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CITY OF WAKEFIELD.

REPORT

ON THE

PUBLIC HEALTH

AND

SANITARY STATE

OF THE

CITY OF WAKEFIELD

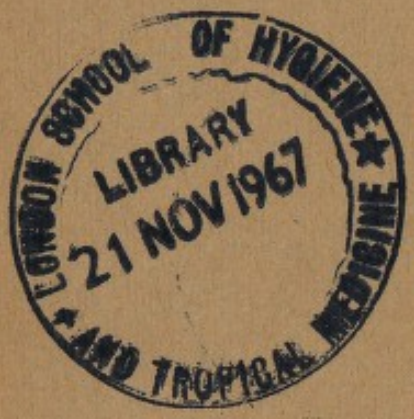
For the Year 1925,

BY

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

MEDICAL OFFICER OF HEALTH.

Printed by Sanderson & Clayton, Ltd., Wakefield.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MEDICAL OFFICER'S REPORT

for the Year 1925.

PUBLIC HEALTH DEPARTMENT,
TOWN HALL,
WAKEFIELD,
31*st July*, 1926.

To 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 Wakefield for the year 1925.

This Report being the quinquennial Survey Report required by the Ministry of Health is larger and more detailed than usual, although I have confined myself to the specific points laid down in the Memorandum of the Ministry.

In the preparation of the Report, I have received valuable assistance not only from the Staff of my own Department, but from several colleagues in other Departments.

I am,
Yours obediently,
THOMAS GIBSON,
Medical Officer of Health.

NATURAL AND SOCIAL CONDITIONS OF THE AREA.

Area	4,971	Acres.
Population at Census 1921	52,891	
Population Estimated, 1925	54,428	
Number of Inhabited Houses at Census, 1921	11,252	
Number of Families or Separate Occupiers at Census, 1921	11,491	
Rateable Value	£327,463	
Sum Represented by a Penny Rate	£1,238	

The institutional population at the middle of 1925 was 3,008, and this included 2,502 non-residents. The nett population excluding non-residents is therefore 51,926, and this figure has been used for calculating the various rates given in this Report. The natural increase in the population, namely the excess of births over deaths during 1925 was 403, as compared with 331 in 1924, 387 in 1923, 463 in 1922, and 464 in 1921.

Physical and Natural Features of the Area.

The City of Wakefield, the County Town of the West Riding of Yorkshire is situated in the heart of the Northern Yorkshire Coalfields. The main axis of the City runs north and south, extending for about 4 miles from the West Riding Mental Hospital on the North to Newmillerdam on the South. The greatest width is on the northern side extending for about 3 miles from Lupset on the West to Primrose Hill on the East. The southern prolongation of the City including the Belle Vue and Sandal Wards, varies in width from a mile to a mile and a half. The area is roughly divided into two halves by the River Calder, which runs through the City from West to East, and is here spanned by Kirkgate Bridge. North of the river lies the older and main part of the City, which rises from the river flat to a height of 200 feet at St. John's Church. Up this rise and spreading beyond, the population is closely aggregated whilst outlying centres of population are to be found at Alverthorpe in the North-West, Thornes in the West, and Belle Vue, Sandal and Newmillerdam in the South. The two chief building estates of the Corporation, namely Portobello in the South, and Lupset in the West, are now creating two new, and considerable centres of population.

Geologically the City stands on the Middle Coal Measures. The course of the River Calder through the City marks out an alluvial track of sandy clay, which also extends up the Ings Beck and its tributaries. The central part of the City north of the river is situated on sandystone, and likewise the southern part of the City, beyond the alluvial tract mentioned.

The City is wholly within the watershed of the river Calder. The principal branches of the river within the City are, on the North side, the Ings Beck, which divides into subsidiary branches the Alverthorpe and Balne Becks, and on the South side the Owler and Bull Bridge Becks.

The City is divided into 11 Wards, and at the 1921 Census the population of each ward per acre was as follows :—

Alverthorpe Ward	..	..	7	persons	per acre.
Belle Vue	,,	..	.. 23	,,	,,
Calder	,,	..	.. 12	,,	,,
Eastmoor	,,	..	.. 25	,,	,,
Kirkgate	,,	..	.. 43	,,	,,
Northgate	,,	..	.. 50	,,	,,
North Westgate Ward			.. 18	,,	,,
South Westgate Ward			.. 30	,,	,,
Primrose Hill	,,	..	.. 18	,,	,,
St. John's	,,	..	.. 20	,,	,,
Sandal	,,	..	.. 2	,,	,,

Of course these figures do not represent the actual density of many parts of the City, in Northgate, Primrose Hill and Kirkgate Wards for example, there are areas of much greater density than those given above.

The social and housing conditions of the City are those which one would expect in a town with a long history behind it, stretching back at least to the records of Doomsday Book and which, having flourished as the country and residential town of an agricultural district, became in the industrial era, the centre of a great variety of industries and occupations. It is essentially an industrial town, but as the county town of the Riding it possesses a considerable population engaged in administrative occupations and professional work. It is also the main business and shopping centre for a large population in the surrounding district.

The principal industries are those connected with the woollen and worsted trade, foundries and engineering works, chemical works, malting and breweries, flour mills, railway locomotive depot and collieries. There is only one coal shaft within the City, but there are a number of collieries in the vicinity, and many coal miners live in the town. There are also several important institutions and offices in the City, such as the West Riding County Hall, the West Riding Mental Hospital, the Headquarters of the West Riding Constabulary, the County Court, H.M. Prison (Training Centre), the Clayton Hospital and the Workhouse and Infirmary (White Rose Hospital) of the Wakefield Union.

The housing conditions are very varied. There is a considerable amount of old worn out property decidedly insanitary, which one hopes will disappear through the operation of the improvement schemes which have been started. There is also a considerable amount of property consisting mostly of back to back houses, not so bad as the real slum property, but decidedly lacking in the amenities which healthy dwelling-houses should possess. Then there is the property built under modern byelaws, both for the working classes and others, and the municipal housing schemes are now providing great numbers of houses on new and improved methods of planning. The town has an excellent water supply, and the water carriage system for the removal of domestic sewage is all but universal. Most of the streets are paved, and action is now being regularly taken to secure th paving, etc. of those streets that are not. Modern methods of street covering are also being introduced in place of setts, and this makes a decided sanitary improvement. The condition of many yards in the older parts however, calls for improvement. As regards open spaces for health and recreation, Wakefield is well provided with 3 public parks, and also with 5 recreation grounds. There is however, still a lack of small open spaces pleasantly laid out, and placed in the more densely populated parts of the City. The increasing facilities for open air recreation is bound to be beneficial both to the physical and moral welfare of the community, and the Corporation is to be congratulated in the great advances made in this respect during the past few years. The same remark applies to allotments, and it is gratifying to note that the great development of allotment gardens which took place during the War has been well maintained since. There are 38 allotment sites in the City (23 Corporation and 15 Private) with a total area of 139 acres.

METEROLOGICAL TABLE.

Year.	Barometer.			Temperature.			Rainfall.		Sunshine in hours.
	Average mean.	Maximum.	Minimum.	Average mean.	Maximum.	Minimum.	Total inches.	No. of days ·01 inches or more.	
1921	30·054	30·433	29·481	51·2	70·4	30·3	17·57	130	1349·8
1922	29·901	30·404	29·201	48·6	65·3	29·3	28·96	181	1108·2
1923	29·868	30·120	29·231	48·7	65·8	32·2	27·92	182	1121·5
1924	29·872	30·389	29·165	49·4	65·8	30·8	26·04	181	907·9
1925	29·913	30·470	29·204	48·5	67·0	30·4	25·79	180	1101·0

I am obliged for the above data to Mr. Garside, the Parks Superintendent.

OCCUPATIONS.—CENSUS, 1921.

Occupation	Males.	Females.	Total.
1. Fishermen	—	—	—
2. Agricultural Occupations ..	200	20	220
3. Mining and Quarrying Occupations	3011	4	3015
4. Workers in the Treatment of Non-Metalliferous Mine and Quarry Products (excluding Workers in Gas Works) ..	18	—	18
5. Makers of Bricks, Pottery and Glass	245	11	256
6. Workers in Chemical Processes, Makers of Paints, Oils, etc. ..	96	—	96
7. Metal Workers (not Electro Plate or precious metals)	3124	47	3171
8. Workers in Precious Metal and Electro-Plate	6	—	6
9. Electrical Apparatus Makers and Fitters (not elsewhere enumerated) and Electricians	156	—	156
10. Makers of Watches, Clocks, and Scientific Instruments ..	25	3	28
11. Workers in Skins and Leather and makers of Leather and Leather Substitute Goods (not boots or shoes)	25	8	33
12. Textile Workers	836	2035	2871
13. Makers of Textile Goods and Articles of Dress	240	395	635
14. Makers of Foods, Drinks and Tobacco	360	137	497
15. Workers in Wood and Furniture	537	21	558
16. Makers of, and Workers in Paper, Printers, Bookbinders, Photographers, etc.	189	156	345
17. Builders, Bricklayers, Stone and Slate Workers, Contractors ..	619	2	621
18. Painters and Decorators (not Pottery)	228	3	231
19. Workers in Other Materials ..	12	—	12

OCCUPATIONS.—CENSUS, 1921 (continued).

Occupation.	Males.	Females.	Total.
20. Workers in Mixed or Undefined Materials (not elsewhere enumerated)	106	6	112
21. Persons employed in Gas, Water and Electricity Undertakings (not elsewhere enumerated)	70	—	70
22. Persons employed in Transport and communication	2386	57	2443
23. Commercial, Finance and Insurance Occupations (excluding Clerks)	1328	664	1992
24. Persons employed in Public Administration and Defence (excluding Professional Men and Typists)	770	132	902
25. Professional Occupations (excluding Clerical Staff) ..	478	596	1074
26. Persons employed in Entertainments and Sports	61	38	99
27. Persons engaged in Personal Services (including Institutions, Clubs, Hotels, etc.). ..	378	1642	2020
28. Clerks and Draughtsmen (not Civil Service or Local Authority). Typists ..	623	422	1045
29. Warehousemen, Storekeepers and Packers	261	111	372
30. Stationary Engine Drivers, Dynamo and Motor Attendants	289	—	289
31. Other and Undefined Workers	1094	99	1193
32. Retired or not gainfully occupied	2704	15032	17736

Owing to the variety of industries in Wakefield, there is generally no high rate of unemployment. During 1925 the rate of unemployment averaged 3 per cent. as compared with 11 per cent. for the whole Country.

An analysis of the relationship between occupations and mortality does not reveal any outstanding feature. The relatively

high rate of phthisis mortality amongst female textile workers is perhaps the most notable point, as about half of the deaths in this class are from Phthisis. At the same time the class is represented mainly by girls and young women who are at the most susceptible period of life for tuberculosis.

Causes of, and Ages at, Death during the Year 1925.

Causes of Death.	Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the district.									
	Total 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 under 75 years.	75 years
1	2	3	4	5	6	7	8	9	10	11
All Cases (Certified	659	74	21	21	17	19	72	172	146	11
All Cases (Uncertified ..	—	—	—	—	—	—	—	—	—	—
Enteric Fever										
Smallpox										
Measles	3		1	2						
Scarlet Fever	1				1					
Whooping Cough	7	2	4	1						
Diphtheria and Croup	3		1	1	1					
Influenza	11	1					4	3	2	
Encephalitis Lethargica										
Meningococcal Meningitis ..										
Tuberculosis of Respiratory System	36			1	1	4	15	13	2	
Other Tuberculous Diseases ..	17		1	4	5	3	1	3		
Cancer, Malignant Disease ..	53						4	21	21	
Rheumatic Fever	1						1			
Diabetes	3					1		1		
Cerebral Haemorrhage	58						1	21	23	
Heart Disease	95				1	1	12	26	28	
Arterio Sclerosis	12							3	3	
Bronchitis	63	6		1			2	14	21	
Pneumonia (all forms)	61	7	8	6	3	1	9	15	10	
Other Respiratory Diseases ..	10		1		2	1		3	2	
Ulcer of Stomach or Duodenum	6						2	3	1	
Diarrhoea, etc. (under 2 years) ..	15	14	1							
Appendicitis and Typhlitis ..	3				1			2		
Cirrhosis of Liver	2							1	1	
Acute or Chronic Nephritis ..	18		1		1		4	6	4	
Puerperal Sepsis	3						3			
Other accidents and diseases of pregnancy and parturition ..	2						2			
Congenital debility and malformation, premature birth ..	30	30								
Suicide	8						3	3	2	
Other deaths from Violence ..	30	3	3	1		4	3	9	3	
Other defined diseases	106	11		4	1	4	6	25	22	
Causes ill-defined or unknown ..	2							1	1	
Totals ..	659	74	21	21	17	19	72	173	146	
Sub-Entries included in above figures :—										
Broncho Pneumonia ..	23	6	5	3	1		1	4	2	
Old Age	45								12	
Syphilis										

VITAL STATISTICS.

1. Marriages.

464 marriages were celebrated in Wakefield during 1925, equal to a marriage rate of 17·8 persons married per 1,000 of the population as compared with 17·2 in 1924, and 18·6 the average for the preceding ten years.

2. Births.

Excluding 81 non-resident births and including 24 resident births occurring outside the City, the total number of births registered in the City during 1925 was 1,046 (542 males and 504 females), giving a birth rate of 20·1 per 1,000 of the population as compared with 20·3 in 1924, and 20·5 the average for the preceding 10 years. The Wakefield birth rate continues higher than that of England and Wales, which was 18·3, and of the Great Towns 18·8, 41 or 3·9 per cent. of the births were illegitimate. One-fourth of the births which occurred outside the City were illegitimate.

3. Deaths.

The total number of deaths registered in Wakefield during 1925 was 1,017, including 358 non-residents.

The number of resident deaths was 659 (335 males and 324 females) giving a death rate of 12·7 per 1,000 of the population as compared with 13·9 in 1925, and 15·0 the average for the preceding 10 years. With the exception of the year 1922, when the death rate was also 12·7, the death rate of 1925 is the lowest on record for the City. It is only slightly higher than that of England and Wales which was 12·2, and that of the Great Towns which was also 12·2.

193 or 29·3 per cent. of the resident deaths took place in public institutions. All the deaths were certified. The number and percentage of deaths at the various age periods was as follows :—

Age period.	No. of Deaths 1925.	Percentage 1925.	Percentage 1924.
Under 1 year	74	11·2	13·1
1—2 years	21	3·1	3·6
2—5 ,, ...	21	3·1	4·4
5—15 ,, ...	17	2·6	2·1
15—25 ,, ...	19	2·9	5·1
25—45 ,, ...	72	10·9	13·7
45—65 ,, ...	173	26·6	26·4
65—75 ,, ...	146	22·1	20·5
Over 75 years	116	17·5	11·1

The above figures shew a decreased percentage of the deaths at the earlier periods of life, and an increased percentage at the older periods, particularly at the age period over 75 years. The chief causes of death were :—

Cause of Death.	No. of Deaths.	Males.	Females.	Percentage of total deaths in 1925.	Percentage of total deaths in 1924.
Respiratory Diseases other than Phthisis ..	134	72	62	20·3	20·0
Heart Disease	95	42	53	14·4	12·3
Cerebral Haemorrhage ..	58	27	31	8·8	8·6
Cancer	53	24	29	8·0	9·0
Tuberculosis	53	33	20	8·0	8·6
Old Age	45	17	28	6·8	6·4
Congenital Debility Malformations and Premature Births ..	30	12	18	4·5	6·1
Violence (other than suicide)	30	20	10	4·5	3·3

The number of deaths from respiratory diseases, other than Phthisis was 134 (72 males and 62 females), comprising 63 from bronchitis, 61 from pneumonia (including 23 from broncho-pneumonia) and 10 from other respiratory diseases, and giving a death rate of 2·59 as compared with 2·79 in 1924, and 3·0 the average for the preceding ten years. Notwithstanding the slight improvement which these figures indicate this group of diseases still remains at the head of the list of fatal diseases, and indeed shews a slightly increased ratio to the total diseases. In other words the mortality from respiratory diseases is not falling at the same rate as that from many other diseases. The mortality was as usual greatest at the extremes of life, 38 per cent. of the deaths being persons over 65 years of age, and 20 per cent. children under 5 years of age. Of the 134 deaths, 44 occurred in the first quarter of the year, 28 in the second quarter, 16 in the third quarter, and 46 in the last quarter. About 67 per cent. of the mortality occurred during the six months between October and March.

There were 95 deaths from Heart Disease (42 males and 53 females) giving a death rate of 1·83 per 1,000 as compared with 1·71 in 1924, and 1·72 the average for the preceding 10 years. Nearly 58 per cent. of the deaths were persons over 65 years of age.

There were 58 deaths from Cerebral Haemorrhage, and from allied conditions (27 Males and 31 Females) giving a death rate of 1·11 per 1,000 as compared with 1·15 in 1925, and 1·23 the average for the preceding three years.

There were 53 deaths from Cancer (24 males and 29 females) giving a death rate of 1·02 per 1,000 as compared with 1·25 in 1924, and 1·27 the average for the past 10 years.

There were 53 deaths from tuberculosis (all forms) (24 males and 29 females) giving a death rate of 1·02 per 1,000 as compared with 1·19 in 1925, and 1·46 the average for the preceding 10 years. The number of deaths was 9 less than in 1924. There were 36 deaths from pulmonary tuberculosis (23 males and 13 females) giving a death rate of 0·69 per 1,000 of the population as compared with 0·8 in 1924, and 1·17 the average for the preceding ten years. The number of deaths from pulmonary tuberculosis was 6 less than in 1924. Of the deaths, 6 per cent. were children under 15 years of age, 11 per cent. between 15 and 25 years, 42 per cent. between 25 and 45 years, 36 per cent. between 45 and 65 years, and 6 per cent. over 65 years. There were 17 deaths from non-pulmonary tuberculosis (10 males and 7 females) giving a death rate of 0·33 per 1,000 as compared with 0·38 in 1924, and 0·28 the average for the preceding ten years. There were 3 fewer deaths from non-pulmonary tuberculosis in 1925 as compared with 1924. About 60 per cent. of these deaths were children under 15 years of age. The deaths included 10 from Tuberculous Meningitis, 3 from bone disease, 3 from abdominal disease (peritoneum) and 1 from kidney disease.

The number of deaths from the 7 principal zymotic diseases was 29 (19 males and 10 females) (Diarrhoea 15, Whooping Cough 7, Measles 3, Diphtheria 3 and Scarlet Fever 1), giving a zymotic death rate of 0·56 per 1,000 as compared with 0·67 in 1924, and 0·8 the average for the preceding 10 years. There were 30 deaths from violence, including 4 from burns (only one a child) 3 from scalds (all children) 4 from accidents in pit, 3 from accidents on railway and 3 from motor car accidents. There were 8 suicidal deaths, 4 by drowning, 2 by cutting throat, 1 by shooting, and 1 by gas poisoning. There were 93 inquests, 56 being resident deaths and 37 non-resident deaths.

(The Infantile and Maternal Mortality will be found under "Maternity and Child Welfare").

Remarks on the Death Rate.

The death rate of 1925 is satisfactory to the extent of being the lowest death rate yet recorded in the City, with the exception of that of 1922, which was exactly the same. It also compares more favourably than usual with the general death rate of the Country, which is only slightly lower than that of Wakefield. It is also satisfactory to note that the proportion of deaths occurring at the earlier periods of life is decreased, whilst the proportion amongst older people is increased. This shifting of the incidence of mortality from the earlier to the later periods of life testifies to the value of our efforts to improve the conditions of health. The time is fast approaching when the death rate as a whole must increase, or at least remain stationary, and the most we can hope to achieve is to keep down the rate during the earlier and working periods of life.

As usual the group of diseases affecting the respiratory tract—chiefly bronchitis and pneumonia—head the bills of mortality, although the death rate from these diseases does shew a slight improvement. As I have pointed out before, the incidence of these diseases is particularly high in all industrial towns in the North, and this is largely due to the rigorous climatic conditions of winter, aggravated by the gross pollution of the atmosphere. With the advent of a cleaner atmosphere and better housing conditions, and with a general improvement of the physique and habits of the people, we may hope to see a more marked reduction in the prevalence of these diseases.

Heart disease also stands very high amongst the causes of death, and indeed shews an increased mortality during the past year. The prevention of heart disease itself, and the prevention or amelioration of crippling effects from the disease when it has actually occurred is a subject which is receiving very careful investigation at the present time, and there already is sufficient evidence to shew that much could be done to lower this form of mortality. The causes of heart diseases are various, but perhaps the commonest is rheumatic infection occurring for the most part during childhood. It is impossible to put forward a complete scheme for the prevention of rheumatism, for the simple reason that our knowledge of the causation is yet incomplete. There are however, certain measures which might do something to reduce the amount of the disease, *e.g.*, the elimination of damp dwelling-houses and greater attention to unhealthy throat conditions which appear to be associated with the beginnings of the disease. There is also needed a more definite organisation for the care and treatment of persons who are suffering from

heart disease in the early stages. It has been found that prolonged rest and special care, best provided in institutions, will do much to restore a slightly damaged heart to reasonable working capacity, and will in many cases enable the sufferer to afterwards carry on satisfactorily for many years. From my experience amongst school children I conclude that this detailed care is frequently neglected much to the detriment of the children. As a rule the necessary attention, particularly the necessary restrictions on movement, cannot be secured in the home, and general hospitals cannot keep the cases for sufficiently long periods. There is a definite need for special hospital provision for such cases, and perhaps it is to the Municipal hospitals of the future that we will have to look for such accommodation.

It is satisfactory to be able to record a reduction in the mortality from Cancer. During the past two years the Corporation has been regularly distributing leaflets advising that medical advice should be secured whenever any suspicious signs shew themselves. There is as yet no evidence indicating to what extent this advice has been followed, and it would be premature to attribute the fall in the mortality to the action taken by the Corporation. It may however, be regarded as an encouraging sign. Great interest was aroused during the year by the preliminary reports of Dr. Gye and Mr. Barnard on their investigations into the causation of Cancer. These investigations have opened up a new avenue of approach to the great problem, but cannot be regarded as anything more. At the moment there is no known method of preventing Cancer, unless it be those forms of surface cancer due to recognised irritative causes. At the same time much can be done to reduce the mortality from Cancer by securing surgical treatment in the early stages and while the disease remains localised.

The tuberculosis mortality particularly that of pulmonary tuberculosis, continues to fall steadily, and the mortality for the year is again a record for the City. We are now reaping the fruits of the various measures which have been directed against the ravages of this scourge, and the elimination of pulmonary tuberculosis is probably only a matter of time. The elimination of non-pulmonary tuberculosis will also be secured when we are able to eliminate the tubercular infection from our milk supplies. The considerable extent to which tubercular milk infection still prevails in the City will be found in the section of this Report dealing with the milk supply.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Hospitals Provided or Subsidised by the Local Authority.

(1) Mount Vernon Sanatorium, Barnsley, belongs jointly to the Corporations of Barnsley and Wakefield, and provides 26 beds for each Authority for pulmonary tuberculosis only.

(2) The Municipal Maternity Hospital, Blenheim Road, Wakefield, accommodates 12 patients (with 4 additional beds in isolation ward).

(3) There is no special Children's Hospital in Wakefield. The Corporation has an agreement with the Clayton Hospital for the admission of certain cases (*e.g.* ophthalmia neonatorum) when required.

(4) The Fever Hospital in Park Lodge Lane belongs to the Corporation and contains 34 beds.

(5) The Smallpox Hospital belongs to the Wakefield and District Smallpox Hospital Committee, and is situated near Carr Gate, outside the City. It contains 24 beds. It is used at present by the West Riding County Council as a Sanatorium.

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

There is no provision other than the poor law.

Ambulance Facilities.

(*a*) For infectious cases a horse ambulance is provided by the Corporation.

(*b*) For non-infectious and accident cases a motor ambulance is provided by the Police Department.

Clinics and Treatment Centres.

(*a*) Maternity and Child Welfare Centres.

There are 6 Child Welfare Centres provided by the Local Authority, but in the working of which assistance is rendered by the Wakefield Babies' Welcome Committee. The following are the particulars of these Centres :—

Situation.	When open.	Doctor Attending.	Health Visitor in charge.
Wesleyan Sunday School Rooms, Batley Road, Alverthorpe.	Every Thursday, 2-30—4-30 p.m.	Dr. Watson	Mrs. Paver.
The Homestead, Alverthorpe Road.	Every Wednesday, 2-30—4-30 p.m.	Dr. Watson	Mrs. Paver.
Primitive Methodist Chapel Sunday School Rooms, Market Street.	Every Monday, 2-30—4-30 p.m.	Dr. Watson	Miss Thorp.
Wesleyan Sunday School Rooms, Stanley Road.	Every Monday, 2-30—4-30 p.m.	Dr. Watson	Miss Staniforth
Mission Room, Mark Street, Thornes Lane.	Every Wednesday, 2-30—4-30 p.m.	Dr. Watson	Miss Cameron.
Primitive Methodist Sunday School Rooms, Doncaster Road.	Every Tuesday, 2-30—4-30 p.m.	Dr. Gibson	Miss Knox.

(*b*) Ante-natal Clinic.

This is held at the Maternity Hospital every Friday afternoon, and is attended by Dr. Watson.

(*c*) School Clinic.

An Inspection and Treatment Clinic for Minor Ailments is provided at the Town Hall, and is open daily. It is in the charge of Dr. Gibson.

An Ophthalmic Clinic is provided in the Town Hall Chambers, King Street, and open two forenoons a week. It is in the charge of Dr. Watson.

(*d*) Tuberculosis Dispensary.

Is situated in Almshouse Lane, and is used jointly with the West Riding County Council. It is open two afternoons and one evening a week, and is in the charge of Dr. Gibson.

(*e*) Venereal Diseases Clinic.

The Clinic for Venereal Diseases at the Clayton Hospital is in charge of Dr. Frew, who holds every week 2 sessions for men (Wednesday 6—8 p.m., and Friday 10—12 a.m.), and one session for women and children (Friday 3—5 p.m.). Provision is made at the Clinic for daily irrigation and other treatment when required.

Provision of General Hospitals.

Apart from the Fever and Maternity Hospitals, Wakefield is provided with two hospitals, the Clayton Hospital, a voluntary institution, and the White Rose Hospital, a poor law institution attached to the Workhouse. Each of these hospitals serves not only the needs of the City, but of a large populous area around, containing approximately 100,000 to 150,000 people. The Clayton Hospital contains 108 beds and during 1924-25 admitted 2,541 in-patients, whilst 10,369 patients were dealt with at the out-patient department. The hospital is mainly a surgical institution, and about nine-tenths of the in-patients belong to the surgical category. The hospital is fully equipped with all the modern requirements for surgical treatment. The hospital is always full, and generally has a waiting list, although urgent cases are invariably admitted at once. The Venereal Diseases Clinic of the Hospital is conducted under an agreement between the Board of Governors, the Wakefield Corporation and the West Riding County Council. There is also an agreement between the Board and the Corporation for the treatment of sick infants, and of school children suffering from enlarged tonsils, adenoids and ringworm.

The White Rose Hospital contains 146 beds, and although as a poor law institution, it necessarily admits both medical and surgical cases, there is a great preponderance of the former class. The hospital is equipped for surgical work, but in the main it may be considered a medical hospital.

The number of beds in these hospitals appears to be insufficient for the needs of the district which they serve. In any future consideration of the hospital services of the City, I suggest that the following points should be kept in mind :—

1. The need of concentrating the hospital work. For instance, in a district like Wakefield there would be great advantages in concentrating the surgical and allied work at the Clayton Hospital, and the medical work at the White Rose Hospital. This cannot of course be effected so long as the latter remains a poor law institution.

2. The need for co-ordinating the hospitals for the training of nurses.

3. The avoidance as far as possible of establishing small separate hospitals.

PUBLIC HEALTH OFFICERS.

The following are the Officers of the Public Health Department :—

Name.	Qualifications.	Office held.
Thomas Gibson ..	M.D., D.P.H.	Medical Officer of Health. School Medical Officer. Tuberculosis Officer. Medical Officer of Maternity Hospital and Child Welfare Centres. Medical Superintendent of Fever Hospital. Medical Officer under Mental Deficiency Act. Police Surgeon.
William B. Watson ..	L.R.C.P. (Edin.) L.R.C.S. (Edin.) D.P.H. (Edin.) L.D.S.	Assistant Medical Officer of Health. Assistant School Medical Officer and School Ophthalmologist. Assistant Medical Officer, Child Welfare Centres and Ante-natal Clinic.
Wm. Roberts ..	Certificate of Royal Sanitary Institute for (1) Inspector of Nuisances and (2) Inspector of Meat and other foods.	Senior Sanitary Inspector. Inspector of Meat and other foods. Inspector under Housing Regulations. Inspector of Canal Boats.
Robert Greenwood ..	Ditto	District Sanitary Inspector. Inspector of Meat and other foods. Inspector under Housing Regulations.
James T. Briggs ..	Ditto	Ditto.
John C. Palmer .. (Appointed January, 1926).	Ditto	Ditto.

Name.	Qualifications.	Office held.
Roland Staynes ..	Certificate of Royal Sanitary Institute for Inspector of Nuisances.	Assistant Sanitary Inspector and Clerk.
Sarah S. Thorp ..	Certificate of Royal Sanitary Institute for (1) Inspector of Nuisances and for (2) Maternity and Child Welfare and for (3) Health Visitor and School Nurse. C.M.B. Certificate.	Health Visitor. Superintendent Market St. Child Welfare Centre. School Nurse. Tuberculosis Nurse.
Margaret Cameron ..	Trained Nurse .. .. C.M.B. Certificate.	Health Visitor. Superintendent, Thornes Child Welfare Centre. School Nurse. Tuberculosis Nurse.
Ada Knox	Trained Nurse .. C.M.B. Certificate.	Health Visitor. Superintendent Belle Vue Child Welfare Centre. School Nurse. Tuberculosis Nurse.
Ellen R. Paver ..	Trained Nurse .. C.M.B. Certificate.	Health Visitor. Superintendent of Homestead and Alverthorpe Child Welfare Centres. School Nurse. Tuberculosis Nurse.
Hilda Staniforth ..	Trained Nurse .. .. C.M.B. Certificate. Certificate of Royal Sanitary Institute for— (1) Inspector of Nuisances (2) Health Visitor, and (3) School Nurse.	Health Visitor. Superintendent of Eastmoor Child Welfare Centre. School Nurse. Tuberculosis Nurse.
A. J. Peck	Nurse	Matron of City Fever Hospital.
Edith Morton.. ..	Trained Nurse .. .. C.M.B. Certificate.	Matron of Maternity Hospital.
H. Pollard	M.R.C.V.S.	Veterinary Surgeon. Veterinary Inspector of Dairy Cows (part-time Officer).
E. M. Chaplin ..	Ph.D., F.I.C.	Analyst of Food and Drugs (part-time Officer).

The office staff consists of Beatrice Lake (Chief Clerk), Herbert W. Tate and Ronald Shaw.

During the year J. Yates and J. Gray, District Sanitary Inspectors, resigned, and their places were filled by J. T. Briggs and J. C. Palmer, but the latter was not appointed till January, 1926. E. Greenwood and E. E. Bell, Health Visitors, also resigned and their places were filled by M. Cameron and H. Staniforth.

Professional Nursing in the Home.

(*a*) *General.* This is chiefly provided by the local Nursing Association which employs 3 nurses. One large engineering firm employs a nurse to attend the employees and their families.

(*b*) *Infectious Diseases.* The Health Visitors render assistance in the nursing of cases of Measles, Whooping Cough and other diseases.

Midwives.

20 midwives gave notice of intention to practice during 1925. One midwife employed by the Corporation, and residing at the Maternity Hospital, attends district cases. There are no subsidised midwives. (See Maternity and Child Welfare Section).

Chemical Work.

Dr. E. M. Chaplin, Wakefield, is employed as a part-time Analytical Chemist, and carries out all analyses under the Food and Drugs Acts, and of water. Analysis of sewage is carried out by the Sewage Works Manager.

Legislation in Force.

In addition to the general public health legislation the following local Acts provide powers relating to sanitary matters :—

1. Wakefield Improvement Act, 1877.

   Sections 36, 44, 46, 53, 54, 55 in part, 57, 62, 64 and 65, relating to streets and buildings and prohibiting back-to-back houses, are operative within the City.

2. Wakefield Corporation Waterworks Act, 1880, empowered the Corporation to construct works to impound and use the waters of Rishworth Moors, on the eastern side of the Pennine Chain. The powers of the Act have been extended and varied by several subsequent Acts.

3. Wakefield Corporation Act, 1887.

   This Act gives powers with respect to the notification of certain infectious diseases and for preventing the spread of disease, but these have all been superseded by later general legislation. The Act extended the powers with regard to the water supply.

4. Wakefield Corporation Act, 1924.

   This Act gives powers with regard to Waterworks, water supply and other matters, and also with regard to public health and sanitary matters. The public health provisions were fully set out in the Annual Report for 1924. Many of the new requirements particularly those relating to precautions with regard to food have proved very useful. A novel feature of the Act was the clause requiring the notification of cases of food poisoning.

The following Acts have been adopted :—

Infectious Diseases Prevention Act, 1890 (except Section 4, which is practically the same as Section 23 of Wakefield Corporation Act, 1887); Public Health Amendment Act, 1890 (except Part I.); Public Health Amendment Act, 1907 (except Sections 18, 25, 48, 78, 80, 82, 83, 92 and 94).

The following byelaws relating to the public health are in force :—

1. Decent conduct of persons using Sanitary Conveniences, 1896.
2. Cleansing of Footways and Pavements and Removal of House Refuse, 1896.
3. Nuisances, 1896.
4. Common Lodging Houses, 1896.
5. Nuisances in connection with the removal of Offensive or noxious matter, 1896.
6. Offensive Trades, 1914.
7. New Street and Buildings, 1923.
8. Slaughterhouses, 1925.
9. Houses let in lodgings, 1926.

SANITARY CIRCUMSTANCES OF THE AREA.

Water.

Practically the whole of the City is supplied with water from the Corporation Waterworks. The works, originally constructed under the Act of 1880, and subsequently extended consist of upland surface gathering ground on the Rishworth Moors on the eastern slope of the Pennine Chain, and 25 miles to the west of Wakefield, 4 collection reservoirs at Rishworth, a storage reservoir

at Ardsley, filtration works at Kirkhamgate and a service reservoir at Lindale Hill. Under the Wakefield Corporation Act, 1924, the Corporation has secured a new gathering ground in the Ryburn Valley, and is empowered to construct 2 reservoirs there, an aqueduct 22 miles long from one of these reservoirs to the Ardsley storage reservoir, and new filtration plant at Kirkhamgate. The water is also supplied to a considerable number of districts outside Wakefield, and to a total population of about 165,000 or three times that of the City itself. The gathering ground is free from any conditions likely to pollute the water, and the water itself has always maintained a standard of great purity. Derived from a moorland gathering ground with beds of peat, the water is however, acid and plumbo solvent. To avert the danger of lead poisoning the water is treated by the addition of $1\frac{1}{2}$ to 2 grains of Hydrated Lime per gallon, as it enters the Ardsley reservoir, and by a further $\frac{1}{4}$ grain of lime per gallon just prior to filtration. The water is regularly analysed and tested for acidity and lead absorption. These tests are invariably satisfactory and bacteriologically the water has been remarkably free from bacteria. The supply is a constant one, and although restrictions on consumption have had occasionally to be imposed, no serious shortage of supply has been experienced. Any risks of shortage should be removed by the new works now in hand.

The excellent water supply which Wakefield has enjoyed during the past 40 years has proved a great boon to the public health, and has led to the practical elimination of enteric fever and other diseases which before that time were a veritable scourge in the City. The works have been costly, but they have been worth every penny spent on them. The average daily consumption of water in the City is 35·46 gallons per head of the population, and of this 21·99 gallons is for domestic purposes. There are only 9 houses in the City which are not supplied with Corporation water, and 8 of these are in the Lupset area which was recently added to the City. 7 of the houses are supplied with water from wells and 2 from springs.

Rivers and Streams.

The River Calder which passes through the City still shews evidence of considerable pollution from sources higher up than Wakefield, and I am not aware of any material pollution within the City itself. The condition of the river although still unsatisfactory is much better than it used to be, and is not now the nuisance it was twenty years ago. The small streams or becks within the City, do not shew any evidence of pollution, except that into the Oakenshaw Beck, there is an occasional discharge from storm overflow sewers.

Drainage and Sewerage.

The City Surveyor (L. Ives, Esq., M.I.M. Cy.E.) has kindly supplied me with the following particulars for the 5 years 1921-5.

Sewerage.

(*a*) Particulars of New Sewers laid.
Horbury Road, West, 995 yards, Foul Sewers, and 148 yards, Stormwater Overflow Sewer.
Lupset, 5,583 yards, Foul Sewers.
Chevet Lane, 875 yards, Foul Sewer.
Agbrigg and Belle Vue Districts, 937 yards, Storm Overflow Sewers.
Pledwick Lane, 61 yards, Foul Sewer.
Manygates Lane, 213 yards, Foul Sewer.
Balne Lane, 68 yards, Foul Sewer.
Park Lodge Lane, 40 yards, Foul Sewer.
Barnsley Road, 37 yards, Stormwater Sewer.
Newmillerdam, 54 yards, Stormwater Sewer.
(The above do not include new sewers on the Housing Estates).

(*b*) Particulars of Sewers Reconstructed.
Bridge Street, 198 yards, Foul Sewer.
Agbrigg and Belle Vue District, 1,053 yards, Foul Sewer and 336 yards, Storm Water Sewers.
Chapel Yard, 54 yards, Foul Sewer.
Bethel Place, 154 yards, Foul Sewer.

(*c*) Number of Sewer Ventilating Shafts erected and localities.
Lupset 3. Agbrigg and Belle Vue 6.

(*d*) Number of Street Gullies Trapped.—33.

(*e*) Methods of Sewer Flushing and Cleansing.
All flushing done by Flushing Carts with exception of 3 Special Flushing Manholes in Lupset.
Where flushing is insufficient a sewer plough is drawn through.

(*f*) Suggestions as to needed improvements in sewerage.
Several of the main and subsidiary sewers are now surcharged, and require enlargement and new storm water overflow sewers are needed to relieve the lower reaches of the main trunk sewers.

SEWAGE DISPOSAL.

(a) Brief particulars of improvements in Sewage Disposal Works carried out (1921-25).

The Agbrigg Sewage Disposal Works have been extended and re-modelled at a cost of £17,000.

A scheme for extensions and re-modelling of the Calder Vale Works has been prepared. This scheme is estimated to cost £75,000. Owing to a sudden change in the plan of operations of winning the coal under the site, the scheme has been temporarily curtailed. Work to the value of £33,000 has just been completed.

(b) Present position with regard to Sewage Disposal.

(1) Nature of work and methods employed.

Agbrigg Works.—Bio-Aeration Plant, including Screening, Detritus Tanks, Aeration Tank, Pumping Station, Final Settlement Tanks, Sludge Drying Beds and Storm Water Tanks.

Calder Vale Works.—Until the complete scheme is finished about half the flow will be treated by Chemical Precipitation, the tank effluent being dosed on the Percolating Filter followed by Humus Tanks.

The other half will receive preliminary settlement, Aeration Tank treatment, and Final Settlement. All the sewage is pumped, screened and heavy Detritus settled out prior to the above.

(2) Average amount of sewage dealt with daily at each of the Works.

Agbrigg Works daily dry weather flow—162,400 galls.

Calder Vale Works daily dry weather flow—2,327,000 galls.

(3) Character of Sewage.

Agbrigg. Domestic sewage of more than average strength.

Calder Vale. Industrial sewage, medium to strong in character.

(4) Efficiency of treatment.

Agbrigg. Normally the treatment is efficient, effluents obtained being within requirements.

Calder Vale. New partial treatment, not yet in full operation.

(c) Any complaints or observations as to nuisances connected with the Works.

Agbrigg. No fly nuisances whatever. Very occasional smells during hot weather from Detritus Tank Sludge and screenings.

Calder Vale. No complaints received.

(d) Need for further improvements in connection with sewage disposal.

When Calder Vale is completed (full scheme) no further improvements anticipated.

Additional facilities for Sludge Drying is desirable at the Agbrigg Works.

As Medical Officer of Health, I have had no complaints to make with regard to sewerage or sewage treatment. The Corporation has always been ready to extend and improve the sewers whenever required, and the disposal of sewage has been carried out without any nuisance to the public. The Bio-Aeration plant at Agbrigg has been particularly free from the fly nuisance.

There are 68 houses in the City not connected with the public sewers. These are mostly situated in outlying parts of the area

CLOSET ACCOMMODATION.

The closet accommodation in the City is as follows :—

Water Closets	11,050
Privies	479
Tub Closets	86

Number of Privy Closets converted into W.C.s during 1925	23
Number of Additional W.C.s provided in connection with above	—
Number of Tub Closets converted into W.C.s during 1925	2
Number of Additional W.C.s provided in connection with above	—
Number of Privy Closets in addition to above dispensed with	1
Number of Tub Closets in addition to above dispensed with	4
Total Privy Closets abolished	24
Total Tub Closets abolished	6

In order to expedite the conversion of the remaining privies and tub closets into water closets, the Corporation in 1924 adopted Sections 39 to 42 of the Public Health Acts Amendment Act, 1907, and it is hoped that within a few years, all the privy and tub closets will be abolished, except in the few localities where this is not practicable.

NUMBER OF PRIVIES AND TUB CLOSETS AT THE END OF 1925.

Ward.	No. of Privy Buildings.	No. of Privy Closets.	No. of Privy Middens.	No. of Dwelling Houses Served.	If used for Workshops &c.	No. of Tub Closets.	No. of Dwelling Houses Served.	If used for Workshops &c.	Total No. of Privies and Tub Closets.
Alverthorpe	12	13	12	13	—	—	—	—	13
North Westgate ..	8	12	7	11	1	4	3	1	16
South Westgate ..	10	12	10	14	—	6	1	2	18
St. John's	4	6	4	10	—	—	—	—	6
Eastmoor	—	—	—	—	—	25	35	—	25
Northgate	—	—	—	—	—	2	2	—	2
Kirkgate	3	7	3	10	—	22	25	4	29
Primrose Hill ..	5	6	5	7	1	11	9	2	17
Calder	12	32	11	17	3	13	18	—	45
Belle Vue	146	275	145	287	1	—	—	—	275
Sandal	79	116	80	142	—	3	3	—	119
Whole City ..	279	479	277	511	6	86	86	9	565

Scavenging.

Scavenging work is carried out by the General Works Department, and the City Surveyor has supplied me with the following information with regard to scavenging and refuse disposal :—

(1) Number of men, horses and motor waggons employed.

Street Scavenging 19 men, 4 horses, no motor waggons.
Removal of house refuse, 38 men, 19 horses, 2 motor waggons.

(2) General arrangements for street cleansing.

Hand sweeping and 3 horse-drawn brooms.

(3) General arrangements for removal of house refuse.

Collection with carts and motors. Hours, 8 a.m. to 4-30 p.m.
Collections once per week, and in a few cases when necessary twice per week.

(4) Type of cart or waggon used.

Two wheel carts, Karrier Motor Vehicle, 30 cwts. Ford Lorry, 2 tons. All vehicles are provided with canvas covers.

(5) General arrangements for removal of contents of privy middens and Tub Closets.

Collection of privy middens in carts and emptied once every 3 weeks, between 11 p.m. and 6 a.m.
Tub closets are collected in a boxed-in four-wheel van, emptied once a week between 11 p.m. and 6 a.m.

(6) Arrangements for the removal of trade refuse. Any charge made.

Collection from shops average twice per week, any additional collection over and above this is charged for at actual time rate.

(7) Any suggestions as to needed improvements in scavenging.

Provision of mechanical sweepers. Gully emptier and street washer.

Refuse Disposal.

(1) House Refuse.

(*a*) Average number of loads and approximate weight removed daily—

74 Loads. Weight 74 tons based on 8 cwts. per cube yard.

(*b*) How disposed of—

The bulk of the refuse goes to Park Lodge Lane Tip, 10 acres, owned by the Corporation. About one-fifth of the total goes to Flanshaw Tip, not owned by the Corporation, tipping fee paid. The small balance is deposited on land at request of farmers. No sorting is done on the tips. Refuse trenched and covered with soil. At the Park Lodge Lane Tip an incinerator is used for destroying paper.

Use of Destructors abandoned 5th April, 1924, owing to their worn out condition.

(2) Trade Refuse.

Trenched on tips as (*b*). Any obnoxious matter is taken to, and burnt in an incinerator on the site of the Calder Vale Sewage Works. Fish offal is taken by farmers.

(3) Privy Middens Refuse.

(*a*) Average number of loads removed weekly.. 16

(*b*) How disposed of. Dumped on farm land for use of farmers.

(4) Tub Closet Refuse.

(*c*) Average number of tubs removed weekly .. 83

(*b*) How disposed of. Mixed with road sweeping and disposal of on farm land.

Remarks.

It will be noted from the foregoing that practically all the refuse of the City is deposited at two tips, and the bulk of it at Park Lodge Lane Tip. This tip is not of the ordinary character, but is really a depression in a field which is being gradually filled up with the refuse, and as the refuse is deposited it is covered over with soil. A tip of this kind properly managed should cause no nuisance. The only trouble has been the blowing about of paper, but steps have been taken to prevent this. With regard to scavenging street sweeping should always be wet and this would probably be best effected with mechanical sweepers provided with water sprinklers. Scavenging of house refuse will also be improved by putting into operation of Section 125 of the Wakefield Corporation Act, 1924, which gives the Corporation power to prescribe a regulation ashbin and under certain conditions to provide ashbins, and charge the owner a sum of maintenance

and renewal. I have previously recommended that the Corporation take over the removal of stable manure. It is the only way to get stable manure removed sufficiently often during the fly breeding season. Most horsekeepers would, I believe, be glad to make arrangements with the Corporation, and the result would be beneficial to both.

INSPECTION OF THE AREA.

SYNOPSIS OF SANITARY INSPECTION WORK, 1925.

	Inspections.	Re-Inspections.
Number of Inspections mades.. ..	10225	4649
,, ,, Complaints Received ..	871	—
,, ,, ,, Confirmed ..	522	—
,, ,, Nuisances Found	701	—
,, ,, Informal Notices Served ..	517	—
,, ,, Statutory Notices Served	47	—
,, ,, Notices outstanding at end of 1925	8	—
,, ,, Summonses Issued ..	—	—
,, ,, Premises where work was carried out by verbal notice or without notice	183	—
,, ,, Letters Sent	132	—
,, ,, Matters referred to City Surveyor	170	—
,, ,, Do. Waterworks Engineer	29	—

SUMMARY OF INSPECTION WORK.

	Inspections.	Re-Inspections.
Dwelling Houses.		
Ordinary	169	207
Re Infectious Diseases	221	36
Re Housing and Town Planning Acts	343	3490
Water Closets..	195	216
Privies and Tub Closets	166	34
Ashplaces and Ashbins	270	328
Urinals	17	4
Yards and Courts	126	8
Dangerous Structures	7	—
Drains.		
Inspections	526	156
Smoke Tests	92	—
Water Tests	2	—
Chemical Tests	6	—

	Inspections.	Re-Inspections.
Sewers, Etc.		
Ventilation	27	—
Street Gullies	45	—
Back Roads or Streets	5	—
Factory and Workshops, Etc.		
Factories	8	—
Workshops (excluding Bakehouses)	85	13
Workplaces (including Restaurant Kitchens, Stables, etc.)	78	37
Bakehouses	112	3
Outworkers	7	—
Canal Boats	31	—
Van Dwellings	21	2
Common Lodging Houses	105	18
Houses-let-in-lodgings	34	—
Cowsheds	79	—
Dairies, Milkshops and Milkstores	99	1
Ice Cream Premises	18	1
Private Slaughterhouses	2233	—
Do. (*Re* Special Notices)	81	—
Corporation Slaughterhouse	1464	—
Borough Market	186	—
Cattle Market	1	—
Butchers Shops	762	—
Fishmongers' Shops and Stalls	296	5
Cold Storage	3	—
Offensive Trade Premises (including Fish Frying Premises)	198	22
Piggeries	78	12
Smoke Observations	588	—
Wells	1	1
Meetings with Owners and Tradesmen	864	5
Special Visits	633	3
Visits under Rats and Mice Destruction Acts	41	48
Visits to Houses of Entertainment	21	—
Miscellaneous (including Cesspools, Water Courses, Refuse Tips, etc.)	12	—

SUMMARY OF SANITARY IMPROVEMENTS CARRIED OUT UNDER PUBLIC HEALTH ACTS.

Dwelling Houses.

Cleansed or Limewashed	27
Overcrowding Abated	7
Lighting Improved	1
Ventilation Improved	16
Roofs Repaired	43
Eaves, Spouts or Rain Water Fall Pipes Repaired	47
External Walls, Chimneys, etc. Repaired or Re-pointed	13
Inside Walls, Ceilings, etc., Repaired	18
New Floor laid or Repaired	13
Doors Repaired	5
Yards Re-laid or Repaired	6
Water Supply Improved	1
New Water Service Laid on	—
Yards Cleansed	5
Living Vans Removed	3
Fireplaces, etc., Repaired	41
Stairways Repaired	3

Drains.

Opened Out for Inspection	50
Repaired	24
Re-constructed	41
Inspection Chambers Constructed	21
Drains Choked	1270
Drains Cleansed by Corporation Drain Cleanser	1200
Drains Cleansed by Owners	70
Drains or Drain Inlets Inside Buildings Removed	3
Drains Ventilated	20
Disconnected from Sewers	5
Rain Water Fall Pipes Disconnected from Drains or Sewers	5
New Drains Provided	—

Accumulations Removed.

Manure	23
Other	21
Manure Pits Provided	18

Animals, Fowls, etc.

Nuisances Abated	20

Ashbins, Ashplaces, etc.

Movable Galvanised Iron Ashbins Renewed	246
Movable Galvanised Iron Ashbins Provided in lieu of Dry Ashpits	21
Dry Ashpits Abolished	21
Dry Ashpits Repaired	20
Tub Closets or Privies with Ashpits Repaired ..	—

Urinals.

Urinals Cleansed or Improved	6
New Urinals Provided	3

Sinks.

New Sinks Provided	28
Sink Waste Pipes Trapped, Renewed or Repaired ..	24
Other Waste Pipes Trapped, Renewed or Repaired ..	4

Piggeries.

Cleansed or Improved	2
Swine Removed	1

Cesspools.

Repaired or Improved	—
Abolished	—

Water Closets.

Cleansed or Limewashed	12
Repaired	85
Additional Provided	2
Re-constructed	2

SUMMARY OF SANITARY IMPROVEMENTS CARRIED OUT UNDER HOUSING ACTS.

Dwelling Houses.

Lighting Improved	2
Ventilation Improved	146
Roofs Repaired	103
Eaves, Spouts or Rain Water Fall Pipes Repaired ..	149
External Walls, Chimneys, etc., Repaired or Re-pointed	207
Inside Walls, Ceilings, etc., Repaired	114
New Floors Laid or Repaired	157
Fireplaces, Ovens or Setpots Repaired	180
Washing Accommodation Provided	11
Yards Re-laid or Repaired	11
Doors Repaired	51
Food Stores Provided or Improved	86
Stairways Repaired	27

Drains.

Repaired	1
Drains or Drain Inlets Inside Buildings Removed ..	4
Rain Water Fall Pipes Disconnected from Drains or Sewers	66

Sinks.

New Sinks Provided	72
Sink Waste Pipes Trapped, Renewed or Repaired ..	69
Other Waste Pipes Trapped, Renewed or Repaired ..	—

Water Closets.

Additional Provided	—
Repaired	9

Ashplaces.

Movable Galvanised Iron Ashbins Renewed	10
Dry Ashpits Repaired	18

ANNUAL REPORT of the Medical Officer of Health for the year 1925, for the City of Wakefield, on the administration of the Factory and Workshop Act, 1901, in connection with

Factories, Workshops and Workplaces.

1.—Inspection of Factories, Workshops and Workplaces.

Including Inspections made by the Sanitary Inspectors or Inspectors of Nuisances.

Premises. 1	Number of		
	Inspections. 2	Written Notices. 3	Occupiers Prosecuted. 4
Factories (including Factory Laundries) ..	8	—	—
Workshops (including Workshop Laundries) ..	98	10	—
Workplaces (other than Outworkers' premises)	115	—	—
Total	221	10	—

2.—Defects found in Factories, Workshops and Workplaces.

Particulars.	Number of Defects.			Number of Offences in respect to which Prosecutions were Instituted.
	Found.	Remedied.	Referred to H.M. Inspector.	
1	2	3	4	5
Nuisances under the Public Health Acts :—				
Want of Cleanliness	14	14	—	—
Want of Ventilation	2	2	—	—
Overcrowding	—	—	—	—
Want of Drainage of floors	—	—	—	—
Other Nuisances	3	3	—	—
Sanitary accommodation. insufficient	1	1	—	—
Sanitary accommodation. unsuitable or defective	2	2	—	—
Sanitary accommodation. not separate for sexes	—	—	—	—
Offences under the Factory and Workshop Acts :—				
Illegal occupation of underground bakehouses (S. 101)	—	—	—	—
Other offences :— (Excluding offences relating to outwork and offences under the sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops, Transfer of Powers) Order, 1921.	—	—	—	—
Total	22	22	—	—

3.—Outwork in Unwholesome Premises, Section 108.

No premises had to be dealt with under this Section.

4.—REGISTERED WORKSHOPS.

Workshops on the Register (S. 131) at the end of the Year.	Number.
Bakehouses (Factories)	9
Bakehouses (Workshops)	20
Dressmaking	11
Saddlery	3
Boot Repairing	17
Millinery	10
Upholstering	3
Tailoring	13
Joinery	12
Other Workshops	43
Total ..	141

SMOKE ABATEMENT.

If I were asked to state the two most urgent sanitary problems in Wakefield, I would put housing first and smoke abatement second. Both of these problems have been neglected in the past, but I am glad to say that both are now being seriously tackled by the Corporation, although very much will have to be done before they can be regarded as solved. It is really extraordinary that whilst we have for many years been seriously concerned about the purity of our food and water supply, we have tolerated the grossest pollution of our air supply, and probably the pollution of air has done more harm to the public health than the contamination of food. Locally the establishment of a Smoke Abatement Advisory Committee in 1922 indicated a new attitude towards the question and undoubtedly this Committee has done some very valuable work during the past few years. The Committee, consisting of several practical engineers along with the Chairman of the Health Committee, has considered the problem from many points of view, has visited works and inspected steam raising plant, has advised steam producers as to improvements of furnaces and methods of stokers, has arranged lectures for stokers, and supplied educational booklets, has held conferences with manufacturers and generally advised the Health Committee on the subject. The efforts of the Committee have been well received by manufacturers whose co-operation has been very gratifying. In May, 1925, a West Riding of Yorkshire Regional Smoke Abatement Committee was set up in order that the matter might be dealt with on a wider and more uniform basis, and the Chairman of the Wakefield Health Committee (Councillor R. G. L. Anderson) was elected the Vice-Chairman of this Regional Committee. Up to the present this Committee has devoted its energies to the preliminary work of securing data, and in considering the most profitable lines of action. During the year the usual observations of smoke emission from boiler and other furnaces were taken by the Inspectors, but owing to shortage of staff the number of observations has been curtailed. These observations afford the only data on which we can base a comparison with former years, and so far as they go they indicate an improvement as the following tables shew :—

Emission of Black Smoke from Industrial Chimneys.—1925.

No. of Boilers.	No. of Observations.	Black Smoke.—Minutes in the Hour.												
		Nil	1	2	3	4	5	5–10	10-15	15-20	20-25	25-30	30-35	35-40
1	128	89	12	13	7	2	—	3	1	—	1	—	—	—
2	63	16	12	10	9	6	2	5	1	2	—	—	—	—
3	94	44	13	6	13	2	6	6	2	—	2	—	—	—
4	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	11	4	2	1	2	—	1	1	—	—	—	—	—	—
6	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	22	13	—	4	—	1	2	1	1	—	—	—	—	—

ır.	No. of Observations.	Black Smoke.—Minutes in the Hour.—Percentage.												
		Nil.	1	2	3	4	5	5–10	10–15	15–20	20–25	25–30	30–35	35-40
23	257	34·6	11·2	7·3	5·8	6·6	7·7	11·6	5·0	4·2	3·5	1·1	0·3	0·3
24	740	44·7	10·4	7·1	7·0	5·1	4·8	10·6	6·0	2·4	0·8	0·4	0·2	—
25	318	52·2	12·2	10·6	9·6	3·4	3·4	5·0	1·5	0·6	0·9	—	—	—

Note.—The smoke emission from chimneys of Metallurgical furnaces are excluded from above records.

In 1923 65·5 per cent. of the observations shewed black smoke emitted for 4 minutes or less, in 1924 the percentage was 64·3, but in 1925 the percentage had increased to 89.

A more accurate estimate of the pollution can be made by means of soot deposit gauges, and at the time of writing, the Corporation has decided to set up two of these gauges. Still the observations made do indicate an improvement, although as a casual inspection of the atmosphere will shew, much remains to be done before we can be satisfied with the state of the atmosphere. The problems of air pollution from the domestic fireplace and from metallurgical furnaces still remain to be dealt with. As regards new houses particularly much might be done to secure smokeless methods of heating and cooking in place of the coal fire.

PREMISES AND OCCUPATIONS CONTROLLED BY BYELAWS OR REGULATIONS.

Common Lodging Houses.

Number on Register at end of 1925.	For both Sexes.	For Men only.	Number of Persons registered for.
18	9	9	645

1 common lodging house was taken off the register during the year.

Defects.	Found.	Remedied.
Cleansing	2	2
Ventilation	3	3
Water Closets	3	3
Drains	4	4
Urinals	2	2
Structural	5	5

Generally speaking, the common lodging houses have been satisfactorily kept. A few are very old houses, and not satisfactory from a structural point of view. These are situated in an area which has been scheduled as insanitary.

HOUSES LET IN LODGINGS.

Number on Register at end of 1925	46
Number taken off during the year	1
Number put on during the year	5
Total Accommodation (adults) at end of year ..	621

Defects.	Found.	Remedied.
Overcrowding	1	1
Cleansing	3	3
Insufficient Bedding	1	1
Other Defects	2	2

As compared with 1924 the number of these houses has increased by 4, and the accommodation by 42, but as compared with 1923 the accommodation has increased by 226. As it is our practice to put on the Register only those houses where sub-letting is made a regular business, the numbers here given do not indicate the real extent of sub-letting. There must be hundreds of houses in the City where a room or rooms are let off by the tenant who also occupies the rest of the house, but it has been found impracticable to keep a register of all these. As regards the others, there is an increasing tendency for large houses to be taken and converted into furnished rooms for sub-letting. In order to secure better control over such houses, the Corporation made a new series of byelaws which having been approved by the Ministry of Health came into force in January, 1926.

OFFENSIVE TRADES.

List of Offensive Trades at end of 1925.

Trade.	Number.
Tripe Boiling	7
Gut Scraping	1
Rag and Bone Dealing	6
Fish Frying	57

Offensive Trades taken off Register during 1925 ..	1
Offensive Trades put on Register during 1925 ..	1

Defects.	Found.	Remedied.
Cleansing	6	6
Refuse Receptacles ..	5	5
Refuse Accumulation	2	2
New Ranges Installed	1	1
Ventilation Improved	1	1

SCHOOLS.

The sanitary condition of the public elementary schools has been fully reported on in my report to the Education Committee. From a hygienic point of view one may say generally of the schools that a few are definitely unsatisfactory, a good many are fair,

and a few are quite good. All the schools have a satisfactory water supply, are provided with water closets and have satisfactory drainage to the sewer. The sanitary arrangements are regularly inspected by the Sanitary Inspectors and defects reported to the Director. Particulars of various defects are set out in the other Report, and I need only mention here the desirability of securing proper paving of all playgrounds, improving light and ventilation to the fullest extent, providing adequate heating and modern types of school desks. As the Medical Officer of Health is also the School Medical Officer there is no difficulty in co-ordinating the work of the two services.

As regards action taken for preventing the spread of infectious disease, the recommendations of the Joint Memorandum of 1925 are followed. It is seldom found necessary to require closure of schools or even classes on account of infectious disease and during 1925 only one school (St. Austin's) was closed for a week on account of Scarlet Fever. In my School Report, I have again urged the great need for an open air school, extended provision for physical and remedial exercises, more systematic teaching of hygiene, and the appointment of a School Dentist. A special school for mental defectives is also needed.

HOUSING.

A.—General Housing Conditions in the Area.

1.—General Housing Conditions.

It is estimated that out of the 12,200 dwelling houses which approximately the City contains, about 10,000 are occupied by the working classes. These 10,000 houses may be classified into 4 groups, which correspond to some extent with the historic development of the town.

(1) The oldest and poorest group of houses is to be found mainly but not entirely in the centre of the town, and these cover the site of the old town of Wakefield. These houses are for the most part small houses closely packed in yards which ramify behind the main streets. All these houses were built long before the operation of building byelaws, and they contravene most of the requirements of modern sanitation. They are nearly all devoid of through ventilation, and many are built back to back. They lack air space and light. They are often damp and although subject to frequent repair, they are seldom free from dilapidations. A good deal has been done by the Corporation to mitigate the evils of such dwellings, by the introduction of water supply,

water closets, scavenging and constant sanitary supervision, but they stand condemned alike by public health standards, and by common sense, and all who desire a healthier and happier Wakefield will pray for their speedy disappearance. Some of this property has already been scheduled for clearance, and a start has been made in the Westgate and Pincheon Street areas. It is estimated that about 1,500 houses come within this category.

(2) The second group of houses shews some advance on the first, but still is not satisfactory. The houses are not so bad as those in the slum areas, but as none of these have been built within the last 50 years they fall short of modern standards. Many of them are back to back houses built on narrow streets or around courts behind the streets. They are generally speaking in a fair state of repair, but they are too closely built together, and lack efficient ventilation, and often adequate light. Deep cellar kitchens is a feature of many houses in this group. A large proportion of these houses would lend themselves to improvement rather than clearance schemes. For instance a great improvement could be achieved by the demolition of certain houses to open up the area and enhance the air space and light, and the conversion of the remaining back to back houses into through houses. Probably about 2,500 houses come within this category.

(3) The remaining 6,000 houses come within this and the next group, and generally speaking may be regarded as sanitary houses. In this group are the houses built under the Building Regulations which have been in operation for about 50 years.

(4) This group comprises the houses recently built on Garden City lines, 10 or 12 to the acre. The great feature of these houses is the generous allowance of air space around them and removed as they are from the congested centre of the town the general salubrity of their situation.

2.—Shortage of Houses.

Apart from the question of re-housing tenants from insanitary areas there appears to be a shortage of something like 1,000 houses in the City. At the 1921 Census the Registrar General estimated that 1,260 additional houses were required to remedy the overcrowding then existing. During the last 5 years 906 new houses

have been built, and as 90 new houses per annum are required to meet the natural increase of the population, there still remains on this estimate a shortage of 810 houses. As however, 275 of the new houses were of a type not likely to be occupied by persons from overcrowded dwellings, the shortage may be more correctly put at 1,085. At the beginning of 1926 there were 1,579 applicants for municipal dwellings still on the waiting list, and 742 of these were stated to be without a dwelling house of their own.

3.—Measures taken or Contemplated to meet the Shortage.

The following Municipal building schemes have been completed or are being carried out :—

Site.	Area (acres.)	Houses built (31st December, 1925.)	Houses authorised (31st December, 1925.)	Houses in full Scheme.
Elm Tree Street..	5·365	64	64	64
Rufford Street ..	4·624	46	46	46
Portobello ..	52·472	380	542	542
Lupset	71·669	122	544	544
Total ..	134·130	612	1196	1196

The first scheme (Elm Tree Street) was commenced in 1919, and completed in 1921, Rufford Street scheme was commenced in 1920, and completed in 1921. The Portobello scheme was commenced in 1921, and was not completed at the end of 1925. The Lupset scheme was commenced in 1924 and is still proceeding.

In addition to the above the following additional Municipal building schemes are now in hand (30-6-26).

Site.	Area (acres).	Houses authorised.	Houses in full Scheme.
Snapethorpe	342·00	500	—
Thornes Road	11·55	40	108
Batley Road	14·53	146	146

Number of houses built in Wakefield 1910-25.

Year.	Total.	Built by Corporation (excluding houses for tenants from insanitary areas).	Built by Private enterprise.
1910—14	674	—	674
1915—19	104	—	104
1920	60	40	20
1921	101	66	35
1922	135	102	33
1923	155	102	53
1924	153	48	105
1925	362	208	154

In addition to the above, 46 houses were built by the Corporation at Portobello to re-house tenants from insanitary areas (22 in 1924 and 24 in 1925).

Number of New Dwellings Certified for Occupation during 1925.

Size of House according to Number of Habitable Rooms.	Total.	Built by Corporation.	Built by Private Enterprise.	With Baths.		
				Total.	In Bath room.	In Scullery.
3 roomed	—	—	—	—	—	—
4 ,, ...	149	148	1	150	90	59
5 ,, ...	68	60	8	68	68	—
6 ,, ...	47	—	47	47	47	—
7 ,, and over ..	98	—	98	98	98	—
Total ..	362	208	154	363	303	59

In addition to the above 24 three-roomed houses with scullery baths were built by the Corporation at Portobello to re-house tenants from insanitary areas. Of the 154 houses built by private enterprise, 96 were subsidy houses.

It is gratifying to be able to record a marked acceleration in the rate of house building during the year. The number of houses built in 1925 was more than double that of the preceding year. The increase applies both to Municipal and private enterprise housing, but is most marked in the former.

B.—Overcrowding.

At the Census of 1921 the Registrar General found that 14 per cent. of the dwellings in Wakefield were overcrowded as compared with 12·1 in 1911. This percentage of course is based on dwellings of all kinds, and limited to working class dwellings only it would be much higher. There is no evidence yet of any material reduction in the extent of overcrowding which still remains a condition seriously prejudicial alike to health and morals. During the year the Health Visitors made a note of the number of occupants in 823 houses visited in connection with births. The houses include all kinds of working class dwellings and are not selected except for the fact of containing young children. It was found that 182 or 22 per cent. of these houses were overcrowded. In one district the percentage of overcrowding was as high as 36, and the lowest percentage was 15. The standard taken was that of the Registrar General, namely more than 2 persons per room. In connection with an inquiry made into the circumstances of houses where Scarlet Fever had occurred it was also found that 22 per cent. of these houses were overcrowded. Here are a few typical cases of overcrowding found during the year :—

(1) Two families, comprising 10 adults and 5 children living in a 4 roomed house, all sleeping in 3 bedrooms. One bedroom was occupied by a man and his wife and baby; the second bedroom by 3 girls aged 15, 12 and 10 years, and 3 boys aged 6, 4 and 2 years; and the third bedroom by a man, his wife, a man aged 23 years, and 3 girls, aged 17, 14 and 4 years.

(2) Two families comprising 5 adults and 4 children occupy a two roomed house. In the single bedroom sleep a man and his wife, 3 girls aged 11, 6 and 1 year and a boy aged 3 years, and in addition another man, his wife and baby.

(3) Three families comprising 10 adults and 4 children occupy a 5 roomed house and sleep in 3 bedrooms. One bedroom is occupied by a man, his wife and 2 young children, the second by a woman, her son aged 18 years and daughter aged 21 years, and the third by a man, his wife, 3 daughters aged 16, 12 and 9 years, and 2 sons aged 14 and 4 years.

(4) Two families comprising 7 adults live in a two roomed house, and all sleep in one bedroom. The family consists of 4 males and 3 females.

(5) 2 families comprising 7 adults and 2 children occupy a two roomed house, and all sleep in one bedroom.

(6) 2 families comprising 5 adults and 2 children occupy a two roomed house. Two female adults sleep in the living room, and a man and his wife and 3 children sleep in the bedroom.

(7) A family comprising 3 adults and 5 children occupy a two roomed house and all sleep in one bedroom.

Fitness of Houses.

(1) The general standard of housing has already been described.

(2) The general character of defects found is indicated by the following table which enumerates the different defects found during an inspection of 343 houses which were mostly of a poor class, but not situated in the scheduled insanitary areas :—

Dilapidated	125	Water Closet Defects ..	69
Damp	143	Tub Closets or Privies ..	16
Defective Lighting ..	17	Ashplace or Ashbin Defects	46
Defective Ventilation	183	Yard Surface Defects ..	17
Dirty	14	Nuisance from keeping of animals or poultry	—
Drain and Sink Defects	174	Other Nuisance or Defect	229

(3) As a rule no great difficulty is encountered in getting necessary repairs carried out. Most informal notices are complied with, but if not a statutory notice is generally effective. The chief difficulty is the never ending repairs required on the old worn out property. The houses are indeed beyond effective repair, and can only be patched up. A large amount of this property is managed by house agents. There is no Management system like that of Miss Octavia Hill in operation in Wakefield, but in connection with Municipal houses at any rate, it might very well be considered.

UNHEALTHY AREAS.

No fresh action with regard to unhealthy areas was taken during the year, but most of the houses in the Westgate area were demolished, and the evacuation of the Pincheon Street Area tenants was proceeded with. At the end of 1925, 24 of the de-housed families had been accommodated in new houses at Portobello, and I am glad to say that most of them are proving satisfactory tenants. We were warned that the tenants turned

out of the slum houses would soon make slums of the Municipal houses, and certainly we expected a good deal of trouble with many of them. Our expectations have fortunately not been realised, and the Inspectors, who regularly go round the new houses seldom have to find fault with their condition, and report that the people are responding wonderfully to their new and better environment.

It is hardly necessary to remind the Corporation that there are further insanitary areas awaiting action.

BYELAWS RELATING TO HOUSES, HOUSES-LET-IN-LODGINGS AND TO TENTS, VANS AND SHEDS.

Satisfactory and recent byelaws are in operation.

HOUSING STATISTICS FOR 1925.

Number of New Houses erected during the year.

(*a*) Total (including number given separately under (*b*))	386
(*b*) With state assistance under the Housing Acts—	
(I.) By the Local Authority	233
(II.) By other bodies or persons	96

1.—Unfit Dwelling Houses.

Inspection—

(1) Total number of Dwelling Houses inspected for Housing Defects (under Public Health or Housing Acts)	512
(2) Number of Dwelling Houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910, or the Housing Consolidated Regulations, 1925	343
(3) Number of Dwelling Houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	Nil
(4) Number of Dwelling Houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	265

2.—Remedy of Defects without Service of formal notice.

Number of Defective Dwelling Houses rendered fit in consequence of Informal Action by the Local Authority or their Officers	487

3.—Action under Statutory Powers.

A.—Proceedings under Section 3 of the Housing Act, 1925.

(1) Number of Dwelling Houses in respect of which notices were served requiring repairs	33
(2) Number of Dwelling Houses which were rendered fit after service of formal notices;	
(*a*) By owners	22
(*b*) By Local Authority in default of owners ..	11
(3) Number of Dwelling Houses in respect of which Closing Orders became operative in pursuance of of declarations by owners of intention to close ..	None

B.—Proceedings under Public Health Acts.

(1) Number of Dwelling Houses in respect of which notices were served requiring Defects to be remedied	89
(2) Number of Dwelling Houses in which Defects were remedied after service of formal notice;	
(*a*) By owners	89
(*b*) By Local Authority in default of owners ..	—

C.—Proceedings under Sections 11, 14 and 15, of the Housing Acts, 1925.

(1) Number of Representations made with a view to the making of Closing Orders	—
(2) Number of Dwelling Houses in respect of which Closing Orders were made	—
(3) Number of Dwelling Houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit	—
(4) Number of Dwelling Houses in respect of which Demolition Orders were made	—
(5) Number of Dwelling Houses Demolished in pursuance of Demolition Orders	—

The decrease in the number of houses inspected is accounted for by the shortage in the staff of Inspectors which lasted through the greater part of the year. All the houses inspected under the Regulations were situated outside the scheduled insanitary areas.

INSPECTION AND SUPERVISION OF FOOD.

(A) The Milk Supply.

The supervision of the milk supply of the City continued to receive the serious attention of the Health Department, and on

the whole, I think there has been a definite improvement in the quality and wholesomeness of this important food. Improvements have been carried out in certain cowsheds, but there are still a few that are not quite satisfactory in construction. The great desideratum is however, the adoption of cleanly methods in dairying, and here too there is a tendency towards improvement, but a great deal more is required to be done, before we can say that all the Wakefield milk is being produced under satisfactory conditions. Everything possible is being done to raise the standard of methods in dairying, and I think that milk producers are realising more and more the importance of this. During the year the administrative control over the milk supply was strengthened by the Milk and Dairies Consolidation Act, 1915, which came into force on the 1st September, 1925, by the Tuberculosis Order, which came into force on the same date, and by the Public Health (Prevention of Tuberculosis) Order which came into force on 31st July, 1925. I attended a Meeting of the local branch of the Farmers' Union and explained the provisions of the new legislation.

Cowkeepers and Milk Purveyors resident in the City ..	25
Milk Purveyors resident in the City	57
Milk Purveyors from outside the City	20
	102

1 Cowkeeper was added to the Register during 1925.

2 Cowkeepers discontinued business during 1925.

21 Milk Purveyors were added to the Register during 1925.

6 Purveyors discontinued business during 1925.

The Cowsheds and Dairies have been regularly inspected during the year, and the following improvements have been carried out :—

Dairies.

Defects.	Found.	Remedied.
Cleansing	2	2

Cowsheds.

Defects.	Found.	Remedied.
Swine kept in Cowshed	1	1
Accumulation of Manure	4	4
Cleansing	2	2
Floor	1	1

(1). Action taken as to Tuberculous Milk and Tuberculous Cattle.

All dairy cattle are inspected three times in the year by the Veterinary Surgeon of the Corporation, and he reports fully on each inspection.

During the year 2 dairy cows were slaughtered under the Tuberculosis Order, and in each case the diagnosis was confirmed. One of these cows had been reported by the owner, and the other was discovered by the Veterinary Surgeon during his routine inspection. 30 samples of milk were examined by animal inoculation, and 6 of these were found to contain the infection, whilst in 2 the examination could not be completed owing to the premature death of the inoculated animal. 20 per cent. of the total samples tested were tuberculous, 18 per cent. of the samples of Wakefield produced milk, and 21 per cent. of the samples of milk produced outside. In 1924 the total percentage of infected samples was 30, 20 of the Wakefield samples, and 40 of the outside samples. So far as these figures go there is a lessened incidence of tuberculous milk, but whilst it would not be fair to say from the small amount of samples examined that one-fifth of the milk producers are supplying tuberculous milk, still the position is yet sufficiently disquieting. I believe the operation of the Tuberculosis Order will go a long way to reduce the amount of infected milk.

The Milk (Special Designations) Order, 1923.

The first licence made under the Order in Wakefield was granted in 1925 to an outside producer to sell Grade A milk in the City. When the Order was first made, I had some doubts as to its general utility. I feared that it would provide a special quality of milk for the special class who could afford to pay for it, while the mass of the public would remain content with the ordinary article. I now confess that I have changed my opinion as I find that more people are willing to pay a little more for milk of guaranteed purity than I had imagined. Another effect of the Order has been to raise the standard of milk production in

general. Indeed I see no reason why in the near future all milk should not be produced under the conditions laid down for Grade A milk.

Bacteriological Examinations of Milk.

The bacteriological examination of milk is used (1) to assess the general purity of the milk and to check the degree of cleanliness used in the production and handling ; and (2) to ascertain the absence or presence of pathogenic or disease producing bacteria. The latter aspect has already been dealt with. In the case of milk produced under the Special Designations Order, a bacterial standard has to be complied with, and in order to do this the milk producer must be scrupulously cleanly in his methods and careful about sterilising his utensils. For example certified milk must not contain more than 30,000 bacteria per cubic centimetre, and must not contain any Bacilli Coli in 1/10th of 1 cubic centimetre. Grade A milk must not contain more than 200,000 bacteria per cubic centimetre, and no Bacilli Coli in 1/100th or 1 cubic centimetre. The Bacillus Coli is a microbe inhabiting the bowel, and its presence in milk is an indication of manurial contamination. There is no legal bacteriological standard for ordinary milk, but it is interesting and indeed useful to know how milk produced under ordinary conditions compared with the standards for the Special Milks. During 1925 30 samples of milk taken in Wakefield were bacteriologically examined at the County Hall Laboratory. 12 were samples of Wakefield produced milk, and 18 of milk produced outside. The following tables gives a summary of the findings as regards bacterial content.

Total Bacteria in I.c.c.	Number of Samples.
Under 5,000	2
5,000 and under 10,000	1
10,000 and under 50,000	10
50,000 and under 100,000	2
100,000 and under 500,000	11
1,000,000 and over	4

The above table shews that 21 of the samples (70 per cent.) shewed a bacterial count under 200,000. The lowest count was that of an outside sample taken in June when only 1,200 bacteria were present, and no Bacilli Coli in 1/10th of a cubic centimetre. The worst count was also an outside sample taken in May where 1,921,000 bacteria were present, and bacilli coli were present in

1/100th of a cubic centimetre. With regard to the presence of bacilli coli, these bacteria were present in 1/100th c.c. in 16 samples (54 per cent.) and in 1/10th c.c. in 22 (73 per cent.). Only 8 samples (5 Wakefield and 3 outside) were free from bacilli coli in 1/10th of 1 c.c., and 14 samples (7 Wakefield and 7 outside) were free from bacilli coli in 1/100th of a c.c. 8 of the samples or 25 per cent. were up to Grade A standard as regards bacterial counts, and this shews that it is quite possible to produce a much cleaner milk than the average, without any extraordinary effort on the part of the producer. It is however, not quite true to say that such milk is equal to Grade A milk for there is no guarantee that the milk is regularly maintained up to the standard as is the case in milk produced under the Order.

Sediment in Milk.

The amount of sediment present in the milk supply affords another indication of the extent to which cleanly methods of production and transport have been observed, although it is a much cruder test than the bacteriological one. Altogether 35 samples were tested for sediment by the Analyst, with the following results :—

Parts per 100,000.	Total Samples.	Produced in City.	Produced outside.
0—1	21	6	15
1—2	10	4	6
2—3	1	—	1
3—4	1	—	1
4—5	1	—	1
5—6	—	—	—
6—7	1	—	1
Total ..	35	10	25

It will be noted that 60 per cent. of the samples—both of these produced inside, and of those produced outside the City contained less than 1 part per 100,000. All the Wakefield samples contained less than 2 parts, and 84 per cent. of the outside samples less than 2 parts per 100,000, the total percentage with less than 2 parts being 89. One sample was absolutely free from sediment and 2 samples contained only traces too small to be estimated. In 1924 80 per cent. of the samples shewed less than 2 parts per 100,000, and in 1925 the percentage was 90. Out of 169 samples tested during the 10 years 1915—1924, 87 or 63 per cent. contained

less than 2 parts of sediment per 100,000. These figures indicate a marked and progressive improvement in the purity of the milk supply. They also shew that a standard of 1 part per 100,000 would not be unreasonable.

Quality of Milk.

84 samples of new milk were examined by the City Analyst for quality, and 11 (13 per cent.) were reported as adulterated. The following table gives the average composition of the samples excluding those which fell below the standard :—

Composition of Milk Samples taken during 1925.

(Excluding Adulterated Samples).

Month.	Number of Samples.	Average Fat.	Composition Non-fatty solids.
January	6	3·61	8·89
February	11	3·55	8·88
March	3	3·54	8·80
April	5	3·67	9·00
May	9	3·67	8·93
June	5	3·56	8·93
July	—	—	—
August	11	3·71	8·83
September	6	3·70	8·97
October	6	4·43	9·04
November	10	3·79	8·81
December	—	—	—
Whole year	72	3·59	8·62

If we include one sample reported against as containing excessive sediment (dirt) the percentage of adulterated samples is 14 per cent., which is nearly twice as high as the percentage of adulterated milk samples in England and Wales in 1924 (7·7). Of the 11 samples defective in quality, 8 were deficient in non-fatty solids, and 3 in fat. In most of the cases the deficiency was small, but it must be remembered that the standard itself is low.

(B)—Meat.

The inspection of meat in the City is carried out under the Public Health (Meat) Regulations, 1924. All the Sanitary Inspectors hold the Certificate of the Royal Sanitary Institute

in Meat Inspection, and each carried out the inspection in his own district. We now get the co-operation of the butchers generally, and the arrangements work both smoothly and efficiently. It was however, necessary to institute legal proceedings in respect of three butchers, one for removing the carcase of a diseased animal into the shop before the visit of the inspector, and two for failure to give notice of intention to slaughter. In two cases convictions were obtained with penalties of £10 in one case, and £3 in the other. The third case was dismissed.

Number of Animals Slaughtered in the City during 1925.

	Beasts.	Calves.	Pigs.	Sheep.	Horses.	Total.
Public Slaughterhouse	2570	260	2626	2694	—	8150
Private Slaughter-houses	1456	16	2796	2652	—	6920
Total for Year ..	4026	276	5422	5346	—	15070

Condemnations of Unsound Food.

1306	Meat	Weighing	4387	Stones	0	lbs.
3	Fish	,,	7	,,	0	,,
10	Tinned Foods	,,	31	,,	9	,,
2	Fruit	,,	—	,,	—	,,
	Total ..	,,	4425	,,	9	,,

Where condemnations made.

826 Borough Slaughterhouse, 459 Private Slaughterhouses, 11 Railway Stations, 4 Farms, 1 Borough Market, 1 Cold Store, 1 Shop.

Number of Carcases, etc. Condemned.

Animals.	Total Whole Carcases.	Total Part Carcases.	Tubercular Disease.		Other Conditions.	
			Whole Carcases.	Part Carcases.	Whole Carcases.	Part Carcases.
Bovines	82	21	75	16	7	5
Pigs	47	1	21	—	26	1
Sheep	41	6	—	—	41	6
Calves	5	—	1	—	4	—
Total ..	175	28	97	16	78	12

Percentage of Condemnations due to Tubercular Disease ..	62·85
Percentage of Bovines affected with Tubercular Disease ..	11·9
Percentage of Pigs affected with Tubercular Disease ..	7·3
Percentage of all Animals slaughtered in City affected with Disease	8·1
Percentage of all Animals slaughtered in Private Slaughter-houses affected with Disease	6·6
Percentage of all Animals slaughtered in Public Slaughter-house affected with Disease	10·1

Disposal of Condemned Food.

All unsound meat and other foods are cremated in an open furnace at the Sewage Works, as no destructor furnace is now available. There is also no means available for sterilising condemned meat and converting it into poultry and animal food, etc., and the comparatively small amount probably renders a disposal plant hardly feasible.

Slaughterhouses.

There are 23 private slaughterhouses in the City (8 registered and 15 licensed), and one public slaughterhouse belonging to the Corporation.

	In 1920.	In January, 1925.	In December, 1925.
Registered	9	9	8
Licensed	17	16	15
Total ..	26	25	23

Two private slaughterhouses (1 Registered and 1 Licensed) were taken off the Register during the year.

The slaughterhouses are regularly inspected, and on the whole are kept satisfactorily. The situations of several of them are however, not satisfactory, and the abolition of all private slaughter-houses and the concentration of all slaughtering in one public slaughterhouse is much to be desired. The public slaughterhouse itself is not satisfactory in many respects, and clearly what is wanted is a new public slaughterhouse to supply the needs of the whole City. New Slaughterhouse Byelaws came into operation in December, 1925. One of the byelaws requires the stunning of all animals by a mechanically-operated instrument.

Administration of the Public Health (Meat) Regulations as regards Shops, Stalls, etc.

These Regulations provide for systematic meat inspection, and this has already been reported on. They also include Regulations intended to prevent the comtamination of certain food stuffs, namely :—meat, bacon and ham, by dust, dirt and flies, and so far as they go are likely to prove useful. Unfortunately the Regulations are limited in their scope, and in some respects difficult to interpret in practice. In one of my monthly Reports to the Health Committee, I pointed out that the Regulations only apply to raw meat and not to the various forms of cooked meat, although contamination of the latter is more likely to be injurious to health than the former. The Regulations also do not apply to fish, skinned rabbits, poultry, butter, margarine or cheese. A resolution was passed by the City Council representing to the Ministry of Health that the scope of the Regulations should be extended. The formulation of what may be deemed reasonable precautions against contamination is also a matter of great difficulty. A summary of the Regulations was sent to all persons concerned, and I have personally discussed the matter with a Tradesmen's Society. The response on the part of the tradesmen was very gratifying and generally there was expressed a desire to do everything practicable to secure a clean food supply. The following table founded on a recent survey will to some extent indicate how these regulations are complied with as regards shops, and I may add that stalls comply with the regulations pretty completely.

Butchers' Shops.

Total.	Windows kept closed	Windows occasionally open.	Windows usually open.	Wiudow open and Meat on board projecting from shop.	Window open within recess.
73	57	5	9	1	1

Grocers' Shops.

Total.	Windows closed.	Windows occasionally open.	Windows usually open.	Windows open within recess.	Windows open. Meat placed outside shop and protected by side screens and sun blinds.
60	53	—	2	3	2

As regards those shops where the windows are always kept closed, and these form about 80 per cent. of the butchers' shops, and about 90 per cent. of the grocers' shops, no question of dust contamination is likely to arise, although protection against flies will have to be secured. It has also been observed that shopkeepers who sometimes have their windows open, generally close them in windy or rainy weather. The covering with muslin of meat kept near an open window does not appear to be carried out at all, but the Inspectors have so far not been able to report any cases of actual contamination. There are a few instances where at any rate the spirit of the order does not appear to be complied with, and these are receiving the consideration of the Health Committee.

(C) Other Foods.

Each inspector carries out a regular inspection of food stuffs exposed or deposited for sale in his district, and the stalls in the Borough Market are also kept under close supervision. Places where food is prepared such as bakehouses, ice cream places, etc., also receive similar attention.

(D) Food Poisoning.

Food poisonong is a notifiable condition in Wakefield, but no cases were reported during 1925.

(E) Analysis of Food and Drugs.

(A). **Samples taken.**

Nature of Article.	Total.	Number of Samples taken for Analysis.		Number found Adulterated.		Percentage Adulterated.	
		Informal.	Formal.	Informal.	Formal.	Informal.	Formal.
Milk (Quality) ..	84	—	84	—	12	—	14
Milk (Cleanliness) ..	34	—	34	—	1	—	3
Dried Milk	5	5	—	1	—	20	—
Condensed Milk ..	3	3	—	—	—	—	—
Butter	5	3	—	—	—	—	—
Jam	4	4	—	—	—	—	—
Sponge Cakes ..	5	5	—	—	—	—	—
Beef Sausage ..	2	2	—	—	—	—	—
Lemon Curd ..	2	2	—	—	—	—	—

Nature of Article.	Total.	Number of Samples taken for Analysis.		Number found Adulterated.		Percentage Adulterated.	
		Informal.	Formal.	Informal.	Formal.	Informal.	Formal.
Cheese	4	4	—	—	—	—	—
Cream	15	15	—	2	—	13	—
Custard Powder ..	3	3	—	—	—	—	—
Sponge Mixture ..	2	2	—	1	—	50	—
Baking Powder ..	4	4	—	—	—	—	—
Coffee	2	2	—	—	—	—	—
Olive Oil	3	3	—	—	—	—	—
Paregoric	4	4	—	—	—	—	—
Citric Acid	3	3	—	—	—	—	—
Tartaric Acid ..	3	3	—	—	—	—	—
Borax	2	2	—	—	—	—	—
Liquorice Powder ..	2	2	—	—	—	—	—
Sweets	4	4	—	1	—	25	—
Total ..	161	77	118	4	13	5	17

(B). **Particulars of Adulterated Samples.**

No.	Article.	Defect.	Action taken.
11	New Milk ..	6 parts of Sediment per 100,000 ..	Vendor warned. Milk produced outside City Matter reported to West Riding Authority.
44	New Milk ..	12 per cent. deficiency in Fat	Vendor warned.
54	New Milk ..	Deficiency of Non-Fatty solids equal to 2 per cent. of Added Water ..	Vendor warned. Milk purchased from Wholesale Dealer. Follow up sample No. 64 taken.
64	New Milk ..	Deficiency of Non-Fatty solids, equal to 4·7 per cent. of Added Water.	Vendor warned.
99	New Milk ..	Deficiency of Milk fat to extent of 6·7 per cent.	Vendor warned.
115	New Milk ..	Deficiency of Non-Fatty solids, equal to 2·4 per cent. of Added water.	Vendor warned. Subsequent sample genuine.
116	New Milk ..	Deficiency of Non-Fatty solids, equal to 6·6 per cent. Added Water.	Prosecuted. Fined £2 2s.; 10/6 Costs.

No.	Article.	Defect.	Action taken.
134	New Milk ..	4 per cent. deficiency in Fat	Vendor warned.
135	New Milk ..	Deficiency of Non-Fatty solids, equal to 2·6 per cent. Added Water.	Vendor warned.
146	New Milk ..	Deficiency of Non-Fatty solids, equal to 5·88 per cent. Added Water.	Vendor warned. Subsequent sample genuine.
6	New Milk .. (Sunday Sample).	Deficiency of Non-Fatty solids, equal to 6·4 per cent. of Added Water.	Vendor warned. Subsequent sample satisfactory.
16	New Milk ..	Deficiency of Non-Fatty solids, equal to 2·36 per cent. Added Water.	Vendor warned. Subsequent sample genuine.
150	Dried Milk ..	1 per cent. deficiency in Fat	Manufacturers warned. Subsequent sample genuine.
90	Cream .. (Informal Sample).	Containing 31 per cent. Boric Acid, not labelled as required by regulations.	Further sample No. 100, taken.
100	Cream ..	Do. do.	Prosecuted. Case dismissed on payment of Costs, £1.
50	Beef Sausage	Contained excessive amount of Boric Acid (52 grains to lb.)	No action taken.
56	Sweets ..	Excessive amount of Mineral Matter (47 %)	Vendors warned. Satisfactory explanation given by Firm.

REPORT OF ADMINISTRATION IN CONNECTION WITH THE PUBLIC HEALTH (MILK AND CREAM) REGULATIONS (1912-1917) DURING THE YEAR 1925.

1.—Milk and Cream not sold as Preserved Cream.

	No. of Samples examined for the presence of a Preservative.	No. in which Preservative was reported to be Found.
Milk	84	—
Cream	2	2

The two samples of cream each contained 0·31 per cent. of Boric Acid, were obtained from one vendor, and did not bear a label declaring the same. The vendor was prosecuted, convicted and had to pay £1 costs. No fine was imposed.

2.—Cream sold as Preserved Cream.

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

(1) Correct Statement made 13

(2) Statements Incorrect .. .. .. —

(3) Percentage of Preservative found in each sample. Boric Acid.	Percentage stated on Statutory Label. Boric Acid.
0·31	0·4
0·15	0·4
0·37	0·4
0·34	0·4
0·31	0·4
0·36	0·4
0·31	0·4
0·36	0·4
0· 4	0·4
0·31	0·4
0·30	0·4
0·35	0·4
0·35	0·4

(*b*) Determination made of Milk Fat in Cream sold as Preserved Cream :—

(1) Above 35 per cent. 13

(2) Below 35 per cent. .. .. .. —

(*c*) Instances where (apart from analysis) the requirements as to labelling or declaration of Preserved Cream in Article V. (1), and the Proviso Article V. (2) of the Regulations have not been observed :—

None.

(*d*) Particulars of each case in which the Regulations have not been complied with and action taken :—

None.

(*e*) Thickening Substances :—

None.

PREVALENCE OF, AND CONTROL OVER INFECTIOUS DISEASES.

Notifiable Diseases 1925.

DISEASE.	Number of Cases Notified.													Number of Deaths.												
	At all Ages.	Under 1 yr.	1—2 yrs.	2—3 yrs.	3—4 yrs.	4—5 yrs.	5—10 yrs.	10—15 yrs.	15—20 yrs.	20—35 yrs.	35—45 yrs.	45—65 yrs.	65 & Over.	At all Ages.	Under 1 yr.	1—2 yrs.	2—3 yrs.	3—4 yrs.	4—5 yrs.	5—10 yrs.	10—15 yrs.	15—20 yrs.	20—35 yrs.	35—45 yrs.	45—65 yrs.	65 & Over.	No. of Cases Removed to Hospital.
Smallpox																										
Cholera																										
Plague																										
Diphtheria, including Membraneous Croup ..	40		1	1	3	2	14	7	6	5	1			3		1	1			1						32
Erysipelas	28						1			5	6	13	3													
Scarlet Fever	183	2	3	8	17	16	82	32	14	5	3	1		1						1						147
Typhus Fever																										
Enteric Fever	6				1				1	2	1	1														3
Relapsing Fever																										
Continued Fever																										
Puerperal Fever	5								1	4				3								2	1			
Cerebro-Spinal Meningitis																										
Poliomyelitis																										
Ophthalmia Neonatorum	3	3																								1
Primary Pneumonia ..	70	2	1	3	1	3	7	1	6	12	9	15	10	61	7	7	4	3	4	3	2	1	2	4	13	11	
Influenzal Pneumonia ..	2								1	1				11	1								4	2	1	3	
Dysentery	9								1	2	2	2	2													
Malaria																										
Pulmonary Tuberculosis ..	87						6	7	8	20	20	23	3	36			1				1	1	9	11	11	2	
Non-Pulmonary Tuberculosis	33		1	3	5	4	8	4	3	3	2			17		1	1	2	1	3	2	2	2		3		
Measles	99	11	26	16	25	21								3		2	1									
Whooping Cough	52	6	12	11	11	12								7	2	4	1									
Acute Polio-Encaphalitis																										
Acute Encephalitis Lethargica																										
Trench Fever																										
Totals ..	617	24	44	42	63	58	118	51	41	59	44	55	18	142	10	15	9	5	5	8	5	4	19	18	28	16	183

Prevalence of Infectious Diseases in 1925.

Diphtheria.

There were 40 cases of diphtheria notified in 1925 giving an attack rate of 0·96 per 1,000 as compared with 0·98 in 1924, and 1·22 the average for the preceding 10 years. There were 11 fewer cases than in the previous year. There were 11 cases in the first quarter, 3 in the second, 14 in the third and 12 in the last quarter of the year. The incidence was highest in Primrose Hill Ward (8 cases) and lowest in Alverthorpe Ward (Nil). 32 of the cases (80 per cent.) were removed to hospital. There were 3 deaths equal to a case mortality of 7·5 per cent., and a death rate of 0·05 per 1,000. The death rate is slightly lower than that of England and Wales which was 0·07.

Scarlet Fever.

There were 183 cases notified giving an attack rate of 3·52 per 1,000 as compared with 2·5 in 1924, and 2·12 the average for the preceding 10 years. There were 52 more cases than in the previous year. 18 cases occurred in the first, 30 in the second, 47 in the third and 88 in the fourth quarter of the year. The incidence was highest in Eastmoor Ward (24 cases), North Westgate Ward (23 cases), Northgate Ward (21 cases), Calder Ward (21 cases) and Sandal Ward (21 cases), and lowest in Alverthorpe Ward (7 cases). 147 of the cases (80 per cent.) were removed to hospital. There was one death, giving a case mortality of 0·54 per cent., and a death rate of 0·02 per 1,000 of the population as compared with 0·03 in England and Wales. There were 10 return cases, or 6 per cent. of the total cases notified, related to 8 primary or infecting cases. Of the 130 cases discharged from hospital 6 (or 4·6 per cent.) gave rise to 8 return cases, 5 cases infecting one other case each, and one case infecting 3 other cases, all members of the same family. Of 33 cases liberated from home, isolation 2 (or 6 per cent.) gave rise to one return cases each. None of the primary or infecting cases had any septic condition on or before discharge, and all had finished peeling. There were 19 secondary cases, occurring in 15 houses, 4 houses having 2 cases each, and 11 houses 1 case each. In 13 instances the primary cases had been removed to hospital, and in 2 cases isolated at home. Three small outbreaks occurred in connection with St. Austin's School, Lawefield Lane School and the Grammar School during October, and in each instance unrecognised and probably infecting cases of the disease were discovered by means of a complete medical inspection of the pupils. After the isolation of these cases and the disinfection of the school premises, the disease ceased to spread. St. Austin's School was also closed for a week.

Scarlet Fever and Home Conditions.

Of the 151 ordinary dwellings invaded, 54 had less than 2 persons per room, 63 between 1 and 2 persons per room, and 34 more than 2 persons per room. 22 per cent. of the houses were overcrowded according to the Registrar General's Standard, as compared with 14 per cent. at last Census.

Home Contacts	Under 14 years—208 (susceptible 197).
	Over 14 years—446 (susceptible 379).

Amongst the 197 susceptible contacts under 14 years, there occurred 10 return cases, and 16 secondary cases.

Amongst the 379 susceptible contacts over 14 years, there occurred no return cases, and 3 secondary cases.

Houses with Secondary cases.	Under 1 person per room	5
	1—2 persons per room	10
	Over 2 persons per room	3
Houses with Return cases.	Under 1 person per room	1
	1—2 persons per room	4
	Over 2 persons per room	—

It will be noted that while 15 per cent. of the dwellings had more than one case, only 2 per cent. were overcrowded dwellings.

Enteric Fever.

There were 6 cases of Enteric Fever (including 1 case of Paratyphoid B.) notified, equal to an attack rate of 0·11 per 1,000 as compared with 0·09 in 1924, and 0·36 the average for the preceding 10 years. The following are the particulars of the cases :—

(1) Female, 43 years, Wakefield Mental Hospital February.
(2) Male, 20 years, Sun Lane .. .. .. April.
(3) Male, 64 years, Bread Street .. .. .. April.
(4) Female, 22 years, Wakefield Mental Hospital July.
(5) Female, 17 years, Wakefield Mental Hospital August.
(6) Female, 3 years, Charles Street, Primrose Hill October.

With the exception of the Mental Hospital cases, all the cases were removed to the Fever Hospital. There was no mortality as compared with 0·01 per 1,000 in England and Wales. In none of the cases was the source of infection definitely traced, except that there appeared to be an association in the Mental Hospital cases which was traced to a particular ward.

Pneumonia.

70 cases of Primary Pneumonia and 2 of Influenzal Pneumonia were notified. 25 cases were notified from Eastmoor Ward. Of the cases notified 11 died. There were, however, 50 deaths certified from Pneumonia, where no notification of the illness had been made.

Dysentery.

9 cases were notified all being patients in the West Riding Mental Hospital.

Smallpox, Cerebro-Spinal Meningitis, Poliomyelitis, Polio-Encephalitis and Encephalitis Lethargica.

No cases of the above diseases were notified.

(Remarks on Puerperal Fever, Ophthalmia Neonatorum, Measles and Whooping Cough and Epidemic Diarrhoea will be found at the end of the Maternity and Child Welfare Section).

CITY INFECTIOUS DISEASES HOSPITAL.

The following are the hospital statistics for 1925 :—

Disease.	No. of Cases remaining 1st Jan., 1925.	No. of Cases admitted 1925.	No. of Cases treated 1925.	No. of Cases Discharged 1925.	No. of Deaths 1925.	Mortality percentage 1925.	No. of Cases remaining 31st Dec., 1925.
Scarlet Fever ..	10	148	158	130	*1	0·6	26
Diphtheria ..	8	38	46	37	3	7·0	6
Enteric Fever..	—	3	3	3	—	—	—
Total ..	18	189	207	170	4	1·9	32

* One child died from Empyema, upon which Scarlet Fever supervened, but this death is not included in the above.

There were only 6 more cases admitted than in the previous year, but the prevalence of Scarlet Fever in the later months of the year caused considerable pressure on the limited resources of the hospital. The maximum number of patients on any day was 36 in December, the minimum 6 in May, and the average for the year 18. The maximum number of Scarlet Fever cases on any day was 29, the minimum 4, and the average for the year 14. The maximum number of Diphtheria cases was 9, the minimum nil, and the average for the year 4. The normal accommodation of the hospital is 34, but 6 of these beds are in an old corrugated iron building which is now quite worn out, is not rain proof, and can only be occupied when the weather is fine. The unsatisfactory position of affairs during the past year can be gauged from the figures given above. We have properly only 14 beds available for Scarlet Fever, yet we have had as many as 29 Scarlet Fever cases in at one time, and the daily average for the year was 18. At the same time every case that could properly be isolated at home was left there, even although removal was desired by the parents. Several cases of cross infection occurred (chiefly Chickenpox and Whooping Cough) in consequence of inability to separately isolate cases of mixed infection. The accommodation for the staff is quite inadequate, the hand laundry is insufficient and poorly equipped, there is no separate discharge block, and the ambulance arrangements are unsatisfactory.

During the year the Corporation, fully alive to the deficiencies of the hospital, has been considering the problem of a new hospital, and notwithstanding difficulties in the way a satisfactory plan will no doubt be evolved. The staff of the hospital consists of the Matron (Miss Peck) two Sisters, 4 Probationer Nurses, a Cook, Housemaid and Between Maid, two Ward Maids, two Laundresses (non-resident), and a Porter, disinfector (non-resident).

Administrative Control of Infectious Diseases.

Administrative control of infectious diseases is carried out by means of (1) notification; (2) investigation; (3) isolation; (4) exclusion of contacts from school, and when necessary from work; (5) disinfection; (6) attention to sanitary defects.

(1) The following infectious diseases are notifiable in Wakefield :—

Smallpox.	Puerperal Fever.
Scarlet Fever.	Ophthalmia Neonatorum (2)
Diphtheria.	Cerebro Spinal Fever.
Membraneous Croup.	Acute Polio-myelitis.
Typhoid Fever.	Acute Polioencephalitis.
Paratyphoid Fevers.	Acute Encephalitis Lethargica.
Continued Fever.	Malaria.
Typhus Fever.	Dysentery.
Relapsing Fever.	Trench Fever.
Cholera.	Acute Primary Pneumonia.
Erysipelas.	Acute Influenzal Pneumonia.
Measles (1).	Tuberculosis (all forms) 3.
German Measles (1).	Food Poisoning (4).
Whooping Cough (1).	

(1) Notification of Measles, German Measles and Whooping Cough only applies to children under 5 years of age, and only to the first case in a household or institution within a period of 2 months.

(2) Ophthalmia Neonatorum means a purulent discharge from eyes of infants, commencing within 21 days of birth.

(3) A case of Tuberculosis is notifiable to Medical Officer of Health of district in which patient has his permanent address.

(4) Food Poisoning is defined as poisoning attributable to abnormal conditions existing in an article commonly used as a food by man.

During the year a printed card suitable for hanging up and bearing a list of these diseases and other information, was supplied

to each medical practitioner in the City. As a rule notification is promptly made, most doctors telephoning the notification through to the office as soon as possible after seeing the case.

(2) Investigation is at once made by the District Sanitary Inspector, and the information on a routine inquiry form submitted to the Medical Officer. When necessary the Medical Officer of Health himself makes personal inquiries, and this is always done when there are indications of an epidemic starting. Cases of Measles, Whooping Cough and Puerperal Fever are investigated by the Health Visitors. Leaflets indicating legal obligations and the necessary precautions are handed to the occupiers.

(3) Isolation. If hospital isolation is necessary the patient is at once moved. If isolated at home, steps are taken to see that isolation is satisfactory, and the case is kept under regular supervision. Isolation in the Fever Hospital is almost wholly confined to cases of Scarlet Fever, Diphtheria and Enteric Fever.

(4) Contacts are excluded from school for the periods recommended by the Board of Education, and due notification is made to the Director of Education. School children who have suffered from these diseases are not re-admitted to school until at least 14 days after liberation from isolation.

(5) Disinfection is carried out in a Washington Lyon steam disinfector at the Fever Hospital, and infected rooms are fumigated or sprayed with formalin. Disinfection is not carried out in connection with Measles and Whooping Cough.

There is no proper disinfecting station for disinfection or disinfestation of persons and clothing, apart from the arrangements for dealing with cases of infectious diseases. A bath room is provided at the School Clinic in the Town Hall for use in connection with verminous conditions and contagious diseases occurring amongst school children, but there is no disinfecting apparatus provided.

Review of Infectious Diseases 1921-25.

There is really no outstanding feature to record in connection with the prevalence of infectious diseases during the past 5 years, and there have been no eqidemics that call for special comment. Although Smallpox has been prevalent in many parts of the

country, no cases have occurred in Wakefield. The type of the disease now prevailing is mild, and is attended with a very small mortality rate, and if we had any guarantee that the type would remain unchanged probably the disease would not call for any administrative control more exacting than that now applied to chickenpox. But experience teaches that Smallpox varies in its severity from time to time, and an epidemic of mild cases may be followed by one with cases of the virulent type. It would therefore, be unwise to relax the methods of administrative control which have hitherto been employed. In 1924, less than half (46 per cent.) of the children born in Wakefield were vaccinated. Locally there are standing arrangements for the admission of a few cases of the disease to a smallpox hospital belonging to another Authority, and in the event of the disease spreading, the Cardigan Smallpox Hospital at present used for tuberculous cases by the County Council, would be utilised.

During the past 5 years, Scarlet Fever has shewn a prevalence about twice as high as it was during the preceding 5 years. The type of the disease has however remained mild and the mortality has been very low, the deaths not exceeding one a year. There has been no change in the local circumstances of the disease. It has shewn no particular relationship to insanitation or overcrowding, and appears to be largely spread by unrecognised cases and mainly in the schools. Over 80 per cent. of the cases were isolated in the Fever Hospital. There is no further evidence that hospital isolation does materially reduce the prevalence of the diseases and probably the number of cases thus prevented are counter-balanced by the number of hospital return cases. During the past 5 years the return cases amounted to 4·8 per cent. of the total cases, and with only 4 exceptions these were related to hospital treated cases. At the same time as the individual patient generally benefits by removal to hospital, and it is only in a small proportion of cases that satisfactory home isolation can be provided, the need for hospital accommodation for Scarlet Fever still remains.

During the past 5 years, both the prevalence and the mortality of diphtheria have been at a comparatively low level, and considerably below the figures for the preceding 5 years. There has been very little case to case infection, and probably the infection is spread by unrecognised mild cases or carrier cases. There was, however, a small outbreak of 10 cases in the Clayton Hospital in 1922, when also 13 carrier cases were detected after a complete swabbing of the inmates. This was also the only occasion in which the Schick test has been used locally. Nearly all the cases (90 per cent.) were removed to hospital, and antitoxin is freely used in treatment.

Enteric Fever continued low in prevalence and mortality, and is now almost a negligible item in our disease statistics. Of the 33 cases notified during the 5 years, 9 occurred in the West Riding Mental Hospital. There were, however, no cases in the Mental Hospital during 1923 and 1924. The mortality averages one death a year.

Measles continued to be more or less epidemic every second year, but during the past 5 years there has been a decided reduction of the mortality from 0·38 in the preceding quinquennium to 0·11 in the last. Whooping Cough mortality also shews a reduction but not to the same extent as in Measles (0·74 to 0·61). Since March, 1921, the diseases Measles, German Measles and Whooping Cough have been compulsorily notifiable in Wakefield so far as children under 5 years of age are concerned. Medical men are only required to notify the first case occurring in a house within two months, and it may be worth while to try and assess the value of notification. In the first place notification was not expected to appreciably affect the spread and prevalence of the disease, and there is no evidence that it has done so. Measles is intensely infectious in the early stage before the signs of the disease are completely manifested, and often before the doctor is called in or the parents realise what is the matter with the child. Similarly in Whooping Cough the disease is often not diagnosed until the whoop is established, but the really infectious period is the one preceding the whooping stage. For these reasons notification could not be expected to afford much help in reducing the prevalence of the diseases although by impressing parents with some sense of the gravity of the disease, it may have done a little. Notification has however, been worth while as I am satisfied that it has substantially helped in the reduction of the mortality, as Measles has been indicated above. Speaking generally, there ought to be no mortality from Measles, and when it does occur it will be found that there is either lack of proper care or bad housing conditions or, as often occurs, both. The Health Visitor, who follows up the notification of a case of Measles, often can do much to improve the care of the child, and sometimes can improve the conditions of environment, and thus enhance the child's chance of recovery. It is not possible to do so much with Whooping Cough which is generally a protracted disease, and the results naturally are not so good. Notification of cases is far from complete. Doctors are not always called in, and when called in, do not always notify the first case in the house. The parents are under an obligation to notify, but only a small proportion of them do so. During the 5 years (1921-25) of 1,399 cases of Measles under 5 years of age notified or ascertained,

771 were notified by doctors, 87 by parents, and 541 otherwise ascertained. During the same period, of 699 cases of Whooping Cough under 5 years of age notified or ascertained, 167 were notified by doctors, 17 were notified by parents and 515 were otherwise ascertained.

Not one case of acute anterior poliomyelitis (infantile paralysis) was notified during the past 5 years. Indeed only 3 cases of the disease have been notified since the disease was made notifiable in 1912, and two of these were notified in that very year. The other case was notified in 1917, and the patient died. At present 10 children affected with definite infantile paralysis are on the school registers, and several others have probably had an attack, but none of these cases have ever been notified, although most of them would probably be medically attended during the acute attack. Two cases of Cerebro Spinal Fever were notified during the past 5 years, one in 1921, and one in 1924, both confirmed bacteriologically, and one proved fatal. Four cases of Encephalitis Lethargica were notified during the same period, 1 in 1921, 1 in 1923, and 2 in 1924. Three of these were adults, and one a child. Two of the adults died. The child (a boy of 12 years) who had an attack in 1924 is reported to have undergone mental deterioration, as a consequence of the disease, and although he has left school he is not able to retain employment on account of his lack of memory. The other case was a man who had an attack in 1924, and he does not appear to have been mentally affected in consequence.

PATHOLOGICAL AND BACTERIOLOGICAL EXAMINATIONS.

During the year 1,165 specimens from the City were examined at the County Hall Laboratory.

Sputum (Tuberculosis	213	Hairs (Ringworm) ..	140
Throat Swabs (Diphtheria) ..	253	Blood (Wasserman Re-action)	237
Blood (Enteric Fever)	12	For detection of Spirochaetes	3
Urine (Enteric Fever)	12	For detection of Gonococci	32
Urine (Tuberculosis)	8	Various	145
Urine (other organisms)	—		

DISINFECTION.

During 1925 the Hospital Porter carried out the following disinfecting work :—

No. of houses disinfected	.. ..	292
,, rooms	,, ...	492
,, schools	,, ...	7
,, class rooms	,, ...	53
,, times steam disinfector used		.. 480
,, Articles disinfected by steam		.. 8641

TUBERCULOSIS.

New Cases and Mortality during 1925.

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0 ..	—	—	—	—	—	—	—	—
1 ..	—	—	9	4	1	—	4	1
5 ..	1	5	4	3	—	—	1	2
10 ..	3	4	3	2	—	1	1	1
15 ..	1	6	—	3	—	1	—	2
20 ..	3	6	—	—	—	4	1	—
25 ..	6	6	3	—	4	1	1	—
35 ..	10	11	1	1	8	3	—	—
45 ..	10	6	—	—	4	3	2	—
55 ..	5	1	—	—	3	1	—	1
65 and upwards.	2	1	—	—	2	—	—	—
Total ..	41	46	20	13	22	14	10	7

87 cases of pulmonary tuberculosis were notified as compared with 71 in 1924, 70 in 1923 and 80 in 1922. 33 cases of non-pulmonary tuberculosis were notified as compared with 26 in 1924, 36 in 1923 and 16 in 1922.

Of the 87 pulmonary cases notified in 1925, 16 died during the same year. Of the 32 deaths where the cases had previously been notified, 6 died within a month of notification, 4 between 1 and 3 months, 6 between 3 and 6 months, and 5 between 6 and 12 months. 11 of the deaths were cases which had been notified 48 months or more before. It may safely be said that half of the deaths were those of cases notified so late as to preclude any reasonable hope of recovery by any manner of treatment. Four of the deaths had not been notified during life. All deaths not notified or cases not notified till the disease is advanced are carefully inquired into. Failure to notify is generally due to a change of doctor, and the doctor last called in thinking that his predecessor must have notified the case omits to do so. In many of the cases notified at a late stage, the patient has not consulted a doctor until the disease has made serious progress, but in a certain number of cases one feels that notification should have not been so long delayed. In quite a considerable proportion of these advanced cases, the patients were vagrants or inmates of common lodging

houses moving constantly from place to place. In analysing the deaths it is satisfactory to note that only a small proportion were patients who had received adequate periods of treatment in a sanatorium to which they had been admitted in an early stage of the disease. Not more than 3 of these deaths belonged to this category.

The 33 cases of non-pulmonary tuberculosis notified comprised 10 with Cervical Adenitis, 5 with Meningitis, 5 with Hip Disease, 4 with Peritonitis, 3 with Spinal Caries, 2 with Sacro-Iliac disease, 2 with disease of Tarsus, 1 with axillary adenitis, and 1 with disease of knee and wrist. 13 were children under 5 years, 12 children between 5 and 15, and 8 persons over 15 years of age.

The 17 deaths from non-pulmonary tuberculosis notified comprised 9 from Meningitis, 4 from Spinal Caries, 2 from Peritonitis, 1 from Kidney Disease, and 1 from Abdominal Disease (undefined). There were 4 deaths where there had been no notification during life, 2 being cases of spinal disease and 2 of Meningitis.

In February, 1925, a circular letter was sent by the Town Clerk to all medical practitioners in the City directing their attention to the observations of the Ministry of Health on the Notification of Tuberculosis as set out in Circular No. 549, and to the requirements of the Notification Regulations. The letter went on to say "In pursuance of the recommendation of the Ministry of "Health the Health Committee has instructed the Medical Officer "of Health to ask for an explanation from every medical practi-"tioner who certifies a death from tuberculosis, who has failed "previously to notify the case, and also with regard to any case "where there would appear to be reasonable grounds for expecting "that the notification should have been made at an earlier date "than has actually been the case. The Health Committee "fully realise that difficulties may arise in connection with the "notification of certain cases, and has no desire to act "unreasonably. It also appreciates the fact that most medical "practitioners do make every effort to notify cases as soon as "possible, and do everything possible to co-operate with the "Health Committee in its efforts to secure early diagnosis and "treatment. The Committee desire that all medical practi-"tioners should act up to this standard, and always keep their "responsibilities in mind. The fact that in 1924, 50 per cent. of "the non-pulmonary deaths and 10 per cent. of the pulmonary "deaths were those of persons who had not been previously notified, "and also the fact that 50 per cent. of the cases of pulmonary

" tuberculosis notified in 1924 died before the end of the year " appears to indicate that there is considerable room for improve- " ment in the matter of notification. Every case of the " disease should be notified unless the medical practitioner knows " definitely that the case has been previously notified. With " the object of securing the early diagnosis of the disease, the " Committee earnestly pleads with all medical practitioners to " make full use of the facilities of the Tuberculosis Dispensary."

PULMONARY TUBERCULOSIS.

Cases left on the Register, 31st December, 1925.

Year Notified.	Total.	Males.	Females	0-15 years.	15-25 years.	25-45 years.	Over 45 years.
1925 ..	60	26	34	11	11	26	12
1924 ..	25	13	12	1	12	8	4
1923 ..	27	13	14	2	10	13	2
1922 ..	17	8	9	4	5	8	—
1921 ..	45	30	15	9	12	22	2
1920 ..	36	22	14	10	7	15	4
1919 ..	4	3	1	—	1	3	—
1918 ..	2	1	1	1	1	—	—
1917 ..	8	4	4	1	4	1	2
1916 ..	1	—	1	—	—	1	—
1915 ..	2	1	1	—	1	1	—
1914 ..	1	—	1	1	—	—	—
1913 ..	—	—	—	—	—	—	—
Totals ..	228	121	107	40	64	98	26

Condition of Cases, 31st December, 1925.

Quiescent working	134
Quiescent not working	13
Semi-Quiescent working	15
Semi-Quiescent not working	6
Semi-Advanced working	6
Semi-Advanced not working	7
Advanced working	3
Advanced not working	18
In Sanatorium	20
In White Rose Hospital	6
Total ..	228

NON-PULMONARY TUBERCULOSIS.

Cases left on Register, 31st December, 1925.

Year Notified.	Total.	Males.	Females	0-15 years.	15-25 years.	25-45 years.	Over 45 years.
1925 ..	25	13	12	19	1	5	—
1924 ..	11	5	6	4	4	3	—
1923 ..	19	11	8	14	2	2	1
1922 ..	5	3	2	5	—	—	—
1921 ..	2	1	1	2	—	—	—
1920 ..	3	3	—	1	1	1	—
1919 ..	5	2	3	3	—	1	1
1918 ..	6	2	4	4	2	—	—
1917 ..	2	1	1	2	—	—	—
1916 ..	3	1	2	2	1	—	—
1915 ..	1	—	1	1	—	—	—
1914 ..	—	—	—	—	—	—	—
1913 ..	2	—	2	1	—	1	—
Total ..	84	42	42	58	11	13	2

Condition of Cases, 31st December, 1925.

Quiescent working	39
Quiescent not working	7
Semi-Quiescent working	11
Semi-Quiescent not working	3
Semi-Advanced working	1
Semi-Advanced not working	—
Advanced working	2
Advanced not working	15
In Sanatorium	2
In White Rose Hospital	4
	84

Public Health (Prevention of Tuberculosis) Regulations, 1925.
Public Health Act, 1925, Section 62.

It was not necessary to take action under the above statutory provisions during 1925.

Tuberculosis Scheme.

The scheme in operation locally for the diagnosis and treatment of Tuberculosis embraces (1) a Tuberculosis Dispensary; and

(2) a Joint Sanatorium for cases of Pulmonary Tuberculosis at Mount Vernon, near Barnsley. The Sanatorium belonging to the Corporations of Barnsley and Wakefield provides 26 beds for each authority. Dr. F. Penny is the Resident Medical Superintendent, and he also acts as Tuberculosis Officer to the Barnsley Corporation. There is no provision for hospital accommodation of advanced cases other than the Poor Law Infirmary. There is no institution for non-pulmonary cases belonging to the Wakefield Corporation, but cases are sent to various institutions, *e.g.*, Heatherwood Hospital, Ascot; St. Gerard's Hospital, Coleshill; and Kirbymoorside Hospital.

Tuberculosis Dispensary.

The Tuberculosis Dispensary, situated in Almshouse Lane, is also used by the West Riding County Council. The Medical Officer of Health acts as Clinical Tuberculosis Officer. The Health Visitors (5) act in rotation as nurses at the Dispensary, and each acts as a Tuberculosis Nurse in her own district.

During 1925, 129 cases were referred to the Dispensary, 79 over 15 years, and 50 under. Of these 60 were found to be tuberculous (45 pulmonary cases and 15 non-pulmonary cases) 6 were doubtful cases and under observation at the end of the year, and the remaining 63 cases were found not to be tuberculous. 90 cases were sent by medical practitioners, 13 by School Medical Officer, 5 by Health Visitors, 5 were transferred from other Dispensaries, 3 on discharge from a Sanatorium, and 13 came voluntarily.

Of the 45 pulmonary cases 19 (42 per cent.) were in the earlier stage (St. 1), 19 (42 per cent.) were moderately advanced (St. 2) and 7 (16 per cent.) were very advanced (St. 3).

Tubercle bacilli were found in 3 cases in St. 1, in 10 in St. 2 and in 2 in St. 3.

The number of persons on the Dispensary register on 31st December, 1925, and either receiving treatment or under observation was 197 (152 adults and 45 children). Under the new Regulations of the Ministry of Health cases are kept on the register until in the case of pulmonary disease there has been quiesence for 5 years, and in the case of non-pulmonary cases for 3 years. The total number of attendances for the year was 2,796. 51 contacts were examined at the Dispensary during the year, and 4 (8 per cent.) were found to be suffering from pulmonary tuberculosis. The tuberculosis officer made 25 consultations with medical practitioners at the homes of the patients or in hospitals, and 17 other cases were specially visited.

The Health Visitors made 973 domiciliary visits to the homes of the patients. 10 insured persons were put on Domiciliary Treatment during the year, and 11 reports (Form G.P. 36) were received from the panel doctors in attendance. No reports (Form G.P. 17) were received from panel doctors on sending new cases, and only a few had brief notes sent with them.

INSTITUTIONAL TREATMENT.

1.—Pulmonary Tuberculosis.

Sanatorium Treatment, 1925.

Patients.	Total.			Insured.			Non-Insured.		
	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.
Remaining at end of 1924	18	11	7	15	11	4	3	—	3
Admitted 1925 ..	49	27	22	31	22	9	18	4	14
Total treated 1925 ..	67	38	29	46	33	13	21	4	17
Discharged 1925 ..	47	26	21	30	22	8	17	4	13
Died in Sanatorium 1925	—	—	—	—	—	—	—	—	—
Remaining at end of 1925	20	12	8	16	11	5	4	—	4

It will be noted that 67 persons received Sanatorium treatment during 1925. Of those treated 43 (69 per cent.) were insured persons, and 2 were discharged soldiers. 9 were children under 15 years of age. All were treated at Mount Vernon Sanatorium except 2 males (one treated at Ventnor, and one at Benenden), and 1 female treated at Bowdon. One case (a discharged soldier) was transferred from Mount Vernon Sanatorium to Preston Hall during the year.

Of the 49 cases admitted, 26 were in Stage 1, 19 in Stage 2, and 1 in Stage 3, and 3 were admitted for observation. 9 of the cases had previously received Sanatorium treatment (3 on 3 previous occasions, and 6 on one previous occasion).

The condition of the 44 patients (diagonsed tuberculosis) on discharge was as follows :—

		Arrested.	Improved.	Not Improved.
Stage 1	T.B. — ..	21	3	—
	T.B. + ..	—	5	—
Stage 2	T.B. — ..	2	—	1
	T.B. + ..	3	6	2
Stage 3	T.B. — ..	—	—	—
	T.B. + ..	—	—	1
Total ..	44	26	14	4

Three cases sent for observation were discharged as non-tuberculous.

The periods of stay in the Sanatorium were—

1—3 months	..	..	10 cases.
3—6 ,,	..	..	18 ,,
6—9 ,,	..	..	11 ,,
9—12 ,,	..	..	5 ,,
12—15 ,,	..	..	1 ,,

BARNSLEY AND WAKEFIELD JOINT SANATORIUM COMMITTEE.

Annual Report of the Resident Medical Officer.

To the Chairman and Members of the Committee of the Mount Vernon Sanatorium.

Gentlemen,

I have pleasure in presenting the Eleventh Annual Report of this Institution.

During the year 1925, 176 patients were treated as In-Patients, 40 were on the books on the 1st January, 136 admitted. Of these 134 have been discharged, 62 with their disease quiescent and fit for suitable work, 36 improved, 23 made no progress, 6 were in as observation cases, 7 died in the Institution, 42 were in residence on the 31st of December.

Although 12 patients were in less than a month, the average length of stay of those discharged was 131 days; and the average gain in weight (all cases included) was 9½ lbs.

Trial has been given to fresh forms of treatment, but the best results have been obtained from the older and more tried forms. Lung splints have proved distinctly useful in a few cases, and organotheraphy has in my opinion been helpful.

The Ultra-Violet Light treatment was started in May. 844 treatments have been administered to 37 patients; in a few cases there has been a marked benefit, and on the whole, results are distinctly encouraging especially with children.

Microscopic examinations of 310 specimens have been made with 136 positive results.

Our facilities for occupational therapy lack variety and perhaps for this reason is not as popular with the patients as it might be, and is therefore not so beneficial as if undertaken with more interest, enthusiasm and good cheer.

There have been some changes in the staff; thanks are accorded to all who have assisted with the work and especially to those who have remained with us the whole year. Four ex-patients are now employed on the Domestic Staff.

Hearty thanks are accorded to all promoters and performers at concert parties and other contributions for the recreation and enjoyment of the patients and staff; such contributions are very much appreciated, and help to relieve the monotony of the long and often tedious form of treatment.

The fact that the deaths from tuberculosis in the Borough of Barnsley have dropped from 80 in 1924 to 70 in 1925, is distinctly encouraging, and there has been a similar drop I understand in Wakefield.

With regard to premises, the outside of the administrative block has been re-pointed, and inside the alteration of some of the chimneys (which smoked badly) and some colour washing of the walls is a great improvement. Electric cooking has been installed and is working well. Is a great boon as regards kitchen work and food, and also promises to be more economical.

Barnsley is sadly in need of a Small Hospital Block for the more advanced cases, and a good deal is yet required to bring this Sanatorium up to the more modern standards of comfort for the patients, accommodation of the staff and efficiency in treatment which, Gentlemen, is under your consideration.

I am, Gentlemen,
Yours faithfully,

F. PENNY,
Resident Medical Officer.

Mount Vernon Sanatorium,
Barnsley,
18*th February*, 1926.

CONDITION AT THE END OF 1925 OF PATIENTS TREATED IN SANATORIUM FOR PERIODS OF 2 MONTHS OR MORE DURING THE YEARS 1912-25.

	Total.	Apparently well and working.	Not well but improved condition maintained	Percentage well or improved coudition maintained	Not well Not working.	Worse working.	Worse not working.	Dead.	Percentage dead.	Lost sight of.
Stadium 1 ..	256	120	18	72%	20	—	4	29	15%	65
Stadium 2 ..	138	30	10	32%	9	—	1	74	59%	14
Stadium 3 ..	55	1	—	2%	2	—	—	46	93%	6
All Stadia ..	449	151	28	49%			5	149	40%	85

The above table gives the results of an inquiry made at the beginning of 1926, regarding the present condition of all patients who had received Sanatorium treatment during the 13 years 1912-24. Patients who had not remained in the Sanatorium for two months are excluded, and all those lost sight of are excluded from the percentage calculations. It will be noted that 72 per cent. of the early cases, 32 per cent. of the moderately advanced cases and 2 per cent. of the advanced cases were stated to be well and working, or at any rate had maintained their improved condition. The mortality was 15 per cent. in the early cases. 59 per cent. in the moderately advanced cases, and 93 per cent. amongst the advanced cases. These figures indicate that Sanatorium treatment affords patients with early disease a fair chance of recovery, and coupled with proper after-care is the only method of curative treatment which is worth while.

2.—Non-Pulmonary Tuberculosis.

During 1925, 2 children suffering from non-pulmonary diseases were sent, one by the Education Committee to Heatherwood Hospital, Ascot, and one, by the Health Committee to Kirbymoorside Hospital. 5 cases—all children—were discharged from institutions during the year. 4 of these were joint cases, and one a bone and gland case, and all were discharged quiescent, though in some cases with a certain amount of crippling. At the end of the year 2 cases remained in institutions.

Further information regarding Tuberculosis Schemes.

(1).—The Nature and Extent of Co-operation with General and Special Hospitals, School Clinics, and other Institutions.

The fact that the Clinical Tuberculosis Officer is also the Medical Officer of Health, the School Medical Officer, and the Medical Officer of the Child Welfare Centres secures intimate co-operation between the Tuberculosis Dispensary and other Clinics. During 1925, acting on the suggestion of the Ministry of Health the Tuberculosis Officer was appointed by the Board of Guardians as Consulting Medical Officer for Tuberculosis to the local Poor Law Infirmary. As a matter of fact the Tuberculosis Officer has acted as such, both to the Infirmary and the Clayton Hospital ever since the inception of the Tuberculosis Scheme.

(2).—Any Special Arrangements to secure the Co-operation of Medical Practitioners, and the Working of the Arrangements set out in Memorandum No. 286 in regard to the Co-ordination of the Work of Tuberculosis Officers and Insurance Practitioners.

The medical practitioners of the City have frequently had their attention drawn to the facilities provided for diagnosis at the Tuberculosis Dispensary by circular letters and otherwise. I understand that the Memorandum 286 was sent to panel medical practitioners by the Insurance Authority.

(3).—Arrangements for following up patients when the diagnosis is doubtful.

Doubtful cases are kept under observation at the Dispensary until a definite opinion is formed. If the patient fails to attend, he is visited by the Health Visitor, and then he generally returns.

(4).—The Arrangements for Securing the Examination and Systematic Supervision of Home Contacts.

Contacts of notified cases are urged to attend the Dispensary for examination, and in some cases examinations are made at home. They are also kept under observation by the Health Visitors, who urge a visit to the Dispensary, whenever suspicious symptoms are noted.

(5).—Special Methods of Diagnosis and Treatment.

Careful clinical examination, now coupled with X-ray examination when necessary, is relied on for diagnosis. Tuberculin was discarded long ago as a method of diagnosis owing to the many fallacies of the test in the diagnosis of active disease. Careful temperature readings, related to conditions of rest and exercise are often employed, and are of considerable value. During the past year the estimation of blood pressure has also been employed, but probably it is of limited utility. Of course bacteriological examinations of sputa are carried out as a routine procedure.

Treatment consists (1) of fully explaining to the patient that his way of life is the cardinal factor in securing recovery, and in giving him a leaflet with detailed advice. (2) in supplying him with such remedies as will help his recovery. Cod Liver Oil is supplied in suitable cases, either as pure oil or in combination with malt. Injections of Collosal Calcium continue to be used considerably both for pulmonary and non-pulmonary cases, and appear to be of value in cases where the lesions are tending to fibrose or calcify. Tuberculin is only used to a limited extent, and in non-pulmonary cases. Cases of lupus and tuberculous adenitis are often now referred to the Clayton Hospital for treatment by the Ultra-Violet Rays, and it is found that better results can be obtained in this way.

(6).—**The Nature and Extent of Dental Treatment provided by the Council for Tuberculous Patients.**

In September, 1925, the Ministry of Health approved of a dental treatment scheme for tuberculous patients. Under the scheme financial assistance is given to patients, recommended by the Tuberculosis Officer to be in need of dental treatment and where the income is insufficient to meet the necessary treatment. Any dental treatment provided by an Approved Society is taken into consideration. Arrangements were made with five dentists in the City to provide the treatment on the scale of charges agreed between the Public Dental Service Association and Approved Societies. Treatment is not authorised until an estimate has been submitted by the Dentist, and approved by the Health Committee. During 1925 dental treatment was granted in two instances.

(7).—**Arrangements for Provision of Nursing or of Extra Nourishment for Patients living at home.**

Nursing assistance when required is provided by the local Nursing Association as a matter of course. There is no agreement between the Association and the Council. Extra Nourishment is granted to cases where the income is insufficient, and where there is a reasonable hope of the patient's recovery. It is mainly given to patients who are waiting admission to the Sanatorium or have recently come out.

(8).—**The Arrangements for Treating Non-Pulmonary Tuberculosis, especially of Tuberculosis of Bones and Joints in Adults, and in Children, and for the provision of Surgical Apparatus.**

As mentioned previously suitable cases are sent to special residential institutions, but up to the present only children have been sent. A certain number of cases are treated at the Clayton Hospital, White Rose Hospital and Dispensary, but with regard to the Hospitals there is no agreement with the Corporation. Up to the present surgical appliances have not been provided by the Corporation.

(9).—**The Arrangements for "Care" and "After-Care."**

The Social Service Council carried out through its Care Committee a good deal of useful work in connection with the welfare of tuberculous patients. It supplies clothing to necessitous cases, seeks to secure suitable employment for patients discharged from the Sanatorium, and in many other ways promotes the welfare of the patients. Its work is closely co-ordinated with the Health Department and the Chairman of the Health Committee and the Medical Officer of Health are members of its Care Committee.

(10).—Supply and Supervision of Shelters.

Shelters are provided free by the Corporation in suitable cases and are inspected from time to time by the Sanitary Inspectors.

VENEREAL DISEASES.

The Scheme of the Council for the diagnosis and treatment of Venereal Diseases includes (1) a Venereal Diseases Clinic at the Clayton Hospital, and (2) arrangements for the examination of pathological specimens at the County Hall Laboratory, Wakefield. The Clinic was opened in 1923, in pursuance of an agreement between the Governors of the Hospital, the Wakefield City Council and the West Riding County Council. The Clinic is in charge of Dr. Frew, Venereal Diseases Medical Officer of the West Riding County Council, and it comprises a waiting room, consultation room and 2 treatment rooms, all of which are situated in the Out-Patient Department of the Hospital. There is also an adjoining irrigation room of 3 cubicles for the use of male patients supervised by a male attendant, and corresponding treatment for women is carried out by a nurse in one of the treatment rooms. At first the Clinic was open for 2 sessions each week (Wednesdays 6—8 p.m. for men, and Fridays 3—5 for women and children), but in 1924 it was found necessary to add an additional morning session for men on Wednesdays (10—12 o'clock). Two beds are available for in-patient treatment when required. The Clinic has been most successful from the start, and no difficulties have been encountered in its working. The Governors of the Hospital and the staff have done everything possible to promote the smooth working of the scheme. The following table shews to what extent the facilities of the Clinic have been utilised since its opening in April, 1923 :—

Year.	New Cases.			Gonorrhoea.	Non-Venereal Diseases.	Total attendances at Clinic.	Total attendance for irrigation and other treatment (not including Clinic attehdances.)
	Total.	Syphilis.	Soft Chancre.				
1923	103	47	3	35	18	953	1242
1924	149	48	—	67	34	1639	3348
1925	139	40	1	73	25	1997	3909

The success of the Clinic is indicated by the increased attendances both at the Clinic and for irrigation and treatment

The scheme appears adequate, and there does not appear at present any need for extension or modification.

Until the opening of the Venereal Diseases Clinic in Wakefield local patients attended the Clinic at Leeds Infirmary under an agreement with the Leeds Corporation. During 1925 only 3 Wakefield patients attended the Leeds Clinic for the first time, and none of them were found to be suffering from Venereal Disease. In 1924, 15 new cases attended the Clinic, 11 being venereal cases. In 1925 the total attendances of Wakefield patients at this Clinic were 592 as compared with 966 in 1924.

The Co-operation of the Medical Profession in the scheme is very satisfactory, and every advantage is taken of the facilities provided. Cards are supplied to each doctor, giving the various times of the Clinic, etc., which he may hand to any patient referred by him to the Clinic. During 1925 a special notice was supplied to each doctor giving full particulars of the Clinic. Medical practitioners make good use of the facilities provided by the Pathological Laboratory at the County Hall. Of the 272 specimens examined there during the year, 137 were sent by medical practitioners, and 135 by the Medical Officer of the Clayton Hospital Clinic. The facilities for treatment are now well known to the public and appropriate notices continue to be exhibited in the public lavatories in the City. No medical practitioners applied for free Arserio-benzol Compounds during the year. No action was taken under the Venereal Diseases Act, 1917, during the year.

TREATMENT OF VENEREAL DISEASES AT THE VENEREAL DISEASES CLINIC, CLAYTON HOSPITAL, WAKEFIELD—1925.

(*a*) Number of Wakefield Persons dealt with during the year for the first time, and found to be suffering from :—

	Total	Males	Females.
Syphilis	40	24	16
Soft Chancre	1	1	—
Gonorrhoea	73	58	15
Conditions other than Venereal	25	20	5
Total ..	139	103	36

(*b*) Total number of attendances at the Out-patient Clinic :—

	Total	Males	Females.
Syphilis	1054	644	410
Soft Chancre	15	15	—
Gonorrhoea	820	576	244
Not suffering from Venereal Disease	108	87	21
Total ..	1997	1322	675

(*c*) Number of attendances of Wakefield patients for irrigation and treatment (not including attendances at Clinic).

Total	Males	Females.
3909	2412	1497

(*d*) Aggregate number of In-patient days of Wakefield patients :—

	Total	Males	Females.
Syphilis	2	—	2
Gonorrhoea	—	—	—
Total ..	2	—	2

(*e*) Number of doses of Arserio-benzol compounds (N.A.B. and Sulpharsenol) given to Wakefield patients—658.

LEEDS GENERAL INFIRMARY VENEREAL DISEASES CLINIC.

3 persons from Wakefield attended the above Clinic for the first time during 1925, all being non-venereal cases, and the total attendances for the year were 592 as compared with 966 in 1924.

Pathological Examinations in connection with Venereal Diseases during 1925.

	Total.	For Detection of Spirochætes.	For Detection of Gonococci.	Wasserman Re-action.	Other examinations.
County Hall Laboratory.	272	3	32	237	—
Clayton Hospital Clinic.	329	5	324	—	—
Leeds Infirmary Clinic.	145	—	9	134	2
Total ..	746	8	365	371	2

MATERNITY AND CHILD WELFARE.

1.—Supervision of Midwives.

During 1925, 20 midwives gave notice of intention to practice, all except two being trained midwives. 7 were midwives wholly engaged in institutional work, 4 at the Maternity Hospital, and 3 at the Poor Law Infirmary. One midwife, employed by the Corporation, works partly in the Maternity Hospital and partly on the district. Another midwife is employed by a firm to attend the wives of their employees. The usual inspections were made by the Medical Officer or his Deputy, and in no case was it found necessary to take any disciplinary action beyond warnings in a few minor matters. I consider the midwifery service in Wakefield quite good. The only drawback is the unequal distribution of the midwives throughout the City, some districts having a surplus and others none at all. An effort is now being made (1926) to get midwives to reside on the new housing estates at Portobello and Lupset. There is also need for another in the Alverthorpe district.

40 notifications of sending for medical help were received from midwives in respect of home confinements (17 per cent.).

The reasons for sending for medical help were given as follows :—

Delayed labour	11	Prolapse of Cord ..	2
Premature Baby ..	5	Mother poorly and Baby Feeble	1
Post Partum Haemorrhage ..	5	Spine	1
High Temperature and Delirium	4	Abortion	1
Ruptured Perineum ..	3	Imperforate Anus ..	1
Discharge from Eyes of Infant	2	Feeble Baby	1
Complicated Breech ..	2	Baby Ill	1

2.—General Arrangements made for promoting Maternal and Child Welfare.

(A). The Expectant Mother.

An ante-natal clinic is held at the Maternity Hospital every Friday afternoon, and is conducted by the Deputy Medical Officer of Health, with the assistance of the Matron and Staff of the hospital. The clinic is open to all expectant mothers, but as a matter of fact those who attend are mostly women who have booked for admission to the hospital. Of course cases booked with a doctor are naturally left to him for the necessary ante-natal supervision, but a few cases are sent each year to the Clinic by

doctors who wish a second opinion. The attention of midwives has been strongly directed to the importance of ante-natal supervision, and in a circular letter sent to all the Wakefield midwives in December, 1925, I wrote, *inter alia*, as follows :—

"I have also specially to draw your attention to Rule E. 1, "of the Rules of the Central Midwives Board which requires a "midwife, when engaged by a woman, to interview her patient, "and enquire as to her previous confinement, etc., and as to her "present condition. The Board is desirous that a midwife should "keep notes of ante-natal visits or interviews, and I should be "glad if you would have these notes available for examination "when your records are being inspected. As you know, Ante-"natal Care is now regarded as a matter of the greatest importance "in connection with pregnancy and confinement, and I would "strongly urge that you recommend medical advice in all cases "where there has been any trouble in past pregnancies or confine-"ments, or where there is any deviation from the normal in the "present pregnancy. If the patient does not wish to consult "a doctor privately, she should be recommended to attend at "the Ante-natal Clinic at the Maternity Hospital any Friday "afternoon at 2-30 p.m., where she can be examined free of cost. "If you do send a patient of yours to the Ante-natal Clinic, please "send a note with her, and the Medical Officer who sees the patient "at the Clinic, will communicate to you any information or advice "which he thinks necessary. The work of the Ante-natal Clinic "is not at all confined to women who are being admitted to the "Maternity Hospital, but is available for any woman who is "not under the care of her own doctor. Attendance at the "Ante-natal Clinic of the Maternity Hospital does not in any way "involve admission to the Maternity Hospital, and as regards "any patient sent by you, admission to the hospital would only "be recommended by the Medical Officer where he thinks that "owing to some complication, a woman could be more safely "delivered in the Hospital, but even in this case, you would first "be communicated with."

So far as I can gather not much Ante-natal work is yet being done by the midwives. Certainly very few refer cases to the Maternity Hospital. It is however, true to say that the medical profession itself is only wakening up to the great possibilities of Ante-natal Care, and it is mostly those who have been associated with Ante-natal Clinics, and who have seen and been impressed by the results of the work that are really enthusiastic on the subject. For my part, having watched and taken a small part in the work in a clinic for some years, I am convinced that a

great proportion of the accidents and dangers of confinements could be avoided or mitigated by early recognition and timely action, whilst skilled advice can often relieve the minor ailments that worry the life of the expectant woman. Since our ante-natal clinic has been fully established serious complications have but seldom arisen at the confinements of women who have regularly attended the Clinic, and only when operative action was inevitable, and this could always be done under the best possible conditions. There were during 1925, 3 deaths in the Maternity Hospital, directly due to pregnancy, and all 3 might possibly have been saved by ante-natal examination and suitable action. As a matter of fact they were admitted as emergency cases in a hopeless condition.

Statistics of Ante-natal Clinic, 1925.

During the year 369 expectant mothers attended, 355 being new cases, and the total attendances were 752. The following table shews the age groups of the new cases :—

Age.	Primiparae.	Multiparae.
Under 20 years ..	15	2
Between 20—25 ..	61	51
,, 25—30 ..	41	74
,, 30—35 ..	17	53
,, 35—40 ..	4	26
,, 40—45 ..	1	10
Total ..	139	216

The subjoined list shews the complications, etc., which required treatment :—

Lung Diseases	34	Albuminuria	22
Syphilis	1	Varicose Veins	46
Gonorrhoea	1	Constipation	41
Oedema	21	Haemorrhoids	8
Leucorrhoea	7	Anorexia	6
Prolapse	2	Skin Diseases	3
Anaemia	10	Indigestion and Vomiting	20
Small Pelvis	14	Neurosis	4
Contracted Pelvis ..	9	Bad Teeth	19
Sleeplessness	6	Neuritis	2
Heart Diseases	4	Tumours	2
		Affections of Breast and Nipple	29

The two cases of abdominal tumour were transferred to the Clayton Hospital. The case of syphilis was treated at the Clinic and the woman who had had previously 3 still-born children was delivered of a living and apparently healthy child.

Ante-natal Work of the Health Visitors.

Very great assistance in this Ante-natal work is given by the Health Visitors who frequently come across expectant mothers, visit them at home and refer them to the Clinic or Centres when necessary. Altogether 372 visits were made to the homes, 146 being primary visits. 70 expectant mothers also attended the Child Welfare Centres during the year, the total number of visits being 231. The Health Visitors also refer necessitous cases to the Babies Welcome Committee, and the Corporation's scheme for the supply of milk is also available for expectant mothers who come within the scale of income fixed by the Council.

(B). Notification of Births.

Under the Notification of Births Act, 1,131 births were notified.

	Attended by Midwives.	Attended by Doctor.
Home Cases	236	587
Institutional Cases ..	250	58
Total ..	486	645

80 of the births occurring in 1925 were not notified, or 7 per cent., and with one exception all had been attended by doctors. In 1924 the percentage of unnotified births was 12. In July an advertisement was inserted in the local paper drawing attention to the provisions of the Act, and in all cases, where the birth is not notified an explanation is asked from the father. It now seems likely that the proportion of unnotified births will be still further reduced.

(C). Municipal Maternity Hospital.

The Maternity Hospital, situated in Blenheim Road was a private residence adapted for hospital purposes, and was opened in April, 1919. The building stands in an acre of ground, and comprises 4 wards with 16 beds, a labour room used also for

operations, a room used as an ante-natal clinic and accommodation for part of the staff. Sleeping accommodation for 4 nurses is provided outside the hospital. The hospital is under the administrative charge of the Medical Officer of Health, and the staff includes a consulting surgeon (Dr. J. W. Thomson), a Matron (Miss Morton) a Sister, 2 Midwives (one of whom attends district cases) and 6 pupil midwives. The Hospital is recognised by the Central Midwives Board as a training school for midwives, and Dr. Thomson and Miss Morton are approved teachers. The hospital is provided for two classes of mothers, namely, those (1) with unsatisfactory home conditions, and (2) those in whom some complication or disorder of pregnancy has occurred or is feared. All varieties of cases are admitted. The fees charged are a confinement fee of 15/- and 3/- per day for maintenance, along with the fees for surgical assistance, when this has been required. The latter fees are those fixed by the Ministry of Health for medical practitioners called in by midwives, and a special fee of £5 5s. for the operation of Caeserian Section. (A new scale of fees came into operation on 1st April, 1926). By arrangement with the West Riding County Council and the Councils of Ossett, Castleford and Pontefract, cases from these districts are admitted when there is accommodation available.

Since the hospital was opened some 1,497 women have been admitted.

1919	.. 62	1923	.. 229
1920	.. 188	1924	.. 265
1921	.. 261	1925	.. 282
1922	.. 212		

The hospital has established itself as an indispensable factor in the health services of the City, and women continue in increasing numbers to avail themselves of the facilities provided. In fact the hospital is not infrequently overcrowded and the Corporation has been compelled to consider the question of an extension.

During 1925, 282 cases were admitted, including 58 from outside the City, and 276 deliveries took place. 31 (including 11 from outside) were emergency cases. 222 of the deliveries were attended by midwives, and 54 by medical men.

Medical aid was required in connection with 82 cases (29 per cent.), as follows :—

(*a*) Ante-natal 8	..	4 Eclampsia.
		1 Ectopic Gestation.
		1 Cystitis.
		1 Heart Disease.
		1 Dead Foetus (afterwards induction).

(*b*) During Labour 54	.. ..	37 Forceps Cases (13 per cent.). 2 Prolapsed Cord. 4 Breech Presentations. 2 Transverse Lies. 9 Caeserian Section.
(*c*) After Labour 8	.. ..	1 Bronchitis. 1 Breast Abscess. 2 Ruptured Perineum. 1 Mental Symptoms. 1 Phlegmasia Alba Dolens. 1 Measles. 1 Rheumatism.
(*d*) For Infant 12	.. .. ..	4 Premature Birth. 1 Haemorrhage from Umbilicus. 1 Skin Eruption. 2 Abscesses of Skin. 3 Feeble Babies. 1 Cyanosed Baby.

The 9 Caeserian Section operations were done in 6 instances because of contracted pelves, and in 3 because of other forms of obstructed labour. Two of these patients died, but both were admitted only after unsuccessful attempts to deliver them had been made outside, and after a condition of severe shock and exhaustion had been reached.

In 4 instances the temperature rose over 100·4° F. for 24 hours on account of mastitis, phlegmasia alba dolens, rheumatism and bronchitis. There were no cases of puerperal fever, ophthalmia neonatorum, nor pemphigus neonatorum. There were 4 maternal deaths (1·5 per cent.), 2 being due to exhaustion following Caeserian Section for contracted pelvis, 1 from Eclampsia (undelivered) and 1 from Valvular Heart Disease. All were admitted as emergency cases. There were 14 still born children, and 12 children died within 10 days of births (7 from prematurity, 4 from congenital debility, and 1 from spina bifida).

The average duration of stay in hospital was 15 days.

District Cases.

During the year 28 confinements were attended at the homes by a midwife from the hospital. This district work is necessary in connection with the training of pupil midwives.

Training of Pupil Midwives.

During 1925, 13 pupils received a course of training of 6 months each. Of these 7 passed the examination of the Central Midwives Board, and 3 had not at the end of the year, entered for the examination.

(D) Health Visiting and Child Welfare Centres.

There are 5 Health Visitors employed by the Corporation, and each also carried out in her own district the work of school nurse and tuberculosis nurse, likewise attending at the Tuberculosis Dispensary and supervising mental defectives. It is estimated that the school work (excluding the Clinic) requires the services of two nurses, the tuberculosis work, that of one, leaving 2 Health Visitors for Maternity and Child Welfare Work. In the accepted scale of one Health Visitor to 300 births, our staff would require to be increased by at least one Health Visitor. When one considers the amount of time spent by the Health Visitors in all sorts of ancillary work (*e.g.*, inquiry into applications for milk, selecting children for convalescent and holiday homes, giving nursing assistance, visiting cases of infectious disease, inquiring into still births, and infantile deaths, etc.) it is obvious that the time actually available for health visiting is not so ample as it ought to be. Still by dint of application a very considerable amount of visiting was carried out as shewn in the following table, which also includes visits made in connection with school and tuberculosis work.

VISITS OF HEALTH VISITORS, 1925.

Infant Visiting	Primary Visits	1068
	Re-Visits (under 1 year) ..	6689
	Re-Visits (1—5 years) ..	3830
		11587
Expectant Mothers	Primary Visits	146
	Re-Visits	226
		372
Visits *re* Still Births		37
Visits *re* Midwives		—
Attendances at Child Welfare Centres		284
Attendances at Tuberculosis Dispensary		154
Visits to Tuberculosis Patients		973
Attendances at Medical Inspection of School Children ..		370
Number of Visits to Schools		781
Number of Examinations in Schools *re* Cleanliness ..		14338

Number of Examinations in School *re* Treatment ..	533
Number of Home Visits *re* Infectious Disease	210
Number of Home Visits *re* Contagious Diseases	91
Number of Home Visits *re* Verminous and neglected Children	126
Number of Home Visits *re* Treatment	1519
Number of Home Visits for Other Purposes	689
Total number of Home Visits *re* School Children ..	2590
Home Visits *re* Mental Defectives	147
Visits for Purposes of Nursing	200
Miscellaneous Visits	826
Total number of Home Visits (all purposes)	19367

Child Welfare Centres.

There are 6 Child Welfare Centres provided by the Corporation, but in the working of which assistance is rendered by the Babies' Welcome. The following are the particulars of these Centres :—

Situation.	When open.	Doctor Attending.	Health Visitor in charge.
Wesleyan Sunday School Rooms, Batley Road, Alverthorpe.	Every Thursday, 2-30—4-30 p.m.	Deputy Medical Officer.	Mrs. Paver.
The Homestead, Alverthorpe Road.	Every Wednesday 2-30—4-30 p.m.	Deputy Medical Officer.	Mrs. Paver.
Primitive Methodist Chapel Sunday School Rooms, Market Street.	Every Monday, 2-30—4-30 p.m.	Deputy Medical Officer.	Miss Thorp.
Wesleyan Sunday School Rooms, Stanley Road.	Every Monday, 2-30—4-30 p.m.	Deputy Medical Officer.	Miss Staniforth
Mission Room, Mark Street, Thornes Lane.	Every Wednesday 2-30—4-30 p.m.	Deputy Medical Officer.	Miss Cameron.
Primitive Methodist Sunday School Rooms, Doncaster Road.	Every Tuesday, 2-30—4-30 p.m.	Medical Officer of Health.	Miss Knox.

Number on Registers, 1925.

Centre.	Mothers.	Infants.	Children. 1—5.	Expectant Mothers.
Homestead	150	137	30	8
Market Street.. ..	183	125	95	12
Eastmoor	124	116	34	8
Belle Vue	157	136	43	18
Thornes Lane ..	156	125	76	12
Alverthorpe	68	63	28	12
Total ..	838	703	306	70

Attendances.

Centre.	Mothers.	Infants.	Children. 1—5.	Expectant Mothers
Homestead	1351	1081	728	38
Market Street.. ..	2140	1514	964	76
Eastmoor	1538	1158	617	20
Belle Vue	1619	1169	669	47
Thornes Lane ..	1936	1512	779	29
Alverthorpe	598	410	331	21
Total ..	9182	6844	4088	231

In carrying out the working of these Centres, we still remain deeply indebted to the voluntary workers of the Babies Welcome for much substantial assistance. I have still to deplore the lack of a principal Child Welfare Centre, and I also regret that so far nothing definite has been done to provide premises suitabl for Centres at the new housing estates of Portobello and Lupset. These estates are rapidly becoming small towns with a considerable child population, and I do earnestly urge that something should be done to provide on them the facilities for carrying out the important health services connected with Child Welfare. I would also recommend the provision of an Ultra Violet Ray apparatus for use both in connection with Child Welfare work and also amongst the older children. I am satisfied of the great value of this form of treatment in many maladies, *e.g.*, rickets, especially in the earlier stages, when the treatment may be regarded as preventive rather than as curative. The apparatus used at

the Clayton Hospital is being used to the full extent as a curative agency, and we want now to develop this form of treatment mainly on preventive lines.

INFANT FEEDING.

	Infants born 1924.	Percentage.
Wholly breast-fed for 6 months or longer	691	76·8
Wholly breast-fed for periods less than 6 months, but more than one month	62	6·8
Combined breast-fed and artificial feeding for periods of six months or longer	46	5·2
Combined breast and artificial feeding for periods of less than six months, but more than one month ..	22	2·5
Artificially fed from one month or earlier	78	8·7
Total ..	899	100·0

The above table is based on the records of 899 infants born in 1924, and kept under supervision for 12 months. It shews that nearly 77 per cent. of these infants were wholly breast-fed for at least 6 months, as compared with 68 per cent. in 1924, and 70 per cent. in 1923, and 76 per cent. in 1914. It is disappointing to note that the proportion of breast feeding remains much the same as it was before the War, notwithstanding the continued efforts to increase it. Undoubtedly breast feeding is the proper method and does eliminate many risks attendant on artificial feeding. On the other hand the increased use of dried milk has probably neutralised some of the bad effects of artificial feeding.

SUPPLY OF MILK FOR INFANTS AND MOTHERS.

The Corporation continued during the year to supply Dried Milk for the use of infants and expectant and nursing mothers as empowered by the Milk (Mothers and Children) Order, 1919, and amending Orders, and in conformity with the income scale fixed by the Corporation, and set out in my Annual Report for 1919. All applications for milk are carefully investigated and reviewed periodically.

The quantity supplied amounted to over 89 cwts., and was given out as follows :—

Sold at Cost Price	5,340 lbs.
Sold at Half Price	813 ,,
Sold at Quarter Price	761 ,,
Supplied Free..	3,111 ,,
	10,025 ,,

The cost to the Corporation for dried milk given or sold at less than cost price, amounted to £271 8s. 3d.

80 packets of Lactogal were also given out during the year, 48 being sold at cost price, and 32 given free.

CONVALESCENT HOME FACILITIES FOR MOTHERS.

During last summer the Wakefield Rotary Club with the assistance of several friends outside sent 17 " tired " mothers to a home in Harrogate for a fortnight each, and a few mothers were sent by the Babies Welcome to St. Anne's Convalescent Home, Bridlington. The good which these mothers derived through the kind and thoughful offices of the organisations mentioned is incalculable and probably the change and rest saved several from a permanent break down in health. It would be well if more attention was paid to the needs of the poor hard working mother who rarely gets a holiday or even a break from her daily round, and on whose shoulders rests the main burden of the well being of the family.

3. INCIDENCE OF CERTAIN INFECTIOUS DISEASES OF CHILDREN AND PARTURIENT MOTHERS.

Measles.

Measles was less prevalent than in the previous year. 100 cases were notified under the local notification order which only applies to children under 5 years of age, and so far as doctors are concerned only to the first case which occurs in a house. 99 cases were notified by doctors and 1 by parents. In addition 15 cases under 5 years were discovered by the Health Visitors making a total of 115 cases. The number of cases reported through the schools was 137. There were 3 deaths from measles, and all under 5 years of age, equal to 2·7 per cent. of the cases notified or ascertained, and equal to a death rate of 0·06 per 1,000 of the population, as compared with 0·17 in 1925, and 0·13 in England and Wales.

Whooping Cough.

Under the local Notification Order (which applies to the same class of children as Measles) 52 cases of Whooping Cough were notified by doctors, 4 by parents and 6 were discovered by the Health Visitors, making a total of 62. 193 cases were reported through the schools. There were 7 deaths, all children under 5 years of age, equal to 11·3 per cent. of the cases notified and ascertained and equal to a death rate of 0·13 per 1,000 as compared with 0·13 in 1925, and 0·15 in England and Wales.

Ophthalmia Neonatorum.

3 cases of Ophthalmia Neonatorum (purulent inflammation of the eyes of the new born) (0·29 per cent. of the births) were notified as compared with 6 in the previous year, 11 in 1923, 19 in 1922, and 13 in 1921.

Cases.			Vision Un-impaired.	Vision Impaired.	Total Blindness.	Deaths.
Cases Notified.	Treated.					
	At Home.	In Hospital				
3	1	2	3	—	—	—

In two cases the confinement had been attended by a doctor and in one by a midwife. In one of the cases the gonococcus was found in the discharge. The treatment of the home treated cases was carried out by the Health Visitors.

Puerperal Fever.

There were 5 cases of puerperal fever notified (0·38 per cent. of the births) as compared with 4 in each of the two preceding years. 3 of the confinements were attended by midwives, and two by medical men, all at the patients' homes. 4 of the cases were removed to hospital. There were 3 deaths.

Infantile Mortality.

The number of infantile deaths (*i.e.*, the deaths of infants under one year of age) was 74 (36 males and 38 females) giving an infantile mortality of 70 per 1,000 births, as compared with 90 in 1925, and 100 the average for the preceding 10 years. The infantile mortality of England and Wales for 1925 was 75 and of the great towns in which Wakefield is included it was 79. The infantile mortality in the various Wards was as follows—Kirkgate 40; Eastmoor 49; Calder 51; St. John's 54; Sandal

57; Northgate 65; Primrose Hill 74; Alverthorpe 77; Belle Vue 91; South Westgate 97 and North Westgate 103. There were 5 deaths of illegitimate infants equal to an illegitimate infantile mortality of 122 per 1,000 illegitimate births as compared with 68 per 1,000 amongst the legitimate infants. The principal causes of infantile deaths were Prematurity (20 per cent.) Diarrhoea, Enteritis and Gastritis (20 per cent.), Congenital Malformations (12 per cent.), Pneumonia (10 per cent.) and Atrophy Debility and Marasms (9 per cent.). The neonatal mortality (*i.e.*, the mortality during the first month of life) was 31 per 1,000 births as compared with 34 in 1924 and 41, the average for the preceding 5 years. 30 per cent. of the infantile deaths occurred during the first week of life, 45 per cent. during the first month of life, and 76 per cent. during the first six months of life.

The considerable reduction in the infantile mortality is positive proof of the practical value of the various efforts—municipal and otherwise—made to improve the conditions of child life. Not only is the rate the lowest for the City, but for the first time on record it is lower than the rate for England and Wales. I remember suggesting some twenty years ago that the Corporation should seek to achieve an infantile mortality of 100, and this was considered by some an impracticable ideal. An infantile mortality of 70 would certainly have been considered an impossibility, and now that we can achieve an infantile mortality of 40 in Kirkgate, and of 49 in Eastmoor, I do not see any reason why we should not set about securing an infantile mortality of 40 for the whole City. It will be noted that the brunt of the infantile mortality falls on the earlier periods of the first year, and that nearly one-third of the deaths occur during the first week of life, and nearly a half during the first month of life. A large proportion of the deaths during the first few weeks of life are due to prematurity and congenital defects. Although this neo-natal mortality as it is called is falling somewhat, no doubt it could be further lessened by increased antenatal care and supervision. There were 5 maternal deaths due to diseases and accidents of pregnancy and child birth giving a death rate of 4·8 per 1,000 births as compared with 3·8 in 1924, and 5·97 the average for the preceding 10 years. The causes of the maternal deaths were certified as Puerperal Fever (3), Placenta Praevia and Nephritis (1) and Caeserian Section, and Exhaustion following intestinal stasis (1). Two of the deaths occurred in the Clayton Hospital, one in the White Rose Hospital, one in a private nursing home, and one at home. A maternal mortality of 5 per 1,000 births cannot be regarded as satisfactory notwithstanding the fact that it is below our own average. The corresponding rate for England and Wales in 1924 was 3·7, and even this is higher than it ought to be.

MENTAL DEFICIENCY.

At the end of 1925 there were 9 persons (6 males and 3 females) detained in Institutions under Orders made under the Mental Deficiency Act, and there were 28 persons (10 males and 18 females) who had been certified as mental defectives, and who continued to reside at home. The latter were kept under regular supervision, but inasmuch as none of them had been sent to Special Schools before attaining the age of 16 years, the supervision was not strictly speaking, statutory supervision. During the year a circular letter was sent to all persons likely to hear of cases of mental deficiency asking them to report all suspected cases. A few such cases were reported, but on investigation none were found to be cases that could be dealt with under the Act. The usefulness of the Act appears to me to be hampered by the restricted schedule of conditions under which the local Authority can take action. This is particularly felt in Wakefield where there is no Special School for Mental Defectives, and where owing to the inability to get places very few children are sent to residential schools. The result is that nearly all the mental defectives escape control at the age of 16 years, and it is impossible for the local Authority to deal with them after that age unless they commit some crime or otherwise bring themselves within the few specified conditions laid down in the Act. At the end of 1925 there were 48 mentally defective children between the ages of 7 and 16 years, and only two of these were in special schools. During the year 5 cases had attained the age of 16 years, and none of these could be dealt with under the Act. During 1926 13 more will attain the age of 16, and similarly will pass beyond legal control. In order to deal properly with the problem of mental deficiency it is necessary to have a local special school for mental defectives coming under the jurisdiction of the Education Authority, and accommodation in an institution for defectives coming within that of the Mental Deficiency Authority. The latter Authority has already made arrangements with Bradford Corporation for the use of 20 beds in the new institution which Bradford is building, but, although Wakefield will actually have enough defectives to occupy the accommodation, there will be a difficulty in doing so because so few of the cases have attended a special school, and become legally qualified to be sent to Bradford.

In October, 1925, an Occupation Centre for Mental Defectives was opened in the old Soup Kitchen premises in Almshouse Lane by the Social Service Council, acting on behalf of the Mental Deficiency Authority, which with the help of the Board of Control finances the scheme. The Centre has been open on two sessions a week, one session for boys and one for girls, and has been so

successful that in 1926 the number of sessions was doubled. The Centre opened with 4 girls and 4 boys, and altogether 8 boys and 6 girls have attended. Various handicrafts, such as leatherwork and rug making are taught at the Centre, and everything possible is done to draw out the latent capacities of the defectives and to create new interests in life. Children who in the ordinary school have been dull and dispirited have under the vivifying influences of the Centre wakened up into quite bright and happy persons, and it is not unlikely that some of them, who previously were considered hopeless, will be able in time to enter ordinary employments, although they will continue to need supervision. The success of a Centre like this depends almost entirely on the personality of the supervisor, and we in Wakefield have been very fortunate in securing the voluntary services of so capable and enthusiastic a supervisor as Miss Holmes.