[Report 1925] / Medical Officer of Health, Todmorden Borough.

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BOROUGH OF TODMORDEN.

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

YEAR ENDED DECEMBER 31ST, 1925.

PRESENTED APRIL, 1926.

TODMORDEN:

J. Bentley & Sons, Printers, etc., Albion Works, Halifax Road.

BOROUGH OF TODMORDEN.

REPORT OF MEDICAL OFFICER OF HEALTH, 1925.

Health Committee—

ALDERMAN J. H. SUTCLIFFE (Chairman), HIS WORSHIP THE MAYOR (ALD. W. GREENWOOD), ALD. CRABTREE, J.P. (ex-officio), ALD. T. GREENWOOD, J.P., ALD. ORMEROD, J.P., C.C., ALD. PICKLES, COUNCILLORS GOUCKE, HOLDEN, KING, WADSWORTH, WALTON, WEBSTER, WOODHEAD.

List of Sub-Committees of Health Committee—

Sewage Work Management Sub-Committee, Horse and Yard Sub-Committee, Baths and Cemetery Sub-Committee, Maternity and Child Welfare Sub-Committee.

Medical Officer of Health—

C. LEONARD WILLIAMS, B.Sc., Hons. Lond: L.R.C.P., M.R.C.S. Eng.: D.P.H. Camb.: M.R.San. I.: F.R.I.P.H.

BOROUGH OF TODMORDEN.

Public Health Department,
Roomfield,
Todmorden,
March, 1926.

To His Worship the Mayor, Aldermen and Councillors.

GENTLEMEN,

I have the honour to present my Annual Report for the year ending 31st December, 1925.

In accordance with the directions of the Ministry of Health this Report will be a survey report.

I am, Gentlemen,

Your obedient servant,

C. LEONARD WILLIAMS.

NATURAL AND SOCIAL CONDITIONS OF THE AREA.

In the heart of the Pennine Chain, in three narrow clefts in the backbone of England, lies Todmorden. Famed for the rugged beauty of its towering heights and no less for the hardihood, the industry and the independence of its children, the sons and daughters of Todmorden may well claim themselves to be " Citizens of no mean City."

These narrow valleys in which you live wend their torturous ways 300 feet below the uplands of Todmorden and are still further shut in by the frowning heights of Stoodley Pike and similar hills which rise from the uplands a full 1,000 feet above your streets.

AREA AND POPULATION.

The population of Todmorden this year is roughly 23,600 souls. They live for the most part in scattered communities along the fifteen miles of main high road which run in the depth of your shadowy valleys.

Todmorden spreads over these hills and valleys nearly 20 square miles, actually 12,770 acres, and whilst on the one hand you have areas of dense population, you have also many miles where the problems of Public Health are not so much those of an Urban community as those of a Rural area.

If in the course of reading this Report you come to the conclusion that the Public Health of Todmorden compares favourably with that of other Urban Communities you will have double grounds on which to congratulate yourselves. Firstly Public Health in any industrial area has many inherent difficulties, and secondly the scattered nature of your township which I believe to be unique throughout the country makes all such work a matter of particular difficulty.

PHYSICAL FEATURES AND GENERAL CHARACTER OF THE AREA.

In 1925 the population of Todmorden was 23,660. In 1921 it was 24,190, twenty years ago it was 25,590, and fifty years ago it was upwards of 20,000. There has therefore been no substantial increase in the population of Todmorden during the past fifty years.

Throughout these years there has been a natural increase amongst the population of Todmorden, the number of births in any year exceeding the number of deaths.

From this it will be seen that although Todmorden is well-known for its exports in cotton goods, in pickers, and in other accessories to the cotton trade, the chief export of Todmorden has been and is, men and women.

This is a serious state of affairs.

On the one hand I suggest that captains of industry should meet together with you to determine a policy which would offer an opportunity for your natural increase in population to be absorbed locally by industry.

On the other hand I suggest to you the possiblity of drastic alteration in your housing policy which would include the extension of Todmorden to the uplands, which we all know as " Yon Tops."

It is only by such an expansion in industry and in available housing accommodation that Todmorden can grow in proportion to the enterprise and civic patriotism of its inhabitants.

NO. OF INHABITED HOUSES.

In Todmorden the number of inhabited houses in the year 1921 was 6,700. It is the exception, not the rule, for more than one family to occupy one house.

RATEABLE VALUE AND SUM REPRESENTED BY PENNY RATE.

The Rateable Value on the 1st April, 1925 was £144,863. and it is estimated that a Penny Rate brings in approximately £500.

SPECIAL CONDITIONS.

The people of Todmorden are chiefly occupied in the cotton industry including weaving, picker making, and the manufacture of machinery for the cotton industry.

It is unnecessary for me to point out the very great changes which have taken place in industrial environment during the past generation, but I may perhaps point out certain social habits which are changing.

Amongst the rising generation the clogs and shawl are looked upon as old-fashioned and I regret to say in certain cases still further looked upon as undignified. This is un-

fortunate, because my experience is, you have to pay a considerable sum of money to obtain a boot which is as efficient protection against cold and damp as a clog, and the habit of wearing a shawl on coming out of the mill in inclement weather has much to commend it.

Yet I must say I have not noticed any excess of respiratory diseases amongst women, so that my regrets and admonitions on this question of clothing are the expression of opinions for which frankly I admit I cannot adduce convincing evidence. I have been in communication, amongst others with the Certifying Factory Surgeon for this area, and will quote his reply to my question as to whether he had or had not noticed that the passing of the clogs and shawl had had any adverse influence on the rising generation of women.

In this reply he states,

> "One must be impressed by the fact that the working men and women are much more susceptible to colds and rheumatism than they were . . . . . "

The general feeling amongst those with whom I have discussed this question seems to be that any change from the long established habits as to clothing is to be deplored, but that is it difficult to supply actual evidence.

The lack of this evidence is only to be expected because even if this change in habit is prejudicial to health there have been recently many changes promoting health and these opposing forces may tend to neutralise one another, whereas apart from the adverse influence of this change in clothing we might have expected to find a greater advance in the general health of the people than we have to record.

It is impossible also to omit whilst discussing this side of Public Health, the common practice of married women working in the mills.

I am quite prepared to believe what has been expressed elsewhere, that such work is not prejudicial to the health of expectant mothers if and when the remuneration obtained from such work is used definitely to alleviate the womens' domestic duties, and is not a necessary part of the weekly income into the home.

This " if " however excludes the vast majority of cases in Todmorden and the adverse physical change occurring in married women in the child-bearing period of life who have not

only to perform their own domestic duties but have of necessity also to work to support their home, is conspicuously evident.

VITAL STATISTICS.

The following abstract submits to you extracts from the Vital Statistics for the year 1925.

BIRTHS.

Legitimate—Males, 159 ; Females, 143.

Illegitimate—Males, 5 ; Females, 8.

Total—Males, 164 ; Females, 151.

Birth Rate (R.G.) 13.53.

DEATHS—317.

Death Rate (R.G.) 13.60.

Number of women dying in, or in consequence of childbirth from Sepsis—Nil.

From other causes—Nil.

Deaths of infants under one year of age—Legitimate—15, Illegitimate—2, Total, 17. Equals 53.96 per 1,000 births.

Deaths from Measles (all ages)—Nil.

Deaths from Whooping Cough (all ages)—1.

Deaths from Diarrhœa (under two years of age)—2.

POOR LAW RELIEF.

The amount of Poor Law Relief distributed in Todmorden during the year was £2,032 7s. 11d.

I am indebted to Mr. Pilling of Todmorden, Secretary to the local Nursing Association, for the following figures with respect to the year 1925 :—

General Visits 9,739—Midwifery Visits 477—Anti-Natal Visits 70—Casual Visits 65.

These figures speak for themselves, and when it is remembered that only a moity of the money required for carrying out this good work can reasonably be recovered from the actual patients who receive this form of treatment, it will be realised how pressing are the claims of the Nursing Association for financial support.

For the year ending 31st December, 1925, the Motor Ambulance was used 273 times.

In 13 cases patients were removed to and from their own homes and in 260 cases they were removed either to or from Hospital. At least 177 different cases were removed, but this number is actually I believe well over 200.

Besides these cases which have been removed one way or the other by Ambulance there will be many who have travelled privately by train or otherwise.

At the Manchester Royal Infirmary for the year 1925 there were 104 in-patients from Todmorden at a total estimated cost of £815 10s. 8d. and 68 out-patients, at an estimated cost of £22 13s. 4d. making a total cost of £838 4s. 0d.

Thirty-nine patients were admitted from Todmorden to the Halifax Royal Infirmary with a total stay of 941 days.

At the Manchester Ear Hospital two patients were admitted from Todmorden as in-patients, and four attended the out-patients' department.

The Manchester Eye Hospital received four cases as in-patients from Todmorden, and treated 58 cases as out-patients.

St. Mary's Hospital, Manchester received 19 in-patients from Todmorden, and treated two cases as out-patients.

At the Fielden Joint Hospital, Todmorden, which is the Infectious Fever Hospital, 49 cases were admitted, 30 cases for Scarlet Fever, and 19 for Diphtheria.

Altogether I should suppose the better part of three hundred persons are treated in hospitals as in-patients and would wish to emphasise that the majority of these return home still in need of medical and nursing care.

It is my intention later in this report to write again on this subject with reference to the special need there is in Todmorden for further hospital accommodation.

ANY CAUSES OF SICKNESS OR INVALIDITY.

During the period under review there have been no cases of sickness or invalidity which are of special note in the sense that they might be peculiar to the district, with the possible exception of an undue amount of Respiratory Disease. The chief incidence appears to fall in the latter years of life in the form of Bronchitis.

The causes of this undue incidence I believe are laid in the whole industrial, social and climatic conditions which obtain in Todmorden. The climatic conditions from the standpoint of respiratory diseases are very bad. Whilst on the one hand the air of Todmorden is bracing, so that after a day in a neighbouring large town it is indeed a pleasure to fill ones lungs with the air of Todmorden on alighting from the train, on the other hand the valleys themselves are draughty and ill-ventilated They are so torturous that they become in effect pockets, pits, or depressions in the earth in which and round which the wind whirls.

The depth of your valleys too must to a large extent cut off the effective rays of sunshine, and to this perhaps may be attributed the lowered vitality which makes people less resistent to respiratory diseases.

The rainfall in Todmorden is very heavy and so people are driven indoors during many of the hours when otherwise they might be availing themselves of exercise in the open air. Under these circumstances a higher level of housing, domestic industrial and scholastic, is demanded of Todmorden than would otherwise be necessary, and this must always be taken into account in considering levels of housing efficiency, when comparing Todmorden with other more fortunately situated towns.

PROVISION FOR HEALTH SERVICE IN THE AREA.

Hospitals Provided or Subsidised by the L.A. or by the C.C.

(1) Tuberculosis.

Hospitals, etc., for Tuberculosis are entirely provided by the W.R.C.C., with the exception that a small number of scholars who may be considered to be pre-tubercular are admitted to the Open Air School if the Tuberculosis Officer certifies that they are not infective, and that they may attend that school without detriment to themselves or to other children.

The Institutions provided by the W.R.C.C., for the treatment of Tuberculosis are included in the Annual Report by the Chief Medical Officer to the West Riding.

(2) Maternity.

Within your area there is no Hospital for Maternity cases. There is need for some provision to be made for such Maternity cases. I do not advise you to set up a Maternity

Hospital, but I do strongly urge you to provide a small General Hospital in which beds should be reserved for Maternity cases.

(3) CHILDREN.

There is also no Hospital in your area for Children. What I have said with regard to Maternity may also be said with regard to children. Many children in Todmorden would be much benefitted and the length of their illnesses considerably reduced if we were able to provide them with Hospital accommodation, and a General Hospital with special beds for children is what I would recommend you.

(4) FEVER.

Your Fever Hospital is pleasantly situated at Leebottom. This Hospital is governed by a Joint Committee from the area it serves which comprises: Todmorden Boro, Todmorden Rural, Hebden Bridge, U.D.C., and Mytholmroyd U.D.C.

This Hospital is in the charge of a Master and Matron, similar to the Workhouse. This method of administration is an anachronism and as opportunity presents itself I advise you to use your influence with the Joint Committee to bring it more up-to-date.

The hospital does not cater for several infectious diseases, including Puerperal Fever and Encephalitis Lethargica, both of which diseases I submit should be treated at this Hospital.

I recommend you to take every step within your power to make provision at the Infectious Fever Hospital for these two conditions. I have already advised this heretofore and I believe you have been in communication with the Joint Hospital Board, from whom so I am informed you have received an unfavourable reply to your request. Until such cases amongst others are treated at this Hospital, the Hospital cannot be considered to be serving its real functions.

The Hospital provides accommodation for 22 cases of Scarlet Fever. These are housed in two wards which form together one pavilion. There are 18 beds set aside for cases of Typhoid and 6 for Diphtheria.

(5) SMALL-POX.

The Small Pox Hospital is situated within the Borough and is administered by a Joint Committee from the area it serves, to wit: Todmorden Boro, Todmorden Rural, Hebden Bridge U.D.C., Mytholmroyd U.D.C., and Bacup Municipal Boro.

It has 34 beds, 12 of which are situated in two wards in an up-to-date block, and 22 of which are situated in the converted cottages which at one time formed the original Hospital. The Hospital is under the charge of a Master and Matron so that we have here an anachronism similar to that existing at the Fever Hospital. The absence of medical supervision at such an important Institution cannot be said to be a satisfactory method of administration.

ANY INSTITITUTIONAL PROVISION FOR UNMARRIED MOTHERS, ILLEGITIMATE INFANTS AND HOMELESS CHILDREN IN THE AREA.

Unmarried mothers, illegitimate children, and homeless children in the area have no provision other than that maintained by the Guardians. Under the Guardians there is a Children's Home situated on the hillside at Mankinholes. The situation is pleasant and the condition of the children whenever I have had occasion to examine them has always been most commendable. This Children's Home has accommodation for 29 children.

AMBULANCE FACILITIES.

(a) Infectious Cases; (b) Non-Infectious and Accident Cases.

For many years past when commenting upon ambulance facilities provided in Todmorden, I have made mention of a Rolls Royce Ambulance. This is now superceded by a Daimler Ambulance, which for comfort and efficiency leaves nothing whatsoever to be desired. This Ambulance I understand to be a gift to the Town, from Mr. J. H. Hoyle, to whom the town was originally indebted for the former Rolls Royce Ambulance. There is now also a second Ambulance, a gift to the Town from the St. John's Association.

It will be seen that owing to the munificence of these donors the town is well supplied with ambulance facilities. These two ambulances deal only with non-infectious cases and accidents.

For infectious cases a motor ambulance is kept at the Infectious Fever Hospital. This is a very great improvement on the horse transport which has been provided up to within comparatively recent times.

It will be seen from the figures given me by Mr. Hollinrake, Superintendent of the Fire Station, who is in charge of these Motor Ambulances, that they supply a very real demand, and perhaps I may be permitted to add, most satisfactorily.

Name of Centre.	Medical Officer.	Where held.	Nature of Accommodation.		Remarks.
Maternity and Child Welfare	M.O.H.	Central Offices, Roomfield. Vale Cl. School. Inchfield Bottom Sunday School.	Consulting room and Waiting room.	Local Authority	Held weekly. The work of the Centres is chiefly consultative in character, but treatment in minor ailments is carried out.
School Clinic (Medical)	M.O.H.	Central Offices, Roomfield.	Consulting room and Waiting room	Local Authority	The School Clinic is open nine times per week during term time, and arrangements are made, where possible, for treating a limited number during the vacation.
Dental	E. B. Gibson, Esq., L.D.S., Manch.	Central Offices, Roomfield.	Operating room and Waiting room	Local Authority	For the L.E.A. two half days weekly. For the L.S.A.(M. & C.W.) twohalf days every three months.
Tuberculosis	Dr. G. M. B. Liddle	Masonic Hall.	Waiting room and consulting room on ground floor.	W.R.C.C.	Visits town twice weekly.

There are no Day Nurseries.

The needs of the town for treatment of Venereal Diseases are at present best met by the Clinics in neighbouring towns and cities.

Adverting to these Clinics and Treatment Centres, the present accommodation is in all cases a makeshift and so soon as practicable special buildings should be provided. The ideal would be to unify all the medical services which are essentially public in their nature, and if and when an opportunity occurrs adequately to house the present services, I recommend that nothing could be better than that they should form an out-patient department to a small local hospital.

I have for some time pleaded for such a hospital and such unification.

There are reasons to believe that money will have to be spent if not by you then by the Guardians. By whomsoever this money is spent it will be public money, and any separate action is bound to be detrimental to the Public Health Service as a whole.

The hospital I have in contemplation would have enough beds :—

For the requirements of the Guardians.

For cases which whilst requiring hospital treatment are crowded out from a large hospital.

For cases which of necessity are discharged from our large hospitals still requiring skilled attention.

For Maternity cases.

For Children with Minor Ailments.

This hospital would also have an out-patients department where the present health service, including School Work, M. and C.W. work, Tuberculosis work, would all be unified, and where in addition orthopædic work and artificial sunlight treatment could also be carried out.

The need there is for this hospital in Todmorden is in my opinion pressing.

In estimating the need there is for such hospital accommodation, we should accept as our standard that every case should receive treatment an an in-patient where the patient requires treatment which cannot be as efficiently carried out at home, and where such treatment is likely materially to diminish the period of invalidity, physical suffering of the patient, or any residual disability.

PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY.

C. Leonard Williams, Roomfield, B.Sc., Hons. Lond : L.R.C.P., M.R.C.S. Eng : D.P.H. Camb : M.R.San.I. : F.R.I.P.H.

The Medical Officer of Health unites in one whole time appointment the duties of Medical Officer of Health and School Medical Officer.

E. B. Gibson, Roomfield, L.D.S. Manch : Dental Officer to Maternity and Child Welfare Clinic, part time.

Frederick Rogers, A.R.S.I., Sanitary Inspector, whole time.

L. A. Crabtree, A.R.S.I. Assistant Sanitary Inspector whole time.

W. W. Jackson, A.R.S.I., Temp. Assistant Sanitary Inspector.

Mrs. A. N. Gee, Roomfield, C.M.B., S.R.N., A.R.S.I., Borough Nurse.

Miss A. Johnson, Roomfield, C.M.B., S.R.N., Borough Nurse.

Miss J. Hoyle, Roomfield, C.M.B., S.R.N., Borough Nurse.

Miss C. Sutcliffe, Roomfield, Clerk, (duties divided between L.S.A. and L.E.A.)

Miss E. Crowther, A.R.S.I., Clerk, whole time.

PROFESSIONAL NURSING IN THE HOME.

(*a*) General.

Professional Nursing in the home is largely carried out by the Nursing Association, although Private Nurses do attend certain numbers of cases. The home of the Nursing Association is a private house in Harley Villas.

Referring once again to centralisation of public medical services it should be possible to house these Nurses as well as your own Health Visitors in the Central Hospital of which I have already spoken.

It should further be possible by making it a condition of future appointment, to make the service of Health Visitors and Hospital Nurses interchangeable, as and when occasion demands.

(*b*) For Infectious Diseases, *e.g.*, Measles, etc.

The possiblity of professional nursing for infectious diseases such as Measles, is remote. All that we are able to

do is to visit as many homes as possible with a view to seeing that any necessary medical attention is procured, that so far as possible medical advice is carried out, and necessary isolation maintained. In a town the size of Todmorden, where the Staff is of necessity small and where the routine work does of necessity absorb the whole of the time of the Staff, actual nursing of such cases is almost non-existent. The cost and difficulty of providing such a domiciliary service during an epidemic would be very considerable.

MIDWIVES.

Midwives in the District number seven, including three who are employed by the Nursing Association. The W.R.C.C. is the local supervising authority for the area.

I understand that none of these midwives is subsidised except that the W.R.C.C. give a donation to the Nursing Association.

CHEMICAL WORK.

Chemical analyses are generally carried out by Mr. Richardson of Bradford, and of course the burden of this work has to do with milk. Mr. Richardson is the County Analyst for the West Riding.

The chemical analysis of water is usually carried out through the County Hall, but I understand that Mr. Richardson carries out this analysis on their behalf.

The chemical analysis of any samples taken of the effluent of the Sewage Works, is undertaken by the West Riding Rivers Board who take these samples.

The chemical analysis of milk shows that on the whole the fat content and the percentage of solids not fat are favourable, although from time to time samples are found on the borderline, and occasionally some which do not reach the minimum standard of 3 % of fat and 8.5 % of solids, not fat.

Where the samples show that either or both of these contents are below the obligatory minimum, and the onus of proving that the milk is not sophisticated is on the producers, the matter is reported to the West Riding who take such action as in their opinion is desirable. One conviction has been obtained during 1925, for selling milk to which it was alleged water had been added. The defendant was fined £2.

The adequacy or otherwise of this fine I am hardly in a position to discuss, but assuming that the offence did not occur on a single isolated occasion it is possible to infer that, the amount of the fine was by no means commensurate with the amount of money purchasers had paid to the defendant to their disadvantage.

I am given to understand that an outfit for the chemical analysis of milk would cost about £60, and that the amount of time and service required to carry out these tests in Todmorden would not be considerable. I advise that such an outfit be obtained, that a much larger number of samples be taken than at present, and that the official samples of milk, where the samples are taken with a view if necessary to instigate proceedings, be limited to those distributors whose milk on such preliminary occasions has been found open to suspicion.

Where, in a neighbouring Authority, these steps have been taken, it has been found that there has been an improvement in the general quality of the milk.

Having regard to the amount of milk sold in Todmorden even if we only manage to increase the value of the milk 1%, the cost of running this scheme for a year would only be equal to the economic value of the increase in the value of the milk consumed in Todmorden in two months.

It will be seen that this is a business proposition.

The chemical analysis of water is usually carried out for lead and as a rule preliminary testing is carried out in the office of your Medical Officer.

Where, after such preliminary investigations it seems necessary, samples are forwarded to the County Authority.

No cases of detection of lead in water have occurred during the year 1925, but it was found a year or two ago that a whole block of property was being served by a water supply which contained an amount of lead sufficient to justify the opinion it was not fit for human consumption. In this case the whole of the existing lead piping was forthwith replaced and no further trouble has been noted. Subsequent chemical analysis of the water has not demonstrated the presence of lead.

LEGISLATION IN FORCE.

The following list gives the dates on which certain Local Acts, Special Local Orders, and General Adoptive Acts, etc., relating to Public Health became operative in Todmorden.

The administration of these legislative enactments is in the hands of the Public Health Committee and under that Committee carried out by the Medical Officer and his Staff.

Infectious Disease (Notification) Act, 1889; 13th November, 1899.

Infectious Disease (Notification) Act to apply to Anthrax, 25th April, 1917.

Infectious Disease (Prevention) Act, 1890; 4th February, 1891.

The Public Health Amendment Act, 1890; 29th April, 1891.

The Public Health Acts Amendment Act, 1907 (certain portions) made applicable for the Borough by Order of the Local Government Board, dated 2nd July, 1910.

30th August, 1899.—Regulations under the Dairies, Cow-sheds and Milk-shops Order of 1885.

By an Order of the Local Government Board, dated 9th June, 1916, the Notification of Births Act, 1907 was declared from and after 1st, July, 1916, to take effect in the Borough as if it had been adopted by the Town Council instead of by the County Council.

By an Order of the Local Government Board dated 26th May, 1917, certain trades were declared to be offensive trades within the meaning of Sec. 51 of the Public Health Acts (Amendment Act), 1907.

The provisions of the Milk and Dairies Amendment Act, 1922, dealing with specially designated milk, have not so far influenced Todmorden at all.

The Local Sanitary Authority is not related to, nor is it administered in co-operation with the Medical and ancillary services of the National Health Insurance, the Voluntary Hospitals, the Poor Law, nor other agencies, except in so far as there is a united staff for the Health and Education Authorities.

There is however, a certain amount of over-lapping amongst the representatives of these different Authorities and thus one Authority is kept in touch with another. Members of the Town Council for instance sit on the Board of Guardians and the Local Hospital Committee has certain members who belong to the Town Council. Similarly your Medical Officer belongs to the local Medical Society.

The possible unification of all these services is a matter outside the scope of this report, nor do I wish to enter into a matter which is likely to be one not only of deep public concern, but public controversy.

I may however, say definitely that unification would undoubtedly help all these services without in any way suggesting the lines along which such unfication should be carried out.

SANITARY CIRCUMSTANCES OF THE AREA.

Water.

The Corporation water supply comes from a reservoir in Gorpley Clough. The gathering shed is the moorland and the water before being treated is soft. The water is filtered, a part of the filtering medium being mixed with lime in order to obviate any danger from lead solvency.

The water as supplied to the town is crystal clear, pleasant to the taste, and free from organic or mineral impurities. It has been tested from time to time for lead and has always been found quite free.

Nearly four thousand houses in Todmorden are on the Corporation Water Supply, and this number is growing every year, but unfortunately the houses in which difficulty is most experienced as to water supply, are not those to which for one reason or another Corporation Water is easy to supply.

This is demonstrated by figures for the year 1925, which have been kindly supplied to me by Mr. Crabtree, the Surveyor, in which he shows that whilst notices for insufficient water were served on no less than one hundred and three houses, only three of these have during this interval of time been connected to the Corporation Water Supply. These houses in which difficulty as to water supply is experienced are on private water supplies and unfortunately the owners of such property have often-times only a right to tap a certain main without having any right to demand that the water in that main shall be of sufficient quantity or of guaranteed purity.

As I have pointed out previously, Todmorden is largely a rural area, and the water supplies of the uplands are oftentimes open to suspicion. These supplies are usually obtained from small springs which here and there are piped, often indifferently, and which here and there run through open troughs at which cattle are watered. However good these water supplies may be generally in periods of heavy rain they tend to become polluted, especially where they run through land which for agricultural purposes is manured.

Rivers and Streams.

The River Calder flows down the Burnley Valley, and is met in the centre of the town by the Walsden Water. It then flows down the Halifax Valley.

Formerly closets were built over-hanging these rivers, which were directly polluted, but this has been done away with.

The chief source of pollution now is trade refuse from Dye Works, Chemical Works, and other similar industries.

The Calder in the Burnley Valley has earned ill repute. The smell from it is at times particularly offensive. The trade refuse which I have mentioned is discharged into the river, the waters of which are heated up so that they steam, by the water used at the mills for condensation purposes.

Along certain parts of its course the nuisance has to a certain extent been mitigated by paving the river bed. This allows the water to get away quickly without being churned up, and so reduces the odour which arises from it. This nuisance is a perennial difficulty both to the local Authority and to the Rivers Board. In my opinion the offensive odours are certainly deleterious to health.

The attention of the River Board is from time to time drawn to this nuisance, but so far with very indifferent results.

Some years ago now the inhabitants of a town further down the Calder drew up a petition to Parliament as to the state of the river, which, so the story runs, was actually written with water of the Calder as ink. It is a pity that the nuisance we experience is not so easily demonstrable to those who have not actually personal knowledge of the River.

Drainage and Sewerage.

Great strides are being made in the drainage and sewerage of Todmorden, and from time to time schemes are brought forward and made operative for the further drainage of the town.

The main sewer runs from the higher end of Walsden and another from the higher end of Cornholme. These meet at the centre of the town and are continued down the Halifax Valley, to the Sewerage Works which is outside the Town.

This problem of drainage is a very difficult one and a very costly one, but there can be no doubt that the money which has been expended and which is being expended is devoted to the promotion of Health.

After, however, all reasonably possible connections to the present sewers have been made there are large numbers of houses from which it is impracticable to make any connection to any existing or contemplated sewer, and although the suggestion is open to adverse criticism, the possibility of dealing with these houses by means of laying down small sewage plants, will have to be seriously considered.

Sewage disposal at the present time in Todmorden is a topic which has engaged the attention of the Health Committee now for some time, a subject indeed to which the members of this Committee have given a lot of time.

The Sewage Works at Todmorden are on a system which is known as Contact Beds, which receive the sewage after solid matter has been taken out of it by means of screens and certain tanks in which it settles out.

This system as a system is a good one, but since it was installed better systems have been perfected.

Whilst the system is good, the Works generally and the Contact Beds certainly now demand that a large amount of money should be spent in view of which necessary expenditure the Committee have thought of the desirability of remodelling the Works altogether, and have visited different places to see more-up-to-date methods, including Sewage Works designed for the use of "Percolating Filters" and "Activated Sludge."

The present view appears to be that having regard to all the facts of the case our present Works could most advantageously be adapted for the use of "percolating filters."

Whatever method is used for the purpose of purifying the liquid content in the Sewage, the great problem will always be the disposal of the solid material which is raked out on the mechanical screens and settles in the various tanks.

At the present time much of this at considerable cost is being filtered under pressure after having been mixed with lime. In this way a more or less innocuous product is achieved, but I regret to find a certain amount of the "muck" is sent to the Tip. This practise will I hope be stopped so soon as the Works are re-organised.

Closet Accommodation.

During the year 1925, much progress has been made in raising the standard of closet accommodation. In Todmorden there have been and still are large numbers of tub closets. These in themselves are undesirable and the necessity for collecting their contents adds to the dangers of employing this method of closet accommodation.

The following table shows the number of tub closets which have been converted to water closets for the five years ending December, 1925:—1921, 7; 1922, 21; 1923 37; 1924, 24; 1925, 421.

The work entailed in achieving the large number of four hundred and twenty-one conversions during the year 1925, has been very considerable, inspections of premises under the present conversion scheme having totalled for the whole year just under one thousand. This work has been carried out under an Unemployment Grant Scheme and the Local Authority has paid a half of the expenditure in approved cases.

A limit of £10 is imposed as a total to the expenditure which can be approved, that is no subsidy for any single conversion has been more than £5.

In the operation of this Scheme there have been Regulations to prevent any possible reduction in the amount of such sanitary accommodation.

There are still a considerable number of tub closets remaining and in each case the owners of the property are being informed that they should avail themselves without delay of the favourable circumstances under which the Town are able to have this work carried out as an Unemployment Scheme, and are able to offer a liberal contribution to the expenses incurred by these conversions.

But even if all the tub closets are converted in houses where there is a sewer available, there will always remain in Todmorden a large number of houses for which it is impracticable to carry out such conversions, by reason of the fact it is not practicable to lay convenient sewers.

Scavenging.

House refuse is collected by a large motor waggon and also by horse carts. Some of this is dealt with at the Destructor and the rest goes direct to Woodhouse Tip. All garbage from the Market and from fish shops, etc., is taken to the destructor. Tub closets are emptied into special carts which themselves are emptied into the sewers. This method of collecting night soil is open to a serious objection, but the alternative of each cart tramping many miles, in some cases it would be over six miles, to the Sewage Works, is hardly practicable.

The best method of overcoming this difficulty is to convert the tub closers into water closets wherever possible and wherever this is not possible the alternative method, which is also in use, of dealing with this night soil on adjacent land, is usually practicable.

There are not many sanitary movable ash bins with proper coverings used in Todmorden. Some are, however, found in the new houses. In the houses of the older type it is quite common to find the refuse put out on collecting days in any old box or pail that is available.

This is matter for your serious consideration, and the public should realise that the present sight of all these unsanitary receptacles is a disgrace to any locality.

In houses of the back-to-back type which usually have no front garden, the keeping of domestic refuse is a serious problem. Such refuse as must be kept should be reduced to a minimum by burning everything possible, especially vegetables and similar refuse which is likely to decay and become offensive. Such refuse as needs must be kept should always be kept in a receptacle which has a tight fitting cover.

SANITARY INSPECTION OF THE AREA.

The sanitary inspection of the area for the year 1925, involved no less than nearly four thousand inspections of premises.

The following table shows the exact number and nature of these inspections which have been carried out by the Sanitary Inspectors :—

Inspections of Premises	Total...	3881
1. Inspection of Premises under Conversion Scheme		977
2. For nuisances, etc.		279
3. Where infectious disease has occurred ...		35
4. Where offensive trades are carried on ...		50
5. Inspections of Workshops		95
6. Inspections of Factories		21
7. Inspections of Bakehouses		56
8. Inspections of Ice Cream Manufactories ...		2
9. Inspections under Shops Acts		129
10. Inspections of Cowsheds		9
11. Inspections of Common Lodging Houses ...		31
12. Inspections of Slaughterhouses		939
13. Inspections of Water Supplies		6
14. Inspections of Work in Progress		566
15. Inspections of Markets		87
16. Inspections under the Housing, Town Planning, etc., Act, 1909 and 1919		124
17. Re-inspections under the Housing, Town Planning, etc., Act, 1909 and 1919		279
18. Re-inspections as to compliance with notices		180
19. Inspections as to River Pollution ...		1
20. Inspections of Premises used for Preparation of Food		15
21. No. of houses disinfected after		
(1) infectious disease		43
(2) phthisis		5
22 Smoke test applied to drains		12
23. Smoke observations taken		36
24. Samples of milk taken for analysis ...		27
25. Samples of milk taken for bacteriological examination		7
26. Samples of water taken for analysis ...		2
27. No. of complaints investigated		147
28. Cases abated under preliminary notice ...		159
29. Cases abated under statutory notice ...		197
80. Cases abated under closet conversion scheme		421

The following Table gives a summary of the work carried out in compliance with Notices, etc., during the year 1925.

House Drainage—

Waste pipes disconnected from house drains ...	23
Waste pipes trapped	2
House drains repaired, cleansed, etc.	45
New pipe drains provided	48
House drains connected to sewer	50
Drains trapped	11

Sanitary Conveniences—

Tub closets converted into water closets ...	421
New water closets provided	30
New Tub Closets provided	3
Closets repaired, cleansed, etc.	21
Waste W.C. converted to W.C.	1
Tub Closets abolished	4

Factories, Workshops and Bakehouses—

New sanitary conveniences provided	3
Tub closets converted into water closets ...	6
Sanitary conveniences cleansed, limewashed, etc.	9
Sanitary conveniences put into proper repair ...	5
Workshops cleansed, limewashed, etc.	2
Workshop chimney raised to prevent smoke nuisance	1

Houses repaired etc., under Housing, Town Planning, etc., Acts, 1909 and 1919.

On the service of informal notices	40
By notice under Section 28 of the 1919 Act ...	61
No. of houses closed as unfit for habitation ...	2
Houses rendered fit for habitation under Sec. 17	3
Houses demolished	10

Cowsheds and Dairies—

Cowsheds provided with improved lighting ...	1
Cowsheds provided with improved ventilation ...	1
Cowsheds provided with improved drainage ...	2
Shippon floors relaid	2

Miscellaneous—

No. of seizures of unsound food	8
No. of houses cleansed, limewashed, etc. ...	2
No. of cases of overcrowding abolished... ...	2
No. of accumulations of manure, refuse, etc. removed	5
No. of removals of animals improperly kept ...	1
Pollutions of water supplies remedied	2
No. of new sinks provided	3

SMOKE ABATEMENT.

During the year representatives of the authority have attended a Smoke Abatement Conference in Manchester, but the local authority did not see its way to offer to come within the scheme prepared by that conference, according to which regional smoke inspectors would have been appointed.

For my part I feel that whilst generally speaking it is wise for each township to maintain its automony so far as practicable, and whilst I quite agree that smoke inspection in Todmorden has attained a very high level of efficiency, there is nevertheless much to be said for this work being carried out along the lines suggested by the Manchester Regional Smoke Abatement Committee.

It is much better where penalties have to be enforced for the work to have the impersonality of a large joint Committee.

Whether you do or you do not join in with Manchester or some such scheme, I strongly urge you in accordance with the findings of the Manchester Committee to alter the present latitude you allow manufacturers of six minutes in the hour maximum, as the time you are prepared to overlook the emission of black smoke, to two minutes in the half-hour.

It has sometimes been represented to me that the smoke problem in Todmorden is not very bad and that it is only for people to escape in their leisure time on to the hillsides for them to experience the benefits of sunshine. The amount of leisure time the working classes of Todmorden get which is suitable for obtaining the benefits of sunshine is so small that it need not be seriously considered.

PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYE-LAWS AND REGULATIONS.

The premises and occupations which can be controlled by Bye-laws and Regulations, their number and character, etc., will be found in Table C. which is included as an Appendix to this Report.

SCHOOLS.

The schools of Todmorden compare favourably with those of other towns, but I hope that as opportunity presents itself a material deviation will be made from the style of architecture hitherto employed, and that your Open Air School and Open Air Schools generally will not be looked upon as special schools, but as standards for ordinary schools.

In one or two cases the accommodation is strained, but I have information to the effect that this is receiving the consideration of the Local Education Authority.

The water supply to the schools, with the exception of a few on the outskirts of the town, is from the Corporation reservoir, and for the most part the schools have closet accommodation on the water carried system. In two schools the tubs which are in use could only be replaced by providing a special sewage plant for the school, but a third school could and should be put upon a water carried system forthwith, and I hope that in the near future it will be possible to put a fourth school on a water carried system.

During the year a memorandum "On Closure of, and Exclusion from School," prepared jointly by the Ministry of Health and the Board of Education has been considered by the Local Education Authority who have adopted the Table of Exclusions laid down in an Appendix to that Memorandum.

From time to time I have urged that the ventilation of these schools should be used to its utmost capacity and that in assessing the Heating Plant necessary for maintaining an equitable temperature allowance should always be made for heat lost owing to ventilation. If this is not done there is always a temptation to diminish ventilation in order to bring up the temperature of the school to a necessary degree of heat.

HOUSING.

General Housing Conditions in the Area.

The general housing conditions are those of an industrial town in the North. The general level is low nor can it be appreciatively raised until a large number of new and up-to-date houses are built.

The houses are built of greystone, and, especially those on the hillsides, are damp. A large part of the houses are either back-to-back or built on the back-to-back principle, and many of them are built actually into the hillside.

There is a shortage of houses in Todmorden which can only be measured in hundreds. Three hundred new houses would relieve the situation but if and when the standard is raised by the building of these houses, it will be found that nearly as many more are required.

From time to time the town has entertained building but always the price has been found to be prohibitive. At the present time the town offers a subsidy of £100 towards approved houses but this is not a sufficient inducement to promote building on a large scale.

There have been no important changes in the population during the past five years, and none are anticipated in the future unless or until a bold housing scheme as I have mentioned elsewhere is undertaken and Todmorden climbs out of its valleys onto the hill tops.

The houses of Todmorden were built for a large part a hundred, and more than a hundred years ago. Whilst structurally many of them are in a good state of repair their general design and the plan of their lay-out in blocks leaves much to be desired. The defects which are found generally to exist in unfit houses have reference to dampness, and lack of efficient lighting and ventilation. There are of course many cases of a minor nature such as choked waste water pipes, etc., which although very tiresome and although they take up a considerable amount of your officers' time are not really serious, by reason of the fact that they can be the more easily dealt with.

The Housing Statistics for the year 1925 are to be found in Table D. which is included as an Appendix to this Report.

Not a large number of cases of over-crowding are dealt with in Todmorden and during the past five years it has only been necessary to deal with an odd case now and again. The following Table shows the number of cases dealt with for the period under review.

1921, 3 ; 1922, 1 ; 1923, 4 ; 1924, 3 ; 1925, 3.

We have no official Register of the number of houses with baths in Todmorden, but such houses form an insignificant minority, and Mr. Barnes, the Engineer to the Gas Department at our last Health Week Exhibition demonstrated how it was possible even in small houses to use a movable zinc bath and a special gas copper which can be used not only for heating bath water, but for boiling clothes for ordinary washing. As I have said when once building begins in Todmorden the general standard of housing the public will demand will automatically be raised so that still further houses will be demanded.

The question as to how far these general defects are due to lack of supervision and management by owners, and to what extent they are due to waste and neglect by tenants, hardly arises in Todmorden.

There are in Todmorden a large number of houses, the rentals of which do not make it possible for serious structural alteration to be carried out. These houses are of an old type and naturally those responsible for their upkeep are unwilling to spend a lot of money on them, but no general charge could be laid suggesting that the defects found are due to culpable negligence on the part of the owners.

Similarly with regard to tenants, it is known to the estate agents and to us that there are a certain number of undesirable tenants who by their waste and negligence abuse property, but I should say these are relatively small when compared with other parts of the country.

After all is said and done the chief difficulty in remedying the unfitness of houses in Todmorden is the fact that there is not a sufficient number of new houses, and if and when building is promoted in Todmorden, the difficulties which exist to-day will without any special action, pass away. It is obvious that where there is an insufficient number of houses the operation of the law of supply and demand will naturally tend both to lower the standard of housing and to make it more difficult to enforce a desirable standard in housing.

HOUSING STATISTICS FOR THE YEAR 1925.

We are indebted to Mr. Herbert Crabtree, the Surveyor, for the following Table which shows the number of houses erected for the Local Authority and otherwise for the five years ending December 1925 :—

Houses Erected.

	With State Assistance.	Without State Assistance.
1921	—	1
1922	8	1
1923	—	6
1924	6	—
1925	19	5

The Corporation erected one house (included above) without State assistance in 1925.

In an Appendix to this Report (Tables C. and D.), the necessary statistics relating to Housing Defects will be found for the year 1925, as well as the Statistics of the action which has been taken by the Council with a view to remedying these defects.

INSPECTION AND SUPERVISION OF FOOD.

(*a*) Milk.

No milk is sold in Todmorden under any of the special designations which would guarantee it to be reasonably safe for human consumption, but some of the milk which has been tested has been highly creditable from the standpoint of purity and it is a pity that these milk producers and purveyors cannot see their way clear to guarantee their milk by selling it under a special designation. On the other hand some samples of milk have been shown to be polluted with dung.

Whilst we have purveyors of milk who are supplying dirty milk it is more than ever desirable that those who are supplying clean milk should avail themselves of the official credit the Government are willing to extend to them.

It is I understand the intention of the Local Sanitary Authority to deal severely with people who will not supply milk of a reasonable standard of purity.

The results of the bacteriological examination of samples of ordinary milk are shown in the Table given below:

No. of Sample.	Total bacterial content.	B. Coli present in 1/100 c.c.
1516	61,000	No.
1514	139,000	No.
1515	1,300	No.
280-1	6,280	No.
282-3	6,000	No.
2287-8	163,400	Yes.
2291-2	159,100	Yes.
2289-90	640,000	Yes.

The actual amount of milk produced is far below what is desirable and a lot of the milk which is produced is produced by purveyors who keep only a few milking cattle for whom the sale of milk is merely a sideline.

The production of milk in small quantities for retail purposes means that the overhead charges are bound to be greater than they should be and does not lead to economy.

Insisting on a reasonable standard of purity is therefore likely to work disadvantageously to small producers, but this of course cannot be allowed to interfere with the vital necessity of bringing the public milk supply up to a reasonable standard. With special reference to Tuberculosis, we in Todmorden have been more fortunate than many other places and although the number of samples we have actually examined is not sufficient to form a considered opinion, even as a coincidence it is remarkable that so many should have been examined without finding the milk contaminated with the Tuberculosis Bacillus, which is the germ of Consumption.

(*b*) Meat.

As demanded by statute, butchers are required to give notice of the days on which they ordinarily slaughter, and also to give further notice of any occasional slaughtering.

I do not apprehend that any of our butchers are wilfully neglecting to carry out their statutory obligations with the object of avoiding inspection, but I do know that whilst some of them conscientiously carry out their duties, some others presumably from indifference, do not comply with the law so readily as they should.

The Meat Regulations 1924, have now been in operation some time, and I take this opportunity of pointing out it is my advice to the Local Authority to deal summarily with any further negligence.

With the information obtained as to times of slaughter, fairly thorough inspection is carried out, although of course with 17 slaughterhouses in the Borough, continuous inspection at each Slaughterhouse is impossible. Such inspection as is carried out is costly as to time and transport. I am, however, quite satisfied that this work is carried out with great benefit to the public of Todmorden.

With regard to meat inspection in shops, there is little difficulty because most of the shops belong to the butchers who slaughter the meat, but in one case within recent years we have found the market place used for selling meat which was not satisfactory. In this case fortunately the purveyor remonstrated whilst we were discharging our duty and created sufficient publicity which was obviously hostile to himself,

in the market place, that he declared he would never come to Todmorden again. This threat I understand he has carried out to our very great satisfaction.

With special reference to Public Health (Meat) Regs. 1924, as regards stalls, shops, stores and vehicles, a special meeting was held between the Public Health Committee and their officers on the one hand, and the butchers of the town on the other hand. It was evident throughout the discussion that the butchers with shops were intent upon carrying out the Regulations and we have had no real trouble.

I find however, with regard to the open market that the Corporation Department administering the market has made itself responsible for providing the necessary draping material to surround the stalls. This I consider to be a step in the wrong direction. The tenant of the stall is responsible at law for seeing that his stall complies with the Meat Regulations, nor would the fact that another Department of the Corporation were acting as his agent in providing certain drapery to protect his stall, etc., prevent the Health Committee from instituting proceedings where necessary. It is clear, however, that under these circumstances the Council might find itself in a most invideous position.

There is no public slaughterhouse in Todmorden and little personal differences amongst the butchers seems to make the establishment of a public abattoir by mutual consent only a remote possibility. Moreover, the size of Todmorden, of which I have spoken so often in this Report, again operates, and makes central slaughtering a matter of considerable difficulty.

Great as the difficulties are they could be overcome by mutual goodwill and understanding, and I look forward to the establishment of a public abattoir which I believe would be found to be as much in the interests of the butchers as it would be in the interests of the town.

	In 1920.	In Jan., 1925.	In Dec., 1925.
Slaughterhouses, Registered	—	—	—
Slaughterhouses, Licensed	17	17	17

(*c*)—Other Foods.

A large amount of food is prepared for consumption including Fish and Chips. For this there is a considerable demand owing to the fact that so many of the mothers of Todmorden go out to work in the mills.

It is a misfortune in Todmorden that most of these places where food is prepared have had small beginnings which have tied the hands and the enterprise of those engaged in them. In these circumstances it is customary to find that food is prepared in places which have been adapted to the requirements of this trade, and have not actually been built for this purpose.

Some of these places indeed are underground, and I do urge that as and when opportunity presents itself persons engaged in this industry should build premises suitable to their requirements. I have formed the opinion that the good of the trade demands that a higher standard in this respect should be maintained than that which is at present necessary at Law.

In dealing with this matter I am faced with the question of whether we have found our existing powers adequate for dealing with sanitary conditions in such places. I do not urge that larger powers should be given us, I have much faith in public opinion which is making vast strides in the relationship of food to health, and will I believe bring about any reforms which are necessary.

(*d*) **Food Poisoning.**

One case of Food Poisoning during the past five years has been reported to the Ministry of Health.

This occurred on May 21st,1925, and was confined to one family so far as can be ascertained; three of the cases were young women and one a boy of sixteen years. All had partaken of a polony, but the boy disliking the taste threw most of his portion away.

The incubation period was about twenty hours in the first three cases, but was prolonged to three days in the case of the boy.

The symptoms were of the usual character, vomiting and diarrhœa with some rise of temperature, and recovery was rapid.

The remains of the polony yielded no suspicious colonies on direct plating on Mac Conkey's medium, but after culture in brilliant green peptone water a fair number of Salmonella Colonies appeared. Fæces from the four sufferers were obtained on May 26th,

i.e., five days from the onset of symptoms: from one specimen the same Salmonella grew, but again only after enrichment in brilliant green peptone water: the other specimens were negative.

The serum of three of the cases (not the boy) was obtained on the 3rd June, *i.e.*, thirteen days from the onset: in each case it agglutinated the Salmonellas isolated from the polony and from the fæces in dilution of 1 in 300.

The actual organism was found to be B. Suipestifer.

(*e*) Sale of Food and Drugs Act.

Inspection under the Sale of Food and Drugs Act is, so I am informed carried out by the County Council, but I am not aware of what work they are doing in Todmorden of an inspectorial nature under these Acts.

PREVALENCE OF, AND CONTROL OVER INFECTIOUS DISEASES.

Infectious Diseases Generally.

Diphtheria antitoxin is stored by the Health Department at both offices, to wit, the one at Roomfield, and the other at Rise Lane.

The literature prepared by the Ministry on the question of the dose of anti-diphtheretic serum for prophylaxis and prophylaxis treatment has, by the instruction of the Health Committee been distributed to the general practitioners practising in the town. It has nevertheless been found that the general practise still remains for 2,000 units to be the usual dose. This dose is small compared with that advised by the experts who prepared the Memorandum for the Ministry. It, however, still remains for me to say that the Death Rate for Diphtheria is very low, and it appears that this small dose is efficacious.

Two deaths from diphtheria have been reported this year. From my investigations into these cases it appears the children affected were children in whom, on account of the general condition, resistence must have been at a minimum. These cases are in nowise representative of the usual run of cases in Todmorden.

No use has been made of the Schick and Dick tests in Diphtheria and Scarlet Fever respectively, or the recently developed methods of immunisation against these diseases.

I do not apprehend that the time is ripe even for recommending the public as a whole that they should be tested for and if necessary immunised against Diphtheria and Scarlet Fever. There is no reasonable doubt but that individuals wishing for this protection can obtain it and for the present I look upon it as a personal question.

Your Staff too, even including the Staff at the Hospitals within the Borough are not, so far as I am informed, either tested for their susceptibility to or if necessary immunised against these diseases. At least with regard to the Hospital Staff I think your representatives should always insist when engaging nurses that other things being equal, preference should be given to those nurses who can show that either by nature or by artifice they are are immune both to Diphtheria and Scarlet Fever.

Most pathological and bacteriological specimens which require examination are forwarded to the County Hall, Wakefield, although of course a certain amount of this work is done for private practitioners through private channels.

The following table shows the number of specimens submitted to the County Hall, Wakefield, for the period under review.

	1921.	1922.	1923.	1924.	1925.
Widal	6	11	7	25	15
Spitum—Tuberculosis ...	43	72	23	42	66
Anthrax	1	0	0	0	0
Diphtheria	40	46	31	24	134
Urine for Tubercle Bacilli	1	1	0	0	0
Ringworm	0	162	17	36	19
Milk	0	0	0	6	0
Miscellaneous	12	3	0	2	4

In making a report to Dr. Kaye at the County Hall, on one occasion, with reference to pathological reports, I made a suggestion to the effect that every certificate should be

signed by the worker who actually makes the examination and examines the specimens. I think it is incontravertable that this is the only way of apprising the report accurately.

With particular reference to the question of the discovery of infectious fever contacts it will be remembered that at the time whenthe Small Pox Hospital at Sourhall was opened all contacts of cases admitted were followed up, advised vaccination, and supervised by daily visits.

I have previously stated with regard to Diphtheria that "following-up" discovered the probable cause of a mild outbreak of Diphtheria which I may add cleared up after certain necessary action was taken, which included the re-admission of a patient to the isolation hospital.

A certain amount of vaccination is carried out privately and a certain amount, perhaps the larger part, by the Vaccination Officer. Your Medical Officer has only been responsible for a very few primary vaccinations and re-vaccinations. These took well. These were undertaken during the year 1922, and none have been done since. Vaccination can hardly be said to be practised in Todmorden, the number of children in our schools now vaccinated representing only a small moity of the total number of children.

This may appear to be a very distressing state of affairs but it does not state the worst side of affairs because not only are the public of Todmorden opposed to the principles of general vaccination as a means of preventing Small Pox, but also there appears to be a most uninformed public opinion on the established fact that vaccination does prevent Small Pox. However much I deplore the former, I think the latter condition is much more serious.

Of the non-notifiable acute infectious diseases Measles and Chicken Pox, by reason of their frequency, obtrude themselves upon your notice, and Measles on account of its serious after-effects is a matter for your grave concern.

It is not apprehended that many of these cases are missed once the rash is evident because as I have said elsewhere, the Health Staff and the School Medical Staff are one, and the educators do their best to keep us informed of all cases which of course are mostly found amongst children in their charge.

It is however to be regretted that we have not yet been able to impress the public generally of the importance of Measles and on this account cases are not always found so early as they might be.

I believe it is recognised in India that the rainy season is the season when infectious diseases of this nature are rife, and this seasonal incidence is due to the fact that during it people are more crowded together in their insufficient homes. For a similar reason these diseases spread rapidly in Todmorden.

It is the exception and not the rule to find a local epidemic which confines itself to any one locality, because there is constant intercourse between house and house, and only a very small minority of your houses are so designed that anything approximating to efficient isolation can be maintained.

With regard to Influenza and the mortality obtaining in Todmorden from this disease, a special table is given below showing the number of people who have died in each year during the period under review.

Year 1921.	Year 1922.	Year 1923.	Year 1924.	Year 1925.
10	3	4	12	4

General advice has been given from time to time as and when necessary and people have been told of the evils of congregating together unnecessarily, especially in buildings where the ventilation is not sufficient for such an emergency. No public buildings such as cinemas or churches have been closed nor have we closed any schools by reason of the prevalence of Influenza in the neighbourhood of those schools. When, however, Influenza has been prevalent, I have advised the local Authority, and on that advice they have given special instructions that throughout the schools in the area there should be a ten minutes' interval every hour, during which interval the children are either taken or sent out of doors, and the whole school flushed with fresh air, all windows and doors being open.

I have closely studied the influence of this on school life, and believe that with this precaution consistently carried out Influenza is not spread to any extent amongst children by school life, and indeed I would at present add that granting

such frequent and regular intervals are maintained, the children on the whole are better off attending school than they would be if the schools were closed.

Allowing a little lattitude in these regulations as to the time of these intervals it has been found that they do not unnecessarily interfere with the school curriculum.

Only one case of Anthrax contracted locally has occurred during the period under review. Several avenues of investigations were followed up with regard to the possible source of this case, but nothing could be found which pointed defintely to any source. The father of the little boy affected had some months previously been working indirectly for the picker trade, and the little boy had had an opportunity of playing with hair, in furniture being re-upholstered, but every clue followed up failed to discover the source of the anthrax. The case was that of a little boy aged 3, and he recovered.

There has been another case of anthrax during the year 1924, but this anthrax was not contracted locally.

During the year 1925 we have searched the records of Todmorden for some years back to find whether there were recorded any deaths from Cancer occurring in persons engaged in Mule Spinning.

No cases have been found for the period under review nor am I aware of any cases having occurred during this period.

Writing this report however in 1926, I would like to say I am informed there is one case now under investigation.

The number of persons, however, in Todmorden, who are enaged in this form of Spinning is small, so that our numbers are not significant.

I am indebted to Mr. W. P. Tucker, Acting Manager of the Employment Exchange of Todmorden, for the following information as to the number of persons engaged in this branch of cotton industry :—

" The total number of Cotton Spinners (Mule) at present employed in the area of this Exchange (Borough of Todmorden) is :—Spinners, 68 ; Joiner Minders, 12. Included in these are 9 Spinners and 4 Joiner Minders employed in Cotton Waste Spinning."

The Local Authority have no special facilities for the cleansing and disinfestation of verminous persons and their belongings, except that in the case of children your nurses give any necessary advice, and at times help in dealing with such disinfestation.

With reference to the disinfection of premises and articles which have been exposed to infection, this is carried out by routine by the Health Department. The Sanitary Inspector calls, gives advice as to steeping articles which can be washed in disinfectant, and carries out stoving by means of sulphur candles or formalin vapour. He further gives any necessary instructions as to the general cleansing of the premises.

This work is carried out by routine in cases of Scarlet Fever, Diphtheria, etc., and in cases of Tuberculosis is carried out on request from the medical men in attendance or from the persons who inhabit the house.

The number of houses in Todmorden provided with facilities for a hot water bath are, I have said without fear of contradiction, a small minority.

This is not an enviable state of affairs.

Perhaps the best method of dealing with the problem as a whole would be the provision of up-to-date public baths. Our public baths at present, it is known, do not reach a standard we would desire, and I think it will be agreed that the housing conditions in Todmorden are such that model public baths are more necessary than they would be if we had a higher general standard of housing.

NOTIFIABLE DISEASES (other than Tuberculosis) DURING THE YEAR 1925.

The following Table shows the number of cases of notifiable diseases other than Tuberculosis, which have occurred during the year ended December, 1925.

NOTIFIABLE DISEASES DURING YEAR. TOTAL CASES NOTIFIED.

DISEASE.	Total Cases Notified.	Under 1 year.	1–2	2–3	3–4	4–5	5–10	10–15	15–20	20–35	35–45	45–65	65 and over.	Cases Admittd to Hospital.	Total Deaths.
Small Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	30	...	...	1	2	5	11	8	1	1	...	1	...	30	...
Diphtheria	23	...	1	...	2	9	4	3	3	1	...	...	...	19	2
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...
Pneumonia	23	...	1	...	2	...	1	1	2	4	3	5	4	...	12
Other Diseases:-															
Ophthalmia Neonatorum	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	9	1	...	...	...	...	...	...	...	1	...	4	3	...	...
	89	4	2	1	6	14	16	12	6	8	3	10	7	49	14

This further Table shows the number of cases of such diseases which have occurred in each of the years under review :—

Infectious Diseases during the period under review :-

	1920.	1921.	1922.	1923.	1924.	1925.
Scarlet Fever	124	34	68	69	3	30
Diphtheria and Membraneous Croup	38	12	8	3	6	23
Enteric Fever	1	1	5	1	1	—
Erysipelas	18	13	8	9	7	9
Pneumonia	30	19	20	29	72	23
Puerperal Fever	3	—	—	—	2	1
Ophthalmia Neonatorum ...	5	3	1	4	1	3
Dysentry	3	—	—	—	—	—
Malaria	2	1	—	—	—	—
Cerebral Spinal Meningitis	1	—	—	—	—	—
Poliomyelitis	3	—	—	1	—	—
Encephalitis Lethargica ...	3	2	—	1	—	—
Anthrax	1	—	—	—	2	—
Small Pox	—	—	16	1	—	—

It will be seen that Scarlet Fever, Diphtheria, Pneumonia and Consumption form the bulk of the infectious diseases occurring in Todmorden, and notwithstanding the importance of the other infectious diseases, these which I have named demand your special attention by reason of the frequency with which they occur.

Cases of Scarlet Fever and Diphtheria occur chiefly, I might say almost entirely, amongst children.

There is a considerable amount of travelling to and fro in Todmorden, and it is our custom to find that an epidemic once well begun spreads from district to district.

There can be no doubt that some of these cases which are mild are overlooked and help to spread the disease, and I have to report with regard, not only to Scarlet Fever, but to

come other infectious diseases, that parents and guardians of shildren do not always take the precautions the occasion demands. To a certain extent this is not a matter of wonderment because the housing conditions do not make it possible for these persons always to take all the precautions they should, and when once a person cannot carry out all that is reasonably necessary it often-times occurs that that person fails to carry out any measures he or she reasonably might.

This is human nature.

It is these circumstances which led me to the conclusion that the Infectious Fever Hospital accommodation should be increased, and that at least in certain selected cases Measles should be treated in these Hospitals, and that such increased Hospital accommodation will be necessary unless or until the housing conditions in Todmorden are very much better indeed than they are to-day.

On one occasion a small number of cases of Diphtheria occurred, and it appeared reasonable to suppose they were due to a child who returned home from the Infectious Fever Hospital, and was subsequently found with the microbes of Diphtheria in the nose. I would recommend that unless the medical practitioner expresses disapproval, all cases discharged from the Infectious Fever Hospital should have at least two negative swabs, not only from the nose, but from both nostrils.

It would also be a matter of great convenience if a report was sent from the Infectious Fever Hospital to you on all swabs taken from cases of Diphtheria treated in the Hospital. This would in some cases expedite my work in relation to children excluded from school and put an end to some little difficulty arising from time to time when we wish to swab patients who have been recently discharged from the Infectious Fever Hospital.

The following Table gives particulars of new cases of Tuberculosis and of deaths from the disease in the area of the local Authority during the year 1925.

TUBERCULOSIS.

New Cases and Mortality during 1925.

Age Period.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0.1	—	—	—	—	—	—	—	—
1.5	—	—	—	1	1	—	—	—
5.10	—	—	1	—	—	—	—	—
10.15	—	—	3	3	—	—	—	1
15.20	1	2	3	3	2	1	—	—
20.25	2	3	—	3	1	2	—	—
25.35	2	2	—	—	2	2	1	—
35.45	2	2	2	—	—	1	1	—
45.55	3	3	—	—	1	1	—	—
55.65	1	1	—	—	—	1	—	—
65 & over	3	1	—	—	1	1	—	1
Totals	14	14	9	10	8	9	2	2

The Table given below shows the number of new cases of Tuberculosis for each of the five years under review.

	1920.	1921.	1922.	1923.	1924.	1925.
Pulmonary Tuberculosis ...	26	27	37	47	64	28
Non-Pulmonary Tuberculosis	11	8	13	22	23	19

So far as my available data enables me to form an opinion, Tuberculosis in Todmorden conforms to the type of the disease usually found in Yorkshire, that is, the persons affected show a degree of resistance greater than that seen in some other parts of the country.

This is interesting because a generation or two ago there was a large influx into Todmorden of people from Cornwall where the type of this disease is different from what it is here. In Cornwall, I understand, there are relatively a large number of cases where the disease runs a very short course, death occurring early in the course of the disease.

I have given this matter my consideration from the standpoint of the microbe, the patient, and the social environment. I am unable to express any opinion as to whether the germ of Tuberculosis prevalent in Yorkshire is in anywise different from that common in other parts of the country where the disease runs a different course.

From looking back into the history of Todmorden I do not think we find evidence to suggest any marked difference. The information I have been able to gather with regard to the people of Cornish extraction who migrated to Todmorden, is fairly reliable, and I understand it was significant that a large number of these succumbed to Tuberculosis.

Here therefore we had an interesting but fatal natural experiment which indicates that under similar social conditions some people are far more vulnerable to Tuberculosis than others, and this personal factor is probably a question of heredity.

The social and economic factor has interested me the more so that I am in a position to compare and contrast these factors in Yorkshire and in the West country. The Yorkshireman in an industrial town, tied as he is to a machine must be uniform with his neighbour. He is either able to do his work or he is unable to do his work. He must either work or play. On this account partial disability due to illness is detected early.

In the South West of England on the other hand, the mass of the workers are not in the same way tied to a machine which demands that at all times there shall be uniform efficiency. It is possible to continue at work even where the level of efficiency is considerably below normal.

In a community where the economic factor is pressing and where it is possible to remain at work even with impaired efficiency, it is not unnatural that disease which causes only partial disability is neglected.

PUBLIC HEALTH.

(Prevention of Tuberculosis.) Regs. 1925.

No action has been taken under the Public Health (Prevention) Tuberculosis Regs., 1925, dated July 31st, 1925.

I wish, however, to take this opportunity of reminding you that Section 4 of these Regulations lays it down that :—

> "No person who is aware that he is suffering from tuberculosis of the respiratory tract shall enter upon any employment or occupation in connection with a dairy which would involve the milking of cows, the treatment of milk, or the handling of vessels used for containing milk."

Section 5 of the same Regs. gives power to a Local Authority where they are satisfied that a person residing in their district who is engaged in any such employment or occupation as aforesaid, is suffering from tuberculosis of the respiratory tract and is in an infectious state, they may by notice in writing signed by the Clerk or the M.O.H. require such person to discontinue his employment or occupation on or before the date specified in the notice, such date being not less than seven days after the service of the said notice, and such persons shall thereupon comply with the said notice.

PUBLIC HEALTH ACT, 1525. Sec. 62.

Section 62 of the Public Health Act, 1925, enables you to apply to the Court of Summary Jurisdiction for an Order for the removal to a Hospital or Institution any person who is suffering from Pulmonary Tuberculosis in an infectious state, and for the detention and maintainenance, etc.

This power of removal may be exercised contrary to the wishes of the patients, and is therefore made subject to certain safeguards, indicated in the Section.

It has not been necessary for any action to be taken under this Section, but in one case we feel that it was the existence of such an enactment which enabled us to deal satisfactorily with it on a voluntary basis.

It is my opinion that if you allowed it to be widely known that you had this power it would be but seldom you would find it necessary to invoke the support of the Court of Summary Jurisdiction.

The Tuberculosis Order of 1925 deals with the slaughter of certain animals believed to be suffering from Tuberculosis. For the four months ending 31st December, 1925, I am informed that six such cases were dealt with.

MATERNITY AND CHILD WELFARE.

(1) Inspection of Midwives.

The Local Authority is not the supervising authority under the Midwives Act, but your Medical Officer does deputise the County M.O. in carrying out a certain number of these inspections. The scattered nature of your district makes midwifery service difficult, and daily visits within the prescribed ten days after birth are an expensive item for hill-top cases.

It must, however, be realised by all those engaged in this work, that such visits are obligatory.

One very great difficulty in Todmorden is that the outlying districts do not have a sufficient number of births in a year to make it economically possible for a resident nurse to practise in them, and it is, of course, a long way for these people to fetch a nurse from Todmorden. In the district of the town known as Cornholme there is no resident midwife and this is a serious state of affairs.

I am advised by the County Medical Officer it would be "ultra vires" for the Local Supervising Authority to subsidise a midwife in this or any area, but this is a matter which should be reconsidered.

It is obviously useless for us to decry the present state of our midwifery service and at the same time do nothing towards helping such cases as this.

(2) Arrangements made for attending to the health of expectant and nursing mothers and children under 5 years of age.

Infant Mortality is a ratio between the number of children born and the number of children who die in any one year, and is expressed as so many per 1,000 live births.

This year the Infant Mortality is approximately 53. The Table given below shows the Infant Mortality for the five years under review. The Table also shows the number of infant deaths under the age of one month, and the number of such deaths occurring from the second to the twelfth month inclusive :—

Infant Mortality.	Deaths under one month	Deaths between 2nd & 12th month (inclusive).
1921—83.33 ...	17 ...	18
1922—76.92 ...	9 ...	19
1923—51.28 ...	9 ...	9
1924—108.91 ...	16 ...	17
1925—53.96 ...	13 ...	4

It will be seen that the average Infant Mortality for the past five years is approximately in the ratio of 75 to 1,000 births. This is roughly the same as the figure for the whole of England, and is considerably less than the figure for the North of England taken by itself. This is a matter on which the Authority may well congratulate themselves.

There is, however, a matter which demands your serious consideration which is brought out by this table. I refer to the fact that just under one half of these deaths occur in Todmorden under the age of one month, and I may add another observation not shown by this Table, that of these deaths a very large number indeed occur within the first days of life.

I feel sure you will be distressed by this state of affairs. It has been represented by me from time to time and again and again, that whilst excellent work is being done in Todmorden amongst the nursing mothers and young children, much work yet remains to be done of an ante-natal character. At the cost of repeating myself, I wish to state emphatically that the cost of maternity in suffering and debility amongst women is unnecessarily high, and that the relative fewness of deaths reported in Todmorden in or in consequence of child-birth is no indication of the suffering and debility of which I have spoken.

Ante-natal work, desirable in every walk on life and in every part of the kingdom, is something more than desirable amongst persons of the industrial classes, and is essential to a population such as Todmorden, where a large number of married women are engaged in industry.

The only two arguments I have heard against such work is (1) expense, (2) shyness.

The cost of an efficient scheme compared with that of other work undertaken by the Corporation is negligible, only comparable to that of lighting a few street lamps, or providing a sewer to drain a house or two.

As to the question of shyness amongst mothers, having regard to the recent advances which have been made in this work, which reduce all intimately personal examinations to a minimum, I am sure it does not exist other than amongst a very small class who still draw upon mid-victorian literature for a conception of what England is to-day.

My opinion of the unnecessary pain and suffering and debility caused by childbirth is based upon my personal knowledge of hundreds of cases in Todmorden, but this cannot be reduced to statistics, and after all, my personal opinion, apart from such statistics, is not so striking as it would be if we were so unfortunate as to be able to show a large number or deaths or a large number of cripples due to child-birth.

There is, however, one way of looking at this matter which I think is impressive, and that is to remember that whilst the death rate amongst children under the age of one year in Todmorden has fallen to about a half of what it used to be, the death rate of children under the age of one month has not shown this same decline.

An investigation of the underlying causes giving rise to this deplorable mortality, amongst other things, would be the function of an ante-natal clinic, and shows the distressing need there is for such work in Todmorden.

Another avenue by which we can approach the investigation of Maternal suffering due to childbirth is one which I have already mentioned elsewhere, to wit, that whereas in the years of adolescence the women of Todmorden by independent observation are believed to be of better physical development than the men of Todmorden, this advantage is entirely lost during the child-bearing period of life. Child-bearing is not the only factor, I know, to be considered, but it is a factor, and, in another way, demonstrates the need there is for ante-natal work in Todmorden.

Mothers and young children in Todmorden have now the part-time service of three Borough Nurses, who are also School Nurses, and three clinics a week are held, a central Clinic at Roomfield, and Branch Clinics at Vale Council School, and at Inchfield Bottom Sunday School.

The premises in which the work is carried out are not ideal but much useful work is done. The attendances are not those one would expect in a densely crowded area, but are quite up to what one might expect, and at the branch clinics are beyond what I lead the Authority to anticipate.

The fact that your nurses are also school nurses reduces any overlapping, and leads to considerable efficiency, because there is hardly a home in which your nurses are not sooner or later welcome for some work in association with either of these departments, and so personal contact is maintained of a very intimate character.

We have no home or hospital or other institution for the reception of expectant and nursing mothers and young children.

Here I would wish once again in no uncertain language to say there is a crying need for provision to be made for hospital accommodation amongst such people.

I am not, as I have said before, in favour of a special hospital for this type of work, I am persuaded that special beds in an ordinary hospital would prove of the greatest benefit to the town.

I began this report by bringing to your notice the fact that the very frowning heights which are so very delightful to you from an artisitc standpoint make your town a valley of shadows.

Certain of my statements on this matter have been misconstrued, and to avoid any misconception I will not draw any analogies, but will content myself with saying that your valleys are so deep and so shut in, that the atmosphere is so hazy from smoke, and that the sky in this neighbourhood is so habitually overcast, that the infants of Todmorden do not get the sunlight which is essential to their correct development.

In this connection I beg to advise you that science has made rapid strides in producing artificially just those rays

of light which are necessary for correct development, and which are filtered off from the sunlight by the atmosphere of your valleys.

There are now what are known as Ulrta-Violet Ray Lamps which can be bought for a relatively small sum, and I do urge you to instal two such lamps at your Clinic at Roomfield.

I am of opinion that £100 would completely cover the cost of such an installation, and the working costs would be negligible. The benefits to the little people of Todmorden I am persuaded would be out of proportion altogether to the expenditure.

I am to inform you there were twelve Stillbirths during the year 1925.

With reference to the problem of the unmarried mother and the illegitimate child in Todmorden, I may say there is no definite scheme for dealing with this problem. A certain amount of very good work has from time to time been done in individual cases through private agencies. It is, however, difficult for your officers to associate themselves with this private work because they are uncertain of their standing. Although such work as has been carried out, has been perhaps on unorthodox lines, I cannot see any organised scheme working in such a small town as Todmorden, and believe that things are best left as they are at the present time.

The present arrangements for the supply of milk is that dried milk is supplied at the Clinics at cost price, and in certain circumstances in accordance with a scheme which has been drawn up by the Local Authority and approved by the Ministry, such milk is given free.

I am persuaded, having regard to all the facts of the case, that for infants the safest way in which milk may be provided is in the form of dried milk. Now that this dried milk can be obtained suitably modified so that it conforms very closely to the composition of human milk, we are approaching an ideal state of affairs. We have now been using Humanised dried milk for some time with results I only refrain from describing in the most exalted language because I wish to be cautious and wait a little longer before binding myself to a decision.

Our experience so far with this form of milk, however, is sufficiently satisfactory for me to believe that where artificial feeding is necessary such dried humanised milk will in the future be recognised as the ideal diet.

I hope this recognition will not be unduly delayed, as recognition has so often been delayed in other advances of social medicine.

One thing militating against the general adoption of the several real good food products on the market for infant feeding is the fact that the market as a whole is crowded with many other preparations of a less satisfactory nature, so that it is difficult for parents to decide, as it were, " between the false and true," but I believe a step forward would have been achieved towards a most desirable end if, when it became necessary for traders selling Dried Milk to print in large type, the exact equivalent of fluid milk their packets contained, it had become also necessary for all firms retailing milk compounds for the use of infants, to make a similar declaration.

In one case, at least so far as the evidence before me indicates, the revelation such a statutory declaration would make, would convince the public of the real value of the article sold.

Our M. and C.W. scheme does not include any arrangements for orthopædic treatment. I trust, however, that the Council will be able to undertake such work for school children in the near future, and that if and when this treatment is provided, arrangements will be made for it to be extended to children under the age of five years.

Orthopdæic means, so I am informed, " I bring up straight," that is, the children are brought up straight, to stand straight, with straight legs and backs, as they should be, with straight feet too.

There is a movement on foot in the West Riding for this highly specialised work to be centralised for the whole of the Riding, and I hope it will be possible for Todmorden to be comprehended in this Scheme.

There is no definte scheme of co-ordination with the work of voluntary Societies in the Town in connection with Maternity and Child Welfare, but your Officers are fully alive and have ample opportunity of being fully aware of all that

is going on, and as opportunity presents itself, endeavour to do their best for the cases with which they are dealing by pointing out wherever necessary how their patients can avail themselves of the work carried out by voluntary organisations. In a town the size of Todmorden, this arrangement, which does not appear very comprehensive when written down, really works quite well.

Co-ordination of the M. and C.W. Service with that of the School Medical Service is as complete as it can be, because all your officers carry out work in these artificially divided services which are really one.

Surely the time has come when the artificial barriers were broken down and the unification which is already present in spirit became an accomplished fact.

Puerperal Fever.—Only three cases have occurred within the last five years. One having occurred during 1925. Generally speaking the homes of Todmorden are not suitable for nursing cases of Puerperal Fever, and I look upon it as a matter of very great regret that the Joint Committee responsible for the Fielden Hospital has resolved it cannot allow such cases to be admitted. I hope, after what I have said about these hospitals, that steps will be taken in the near future to bring their administration more into line with present day practice, and that then arrangements will be able to be made for the admission of these cases.

The following Table shows the number of cases of Ophthalmia Neonatorum notified during the year 1925 :—

OPHTHALMIA NEONATORUM.

Cases Notified—3. Treated at Home—3. In Hospital 0.

Vision unimpaired—3.

Vision impaired—0.

Total blindness—0.

Deaths—0.

Ophthalmia Neonatorum.—This a is name given to a purulent discharge from the eyes of babies occurring within the first twenty-one days of birth. This is a notifiable disease.

During the five years ending 1925 twelve cases have been notified, of which three have occurred during 1925.

At one time Ohthalmia Neonatorum was the cause of a large part of the blindness which occurred in this country, but this cause of blindness should be diminishing because your nurses now obtain early information of all cases and treatment is obtained usually privately.

I do wish it were possible to detail a nurse in all these cases to carry out the constant treatment which is customarily prescribed by medical men, but at the present time this is impracticable. Here is an opportunity for unification of services. If the Infectious Fever Hospital were united with the Public Health Service, it would be possible to have an agreement with the nurses in both services to work in the sister service whenever such work is required, and it should be possible to utilise the services of the Hospital Nurses for treating these cases in their own homes.

Only on one occasion has it been necessary for us to advise the removal of a patient.

Adverting to the question of Measles amongst children, I have already dealt with this earlier in the Report, and at this stage only wish to deal with the question of what if anything can be done to diminish the mortality and permanent injury to children caused by this disease.

In my opinion all severe cases of Measles should be admitted to Hospital unless the home conditions are such that home nursing of a very high order can be maintained.

I do not advocate this as a means of preventing the occurrence of Measles, I advocate it in the interests of the patient.

Once more I want to stress the importance of parents and guardians always doing all they can in these and similar cases to maintain strict isolation.

It has been necessary, relatively, recently for the Chairman of the Health Committee to make a statement in open Council on this question, because it has been found that children in whom domestic isolation has been urged have been seen playing with other children.

When I am asked to discuss in this report Epidemic Diarrhœa, I am at a loss what to say, because, although we do get a few cases of Diarrhœa amongst infants during the summer months, we get nothing in the nature of an epidemic such as I can remember twenty years ago.

This is a matter on which you may congratulate yourselves unreservedly. I am persuaded it means an improvement all round in domestic management and infant feeding, and that whilst it reflects credit on you and on your Staff, it reflects ever great credit on the mothers of Todmorden who realise that mothercraft is a skilled occupation requring study and close application.

During 1921 and again in 1925, Health Week was observed in Todmorden. In 1921 the response was phenomenal and it was with great trepidation we approached the problem of holding a Health Week in 1925, because it was felt by those in a position to know that our previous effort had surpassed anything we could have hoped to achieve, and anything which we could hope to repeat.

I can best sum up the success of Health Week in 1925 by saying that it did even succeed the phenomenal success of 1921.

There were three main lectures, many subsidiary lectures, and an Exhibition. Nearly every orgnisation operating in the Town in any was associated with Health was represented, and a very large Committee was formed, which was in itself a measure of the success later to be achieved.

Some time before Health Week opened it became apparent to those who were working industriously that the thing was going well and that we might expect anything.

When I say that one of the lectures was attended by 800 people and the last lecture of the series which was to have been a subsidiary lecture at Roomfield School, at the last minute had to be transferred to the Town Hall, you will realise the enthusiasm which maintained the spirit of Health Week throughout the week.

After the last lecture I was given an opportunity of saying the proverbial few words. In the short space of time allotted to me I tried to sum up the message of our Health Week, and whilst I felt that the great lesson we had been

trying to learn was that in order to be healthy we must lead healthy lives. I felt further and so expressed myself that the greatest lesson we all had learnt, and perhaps it had taken us by surprise, was the whole-hearted determination of the people of Todmorden to seek health and to pursue it.

In concluding this Report I want again to draw your attention to one or two things which I believe to be of particular importance, without in any way suggesting that the list is comprehensive or that anything not mentioned may be considered of such lesser importance as not to deserve your serious consideration.

Housing.—We badly want more houses and better houses. A bold scheme is required which would involve building on the uplands of Todmorden.

Hospital Accommodation.—We cannot rest until every case is treated in Hospital where such treatment would diminish the period of invalidity, residual diability, or suffering.

Whatever may be done to help our large central Hospitals this standard will always demand a Hospital in Todmorden.

Unification of Medical Services.—The Hospital to which I look forward should have an out-patients department for School Work, Maternity and Child Welfare, Orthopædic work, Light treatment, and Tuberculosis, and should house your own Nursing Staff and the Nursing Staff of the Nursiug Association.

APPENDIX.

TABLE C.

Nuisance Inspections—

Total No. of Inspections made in 1925, for Nuisances only	549
Nuisances reported in 1925	80
Nuisances in hand, end of 1924	26
Total needing abatement	106
Abated during 1925	95
Outstanding, end of 1925	11
Notices served, Informal	51
Complied with	58
Notices served, Statutory	29
Complied with	27
Total number of Summonses or other legal proceedings	2
Filthy Houses, Cleaning of	2
Any notices served under Sec. 46 of P.H.A. 1875 (or any other Act) ?	0

Regulated Buildings, Trades, &c.	No. in District.	No. on Register.	No. Inspected.	General Conditions?	Legal pr'ceedings if any.
Comm n Lodging Houses ..	3	3	54	Satisfactory.	None.
Houses let in Lodgings	0	0	0		
Canal Boats	0	0	0		
Knackers Yards ..	0	0	0		
Tents, Vans & Sheds	0	0	0		
Offensive Trades— 1 Tripe Boiler, 1 Blood Boiler, 1 Fat Melter, 9 Dressing Hides for Pickers, 34 Fish Friers	46		50	Satisfactory.	None.

Drainage and Sewerage.

Developments during 1925? New Sewers in Castle Street District, Doghouse and Eastwood. House drains improved and connected to sewer. Surface water drain provided at Alma Road.

Developments still needed as to (*a*) want of Sewers—Sewers required in outlying districts; (*b*) Improvement of defective sewers—Many old sewers are taking large volumes of surface and subsoil water, and it is proposed to provide surface water drains at various places.

Sewage Disposal Works (*a*) Any inadequacy?—Ample capacity for present and probable future requirements, but method of final treatment is out of date. (*b*) Any complaints?—No complaints respecting the effluent.

Any sink wastes still needing disconnection?—A few only, awaiting connection of house drains to sewer.

Closet Accommodation.

No. of Privies with open middens—None.

No. of Privies with covered middens—75 privies in isolated parts of district without moveable receptacles, but ashes not mixed with excerment.

No. of Prives re-constructed during 1925—(*a*) as w.c.'s None; (*b*) other—None.

No. of Tub Closets converted to Water Closets during 1925—421.

No. of Pail or Tub Closets in connection with (*a*) houses, 756; (*b*) factories, worshops, etc., 125; total 881.

No. of Water Closets in connection with houses, 3992; factories, workshops, 524; total 4516.

Waste-water Closets, 392.

No. of additional Closets provided for old property in 1925—(*a*) w.c.'s, 30; (*b*) other, 3.

No. of Closets constructed in 1925 for new houses (*a*) w.c.'s, 24; (*b*) other—None.

Scavenging.

Any change during 1925 ?—No.

Performed by (*a*) Council—Yes, all ; (*b*) Contractor—None ; (*c*) Owners or Occupiers—None.

How is refuse disposed of ?—No. of loads to (*a*) Destructor, Cart, 1026 ; (*b*) Tips, Cart, 1087, Motor 311 ; (*c*) Farmers—None ; total annual cost £2,852 15s. 0d.

Is there any inadequacy, and where ?—No.

Any utilisation of waste material ?—Yes ; If so, what ? glass, tinned and galvanised articles, and old iron.

Water Supply.

Any developments during 1925 ?—162 houses connected to Corporation Supply.

Restricted in any way ?—No.

Any general insufficiency, and where ?—No.

Any action in regard to unsatisfactory quality, and where ?—No.

Any new sources added ?—No.

Any disused sources re-used ?—No.

Milk Supply.

Are Two Registers being kept as required by Section 2 (3) of the 1922 Milk and Dairies (Amendment) Act ? (*a*) For Retailers—Yes ; (*b*) For Cow-keepers or Wholesale Traders—Yes.

Have any Licenses been granted under the Milk and Dairies (Amendment) Act, 1922, to distributors of :—"Certified" milk—No.; "Grade A"—No ; "Grade A (Tuberculin Tested)"—No ; "Grade A (Pasteurised"—No. (Pasteurised)"—No.

Have you had samples of Graded Milk tested ? Give No. and kind—None.

Have any retailers been removed from the Register ?—No.

No. of samples taken by Officers of S.A. for analysis under F. & D. Acts—27 ; No. adulterated—4.

No. of samples taken by Officers of S.A. for bacteriological examination—7.

What arrangement for periodical Veterinary Inspection of dairy cows?—None.

No. of Milk Cows kept in District—about 1,000.

No. of Cowkeepers in district producing and selling milk 103; No. Registered—103.

No. of Retail Milk Sellers who are also Cowkeepers—98 No. who are Milk Retailers only—2; Total No. of Retail Milk Sellers registered—97.

Total No. of Cowsheds—250; Total No. of Inspections in 1925—Cowkeepers, 0; Retailers, 9.

Date of Dairies, Cowsheds and Milkshops Regulations? October, 1923; Any Legal Action—No.

Any Inspection or other action by Districts to which Milk is sent—No.

Other Foods.

No. of samples (other than Milk) taken by Officer of S.A. for examination under the Food and Drugs Acts in in 1925—None.

No. of seizures of unsound food—8; Kind and quantity—Whole carcases and organs of 3 cows, organs and portions of carcases of 5 cows; No. of Prosecutions, None.

Any Public Abattoir?—No.

No. of Slaughterhouses—17; Registered—0; Licenced, 17; Unsatisfactory, structurally or in bad position? Good—4, Fair 7, Poor 6.

No. of times each Slaughterhouse inspected?—All weekly on killing days. Some twice weekly; total inspections—939.

No. of Prosecutions (*a*) Food and Drugs—1; (*b*) Unsound Food—None; (*c*) re Slaughterhouses—None.

Bakehouses, No.—40; Any underground?—1; Total No. of Inspections—56.

Schools.—Statutory Medical Inspection is carried out by the County Education Authority in most of the Districts, but that does not relieve the M.O.H. of his duties regsrd to sanitation and the prevention of infectious outbreaks in connection with Schools.

No. of Schools in district—16 ; No. visited by M.O.H.—**16.** Schools closed by M.O.H.—None.

Factories and Workshops.

No. of Smoke observations taken—36 ; No. of Cautions, 11 ; Legal Notices—6 ; Summonses—2.

No. of Workshops—82 ; No. of times each Workshop inspected—Annually ; Total inspections—95.

Any Industrial Welfare Workers appointed—2.

Byelaws and Regulations in force in District.

Subject—Cleansing of Footways and Pavements, Scavenging, Prevention of Nuisances, Common Lodging Houses, New Streets and Buildings. Date of Approval, 19th December, 1899. Subject—Alteration of Buildings. Date of Approval, 13th October 1897. Subject—Slaughterhouses, Baths and Washhouses, Houses let in lodgings. Date of Approval, 19th December, 1899. Subject — Mortuaries, Date of Approval, 19th December, 1899. Subject' Offensive Trades, Tents, Vans and Sheds. Date of Approval, 22nd June, 1917.

Any relaxation of Byelaws under Section 24 of Housing and Town Planning Act, 1919—No.

TABLE D.

SUMMARY OF HOUSING WORK DURING 1925.

Table showing action under Sections 17, and 18 of the Housing, Town Planning, etc., Act, 1909, Section 28 of the 1919 Act, Section 10 of the 1923 Act, Sections 3, 8, 9, 11, 14, 15, of the Housing Act, 1925, and the Housing (Inspection of District) Regulations, dated September 2nd, 1910, or matters arising therefrom.

HOUSES WITH DEFECTS NOT DISPOSED OF AT END OF 1924—

Houses not reasonably fit for habitation. Section 28, 1919; Section 10, 1923	109
Houses (recorded under "Housing") with minor defects. (Public Health Acts)	13
Houses totally unfit. (Sections 17 and 18) 1909 (86 unoccupied)	99

HOUSES INSPECTED FOR "HOUSING DEFECTS" IN 1925 UNDER ACTS AND REGULATIONS—

Total inspected and recorded	124
Houses found satisfactory on inspection ...	54
Houses needing further action	70

HOUSES NOT REASONABLY FIT. ACTION UNDER SECTION 28, 1919; SECTION 10 OF 1923; AND SECTION 1, 1925—

Houses found with defects	52
Houses of this class remedied without formal notice	40
Houses in regard to which formal notices were served	32
Houses made fit after formal notice	59
Houses in respect of which the Council executed or were executing work in default of owner ...	2
Houses in regard to which owner elected to close house instead of complying with notices ...	0

ACTION UNDER PUBLIC HEALTH ACTS IN CASES OF HOUSES WITH MINOR DEFECTS NOT REMEDIABLE UNDER SECTION 28, 1919; SECTION 10 OF 1923; AND SECTION 1 OF 1925.—

Houses with defects	14
Houses remedied without service of formal notice...	0
Houses in regard to which formal notices were served	14
Houses made satisfactory after formal notice ...	14

UNFIT HOUSES. ACTION UNDER SECTIONS 17 OR 18, 1909; SECTIONS 9, 11, 14 OF 1925—

Houses found to be totally unfit	4
Houses closed voluntarily	0
Unfit houses remedied without formal notice ...	0
Houses represented to Council for closing orders...	4
Houses in respect of which closing orders were made	8
Houses closed after service of closing order ...	2
Houses made fit and closing order determined by Council	3
Houses demolished voluntarily	10
Houses for which demolition orders were made by Council	3
Houses demolished compulsorily	0

APPEALS—None.

HOUSES WITH DEFECTS NOT DISPOSED OF AT END OF 1925—

Houses not reasonably fit for habitation. Section 28, 1919; Section 10, 1923; Section 1, 1925...	50
Houses (recorded under "Housing") with minor defects. (Public Health Acts)	13
Houses totally unfit. (Section 17, and 18), 1909; Sections 9, 11, 14, 1925 (77 unoccupied) ...	90
Total No. of Houses in District	6769
No. of Working class Houses	6553

Annual Report of the Medical Officer of Health for the year 1925, for the Borough of Todmorden, on the administration of the Factory and Workshop Act, 1901, in connection with Factories, Workshops and Workplaces.

1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES, including inspections made by Sanitary Inspectors or Inspectors of Nuisances—

Factories (including Factory Laundries)—Inspections, 21 ; Written Notices—5.

Workshops (including Workshop Laundries)—Inspections—95. Total—Inspections, 116. Written Notices, 5

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES—

Nuisances under the Public Health Acts—

Want of Cleanliness—No. of Defects found—3 ; No. of Defects Remedied—2.

Sanitary accommodation insufficient—No. of Defects found—1 ; No. of defects remedied, 1.

Sanitary accommodation unsuitable or defective—No. of defects found—12 ; No. of defects remedied—8. Total, No. of defects found—16 ; No. of defects remedied—11.

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