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CITY OF WAKEFIELD.

REPORT

ON THE

PUBLIC HEALTH

AND

SANITARY STATE

OF THE

CITY OF WAKEFIELD,

FOR THE YEAR 1915,

BY

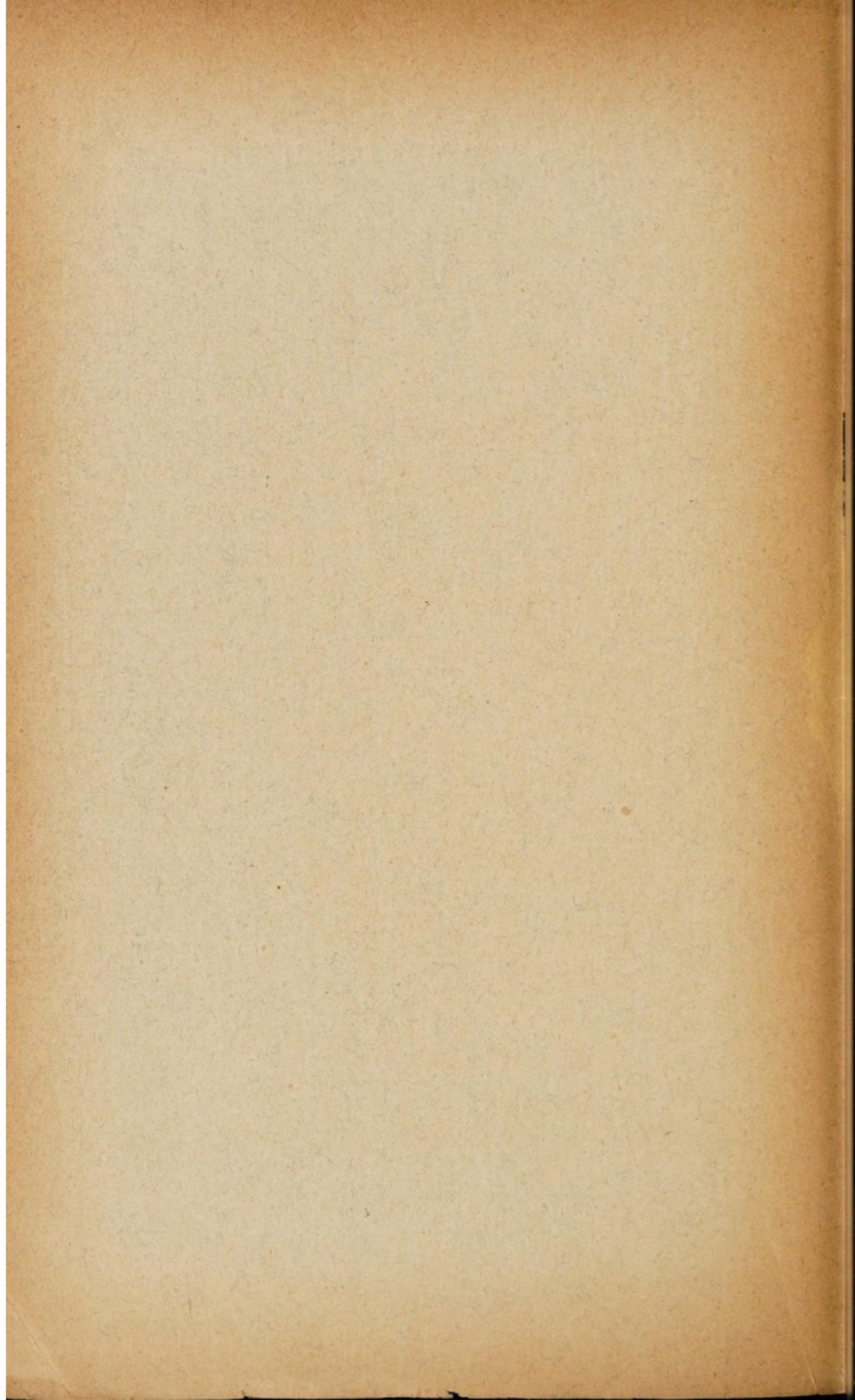
THOMAS GIBSON, M.D., C.M., D.P.H.,

MEDICAL OFFICER OF HEALTH.

WAKEFIELD

Printed at the "Express" Office, 34, Southgate.

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SANITARY DEPARTMENT,

TOWN HALL, WAKEFIELD.

*To His Worship the Mayor, Aldermen, and Councillors of the
City of Wakefield.*

MR. MAYOR AND GENTLEMEN,

I beg to submit for your information and consideration a Report on the Public Health and Sanitary State of the City of Wakefield during the year 1915. The Report is briefer than usual, but this has been necessitated by the increased demands made on my time by a variety of duties.

With regard to the vital statistics, you will note two unsatisfactory features, a low birth-rate and a high death-rate. The death-rate (16.5) is higher than any we have had for some years, but I am afraid the unduly low official estimate of the population has, to some extent, exaggerated the rate. The death-rate for the whole country has also increased. The infantile mortality (117) is also somewhat higher than usual, but a few years ago it would have been counted a most satisfactory one.

The prevalence of infectious diseases has not been great during the year, and it is also satisfactory to record a diminished zymotic mortality.

The outstanding municipal feature of the year was the elevation of the City to the status of a County Borough, and as a County Borough, Wakefield has now taken on increased responsibilities with regard to the Public Health. Having severed its connection with the County Council, the Corporation is now in public health matters directly responsible to the Local Government Board, is responsible for the maintenance of its own Tuberculosis Dispensary and Sanatorium, and for the administration of the Midwives Act and the Mental Deficiency Act. The City now has also its own Insurance Committee, the work of which is closely associated with the public health.

The general sanitary work of the year has been greatly handicapped by the War, which has reduced the staff of inspectors, and has, owing to shortage of labour, etc., increas-

ingly made it more difficult to get works of improvement carried out. The staff of health visitors has, however, been kept up, and the work in connection with child welfare, never more important than at present, has been successfully developed during the year.

I wish here to acknowledge the great and willing services rendered by the Chief Sanitary Inspector (Mr. Whitaker), who, with a depleted staff, has had a most arduous year's work, to the Assistant Sanitary Inspector (Mr. Speight), who is the only assistant inspector left, to the Health Visitors, and to my Chief Clerk (Mr. Roberts). We have also had since July some assistance in this Department from the Inspector of Weights and Measures (Mr. Walton).

During the year I have also continued to meet with the same hearty co-operation from the medical practitioners of the City, as they have invariably given in the past.

To the Chairman and Members of the Sanitary Committee my best thanks are due for the courtesy and consideration they have extended to me during the year.

I am,

Mr. Mayor and Gentlemen,

Your obedient Servant,

THOMAS GIBSON,

Medical Officer of Health.

5th July, 1916.

POPULATION.

As the various mortality and other rates are calculated on the population, it is a matter of some importance to fix the estimate as accurately as possible. One result of the War has been to upset the validity of ordinary rates of calculation, as great numbers of men have been drawn from the civilian community into the Army. As it is impossible to ascertain what number of men have been abstracted from any town, it is impossible to say to what extent the population has been reduced thereby. On the other hand, munition centres have attracted workers from other districts, but here again it is impossible to say to what extent. To meet this difficulty the Registrar-General has prepared a series of population estimates, based on figures supplied by the Registration Act, and the population (civilian) of Wakefield at the middle of 1915 is officially given as 48,407. The Wakefield population based on the usual mode of calculation employed by the Registrar-General would have been at least 53,000, and under ordinary circumstances, this would in my opinion, for reasons set out in previous reports, have been an under estimate. For instance we know that there are some 11,000 houses in the City, that practically none are empty, and that a recent investigation into the number of inmates per house, as ascertained by the visits of health visitors, gives 4·7 per house. This gives a non-institutional population of 51,700, or, including the institutions, a total population of 54,559. The reduction of the population to the extent of about 5,000 is, I am sure, excessive, but 48,407 is an official figure for which it is difficult to substitute anything more definite, and therefore I have used it throughout this report as the basis of my calculations. It should, however, be kept in mind that the various rates calculated on this figure are in all probability higher than they should really be. Under the circumstances it has been impossible to estimate the ward populations with anything approaching accuracy, and I have therefore for the most part omitted figures relating to the various wards.

POPULATION OF PUBLIC INSTITUTIONS (MIDDLE OF 1915).

	W.R. Asylum.	H.M. Prison	Union Work- house	Clayton Hospital	Total
Persons belonging to the City of Wakefield (including all persons admitted from addresses within the City of Wakefield, and all officials, servants, etc., residing on the premises)	470	4	249	72	795
Persons not belonging to the City of Wakefield (including all persons admitted from addresses outside the City of Wakefield)	2390	283	149	37	2859
Total	2860	287	398	109	3654

MARRIAGES.

The number of Marriages celebrated in Wakefield during 1915 was 473, or 20 less than in the preceding year. The marriage rate was therefore 18 persons married per 1,000 of the population.

BIRTHS.

During 1915 there were 1,032 births registered in the City of Wakefield. Of these six were non-resident and excluded from our statistics, whilst five births which occurred outside the City but where the mothers belonged to Wakefield are included. There are therefore 1,031 births to be credited to the City, equal to a birth-rate of 21·3 per 1,000 of the population.

The birth-rate is the lowest on record for the City, and it is slightly lower than that of England and Wales for 1915 (21·8), which itself is the lowest on record for the whole country. It is a startling fact that the birth-rate is little more than half of what it was 45 years ago.

TABLE GIVING THE AVERAGE ANNUAL BIRTH-RATE IN EACH OF THE FOUR DECENNIAL PERIODS 1867-1906, AND THE ANNUAL BIRTH-RATES SINCE 1907.

Period.	Birth Rate per 1,000 of Population.
1915	21·3
1914	22·0 (23·2)
1913	22·9 (24·2)
1912	21·9 (23·2)
1911	23·2 (24·5)
1910	23·1 (24·1)
1909	22·4
1908	24·4
1907	23·9
1897—1906	27·4
1887—1896	29·1
1877—1886	34·0
1867—1876	38·4

NOTE.—The rates within brackets are nett rates obtained by calculating the resident births on the resident population. The other rates are obtained by calculating the total births registered on the total population.

TABLE SHEWING NUMBER OF BIRTHS IN THE WHOLE
CITY AND WARDS DURING 1915.

WARD.	Total.	Males.	Females.	Illegitimate.	Percentage Illegitimate Births
St. John's	62	26	36	—	0·0
Northgate	94	50	44	10	10·6
Eastmoor	106	58	48	6	5·6
Primrose Hill.....	120	61	59	14	11·7
North Westgate.....	118	60	58	1	0·8
South Westgate.....	79	37	42	5	6·3
Kirkgate.....	105	61	44	4	3·8
Calder.....	96	44	52	2	2·0
Alverthorpe	77	30	47	1	1·3
Belle Vue	113	59	54	3	2·6
Sandal	56	29	27	1	1·8
Resident Births occur- ing outside the City	5	4	1	3	—
Whole City	1031	519	512	50	4·8

ILLEGITIMACY.

There were 50 illegitimate births during the year, as compared with 46 in 1914, 55 in 1913, and 50 in 1912. The percentage of illegitimate amongst the total births is 4·8, as compared with 4·5, the average for the preceding ten years. So far as Wakefield is concerned, there is nothing whatever in the facts to justify the scare which was made during the past year as to the increase in illegitimacy. As a matter of fact the illegitimate rate in Wakefield has not been affected for better or for worse.

NOTIFICATION OF BIRTHS.

Under the Notification of Births Act (1907), which was adopted by the Wakefield City Council in 1908, all births have to be reported to the Medical Officer of Health within 36 hours of their occurrence. The object of the Act is to provide the Sanitary Authority with such information of the occurrence of births as will secure the early visiting by the Lady Health

Visitors of those homes where skilled advice as to the rearing of infants is likely to be needed. The medical men and midwives practising within the City are kept supplied with stamped letter-cards, upon which they either themselves notify the births which they attend or hand them to the occupiers of the houses, who in turn fill in the particulars and forward the letter-cards to the Sanitary Department.

NUMBER OF BIRTHS NOTIFIED DURING 1915.

Number notified by medical men	355
" " " midwives	457
" " " head of household or other person...	146
Total	<u>958</u>

138 births (13·0 per cent.) were not notified. Of these 114 had been attended by medical men, 14 by midwives, and with regard to 7 no information could be obtained. One had not been attended either by a doctor or midwife.

The percentage of unnotified births was 14·5 in 1909, 11·5 in 1910, 12 in 1911, 10 in 1912, 13 in 1913, and 14·6 in 1914.

Towards the end of 1915, the medical practitioners were written to in connection with the notification of births, and since then the number of unnotified births has dropped considerably.

Of 986 births, 515 were attended by midwives and 471 by medical men.

STILL BIRTHS.

The Notification of Births Act's requires the notification of still as well as live births, provided the still-born child has reached the 28th week of pregnancy.

During 1915, 42 still-births were notified, 26 attended by medical men and 16 by midwives.

In order to check the notifications I have also been supplied by all the Curators of the various burial places in the City with particulars of all still-born children brought for interment. During 1915 there were 56 still-born children interred (47 in the Cemetery and 9 in Alverthorpe Churchyard). Seventeen of

these had not been notified, 16 having been attended by a doctor, and one buried on the Coroner's certificate. There were three still-births notified but no report of their burial received.

NOTIFICATION OF BIRTHS (EXTENSION) ACT, 1915.

It might be useful to refer here to the above Act, which came into force on 1st September, 1915. It compulsorily extended the operation of the Notification of Births Act of 1907 to all areas in which this Act had not been adopted. So far, Wakefield, having adopted this Act in 1908, was not affected, but the new Act conferred further useful powers. Section 2 empowers a local authority to exercise any powers which is possessed by a sanitary authority under the Public Health Acts for the purpose of the care of expectant mothers, nursing mothers or young children, and authority is given for the constitution of Child Welfare Committees, which shall include women and, it may be, others who are not members of the local authority. A Committee has been formed to administer this Act, along with the Mental Deficiency Act, and the Midwives Act, and ladies and members of the Board of Guardians have been co-opted.

ADMINISTRATION OF THE MIDWIVES ACT.

On becoming a County Borough on the 1st of April, 1915, Wakefield took over the administration of the Midwives Act, 1902, which had previously been in the hands of the County Council. The duties of the City Council as the Local Supervising Authority under the Act, are set out as follows in Section VIII. of the Act:—

“Every council of a county or county borough throughout England and Wales shall, on the commencement of this Act, be the local supervising authority over midwives within the area of the said county or county borough. It shall be the duty of the local supervising authority—

- “(1) To exercise general supervision over all midwives practising within their area in accordance with the rules to be laid down under this Act.
- “(2) To investigate charges of malpractice, negligence, or misconduct, on the part of any midwife practising within their area, and should a prima facie case be established, to report the same to the Central Midwives Board.

- “(3) To suspend any midwife from practice, in accordance with the rules under this Act, if such suspension appears necessary in order to prevent the spread of infection.
- “(4) To report at once to the said Board the name of any midwife practising in their area convicted of an offence.
- “(5) During the month of January of each year to supply the Secretary of the Central Midwives’ Board with the names and addresses of all midwives who, during the preceding year, have notified their intention to practise within their area, and to keep a current copy of the roll of midwives, accessible at all reasonable times for public inspection.
- “(6) To report at once to the Central Midwives Board the death of any midwife or any change in the name or address of any midwife in their area, so that the necessary alteration may be made in the roll.
- “(7) To give due notice of the effect of the Act, so far as practicable, to persons at present using the title of midwife.

“The local supervising authority may delegate, with or without any restrictions or conditions as they may think fit, any powers or duties conferred or imposed upon them by or in pursuance of this Act, to a committee appointed by them, and consisting either wholly or partly of members of the Council, and the provisions of sub-sections 1 and 2 of section 82 of the Local Government Act, 1888, shall apply to every committee appointed under this section and to every council appointing the same, and women shall be eligible to serve on any such committee.”

During 1915 there were 14 midwives on the register, two—the only midwives who have received a course of training—having commenced to practise during the year.

The midwives have all been visited by myself, their equipment and books examined, and their methods of work inquired into. As all the midwives, with the exception of two, are untrained and were admitted to the roll because they were in bona-fide practice at the time the Midwives Act came into force, I was able to advise them on many points connected with

their work. Considering the fact that they have received no systematic training, and considering the difficulties under which they have to work, I think that the midwives on the whole do very good work, and I have always found them ready to accept suggestions and to help us in every way.

During the year 19 reports of sending for medical help, 14 reports of still-births, and 4 reports of ophthalmia neonatorum were received from midwives.

The case of one woman who, though unregistered, was apparently practising as a midwife, was investigated during the year. She was afterwards seen by me and promised to give up attending confinements. This promise she appears to have kept.

DEATHS.

1,245 deaths were registered in Wakefield during 1915, comprising 783 persons belonging to the City (residents) and 462 persons not belonging to the City (non-residents). Of the non-resident deaths 450 occurred in public institutions (364 in the Asylum, 43 in the Union Infirmary, and 38 in the Clayton Hospital, 4 in the Prison, and 1 in the City Fever Hospital).

30 deaths of Wakefield residents were returned by the Registrar-General as having occurred outside the City, and these added to the resident deaths registered in Wakefield make a total of 813 resident deaths (423 males and 390 females). The death-rate is therefore 16·5 per 1,000, which is 1·7 per 1,000 higher than the death-rate of 1915 and is the highest rate recorded for 10 years. The Wakefield death rate is also higher than that of England and Wales (15·1) and of the 96 great towns (15·6). The death-rate of England and Wales is itself 1·2 per 1,000 higher than that of 1914.

There were 54 deaths of persons over 80 years of age, including 6 over 90 years.

There were 62 more deaths in 1915 than in 1914.

TABLE SHEWING NUMBER OF DEATHS (RESIDENTS) IN VARIOUS AGE PERIODS DURING 1914 AND 1915.

Age Period.	1915	1914
Under 1 Year	121 (-2)	123
1-2 Years	49 (+17)	32
2-5 Years	46 (+10)	36
5-15 Years	27 (-13)	40
15-25 Years	39 (+13)	26
25-45 Years	110 (+4)	96
45-65 Years	180 (-24)	204
65 Years and over	241 (+47)	194
All Ages... ..	813 (+62)	751

The above table shows that the chief increase of mortality was amongst persons over 65 years of age.

The following table gives the principal diseases which showed an increased or decreased mortality in 1915, as compared with 1914.

INCREASED.			DECREASED.		
Whooping Cough ...	(+ 9)	Measles	(- 6)		
Influenza	(+ 10)	Scarlet Fever ...	(- 5)		
Phthisis	(+ 10)	Diphtheria	(- 12)		
Cancer	(+ 22)	Heart Disease ...	(- 12)		
Bronchitis	(+ 47)	Diarrhoea	(- 16)		
Pneumonia	(+ 24)	Nephritis	(- 9)		
Violent Deaths ...	(+ 11)	Old Age	(- 8)		

It will be observed that the greatest increase of the mortality occurred in Bronchitis, Pneumonia, and Cancer. On the other hand, the mortality for zymotic diseases was markedly lessened.

Respiratory Diseases (including Phthisis) caused 31 per cent. of the total mortality, whilst Respiratory Diseases (excluding Phthisis) caused 24 per cent. Bronchitis and Pneumonia each caused 11 per cent., Organic Heart Disease 10 per

cent., Cancer 9 per cent., Tuberculosis 9 per cent., Congenital Debility, Premature Births, and Malformations 4 per cent., and Violent Deaths 4 per cent. of the total mortality. The zymotic diseases caused 6 per cent. of the mortality.

NUMBER OF DEATHS IN WARDS IN 1915, 1914, AND 1913.

WARD.	1915	1914	1913
St. John's	63	62	64
Northgate	119	93	98
Eastmoor	75	69	59
Primrose Hill	88	98	91
North Westgate	60	58	65
South Westgate	68	69	57
Kirkgate	97	89	72
Calder	66	59	64
Alverthorpe	59	57	50
Belle Vue	81	67	65
Sandal	37	30	36
Whole City	813	751	721

From the above table it would appear that the Wards showing the greatest increase of mortality are Northgate and Belle Vue Wards. In my last two reports I commented on the excessive mortality in Northgate Ward, and the rate for 1915 is higher than ever. As will be seen later, Northgate had also the highest infantile mortality amongst the wards of the City. In the ward itself New Street again stands out conspicuous for its excessive mortality. There were 24 deaths in that street, which on a population figure ascertained three years ago is equal to a death rate of 42.6 per 1,000. Of course the character of the population living in that street, which is one largely accommodated in common lodging-houses and houses let in lodgings, to some extent explains the great mortality. About one-third of the deaths took place in the Union Infirmary.

TABLE SHEWING NUMBER OF DEATHS IN PUBLIC INSTITUTIONS WITHIN
THE CITY IN 1915.

Institution.	Total.	Residents.	Non-Residents.
W.R. Asylum	380	16	364
Union Workhouse	133	90	43
Clayton Hospital	76	38	38
H.M. Prison	4	—	4
City Hospital (Fever)	12	11	1
Total	605	155	450

INFANTILE MORTALITY.

During 1915 there were 121 deaths of children under 1 year of age (69 males and 52 females), equal to an infantile mortality of 117 per 1,000 births. Seven were illegitimate. The following table gives the annual infantile mortality in Wakefield and England and Wales during the years 1910-1915 and the average rates in the four decennial periods 1870-1909.

Period.	Average Annual Infantile Death Rate.	
	Wakefield.	England and Wales.
1915	117	110
1914	104	105
1913	109	109
1912	89	95
1911	143	130
1910	108	106
1900—1909	143	132
1890—1899	175	153
1880—1889	154	142
1870—1879	171	149

TABLE SHEWING INFANTILE DEATH-RATES IN THE MUNICIPAL WARDS
1904-1915.

WARD.	Year 1915	Year 1914	Average 1904-13	Maximum 1904-13	Minimum 1904-13
St. John's ...	97	69	92	145	38
Northgate ...	181	135	} 128	175	93
Eastmoor ...	132	132			
Primrose Hill	142	116	136	198	81
North Westgate	102	78	109	145	72
South Westgate	127	150	128	176	67
Kirkgate ...	114	127	117	169	58
Calder ...	73	82	111	221	45
Alverthorpe ...	65	111	133	211	44
Belle Vue ...	150	69	} 112	170	79
Sandal ...	71	75			
Whole City	117	104	122	221	38

TABLE SHEWING THE INFANTILE MORTALITY IN EACH OF THE FOUR
QUARTERS OF 1915.

1915.				Infantile Deaths per 1000 Births
1st Quarter	...	...	...	118
2nd Quarter	...	...	...	114
3rd Quarter	...	...	...	89
4th Quarter	...	...	...	131

TABLE SHEWING NUMBER OF CHILDREN DYING IN VARIOUS PERIODS OF THE FIRST YEAR OF LIFE DURING 1915.

Period.	Number of Deaths.
Under 1 week	18
1-2 weeks... ..	8
2-3 weeks	6
3-4 weeks... ..	4
1-3 months	28
3-6 months	20
6-9 months	15
9-12 months	22

CAUSES OF INFANTILE DEATHS IN 1915.

Disease.	Number of Deaths.
Pneumonia	25
Premature Birth	22
Bronchitis	16
Diarrhoea	11
Marasmus (Wasting)	8
Convulsions	7
Asthenia (Debility)	5
Gastritis	4
Atelectasis	3
Measles	3
Whooping Cough	2
Congenital Heart Disease	2
Spina Bifida	2
Tuberculosis of Peritoneum	1
Tuberculosis of Mesenteric Glands	1
Tubercular Abscesses of Glands	1
Congenital Atresia Ani	1
Icterus Neonatorum	1
Enlarged Thymus Gland	1
Congenital Syphilis	1
Asphyxia from Cellulitis of Neck	1
Acute Meningitis from Otitis Media	1
Defective Inflation of Lungs from Diaphragmatic Hernia	1
Accidentally run over by Motor Car	1

REMARKS.

The infantile mortality during 1915 (117) was higher than that of 1914 (104) and above the average for the preceding 10 years (115).

The mortality was also over that of England and Wales for 1915 (110), but exactly the same as the average in the 96 great towns, in which Wakefield is included (117).

Although the infantile mortality rate was increased the actual number of infantile deaths was two less than in 1914, but the decreased number of births during 1915 naturally increased the mortality rate.

The infantile mortality was particularly high in Northgate, Belle Vue, and Primrose Hill Wards.

The table of causes of infantile deaths does not present any unusual features. It shows, compared with 1914, a decreased mortality from diarrhoeal disease, but an increased mortality from premature birth. There was also an increase of the percentage of deaths during the first month of life. It looks as if the War is having an adverse effect on the well-being of the babies, largely exercised through the mental strain and unsettled lives of so many mothers, whose husbands have joined the Army.

HEALTH VISITING.

The system of Health Visiting which has now been carried out in Wakefield for many years, and which has been fully described in former reports, was continued during the year.

The total number of visits to homes where births had occurred by the Health Visitors during 1915 was 7,221 (902 being primary and 6,319 re-visits). 87 per cent. of the homes from which a birth was notified or ascertained were visited. The figures represent a considerable increase in the amount of visiting, and the re-visits were particularly increased. It is impossible to give in a report, certainly it is impossible to represent in a statistical table, to what extent all this work is proving beneficial. I am, however, satisfied that the work is proving of incalculable advantage to the health and well-being of the infants of the City, and it is also work that the mothers of the City are more and more appreciating.

MOTHERS' CLUB.

The work of the Mothers' Club, which has now been in existence since 1912, was much extended during the last half of the year. The accommodation in the Town Hall having proved inadequate, the Club was moved to the premises of the Old Coffee Tavern in Upper Kirkgate, and the meetings were held once a week, instead of fortnightly as previously. We were also fortunate to secure the services of Dr. Mary Purdie to act as Medical Officer to the Centre. The usual lectures were continued, and these have been supplemented by practical demonstrations on Cookery and on the making of children's clothing.

Miss Thorpe, the Health Visitor, who is now in charge of the Centre, has made the following short report on the work :—

“ Throughout the year the work amongst the mothers has made steady and satisfactory progress. The accommodation at the Town Hall proved insufficient for the needs of the work, therefore the meetings are now held in the Old Coffee Tavern, Upper Kirkgate. The premises are commodious and comfortable, there is also a nursery where babies and toddlers are nursed and cared for by voluntary helpers whose kindly and untiring efforts greatly add to the success of the gatherings.

“ During the year a scheme of systematic and helpful lectures was arranged, and these covered the usual difficulties met with in infants under 12 months of age. The mothers were encouraged to make known their anxieties, and the cases were dealt with individually. A very popular feature of the meetings is the appointment of a Medical Officer, and the readiness with which the mothers have asked for personal advice from Dr. Mary Purdie is exceedingly gratifying, and has a splendid result on the health of the babies.

“ Another pleasing feature is the number of members who attend with a baby in arms and a toddler at their skirts, proudly declaring that the toddler is a “ Mothers' Club Baby too.” This is encouraging, and the good of the work may be still more apparent in the next generation.

“ During the year there were 53 members on the roll, with an average attendance at each meeting of 16 mothers, and when the exceedingly severe weather we experienced from October to December is taken into consideration, these figures speak well for the appreciation shown by the mothers.

“ Whenever a member is absent from a meeting and the cause is not known, a home visit is paid during the succeeding week and the cause of absence enquired into, thus every member is under observation and well cared for.”

During the present year (1916) two branches of the Centre have been opened, one at Haddingley Hill and one at Alverthorpe Road. The former is worked in connection with the Patriotic Club, by whom the premises, etc., are provided, and the latter is held at the premises of the Alverthorpe Adult School, the Committee of which kindly offered to provide the premises, heating, lighting, etc., free of cost. Altogether this branch of our work is proving most successful, and is developing naturally in response to the public need.

ANTE-NATAL WORK.

In submitting our scheme for Child Welfare and Maternity work—of which the Mothers' Club and the home visiting constitute a large part—to the Local Government Board, it was proposed to do something in the form of ante-natal work. There can be no question but that work of this kind is much needed. The large number of still births and deaths from premature births itself indicates that the work of health visiting should often begin before the child is born, for it is obviously in these cases too late afterwards. We also know that many mothers run great risk during the period of confinement, for the want of suitable advice before the event.

Experience, however, shows that work of this kind is most successfully carried out in connection with a Maternity Hospital, where the expectant mothers can attend the out-patient department, and when necessary can be taken into the hospital. Wakefield, however, does not possess a Maternity Hospital, and until that much needed institution is acquired, we have to do the best we can. We have tried to work a Pre-Maternity Centre in connection with our Mothers' Club, but so far it has not proved a great success. The Health Visitors, however, try to keep in touch with those expectant mothers they get to hear of, and we are indebted to the Babies' Welcome Committee for supplying us with the names of those on their books. We also hope to secure the co-operation of the midwives, by whose assistance this branch of our work could be very materially helped forward.

ZYMOTIC MORTALITY.

During 1915 there were 50 deaths from the seven principal Zymotic Diseases, equal to a death-rate of 1.03 per 1,000, which is

less than that of 1914 (1·6), and is also under the average for the preceding ten years (1·16). The zymotic causes of death were Enteric Fever (6), Measles (9), Whooping Cough (13), Diphtheria (5), and Diarrhoea (17).

SCARLET FEVER.

During 1915 there were 51 cases of Scarlet Fever notified (25 males and 26 females), which is equal to an attack-rate of 1·05 per 1,000. The attack-rate is less than half that of 1914, and is the lowest since 1909. 36 cases were children between 5 and 15 years of age. The cases were distributed all over the City, the highest number (9) being in Kirkgate Ward and the lowest (1) in Alverthorpe Ward. The highest number of cases occurred in the month of June (12). Three cases were discovered during medical inspection.

There were five secondary cases in four houses, and one hospital return case (2 per cent.). With regard to the return case the primary or infecting case had been 51 days in hospital, and was discharged on the 53rd day of the disease free from peeling, without discharges, and with a healthy throat. This child remained well, and the return case sickened 8 days after the return home of the primary case. The house was a three-roomed one, and contained eight inmates (5 over 14 years, and 3 under).

41 of the cases (80 per cent.) were removed to hospital.

The average duration of stay in hospital was 32 days.

There was no death from Scarlet Fever during the year.

DIPH'THERIA.

During 1915 there were 93 cases of Diphtheria (42 males and 51 females) notified, which equals an attack-rate of 1·92 per 1,000. This rate is little more than half the rate for 1915 (3·42), but is over the average for the preceding 10 years (1·3). It is also higher than the 1915 diphtheria death-rate for England and Wales (1·52).

58 of the cases were children between 5 and 15 years of age. The cases came from all over the City, the highest number (16) being in Northgate Ward, and the lowest (3) in Calder Ward. The greatest number of cases were notified in November (16), and the lowest in April and May (2 in each month).

There were seven secondary cases in four houses. There was one return case, the primary or infecting case having been discharged from hospital on the 25th day of the disease, apparently in a normal condition, and with a throat reported to be free from the diphtheria bacillus. The return case sickened a week after the primary case returned home. 17 cases were discovered in the course of medical inspection of school children or by the examination of contacts.

Sanitary defects were noted in connection with 23 of the houses. 80 cases (86 per cent.) were isolated in hospital. The average duration of stay in hospital was 33 days. There were four deaths from diphtheria, equal to a death-rate of 0·08 per 1,000. This rate is one-fourth that of the preceding year (0·33), and is about one-half of the average for the preceding ten years (0·15).

The following are the particulars of the deaths :—

1. Female, 7 years, Flanshaw Lane. Admitted to hospital and died on 10th day of disease and six days after admission.
2. Male, 5 years, Templar Street. Admitted to hospital and died on 4th day of disease and one day after admission.
3. Male, 3 years, Lincoln Street. Admitted to hospital and died on 6th day of disease and three days after admission.
4. Male, 3 years, Alverthorpe. Died at home on 3rd day of disease, and same day as notification received.

ENTERIC FEVER.

During 1915 there were 25 cases of Enteric Fever (9 males and 16 females) notified, equal to an attack rate of 0·52 per 1,000, as compared with 0·65 in the preceding year, and 0·05 the average for the preceding ten years.

Fourteen of the cases occurred in public institutions—10 in the West Riding Asylum (patients), 2 in the Prison (prisoners), 1 in Union Infirmary (nurse), and 1 in Clayton Hospital (nurse).

The remaining 11 cases occurred at Albion Square, Providence Street; Bolton's Yard Providence Street; Mattock Street; Davy Street; Grove Road Extension; Cambridge

Street; Holmfield Lane; Dudley Street, Belle Vue; George Street, Sandal; and Burkill Street, Sandal (2 cases in one house).

In most cases, inquiries did not reveal any definite source of infection. In one case the patient had eaten mussels about the time of infection, but no others appeared to be associated in any way with shell fish.

The two cases in Bailey's Buildings were traced to an unrecognised case of Enteric Fever, who also proved to be a carrier, and who gave rise to several other cases in January, 1916.

The Asylum cases were probably connected with carrier cases in the institution. One of the nurses contracted the disease while nursing a case of enteric fever.

Eleven cases were removed to the City Fever Hospital, 1 case was treated in the Union Infirmary, whilst all the Asylum cases were treated in that institution.

There were six deaths, equal to a death rate of 0·12 per 1,000, which is slightly lower than that of 1914 (0·14), but is higher than the average for the preceding ten years (0·05).

ERYSIPELAS.

There were 25 cases of Erysipelas (13 males and 12 females) notified, as compared with 23 in 1914. There was one death reported from this disease.

PUERPERAL FEVER.

There were four cases of Puerperal Fever notified, as compared with three in 1914. All were young married women, aged 22, 24, 26, and 28 years. Two had been attended at their confinement by doctors, and two by midwives. Two of the cases proved fatal.

OPHTHALMIA NEONATORUM.

There were seven cases of Ophthalmia Neonatorum (purulent inflammation of the eyes of the newly born) reported, as compared with 12 in 1914. Two were notified by doctors, two by midwives, and three were discovered by the Health Visitors. Apparently all the cases recovered without serious damage to the eyes.

ACUTE POLIOMYELITIS AND CEREBRO-SPINAL FEVER.

Two suspected cases of Cerebro-Spinal Fever and one of Acute Poliomyelitis were reported, but on investigation the suspicion was not confirmed and all but one recovered. Lumbar puncture was performed on the two former cases, and bacteriological examination of the meningeal fluid failed to show the specific micrococcus.

ZYMOTIC DIARRHŒA.

During 1915 there were 17 deaths (9 males and 8 females) from diarrhœa, equal to a death rate of 0·35, as compared with 0·65 in 1914, and 0·45 the average for the preceding ten years.

Eleven of the deaths were infants under 1 year, 2 were between 1 and 2 years, 2 between 2 and 3 years, and 2 between 3 and 4 years.

The deaths occurred in the following months:—January 1, March 1, May 1, June 2, July 1, August 2, September 5, October 2, November 1, and December 1.

Of the 11 deaths under 1 year 3 were breast fed, 3 fed on cows' milk, 2 on condensed milk, 2 on dried milk, and 1 on artificial food. The proportion of breast-fed babies who died from diarrhœa is unusually high, though the actual number is a small one.

MEASLES.

There were 9 deaths from Measles, equal to a death-rate of 0·18 per 1,000, as compared with 0·29 in 1914 and 0·23 the average for the preceding ten years. Three were children under 1 year, 3 between 1 and 2 years, 2 between 2 and 5 years, and one between 5 and 15 years. Four of the deaths were complicated with pneumonia and 1 with bronchitis.

WHOOPIING COUGH.

There were 13 deaths from Whooping Cough, equal to a death rate of 0·27 per 1,000, as compared with 0·07 in 1914 and with 0·18 the average for the preceding ten years. Three were infants under 1 year, 5 between 1 and 2 years, and 5 between 2 and 5 years. Five of the deaths were complicated with pneumonia.

TUBERCULAR DISEASES.

TUBERCULOSIS DEATH-RATE IN WAKEFIELD, 1871 to 1915.

Period.					Death Rate per 1,000 of the Population.
Year	1915	...	...	...	1.61
"	1914	...	...	...	1.29 (1.36)
"	1913	...	...	...	1.26 (1.33)
"	1912	...	...	...	1.57 (1.66)
"	1911	...	...	...	1.78 (1.88)
Decennium	1901-1910 (Average Annual)				1.75
"	1891-1900		"	"	2.3
"	1881-1890		"	"	2.6
"	1871-1880		"	"	3.7

During 1915 there were 78 deaths (40 males and 38 females) from Tubercular Diseases, giving a death rate of 1.61 per 1,000 of the population, which is higher than that of the preceding year (1.36), but is under the average for the preceding ten years (1.64).

PULMONARY TUBERCULOSIS IN WAKEFIELD, 1898-1915.

Year	CASES.				DEATHS.	
	Total Cases Notified or Ascertained	Cases Notified	Cases Ascertained but not notified.	Attack Rate per 1,000 of population.	Deaths num ber	Death Rate per 1,000 of populaton.
1915	140	128	12	2.87	62	1.28
1914	92	82	10	1.72 (1.82)	52	0.97 (1.03)
1913	111	107	4	2.12 (2.23)	40	0.76 (0.8)
1912	122	110	12	2.35 (2.47)	58	1.11 (1.17)
1911	—	60	—	—	60	1.16 (1.22)
1910	—	46	—	—	54	1.05 (1.11)
1909	—	46	—	—	53	1.22
1908	—	42	—	—	58	1.35
1907	—	40	—	—	62	1.45
1906	—	36	—	—	48	1.13
1905	—	14	—	—	47	1.11
1904	—	27	—	—	53	1.25
1903	—	50	—	—	58	1.38
1902	—	40	—	—	52	1.28
1901	—	50	—	—	55	1.42
1900	—	54	—	—	58	1.06
1899	—	—	—	—	43	1.12
1898	—	—	—	—	65	1.72

During 1915 there were 128 cases of Phthisis notified (59 males and 69 females), and there were also 12 other ascertained, making a total of 140, which is equal to an attack rate of 2·87 per 1,000. This is the highest attack rate recorded since compulsory notification came into force in 1912, but, as I have previously pointed out, it does not necessarily follow that the disease has actually increased.

The average number of persons per house among the cases notified was 4·8, as compared with 5 in 1915.

In 114 houses the bedroom accommodation was as follows:—

1 Bedroom	...	...	...	29 houses.
2 Bedrooms	...	...	...	51 "
3 "	...	...	...	19 "
4 " or more	...	...	...	15 "

Of 119 houses 57 were through houses, 59 were back to back, and 3 were common lodging-houses.

The weekly rental of 115 houses was obtained, and is shown as follows:—

3/- or less	...	...	...	15 houses.
Over 3/- but under 4/-	...	...	...	35 "
" 4/- " " 5/-	...	...	...	31 "
" 5/- " " 6/-	...	...	...	19 "
" 6/- ... ..	...	...	...	15 "

Out of 119 cases, 82 patients were occupying the same room as others, and 63 were sharing the bed with others. Of course we endeavoured to remedy as far as we could these unsatisfactory arrangements, but in the smaller houses it was impossible to get a separate bedroom for the patient.

During 1915 there were 62 deaths from Phthisis (27 males and 35 females), equal to a death rate of 1·28 per 1,000, as compared with 1·03 in the previous year, and 1·15 the average for the preceding ten years.

PHTHISIS NOTIFICATIONS AND DEATHS IN WARDS.

Ward.	Cases notified or ascertained.	Deaths.
St. John's... ..	10	6
Northgate	27	6
Eastmoor	14	6
Primrose Hill	18	11
North Westgate	8	2
South Westgate	9	4
Kirkgate	21	10
Calder	9	3
Alverthorpe	7	3
Belle Vue	13	9
Sandal	4	2
Whole City	140	62

Of the 62 deaths 20 (32 per cent.) occurred in public institutions (16 in the Workhouse, 2 in the Asylum, 1 in a Sanatorium, and 1 in the Fever Hospital).

DEATHS AND NOTIFICATIONS.

Of the 62 deaths, 50 had been notified and 12 had not been notified. With regard to the latter inquiries showed that in most cases the patient had been under more than one doctor, and the doctor last attending was under the impression that the case had already been notified.

The following list gives the period elapsing between the date of notification and the date of death in the case of the 50 patients who had been notified.

Under 1 month ...	15	Between 10-11 months	2
Between 1-2 months ...	7	" 11-12 "	1
" 2-3 " ...	3	" 12-15 "	1
" 3-4 " ...	1	" 15-18 "	3
" 4-5 " ...	1	" 18-24 "	3
" 5-6 " ...	3	" 24-36 "	2
" 7-8 " ...	2	" 36-48 "	2
" 9-10 " ...	2	" 48-60 "	2

It will be noticed that 30 of the notified deaths (60 per cent.) occurred within six months of notification, and 15 (30 per cent.) within a month of notification. Speaking generally and excluding very acute cases, it may be said that the patients notified within six months of their death were in a hopelessly advanced state when notified.

It is obvious that when such a large proportion of the cases are only diagnosed in a late stage of the malady, successful treatment is much handicapped, indeed curative treatment in a large proportion of the cases is out of the question altogether.

Out of the 62 deaths, I find that 17 had been entered on the Register at the Tuberculosis Dispensary, but of these 17, 6 only attended on one occasion. Of those who only attended once, 3 were too ill to continue coming to the Dispensary, and the other three declined to attend. Two of these were quite early cases when they were seen at the Dispensary and might have recovered if they had troubled to undergo a proper course of treatment. Five were advanced cases who continued to attend the Dispensary for varying periods. Six were patients who had received sanatorium treatment—one in 1912, 3 in 1913, and 2 in 1915, but two of these did not stay in the sanatorium for more than a month each, and three were in an advanced state when admitted to the sanatorium. Three were patients who received sanatorium treatment in 1913, and were not advanced cases when first taken in hand. Only one of these continued with dispensary treatment after leaving the sanatorium. To sum up, out of the 17 patients whose deaths have occurred in 1915 and who had previously attended for varying periods at the Dispensary, only five were cases that had a chance of recovery, when first seen at the Dispensary. Of these five hopeful cases, only one took full advantage of the opportunities for recovery.

NON-PULMONARY TUBERCULOSIS.

During 1915 these were 36 cases of Non-Pulmonary Tuberculosis notified (17 males and 19 females), as compared with 23 in 1915.

Glands	...	...	...	...	...	15
Cerebral Meninges	...	...	...	...	...	5
Abdomen	...	...	...	...	...	4
Bones	...	...	...	...	...	5
Joints	...	...	...	...	...	2
Kidney	...	...	...	...	...	2
Bladder	...	...	...	...	...	1
Skin	...	...	...	...	...	1
Palate	...	...	...	...	...	1

GLANDS.

There were 15 cases of Tubercular Glands of the neck notified (9 males and 6 females).

Under 5 years	...	...	1	15-25 years	...	...	4
5-15	„	...	9	24-25	„	...	1

CEREBRAL MENINGES.

There were 5 cases of Tubercular Meningitis notified, 2 males and 3 females. The ages were 8 months, 1 year, 3 years, 6 years, and 30 years. Three of these cases died during the year.

ABDOMEN.

There were 4 cases of Abdominal Tuberculosis notified, 3 males and 1 female. Two cases were aged 1-2 years, 1 case 2-3 years, and 1 case 5 years. Two were stated to be tubercular peritonitis, one mesenteric disease, and one mesenteric disease and tubercular peritonitis. One of these cases died during the year.

BONES.

There were 5 cases of Tubercular Disease of Bones notified (3 males and 2 females). Two of these were cases of spinal disease, one of the bones of the forearm and hand, one of the bones of the hand, and one of the tibia. The ages were 3, 5, 7, 13, and 17 years.

JOINTS.

There were two cases of Tuberculosis of the Hip Joint notified, both females, aged 5 and 18 years.

KIDNEYS.

There were two cases of Tuberculosis of the Kidneys notified, both females, aged 21 and 28 years.

OTHER ORGANS.

There was one case of Bladder Disease (female, aged 28 years), one case of Skin Disease (female, aged 7 years), and one case of Palatal Disease (female, aged 25 years).

During 1915 there were 16 deaths from Non-Pulmonary Tuberculosis, equal to a death rate of 0·33 per 1,000, which is the same as last year, and is under the average for the preceding ten years (0·48). Thirteen were males and 3 females.

Year.	Death Rate from Non-pulmonary Tuberculosis.
1915	0·33
1914	0·31 (0·33)
1913	0·49 (0·52)
1912	0·46 (0·48)
1911	0·62 (0·66)
1910	0·43 (0·46)
1909	0·58
1908	0·23
1907	0·51
1906	0·56
1905	0·47
1904	0·55

The causes of death were certified as follows:—

Tubercular Meningitis	...	...	...	8
Tubercular Peritonitis	...	...	...	4
Mesenteric Disease	...	...	...	1
Acute Miliary Tuberculosis	...	...	...	1
General Tuberculosis	...	...	...	1
Tubercular Abscesses of Glands	...	...	...	1

8 of the 16 deaths had not been notified.

PREVENTIVE MEASURES.

The usual preventitive measures, fully described in previous reports, were carried out during the year. The homes of all notified cases were visited by the Health Visitors, the home and personal circumstances inquired into, and advice (both verbal and printed) given with regard to precautions. The cases were then kept under regular supervision. Any sanitary defects found were dealt with by the Sanitary Inspectors. Orders for the gratuitous supply of disinfectants were freely granted, and the rooms occupied by the patients, along with their contents, were disinfected whenever an opportunity occurred. The fact that the great majority of the patients attended the Tuberculosis Dispensary made our supervisory measures still more effective, and made the personal influence over the patient much greater. The most important measures for the prevention of tuberculosis that remain to be developed are :—(1) Improved housing conditions ; (2) hospital provision for advanced cases ; (3) power for compulsory removal of advanced cases living in circumstances likely to be dangerous to others ; (4) provision of open-air school for children threatened with tuberculosis ; (5) provision of institutional treatment for non-pulmonary tuberculosis.

NATIONAL INSURANCE ACT, 1911—SANATORIUM BENEFIT.

TUBERCULOSIS DISPENSARY.

Wakefield became a County Borough on the 1st April, 1915, but an Insurance Committee for Wakefield was not constituted until the 1st July. The City Council did not therefore undertake sanatorium treatment until the latter date, but the work of the Tuberculosis Dispensary, which has been carried out by the City Council since the beginning of the Act, was continued throughout the year on the same lines as previously. Your Medical Officer of Health continued to act as Tuberculosis Officer, in both a clinical and an administrative capacity, and the four Health Visitors gave the necessary assistance. The Medical Officer was also appointed Medical Adviser to the Insurance Committee. Owing to the increased attendance at the Dispensary, it has been found necessary to have two nurses employed at each afternoon session instead of one as formerly, whilst one sufficed for the evening work.

The following table gives the chief figures relating to the Dispensary for the past year :--

	Total	Males	Females
Total Applicants for Treatment or Diagnosis	122	62	60
Insured Applicants for Treatment or Diagnosis	46	31	15
Non-Insured Applicants for Treatment or Diagnosis	76	31	45
No. of Cases diagnosed Pulmonary Tuberculosis	98	—	—
No. of Cases Pulmonary Tuberculosis, Stadium I.	56	—	—
No. of Cases Pulmonary Tuberculosis, Stadium II.	24	—	—
No. of Cases Pulmonary Tuberculosis, Stadium III.	18	—	—
No. of Cases diagnosed Non-Pulmonary Tuberculosis	13	—	—
No. of Cases diagnosed Non-Tubercular	11	—	—
No. of New Cases treated	91	44	47
No. of Old Cases treated	70	—	—
Total Number of Cases treated ...	161	84	77
No. of Cases Tuberculosis (Insured) Referred for Domiciliary or other Treatment	5	—	—
No. of Cases of Tuberculosis (Non-Insured) Referred for Domiciliary Treatment	6	—	—
No. of Cases Declined Treatment, Left City, or did not Return to Dispensary	7	—	—
Total Attendances ...	3724		

It will be noticed that the attendances are about 400 over the preceding year. There were also 30 more new applicants than in the preceding year, and the cases under treatment were increased by 42.

The new cases under treatment comprised 84 persons (43 males and 41 females) suffering from pulmonary tuberculosis, and of these 36 were insured persons (24 males and 12 females), and 48 were non-insured persons (19 males and 29 females). The new cases also included 7 persons (1 male and 6 females) suffering from non-pulmonary tuberculosis, and of these two—1 male and 1 female—were insured persons.

Of the 98 cases diagnosed as phthisis or pulmonary tuberculosis, 56 (57 per cent.) were in Stadium I. or the early stage of the malady, 24 (25 per cent.) were in Stadium II. or the moderately advanced stage, whilst 18 (18 per cent.) were in Stadium III. or the advanced stage of the disease. Experience shows that it is only those in Stadium I. that have a reasonable prospect of recovery, although a few cases in Stadium II. may do well.

The percentage of early cases was about the same as last year, and I should like to see this percentage materially increased in the coming years.

NUMBER OF PATIENTS TREATED DURING 1915.

PULMONARY TUBERCULOSIS.						NON-PULMONARY TUBERCULOSIS.					
Insured Persons.			Non-Insured Persons			Insured Persons.			Non-Insured Persons		
Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females
62	44	18	78	32	46	8	4	4	13	4	9

The foregoing table shows that 161 patients were treated at the Dispensary during the year, 91 new cases, and 70 cases whose treatment had been continued from the previous year. Several patients have been under treatment since 1913, the first year of the Dispensary's work. Out of the 161 patients treated 70, or 43 per cent., were insured persons.

At the end of the year 1915 there were 94 patients (46 males and 48 females) still on the Dispensary Register. These included 38 insured persons (27 males and 11 females) and 56 non-insured persons (19 males and 37 females). All of these were cases of pulmonary tuberculosis except 10 persons (3 males and 7 females), who were suffering from non-pulmonary tuberculosis, and these included 4 insured persons (2 males and 2 females). About 80 patients were in regular attendance. There were also 13 of the patients in the sanatorium at the end of the year.

TREATMENT OF PULMONARY TUBERCULOSIS.

Whilst tuberculin was extensively used in treatment at the Dispensary, other remedies were also largely used, particularly creasote and its derivatives, whilst the old-fashioned cod liver oil was freely administered. Attendance at the Dispensary gives one a great hold over the hygienic habits of the patients, and great attention was paid to this important aspect of the work. During the year I prepared a special leaflet for the use of Dispensary patients, a copy being handed to each case. The following is a copy of this leaflet:—

This Leaflet should be Preserved for Reference.

WAKEFIELD CITY TUBERCULOSIS DISPENSARY.

GENERAL ADVICE TO PATIENTS.

The advice given in this leaflet is intended to help patients to help themselves towards recovery, and to prevent as far as possible others contracting the disease from them. By constant attention to the advice given, a patient will enormously increase his chances of recovery. The successful treatment of tuberculosis depends as much on the intelligent co-operation of the patient as on the special medical treatment afforded at the Dispensary, and no patient who desires to recover can afford to be careless about his mode of life. You should be encouraged to do this by the fact that the disease in its early stages is curable, but only curable when the patient leads the kind of life that he ought to do. Similarly, no patient who desires to protect the members of his family, his friends or his fellow workmen from the infection of tuberculosis, can afford to neglect the rules which are set out in this leaflet.

FRESH AIR.

Nothing is more important to the patient than the breathing of fresh air by day and night. By day, if his condition permits it, he should be as much as possible in the open air, and *he should see that both by day and night every room he occupies is freely ventilated.* The window of the bedroom should be kept constantly open at the top, or by raising the lower sash four inches and fixing a piece of wood underneath. By the latter method a current of air will pass up between the two sashes and cause no draught. During the day, if the bedroom is unoccupied, the window should be opened wide both top and bottom, and even when occupied, especially in summer, there is great advantage in having the window opened widely. Patients who have been

in a sanatorium and learned the value of fresh air, will not hesitate to keep their windows wide open. Less draught is felt through a wide opening than through a narrow one.

The fireplaces should never be covered over, but kept open for the purpose of allowing a current of air to pass up the chimney. To secure still better ventilation the door may be taken off its hinges, or wedged open and a screen placed across for privacy. Although the window should be kept open even in the coldest weather, the patient should be kept warm in bed by a sufficient supply of blankets, and, if necessary, hot water bottles. At the same time do not have more bed clothes than are just sufficient to keep you warm. The head of the patient's bed should be near the window in order that he may breathe the purest air in the room.

If there is a suitable site for an open-air shelter near the patient's house he should apply for one (which will be supplied free) and regularly sleep in it.

The advice given above with regard to fresh air should also be attended to by all persons living in the same house as the patient. Remember that while fresh air is a great curative agent, it is also a great preventive.

THE DWELLING.

It is of great importance to the patient that he should live in as healthy a dwelling as possible, preferably in a high situation, with open surroundings and a south aspect. The house should be a through one (not back-to-back), should be dry, and all the windows should open widely. The patient's bedroom should be light and airy, and whenever possible he should have the room to himself. *Under no circumstances should he sleep in the same bed as other persons*, as this is not only dangerous to the others, but is likely to retard the patient's own recovery. The patient's bedroom should have only what furniture is really necessary, such as the bedstead, a chair and washstand. All superfluous furniture (*e.g.*, wardrobes, chests of drawers), ornaments, pictures, hangings, etc., should be removed. No carpet should be left in the room except a strip by the bed side, but linoleum is an excellent covering for the floor. The house generally should be kept scrupulously clean, but the rooms should be dusted with a damp cloth, and not swept in the ordinary way with a brush. The stirring up of dust is dangerous.

DIETARY.

The food you eat has an important bearing on your recovery. The diet should be simple and wholesome, and it should be remembered that many cheap articles of diet contain as much or more nourishment than some more expensive ones. Meals should be taken regularly and the food should be well chewed. If your teeth are bad you should see a dentist, for unless you can chew your food well, you cannot get the most out of it, and you are also liable to get indigestion, which is a serious complication. You should always brush your teeth after meals. If you are at work or able to take plenty of exercise, you should take as much good food as possible, particularly food containing fat. *Milk is a valuable food for you*, and two or three pints a day should be taken. Part of this can be taken as a beverage at meals. Butter or margarine and cheese are also good fatty foods. Remember that margarine or dripping are quite as nutritious as butter, and of course cheaper. Cheese is apt to be indigestible, but many patients benefit by it. Dutch and Cheshire cheeses are cheap and nutritious. Scotch Oatmeal porridge, which must be well boiled, is recommended for breakfast. Meat containing a fair amount of fat should be taken, and there is no objection to foreign meat. Some of the cheaper kinds of fish, for example herrings, bloaters and kippers, are most nourishing. Herrings contain a good deal of fat and are particularly suitable for you. Eggs form an excellent addition to the diet, and tripe is also recommended. Milk puddings and puddings made with suet, lard or dripping should form part of the midday meal. Fresh fruit is useful for regulating the bowels and for other reasons, but should be avoided if the patient is liable to diarrhoea. Jellies, beef tea, meat extracts and meat wines are of little value when other food can be taken.

If the patient is feverish and cannot take exercise, the diet should be light, and should consist largely of milk and milk puddings, while white fish (for example, sole or whiting) and eggs may be taken. Alcohol, whether in the form of spirits, beer or wines should never be taken. As a rule, alcohol does no good and is simply a wasteful expense.

In connection with the dietary, it is important that the bowels should be opened daily.

If you suffer from loss of appetite, pain after meals, heart-burn, vomiting, constipation or diarrhoea, you should at once inform the Medical Officer.

EXERCISE AND REST.

You must be careful about the amount of exercise you take, and should be guided by your temperature. If the temperature in the mouth (taken after the thermometer has been in for five minutes) does not rise above 99 degrees, and you feel fit for it, a fair amount of walking exercise should be taken. The patient should at first avoid hills, and should never walk so far as to cause fatigue or breathlessness. When walking, the head should be raised and the mouth kept shut. The amount of walking exercise should be gradually increased as the patient feels fit for it, and if the temperature is not affected. It is a good rule to take the temperature after resting an hour upon returning from a walk, and if it is found to be over 99·5 degrees, it shows that too much has been done. If the temperature is over 100 degrees the patient should go to bed, and if it keeps up he should stay there. When feverish the patient should always rest in bed. When the patient is gaining in strength and weight, and when his evening temperature does not rise over 99 degrees, he should gradually prepare himself for a return to his employment by engaging in a little light work such as gardening. Here again he should be careful to note his temperature after resting an hour, and if it has risen over 99·5 degrees, the work should be stopped for a time at any rate.

When the patient has returned to his regular work he should spend as much time as possible in the open air, although it is not wise to fatigue himself unduly after his day's work. Every patient should try to secure a garden or allotment, and spend his spare time in wholesome recreation. It is important to avoid keeping late hours and to secure plenty of sleep. Places of entertainment and other gatherings should be avoided, as the air in these places is often bad and specially harmful to one in your condition.

PRECAUTIONS.

Although tuberculosis is an infectious disease, a careful patient is not likely to give the disease to others. He must remember that the infection is in the spit or expectoration and in the spray which comes from the mouth during coughing. He should therefore attend to the following rules:—

- I. *Always expectorate or spit into a spittoon or pocket flask.* For use in the house an ordinary cup or mug lined with paper does very well. A little disinfectant should be put in the cup, and the contents should be emptied daily down the closet or on to the fire, the cup scalded and cleansed, and then relined with paper. The

cup should be covered with a metal lid or stout cardboard. Out of doors a pocket glass spittoon (which can be obtained free at the Dispensary) should be used, and some of the disinfectant put in it. When cleansing the spittoon both caps should be undone, and the flask well washed out with water and then with disinfectant. Disinfectant fluid may be obtained free at the Sanitary Department in Warrengate on presenting an order which can be obtained from the Health Visitor, Sanitary Inspector, or at the Sanitary Department in the Town Hall. You should send a large bottle for it. Always have disinfectant in the house.

2. *When coughing always hold a handkerchief or piece of linen rag in front of the mouth.* The handkerchief should be soaked for an hour in disinfectant before being washed. It is a good plan to have a piece of linen sewn on as a lining to the pocket in which you keep your handkerchief and sputum flask. This lining can be removed from time to time, boiled and replaced.
3. *Never swallow your expectoration,* as this may convey the disease to your stomach and bowels.
4. Keep necessary utensils and other articles, for example cups, spoons, towels, handkerchiefs, etc., for your sole use, and do not allow them to be used by anybody else. Such articles should be disinfected from time to time by boiling or by soaking for an hour in disinfectant and then rinsing in water.
5. Bed and body clothing should be well boiled or soaked in a disinfectant for an hour before being washed or before being used by any other person.
6. *Always sleep by yourself* in a bed, and, if possible, have a room for your sole use.
7. It is well to have your bedroom and its contents disinfected from time to time, and always when you cease to occupy the room. This will be done free of cost by the Sanitary Department, and you can get it done by asking the Medical Officer or Health Visitor or by signing and posting the stamped post card which has been left at your house. Before moving into a new house always let the Medical Officer know, for it is necessary to disinfect the house you are vacating before the new tenant comes in.

GENERAL HINTS.

TAKING THE TEMPERATURE.

When provided with a thermometer take your temperature regularly four times a day (8 a.m., 12 noon, 4 p.m., and 8 p.m.) and record the temperature on the card provided. It is also well to take it after exercise as already mentioned. The temperature should be taken in the mouth, with the thermometer well under the tongue and the lips tightly closed. Keep the thermometer in the mouth for five minutes at least. You should not take the temperature immediately after having drunk any hot fluid. Before taking the temperature see that the mercury is shaken down under 98 degrees. Take great care not to break the thermometer, and always leave it at the Dispensary if you are ceasing to attend.

TUBERCULIN REACTIONS.

Patients who are having injections of tuberculin may occasionally on the day after an injection get a reaction, with some redness and swelling of the arm, and possibly with some feverishness, headache, and pains in the limbs. A reaction is really a good sign, and any discomfort will soon pass off. If the patient, however, should feel at all indisposed, he should go to bed and rest till he feels better. In the event of a very severe reaction, which rarely occurs, word should be sent to the Medical Officer of Health at the Town Hall.

ATTENDANCES AT THE DISPENSARY.

The patient should attend regularly at the Dispensary for as long as may be necessary. Remember that in order to secure complete recovery, *treatment must be carried out continuously for at least twelve months*, in many cases for still longer periods. Remember that the disease had started a long time before you really felt ill, and treatment must be continued for a long time after you feel better. Even when treatment has been discontinued and you are keeping well, it is wise to report yourself at the Dispensary occasionally. Of course, if, after ceasing to attend the Dispensary, you have any recurrence of the symptoms of the disease, you should at once come back to the Dispensary. Patients on coming home from the Sanatorium should always report themselves at the Dispensary, as it is nearly always necessary for them to go on with treatment for some time longer. If a Dispensary patient should at any time become so ill as not to

be able to attend the Dispensary, he should call in his own doctor, and also send word to the Medical Officer of Health at the Town Hall.

EXAMINATION OF CONTACTS.

All persons living in the same house as a person suffering from phthisis or any other kind of tuberculosis, should be medically examined. Such persons are apt to take the disease, at least before precautions have been taken by the patient, and as the disease generally starts a long time before the person feels at all ill, it is a wise precaution to have them examined. Remember also that the earlier the disease is recognised, the better is the chance of recovery. *You should therefore have all the family examined by your own doctor, or if you wish it, at the Tuberculosis Dispensary.* The examination at the Dispensary will be made free of cost.

THOMAS GIBSON, M.D.,

Medical Officer of Health and Tuberculosis Officer.

EXAMINATION OF CONTACTS.

I examined at the Dispensary during the year 48 contacts of notified cases, and of these five were affected with tuberculosis (4 pulmonary and 1 non-pulmonary), while 13 were put down for observation and 6 for observation and treatment. The fact that 10 per cent. of the contacts were found to be tubercular, indicates the great importance of this branch of the work, and it is regrettable that a much larger number of contacts were not examined. With four exceptions, all the contacts examined were children

NON-PULMONARY TUBERCULOSIS.

During 1915 there were 21 cases of non-pulmonary tuberculosis (8 insured and 13 non-insured) treated at the Dispensary, including 10 cases of glandular disease, 3 of joint disease, 3 of bladder disease, 3 of lupus (tuberculosis of skin), 1 of spinal disease, and 1 of kidney disease. Of these cases 7 have been under treatment since 1913, 6 since 1914, and 8 were taken on during 1915. At the end of the year 10 patients were still under treatment. All the cases, with the exception of lupus, received tuberculin treatment, and the majority were much benefited, in some cases to the extent of apparent cure.

Only two cases did not improve, a case of cervical glandular disease and a case of bladder disease. The two other bladder cases did very well, one having been discharged apparently cured. The joint cases—all of hip diseases—were of long standing, and while one could not expect anything like a complete cure the patients expressed themselves as experiencing great benefit from the treatment. The lupus cases were treated by the freezing method, and one case was discharged as cured after two years' treatment. In this case tuberculin was tried for a long time without any benefit.

SANATORIUM.

During 1915, 43 patients received sanatorium treatment, 39 being cases admitted during the year. The patients were treated in Cardigan, Balby, Keighley, Deanhead, and Mount Vernon Sanatoria.

When the Wakefield Insurance Committee was constituted on the 1st July, the Corporation made arrangements for all new cases to be treated in the Mount Vernon Sanatorium, Barnsley. Some of the cases were also transferred from other sanatoria, but a few were left to complete their course of treatment.

The following table gives the sanatorium statistics for 1915:—

	Total	INSURED.		UNINSURRD.	
		Males	Females	Males	Females
Remaining at end of 1914	4	3	1	—	—
Admitted 1915	40	22	9	2	7
Discharged 1915	30	16	6	2	6
Died in Sanatorium, 1915	1	1	—	—	—
Remaining at end of 1915	13	8	4	—	1

The bulk of the patients received three months' treatment, but a few were treated for longer periods. As a rule three months is too short, and with the increased accommodation provided by the Corporation since Wakefield became a County

Borough, it will now be possible to extend the period of residence whenever that is necessary. We have now 20 beds in Mount Vernon Sanatorium.

Of the 30 patients discharged from sanatoria in 1915, 19 were in Stadium I, 9 in Stadium II, and 2 in Stadium III when admitted. Twenty of the patients showed marked improvement on discharge, and in 11 cases there was apparent arrest of the disease. Practically every patient in Stadium I did well. The accompanying table gives details of the patients discharged during 1915.

AFTER HISTORY OF PATIENTS.

In judging the results of treatment in connection with Pulmonary Tuberculosis—which is a chronic disease often characterised with alternating periods of quiescence and exacerbation, it is important to keep records of the after-history of the patients. I have endeavoured to do so with regard to the patients who have come to the Dispensary, and tabulated below you will find the results of an inquiry made in December, 1915. The inquiry was made concerning all patients who had been diagnosed at the Dispensary as suffering from pulmonary tuberculosis during the first two years of the Dispensary work—namely, 1913 and 1914. The first tables include cases in all stages of the disease. A large number were advanced cases when they applied at the Dispensary, and many were too ill to continue in attendance.

CONDITION AT THE END OF 1915 OF ALL CASES OF PULMONARY TUBERCULOSIS DIAGNOSED AT THE DISPENSARY DURING 1913.

Apparently quite well and working	30
Improved condition maintained and working	20
Improved condition maintained and not working	7
Left the City or lost sight of	7
In Sanatorium	2
Dead	30
	—
Total	96
	—

The above table shows that 52 per cent. of the patients were able to work, and that 31 per cent. were apparently in a sound state of health. On the other hand 30 per cent. had died.

PARTICULARS RELATING TO PATIENTS DISCHARGED FROM SANATORIA DURING 1915.

Sex.	Age.	Occupation.	Stadium.	T.B. Present	Sanatorium.	Tuberculin Treatment in sanatorium	Length of Stay.	Date of Discharge.	Condition on Discharge.	Condition at end of 1915.	
M	49	Watchmaker (Journeyman)	2	Yes	Balby and Deanhead	No	61 weeks	8.11.15	No improvement. Progress retarded by severe attacks of hæmoptysis.	Attending the Dispensary. Not working	
M	19	Hairdresser's Apprentice	2	Yes	Balby	Yes	12 weeks	21.1.15	Very much improved, but disease not arrested. Gained 12½ lbs.	Attended Dispensary up to 1.11.15, when he left the City. He continued to improve under tuberculin treatment, and at the beginning of September he began work as tram conductor. He was provided with an open-air shelter to sleep in. He was reported to be keeping well and still working at the end of the year.	
M	35	Insurance Agent	3	Yes	Balby	No	45 weeks	1.11.15	An advanced case when admitted, very little improvement could be expected. He however gained 10 lbs. in weight and general condition improved somewhat.	Was provided with a shelter on his return to Wakefield. He however became worse and at the end of the year was confined to bed, having domiciliary treatment.	
F	19	Bookbinder	1	No	Keighley	Yes	12 weeks	15.3.15	Very much improved. Gained 11½ lbs. Doubtful if disease arrested.	Has attended dispensary since her return home. Disease now appears arrested. Not working at the end of the year, but had commenced work in January, 1916.	
M	29	Grocer's Assistant	2	Yes	Cardigan and Mount Vernon	No	26 weeks	2.10.15	The pulmonary disease improved but still active. His progress was impeded by a cardiac complication. He secured a transfer to Ventnor Sanatorium.	In Ventnor Sanatorium.	
F	22	Wife of Coal Miner	1	No	Keighley	No	10 weeks	29.7.15	Improved, but disease not arrested. Gained 165 lbs.	Attending Dispensary. Is much better and disease appears arrested. Able to do household work.	
M	22	Traveller	1	No	Cardigan and Mount Vernon	No	12 weeks	17.7.15	Very much improved, and disease appears arrested. Gained 8 lbs.	Now living in Ireland. Reported to be keeping well.	
F	14	Telephone Operator	1	Yes	Mount Vernon	No	12 weeks	18.8.15	Slight improvement, but disease not arrested. Was discharged against advice.	Attending Dispensary, but condition not improving. Has not worked since her return home.	
F	30	Household Work	1	No	Mount Vernon	Yes	12 weeks	18.8.15	Very much improved and disease appears arrested. Gained 17 lbs.	Attending Dispensary, and improvement maintained. Is doing her home work.	
M	16	Labourer in Steel Boat Works	1	Yes	Mount Vernon	No	12 weeks	18.8.15	The disease has extended, but general condition somewhat improved. Gained 11 lbs.	Attending Dispensary, but no improvement. Not able to work.	
M	36	Shopkeeper	2	—	Mount Vernon	No	15 days	10.6.15	Unchanged. Much gastric trouble, requested his discharge.	Died 22.9.15.	
M	29	Coal Miner (ex-soldier)	2	Yes	Mount Vernon	No	8 weeks	12.10.15	Some improvement. Gained 7 lbs. He requested leave of absence from the Sanatorium but did not return.	Stated to have enlisted again in the Army, from which he had been discharged as physically unfit in September, 1914.	
41	M	29	Mechanic	1	No	Balby	Yes	12 weeks	8.9.15	Much improved and disease appears arrested.	Attending Dispensary, is keeping very well, and has been working since 1st October. Has been provided with open-air shelter.
43	F	24	Millworker	1	No	Mount Vernon	Yes	17 weeks	30.10.15	Very much improved, but disease doubtfully arrested. Gained 8 lbs.	Attending Dispensary. Improvement maintained. Not working.
44	F	13	Child of Labourer	1	No	Mount Vernon	Yes	12 weeks	25.8.15	Very much improved, but disease doubtfully arrested. Gained 8 lbs.	Attending Dispensary. Improvement maintained.
48	F	17	Millworker	2	Yes	Mount Vernon	No	16 weeks	21.10.15	Much worse. The disease has steadily extended.	In Union Infirmary.
57	M	19	Apprentice Chemist	1	No	Mount Vernon	Yes	12 weeks	25.9.15	Very much improved and disease appears arrested. Gained 23 lbs.	Attending Dispensary, and improvement is maintained. Has been working last 3 months.
58	F	44	Wife of Labourer	2	—	Keighley	No	12 weeks	26.6.15	Improved, but disease not arrested. Gained 15 lbs.	Attending Dispensary, but disease is extending.
59	F	35	Wife of Labourer	1	No	Mount Vernon	Yes	12 weeks	15.10.15	Very much improved and disease appears arrested. Gained 11 lbs.	Attending Dispensary, and improvement maintained. Doing household work.
65	M	33	Surface Labourer at Colliery	2	No	Mount Vernon	No	32 days	30.8.15	Discharged on account of scabies.	Disease rapidly progressed and he was not able to return to the Sanatorium. He was confined to bed at the end of the year and died 23.1.16.
69	F	25	Domestic Servant	1	No	Mount Vernon	No	16 weeks	7.12.15	Very much improved and disease appears arrested.	Attending Dispensary. Improvement maintained. Not working.
74	M	20	Clerk	1	No	Mount Vernon	No	12 weeks	2.12.15	Very much improved and disease appears arrested. Gained 12 lbs.	Attending Dispensary and improvement maintained. Not working.
76	M	18	Apprentice Fitter	1	No	Mount Vernon	No	15 weeks	27.12.15	Very much improved and disease appears arrested. Gained 8 lbs.	Attending Dispensary. Commenced work on farm early in January, 1916.
94	M	22	Coal Miner	1	No	Mount Vernon	No	10 weeks	31.12.15	Very much improved and disease appears arrested. Gained 14 lbs.	Started work early in January, 1916.
—	M	21	Gardener (ex-soldier)	3	Yes	Mount Vernon	IK	15 weeks	27.12.15	This man was admitted direct from Army with advanced disease, which did not improve.	Is having domiciliary treatment, and mostly confined to bed.
59 (1914)	M	34	Basket Maker	1	Yes	Cardigan	No	6 weeks	1.7.15	Very much improved, and disease appears arrested. Gained 8 lbs. (He had previously gained over 2 stones under Dispensary treatment)	Attending Dispensary. Improvement maintained. Not working.
58 (1913)	F	35	Wife of Coal Miner	1	No	Keighley	No	12 weeks	14.8.15	Very much improved, but disease doubtfully arrested. Gained 18 lbs.	Attending Dispensary. Improvement maintained. Doing house work.
38 (1913) (1)	M	37	Colliery Labourer (ex-soldier)	2	Yes	Mount Vernon	Yes	12 weeks	19.10.15	Admitted direct from Army, being a somewhat advanced chronic case. He had received 5 weeks sanatorium treatment in 1912. No material improvement in lungs, but general condition is improved. Gained 6½ lbs.	Is working and attending the Dispensary. Condition is rather improved.
128 (1915)	M	17	Millworker	1	No	Mount Vernon	Yes	12 weeks	8.10.15	Very much improved, and disease appears arrested. Gained 10 lbs.	Is working (out-door occupation), and attending Dispensary. Improvement is maintained.
124	M	17	Coal Miner	1	No	Mount Vernon	No	13 weeks	10.11.15	Very much improved, and disease appears arrested. Gained 15 lbs.	Is working (out-door occupation), and attending the Dispensary. Improvement maintained.

CONDITION AT THE END OF 1915 OF ALL CASES OF PULMONARY
TUBERCULOSIS DIAGNOSED AT THE DISPENSARY
DURING 1914.

Apparently quite well and working	...	...	...	...	21
Improved condition maintained and working	...	...	...	...	10
Improved condition maintained and not working	...	...	...	...	3
Worse and not working	...	...	...	...	4
Left the City	...	...	...	...	1
In the Union Infirmary	...	...	...	...	1
In the Sanatorium	...	...	...	...	1
Dead	...	...	...	...	17
					—
Total	...	...	..	...	58
					—

The above table shows that 53 per cent. were able to work, and that 36 per cent. were apparently in a sound state of health. On the other hand 29 per cent. were dead.

AFTER HISTORY OF SANATORIUM PATIENTS.

During 1913, 21 patients were discharged from the sanatorium, and at the end of 1915, 8 (38 per cent.) were dead; 7 were apparently in sound health and working; 5 maintained their improved condition, and 4 of these were working, whilst one had been re-admitted to the sanatorium. Three of the patients were in the Army and reported to be keeping well. Five of the patients were still attending the Dispensary. Two are sleeping in open-air shelters. Of the 8 deaths, one took place in 1913, 2 in 1914, and 5 in 1915. Of these four were in Stadium I and four in Stadium II when admitted to the sanatorium. One patient died from cerebral tumour and not from pulmonary tuberculosis. Three of the patients who died did not attend the Dispensary after discharge from the sanatorium, and apparently did not make any effort to secure recovery.

During 1914, 22 patients were discharged from the Sanatorium, and at the end of 1915 15 were apparently in sound health and working, 4 maintained their improved condition and were working, 1 was worse but working, 1 was worse and not working, and 1 was dead. Nine of the patients were still attending the Dispensary. The fatal case was that of an inmate of a common lodging-house, who was discharged from the sanatorium for misconduct, and whose manner of life did not make for recovery.

CANCER.

During 1915 there were 75 deaths from Cancer and other forms of malignant disease, giving a death rate of 1.55 per 1,000, as compared with 1.08 in the preceding year, and 0.94 the average for the preceding ten years. The cancer mortality is therefore higher than formerly.

RESPIRATORY DISEASES.

During 1915 there were 196 deaths from bronchitis, pneumonia, and respiratory diseases other than pulmonary tuberculosis, giving a death rate of 4.05 per 1,000, as compared with 2.5 in the preceding year, and 2.68 the average for the preceding ten years. Bronchitis and Pneumonia accounted for 91 deaths each. There was therefore a marked increase in the mortality from these diseases.

HEART DISEASE.

During 1915 there were 83 deaths from organic Heart Disease, giving a death rate of 1.71 per 1,000, as compared with 1.88 in the preceding year, and 1.63 the average for the preceding ten years.

CITY HOSPITAL.

During 1915 there were 143 patients admitted to the City Hospital in Park Lodge Lane, and including 25 patients remaining over from the preceding year, there were 168 patients treated during the year.

HOSPITAL STATISTICS, 1915.

Disease.	No. of Cases Remaining 1st Jan., 1915.	No. of Cases admitted 1915.	Total num. under treatment during 1915.	No. of Cases Discharged 1915.	No. of Deaths 1915.	No. of Cases Remaining 31st Dec., 1915.
Scarlet Fever ...	5	41	46	44	0	2
Diphtheria ...	18	85	103	95	4	4
Enteric Fever ...	2	12	14	9	4	1
Other Diseases ...	-	5	5	1	4	-
Total ...	25	143	168	149	12	7

Other diseases included 1 case of Acute Pulmonary Tuberculosis, 1 case of Tubercular Meningitis, 1 case of Measles, 1 case of Bronchitis, and 1 case of Burns.

The average daily number of patients during the year was 13, with a maximum of 27 in January and a minimum of 3 in May.

The average daily number of Scarlet Fever patients was 4, with a maximum of 11 in July, and with no patients on three occasions in January, August, and October.

The average daily number of Diphtheria patients was 8, with a maximum of 20 in January and in November, and with a minimum of 1 in July.

The average daily number of Typhoid patients was 1.4, with a maximum of 4 in October.

The average duration of stay of Scarlet Fever cases was 32 days, of Diphtheria cases 33 days, and of Enteric Fever cases 54 days.

180,000 units of antitoxin were administered to 30 Diphtheria cases on admission, the average dose being 6,000 units.

The strain on the hospital accommodation was not so great as in the preceding year, and this proved fortunate, as the proposed extensions and improvements were held up by the War.

DISINFECTION.

Disinfection of houses was carried out with Formalin Spray or Formalin Fumigation. Disinfection of bedding, etc., was effected in a Washington-Lyon Steam Disinfector at the Corporation Fever Hospital.

Number of Houses disinfected	...	...	296
Number of Rooms disinfected	...	...	535
Number of Schools disinfected	...	...	5
Number of School Class Rooms disinfected	...	...	18
Number of times Steam Disinfector used	...	...	593

NUMBER OF ARTICLES DISINFECTED.

Beds	...	...	...	...	...	486
Mattresses	...	...	...	...	...	317
Blankets	...	...	...	...	...	836
Sheets	...	...	...	...	...	759
Counterpanes	...	...	...	...	...	425
Pillows	...	...	...	...	...	969
Bolsters	...	...	...	...	...	292
Curtains	...	...	...	...	...	454
Carpets	...	...	...	...	...	484
Rugs	...	...	...	...	...	300
Articles of Men's Clothing	...	...	...	...	...	397
Articles of Women's Clothing	...	...	...	...	...	652
Articles of Children's Clothing	...	...	...	...	...	1,231
Miscellaneous	...	...	...	...	...	1,012
Total	...	...	...	...	...	<u>8,614</u>

BACTERIOLOGICAL EXAMINATIONS.

When Wakefield became a County Borough on the 1st April, 1915, it lost its right to the services of the County Bacteriological Laboratory. Arrangements were, however, made with the County Council whereby the services of the laboratory were to be continued, the Corporation paying for the work done on a fixed scale of charges

During the year 1,126 specimens from Wakefield were examined in the laboratory.

Sputum (Tuberculosis)	...	...	...	...	169
Throat Swabs (Diphtheria)	...	...	...	...	599
Blood (Enteric Fever)	...	...	...	...	40
Urine (Enteric Fever)	...	...	...	...	19
Urine (Tuberculosis)	...	...	...	...	13
Urine (Other Organisms)	...	...	...	...	11
Hairs (Ringworm)	...	...	...	...	214
Anthrax	...	...	...	...	1
Various (Specimens of Foods, etc.)	...	...	...	...	60
Total	...	...	...	...	<u>1,126</u>

FACTORY AND WORKSHOP ACT, 1901.

“The Medical Officer of Health of every District Council shall, in his Annual Report to them, report specifically on the administration of this Act in Workshops and Workplaces, and he shall send a copy of his annual report, or so much of it as deals with this subject, to the Secretary of State.”—Section 132.

ANNUAL REPORT

of the Medical Officer of Health for the year 1915, for the City of Wakefield, on the administration of the Factory and Workshop Act, 1901, in connection with

FACTORIES, WORKSHOPS, LAUNDRIES, WORKPLACES, AND
HOMEWORK.

1.—INSPECTION.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises. 1	Number of		
	Inspections. 2	Written Notices. 3	Prosecu- tions. 4
Factories (including Factory Laundries).....	7	—	None
Workshops (including Workshop Laundries)	148	1	None
Workplaces (Other than Outworkers' premises included in Part 3 of this Report)			
Total	155	1	—

FACTORIES, WORKSHOPS, LAUNDRIES, WORKPLACES, AND HOMEWORK.
2.—DEFECTS FOUND.

Particulars. 1	Number of Defects.			Number of Prosecutions 5
	Found. 2	Remedied. 3	Referred to H.M. Inspector. 4	
Nuisances under the Public Health Act†:—				
Want of Cleanliness	10	10		
Want of Ventilation	2	2		
Overcrowding				
Want of Drainage of floors				
Other Nuisances	4	4		
Sanitary accommodation { insufficient	1	1		
unsuitable or defective ...	3	2*		
not separate for sexes ...	1	1		
Offences under the Factory and Workshop Act:—				
Illegal occupation of underground bakehouses (S. 101)				
Breach of special sanitary requirements for bakehouses (SS. 97 to 100)				
Other offences (Excluding offences relating to outwork which are included in Part 3 of this Report.)	2	2		
Total	23	22		

†Including those specified in sections 2, 3, 7 and 8, of the Factory and Workshop Act as remediable under the Public Health Acts.

*One closet in unsuitable position, but arrangement of buildings will not permit of more suitable situation.

4.—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year.	Number.
Bakehouses (Factories)	4
Bakehouses (Workshops)	28
Dressmaking	26
Boot Repairing	23
Millinery... ..	22
Tailoring	21
Joinery	15
Upholstering	7
Rag Sorting	5
Cycle Repairing	5
Hosiery	5
Saddlery	3
Coach Building	2
Various	39
Total number of workshops on Register ...	204

5.—OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspector of Factories:—	
Failure to affix Abstract of the Factory and Workshop Act (S. 133)	2
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (S. 5) (Notified by H.M. Inspector Reports (of action taken) sent to H.M. Inspector ..	—
Other	—
Underground Bakehouse (S. 101):—	
Certificates granted during the year.....	—
In use at the end of the year	3

Section 22 of the Public Health Amendment Act, 1890, is in force in Wakefield, and, as far as possible, the standard of sanitary accommodation of the various Workshops on the Register conforms, as regards sufficiency and suitability, with the Sanitary Accommodation Order of 1902. This Order requires one closet for every 25 persons employed, and separate accommodation for the sexes.

HOUSING.

A. NEW HOUSES.

I am obliged to the City Surveyor (J. P. Wakeford, Esq.) for the following information with regard to new houses.

During 1915 there were 77 new dwelling-houses erected in the City, as compared with 156 in the previous year, the reduction being the direct result of the War. On the other hand the demand for houses appears almost as great as ever.

Ward.						No. of Houses.
St. John's	...	...	...	...	...	7
Northgate	...	...	...	...	...	1
Eastmoor	...	...	...	...	...	Nil.
Primrose Hill	...	...	...	...	...	6
North Westgate	...	...	...	...	...	10
South Westgate	...	...	...	...	...	3
Kirkgate	...	...	...	...	...	Nil.
Calder	...	...	...	...	...	6
Alverthorpe	...	...	...	...	...	20
Belle Vue	...	...	...	...	...	14
Sandal	...	...	...	...	...	10
						—
Total	...	...	...	...	...	77
						—

These houses may be classified according to the number of rooms, as follows:—

3 Rooms	...	5 houses.	7 Rooms	...	7 houses.
4 "	...	28 "	8 "	...	1 "
5 "	...	28 "	9 "	...	1 "
6 "	...	6 "	10 "	...	1 "

46 houses were provided with baths fixed in bath rooms, 9 with baths fixed in sculleries, and 28 were without baths.

HOUSE INSPECTION.

Owing to the reduction of inspectorial staff caused by the War it was found impossible to continue systematic house inspection during 1915. At the same time as much inspection as possible was carried out on less formal lines, and altogether 642 inspections of houses were made.

The following table shows the sanitary defects found in connection with these inspections:—

Structurally Defective	...	...	...	...	12
Damp	...	...	...	...	18
Dirty	...	...	...	...	12
Defective Lighting	...	...	...	...	1
Defective Ventilation	...	...	...	...	5
Overcrowded	...	...	...	...	10
Defective Sink and Wastes	...	...	...	...	37
Sink Wastes not Disconnected	...	...	...	...	13
Sink Wastes not Trapped	...	...	...	...	17
Baths and Bath Wastes Defective	...	...	...	...	5
Rain Water Pipes not Disconnected	...	...	...	...	18
Water in Cellars	...	...	...	...	28

The defects were dealt with as far as possible.

It is most regrettable that the forward movement which the Council were taking in regard to housing conditions in the City should have been held up by the War, as the proposed erection of new municipal houses would have paved the way for the closure and demolition of the many houses that are really unfit for human habitation. The present suspension of active housing work will, I am afraid, add considerably to the number of houses that will have to be dealt with after the War.

HOUSES-LET-IN-LODGINGS.

At the end of 1915 there were 33 houses-let-in-lodgings on the register, being an increase of 8 on the preceding year. These 33 houses provided accommodation for 268 adult lodgers, but the actual number of occupants was 181 (adults 152 and children 29). Generally speaking their condition was the same as reported in the previous year.

COMMON LODGING-HOUSES.

At the end of 1915 there were 24 common lodging-houses on the register (14 licensed and 10 registered). The registered accommodation provides for 928 adults, the same as in the previous year.

389 inspections were made. Two were found in need of cleansing, 11 with structural defects, 1 with neglect of ventilation, and 4 with other defects or breaches of the bye-laws.

Generally speaking the lodging-houses were satisfactorily kept, and the defects noted were attended to.

SLAUGHTERHOUSES.

There are 31 slaughterhouses on the register, including the Public Slaughterhouse. Of the 30 private slaughterhouses 8 are registered and 22 are subject to an annual licence.

These have been inspected throughout the year (948 visits), and generally have been found in a satisfactory condition. Two were reported as in need of cleansing, and two for structural defects.

INSPECTION OF MEAT AND OTHER FOODS.

Up to the end of May, 1915, food inspection was carried out in the usual way by Inspector Elkington, but after his departure on Military Service, regular food inspection had to be temporarily abandoned. Altogether 129 seizures of unsound or diseased food were made, 123 up to the end of May, but only 6 during the last seven months of the year. The seizures comprised 125 of meat, 2 of rabbits, 1 of prawns, and 1 of bananas.

The 125 seizures of meat included 16 whole carcasses and 109 part carcasses. 73 of the meat seizures were for tuberculosis and 52 for other conditions.

KIND OF ANIMAL.	TUBERCULOSIS.			OTHER DISEASES or UN SOUNDNESS.		
	Total.	Whole carcase	Part carcase	Total.	Whole carcase	Part carcase
Bovines	27	2	25	26	4	22
Pigs	46	3	43	8	—	8
Sheep	—	—	—	18	7	11
Total	73	5	68	52	11	41

Of 112 seizures made in slaughterhouses 58 were made in the Public Slaughterhouse (including the Isolation Slaughterhouse) and 54 in Private Slaughterhouses.

With one exception all the unsound food was voluntarily surrendered, there being no occasion in these cases to take any legal proceedings. In one case, however, 20 pieces of beef were found exposed in a stall in the Market, and the beef being in a dropsical, unsound condition, it was seized and carried before a Magistrate, who ordered its destruction. The vendor was prosecuted, and fined £2, including costs.

It is regrettable that so important a work as food inspection should have become so limited, but in the reduction of staff it was unavoidable. The experience gained before and after the departure of the Food Inspector shows how necessary systematic food inspection is, and how much depends on it being really regular and systematic.

It must not, however, be concluded that all the unsound and diseased food which must have escaped our observation since the Inspector left was sold to the public. No doubt much of that was voluntarily destroyed by the butchers and other vendors of food, but the unfortunate thing is that there is no guarantee to the public that this has been done.

NUMBER OF ANIMALS SLAUGHTERED IN THE CITY DURING 1915.

Where Slaughtered.	Beasts	Calves.	Pigs.	Sheep.	Total.
Public Slaughterhouse	1734	93	914	4926	7667
Private Slaughterhouse	1205	108	3555	2971	8239
Total for Year	2939	201	4869	7897	15906

The above table shows that during 1915 the total number of animals slaughtered in the City was 762 less than in 1914, there being 252 fewer beasts, 153 fewer calves, and 815 fewer sheep, but 458 more pigs.

MILK SUPPLY.

There were registered in accordance with the Dairies, Cowsheds, and Milkshops Order (1885) at the end of 1915:—

Cowkeepers and Purveyors of Milk residing	
within the City	25
Purveyors of Milk residing within the City	26
Purveyors of Milk residing without the City	9

The cowsheds and milkshops have all been inspected. Generally speaking, they were found clean, and structurally there has been little change made during the year. The condition of the milk as regards dirt indicates how far cleanly methods have been employed, and the results of the analyses of 17 samples taken during the year suggest that there is some improvement in this respect going on. The following table gives the amount of dirt stated as parts per 100,000 (volume) of the milk. Two of the samples were taken in February, 5 in March, and 10 in December—that is all the samples were taken when the cows were housed in the mistals.

Parts Dirt per 100,000 (Volume).					No. of Samples.
Under 1 Part	...	...	...	...	2
1 and Under 2 Parts	...	...	...	...	6
2 and Under 3 Parts	...	...	...	...	4
3 and Under 4 Parts	...	...	...	...	3
4 and Under 5 Parts	...	...	...	...	1
8 Parts	...	...	...	...	1

The above figures show that 70 per cent. of the samples did not contain more than 2 parts dirt per 100,000 and 2 parts per 100,000 is the average amount of dirt found in all the samples, excluding the bad one. Four parts per 100,000 is the standard usually adopted, but as I have shown in previous reports, 2 parts per 100,000 is not an unreasonable standard. In the case of the milk containing 8 parts of dirt, legal proceedings were taken, and the vendor (who was also the producer of the milk) was fined £6 1s. od. (including costs), or one month's imprisonment.

VETERINARY INSPECTION OF DAIRY COWS.

Mr. Pollard, M.R.C.V.S., Veterinary Inspector, examined all the dairy cattle in Wakefield in January (313), April (303), and October (309) of 1915. He found a number of indurated udders, and other morbid conditions, but only one case of tuberculosis. The latter was sent to the knacker's yard.

ANALYSIS OF FOOD AND DRUGS, 1915.

A.—SAMPLES TAKEN.

Nature of Article.	No. of Samples Taken for Analysis.		No. Found Adulterated		Percentage Adulterated.	
	In-formal	Formal	In-formal	Formal	In-formal	Formal
Milk ... ..	...	37	...	4	...	10.8
Milk (Dirt) ... ..	...	17	...	1	...	5.8
Milk (Condensed)	12	...	...	...	...	...
Cream	8	...	...	...	...	...
Cheese	10	...	...	...	...	...
Butter	13	...	1	...	...	7.7
Tea	4	...	...	...	...	...
White Pepper	3	...	...	...	...	...
Sugar	9	...	...	...	...	...
Olive Oil	13	...	...	...	...	...
Zinc Ointment	12	...	...	...	...	...
Sweet Spirits of Nitre	12	1	1	1	8.3	...
Precipitated Sulphur	8	...	...	...	...	...
Total	104	55	2	5	2.0	9.2

B.—ADULTERATED SAMPLES.

Name of Article.	Nature and Amount of Adulteration.	Proceedings.	Fine.	Costs.	Remarks.
Milk	... Added Water 12·6 per cent	1	£10	—	
„	... Deficiency in Milk Fat 3 } per cent } Added Water 1·53 per cent. }				No proceedings taken.
„	... „ „ 16·12 per cent				Town Clerk to write and ask for an explanation. No bad samples previously taken from vendor. Milk was bought from another vendor.
„	... Deficiency in Milk Fat 13 } per cent. } Added Water 42·35 per cent }	1	£5	—	
Milk (Dirt)	8 parts per 100,000 by volume	1	£5	£1/1	
Butter	... A trace of Boric Acid and also a slight excess of water				No proceedings taken.
Sweet Spirits of Nitre	... Ethyl Nitrite 1·44 Slightly below limit allowed, namely, 1·52				Further sample taken and found genuine

It will be noticed that the percentage of adulterated samples was much less than in the preceding year, when 12 per cent. of the informal and 13 per cent. of the formal samples were reported against.

REPORT OF ADMINISTRATION IN CONNECTION
WITH THE "PUBLIC HEALTH (MILK AND
CREAM) REGULATIONS, 1912," DURING
THE YEAR 1915.

By these Regulations a definite restriction has been placed on the use of preservatives by producers, retailers, and others concerned in the milk and cream trade; no preservative is to be added to milk in any case and no preservative is to be added to cream which is sold as cream. The Regulations, however, do not prohibit the sale of cream containing boric acid, borax, or a mixture of these preservatives, substances, or hydrogen peroxide, provided:—

- (1) That it is sold, not as cream, but as preserved cream ;
and
- (2) That the vessel in which it is sold bears a declaration in the prescribed form showing the amount and nature of the particular preservative added.

The following table in the form prescribed by the Local Government Board gives the particulars of samples taken during 1915:—

1. MILK AND CREAM NOT SOLD AS PRESERVED CREAM.

		Number of Samples Examined for the presence of a Preservative.	Number in which a Preservative was reported to be present.
Milk ...	...	49	None
Cream	...	None	None

No preservative was found in the 49 samples of milk analysed. All the samples of cream purchased were sold as preserved cream. The warnings given in the previous year appear to have been effective in stopping the sale of cream containing an undeclared preservative.

2. CREAM SOLD AS PRESERVED CREAM.

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct:—

- (1) Correct statements made 8
- (2) Statements incorrect None.

In all the eight samples it was declared on the label that the cream contained not more than 0·5 per cent. of boric acid, and the analyses showed that this was not exceeded.

(b) Determination made of milk fat in cream sold as preserved cream:—

(1)	Above 35 per cent.	...	...	8
(2)	Below 35 per cent.	...	...	None.

The percentage of fat in the 8 samples was 62·16, 59·83, 57·49, 53·61, 52·83, 49·75, 45·06, and 44·29.

(c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V. (1) and the proviso in Article V. (2) of the Regulations have not been observed—

None.

3. THICKENING SUBSTANCES.

Analysis did not reveal the presence of any thickening substances.

WATER SUPPLY.

The Corporation water supply, which with very few exceptions supplies every house in the City, continued to maintain its excellent character for purity, as shown in the analytical reports of Dr. Chaplin, and the natural plumbo-solvent quality of the water was efficiently neutralised by the chemical treatment. The question of more adequate reservoir accommodation at the gathering ground came up during the year, and a Bill to secure powers for this purpose is now being promoted in Parliament.

OFFENSIVE TRADES.

The following Offensive Trades are on the register:—

Tripe Boiling	...	...	...	...	6
Gut Scraping	...	...	...	...	1
Tallow Melting	...	...	...	...	1
Rag and Bone Dealing	...	...	...	...	5
Fried Fish Shops	...	...	...	...	47

These places have been inspected during the year, and on the whole were found satisfactory. Like slaughter-houses, the position of many of the tripe boiling places is objection-

Number of Statutory Notices Served in 1914 and complied with in 1915 ...	3
„ „ Nuisances Reported during 1915... ..	214
„ „ „ Abated „ „	214
„ „ „ in hand at end of 1914	3
„ „ „ in hand at end of 1915	None.
„ „ Summonses Served during 1915	None.
„ „ Smoke Observations	35
„ „ Instances Black Smoke less than 5 minutes in hour	32
„ „ „ „ „ Between 5 and 10 minutes in hour	3
„ „ „ „ „ More than 10 minutes in hour	None.

The nuisance due to offensive smells proceeding from the burning pit refuse at Wrenthorpe Colliery, and referred to in my two last Annual Reports, was very much reduced during the year, although it was necessary in March to make further representations to the Colliery Company. During the latter half of the year there was very little to complain of, so far as Wakefield was concerned.

In October complaints began to reach me from residents in Belle Vue as to a similar nuisance from a burning pit heap situated in the area of the Wakefield Rural District. On enquiry the fact of a very serious nuisance was established, and the Rural District Council was communicated with. This Council had the matter in hand, and as a result the Colliery Company took steps to abate the nuisance. During the present year (1916) the nuisance has been much reduced, and I trust that this will be permanent.

MEDICAL INSPECTION OF SCHOOL CHILDREN.

Although it was necessary to suspend the statutory systematic inspection of school children during 1915, owing to the continued absence of Dr. Shand on military service, I carried out a large amount of work of both medical inspection and treatment. During the year 2,492 examinations of school children were made, excluding those attending at the Treatment Clinic. At the Treatment Clinic, which is mostly confined to children suffering from skin diseases, such as Ringworm, Impetigo, and Scabies (Itch), and from certain eye and ear diseases, 9,432 attendances were made during the year. This work, which was only started towards the end of 1914,

has developed very successfully during the year, and would develop still more if we had the time to spare for it. As it is, the work fully takes up each forenoon. By means of the Treatment Centre the average number of children absent from school on account of Ringworm has been reduced from something like 70 to 17, which means, for one thing, a great gain to the educational progress of the children.

The close co-operation of the public health and school work has continued to prove mutually advantageous.

REPORT ON THE ADMINISTRATION OF THE MENTAL DEFICIENCY ACT (1913) IN THE CITY OF WAKEFIELD FOR THE YEAR ENDED 31st MARCH, 1916.

I. ASCERTAINMENT OF MENTAL DEFECTIVES.

The Medical Officer of Health, who has been appointed Medical Officer under the Act, has made inquiries through (1) the Education Department, (2) the Police, (3) the Officers of the Board of Guardians, (4) the Probation Officer, (5) Health Visitors, and (6) Sanitary Inspectors, with the object of ascertaining what number of mental defectives exist in the City.

Through the Education Department it was ascertained that there were 37 mentally defective children between the ages of 7 and 16 years. Seven of these were referred by the Education Committee to the Mental Deficiency Committee. One of these cases was referred for an order, which was obtained and the girl removed to an institution for the feeble-minded. Another case was also referred for an order, but owing to the child being an epileptic, no suitable institution has so far been obtainable. One case was referred to the Guardians, and the other four put under home supervision.

Three other cases (all over 16 years of age) were reported and investigated by the Medical Officer, but it was found that they were not cases that could be dealt with under the Mental Deficiency Act.

HOME SUPERVISION.

Arrangements have been made for all cases put under home supervision to be regularly visited by the Health Visitors acting under the direction of the Medical Officer, to whom they will report.

LOCAL GOVERNMENT BOARD
AND OTHER TABLES.

TABLE 1.
VITAL STATISTICS OF WHOLE DISTRICT DURING 1915 AND PREVIOUS YEARS.

Year.	Population estimated to Middle of each year.	Births.			Total Deaths Registered in the District.		Transferable Deaths.†		Nett Deaths belonging to the District.			
		Uncorrected Number.	Nett.		Number.*	Rate.	of Non-Residents registered in the District.	of Residents not registered in the District.	Under 1 Year of age.		At all Ages.	
			Number.†	Rate.					Number.	Rate.	Number.	Rate.
1	2	3	4	5	6	7	8†	9†	*10	11	12	13
1910	51,523	1187	1179	24.1	997	19.4	279	8	129	103	726	15.0
1911	51,593	1200	1188	24.3	1112	21.5	330	20	171	143	802	14.7
1912	51,942	1156	1148	23.3	1078	20.7	371	26	103	89	727	14.5
1913	52,291	1223	1212	24.4	1035	19.7	328	14	133	109	721	14.8
1914	53,316	1191	1177	23.2	1014	19.0	289	25	123	104	751	16.5
1915	48,407	1032	1031	21.3	1245	25.7	462	30	121	117	813	14.6

NOTES.—This Table is arranged to show the gross births and deaths in the district, during the calendar year, and the births and deaths properly belonging to it with the corresponding rates. The rates should be calculated per 1000 of the estimated gross population as stated in Col. 2, without the use of the standardising factor for the district given in the Annual Report of the Registrar-General. In a district in which large Public Institutions for the sick or infirm seriously affect the statistics, the rates in Columns 5 and 13 may be calculated on a nett population, obtained by deducting from the estimated gross population the average number of inmates not belonging to the district in such institutions.†

*In Column 6 are to be included the whole of the deaths registered during the calendar year as having actually occurred within the district, but excluding the deaths of Soldiers and Sailors that have occurred in hospitals and institutions in the district. Information as to the number and causes of such Deaths should, however, be given in the text of the report.

†In Column 12 is to be entered the number in Column 6, corrected by subtraction of the number in Column 8 and by addition of the number in Column 9. Deaths in Column 10 are to be similarly corrected by subtraction of the deaths under 1, included in the number given in Column 8, and by addition of the deaths under 1 included in the number given in Column 9.

‡The Medical Officer of Health will be able from the returns made to him by the local Registrar of Deaths, as well as from the quarterly lists furnished by the Registrar General, to fill in Column 8 in accordance with the rule in the next paragraph below. The Registrar-General, either directly or through the County Medical Officer of Health, will supply the Medical Officer of Health with the particulars of deaths to be entered in Column 9; and all such deaths must be included in this Column, unless an error is detected, and its correction has been accepted by the Registrar General. For Column 4 the Registrar General will furnish about the end of January to the Medical Officer of Health, a Statement of the number of births needing to be added to or subtracted from the total supplied by the local Registrar.

§“Transferable Deaths” are deaths of persons who, having a fixed or usual residence in England or Wales, die in a district other than that in which they resided. The deaths of persons without fixed or usual residence, *e.g.*, casuals, must not be included in Columns 8 or 9, except in certain instances under 3 (b) below. The Medical Officer of Health will state in Column 8 the number of transferable deaths of “non-residents” which are to be deducted, and will state in Column 9 the number of deaths of “residents” registered outside the district which are to be added in calculating the nett death-rate of his district.

The following special cases arise as to Transferable Deaths:—

(1) Persons dying in Institutions for the sick or infirm, such as hospitals, lunatic asylums, workhouses, and nursing homes (but not almshouses) must be regarded as residents of the district in which they had a fixed or usual residence at the time of admission. If the person dying in an Institution had no fixed residence at the time of admission, the death is not transferable. If the patient has been directly transferred from one such institution to another, the death is transferable to the district of residence at the time of admission to the first Institution.

(2) The deaths of infants born and dying within a year of birth in an Institution to which the mother was admitted for her confinement should be referred to the district of fixed or usual residence of the parent.

(3) Deaths from Violence are to be referred (a) to the district of residence, under the general rule; (b) if this district is unknown, or the deceased had no fixed abode, to the district where the accident occurred, if known; (c) failing this, to the district where death occurred, if known; and (d) failing this, to the district where the body was found.

Total population at all ages	51,511	} At Census of 1911. (c. f. census vol. v.)
Total families or separate occupiers	10,855	
Area of District in acres (land and inland water)...	4,060	

TABLE III.— CAUSES OF, AND AGES AT, DEATH DURING YEAR 1915.

Causes of Death.	Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the District.									
	All ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and upwards.	Total Deaths whether of Residents or Non-Residents.
1	2	3	4	5	6	7	8	9	10	11
All causes (Certified Uncertified)	813	121	49	46	27	39	110	180	241	605
Enteric Fever...	6					1	3	2		9
Small-pox										
Measles	9	3	3	2	1					1
Scarlet Fever										
Whooping-cough	13	3	5	5						
Diphtheria and Croup	5			3	2					4
Influenza	12					1	1	3	7	1
Erysipelas	1								1	
Phthisis (Pulmonary Tuberculosis)	62		2	2	5	19	21	12	1	66
Tuberculous Meningitis	7		2	2	1		1	1		4
Other Tuberculous Diseases	9	3	1	1		2	2			12
Cancer, Malignant Disease	75						13	32	30	27
Rheumatic Fever	7				1	3	2	1		
Meningitis	7	1	1	2	2	1				1
Organic Heart Disease	83			1		1	9	27	45	50
Bronchitis	91	15	10	3			5	19	39	11
Pneumonia (all forms)	91	25	17	10	2		13	16	8	52
Other Diseases of Respiratory Organs	14			1	2		2	4	5	5
Diarrhoea and Enteritis	17	11	2	4						
Appendicitis and Typhlitis	6				2	3		1		10
Cirrhosis of Liver										
Alcoholism	1							1		
Nephritis and Bright's Disease	17			1	1	1	2	7	5	16
Puerperal Fever	2					1	1			1
Other Accidents and Diseases of Pregnancy and Parturition	4						4			
Congenital Debility and Malformation, including Premature Birth	35	35								6
Violent Deaths excluding Suicide	33	1	1	2	6	4	6	5	8	33
Suicides	4						2	1	1	1
Old age	41							1	40	102
Other Defined Diseases	141	12	3	5	2	2	22	45	50	190
Diseases ill-defined or unknown	20	12	2	2			1	2	1	3
Totals	813	121	49	46	27	39	110	180	241	605
SUB-ENTRIES.										
included in above figures.										
Cerebro-spinal Meningitis										
Poliomyelitis										
Broncho-Pneumonia	49	18	14	9	1		4	3		2

TABLE IIIA.

CAUSES OF DEATH IN THE CITY WARDS. DURING THE YEAR 1915.

Causes of Death.	Total	Alverthorpe	North Westgate	South Westgate	St. John's	Eastmoor	Northgate	Kirkgate	Primrose Hill	Calder	Belle Vue	Sandal
Enteric Fever	6				2	1		1		1	1	
Small-pox												
Measles	9			1				1	1	2	3	1
Scarlet Fever												
Whooping-cough	13		3	1		2	4	2			1	
Diphtheria and Croup	5	4									1	
Influenza	12	1				2	3	1	1	2	2	
Erysipelas	1											1
Phthisis (Pulmonary Tuberculosis)	62	3	2	4	6	6	6	10	11	3	9	2
Tuberculous Meningitis	7		1		1		1		1	1	2	
Other Tuberculous Diseases	9			1					3	3	1	1
Cancer, Malignant Disease	75	4	6	4	7	6	11	10	8	6	10	3
Rheumatic Fever	7	1		1	1			1		2		1
Meningitis	7		1	1	1		1	1				2
Organic Heart Disease	83	6	10	7	3	6	19	9	6	6	4	7
Bronchitis	91	8	6	7	6	8	12	11	12	5	11	5
Pneumonia (all forms)	91	4	10	6	9	17	15	9	8	4	6	3
Other Diseases of Respiratory Organs	14			3	2		3	3	1	2		
Diarrhoea and Enteritis	17	1	2	2		1	3	1	4	1	2	
Appendicitis and Typhlitis	6				1	2	1	1	1			
Cirrhosis of Liver												
Alcoholism	1								1			
Nephritis and Bright's Disease	17	4	2	2		3	1	3	1	1		
Puerperal Fever	2	1					1					
Other Accidents and Diseases of Pregnancy and Parturition	4		2								1	1
Congenital Debility and Malformation, including Premature Birth	35	2	4	1	2	2	8	1	8	2	5	
Violent Deaths, excluding Suicides	33	5	2	3	2	2	6	9		1	3	
Old Age	41	5	3	3	7	1	4	6	1	5	5	1
Suicides	4					1	1			1		1
Other Defined Diseases	141	10	5	18	12	11	16	17	19	12	14	7
Diseases Ill-defined or Unknown	20		1	3	1	4	3		1	5		2
Total	813	59	60	68	63	75	119	97	88	66	81	37
SUB-ENTRIES included in above figures												
Cerebro-Spinal Meningitis	1							1				
Poliomyelitis												
Broncho-Pneumonia	49	2	4	5	5	10	5	8	5	2	1	2

TABLE IV.

INFANTILE MORTALITY DURING THE YEAR 1915.

Nett Deaths from stated Causes at various Ages under One Year of Age.

CAUSE OF DEATH.		Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 1 Month	1-3 Months	3-6 Months	6-9 Months	9-12 Months	Total Deaths under 1 Year.
All Causes	{ Certified Uncertified	18	8	7	3	36	29	20	15	21	121
<hr/>											
	{ Small-pox										
	{ Chicken-pox										
	{ Measles						1	1	1		3
	{ Scarlet Fever										
	{ Whooping Cough							2		1	3
	{ Diphtheria and Croup										
	{ Erysipelas										
	{ Tuberculous Meningitis										
	{ Abdominal Tuberculosis						1		1		2
	{ Other Tuberculous Diseases									1	1
	Meningitis (not Tuberculous)										
	Convulsions	1	2		1	4	3		1		8
	Laryngitis										
	Bronchitis	1				1	2	5	2	6	16
	Pneumonia (all forms)		1			1	3	5	6	8	23
	{ Diarrhoea						2		1	1	4
	{ Enteritis	1	1	1		3	1	1	1	1	7
	Gastritis			2		2	1	1			4
	Syphilis				1	1					1
	Rickets										
	Suffocation, overlying										
	Injury at Birth										
	Atelectasis	3				3	1				4
	{ Congenital Malformations		1	1	1	3	1	1	1		6
	{ Premature Birth	9	2	3		14	6				20
	{ Atrophy, Debility, & Marasmus	2	1			3	6	3		2	14
	{ Other Causes	1				1	1	1	1	1	5
<hr/>											
Totals		18	8	7	3	36	29	20	15	21	121

Nett Births in the year : Legitimate 981 ; Illegitimate 50.
 Nett Deaths in the year of : Legitimate Infants 114 ; Illegitimate Infants 7.

TABLE V.

CITY OF WAKEFIELD—VITAL STATISTICS, 1905-1915.

YEAR.	Estimated Population.	Marriage Rate.	Birth Rate.	Death Rate.	Infantile Death Rate.	Tuberculosis Death Rate.	Phtisis Death Rate.	Other Tuberculosis Death Rate.	Zymotic Death Rate.	Scarlet Fever Death Rate.	Diphtheria Death Rate.	Enteric Fever Death Rate.	Diarrhoea Death Rate.	Measles Death Rate.	Whooping Cough Death Rate.	Cancer Death Rate.	Heart Disease Death Rate.	Respiratory Diseases other than Phtisis Death Rate.	Pneumonia Death Rate.	Bronchitis Death Rate.
1905	42,314	15.5	26.6	13.5	105	1.58	1.11	0.47	1.06	0.14	0.19	0.07	0.33	0.05	0.21	0.85	1.41	2.34	0.99	1.20
1906	42,531	15.7	23.5	14.6	127	1.69	1.13	0.56	1.48	0.14	0.11	0.07	0.66	0.39	0.09	0.87	1.27	2.58	1.36	0.99
1907	42,746	17.8	23.9	14.9	124	1.96	1.45	0.51	0.71	0.00	0.11	0.04	0.32	0.04	0.25	0.67	1.61	3.18	1.29	1.66
1908	42,963	16.1	24.4	15.5	136	1.58	1.35	0.23	1.46	0.02	0.23	0.07	0.53	0.39	0.20	1.02	1.35	2.65	1.19	1.21
1909	43,182	17.1	22.4	14.3	105	1.80	1.22	0.58	0.39	0.02	0.11	0.02	0.07	0.02	0.14	0.85	1.64	2.70	1.06	1.39
1910	51,258	15.0	24.5	15.0	108	1.57	1.11	0.46	1.15	0.10	0.12	0.04	0.23	0.29	0.37	1.03	1.88	2.60	1.05	1.19
1911	51,598	14.7	24.3	16.4	143	1.88	1.28	0.66	1.84	0.02	0.08	0.06	1.26	0.24	0.16	1.41	1.98	2.39	1.10	1.12
1912	51,942	16.0	23.3	14.7	89	1.66	1.17	0.48	1.09	0.00	0.14	0.00	0.12	0.56	0.26	0.69	1.77	2.68	1.30	1.25
1913	52,291	17.6	24.4	14.5	109	1.33	0.80	0.52	0.82	0.04	0.12	0.06	0.40	0.06	0.14	0.96	1.57	3.26	1.67	1.43
1914	53,316	19.0	23.9	14.8	104	1.36	1.03	0.33	1.6	0.10	0.32	0.14	0.65	0.29	0.07	1.08	1.88	2.5	1.3	0.87
Average 1905-1914	47,414	16.4	24.1	14.8	115	1.64	1.15	0.49	1.2	0.05	0.23	0.05	0.35	0.23	0.18	0.94	1.63	2.68	1.23	1.23
1915	48,407	18.0	21.3	16.5	117	1.61	1.28	0.33	1.03	0.00	0.08	0.12	0.35	0.18	0.27	1.55	1.71	4.05	1.87	1.87

NOTE.—The Rates for 1910, 1911, 1912, 1913, 1914, and 1915 are calculated on the nett population. The nett population which is given for these years does not include non-residents in public institutions.

TABLE VI.
 TABLE SHEWING BIRTHS AND VACCINATION RETURNS IN THE CENTRAL VACCINATION DISTRICT OF WAKEFIELD UNION.

Year.	Births Registered.	Successfully Vaccinated.	Insusceptible to Vaccination.	Died Unvaccinated.	Number exempted by conscientious objection Certificate.	Postponed by Medical Certificate.	Removed to other Districts.	Removed to places to which unknown, and cases that have not been found.	Percentage Successfully Vaccinated.*
1914	582	318	0	64	147	12	1	32	61.4
1913	588	334	0	45	132	20	14	26	61.5
1912	576	368	0	40	90	20	13	30	68.6
1911	593	381	0	52	100	13	10	16	64.2
1910	652	477	0	67	66	10	6	5	81.5
1909	620	481	0	49	53	14	13	6	84.2
1908	683	507	1	68	44	13	14	2	82.4
1907	669	541	0	67	29	11	10	5	89.9
1906	657	538	3	64	14	23	6	9	90.7
1905	762	649	0	69	10	13	9	10	93.6
1904	597	479	2	70	9	17	7	12	90.8
1903	604	489	2	60	7	15	10	12	89.8
1902	637	551	3	44	3	16	6	9	92.9
1901	669	488	6	86	14	11	5	10	83.7
1900	613	481	3	77	4	22	9	6	89.6

* The percentage is calculated on the number of Births registered, with the number who died unvaccinated deducted.
 No RE.—The Central Vaccination District only covers part of the City of Wakefield (1901 Census Population, 29,850).

I am indebted to H. Beaumont, Esq., Superintendent Registrar, for the data in the above Table.

TABLE VII. METEOROLOGICAL TABLE FOR 1915.

MONTH. 1915.	TEMPERATURE.										RAINFALL.				BRIGHT SUN- SHINE. Hours.														
	MEAN		Appr- oximate Mean	High- est- Maxi- mum in Shade	DATE.	Low- est- Mini- mum in Shade	Date	Sub- soil 1 foot		Sub- soil 2 feet		Sub- soil 4 feet		Sub- soil 20 feet		Total Inch- es	Great est quan- tity in 24 hours	Date	No. of days on which 0.1 in. or mo- re fell										
	9 a.m.	Deg.						Deg.	Deg.	Deg.	Deg.	Deg.	Deg.							Deg.	Deg.	Deg.	Deg.	Deg.	Deg.	Deg.	Deg.	Deg.	Deg.
January ...	38.6	Deg.	43.5	Deg.	33.4	Deg.	38.4	Deg.	53.0	Deg.	13th	28.0	Deg.	10th	39.6	Mean	39.8	Mean	42.3	Mean	49.6	Mean	2.81	Ins.	0.84	Ins.	3rd	20	26.3
February ...	38.8	Deg.	45.2	Deg.	33.8	Deg.	39.5	Deg.	53.0	Deg.	2nd & 18th	27.0	Deg.	13th	43.2	Mean	39.3	Mean	41.4	Mean	49.0	Mean	2.80	Ins.	0.63	Ins.	13th	19	49.5
March ...	42.5	Deg.	48.6	Deg.	35.3	Deg.	42.0	Deg.	63.0	Deg.	24th	23.0	Deg.	29th & 30th	40.7	Mean	40.7	Mean	41.4	Mean	48.3	Mean	1.16	Ins.	0.28	Ins.	13th	13	98.8
April ...	48.1	Deg.	54.0	Deg.	38.0	Deg.	46.0	Deg.	71.0	Deg.	30th	29.0	Deg.	21st	43.8	Mean	43.2	Mean	42.8	Mean	47.8	Mean	0.73	Ins.	0.16	Ins.	6th	11	143.6
May ...	51.7	Deg.	59.8	Deg.	40.9	Deg.	50.3	Deg.	73.0	Deg.	25th	28.0	Deg.	3rd	50.3	Mean	49.3	Mean	46.9	Mean	47.3	Mean	2.43	Ins.	0.84	Ins.	7th	9	179.3
June ...	60.3	Deg.	68.1	Deg.	45.9	Deg.	57.0	Deg.	83.0	Deg.	8th	34.0	Deg.	1st & 9th	56.5	Mean	55.6	Mean	49.9	Mean	47.1	Mean	0.98	Ins.	0.28	Ins.	29th	6	198.0
July ...	60.2	Deg.	66.2	Deg.	50.2	Deg.	58.0	Deg.	74.0	Deg.	3rd	42.0	Deg.	14th	57.8	Mean	57.3	Mean	54.3	Mean	47.4	Mean	3.94	Ins.	1.06	Ins.	16th	20	151.7
August ...	61.0	Deg.	68.0	Deg.	50.6	Deg.	59.3	Deg.	75.0	Deg.	10th	43.0	Deg.	30th & 31st	58.8	Mean	58.8	Mean	55.8	Mean	48.0	Mean	3.14	Ins.	0.76	Ins.	7th	18	142.8
September	57.1	Deg.	64.7	Deg.	46.5	Deg.	55.6	Deg.	73.0	Deg.	7, 8, & 17th	33.0	Deg.	28th	55.7	Mean	56.3	Mean	55.2	Mean	48.6	Mean	0.61	Ins.	0.55	Ins.	24th	5	131.9
October ...	47.7	Deg.	54.1	Deg.	41.8	Deg.	48.0	Deg.	66.0	Deg.	12th	32.0	Deg.	30th & 31st	49.9	Mean	51.0	Mean	52.0	Mean	49.1	Mean	1.04	Ins.	0.53	Ins.	27th	9	25.2
November	37.6	Deg.	44.0	Deg.	33.0	Deg.	38.5	Deg.	54.0	Deg.	7th & 8th	22.0	Deg.	15, 27, & 29	40.7	Mean	42.9	Mean	46.6	Mean	49.5	Mean	1.95	Ins.	1.12	Ins.	12th	8	58.2
December	38.7	Deg.	45.0	Deg.	35.0	Deg.	40.0	Deg.	54.0	Deg.	31st	27.0	Deg.	3rd & 13th	38.7	Mean	39.6	Mean	42.3	Mean	49.5	Mean	6.23	Ins.	1.10	Ins.	4th	22	31.8
For the Year	48.5.	Deg.	55.1	Deg.	40.4	Deg.	47.7	Deg.	66.0	Deg.		30.6	Deg.		47.9	Mean	47.8	Mean	47.6	Mean	48.4	Mean	27.82	Ins.		Ins.		160	1237.1

The above observations were taken at the Clarence Park, and I am indebted to Mr. Garside for the Return.

