b) the reasons for the removal of all cases written off the Register.

Condition at the time of the last record made during the year to which the Return relates.			Previous to 1925.					1926					1927					1928					1929					1930					1931					1932																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
			Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
(a) Remaining on Dispensary Register on 31st December.	Disease arrested.	Ad'lts	M.	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	

SECTION H.

Venereal Diseases.

SECTION H.

Venereal Diseases.

The scheme in operation during 1932, was as is outlined in the Report for 1930, page 98.

519 persons, of whom 326 were males and 193 females, attended for treatment during the year, making a total number of attendances of 7,500, compared with 460, 298, 162 and 7364, respectively in 1931.

In addition to the above, 71 new Stockport patients attended approved Treatment Centres in other towns, making a total number of attendances of 1,248.

During the year 702 specimens of blood in respect of Stockport patients were examined for the Wassermann Reaction at the Public Health Laboratory, Manchester, and elsewhere.

209 examinations for the detection of Gonococci were made at the Borough Dispensary; and 18 for the detection of Gonococci, in respect of Stockport patients, were carried out at other Centres.

In-patient treatment is available for Stockport patients at Stepping Hill Hospital, and at St. Luke's Hospital, Manchester.

Five Stockport persons received in-patient treatment at St. Luke's Hospital during 1932.

Consideration was given during the year to a better advertisement of the Clinics, and arrangements for this are now in hand.

The following tables, compiled from Form V.D. (R) of the Ministry of Health, give the details of the treatment at the various Treatment Centres:—

TABLE OF INSTITUTIONAL TREATMENT AT VARIOUS TREATMENT CENTRES.

	<i>Borough Dispensary Stockport.</i>	<i>Stockport Patients Treated at other Centres.</i>
	<i>Number.</i>	<i>Number.</i>
(A) OUT-PATIENT CLINIC :		
Attendances.....	7500	1248
(B) IN-PATIENT TREATMENT :		
Number of days.....	—	174
(C) ARSENOBENZENE COMPOUNDS (Doses)...	1047	148
BISMUTH (Doses)	2070	—
(D) EXAMINATION OF PATHOLOGICAL MATERIAL :		
For detection of Spirochetes.....	—	—
„ Gonococci.....	209	18
„ Wassermann Reaction.....	*771	67

* Including 258 specimens sent in by Private Practitioners and Institutions, and 136 specimens from patients of other Authorities.

VENEREAL DISEASE—TREATMENT.

	<i>Borough Dispensary Stockport.</i>	<i>Stockport Patients Treated at other Centres</i>
A. Number of persons dealt with during the year at or in connection with the Out-Patient Clinic for the first time and found to be suffering from Syphilis.	92	22
Soft Chancre.....	—	1
Gonorrhœa.....	85	26
Conditions other than Venereal.	34	22
Total.....	211	71
B. Number of attendances at the Out-Patient Clinic.....	7500	1248
C. Aggregate number of "In-Patient" days.....	—	174
D. Number of doses of Salvarsan substitutes given in the—		
(1) Out-Patient Clinic.....	3117	} 148
(2) In-Patient Department.....	—	

The arrangements for the treatment of cases of these diseases appear to be adequate and patients continue to avail themselves of the facilities offered. The co-operation of the members of the Medical Profession in the town is sought by your Staff and assistance in the diagnosis and treatment of cases referred to your Medical Officers is readily given to the Practitioners concerned.

Apart from the Medical Staffs at the Stockport Infirmary and the Poor Law Infirmary there are five Medical Practitioners in the town qualified to receive free supplies of Arsenobenzol Compounds.

No action was taken during 1932 under the Venereal Diseases Act, 1917.

Propaganda.

Your Council contributes annually to the British Social Hygiene Council, which is the Central Organisation for the many and varied activities in connection with propaganda on the subject of Venereal Disease. Publicity has been given locally in the Press and by correspondence as to the times, etc., of the Clinics.

THE HISTORY OF THE

The history of the world is a long and tedious story, but it is one that is full of interest and variety. It is a story of the human race, of its struggles, its triumphs, and its failures. It is a story of the great empires that have risen and fallen, of the great wars that have been fought, and of the great discoveries that have been made. It is a story of the human mind, of its power, its limitations, and its potential. It is a story of the human heart, of its joys, its sorrows, and its hopes. It is a story of the human spirit, of its courage, its faith, and its love. It is a story of the human race, of its past, its present, and its future. It is a story of the human condition, of its beauty, its ugliness, and its mystery. It is a story of the human experience, of its richness, its poverty, and its meaning. It is a story of the human world, of its complexity, its simplicity, and its wonder. It is a story of the human life, of its brevity, its length, and its value. It is a story of the human soul, of its darkness, its light, and its glory. It is a story of the human race, of its history, its destiny, and its fate. It is a story of the human race, of its history, its destiny, and its fate.

SECTION J.

Maternity and Child Welfare.

Maternity and Child Welfare.

SECTION J.

TABLE IV

INFANT MORTALITY.

1932. Nett Deaths from stated causes at various Ages under 1 Year of Age.

CAUSE OF DEATH.	Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	4 weeks and under 3 months	3 months and under 6 months	6 months and under 9 months.	9 months and under 12 months	Total Deaths under 1 year.
All causes.....	48	9	5	2	64	18	15	7	10	114
Premature Birth.....	27	4	1	1	33	5	..	..	..	38
Broncho Pneumonia ....	..	..	..	..	..	3	4	2	6	15
Congenital Malformations.	4	1	..	..	5	..	..	..	..	5
Bronchitis.....	..	1	..	1	2	4	2	1	..	9
Diarrhoea and Enteritis..	1	..	..	..	1	4	1	..	..	6
Congenital Debility.....	4	1	1	..	6	..	..	..	..	6
Other Diseases peculiar to Early Infancy....	4	1	1	..	6	..	..	..	..	6
Infantile Convulsions	2	1	..	..	3	..	1	1	..	5
Injury at Birth.....	5	..	..	..	5	..	..	..	..	5
Syphilis.....	..	..	..	..	..	1	1	..	..	2
Measles .....	..	..	..	..	..	..	..	1	1	2
Meningitis.....	..	..	..	..	..	..	2	..	1	3
Other T.B. Diseases.....	..	..	..	..	..	..	3	..	1	4
Whooping Cough.....	..	..	..	..	..	1	..	2	1	4
Other Diseases	1	..	2	..	3	..	1	..	..	4

Owing to the length of this Annual Report, especially as regards the Census and Housing, an attempt has been made to curtail this portion of the report this year, so that practically only a statistical record of the work done is presented. Fuller details may be found in the reports for 1930 and 1931.

Notification of Births.

1,777 notifications in respect of 1,703 births were received during the year, and in 17, or 0.99 per cent. of the total births there was failure to notify the births within 36 hours.

<i>Year.</i>	<i>Percentage of Births not notified.</i>
1928.....	1.5
1929.....	1.6
1930.....	1.9
1931.....	1.2
1932.....	0.99

The live and still-births notified were as follow :—

By Midwives.....	1355
„ Medical Practitioners.....	348
Not Notified	17
Total.....	1720

Infantile Mortality.

The rate for 1932 was 71.03 per thousand births. For comments see earlier in this Report. For details see table on page 108.

Additional comparative tables are given below :—

	1932	1931	1930	1929	1928
Stockport.....	71.03	78.98	56.72	91.18	77.18
118 Great Towns.....	70	71	64	79	70
England and Wales.....	65	66	60	74	65

In the following table the main causes of Infantile Deaths are grouped viz. :—

	1932	1931	1930	1929	1928
Congenital malformations, prematurity, atrophy, debility, and marasmus.....	60	77	52	73	61
Diarrhoea, enteritis, and convulsions.....	11	11	22	18	19
Respiratory diseases.....	28	35	17	44	37

	1932	1931	1930	1929	1928
Total number of deaths of infants under 1 week of age.....	48	53	40	55	39
Total number of deaths of infants under 4 weeks of age.....	64	75	58	80	62
Total number of deaths of infants under 1 year.....	114	136	100	155	141

Still-births.

The number of still-births registered for the Borough was 93, 88 of which were legitimate and 5 illegitimate. 82 still-births were notified under the Notification of Births Acts.

The causes of still-births were as follow :—

Prolonged labour, instrumental delivery.....	24
Mal-presentation.....	12
Placenta praevia, ante-partum haemorrhage.....	15
Albuminuria, Eclampsia.....	6
Syphilis.....	1
Cause unknown.....	35
Total.....	93

The following comparative table is of interest :—

	1932	1931	1930	1929	1928
Total number of still-births.....	93	99	112	96	110
Still-birth rate per 1,000 live births.	58	57	64	56	60

Maternal Mortality.

The number of women who died in or in consequence of child-birth was 5, which gives a Maternal Mortality Rate of 2.94 per 1,000 births.

The causes of death were :—

Post-partum Haemorrhage.....	3
Hyperemesis Gravidarum.....	1
Other Causes.....	1
Total.....	5

A comparative table, showing the position of Stockport in relation to certain other towns, is inserted here.

INFANTILE AND MATERNAL MORTALITY RATES.

YEAR 1932.

	<i>Infantile Mortality for 1,000 births registered.</i>		<i>Maternal Mortality per 1,000 live births registered.</i>		
	<i>Year 1932.</i>	<i>Average 5 years 1927-31.</i>	<i>Puerperal Sepsis.</i>	<i>Other Causes.</i>	<i>Total.</i>
Blackburn.....	66	74	0.64	5.83	6.47
Bolton.....	71	77	1.26	5.50	6.76
Bootle.....	86	88	2.26	1.13	3.39
Burnley.....	86	91	1.71	5.99	7.70
Halifax.....	80	79	5.8	3.3	9.1
Huddersfield...	52	67	1.50	3.74	5.24
Oldham.....	83	93	1.11	3.91	5.02
Preston.....	84	93	1.13	3.40	4.53
Rochdale.....	72	74	0.88	0.88	1.76
St. Helens.....	89	94	0.93	3.24	4.17
Stockport.....	71	76	—	2.94	2.94
Warrington....	87	79	0.72	2.17	2.89
Wigan.....	93	108	3.28	5.26	8.54

The following table shows the rate in Stockport over the past five years :—

	1932	1931	1930	1929	1928
Total number of maternal deaths..	5	11	3	11	11
Maternal Mortality Rate.....	2.94	6.4	1.7	6.47	5.6
Maternal Deaths from Puerperal Sepsis.....	—	4	2	3	3
Maternal Deaths from Other Causes	5	7	1	8	8

Confidential reports upon all cases of deaths of women in, or in consequence of, child-birth are sent to the Maternal Mortality Committee, which was appointed in 1928 by the Minister of Health.

Puerperal Fever and Puerperal Pyrexia.

Under the Public Health Notification of Puerperal Fever and Pyrexia Regulations 1926 and 1928, 31 notifications of Puerperal Pyrexia and 5 notifications of Puerperal Fever were received in respect of a similar number of cases.

Three of the five cases of Puerperal Fever were confined in their own homes, and 2 cases confined in Hospital. Of the three cases confined at home one was removed to Hospital.

Of the 31 cases of Puerperal Pyrexia, 18 cases were confined in Hospital, four were confined in Nursing Homes, and 9 were confined at home. Of those confined at home 6 were removed to Hospital.

<i>Notifications.</i>	1932	1931	1930	1929	1928
Puerperal Fever.....	5	9	8	4	10
Puerperal Pyrexia.....	31	64	40	32	19

Ophthalmia Neonatorum.

During 1932, 15 notifications of Ophthalmia Neonatorum were received under the Public Health (Ophthalmia Neonatorum) Amendment Regulations, 1928. 14 of these cases remained at home and were visited and treated by the District Nurses from the Barnsley Home. One was admitted to Hospital. They all made satisfactory recoveries.

Ophthalmia Neonatorum is a disease of the eyes, which arises in the infant shortly after birth, usually within the first three weeks. It is a serious disease and if neglected is liable to cause blindness. The majority of cases one has heard of as "blind from birth," are actually cases of this character.

The passage of the above Regulations has done much to remove this danger, and on notification every case is followed up carefully and adequate treatment obtained. If Hospital treatment should become necessary, this is usually provided by the Manchester Eye Hospital, to which the Corporation subscribes.

The following table gives an analysis of the cases notified during the past five years :—

OPHTHALMIA NEONATORUM.

Year	Cases.			Vision un- impaired.	Vision im- paired.	Total Blind- ness.	Deaths.
	Notified	Treated.					
		At Home.	In Hospital.				
1932	15	14	1	15	..	..	..
1931	11	11	..	11	..	..	..
1930	19	14	5	19	..	..	..
1929	26	22	4	26	..	..
1928	26	17	9	25	..	..	1*
1927	27	23	4	26	1	..	..

* Patient died on seventh day from prematurity.

Pemphigus Neonatorum.

This disease is not compulsorily notifiable but it would appear that very few cases occurred in the town during the year. Information is given by doctors and midwives, and five cases came to the notice of the Department in this way. The cases occurred in the practices of five midwives.

February.....	3
July.....	1
August	1
	—
Total.....	5
	—

THE WORK OF THE HEALTH VISITORS.

There was no change in this Department during the year. Full details may be obtained from earlier Reports.

I would like to express my keen appreciation of the work done by Miss Jones, Superintendent Health Visitor, and the Staff. Their work is to lay the foundations of the town's health and it is done "well and truly."

MATERNITY AND CHILD WELFARE (Health Visitors).

RETURN RELATING TO THE ADMINISTRATION OF PART I. OF THE
CHILDREN ACT, 1908, DURING THE YEAR 1932.

I. Notification :—**(i) Number of foster parents on the Register :—**

- (a) at the beginning of the year :—31.
- (b) at the end of the year :—30.
- (c) total number dealt with during year :—39.

(ii) Number of children on the Register :—

- (a) at the beginning of the year :—36.
- (b) at the end of the year :—37.
- (c) who died during the year :—Nil.
- (d) on whom inquests were held during the year :—Nil.
- (e) total number dealt with during the year :—53.]

II. Visiting :—**(i) Number of Visitors holding appointments under Section 2 (2) at the end of the year :—**

- (a) Health Visitors :—8.
- (b) Female, other than Health Visitors :—Nil.
- (c) Male :—Nil.

(ii) Number of persons or societies authorised to visit under the proviso to Section 2 (2) :—Nil.**III. Number of cases (if any) in which proceedings were taken during the year —**

- | | |
|---------------------------|--------|
| (i) Under Section 1 (7) | } Nil. |
| (ii) Under Section 2 (5) | |
| (iii) Under Section 2 (6) | |
| (iv) Under Section 3 | |
| (v) Under Section 4 | |
| (vi) Under Section 5 (2) | |
| (vii) Under Section 6 (2) | |
| (viii) Under Section 7 | |
| (ix) Under Section 8 (1) | |

IV. Number of cases in which the local authority has given a sanction during the year :—

- | | | |
|------------------------------|---|------|
| (i) Under (a) of Section 3 | } | Nil. |
| (ii) Under (b) of Section 3 | | |
| (iii) Under (c) of Section 3 | | |

V. Number of orders obtained during the year :—

- | | | |
|----------------------------------|---|------|
| (i) Under (a) of Section 5 (1) | } | Nil. |
| (ii) Under (b) of Section 5 (1) | | |
| (iii) Under (c) of Section 5 (1) | | |

Other Duties.

The Health Visitors also attend in rotation at the Maternity and Child Welfare Centres and made 1,600 attendances in this connection.

A summary of their work, including work under the Tuberculosis scheme, is given below.

SUMMARY OF THE WORK OF THE HEALTH VISITORS, 1932.

Total number of houses visited.....	22688
First visits to births.....	1634
Revisits to Births.....	8918
Visits to Outworkers.....	62
School Lectures.....	115
Visits re Deaths.....	129
Visits to Ante-natal Cases.....	354
Visits to children, 1 to 5 years.....	8551
Attendances at Maternity and Child Welfare Centres.	1600
Visits to Tuberculosis Cases and Contacts.....	2852
Nursed-out Children.....	143
Minor Infectious Disease.....	1262
Midwives' Emergency Enquiries.....	345
Still-births.....	82
Special Visits.....	325

MATERNITY AND CHILD WELFARE CENTRES.

No new sessions were commenced in 1932 and the time table of Clinics remains the same as in 1930 (see 1930 report, page 110). The work at the existing Centres increased considerably and at some of them the pressure of work is very considerable and calls for further expansion. This is shown by the fact that the number of weighings increased from 19,681 in 1930 to 28,772 in 1932, that is, a gain of 9091, or approximately one third in two years (since 1930). The weighings for 1931 were 24,562.

Child Welfare Clinics.

The number of new cases entered on the register during 1932 was much the same as in 1931. But as shown above the total number of weighings shows an enormous increase. The people are getting more "Clinic-minded," which is all to the good, as it is only by lectures and more education that the infant mortality rate can be further reduced.

At Edgeley Clinic, the busiest in the town, weighings have increased from 3,536 in 1930, to 7,374 in 1931, and 9,092 in 1932. No additional staff

has been provided, and obviously something will have to be done soon to meet this enormously increased demand.

In my opinion, a real economy of skilled labour would result if another clerk was appointed in this department. At present a Health Visitor has to spend nine sessions a week superintending the sale and provision of dried milk at the Clinics, not suitable work for a person with her qualifications. Her time would be much better spent on the District.

New Clinics are required at Great Moor and in the Adswold Housing Estates. Most of the inhabitants of Heaton Mersey either do not go to a Clinic or go across to the Didsbury one, outside the Borough.

The detailed figures for 1932 are given below :—

CHILD WELFARE CENTRES, 1932.

	<i>Port- wood.</i>	<i>Church- gate.</i>	<i>Reddish.</i>	<i>Edgeley.</i>	<i>Wy- cliffe.</i>	<i>Total.</i>
New Cases.....	183	221	219	360	155	1138
No. on Register...	245	361	384	514	182	1686
Total Weighings..	4786	5699	5622	9092	3573	28772
Medical Consulta- tions.....	2110	1967	2036	2219	1066	9398
Total Attendances.	5924	6491	6360	10320	4303	33398

No treatment is carried out at any of the Clinics, any children requiring treatment being referred to their own Doctors.

Massage.

See 1931 Report, page 94.

1,551 attendances were made by 130 children at this Clinic during 1932.

Sunlight Clinic.

The Stockport Voluntary Committee for Maternity and Child Welfare hold a Clinic for artificial sunlight at Churchgate House twice weekly, on Monday and Friday mornings, and the Committee obtain the services of Miss Sutton as operator. Cases of minor Rickets and general debility are referred to this Clinic by the Medical Officers at the Welfare Centres. During 1932 130 cases have been treated. These cases made 2,306 attendances.

Ante-Natal Clinics.

These Clinics for expectant mothers are held weekly in four Centres, viz. :—Portwood, Edgeley, Churchgate and Mile End Hospital. In 1932, 989 expectant mothers attended and made 4,537 attendances.

By a new arrangement Midwives bringing patients to the Clinics are taking a greater part than heretofore in the work of the Clinics and attending to their own patients in all matters apart from the actual medical examination. This is a very desirable development in the co-ordination of the work.

The Voluntary Committee provide sterilised maternity outfits free or at cost price to those mothers who require them. If so desired, mothers can pay for these outfits by instalments.

ANTE-NATAL CLINICS.

<i>Year.</i>	<i>Number of Mothers</i>	<i>Total Attendances.</i>
1927	380	573
1928	658	1388
1929	863	2735
1930	920	3458
1931	1019	3840
1932	989	4537

Mothercraft Classes are held at these Clinics, where talks on health subjects are given by the Health Visitors.

The Committee should consider the establishment of an Ante-Natal Clinic at the present Welfare Centre at Reddish. Three Midwives are now established in this area and many patients find the journey to the Portwood Centre too long and tiring as well as too expensive.

Mothercraft Classes.

These excellent classes have continued as formerly during the year under review, and are undoubtedly the means of disseminating much useful knowledge.

Stockport Voluntary Committee for Maternity and Child Welfare.

A report on the work that is done by the Corporation for Maternity and Child Welfare would not be complete without a very cordial reference to the part played by the voluntary helpers of the above Committee. I do not know whether it is realised what an enormous amount of help, both financial and in point of willing personal service, is rendered in this connection. It is not too much to say that were this Voluntary Committee to cease to exist, the work of the Maternity and Child Welfare Department would be absolutely crippled, and were an attempt made to overcome such a disaster, considerable addition to the staff would be necessary, but the work would not be quite the same. You cannot replace the spirit of voluntary service, willingly given and gladly received.

Of the 92 voluntary helpers actively engaged in this work, 28 assisted in clerical work, 10 served teas at the Clinics, 41 helped in the Mothercraft Classes, and 13 at the Sewing Classes.

Milk (Mothers and Children) Order, 1919.

Under this Order 578 cases were dealt with in 1932. A Sub-Committee (see page 3) reviews the cases after enquiry has been made into the family circumstances by the Health Visitors.

Number of cases dealt with.....	578
Quantities of milk supplied :—	
Total.....	24181 lbs.
Free.....	10987 lbs.
Half Cost.....	975 lbs.
Total Cost.....	£789 19s. 2d.

In addition, 12,219 lbs. of dried milk was supplied at cost price to mothers attending the Centres regularly with their children. The total amount of milk thus distributed free, at half-price, and at cost price was 24,181 lbs.

Free supplies of Cod Liver Oil Emulsion are also given in necessitous cases. The Voluntary Committee deals with necessitous children between the ages of 1 and 5 years following recommendation by the Medical Officer of the Centre. During 1932, 10,417 pints of milk were supplied to 70 necessitous cases at an approximate cost of £131. 11s. 11d.

Supervision of Midwives.

During the year 60 Midwives gave notice of their intention to practise within the Borough. These included 14 at the Union Hospital, 1 at the Union Workhouse, 6 at the Mile End Maternity Home, 15 at Nursing Homes; 9 Midwives who reside outside the Borough gave notice of their intention to practise within the Borough.

The qualification of the Midwives who practise within the Borough are as follows :—

Possessing Certificates from the Obstetrical Society of London.....	2
Possessing Certificate from a recognised Hospital.....	1
Enrolled by virtue of having been in bona-fide practice as a Midwife a year prior to the passing of the Act..	1
Having passed the examination of the Central Midwives Board.....	56

Two Midwives attended more than 100 cases each, either alone or with a medical man in attendance.

Seven Midwives did not attend any cases except in co-operation with a doctor.

In addition there were 25 Midwives on the non-practising list, 5 of whom assisted at 12 confinements.

The number of notifications of sending for medical assistance and the conditions for which help was required were as follow :—

Post-partum haemorrhage....	12	Condition of Child.....	63
Ante-partum haemorrhage...	18	Condition of Mother.....	31
Retained placenta or Membranes.....	13	Condition of Eyes.....	36
Placenta Praevia.....	2	Abortion.....	9
Tedious labour.....	63	Uterine inertia.....	7
Obstructed labour.....	29	Pyrexia	28
Ruptured perineum.....	141	Ante-Natal.....	23
Contracted pelvis.....	4	Unclassified	8
Malpresentation.....	11	Total.....	498

Compensation was paid in three cases to Midwives for loss of practice caused by unavoidable delay in carrying out disinfection, and in 14 cases where their patients were removed to Hospital for delivery. Compensation is only paid in the latter instance where the patient has previously attended the Ante-Natal Clinic.

Eighty-nine visits of inspection to Midwives practising in the town were paid by the Assistant Medical Officer of Health during the year. By arrangement the Cheshire County Council and the Manchester Corporation inspect the Midwives residing outside the town, who occasionally practise in this County Borough.

Midwives were interviewed at the Town Hall on 80 occasions by the Assistant Medical Officer of Health or one of the Health Visitors.

A branch of the Midwives' Institute was formed during the year and your Medical Officer of Health was elected President. A very successful series of lectures and meetings was held during the winter by Dr. K. V. Bailey, of Manchester, and a good average attendance obtained. This branch should do much to promote the knowledge and skill of Midwives practising in the town, and also their professional status. Thanks are due to Dr. Bailey for his help in this connection.

MILE END HALL MATERNITY HOSPITAL.

The numbers of beds provided at this Hospital is 16, with 2 additional beds for isolation.

Fees range from 30/- per week to £5 per week for Stockport residents and are fixed according to scale of charges agreed on by the Committee. Residents outside the Borough are charged £1 per week in excess of the scale for Stockport residents.

The Hospital is recognised by the Central Midwives' Board as a training school for Midwives. The district training of the Nurses is undertaken by Nurse Barr at No. 1, Caistor Street, Stockport, and by G. Smith, of Shaw Heath, Stockport.

During the year the following cases were dealt with :—

Number of mothers remaining in Hospital on 1st January, 1932....	19
" " admitted during the year.....	225
" " discharged during the year.....	237
" " died during the year.....	1
" " remaining in Hospital on 31st December, 1932....	6

Number of babies remaining in Hospital on 1st January, 1932.....	18
" " born during the year (live births 209, still-births 9). ..	218
" " discharged during the year.....	214
" " died during the year.....	8
" " (Still-births).....	9
" " remaining in Hospital on 31st December, 1932.....	5

Number of miscarriages.....	—
" Cases of Puerperal Fever.....	—
" " Puerperal Pyrexia	13
" twins born in Hospital.....	2 pairs

An Ante-Natal and Post-Natal Clinic is held once weekly at the Hospital. Patients who have not engaged a doctor for their confinement attend at the Ante-Natal Clinic. All women who have had a normal confinement are examined before discharge by the Assistant Medical Officer of Health and if they so desire they can attend for further examination at the Post-Natal Clinic four weeks later.

During the year Miss Scott, Matron, resigned her position owing to ill-health, and was succeeded by Miss Skrimshire, from St. Mary's Hospital, Manchester.

Mile End Maternity Hospital.
Annual Statistics—Year 1932.

Number of maternity beds in the Institution (exclusive of isolation and labour beds) : 16.

Number of maternity cases admitted during the year : 225.

Average duration of stay : 14 days.

Number of cases delivered by—

(a) Midwives : 161.

(b) Doctors : 56.

Number of cases in which medical assistance was sought by a midwife in emergency : 85.

Number of cases notified as—

(a) Puerperal Fever : Nil.

(b) Puerperal Pyrexia : 13.

Number of cases of Pemphigus Neonatorum : Nil.

Number of infants not entirely breastfed while in the Institution : 11.

Number of Cases of Ophthalmia Neonatorum : 1

(a) Number of maternal deaths : 1.

(b) Cause of death in each case : Uterine Inertia, P.P.H.

(a) Number of infant deaths—

(i) stillborn : 9.

(ii) within 10 days of birth : 6.

b) Cause of death in each case, and results of post-mortem examination (if obtainable) :—

(i) *Stillbirths*—

Prematurity.....	3
Inst. delivery.....	1
Toxaemia.....	2
Asphixia Pallida.....	1
Cause unknown.....	2
	—
	9
	—

(ii) *Death within 10 days of birth*—

Prematurity.....	2
Atelectasis.....	1
Intracranial Haem.....	2
Melaena Neonatorum.....	1
	—
	6
	—

One post-mortem examination : Intracranial Haemorrhage.

**WEEKLY MEANS OF OBSERVATIONS AT THE BOROUGH
METEOROLOGICAL OBSERVATORY, STOCKPORT.**

Latitude 53° 24' 12" N. Longitude 2° 9' 14" W.

Cistern of Barometer 261-56 feet and top of Raingauge 285 feet
above Mean Sea-level.

1932.	Thermometers.		Average daily Rain- fall.	1932.	Thermometers.		Average daily Rain- fall.
	Underground.				Underground.		
	1 Foot.	4 Feet.			1 Foot.	4 Feet.	
1st week	42°	44°	.36	27th week	59°	54°	.1
2nd "	41	44	.10	28th "	60	55	.16
3rd "	43	44	.04	29th "	59	55	.05
4th "	42	44	—	30th "	58	56	.1
5th "	39	44	.01	31st "	59	56	.08
6th "	39	43	.01	32nd "	60	56	—
7th "	37	43	.01	33rd "	61	56	.02
8th "	36	43	—	34th "	60	57	.09
9th "	38	42	.09	35th "	59	57	.07
10th "	38	42	—	36th "	59	57	.19
11th "	36	40	—	37th "	58	57	.12
12th "	40	40	.06	38th "	56	56	—
13th "	42	42	.09	39th "	52	56	.04
14th "	41	42	.17	40th "	50	55	.09
15th "	42	42	.08	41st "	49	53	.33
16th "	43	43	.09	42nd "	49	52	.18
17th "	44	43	.08	43rd "	49	52	.27
18th "	46	43	.07	44th "	45	51	.16
19th "	45	45	.05	45th "	45	49	.03
20th "	50	46	.11	46th "	45	48	—
21st "	52	48	.28	47th "	43	48	.17
22nd "	51	48	.11	48th "	45	48	.12
23rd "	53	50	—	49th "	41	46	.06
24th "	55	50	—	50th "	39	44	.02
25th "	58	51	—	51st "	42	44	.01
26th "	58	53	.01	52nd "	43	45	.01

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