[Report 1917] / Medical Officer of Health, Swinton & Pendlebury Borough.

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REPORT

ON THE

Health of the Urban District

OF

Swinton and Pendlebury

FOR THE YEAR 1917,

TOGETHER WITH THE

Report on Medical Inspection

OF

School Children.

PENDLEBURY:
C. PLATT, PRINTER AND BOOKBINDER
1918.

Staff of Public Health Department.

Medical Officer of Health :

W. STEWART STALKER, M.D. (Glasgow), D.P.H. (Oxford).
(Military Service since May 1st, 1915.)

Acting Medical Officer of Health :

E. HIGSON, M.B., B.C., B.A. (Cantab.).

Chief Sanitary Inspector :

ALBERT BLEAKLEY, M.S.I.A.

Assistant Sanitary Inspectors :

PERCY E. BERRY (Certificate, R.S.I. for Sanitary Inspectors), (Meat Certificate, R.S.I.).

LEONARD A. MARSHALL (Certificate, R.S.I. for Sanitary Inspectors).
(Both on Military Service since January 12th, 1916).

Lady Health Visitors :

Mrs. JOHNSON (Certificate, R.S.I. for Sanitary Inspectors).

Miss MARI CLOSS-PARRY, C.M.B.

School Nurses :

Miss M. J. METHUEN.

Miss F. HOLDEN.

To the Chairman and Members of the Swinton and Pendlebury Urban District Council and the Members of the Maternity and Child Welfare Committee.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit the annual report for 1917. The report is presented in a condensed form, all matter which is merely a repetition from former reports having been eliminated. Only a statement of the various rates with the necessary tables, and a brief criticism of them, is given. This is in accordance with the instructions of the Local Government Board. The new undertaking—*i.e.*, Maternity and Child Welfare Work—is more fully reported on.

I am indebted to the Chief Sanitary Inspector and the Senior Health Visitor for their assistance in compiling statistics for this report.

I am,

Yours obediently,

E. HIGSON,

Acting Medical Officer of Health.

Statistical Summary for 1917.

Area in Acres	2,292
Population at Census of 1911	30,759
Estimated Population for Birth-rate	31,422
Estimated Population for Death-rate	28,188
Population per Acre	13·0
Number of Houses in District on Dec. 31, 1917...	6,709
Number of Persons in Each Inhabited House (at Census, 1911)	4·68
Number of Births during 1917	536
Birth-rate	17
*Number of deaths	401
Death-rate	14·2
Natural Increase of Population during year ...	135
*Number of Deaths of Infants (under age of one year)	68
Infantile Mortality per 1,000 births	126·8
Number of Uncertified Deaths	4
Death-rate from the seven principal Zymotic Diseases per 1,000 of the population	0·6
Death-rate from the eight principal Zymotic Diseases (*i.e.*, including Measles) per 1,000 of the population	1·2
Death-rate from Diarrhœa and Enteritis of Children under two per 1,000 births	7·4
Death-rate from Phthisis per 1,000 of the population	1·3
Death-rate from all forms of Tuberculosis ...	1·5
The Rateable Value of the District was	£124,583
Produce of a Penny Rate	£447

* There is again a difference in the returns of death by the Local Registrars of Births and Deaths and the Registrar-General.

Infant Deaths.—The Registrar-General reports 42 males and 26 females ; the Local Registrars, 43 males and 25 females.

Total Deaths.—The Registrar-General reports 400 ; the Local Registrars, 401. This latter figure has been used for estimating the Death rate.

I. The Urban District.

For a detailed description of the district, see previous reports.

POPULATION AND OCCUPATION.

The Registrar-General's estimation of the population for the district for the year 1917 is :

For Death-rate	28,188
For Birth-rate	31,422

These figures have been used for estimating the rates of mortality, etc., in the present report. The density of population for the whole district is 13·0 persons per acre.

Socially, the population is mainly industrial. The following statement gives for each ward the total acreage, built and unbuilt, with the number of houses per built acre and the density of population in the built acreage.

Ward.	Total Acres.	Unbuilt Acres.	Built Acres.	No. of Houses.	Houses per Acre.	Density of Population per Built Acre
East	740	465	275	1,014	3·7	17·3
Market	130	73	57	1,049	18·4	86·1
Newtown	260	168	92	1,230	13·4	62·7
Moorside	430	288	142	912	6·4	29·9
Old Park	610	396	214	1,157	5·4	25·3
Victoria Park	122	52	70	1,304	18·6	87·0

RELIEF.

The extent of Poor Law Relief in the two Townships, War Relief Distribution in the district, and Unemployment as registered at the Labour Exchange, will be seen in the following statements. Poor Law Relief is given in accordance with the request of the Medical Officer to the Local Government Board. The Unemployment figures are given, as, in conjunction with the Poor Law figures, they form a useful guide to the extent to which the district was adversely affected industrially and socially by the war.

POOR LAW RELIEF IN PENDLEBURY TOWNSHIP.

Total amount of Out-Relief ..... £174 14s. 11d.

No. of persons for each month in receipt of Out-Relief.

1917.	Men.	Women.	Children.
January	7	14	13
February	4	11	17
March	4	12	8
April	5	13	8
May	9	15	22
June	7	12	12
July	8	14	17
August	6	13	16
September	7	14	14
October	6	9	12
November	4	7	6
December	8	8	10

Total number of cases admitted into Workhouse 9

Do. do. do. Infirmary 17

POOR LAW RELIEF IN SWINTON TOWNSHIP.

Total amount of Out-Relief for year ending Dec. 31, 1917, £647 10s.

No. of persons for each month in receipt of Out-Relief.

1917.	Men.	Women.	Children.
January	19	48	75
February	20	49	78
March	17	47	61
April	15	45	59
May	15	44	59
June	16	45	69
July	17	46	66
August	15	45	63
September	13	49	66
October	13	47	46
November	15	47	56
December	13	44	47

Total number of cases admitted into Workhouse 14

Do. do. do. Infirmary 37

UNEMPLOYMENT BOOKS LODGED AND NUMBERS ON UNINSURED LIVE REGISTER.

	Insured Trades. Unemployment Books Lodged.				Uninsured Trades. Numbers on Live Register.					
	1917–18.		1916–1917.		1917–1918.			1916–1917.		
	No.	Percentage.	No.	Percentage.	Men.	Women.	Total.	Men.	Women.	Total.
February	3	0.2	9	0.8	*94	11	105	6	21	27
March	6	0.3	6	0.5	*84	14	98	12	20	32
April	5	0.3	3	0.3	*85	10	95	15	27	42
May	6	0.3	6	0.5	*81	8	89	9	29	38
June	3	0.1	2	0.2	*47	16	63	4	23	27
July	5	0.2	1	0.1	1	7	8	9	19	28
August	2	0.1	4	0.3	4	8	12	5	15	20
September	3	0.2	3	0.3	6	12	18	5	14	19
October	17	0.9	1	0.1	8	13	21	8	25	33
November	11	0.6	4	0.3	3	10	13	5	25	30
December	9	0.5	4	0.3	3	4	7	8	15	23
January	9	0.5	3	0.3	3	7	10	*66	22	88

* Men enrolled under Special Scheme were included in these figures, but after June, 1917, it was decided to exclude them.

II. Vital Statistics.

BIRTHS.

The total number of births for the year was 536 as compared with 608 in 1916 and 694 in 1915. Of these, 264 were males and 254 females. There were 18 illegitimate births as compared with 17 in 1916—*i.e.*, 3·3 per cent. of the total number of births registered.

The birth rate was 17·0—1·7 per 1,000 less than in 1916. The fall in the birth rate was not so marked as last year when it was 3·8 per 1,000.

The birth rate for each ward was as follows:

	1917.	1916.	1915.
Victoria Park	15·2	17·9	19·7
Old Park	16·9	17·4	19·6
Moorside	16·7	17·3	23·4
Newtown	11·3	17·7	20·6
Market	21·0	20·5	25·3
East	23·0	21·8	26·6

DEATHS.

The total number of deaths for the year was 401. In 1916 there were 416, and in 1915, 469. The death rate for 1917 was 14·2; in 1916, 13·9; and in 1915, 15·2.

The following table shows a comparison of the birth, death, and infantile mortality rates of England and Wales, the 148 smaller towns of population 20,000 to 50,000, and Swinton and Pendlebury.

	Birth Rate.	Death Rate.	Infantile Mortality Rate.
England and Wales ...	17·8	14·4	97·0
148 smaller towns	18·0	13·2	93·0
Swinton and Pendlebury	17·0	14·2	126·8

The birth rate was 1·0 per 1,000 below, and the death rate 1·0 per 1,000 above, the average of districts with about an equal population.

The death rate for each ward was as follows :

	1917.	1916.	1915.	1914.
Victoria Park	13·7	12·3	15·8	14·4
Old Park	11·0	13·1	9·2	10·5
Moorside	13·7	14·1	11·5	11·4
Newtown	13·7	11·9	12·1	9·7
Market	17·3	17·4	15·0	18·1
East	16·0	16·4	14·7	16·8

The following table gives the number of deaths from the principal causes :

	1917.	1916.	1915.	1914.
Measles	18	4	28	1
Phthisis	37	31	34	43
Non-pulmonary Tuberculosis	8	12	10	21
Cancer	26	39	27	22
Heart Disease	32	39	39	38
Bronchitis	25	40	37	30
Pneumonia	48	47	64	48
Diarrhœa and Enteritis	4	9	20	18
Congenital Defects	24	26	33	37

MEASLES.

This disease accounted for 18 deaths, representing a death rate of 0·63 as compared with 0·3 for England and Wales and 0·3 for the smaller towns. The epidemic of measles, which commenced in December, 1916, and continued throughout January, February, and March, 1917, was of a severe type, and accounts to some extent for the high death rate from this disease. On the other hand, parents still do not recognise what a serious disease measles is, and knowingly expose their children to the risk of infection. It is no uncommon thing for the health visitors, on visiting a case of measles, to find the patient lying on a couch in the living room and the mother holding a reception of sympathising neighbours, accompanied by their babies and young children, in the same room. Explanations and warnings were useless ; the same thing happened again and again. One child was found playing out in the street, after notification, with the rash still present. A warning notice

sent to the parents of the child was ignored, and the child allowed out again the next day. A summons was taken out, and a conviction obtained. Many other similar cases were reported anonymously, but no witnesses for court proceedings could be obtained. The nursing of measles is very haphazard. It is a common belief that every child must have the disease and, *ergo*, the sooner the child contracts the disease the sooner will the trouble be over. Cleanliness of the eyes and mouth is looked upon as a fad, and, until the child becomes acutely ill with bronchitis or pneumonia, the disease is treated as a disagreeable necessity much in the same light as teething.

Bad housing conditions and overcrowding are responsible to a large extent both for the spread of the disease and many serious complications. Parents anxious to isolate their children suffering from the disease and nurse them properly are unable to do so through lack of accommodation. No provision has been made in the district for institutional treatment.

	Victoria Park.	Old Park.	Moorside.	Newtown.	Market.	East.
Density of population per built acre	87·0	25·3	29·9	62·7	86·1	17·3
No. of cases of measles notified	113	41	109	141	97	65
No. of deaths from measles	2	—	1	1	8	6
Percentage of deaths	1·76	—	0·91	0·72	8·23	9·23

It is more than a coincidence that the wards, showing the highest mortality, were the worst offenders in the matters mentioned above.

The following table gives the number of cases in age groups and the percentage of deaths in each group.

	Total Number of Cases Notified.	Total Number of Deaths.	Percentage of Deaths.
Under 1 year	21	5	23·8
1 to 2	347	8	2·3
2 to 5	192	5	2·6
5 to 15	5	—	—

This table bears out what has been repeatedly emphasised, that the older the child is before contracting the disease, the less likelihood there is of a fatal result. If measles were looked upon with the same horror as small-pox, the mortality would be much lighter.

The lessons learnt from the last epidemic are :

1. During an epidemic more nurses are required to ensure proper nursing, more especially with the view of preventing the serious secondary infections.

2. A more rigorous isolation of the patient must be insisted upon.

3. Institutional treatment for the more serious cases is required.

TUBERCULOSIS.

The total number of deaths from all forms of tuberculosis was 45 as compared with 43 in 1916, and an average of 58·6 since records have been kept. The number of deaths from phthisis alone continues to rise—*i.e.*, 37 as compared with 31 in 1916, and an average of 28·3 during the period since records have been kept. Deaths from non-pulmonary tuberculosis are again lower, 8 as compared with 12 in 1916, and an average of 30·4 since records have been kept.

RESPIRATORY DISEASES.

Total deaths, 78, as compared with 93 in 1916.

CANCER.

Twenty-six deaths. This, although lower than 1916 (39 deaths), is above the average for the last 17 years, 20·8.

DIARRHŒA ENTERITIS.

The total number of deaths of children under two years of age from these causes was 4, representing a death rate of 7·4 per 1,000 births as compared with 14·8 in 1916 and 28·6 in 1915. This compares very favourably with a death rate from these diseases of 12·18 in England and Wales, and 10·08 for the smaller towns.

These diseases were much less prevalent in 1917 than in former years, but the further depletion of the sanitary staff must be met

with more energetic and thorough measures on the part of each householder, to ensure that no refuse lies about backyards, streets, etc., to serve as breeding places for flies.

ENTERIC FEVER.

Four deaths representing a death rate of 0·14 per 1,000 of the population as compared with 0·03 for England and Wales, and 0·03 for the smaller towns.

The mortality rate per 1,000 attacked was 666 as compared with 0 in 1916, 50 in 1915, 142 in 1914.

Of the four deaths one occurred in the isolation hospital.

SCARLET FEVER.

No deaths.

WHOOPING COUGH.

Four deaths, representing a death rate of 0·14 per 1,000 as compared with 0·13 for England and Wales and 0·15 for the smaller towns.

DIPHTHERIA.

Seven deaths, representing a death rate of 0·24 per 1,000 as compared with 0·13 for England and Wales and 0·13 for the smaller towns.

VIOLENCE.

Nineteen deaths, representing a rate of 0·67 per 1,000 as compared with 0·52 for England and Wales and 0·45 for the smaller towns.

Maternity and Child Welfare.

Eleven years ago Swinton and Pendlebury took the first step in the endeavour to lessen the wastage of child life in the district by the appointment of a health visitor. Mrs. Johnson, who is leaving the district after eleven years to take up other work, can look back with satisfaction on the results which have been obtained. The reduction in the average infantile mortality rate during this period, as compared with the average of the previous eleven years, of 51·1 per 1,000 is due in a large measure to the excellent work done by her in the district.

This year another important step has been taken in the appointment of a second health visitor, home visiting of children under school age, the establishment of a Maternity and Child Welfare Clinic with treatment of minor ailments, and the appointment of a statutory Maternity and Child Welfare Committee. Seven members of this Committee are ladies representing various organisations interested in social work.

At the commencement of the year there was one health visitor and one School Nurse ; early in the year a third Nurse was appointed to divide her time between health visiting and school work. It was found, however, that this staff was inadequate to cope with the new work undertaken. A fourth Nurse was subsequently appointed, making a total of two Health Visitors and two School Nurses.

BABY WEEK.

Great interest was aroused in the district in child welfare by the campaign during the week July 1st to 7th. The programme consisted of special services in the various places of worship, open-air meetings, and dinner-hour meetings at the mills, addressed by various speakers ; a mass meeting in Pendlebury Town Hall, addressed by Lord Colwyn and others ; open day at the Baby Clinic, with an exhibition of hygienic clothing for babies, cheap forms of cots, etc. The Motherhood Film was shown at the picture-houses and short addresses given. A display of school games, dances, exercises, and songs was given by the children from the local schools and from the Swinton schools, and a review of babies by Lady Nina

Knowles. The Swinton Schools Band, Boy Scouts, Church Lads' Brigade, and Girl Guides did useful work.

The donations and other money raised during the week served a very useful purpose in providing milk, dried and condensed milk for nursing mothers and infants, before the Bill enabling the local authority to provide milk for this purpose came into force.

INFANTILE MORTALITY.

The total number of deaths of infants under one year was 68, representing a rate of 126·8 per 1,000 births as compared with 97 for England and Wales and 93 for the smaller towns. One of these deaths occurred in the Children's Hospital, and was really a non-resident, being a child of Belgian Refugees resident in Salford, but is credited to this district.

Despite the efforts that have been made in the district to lower this rate, we are still much above the average. There can be no doubt that bad housing conditions, overcrowding, insanitary dwellings are to a large extent responsible for this high mortality rate. The following table, giving the density of population for built acre and the infantile death rate for the various wards :

	Victoria Park.	Old Park.	Moorside.	Newtown.	Market.	East.
Density of population per built acre	87·0	25·3	29·9	62·7	86·1	17·3
Infantile mortality rate.....	148·9	108·6	97·2	136·3	145·6	128·4

shows the relationship between congestion and a high infantile mortality rate. East Ward, however, is peculiar in having a high rate and a low density of population, but in this ward the housing is concentrated into small areas.

Whilst housing reform and other necessary sanitary improvements are at a standstill on account of the war, every other available means to lower the rate ought to be used to the best advantage.

In considering this question there seem to be three alternatives, apart from housing, to account for the high rate : (1) The lines on which we are working are wrong ; (2) the scope is too limited ;

(3) the officers responsible for carrying on the work are incompetent or not doing their duty.

The scheme at present, as concerns infants under one year, consists of home visiting by the Health Visitors at least three times before the child reaches the age of twelve months, and more frequently when the baby is not thriving. The Health Visitors also visit babies at the request of any medical practitioner in the district; Baby Clinic for weighing and giving advice as to feeding, clothing, etc., with talks to mothers on suitable subjects; classes on child welfare and infant care; supply of cod liver oil, peptonising powder, and simple drugs.

(1) That the present system has met with a certain amount of success is evidenced by the fact that the average infantile mortality rate for the eleven years preceding the appointment of a Health Visitor was 187·4, and the rate for the ages 0 to 5 for the same period 284 per 1,000 births, and for the eleven years since the appointment the rates were 136·3 and 212·4 respectively—a reduction of 50·1 and 71·6 respectively.

Again, 212 new cases were enrolled at the Baby Clinic, all under twelve months. The total births for the year were 536. Almost 40% of the babies born attended the Baby Clinic. The total number of deaths amongst these babies, attending the Baby Clinic, during the year was 14, representing an infantile mortality rate of 26·1 per 1,000 births as compared with 100·7 for babies not attending the Clinic.

Of the	66	children who attended the Clinic	once	2	died.
,,	45	,, ,, ,,	twice	4	,,
,,	35	,, ,, ,,	three times	2	,,
,,	12	,, ,, ,,	4 ,, ...	2	,,
,,	46	,, ,, ,,	5 to 8 times	1	,,
,,	18	,, ,, ,,	9 to 11 ,,	1	,,
,,	17	,, ,, ,,	12 to 13 ,,	1	,,
,,	15	,, ,, ,,	14 to 19 ,,	1	,,
,,		,, ,, ,,	20 ,,	0	,,

In my opinion, an extension of the present scheme will give the best results.

More frequent visits to all babies are necessary at which the Health Visitors could advise mothers about the many minor ailments

of their babies (and when necessary insist on the mothers obtaining medical treatment) which they try to cope with without medical advice, and very often on the well-intentioned but bad advice of their friends and neighbours. At least two more Health Visitors are necessary to carry this out at all satisfactorily. More centres are required for Baby Clinics. The present Clinic is well equipped and is centrally situated, but the distance from the outlying parts of the district is too great for mothers to bring their babies, especially in wet weather. Provision is needed for nursing sick babies and children away from their own homes, especially cases of measles with complications, respiratory diseases, and diarrhœa.

It seems an absurdity to suggest the need of institutional treatment for non-infectious diseases with such a well-equipped hospital as the Manchester Children's Hospital in the district. The district would, however, be equally well catered for by this hospital, were it situated an equal distance on the other side of Manchester. All cases before admission to this hospital must first visit the Out-patient Department at Gartside Street, Manchester. This means that a case of pneumonia from Swinton or Pendlebury, instead of being admitted direct into the hospital, must first be taken to Manchester, and then brought back again to the hospital.

A Rest Home for mothers before and after confinement with a few beds set aside for confinement, where the home conditions are not satisfactory or where there is illness in the home, and for those pregnant women who have had still-born babies.

The deaths of children under one year were from the following causes :

Measles, 5 ; whooping cough, 3 ; diphtheria, 1 ; erysipelas, 1 ; tubercular meningitis, 1 ; tuberculosis of lungs, 1 ; convulsions, 5 ; bronchitis, 2 ; pneumonia, 9 ; diarrhœa and enteritis, 4 ; syphilis, 4 ; injury at birth, 1 ; congenital, malformation, atrophy, marasmus, premature births, 24 ; atelectasis, 1.

The following Tables I. and IA show the primary and subsequent visits of children born during the year 1917. Tables II. and IIA show the primary and subsequent visits during the year 1917 of children born too late in the year 1916 to receive one or more of these visits.

TABLE I. NOTIFICATION OF BIRTHS ACT.

Total Investigation during the first 14 days of life.

Entirely Breast Fed, 294.								Bottle Fed, 81.							
Legitimate, 387.								Illegitimate, 7.				Legitimate, 77.				Illegitimate, 4.			
Healthy, 366.				Unhealthy, 21.				Healthy, 6.				Unhealthy, 1.				Healthy, 65.				Unhealthy, 12.				Healthy, 2.				Unhealthy, 2.			
Irregularity in feeding.				Irregularity in feeding.				Irregularity in feeding.				Irregularity in feeding.				Irregularity in feeding.				Irregularity in feeding.				Irregularity in feeding.				Irregularity in feeding.			
Unsatisfactory sanitation.				Unsatisfactory sanitation.				Unsatisfactory sanitation.				Unsatisfactory sanitation.				Unsatisfactory sanitation.				Unsatisfactory sanitation.				Unsatisfactory sanitation.				Unsatisfactory sanitation.			
No separate sleeping.				No separate sleeping.				No separate sleeping.				No separate sleeping.				No separate sleeping.				No separate sleeping.				No separate sleeping.				No separate sleeping.			
Family circumstances poor.				Family circumstances poor.				Family circumstances poor.				Family circumstances poor.				Family circumstances poor.				Family circumstances poor.				Family circumstances poor.				Family circumstances poor.			
Mother's health poor.				Mother's health poor.				Mother's health poor.				Mother's health poor.				Mother's health poor.				Mother's health poor.				Mother's health poor.				Mother's health poor.			
7	32	348	24	2	11	19	10	1	1	5	2	0	0	1	0	12	17	58	6	3	3	10	1	1	1	2	0	2	1	1	2

TABLE Ia:

SUBSEQUENT VISITS OF CHILDREN BORN IN 1917.

	Breast Fed.															Bottle Fed.													
	Healthy.						Unhealthy.						Dead.					Healthy.						Unhealthy.						Dead.		
	Total healthy.	Irregular feeding.	Mother works.	Insanitary home.	No separate sleeping.	Adverse antenatal circumstances.	Total unhealthy.	Irregular feeding.	Mother works.	Insanitary home.	No separate sleeping.	Adverse antenatal circumstances.	Total dead.	Irregular feeding.	Mother works.	Insanitary home.	No separate sleeping.	Adverse antenatal circumstances.	Total healthy.	Irregular feeding.	Mother works.	Insanitary home.	No separate sleeping.	Adverse antenatal circumstances.	Total unhealthy.	Irregular feeding.	Mother works.	Insanitary home.	No separate sleeping.	Adverse antenatal circumstances.	Total dead.	Irregular feeding.	Mother works.	Insanitary home.	No separate sleeping.	Adverse antenatal circumstances.
Visit at 3 months. Total Breast Fed 260 Total Bottle Fed 86	209	6	2	46	194	15	51	14	1	17	47	8	4	1	0	2	4	1	57	10	2	31	49	6	29	11	1	18	26	10	9	2	0	3	8	2
Visit at 6 months. Total Breast Fed 147 Total Bottle Fed 65	109	10	4	32	78	7	38	6	2	24	27	3	5	2	0	3	4	2	42	7	4	18	30	4	23	8	2	11	18	5	10	2	1	3	7	3
Visit at 9 months. Total Breast Fed 43 Total Bottle Fed 52	31	5	7	11	15	2	12	4	2	5	5	1	0	0	0	0	0	0	37	6	5	16	14	0	15	4	1	8	7	1	12	3	1	4	9	1

TABLE II.

TOTAL INVESTIGATION DURING FIRST 14 DAYS OF LIFE OF INFANTS BORN IN 1916 AND RECEIVING PRIMARY VISIT IN 1917.

Entirely Breast Fed, 20.				Bottle Fed, 8.			
Legitimate, 20.		Illegitimate.		Legitimate, 7.		Illegitimate, 1.	
Healthy, 20.	Unhealthy.	Healthy.	Unhealthy.	Healthy.	Unhealthy,	Healthy.	Unhealthy.
0 5 19 1 0	None.	None.	None.	1 2 6 0 1	1 0 1 1 0	1 0 1 0 0	
Irregularity in feeding.				Irregularity in feeding.	Irregularity in feeding.	Irregularity in feeding.	
Unsatisfactory sanitation.				Unsatisfactory sanitation.	Unsatisfactory sanitation.	Unsatisfactory sanitation.	
No separate sleeping.				No separate sleeping.	No separate sleeping.	No separate sleeping.	
Family circumstances poor.				Family circumstances poor.	Family circumstances poor.	Family circumstances poor.	
Mother's health poor.				Mother's health poor.	Mother's health poor.	Mother's health poor.	

TABLE IIA.

SUBSEQUENT VISITS OF CHILDREN BORN IN 1916.

	Breast Fed.																Bottle Fed											
	Healthy.						Unhealthy.						Dead.					Healthy.						Unhealthy.						Dead.				
	Total healthy.	Irregular feeding.	Mother works.	Insanitary home.	No separate sleeping.	Adverse antenatal circumstances.	Total unhealthy.	Irregular feeding.	Mother works.	Insanitary home.	No separate sleeping.	Adverse antenatal circumstances.	Total Dead.	Irregular feeding.	Mother works.	Insanitary home.	No separate sleeping.	Adverse antenatal circumstances.	Total healthy.	Irregular feeding.	Mother works.	Insanitary home.	No separate sleeping.	Adverse antenatal circumstances.	Total unhealthy.	Irregular feeding.	Mother works.	Insanitary home.	No separate sleeping.	Adverse antenatal circumstances.	Total dead.	Irregular feeding.	Mother works.	Insanitary home.	No separate sleeping.	Adverse antenatal circumstances.
Visit at 3 months. Total Breast Fed 110 Total Bottle Fed 22	82	3	1	19	77	6	28	5	0	9	27	2	3	1	0	1	3	0	15	1	0	4	12	1	7	0	0	**2**	7	1	4	1	0	2	2	1
Visit at 6 months. Total Breast Fed 161 Total Bottle Fed 82	115	12	5	28	63	4	46	7	3	20	28	2	2	1	1	0	2	1	54	6	5	22	39	3	28	10	3	15	16	2	4	2	1	1	**3**	1
Visit at 9 months. Total Breast Fed 127 Total Bottle Fed 241	91	10	9	21	50	1	36	11	4	15	17	0	2	0	0	0	1	1	171	21	11	30	64	2	70	48	6	31	22	3	0	0	0	0	0	0
Visit at 12 months. Total Breast Fed 46 Total Bottle Fed 408	18	18	5	4	7	0	27	27	6	12	15	1	3	2	1	1	2	0	211	96	17	41	88	2	197	101	20	49	81	1	5	3	1	1	2	0

Breast feeding was again more prevalent than bottle feeding at the six months' visit. Last year I attributed this to the advice given by the Health Visitor, and I hope that this still holds good but, undoubtedly, the advanced price and scarcity of cows' and condensed milks have largely contributed, for I found mothers, at the Child Welfare Clinic, still suckling children over twelve months old on account of their inability to get milk to prepare milk foods.

At six months—	1914.	1915.	1916.	1917.
Breast fed ...	136	167	179	308
Bottle fed ...	160	153	103	147

IRREGULAR FEEDING.

Last year this showed a marked increase. This year it was very prevalent at the primary visit but less so at the three months' visit. The improvement was more marked in breast than bottle-fed babies. This can only be due to the good advice on this matter given by the local practitioners and Health Visitors. This is the first year that irregular feeding has been less prevalent, in bottle-fed babies, at the three months' visit than at the primary visit.

	1914.		1915.		1916.		1917.	
	Breast Fed. %	Bottle Fed. %	Breast Fed. %	Bottle Fed. %	Breast Fed. %	Bottle Fed. %	Breast Fed. %	Bottle Fed. %
Primary visit	5·9	12·0	6·2	22·2	4·6	33·3	18·3	23·5
Visit at three months ..	2·6	15·8	8·4	29·1	11·7	33·3	7·5	20·3

MOTHER GOES OUT TO WORK.

The number of mothers of living babies stated to be working out at the three and six months' visits was as follows :

	1914		1915		1916		1917	
	No. visited	No. working	No. visited	No. working	No. visited	No. working	No. visited	No. working
At 3 months visit ...	469	4 or 0·8%	455	25 or 5·4%	413	21 or 5·2%	478	7 or 1·4%
At 6 months visit ...	296	4 or 1·3%	320	5 or 1·5%	282	8 or 2·8%	455	29 or 6·3%

Altogether 475 primary visits and 4,033 subsequent visits were paid by the Health Visitors during the year.

26 still births were reported.

23 infants died before the primary visit could be made.

BABY CLINIC AND SCHOOL FOR MOTHERS.

These have been conducted during the year by the Health Visitors, assisted by voluntary helpers. 212 new cases were enrolled during the year. There were 50 meetings, and a total attendance of 1,907 compared with 1,791 in 1916, 1,584 in 1915, and 1,315 in 1914. The average attendance was 38, as compared with 37 in 1916, 31 in 1915, and 26 in 1914.

The Baby Clinic has since the opening of the new School Clinic been conducted there. The popularity of the Clinic continues.

The following are particulars regarding the weights of the babies at enrolment.

Age.	Normal Weight.	Sub-normal Weight.	Above normal Weight.
0–3 months	48	34	39
3–6 ,, ...	9	21	24
6–9 ,, ...	4	11	12
9–12 ,, ...	—	1	9
Total	61	67	84

In estimating whether a baby was of normal weight or sub-normal weight, the average normal weight of babies of that particular age was taken as a guidance, but allowance was made if a baby was obviously under-sized but well nourished and developed. Some of the babies over normal weight were flabby, and showed signs of improper feeding. The number of babies who made satisfactory progress whilst attending the Clinic was 134, and the number who did not improve 22.

Maternity and Child Welfare.

This work was commenced in July, 1917, and included systematic visiting by the Health Visitors, a Clinic held weekly, and treatment of minor ailments.

It was decided, as far as home visiting was concerned, to concentrate on children between the ages of one and three years, and for this purpose the registers and index cards of babies visited during the previous three years were used to compile the lists of children to be visited.

The Health Visitor, when visiting each child, enters on a card for that purpose the more gross and obvious defects from which the child is suffering, also errors in diets, details of family history, details of sanitary defects, overcrowding, storage for food, etc. These cards are scrutinised weekly by the acting Medical Officer, and the cards of those children whom he considers are in need of treatment, if they have not already visited the Clinic, are marked so that the Health Visitors can visit the homes again, and urge the mothers to bring the children to the Clinic. All children under school age are invited to the Clinic. At the Clinic, held at the School Clinic each Thursday afternoon, the children are seen and examined by the acting Medical Officer, a record of the results of the examination is made and filed together with the Health Visitor's card. The weight of each child is recorded at each visit. Advice is given to the mothers as to dress, feeding, and treatment for any defect. Minor ailments are treated at the School Treatment Clinic, unless the child is too young to come for treatment and the mother, on account of domestic duties or other cause, unable to bring the child. In these latter cases the Health Visitors have carried out the treatment prescribed at the homes of the children. Splints are provided for deformed legs, massage given, rectal injections for worms, etc.

HOME VISITING.

Two hundred and forty-three children were visited during the year and records taken of each child. Of these 243 children, 200 subsequently visited the Clinic (some of the remaining 43 have since visited the Clinic—*i.e.*, during the present year 1918).

The following table shows the defects found by the Health Visitors in the children they visited and the defects in their homes.

One hundred and seventeen children of the 243 showed no obvious defects. In 63 cases there were errors in diet and errors in the amount of rest the child had during the day, or the amount of time spent out in the open air.

A remarkable fact is shown in the list of home defects—*i.e.*, that in the homes of 230 of the 243 children visited there was no adequate storage for food.

Age.	Total number visited.	Total number with no obvious defect.	Nutrition. Normal	Nutrition. Under normal	Retarded walking, talking, teething, etc.	Decayed teeth.	External Eye Disease and Squint.	Discharging ears.	Signs of rickets.	Deformities.	Errors in diet.	Errors in rest and exercise.	Overcrowding.	Defective sanitation.	General cleanliness of house defective.	Defective ventilation.	Privy midden or defective sanitary conveniences.	No storage for food.
1 and under 2 ..	77	44	47	22	15	4	12	8	1	8	28	17	6	12	11	9	24	74
2 and under 3 ..	69	38	30	21	9	12	10	8	7	12	16	21	5	11	13	5	13	67
3 and under 4 ..	65	23	34	16	5	15	10	6	6	19	13	15	13	10	17	6	15	61
4 and under 5 ..	32	12	17	8	6	11	7	5	3	9	6	10	5	7	7	5	4	28
Total ..	243	107	128	67	35	42	39	27	17	48	63	63	29	40	48	25	56	230

The next table shows the defects found on examination of the children by the acting Medical Officer and where treatment was obtained. Only 186 children are recorded out of the 200 who visited the Clinic. In the other 14 it was impossible to make a proper examination, owing to the child crying or other cause.

TABLE OF DEFECTS FOUND ON EXAMINATION.

Age and sex.		Total Examined.	No Defect.	Nutrition.	External Eye Disease or Squint.	Otorrhœa.	Heart and Circulation.	Phthisis.	Bronchitis.	Other Chest Conditions.	Rickets.	Deformities.	Skin Diseases or Sepsis	Tubercular Glands.	Other Tubercular Disease.	Glands, Non-tubercular.	Enuresis.	Phimosis	Mentally Deficient.	Tonsils and Adenoids.	Diarrhœa.	Hernia	Worms.	Whooping Cough.	Other Infectious Disease.	Other Defect.	Total.
1 and under 2	B	40	5	4	3	3	6	—	2	10	2	3	7	—	—	—	—	3	—	3	7	3	—	2	—	7	65
	G	33	6	6	1	1	1	—	2	4	2	4	6	—	1	1	—	—	1	2	6	1	1	1	—	5	46
2 and under 3	B	32	1	4	2	—	4	1	4	7	1	5	4	2	1	3	—	1	—	1	6	1	3	3	1	3	57
	G	21	1	7	2	—	—	2	1	4	6	3	3	—	2	—	1	—	—	—	4	—	3	2	2	—	42
3 and under 4	B	19	—	3	2	2	4	—	3	3	—	2	4	—	—	—	2	1	—	2	2	—	1	2	—	1	34
	G	15	1	4	2	2	2	—	4	2	2	5	2	—	—	—	—	—	1	1	1	—	2	1	—	2	33
4 and under 5	B	13	—	4	2	—	2	—	1	1	—	2	3	1	—	1	—	—	1	1	2	2	—	2	—	2	27
	G	13	—	4	1	—	1	—	1	1	1	3	3	—	—	—	1	—	2	—	1	—	2	—	1	1	23
Total		186	14	36	15	8	20	3	18	32	14	27	32	3	4	5	4	5	5	10	29	7	12	13	4	21	327

NUMBER TREATED AND WHERE TREATMENT OBTAINED.

C	—	—	36	11	8	20	3	18	32	14	27	29	3	3	5	4	2	—	—	27	6	12	—	—	20	280
P	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	2	—	1	2	1	—	13	4	—	25
H	—	—	—	4	—	—	—	—	—	—	—	1	—	1	—	—	1	—	1	—	—	—	—	—	1	9
Total	—	—	36	15	8	20	3	18	32	14	27	32	3	4	5	4	5	—	2	29	7	12	13	4	21	314

C = At Clinic or at homes of children by the Health Visitors, P = Private practitioner, H = Hospital,

PRE-MATERNITY WORK.

The co-operation of the midwives was asked for, but a letter, suggesting a meeting with the Medical Officer to discuss how the interests of the midwives could be safeguarded and how they could help the work, met with no response. Baby week, however, did elicit their sympathies, and the opportunity was taken to discuss details of the scheme.

A few expectant mothers have come to the Clinic, but the acting Medical Officer, being a general practitioner, has felt diffident about giving advice to the patients, or prospective patients, of other doctors. The Council are endeavouring to remedy this by obtaining the services of a qualified lady practitioner.

The number of midwives in the district is too small. On the county register there are the names of 7 midwives for Swinton and Pendlebury, but of these one has ceased to practise and another only undertakes monthly nursing, leaving 5 midwives for the district—*i.e.*, 3 in Swinton and Moorside and 2 in Pendlebury. Pendlebury is a district in which it is difficult to get an efficient qualified midwife to settle. A municipal service of midwives would be a solution of this difficulty—a definite income, definite holidays, and definite hours of work would probably be an inducement for good class midwives to come to this district.

III. Infectious Diseases.

The total number of infectious diseases notified during the year was 839 (or excluding measles 273) as compared with 927 in 1916 and 385 in 1915. The notifiable disease rate for the district (1889 Act) was 4·8 as compared with 8·5 in 1916 and 7·1 in 1915. The inclusive notifiable disease rate—that is, the rate which includes diseases which have become compulsorily notifiable by legislation later than the 1889 Act provided—was 29·7 as compared with 31·0 in 1916 or excluding measles 9·6 as compared with 14·1 in 1916.

The rates for the various wards were as follows :—

	1917.		1916.
Victoria Park	31·7	.....	32·9
Old Park	15·9	.....	23·6
Moorside	35·1	.....	13·6
Newtown	34·0	.....	33·9
Market	36·4	.....	32·0
East	26·0	.....	48·1

The increase in the rate in Moorside Ward was due to measles —109 cases as compared with 37 in 1916.

The arrangements for isolation were the same as in previous years ; 41 cases were removed to Ladywell Sanatorium—*i.e.*, 34·4 per cent. of the cases notified. The percentage of cases removed to sanatorium has increased each year during the last three years : 1917, 34·4 per cent. ; 1916, 32·9 per cent. : 1915, 23 per cent. ; 1914, 16 per cent. This increase is partially due to the fact that isolation at home was impracticable, owing to two families living in the same house ; other factors were mother unable to nurse the patient owing to ill-health, or suckling young baby, case occurring in a bad locality.

Details of the cases removed will be found in the following statement.

PARTICULARS OF SANATORIUM CASES 1917.

Scarlet Fever.	Enteric Fever.	Diphtheria.	Duration. of Detention in Days.	Total Cost. £ s. d.
1	—	—	55	13 7 3
2	—	—	62	14 17 2
3	—	—	50	12 5 9
4	—	—	48	11 17 3
5	—	—	51	12 10 1
6	—	—	57	13 15 10
7	—	—	45	11 4 5
8	—	—	51	12 10 1
9	—	—	46	11 8 6
10	—	—	44	11 0 1
11	—	—	53	12 18 8
12	—	—	46	11 8 6
13	—	—	50	12 5 10
14	—	—	44	11 0 1
15	—	—	48	11 13 0
16	—	—	49	12 1 6
17	—	—	49	12 1 6
18	—	—	45	11 4 5
19	—	—	48	11 17 3
20	—	—	44	11 0 1
21	—	—	46	11 8 6
22	—	—	41	10 7 3
23	—	—	43	10 15 10
24	—	—	81	17 7 2
—	1	—	57	13 15 10
—	2	—	26	7 3 0
—	3	—	29	7 15 10
—	4	—	13	4 10 3
—	—	1	28	7 11 0
—	—	2	6	3 14 1
—	—	3	31	8 4 5
—	—	4	27	7 7 3
—	—	5	40	11 7 0
—	—	6	26	8 11 10
—	—	7	38	10 2 4
—	—	8	61	15 13 10
—	—	9	29	9 4 8
—	—	10	8	3 9 10
—	—	11	2	3 0 11
—	—	12	2	3 2 6
—	—	13	1	2 18 3

The above amounts include the charges for removal and disinfecting and the cost of serum administration where necessary in cases of diphtheria.

SCARLET FEVER.

Sixty-eight cases were notified in the district, representing a rate of 2·4 per 1,000 as compared with 203 and a rate of 6·8 in 1916.

The total number of cases and the case rate per 1,000 of the population in the different wards were as follows :

	1917.		1916.	
	Total Cases.	Rate.	Total Cases.	Rate.
Victoria Park	26	4·7	50	8·5
Old Park	4	0·8	25	4·8
Moorside	8	2·0	4	0·9
Newtown	10	1·9	50	9·0
Market	12	2·7	47	10·1
East	8	1·8	27	5·9

Twenty-four cases of scarlet fever were removed to sanatorium —*i.e.*, 35·2 per cent. of the cases notified as compared with 33·0 per cent. in 1916.

There were no deaths from scarlet fever in 1917.

DIPHTHERIA.

Forty-five cases of diphtheria were notified during the year. This represents an attack rate of 1·5 per 1,000 population as compared with 20 cases and a rate of 0·67 in 1916. Cases occurred in each ward of the district, but were most numerous in Newtown and Market Wards.

The age distribution was as follows :

Under 1 year	1	5 to 15 years	25
1 to 5 years	18	15 to 25 years	1

In 13 cases the diagnosis was confirmed by bacteriological examination.

Thirteen cases of diphtheria were removed to hospital. 15·5 per cent. of the cases notified died as compared with 40·0 per cent. in 1916.

ENTERIC FEVER.

Six cases of this disease were notified during the year, which represents an attack rate of 0·2 per 1,000 population. The attack rate is the same as in 1916, and is the lowest ever recorded in the district. Four cases were removed to hospital.

MEASLES AND GERMAN MEASLES.

Five hundred and sixty-six notifications of these diseases were received during the year, representing an attack rate of 20 per 1,000 population.

The epidemic which commenced in December, 1916, continued throughout January, February, and March, 1917.

The age distribution is shown in the table of infectious diseases.

The case rates per 1,000 population in the different wards were as follows :

	1917.		1916.
Victoria Park	20·4	.....	16·0
Old Park	8·3	.....	12·1
Moorside	28·1	.....	9·0
Newtown	26·9	.....	17·6
Market	22 0	.....	13·5
East	15·1	.....	33·2

Below is given a table showing the notifications received each month (A) from doctors, (B) from parents, guardians, school nurses, or school attendance officers, of measles and German measles :

	Measles.		German Measles.		Total.
	A.	B.	A.	B.	
January	126	16	1	—	143
February	110	6	1	—	117
March.....	181	13	1	—	195
April	47	8	—	—	55
May	33	4	1	—	38
June	9	1	—	—	10
July	2	—	—	—	2
August	—	1	—	—	1
September	4	—	—	—	4
October	—	2	—	—	2
November	2	—	—	—	2
December	1	—	—	—	1
	—	—	—	—	—
Total	515	51	4	—	570

OPHTHALMIA NEONATORUM.

Seven cases were notified during the year as compared with 10 in the previous year.

NON-NOTIFIABLE INFECTIOUS DISEASES.

Information received concerning these diseases is limited to that concerning children of school age or attending school, and is obtained from the head teachers of the various schools.

The notifications received were as follows :

Whooping cough, 113 ; mumps, 183 ; chicken pox, 57.

All three diseases were prevalent during the year, and the number of notifications received does not nearly approximate to the actual number of cases.

TUBERCULOSIS.

There was a reduction in the number of cases notified of both pulmonary and non-pulmonary tuberculosis as compared with previous years.

	1917.	1916.	1915.	1914.	1913.
Pulmonary tuberculosis	87	93	90	103	111
Non-pulmonary ,,	42	59	54	52	67

PULMONARY TUBERCULOSIS.

The notification rate was 3 ·0 per 1,000 population as compared with 3 ·1 in 1916.

The notification rate for the various wards was as follows :

	1917.	1916.	1915.	1914.
Victoria Park	4 ·7	2 ·7	3 ·6	4 ·6
Old Park	2 ·8	2 ·1	2 ·09	2 ·04
Moorside	1 ·2	1 ·4	1 ·7	1 ·8
Newtown	1 ·1	3 ·4	2 ·3	1 ·9
Market	4 ·5	3 ·9	2 ·7	3 ·4
East	3 ·7	5 ·0	3 ·6	6 ·1

In the following table will be found the respective occupations of male and female persons who were notified last year as suffering from pulmonary tuberculosis :

RESPECTIVE OCCUPATIONS OF MALE AND FEMALE PERSONS NOTIFIED IN 1917 AS SUFFERING FROM PULMONARY TUBERCULOSIS.

Occupation.	Males.	Females.	Total.
School children	8	20	28
Children under school age	1	4	5
Mill operatives	1	7	8
Coal-miners	9	—	9
Labourers	2	—	2
Steam motor driver	1	—	1
School teacher	—	1	1
Police officer	1	—	1
Domestic servant	—	1	1
Soldiers	5	—	5
Pit-brow worker	—	1	1
Accountant	1	—	1
Sawyer	1	—	1
Shopkeeper	—	1	1
Electric armature winder	1	—	1
Pipe fitter	1	—	1
Cashier	1	—	1
Overlooker	1	—	1
Charwoman	—	1	1
Ward maid	—	1	1
Railway porter	1	—	1
Iron moulder	1	—	1
Machinist	—	1	1
Housewives	—	9	9
Of no occupation	—	3	3
Stoker	1	—	1
Total	37	50	87

The number of notifications of phthisis during the past five years shows a gradual reduction. With the increased facilities for diagnosis and for treatment in sanatoria under the National Health Insurance Act, and for non-insured persons by the Lancashire County Council, this reduction ought to become more marked, if the factors causing the spread of the disease were vigorously treated Density of population, as a factor, shows itself in the high rate in Victoria Park and Market Wards. The rate in East Ward, where the density of the population is the lowest in the district, is again high. The housing in this ward is, however, concentrated into small areas.

The difficulty of preventing the spread of the disease to other inhabitants of the same house is shown in the following table, which gives the number of inhabitants in each house where cases have been notified this year, and the number of bedrooms available :

No. of inhabitants in house.	No. of bedrooms in house.				Total cases.
	2.	3.	4.	6.	
2	7	1	—	—	8
3	7	1	—	—	8
4	13	4	1	—	18
5	13	3	1	—	17
6	12	3	1	1	17
7	9	2	—	—	11
8	2	2	—	—	4
9	2	—	—	—	2
10	1	—	—	—	1
Total.....	66	16	3	1	86*

*The total number notified was 87, but one case is an asylum case.

NO. OF CASES IN EACH HOUSE.

Of the cases notified this year there were : 73 with one case in the house, 11 with two cases, 1 with three cases, and 1 with five cases.

NON-PULMONARY TUBERCULOSIS.

Forty-two cases were notified during the year. The localisation of the disease was as follows :

	Under School Age.	Of School Age.	Over School Age.
Glands of neck ...	3	12	3
Hip	1	1	—
Wrist	—	—	1
Ankle	—	—	1
Thumb	1	—	—
Ribs	—	—	1
Spine	—	1	3
Abdomen	4	1	—
Peritoneum	3	—	1
Meninges	3	1	—
Generalised	1	—	—
Total	16	16	10

The total number of notified cases of pulmonary and non-pulmonary tuberculosis known to be resident in the district on December 31st, 1917, is given below :

	Victoria Park.	Old Park.	Moorside.	Newtown.	Market.	East.	Total.
Pulmonary	59	46	16	36	64	90	311
Non-pulmonary	30	19	16	44	42	24	175
Total	89	65	32	80	106	114	486

I am indebted to Dr. Fletcher, Tuberculosis Officer, for the following information :

1. No. of insured persons in the district granted domiciliary treatment 56
2. No. of insured persons under dispensary supervision only... 32

(1) Does not include those insured persons who were granted institutional treatment of some kind and who were granted domiciliary treatment pending admission.

(2) Does not include any in (1).

Tuberculosis cases were admitted into the following sanatoria or hospitals during the year:

Aitken, Ramsbottom.	High Carley, Ulverston.
Ainsworth, Bolton.	Leasowe, Cheshire.
Bowdon, Cheshire.	Meathop, Grange-over-Sands.
Bull Hill, Darwen.	Manchester Royal Infirmary.
Crossley's, Delamere.	Observation Hospital, Bury.
Eastby, Skipton.	Shelf, Halifax.
Elswick, Fylde.	Wensleydale, Aysgarth.
Eldwick, Bingley.	West Kirby, Cheshire.

The following table shows the number of patients admitted and discharged:

	Over 14.	Under 14.
Admitted during 1916 and still in on January 1st, 1917	5	11
Admitted during 1917	38	43
Total	43	54
Discharged during 1917	30	48
Still in sanatoria on December 31st, 1917	13	6

The Medical Officers' reports on the condition of the cases when discharged were as follows:

	Over 14.	Under 14.
Improved	9	18
In *status quo*	4	2
Disease quiescent	4	12
Disease arrested	2	14
Worse	3	1
Died in sanatorium	2	0
Diagnosis not confirmed	3	1
Diagnosis confirmed	3	—
	30	48

NOTIFICATIONS OF TUBERCULOSIS, 1917.

Primary Notifications A and B.

		All Ages.		Under 1 Year.		1 to 5.		5 to 15.		15 to 25		25 to 45		45 to 65		Over 65.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
	Pulmonary	37	50	1	—	—	4	8	20	8	2	14	18	6	6	—	—
	Non-Pulmonary	18	24	3	—	6	7	7	10	1	5	1	2	—	—	—	—
	Total	55	74	4	—	6	11	15	30	9	7	15	20	6	6	—	—
Form A.	Pulmonary	31	35	1	—	—	4	2	5	8	2	14	18	6	6	—	—
	Non-Pulmonary	11	16	3	—	5	7	1	2	1	5	1	2	—	—	—	—
Form B.	Pulmonary	6	15	—	—	—	—	6	15	—	—	—	—	—	—	—	—
	Non-Pulmonary	7	8	—	—	1	—	6	8	—	—	—	—	—	—	—	—
	Total	55	74	4	—	6	11	15	30	9	7	15	20	6	6	—	—

REPORT OF LABORATORY WORK.

The following report of work done on material from this district at Manchester University Laboratory was received from Professor Delepine :

	Total.	Positive.	Negative.
Diphtheria swabs	28	13	15
Sputum for tubercle bacilli	29	5	24
Blood—widal reaction for typhoid	4	0	4

IV. Sanitary Circumstances.

For particulars of Water Supply, Rivers and Streams, Drainage and Sewerage, and Closet Accommodation, see 1915 Report.

CLEANSING DEPARTMENT.

	No. of Weeks.	No. of Ashpits emptied monthly.	No. of Ashbins emptied monthly.	No. of Privy Pails emptied monthly.	Loads carted to Destructor and Tip and surrounding Farms.		No. of Applications for Ashpits to be emptied.	Loads of Offal and Garbage removed.
					Dry Ashes.	Privy.		
January	5	318	23,500	340	517	30	3	15
February.....	4	357	18,800	272	505	38	0	12
March	5	498	18,800	272	544	37	2	15
April	4	486	23,500	340	602	53	2	12
May	4	327	14,100	204	375	28	1	12
June.....	5	583	26,800	408	692	45	0	15
July	4	554	18,800	272	475	71	3	12
August.....	5	615	23,500	340	616	48	1	15
September	4	501	14,100	273	381	41	2	12
October	4	734	23,500	400	583	75	0	12
November.....	5	577	18,800	320	454	49	0	15
December	4	668	23,500	320	570	73	1	12
Total	53	6218	247,700	3761	6314	588	1	159

EMPTYING OF GULLIES.

Number reported emptied, 7,235. Owing to the shortage of manual labour no attempt has been made to carry this out systemati-

cally as in former years, only the really urgent ones being attended to, and these not always as often as is requisite.

The iron channels across the footpaths have also been cleaned out.

WORK DONE BY SANITARY INSPECTORS.

Under headings (A), (B), and (C) will be found classified the principal work of the Sanitary Staff during last year.

(A) Inspections Made.	Number of Inspections.
Scarlet, Fever, Enteric Fever, Smallpox, and Diptheria, etc.	175
Tuberculosis, Pulmonary and Non-pulmonary	173
No. of Houses where Disinfection was Carried Out	213
Disinfecting Visits	255
No. of Rooms Fumigated and Sprayed	192
No. of Rooms at Houses Sprayed only	486
No. of Schoolrooms Sprayed	471
Factories and Workshops	27
Out-workers	14
Bakehouses	70
Dairies, Cowsheds, and Milkshops	45
Stables and Manure Receptacles	44
Offensive Trades	17
Dirty and Verminous Houses	12
Overcrowding of Dwellings	7
Common Lodging-house	14
Slaughter-houses	31
Smoke Observations	47
Water Closets as to their General Cleanliness and Repair	1477
Privies and Ashpits	65
Ash Receptacles	356
Defective W.C. Fittings	108
Miscellaneous	36
Complaints Investigated	69
(B) Notices Served.	
Statutory (principally under Section 36)	36
Preliminary or Informal	183
Verbal	184

Letters Written	211
To Elementary Schools *re* Infectious Disease	165
To School Attendance Officer	185
To Parents	94

(C) Result of Service of Notices.

The first three distinctive notices and letters enumerated in Table (B) relate to sanitary or other defects. It will be understood that one notice covers in some instances a number of defects. The following is a summary of the number remedied :

Housing.

Damaged Water Supply Pipes and Taps Repaired	63
New Water Mains Provided	4
Broken Rain-water Downspouts Renewed	6
Defective Eaves, Gutters, and Roofs Repaired	17
Sink Waste Pipes Repaired and Pipe Protectors Fixed	4
Dilapidated Ash-receptacles Replaced by New Ones	70
Dirty Yards and Deposit of Refuse Remedied	13
Structural Defects Remedied	3
Water Closets Substituted for Privies	0
Ash Receptacles Substituted for Ashpits	0
Dirty and Verminous Houses Cleansed	5
Overcrowding Remedied	0
Ashpit Walls Repaired	12
Surface of Yards Repaired	2

Water Closets.

Defective W.C. Cisterns Repaired	54
W.C. Pedestals Choked	126
Pedestals Repaired	4
New Pedestals Fixed	12
Defective Flush Pipes	4

Drains.

Choked Gullies, Drains, and Sewers Cleared	85
Shippons Limewashed	5

General.

Manure Receptacles Cleared and Disinfected	7
Accumulations of Rubbish, etc., Removed	11
Slaughter-houses Lime-washed	3

SMOKE NUISANCE.

Forty-four observations were made last year, and in 14 of these the five-minutes limit was exceeded.

In all cases where the five-minutes limit was exceeded, copies of the observations were sent to the firms. Correspondence was entered into with the effect that a temporary improvement was made.

THE DESTRUCTOR.

Particulars available as to the amount of refuse disposed of in the Destructor are as follows :

January 1st to December 31st, 1917.

No. of loads 1,514

Weight of refuse ....2,165 tons.

Owing to the shortage of manual labour the Destructor has only been worked part time, hence the considerably reduced amount of refuse dealt with. This has caused the undesirable tipping to be resumed at Pendlebury.

DISINFECTION OF CLOTHING AND BEDDING, Etc.

Number of articles of clothing, etc., steam-disinfected at the Disinfector near the Destructor, removed in Council's own van from the various houses, owing to the following infectious, contagious, and other diseases :

	No. of Articles.
Tuberculosis	48
Cancer	21
Typhoid Fever	1
Soldiers' Clothing	23
Scabies	179
Total	272

COMMON LODGING-HOUSE.

There is only one in the district. The management is good and satisfactory.

Fourteen inspections were made.

No infectious disease was reported.

The house is not used by vagrants ; the lodgers are mainly permanent.

OFFENSIVE TRADES.

There are two premises in the district where work of a nature considered offensive is carried on.

During the summer months, owing to the scarcity of labour, extra visits were necessary to one of these premises to ensure the requisite removal of refuse and sanitary precautions being taken

PUBLIC BATHS.

Mr. and Mrs. Wilson, the superintendents, have kindly supplied the following information :

The Baths, which include a swimming pond, private baths, and vapour bath, have now been in existence for some years. (The pond was only open from June to September inclusive.)

Attendances at the Baths last year were as follows :

Swimming baths	27,463
Slipper baths	3,531
Boys' wash baths	752

The pond water is treated on the Royle's system.

V. Food.

DAIRIES, COWSHEDS, AND MILKSHOPS.

No. of Cowkeepers in the district (3 are non-retailers)	15
No. of Dairymen ,, ,, ...	9
No. of Milkshops ,, ,, ...	17

In addition to the above, there are 13 Dairymen and Farmers coming into the district who are non-resident. The total number of milk purveyors in the district, therefore, is 51.

Forty-five inspections were made of Dairies, Cowsheds, and Milkshops in the year 1917.

Thirty-three samples of milk were purchased last year by the County Authority who administer the Food and Drugs Act. All were found to comply with the necessary standards.

BAKEHOUSES.

Seventy inspections of bakehouses were made last year.

Several bakehouses are shops where general groceries are sold, and the actual baking is carried out in the living room. This is most undesirable.

The necessary limewashing has been carried out.

FOOD CONTROL.

During the month of May the Sanitary Inspector, upon the suggestion of the Local Government Board, was appointed Inspector for the purposes of the Local Authorities Food Control Order No. 1. This work necessitated systematic visitation of the confectioners' shops after general working hours. Verbal and typewritten regulations were given to the occupiers. There were many infringements for a time, the shopkeepers not having been accustomed to being interfered with, and resented it somewhat. There was only one prosecution where a baker persisted in making custards.

SLAUGHTER-HOUSES.

Seventeen private slaughter-houses are registered in the district.

FOOD AND DRUGS ACT.

Inspector Munro, of the County Police, has kindly supplied the following information respecting the nature and number of samples purchased in the district for public analysis in connection with the administration of the above Acts during 1917 :

Butter	14	Oatmeal	3
Milk	33	Lard	3
Coffee	7	Lobster	1
Cheese	6	Corn flour	1
Tea	2	Self-raising flour	1
Margarine	4	Flour	1
Pepper	7	Yeast	1
Ginger	4	Sausage	5
Baking powder	1	Meat pie	1
Ox-tail soup	1	Tinned milk	1

All the samples were stated to be genuine or passable.

CAUSES OF DEATH IN SWINTON AND PENDLEBURY—1917

By the Registrar-General.

Causes of Death.	Males.	Females.
All causes (Civilians only)	223	177

	Causes of Death.	Males.	Females.
1.	Enteric fever	2	2
2.	Smallpox	—	—
3.	Measles	8	10
4.	Scarlet fever	—	—
5.	Whooping cough	3	1
6.	Diphtheria and croup	3	4
7.	Influenza	2	0
8.	Erysipelas	1	—
9.	Pulmonary tuberculosis	22	15
10.	Tuberculous meningitis	1	3
11.	Other tuberculous disease	1	2
12.	Cancer, malignant diseases	11	15
13.	Rheumatic fever	2	0
14.	Meningitis	2	1
15.	Organic heart disease	12	18
16.	Bronchitis	16	9
17.	Pneumonia (all forms)	27	21
18.	Other respiratory diseases	2	4
19.	Diarrhœa, etc. (under 2 years)	2	2
20.	Appendicitis and typhlitis	2	0
21.	Cirrhosis of liver	3	0
21A.	Alcoholism	—	—
22.	Nephritis and Bright's disease	8	4
23.	Puerperal fever	—	2
24.	Parturition, apart from puerperal fever	—	1
25.	Congenital debility, etc.	17	7
26.	Violence, apart from suicide	18	1
27.	Suicide	2	0
28.	Other defined diseases	55	54
29.	Causes ill-defined or unknown	1	1
	Special causes (included above)—		
	Cerebro-spinal fever	—	—
	Poliomyelitis	—	—
	Deaths of infants under 1 year of age	42	26
	Total births	273	263
	Legitimate	264	254
	Illegitimate	9	9
	Population for death rate	28,188	
	Population for birth rate	31,422	

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1917.

Notifiable Disease.	Number of Cases Notified.								Total Cases Notified in each Ward.						Total Cases Removed to Hospital.
	At all Ages.	Ages.							1 Victoria Park.	2 Old Park.	3 Moorside.	4 Newtown.	5 Market.	6 East.	
		Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.							
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	45	1	18	25	1	—	—	—	3	8	5	11	13	5	13
Erysipelas	17	1	—	3	3	2	8	—	4	5	2	2	2	2	—
Scarlet Fever	68	1	24	40	1	2	—	—	26	4	8	10	12	8	24
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever	6	—	—	3	1	1	1	—	1	—	—	3	1	1	4
Relapsing Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	1	—	—	—	—	1	—	—	—	1	—	—	—	—	—
Cerebro-spinal Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	7	7	—	—	—	—	—	—	—	2	1	1	1	2	—
Pulmonary Tuberculosis	87	1	4	28	10	32	12	—	26	14	5	6	20	16	—
Non-Pulmonary	42	3	13	17	6	3	—	—	2	3	6	4	14	13	—
Measles	566	21	317	192	5	1	—	—	113	41	109	141	97	65	—
Totals	839	35	406	308	27	42	21	—	175	78	136	178	160	112	41

Cases of Infectious Disease Notified in Children's Hospital.

	At all Ages.	Under 1.	1 to 5.	5 to 15.	15 to 25.
Enteric Fever	—	—	—	—	—
Scarlet Fever	2	—	2	—	—
Diphtheria	6	2	1	3	—
Cerebro-spinal	1	—	1	—	—
Poliomyelitis	1	—	—	1	—
Erysipelas	2	2	—	—	—
Measles	20	1	11	6	2
Total	32	5	15	10	2

DEATHS REGISTERED DURING THE CALENDAR YEAR 1917, CLASSIFIED BY AGE AND CAUSE.

Causes of Death.	Nett Deaths, at the Subjoined Ages, of "Residents," whether occurring within or without the district.									Total Deaths, whether of "Residents" or "Non-Residents," in Institutions in the District.
	All Ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and upwards.	
1	2	3	4	5	6	7	8	9	10	11
All Causes.. Certified	396	68	18	25	20	20	55	96	94	209
All Causes.. Uncertified	5	—	—	—	—	—	—	2	3	—
1. Enteric Fever	4	—	—	—	1	1	1	1	—	—
2. Smallpox	—	—	—	—	—	—	—	—	—	—
3. Measles	18	5	8	5	—	—	—	—	—	4
4. Scarlet Fever	—	—	—	—	—	—	—	—	—	1
5. Whooping Cough	4	3	—	1	—	—	—	—	—	3
6. Diphtheria and Croup	7	1	1	3	2	—	—	—	—	1
7. Influenza	2	—	—	—	—	—	1	—	1	1
8. Erysipelas	1	1	—	—	—	—	—	—	—	—
9. Phthisis (Pulmonary Tuberculosis)	37	1	1	—	5	7	13	9	1	12
10. Tubercular Meningitis	4	1	—	2	1	—	—	—	—	7
11. Other Tubercular Diseases	4	—	—	1	2	1	—	—	—	20
12. Cancer, malignant disease	26	—	—	—	—	—	3	17	6	—
13. Rheumatic Fever	2	—	—	—	—	1	—	1	—	1
14. Meningitis	3	2	—	—	—	1	—	—	—	2
15. Organic Heart Disease	32	—	—	—	2	2	4	12	12	—
16. Bronchitis	25	2	—	1	—	—	—	9	13	4
17. Pneumonia (all forms)	48	9	5	7	—	—	8	12	7	33
18. Other diseases of the respiratory organs	5	1	—	1	—	—	—	1	2	2
19. Diarrhœa and Enteritis	4	4	—	—	—	—	—	—	—	15
20. Appendicitis and Typhlitis	2	—	—	—	—	2	—	—	—	1
21. Cirrhosis of Liver	3	—	—	—	—	—	1	2	—	—
21a. Alcoholism	—	—	—	—	—	—	—	—	—	—
22. Nephritis and Bright's Disease	11	—	—	—	1	1	3	4	2	4
23. Puerperal Fever	2	—	—	—	—	—	2	—	—	—
24. Other accidents and diseases of Pregnancy and Parturition	1	—	—	—	—	—	1	—	—	—
25. Congenital Debility and Malformation, including Premature Birth	24	24	—	—	—	—	—	—	—	42
26. Violent Deaths, excluding Suicide	19	1	1	1	3	2	4	4	3	1
27. Suicide	2	—	—	—	—	1	1	—	—	—
28. Other Defined Diseases	109	13	2	1	3	1	13	26	50	55
29. Diseases Ill-defined or Unknown	2	—	—	2	—	—	—	—	—	—
Totals	401	68	18	25	20	20	55	98	97	209

INFANTILE MORTALITY.

1916. Nett Deaths from Stated Causes at Various Ages under 1 Year of Age.

Causes 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 { Certified	19	4	3	2	28	14	8	8	10	68
All Causes { Uncertified	—	—	—	—	—	—	—	—	—	—
Small-pox	—	—	—	—	—	—	—	—	—	—
Chicken-pox	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	2	3	5
Scarlet Fever	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	2	1	—	—	3
Diphtheria and Croup	—	—	—	—	—	—	—	—	1	1
Erysipelas	—	—	—	—	—	1	—	—	—	1
Tubercular Meningitis	—	—	—	—	—	—	—	1	—	1
Abdominal Tuberculosis	—	—	—	—	—	—	—	—	—	—
Other Tubercular Diseases	—	—	—	—	—	—	—	1	—	1
Meningitis (not Tubercular)	—	—	—	—	—	1	—	—	1	2
Convulsions	2	—	—	—	2	—	2	—	1	5
Laryngitis	—	—	—	—	—	—	—	—	—	—
Bronchitis	—	—	—	—	—	2	—	—	—	2
Pneumonia (all forms)	—	—	—	—	—	2	1	2	4	9
Diarrhœa	—	—	—	—	—	—	—	1	—	1
Enteritis	—	—	—	—	—	2	—	1	—	3
Gastritis	—	—	—	—	—	—	1	—	—	1
Syphilis	—	1	1	—	2	2	—	—	—	4
Rickets	—	—	—	—	—	—	—	—	—	—
Suffocation, overlying	—	—	—	—	—	—	—	—	—	—
Injury at birth	1	—	—	—	1	—	—	—	—	1
Atelectasis	1	—	—	—	1	—	—	—	—	1
Congenital Malformations	3	—	—	1	4	—	1	—	—	5
Premature Birth	11	3	—	—	14	—	1	—	—	15
Atrophy, Debility, and Marasmus	1	—	2	—	3	1	—	—	—	4
Other Causes	—	—	—	1	1	1	1	—	—	3
Totals	19	4	3	2	28	14	8	8	10	68

Nett Births Registered during the Calendar Year: Legitimate, 518; Illegitimate, 18.
Nett Deaths Registered during the Calendar Year: Legitimate Infants, 67; Illegitimate Infants, 1.

FACTORIES AND WORKSHOPS ACT, 1901.

WORKSHOPS, WORKPLACES, AND HOME-WORK.

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

Premises.	Number of Inspections.	Written Notices.	Prosecutions.
Factories (including Factory Laundries) ...	7	1	—
Workshops (including Workshop Laundries) .	54	2	—

2.—*Defects Found in Factories, Workshops, and Workplaces.*

(*Nuisances under the Public Health Act.*)

Particulars.	Defects. Found.	Defects Remedied.	Prosecutions.
Want of Cleanliness and Limewashing	4	4	—
Sanitary Accommodation — insufficient.....	1	1	—
Sanitary Accommodation — unsuitable or defective.....	—	—	—
Sanitary Accommodation — not separate for sexes.....	—	—	—
Roof defective	1	—	—
Insufficient means of escape in case of Fire	—	—	—
Total	6	5	

3.—*Home-work.*

Nature of Work.	Outworkers' Lists.					
	Sending twice in the year.			Sending once in the year.		
	Lists.	Outworkers.		Lists.	Outworkers.	
		Contractors.	Workmen.		Contractors.	Workmen.
Wearing Apparel, making...	2	—	3	—	—	—
Umbrellas, etc.	1	—	1	—	—	—
Total	3	—	4	—	—	—

4.—*Registered Workshops.*

Important Classes of Workshops on the Register for the year 1917.	Number.
Bakehouses	39
Boot, Shoe, and Clog Repairing	27
Ice Cream Makers.....	5
Dressmaking, Millinery, and Tailors	18
Joiners	2
Metal Workers, Tinplate Workers, and Whitesmiths	5
Manufacturers of Mineral Waters	1
Laundry	1
Total Number of Workshops on Register	98

Work was suspended at 11 of the above premises towards the end of the year, owing to war circumstances. The manufacturing of Ice Cream was also stopped.

5.—*Other Matters.*

Class.		Number.
Action taken in matters referred by H. M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshops Acts, 1901	Notified by H.M. Inspector	1
	Reports (of action taken) sent to H.M. Inspector on Completion.	1
Underground Bakehouses—		
Certificates granted during the year		None
In use at the end of the year		6

The School Medical Officer's Report.

May, 1917.

To the Chairman and Members of the Local Education Authority.

Sir, Mrs. Postlethwaite, and Gentlemen,—I beg to submit my Report on the Inspection and Treatment of School Children during the year 1917.

The report is again given in a condensed form. No detailed account is given of work which has been conducted on lines similar to those of previous years, but, if alterations have been made in routine or detail, these have been indicated.

The School Nursing Staff has been increased. In the early part of the year an extra nurse was appointed to divide her time between the School Service and Health Visiting. This was found, with the extension of work undertaken, to be still an inadequate staff for each. In July another nurse was appointed, and during the latter half of the year there were two School Nurses and two Health Visitors.

The new School Clinic was not opened until September, owing to the delay in obtaining material and fittings.

I beg to draw your attention to the results obtained at the Treatment Clinic showing the reduction in loss of school attendance effected by treatment. The results that have been obtained are, in my opinion, quite satisfactory, and a credit to the School Nursing Staff. I have entered into some detail about the uncleanliness of school children, because this remains unusually high.

I again wish to express my thanks for the consideration you have given to my suggestions, and my indebtedness to Mrs. Postlethwaite and Mr. Entwistle for their valuable help.

I am,

Your obedient servant,

E. HIGSON.

Work Accomplished.

Routine Inspections	448
Nurses' Visits to Departments	212
Nurses' Visits to Homes	1,135
Children Examined for Cleanliness	4,331
Number of Statutory Notices to Cleanse served, respecting 70 children	98
Number of Children Cleansed Voluntarily	50
Number of Children Seized and Cleansed	20

INSPECTION CLINIC.

Number of Children who attended	1,277
Total Number of Attendances	6,045
Average Number of Attendances per Child	4·7

TREATMENT CLINICS.

Ophthalmic—

Number of Children who attended	423
Total Number of Attendances	15,086
Average Number of Attendances per Child	35·6

Minor Ailments (from July 1st, 1917)—

Number of Children who attended	334
Total Number of Attendances	4,909
Average Number of Attendances per Child	14·6

Scabies (Baths, etc., from October 16th, 1917)—

Number of Children Bathed, etc.	21
Total Baths given	90
Average Number of Baths per Child	4·3

Routine Inspections.

No systematic routine medical inspection of children in age groups has been attempted since Dr. Stalker left to undertake military duty (May 1st, 1915), but 448 selected children have been examined.

These selected children include all children brought by their parents or sent by teachers or the School Attendance Officers to the clinic; all children who had been excluded from school for an Infectious (notifiable or non-notifiable) Disease, and the contacts, before being re-admitted to school; also certain obviously ailing children attending the Treatment Clinic.

TABLE I.

NUMBER OF CHILDREN INSPECTED 1st Jan., 1917, to Dec. 31, 1917.

B Groups other than Code.

—	Intermediate Group (other than 8 years).	Special Cases.	Re-examinations (*i.e.*, No. of Children Re-examined).
(1)	(2)	(3)	(4)
Boys.....	—	196	162
Girls	—	252	213
Totals	—	448	375

TABLE II.

Return of Defects found in the course of Medical Inspection in 1917.

Defect or Disease. (1)		Code Group.		Specials.	
		Number referred for treatment. (2)	Number requiring to be kept under observation but not referred for treatment. (3)	Number referred for treatment. (4)	Number requiring to be kept under observation but not referred for treatment. (5)
Skin	Malnutrition	—	—	151	57
	Uncleanliness—				
	Head	—	—	57	—
	Body	—	—	26	—
Skin	Ringworm—				
	Head	—	—	6	—
	Body	—	—	4	—
	Scabies	—	—	—	—
	Impetigo	—	—	15	—
	Other Disease ..	—	—	16	—
Eye	Defective Vision and Squint ..	—	—	78	—
	External Eye Dis.	—	—	36	—
Ear	Defective Hearing	—	—	38	29
	Ear Disease	—	—	12	—
Teeth	Dental Disease..	—	—	311	—
Nose and Throat	Enlarged Tonsils	—	—	15	6
	Adenoids	—	—	37	23
	Enlarged Tonsils and Adenoids	—	—	9	—
	Defective Speech	—	—	15	6
Heart and Circulation	Heart Disease—				
	Organic	—	—	43	—
	Functional ..	—	—	32	10
	Anæmia	—	—	32	—
Lungs	Pulmonary Tuberculosis—Definite	—	—	35	—
	Suspected	—	—	32	29
	Chronic Bronchitis	—	—	71	—
	Other Disease ..	—	—	65	—
Nervous System	Epilepsy.....	—	—	3	—
	Chorea	—	—	7	—
	Other Disease ..	—	—	11	—
	Non-pulmonary Tuberculosis:				
	Glands	—	—	11	—
	Bones and Joints	—	—	2	—
	Other Forms..	—	—	4	—
	Rickets	—	—	16	—
	Deformities	—	—	32	—
	Other Defects or Diseases	—	—	100	—

No useful purpose will be served in comparing the percentages of defects found in the children examined this year with those found in previous years, as necessarily with picked *ailing* children the percentages of defects found will be much higher than in children of age groups.

Excluding uncleanliness, defective clothing, and footgear, only 28 of the 448 children were found to be free from defects—*i.e.*, 93·7 per cent. defective and 6·2 per cent. free from defects.

Three hundred and twenty-six were referred for treatment. Of these, 269 received treatment for one or more defects—*i.e.*, 82·5 per cent.; but, although 82·5 per cent. of the defective children received treatment, it does not follow that if a child had more than one defect the more serious one was treated. This will be referred to again when considering treatment of defects.

Physical Conditions as revealed by Medical Inspection.

CLOTHING AND FOOTGEAR.

Defective clothing	16 or 3·5%
Defective footgear	11 or 2·4%

These are much lower than in any previous year.

There has certainly been, with a few bad exceptions, an improvement in the condition of the clothing and footgear of all children attending the various clinics this year as compared with last. Owing to shortage of boot and clog repairers, there has often been long delay in getting boots and clogs repaired after the defects have been notified to their parents. Many of the repairs show evidence of having been executed by amateurs, indicating a praiseworthy effort to cope with difficulties. A few practical lessons on minor repairs to boots would be beneficial for the elder boys.

TEETH.

	1917.		1916.		1915.
Sound.....	30·6%	...	14·7%	...	10·0%
Not more than 4 decayed	45·0%	...	53·2%	...	52·7%
More than 4 decayed	24·3%	...	31·9%	...	33·5%

This is a marked improvement on previous years.

UNCLEANLINESS.

	1917.		1916.		1915.
Head	57 or 12·7%	.....	17·0%	.....	17·5%
Body	26 or 5·8%	.....	6·6%	.....	10·0%

The improvement shown in the lower percentage of children with unclean heads as compared with last year is not confined to the children examined at the Clinic. The Table of Verminous Conditions, which is the tabulated results of the routine cleanliness examinations conducted by the School Nurses at the various schools,

shows the same improvement but not in so marked a degree. This year I have tabulated the results of these examinations January to July and August to December for the sake of comparison.

	1917.		1916.
	Jan. to July.	Aug. to Dec.	
Unclean heads	6·5%	5·6%	11·2%

This shows an improvement of 5 per cent. on the previous year, but only 0·9 per cent. between the latter and first halves of the year, despite the efforts of the School Nurses to effect an improvement.

There was an improvement in the latter half of the year of 1·2 per cent. in the presence of nits and an increase of 0·2 per cent. in the presence of pediculi.

Seventy statutory notices to cleanse were served on parents, 50 of the children concerned were cleansed voluntarily and 20 were seized and cleansed. The School Nurses were threatened with violence whilst executing this unpleasant statutory duty, and the matter was raised in the proceedings of the Council and reported in the press with a warning notice. Whilst realising the difficulties under which many parents, with a desire to keep their children clean, labour—*e.g.*, large families of young children, parents both working out all day, mother dead and children under care of an elder sister or neighbour—there are, undoubtedly, many mothers careless and neglectful about the condition of their children, who consider that the presence of nits in a girl's hair is normal or caused by the child being in a low state of health (instead of, as is often the case, the converse). Persuasion and threats have proved useless in these cases, and the only alternative is to seize and cleanse the child, both in the interests of the child itself and of the other clean children. Children attending school in a clean condition ought not to be subjected to the chance of infection from dirty children.

The cloak rooms in many of the schools leave much to be desired, and are possibly a source of spread of pediculi to clean children. Clothing and hats are hung up indiscriminately. Each child should have a separate, numbered peg for his sole use, and the pegs should be sufficiently far apart that clothes hung on one peg

would not touch those on another. A monitor or teacher should be on duty to see that the children observe the rule.

The parents of dirty children have ample warning before seizure. The procedure adopted has been as follows: Children found by the School Nurses to have numerous nits or pediculi receive a white card to hand to their parents, calling attention to the fact and containing instructions how to remedy. At the nurse's next visit to the school, unless there is a marked improvement, a pink card with a warning is given. If at the third visit there is still little or no improvement, the child is examined, either at the school or the Inspection Clinic, by the acting School Medical Officer, and if found verminous, a first statutory notice is served on the parents by registered post, followed, if necessary, by the second statutory notice to the School Nurse. Many parents after receiving the first statutory notice kept their children away from school in order to evade the seizing and cleansing. Visits by the School Attendance Officers and a warning that a summons would be taken out for non-attendance at school remedied this. Some of the older girls with nits in the hair were, when the condition was not improved at home, made to come to the Treatment Clinic daily and comb their hair with tooth combs in the presence of the School Nurses.

No children were reported as having "body vermin."

The amount of examination of a child's body and clothing that can be carried out in a class-room is almost useless. A much more rigorous examination could be made if the School Nurses visited the Public Swimming Baths during class bathing—both the clothing and bodies of the children could then be properly inspected.

TABLE OF VERMINOUS CONDITIONS.

	Total Examined.		Clean.		%			Nits.		%			Live Vermin.		%			Body Vermin.		%		
					1917.		1916.			1917.		1916.			1917.		1916.			1917.		1916.
	Jan. to July.	Aug. to Dec.	Jan. to July.	Aug. to Dec.	Jan. to July.	Aug. to Dec.	Whole Year.	Jan. to July.	Aug. to Dec.	Jan. to July.	Aug. to Dec.	Whole Year.	Jan. to July.	Aug. to Dec.	Jan. to July.	Aug. to Dec.	Whole Year.	Jan. to July	Aug. to Dec.	Jan. to July	Aug. to Dec.	Whole Year.
St. Augustine's Boys ..	209	231	208	230	99·5	99·5	98·2	1	—	0·4	—	1·8	—	1	—	0·4	—	—	—	—	—	—
St. Augustine's Girls ..	218	233	186	211	85·3	90·5	82·1	30	19	13·7	8·1	13·7	2	3	0·9	1·3	3·2	—	—	—	—	0·9
St. Augustine's Infants	186	188	181	179	97·3	95·2	91·0	5	8	2·6	4·2	4·5	—	1	—	0·5	3·5	—	—	—	—	0·4
St. Joseph's .... Boys ..	68	80	67	80	98·5	100·0	92·0	1	—	1·4	—	5·0	—	—	—	—	2·0	—	—	—	—	1·0
St. Joseph's .... Girls ..	80	98	67	83	83·7	84·6	60·7	9	13	11·2	13·2	23·9	4	2	5·0	2·0	7·6	—	—	—	—	1·0
St. Joseph's .... Infants	63	60	41	58	65·0	96·6	82·4	20	2	31·7	3·3	12·1	2	—	3·1	—	5·5	—	—	—	—	—
St. Peter's .... Boys ..	196	330	196	330	100·0	100·0	98·5	—	—	—	—	1·4	—	—	—	—	—	—	—	—	—	—
St. Peter's .... Girls ..	198	319	183	289	92·4	90·5	87·9	13	20	6·5	6·2	8·3	2	10	1·0	3·1	4·4	—	—	—	—	—
St. Peter's .... Infants	260	236	240	223	92·3	94·5	92·3	14	7	5·3	2·9	5·3	6	6	2·3½	2·5	2·3	—	—	—	—	—
Christ Church .. Boys ..	178	182	177	181	99·4	99·4	99·4	1	—	0·5	—	—	—	1	—	0·5	0·5	—	—	—	—	—
Christ Church .. Girls ..	174	190	164	173	94·2	91·0	66·8	8	17	4·6	8·9	21·8	2	—	1·1	—	11·3	—	—	—	—	—
Christ Church .. Infants	126	121	119	116	94·4	95·9	84·5	7	3	5·5	2·4	10·5	—	2	—	1·6	4·9	—	—	—	—	—
St. Charles' .... Boys ..	42	40	42	39	100·0	97·5	83·7	—	—	—	—	10·8	—	1	—	2·5	5·4	—	—	—	—	—
St. Charles' .... Girls ..	23	46	11	42	47·8	91·3	55·0	12	3	52·1	6·5	35·0	—	1	—	2·1	10·0	—	—	—	—	—
St. Charles' .... Infants	15	26	13	25	86·8	96·1	80·7	2	—	13·3	—	11·5	—	1	—	3·8	7·6	—	—	—	—	—
St. Mary's .... Boys ..	138	163	133	159	96·3	99·5	95·7	—	2	—	1·2	3·0	5	2	3·6	1·2	1·2	—	—	—	—	—
St. Mary's .... Girls ..	139	165	122	139	87·7	84·2	79·8	12	21	8·6	12·7	13·1	5	5	3·6	3·0	5·5	—	—	—	—	1·3
St. Mary's .... Infants	130	156	123	147	94·6	94·2	86·2	6	4	4·6	2·5	7·4	1	5	0·7	3·2	6·2	—	—	—	—	—
Cromwell Road Boys ..	285	285	285	285	100·0	100·0	95·8	—	—	—	—	2·9	—	—	—	—	1·2	—	—	—	—	—
Cromwell Road Girls ..	155	170	122	149	78·7	87·6	82·6	30	21	19·3	12·3	12·7	3	—	1·9	—	4·7	—	—	—	—	—
Cromwell Road Infants	169	160	160	151	94·6	94·3	86·3	9	4	5·3	2·5	9·7	—	5	—	3·1	3·8	—	—	—	—	—
Moorside Council Boys ..	49	58	49	57	100·0	98·2	94·2	—	—	—	—	5·7	—	1	—	1·7	—	—	—	—	—	—
Moorside Council Girls ..	42	47	42	40	85·7	85·1	84·3	6	7	14·2	14·8	13·7	—	—	—	—	1·8	—	—	—	—	—
Moorside Council Infants	55	38	55	37	89·0	97·3	88·8	5	1	9·0	2·6	6·6	1	—	1·8	—	2·2	—	—	—	—	—
Holy Rood .... Boys ..	89	80	89	79	100·0	98·7	97·8	—	1	—	1·2	2·1	—	—	—	—	—	—	—	—	—	—
Holy Rood .... Girls ..	90	96	89	79	98·8	82·3	79·7	1	16	1·1	16·6	17·0	—	1	—	1·0	3·1	—	—	—	—	—
Holy Rood .... Infants	98	129	98	122	100·0	94·5	89·7	—	7	—	5·4	6·1	—	—	—	—	4·1	—	—	—	—	—
St. Paul's .... Infants	87	90	82	90	94·2	100·0	94·1	2	—	2·3	—	2·9	3	—	3·4	—	2·9	—	—	—	—	—
St. Stephen's .. Infants	206	250	190	233	92·2	93·2	90·9	14	10	6·7	4·0	7·1	2	7	0·9	2·8	1·9	—	—	—	—	—
Totals	3768	4267	3522	4026	93·4	94·3	88·5	208	186	5·5	4·3	7·9	38	55	1·0	1·2	3·2	—	—	—	—	0·1

Other defects found during routine examinations were: Defective nutrition, 208 or 46·4 per cent.; tonsils enlarged, 21 or 4·62 per cent.; adenoids present, 60 or 13·3 per cent.; tonsils and adenoids, 9 or 2 per cent.; heart disease and defects of circulation, 85 or 18·9 per cent.; external eye disease, 36 or 8 per cent.; defective vision, 78 or 17·4 per cent.

TUBERCULOSIS.

The same system as was in force last year of referring suspected cases of tuberculosis to the Tuberculosis Dispensary for Dr. Fletcher's report has been continued, and has worked very satisfactorily.

The only difference from last year is the system adopted for admitting children to sanatoria. The parents of the child make formal application to the Lancashire County Council, and then all arrangements are made by the County Tuberculosis Authorities, and the parents notified to which sanatorium and when they must take the child, instead of the parents having to find which sanatorium had a vacancy. The County also now pay the full expenses of each child whilst an inmate of a sanatorium, thus relieving the Swinton and Pendlebury Council of the burden of paying the difference between the amount granted by the County Authorities and the charge made by the sanatorium.

Many of the tubercular children and suspected cases showed a loss of weight during the latter part of the year through an insufficiency of fat; the extra ration now allowed to these cases will be beneficial.

PULMONARY TUBERCULOSIS.

Thirty-one cases of phthisis amongst school children were notified during the year as compared with 32 the previous year.

The following particulars relate to children admitted to sanatoria:

In sanatoria on December 31st, 1916	11
Admitted to sanatoria during 1917	43
Discharged from sanatoria during 1917.....	48
Still in sanatoria on December 31st, 1917	6

The report of the Medical Officers on the condition of the 48 children when discharged was as follows :

Improved	18
Disease quiescent	12
Disease arrested	14
In *status quo*	2
Worse	1
Disease not confirmed	1
	48

Children were admitted to the following sanatoria :

Sanatorium.	No. admitted.	Sanatorium.	No. admitted.
Eastby	12	Elswick	3
High Carley	9	West Kirby	2
Ainsworth	2	Bowdon	8
Halifax	2	Leasow	1
Bury	4		

NON-PULMONARY TUBERCULOSIS.

Eighteen cases of non-pulmonary tuberculosis occurring amongst school children were notified during the year. Localisation of the disease :

Glands of neck	13
Peritoneum	3
Hip	1
Spine	1

TABLE IV.—Treatment of Defects of Children during 1917.

Condition.	No. of Defects found for which Treatment was considered necessary.			No. of Defects for which no report is available.	No. of Defects Treated.	Results of Treatment.			No. of Defects not Treated.	Percentage of Defects Treated.
	From previous year.	New.	Total.			Remedied.	Improved.	Unchanged.		
Clothing	1	16	17	—	17	5	12	—	—	100·0
Footgear	1	15	16	—	16	3	13	—	—	100·0
Cleanliness of Head	6	106	112	5	107	76	26	5	—	95·5
Cleanliness of Body	1	26	27	—	27	20	7	—	—	100·0
Nutrition	6	147	153	10	143	3	89	51	—	93·4
Nose and Throat	10	124	134	9	103	71	18	14	22	76·8
External Eye Disease	133	288	421	—	421	349	72	—	—	100·0
Ear Disease	1	36	37	2	35	5	29	1	—	94·6
Teeth	12	120	132	9	56	39	17	—	67	42·4
Heart and Circulation	11	70	81	5	76	10	57	9	—	93·8
Lungs	64	187	251	3	248	62	144	42	—	98·8
Nervous System	—	16	16	2	14	7	5	2	—	87·5
Skin	7	643	650	—	650	556	93	1	—	100·0
Rickets	—	5	5	—	5	—	4	1	—	100·0
Deformities	4	39	43	2	39	2	18	19	2	90·7
Tuberculosis, Non-pulmonary	14	18	32	2	30	1	28	1	—	93·7
Speech	1	15	16	1	15	1	13	1	—	93·7
Mental Condition	—	8	8	—	0	—	—	—	8	0
Vision and Squint	7	114	121	3	67	51	13	3	51	55·3
Hearing	2	40	42	6	23	1	10	12	13	54·7
Miscellaneous	2	150	152	2	148	105	34	9	2	97·3
Totals	283	2,183	2,466	61	2,240	1,367	702	171	165	90·8

FOLLOWING UP AND RESULTS.

Following up of defective children has, since the Treatment Clinic for minor ailments was instituted, been confined to visits by the nurses to the homes of children who have not kept appointments made for them at the Manchester Eye Hospital, or have stopped attending the Treatment Clinic before a cure has been effected, or to inquire whether treatment for such defects as tonsils, adenoids, etc., has been obtained.

The Table of Treatment of Defects (Table IV.) shows the amount of treatment that was effected or obtained.

90·8 per cent. of the defects found at routine inspection or at the Inspection Clinic were treated as compared with 91·3 per cent. in 1916.

1917.		1916.		1915.		1914.
90·8%	.....	91·3%	.....	95·8%	.....	63·0%

Teeth, 42·4 per cent.; mental condition, 0 per cent.; vision and squint, 55·3 per cent.; hearing, 54·7 per cent., are the defects which have received the least treatment; also nose and throat, 76·8 per cent.

MENTAL CONDITION.

0 per cent.

Eight children's mental condition (also physical) was investigated and reported on to the Education Committee. No further steps have been taken. Whether the reports have been forwarded to the Lancashire Asylums Board (the local authority under the Act) I am unable to say.

TEETH.

The small percentage treated is explained by the small number of dentists remaining in the district. Defective teeth have, at least during the three years I have acted as S.M.O., been treated by extraction: very little if any conservative dentistry is obtained. This is probably explained to some extent by the fact that parents will not "waste their time" taking their children to the Manchester Dental Hospital, and filling is out of the question when the cost of an extraction is so small. The number of young adults in this district with complete upper and lower dentures is very large.

Neglect of the teeth during childhood and schooldays, coupled with the action of certain unqualified dentists, whose one aim seems to be to sell false teeth, is undoubtedly the cause of so many edentulous young adults. Dental Treatment by a competent qualified dentist is one of the most urgent needs to be met directly dentists are available for the civil population.

VISION AND SQUINT.

1917.		1916.		1915.
55·3%	.....	62·1%	.....	75%

A change in the method of making appointments for these children to visit the Manchester Eye Hospital accounts for some of the children remaining untreated.

During the latter half of 1916 and early part of 1917 the names of all children found to be suffering from defective vision were sent to the Eye Hospital, who made a definite appointment for each child. Later the Hospital Authorities asked me to vary this arrangement, and instead of sending the names to the Hospital send a certain number of children on certain days in the week. Some of the children (29) whose names were sent under the former arrangement either had no appointment made for them or did not keep their appointments, and it was not until the results were being tabulated that they were discovered. Many of them have had appointments, and obtained glasses this year (1918).

Of the remaining 22 who received no treatment :

The parents consider that glasses are not necessary.....	5
Been to Hospital once, did not go again	2
Parents ill when appointments made	6
Cannot afford tram fares	2
Not been to Hospital (no reason)	7

HEARING.

Depletion of the staff of the Hospitals, with consequently long delay in obtaining treatment, parents take their children once or twice and then refuse to go again, are the principal causes of the small amount of treatment obtained.

NOSE AND THROAT.

Many cases of tonsils and adenoids remain untreated on account of hospitals being overcrowded. If the cases from the group of tonsilitis and pharyngitis which were treated, were excluded, it would show a large percentage of tonsils and adenoids untreated.

Arrangements for Co-relating the School Service with the Public Health Service, and for the Prevention of the Spread of Infectious Diseases.

The only change that has been made during the year has been to insist that all children who have been absent from school on account of an infectious or contagious disease should be examined by the acting S.M.O. at the end of their period of exclusion from school, and also all contacts, before being admitted to school. The parents of children suffering from a notifiable infectious disease, when notified free from infection, receive a notice to bring the child to the Inspection Clinic the day before readmission to school. Head teachers have been instructed to send all children excluded for contagious or non-notifiable infectious disease to the Inspection Clinic before admitting them to school. This was considered necessary, as often during the period that elapses between the child being notified as free from infection by the practitioner in attendance and admission to school, nasal and other discharges commence possibly of an infective character.

SCHOOL CLOSURE.

The following schools were closed for the following reason:

St. Peter's Infants' Department, March 1-9.—Measles.

Moorside Council Infants' Department, February 2-9.—Measles.

NOTIFIABLE AND NON-NOTIFIABLE INFECTIOUS AND CONTAGIOUS DISEASES.

	St. Augustine's.	St. Joseph's.	St. Peter's.	Christ Church.	St. Charles'.	St. Mary's.	Cromwell Road.	Moorside Council.	Holy Rood.	St. Paul's.	St. Stephen's.	Total.	Attending Private School in District, or Schools outside District.	Total.
Scarlet Fever	4	—	16	8	—	7	8	1	—	3	3	50	4	54
Measles	16	11	36	27	4	19	37	28	30	15	16	239	31	270
German Measles	—	—	1	—	—	—	—	—	—	—	1	2	1	3
Enteric Fever	—	2	—	—	—	—	—	—	—	—	—	2	—	2
Diphtheria	2	1	3	4	—	3	6	—	2	—	2	23	7	30
Mumps	11	21	32	34	3	24	33	12	1	—	12	183	—	183
Chicken Pox	—	3	5	7	—	4	5	—	25	—	8	57	—	57
Whooping Cough	7	5	3	29	1	11	27	—	—	3	27	113	—	113
Pulmonary Tubercle ..	17	4	12	9	—	13	10	—	—	—	2	67	—	67
Non-Pulmonary Tubercle	4	2	—	4	1	5	7	—	1	—	—	24	—	24
Impetigo	26	11	27	8	2	25	28	7	1	—	8	143	—	143
Scabies	10	1	10	3	1	20	13	—	—	1	2	61	—	61
Ringworm	21	3	25	10	—	31	8	2	2	2	—	104	—	104
Other Skin Diseases ..	16	1	6	2	1	16	4	1	—	—	2	49	—	49
Otorrhœa	2	—	1	1	—	8	2	—	—	—	—	14	—	14
Eye Diseases	81	20	75	56	4	114	32	7	6	1	11	407	2	409
Totals	217	85	252	202	17	300	220	58	68	25	94	1538	45	1583

Inspection Clinic.

The total number of attendances at this clinic was 6,045, as compared with 3,241 in 1916, 2,189 in 1915, and 2,293 in 1914. The table attached shows the defects from which the children who attended were suffering. The old cases who were attending in 1916 are shown separately from the new cases. There were 1,141 new cases during the year and 136 who had also attended in 1916—639 were boys and 638 girls. The number of attendances at school lost by these children was 34,545 school days (days when schools are closed are not counted)—17,645 by boys and 16,900 by girls. The average loss of attendance for each disease is also shown. The minor ailments—impetigo, scabies, ringworm, septic sores, otorrhœa—were responsible for much loss of school attendance. When the Minor Ailment Clinic was opened, all the children suffering from these diseases were treated there, which considerably reduced the loss of attendance.

	From 1916.						1917.							
	Boys.			Girls.			Boys.				Girls.			
	No. of Cases.	No. of Attend-ances.	No. of School Days Lost.	No. of Cases.	No. of Attend ances.	No. of School Days Lost.	No. of Cases.	No. of Attend-ances.	No. of School Days Lost.	Av. Loss of School Days per Case.	No. of Cases.	No. of Attend-ances.	No. of School Days Lost.	Av. Loss of School Days per Case
Impetigo	7	66	293	5	15	68	47	325	1126	24·0	23	416	450	19·5
Scabies	3	43	172	9	100	495	26	250	843	32·4	22	235	801	36·0
Verminous Conditions	—	—	—	—	—	—	3	11	16	5·3	17	62	101	6·0
Ringworm — Scalp	7	72	448	5	102	473	14	201	789	56·0	4	58	238	59·5
Ringworm — Body	2	34	184	3	29	176	38	451	1269	33·4	26	311	1003	38·5
Septic Sores, Scalds, Burns, etc.	2	4	5	—	—	—	21	88	115	5·7	11	38	78	7·0
Eczema	—	—	—	—	—	—	10	94	259	25·9	14	72	207	14·7
Psoriasis	—	—	—	—	—	—	3	18	144	48·0	—	—	—	—
Urticaria	—	—	—	—	—	—	1	1	—	—	1	1	—	—
Herpes	—	—	—	—	—	—	2	6	5	2·5	1	2	10	10·0
Phthisis	30	319	4390	21	217	3299	6	42	788	131·3	19	92	1616	85·0
Phthisis, Suspected	—	—	—	6	50	829	17	90	714	42·0	21	125	885	42·1
Bronchitis	3	17	180	1	6	46	20	84	600	30·0	16	80	761	47·5
Whooping Cough	—	—	—	—	—	—	9	21	157	17·4	14	40	314	22·4
Other Chest Conditions	3	7	17	—	—	—	23	45	193	8·3	42	114	619	14·7
Catarrhs	3	9	27	—	—	—	18	41	134	7·4	22	62	214	9·7
Tonsils and Adenoids	—	—	—	2	2	—	5	6	16	3·2	6	10	20	3·2
Oral Sepsis	1	3	12	—	—	—	19	35	92	4·8	9	17	27	3·0
Laryngitis	—	—	—	5	19	87	2	4	10	5·0	10	27	112	11·2
Pharyngitis	—	—	—	—	—	—	4	6	9	2·2	23	40	67	2·9
Tonsilitis	1	2	7	—	—	—	20	45	163	8·1	32	79	326	10·2
Otorrhœa	—	—	—	—	—	—	10	59	263	26·3	9	31	123	3·6
Tubercular — Glands	2	17	264	—	—	—	7	49	557	79·5	5	35	559	111·8
Tubercular — Bones and Joints	2	15	179	—	—	—	—	—	—	—	1	10	141	14·1
Tubercular — Peritonitis	2	8	232	2	12	234	—	—	—	—	—	—	—	—
Non-Tubercular — Adenitis	—	—	—	—	—	—	16	32	70	4·4	12	18	34	2·9
Non-Tubercular — Abscesses and Ulcers	—	—	—	—	—	—	15	69	89	6·9	9	12	18	2·0
Gastritis	1	3	12	—	—	—	16	32	75	4·7	15	38	88	5·8
Eneuresis	1	4	47	—	—	—	3	7	63	21·0	5	8	55	11·0
Nephritis	—	—	—	—	—	—	—	—	—	—	3	9	88	29·3
Heart Disease	3	20	126	4	21	379	13	49	588	45·2	11	55	531	48·2
Anæmia	—	—	—	—	—	—	21	41	219	10·4	22	51	375	17·0
Rheumatism	—	—	—	—	—	—	1	3	12	12·0	3	15	113	37·6
Chorea	—	—	—	—	—	—	5	41	607	121·4	3	8	107	35·6
Defective Vision	—	—	—	—	—	—	25	56	18	0·7	14	30	—	—
Rickets and Deformities	—	—	—	—	—	—	5	10	226	45·2	3	5	7	2·3
Mumps	—	—	—	—	—	—	26	64	375	14·4	27	66	420	15·5
Chicken Pox	—	—	—	—	—	—	2	5	62	31·0	3	7	44	14·6
Measles	—	—	—	—	—	—	1	2	14	14·0	1	2	21	21·0
Examination of Contacts and Cases before Admission to School. — Mumps	—	—	—	—	—	—	7	—	—	—	16	—	—	—
Examination of Contacts and Cases before Admission to School. — Chicken Pox	—	—	—	—	—	—	3	—	—	—	2	—	—	—
Examination of Contacts and Cases before Admission to School. — Measles	—	—	—	—	—	—	1	—	—	—	1	—	—	—
Examination of Contacts and Cases before Admission to School. — Scarlet Fever	—	—	—	—	—	—	15	—	—	—	11	—	—	—
Examination of Contacts and Cases before Admission to School. — Diphtheria	—	—	—	—	—	—	10	—	—	—	14	—	—	—
Examination of Contacts and Cases before Admission to School. — Enteric Fever	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Examination of Contacts and Cases before Admission to School. — Pertussis	—	—	—	—	—	—	8	—	—	—	10	—	—	—
Various	—	—	—	—	—	—	48	84	270	5·6	41	81	241	5·8
	[illegible]	[illegible]	[illegible]	63	592	6086	566	2467	11050	19·5	575	2362	10814	18·8

Treatment Clinic.

The Ophthalmic Clinic was conducted in the same room as last year until the opening of the new School Clinic in September, 1917.

Minor Ailments.—Treatment of these diseases was commenced on July 1st, 1917, but before the new School Clinic was opened only the more urgent or neglected cases were treated.

The new School Clinic, which comprises waiting room, treatment room, medical officers' room (which latter is used for inspections), and health visitors' room, has proved very satisfactory. The conditions under which we work now are a marked contrast to those of last year. The treatment room is light and airy, and will be suitable for dental treatment when a dental surgeon is appointed. There is also sufficient accommodation in the waiting room to make a dark room for retinoscopy and other eye examinations. The only drawback is the lack of an isolation room for suspected cases of infectious disease.

Each child attending the Treatment Clinic is given a card on which is recorded the attendance and the day on which the next attendance is required, in order that parents or teachers may know if the child has attended the Clinic and when to send the child again. Also those children who are being treated whilst still attending school, have recorded on their cards the time they leave the Clinic. These cards should be given to the teacher directly the child returns to school in order to check delay in returning to school. Unfortunately, some teachers do not collect or look at the cards when the children return to school, and therefore have no knowledge of whether the child has attended the Clinic, or when he is due at the Clinic again. Regular attendance is essential for the successful treatment of these diseases.

The following table gives particulars of the diseases treated, number of children treated for each disease, and the number of school days attendance lost for each disease.

TREATMENT CLINIC.

	From 1916.						New Cases, 1917.								
	Boys.			Girls.			Boys.			Girls.			Excluded from School and under Treatment Dec. 31/17.	No. of Cases Treated not excluded from School.	Total.
	Total No.	Total No. of School Days Lost.	Av. No. of School Days Lost per Case.	Total No.	Total No. of School Days Lost.	Av. No. of School Days Lost per Case.	Total No.	Total No. of School Days Lost.	Av. No. of School Days Lost per Case.	Total No.	Total No. of School Days Lost.	Av. No. of School Days Lost per Case.			
Ringworm—Scalp							6	75	12·5	1	11	11·0	—	13	20
Ringworm—Body							6	112	18·8	4	26	6·5	2	5	17
Impetigo							38	409	10·7	44	441	10·0	9	27	118
Scabies							11	101	9·1	10	113	11·3	1	—	22
Eczema							14	183	13·0	8	89	11·0	1	14	37
Urticaria							1	5	5·0	—	—	—	—	—	1
Herpes							2	22	11·0	1	24	24·0	—	—	3
Other Skin Diseases							—	—	—	2	20	10·0	—	5	7
Septic Sores, Burns, etc.							17	153	9·0	6	70	11·6	2	20	45
Otorrhœa							7	75	10·7	3	54	18·0	—	5	15
Verminous Conditions							—	—	—	7	26	3·7	—	42	49
Total							102	1135	11·1	86	874	10·1	15	131	334

Corneal Ulcer	2	30	15·0	1	9	9·0	3	160	53·3	2	149	74·5	—	3	11
Blepharitis	6	126	21·0	2	22	11·0	21	493	23·4	13	304	23·3	—	23	65
Phlyctenular Conjunctivitis	—	—	—	—	—	—	10	97	9·7	18	207	11·5	—	4	32
Dacryo Cystitis	—	—	—	—	—	—	2	14	7·0	—	—	—	—	—	2
Incibomian Cysts	—	—	—	1	—	—	1	10	10·0	2	26	13·0	1	—	5
Styes	—	—	—	—	—	—	8	37	4·6	2	9	4·5	—	3	13
Conjunctivitis	18	167	9·2	11	58	5·3	67	1078	16·0	66	1020	15·4	5	126	293
Iritis	—	—	—	—	—	—	1	50	50·0	1	80	80·0	—	—	2
Total	26	323	12·4	15	89	5·9	113	1939	17·1	104	1795	17·2	6	159	423

EXTERNAL DISEASES OF THE EYE.

Four hundred and twenty-three children received 15,086 treatments or 35·6 treatments per child ; 159 of these children were treated without being excluded from school. Of the remaining 264, all had been re-admitted to school after varying periods of exclusion, excepting 6 who were still excluded from school and under treatment on December 31st, 1917 ; but, although re-admitted to school, the majority remained under treatment for a further period.

Sixty-seven children were under treatment on December 31st, 1917, 6 were excluded from school, and 61 not excluded ; 3 of these latter were under treatment in 1916 and remained under treatment during the whole year.

The total number of school days lost owing to these diseases was 4,146, or an average of 9·7 school days per child, compared with an average of about 12·5 last year for those treated at the Clinic.

The figures in the table "From 1916" refer to children who were excluded from school and under treatment in 1916 and remained excluded for some period of 1917.

	No. of New Cases.	Total No. of School Days Lost.	Av. No. of School Days Lost per Case.
1914	134	3,179·5	23·7
1915	79	1,667·5	21·1
1916 (before Clinic)	136	——	—
1916 (at Clinic)	492	8,139*	12·5
1917	382	3,734	9·7

* Consecutive days, not School days.

MINOR AILMENTS.

When the Treatment Clinic was opened, all children suffering from these diseases, unless under private medical treatment, were treated at the Clinic. Only those children who came under notice for the first time after the opening of the Clinic are recorded in the table. Those children who were excluded from school at the Inspection Clinic, before the opening of the Treatment Clinic, were, if still excluded from school, also treated (and their period of exclusion from school thereby shortened), and are recorded in the Inspection Clinic Table.

Three hundred and thirty-four children received 4,999 treatments, an average of 14·9 treatments per child; 131 were treated without being excluded from school, and the remaining 203 children were excluded, 15 of them remaining excluded and under treatment on December 31st, 1917.

The total number of school days lost, owing to these diseases, by children treated at the Clinic was 2,009 or an average of 6·0 school days per child.

RINGWORM OF THE SCALP.

20 cases. School days lost, 86. Average loss of school days per child, 4·3.

This small loss of school attendance has been effected by allowing all children suffering from this disease to attend school wearing a linen cap if the affected parts could be properly covered. Each child attends the Clinic daily, receives treatment, and a fresh sterilised cap, and then returns to school. The children wear the caps in school and are instructed to sleep with them on. I doubt whether this precaution is adopted, but children certainly wear them out of school hours playing about in the streets. This method has so far proved satisfactory; there has been no increase in the number of new cases.

	No. of New Cases.	Total No. of School Days Lost.	Av. No. of School Days Lost per Case.
1914	20	3,059	152·9
1915	39	1,385	35·5
1916	46	Not recorded.	
1917 (before Clinic)	18	1,027	57·0
1917 (at Clinic)	20	86	4·3

RINGWORM OF BODY (INCLUDING FACE).

17 cases. School days lost, 138. Average loss of school days per child, 8·1.

	No. of New Cases.	Total No. of School Days Lost.	Av. No. of School Days Lost per Case.
1914	7	56	8·0
1915	20	112	5·6
1916	31	Not recorded.	
1917 (before Clinic)	64	1,272	19·8
1917 (at Clinic)	17	138	8·1

IMPETIGO.

118 cases. School days lost, 850. Average loss of school days per child, 7·1.

	No. of New Cases.	Total No. of School Days Lost.	Av. No. of School Days Lost per Case.
1914	59	1,188	20·1
1915	95	1,512	15·9
1916	145	Not recorded.	
1917 (before Clinic)	70	1,576	22·5
1917 (at Clinic)	118	850	7·1

ECZEMA AND OTHER SKIN DISEASES.

48 cases. School days lost, 343. Average loss of school days per child, 7·1.

	No. of New Cases.	Total No. of School Days Lost.	Av. No. of School Days Lost per Case.
1914	14	257	18·3
1915	11	245	22·2
1916	55	Not recorded.	
1917 (before Clinic)	32	194	6·0
1917 (at Clinic)	48	343	7·1

VERMINOUS CONDITIONS.

49 cases. School days lost, 26. Average loss of school days per child, 0·5.

	No. of New Cases.	Total No. of School Days Lost.	Av. No. of School Days Lost per Case.
1914	7	168	24·0
1915	7	61	8·7
1916	11	Not recorded.	
1917 (before Clinic)	20	117	5·8
1917 (at Clinic)	49	26	0·5

OTORRHŒA.

15 cases. School days lost, 129. Average loss of school days per child, 8·6.

	No. of New Cases.	Total No. of School Days Lost.	Av. No. of School Days Lost per Case.
1914	3	66	22·0
1915	16	217·5	13·5
1916	29	Not recorded.	
1917 (before Clinic)	19	386	20·3
1917 (at Clinic)	15	129	8·6

SCABIES.

22 cases. School days lost, 223. Average loss of school days per child, 10·1.

	No. of New Cases.	Total No. of School Days Lost.	Av. No. of School Days Lost per Case.
1914	4	139	34·7
1915	4	189	47·2
1916	21	Not recorded.	
1917 (before Clinic)	48	1,644	34·2
1917 (at Clinic)	22	223	10·1

The following table shows the total number of children each year suffering from minor ailments, the total number of school days lost, and the average loss per case. It is instructive in showing the effects of (1) inspection at more frequent intervals ; (2) treatment.

In 1914 Dr. Stalker excluded all those cases "until well," and the child came to the Inspection Clinic again when the parents considered that the child was fit to return to school. The average loss of attendance per case in this year was 36·8 school days.

In 1915 the acting School Medical Officer excluded each child for one week when the case was re-inspected, and if necessary excluded for a further week. This gave an opportunity of seeing whether the child was being efficiently treated and, reduced the loss of school attendance per case to 19·3 school days.

In 1916 the loss of school attendance was not worked out.

In 1917 the average loss of school days per case before the Treatment Clinic was opened was 22·9. In 1917 after the Treatment Clinic was opened 6·0 school days.

The average saving per case by more frequent inspection was 17·5 school days and a further saving of 11·5 school days by treatment.

	No. of New Cases.	Total No. of School Days Lost.	Av. No. of School Days Lost per Case.
1914	114	4,933	36·8
1915	192	3,721·5	19·3
1916	338	—	—
1917 (before Clinic)	271	6,216	22·9
1917 (at Clinic)	334	2,009	6·0

Similarly, comparing the results obtained in children suffering from external diseases of the eye, a saving of 2·6 school days per child was effected by more frequent inspections, and a further saving of 11·4 school days per child by treatment.

	No. of New Cases.	Total No. of School Days Lost.	Av. No. of School Days Lost per Case.
1914	134	3,179·5	23·7
1915	79	1,667·5	21·1
1917	382	3,734	9·7

The saving in the loss of school attendance alone more than justifies the existence of the Treatment Clinic.

MENTAL DEFICIENCY ACT, 1913, AND ELEMENTARY EDUCATION, DEFECTIVE AND EPILEPTIC ACT, 1914.

Eight children were examined during the year, 6 males and 2 females; 2 of these were epileptics—*i.e.*, 1 male and 1 female.

They were classified as follows :

	Males.	Females.
1. Uneducable	—	—
2. Doubtfully educable, but worthy of trial in Special School.....	4	2
3. Presence under Special School conditions might be prejudiced to others	—	—
4. Educable in Special Class	2	—

No further steps have been taken.

There are now 30 children in the district whose mental condition has been estimated and reported upon.

FEEDING OF NECESSITOUS SCHOOL CHILDREN.

The number of children on the free list and the number of meals provided were as follows :

	No. of Children.	Breakfasts.	Dinners.
From October 1st, 1916, to March 31st, 1917	37	—	—
From April 1st, 1917, to September 30th, 1917	64	3,702	3,739
From October 1st, 1917, to March 31st, 1918	68	3,561	3,489

EXCEPTIONAL CHILDREN IN THE AREA.

Under the heading "Cripples other than Tubercular" are included children suffering from organic disease of the heart, rheumatism, deformities, chronic bronchitis, suspected phthisis, paralysis.

TABLE III.

NUMERICAL RETURNS OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1917.

			Boys	Girls	Total
Blind (including partially blind)		Attending Public Elementary Schools	12	3	15
		Attending Certified Schools for the Blind	1	—	1
		Not at School	2	2	4
Deaf and Dumb (including partially deaf)		Attending Public Elementary Schools	11	16	27
		Attending Certified Schools for the Deaf	2	—	2
		Not at School	—	—	—
Mentally Deficient	Feeble-Minded	Attending Public Elementary Schools	12	5	17
		Attending Certified Schools for Mentally Defective Children	—	—	—
		Notified to the Local (Control) Authority during the year	6	2	8
		Not at School	4	1	5
	Imbeciles	At School	—	—	—
		Not at School	—	—	—
	Idiots		—	—	—
Epileptics		Attending Public Elementary Schools	8	7	15
		Attending Certified Schools for Epileptics	—	—	—
		Not at School	1	1	2
Physically Defective	Pulmonary Tuberculosis	Attending Public Elementary Schools	22	24	46
		Attending Certified Schools for Physically Defective Children	—	—	—
		Not at School	21	31	52
	Other Forms of Tuberculosis	Attending Public Elementary Schools	18	14	32
		Attending Certified Schools for Physically Defective Children	—	—	—
		Not at School	7	12	19
	Cripples other than Tubercular	Attending Public Elementary Schools	40	47	87
		Attending Certified Schools for Physically Defective Children	—	—	—
		Not at School	10	13	23
Dull or Backward*		Retarded 2 years	24	21	45
		Retarded 3 years	—	—	—

* *Judged according to age and standard.*

TABLE V.

INSPECTION, TREATMENT, ETC., OF CHILDREN DURING 1917.

(1) The total number of children medically inspected (whether Code Group, special or ailing Child)...	448
(2) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	94
(3) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.)	326
(4) The number of children in (3) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.).....	269
(5) The number of children in (1) suffering from no defect (other than uncleanliness or defective clothing or footgear)	28