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CITY OF WAKEFIELD.

REPORT

ON THE

PUBLIC HEALTH

AND

SANITARY STATE

OF THE

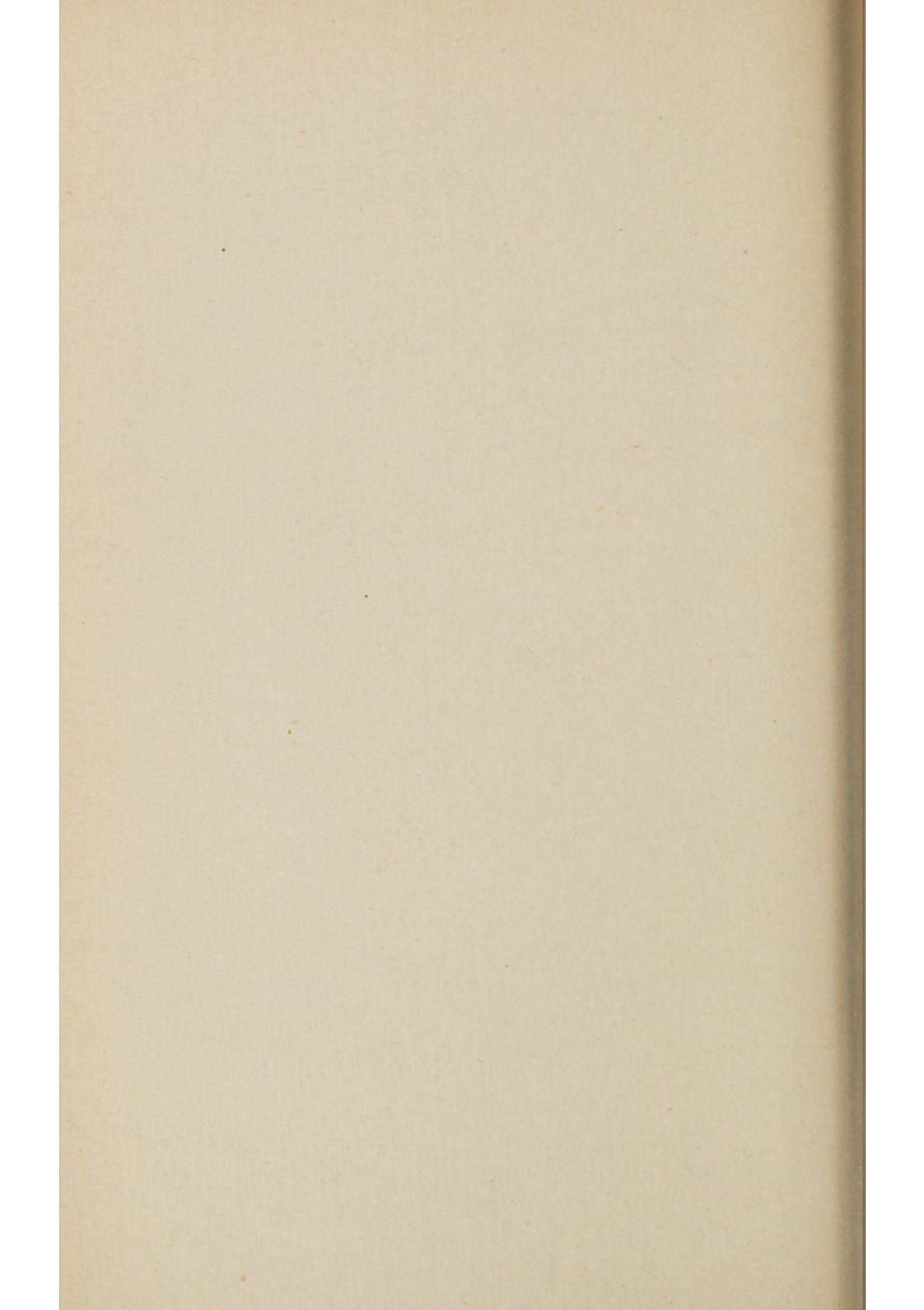
CITY OF WAKEFIELD

For the Year 1926,

BY

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

MEDICAL OFFICER OF HEALTH.



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MEDICAL OFFICER'S REPORT
for the Year 1926.

PUBLIC HEALTH DEPARTMENT,
TOWN HALL,
WAKEFIELD,

14th June, 1927.

*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 1926.

The Report has been compiled on the lines recommended in Circular 743 of the Ministry of Health and whilst not so exhaustive as the special Report of 1925, deals at least in statistical form with most of the activities of the Public Health Department.

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.

1.—GENERAL STATISTICS.

Area	4,971 acres.
Population (Census 1921)	52,891.
Population (Estimated at middle of 1926) ..	54,628.
Number of Inhabited Houses (1921) ..	11,252.
Number of Families or Separate Occupiers (1921)	11,491.
Rateable value	£338,665.
Sum represented by a Penny Rate	£1,292.

The Institutional Population at the middle of the year was 3,113, including 2,586 non-residents. The nett population, excluding non-residents is therefore 52,042, and this has been used as the basis for calculating the various rates given in this Report.

The natural increase of population (the excess of births over deaths) during 1926 was 353.

2.—EXTRACTS FROM THE VITAL STATISTICS OF 1926.

(1) **Marriages.**

402 marriages were celebrated equal to a marriage rate of 15·5 persons married per 1,000 of the population as compared with 17·8 in 1925 and 18·7 the average for the preceding 10 years. The number of marriages in 1926 was 62 less than that of 1925.

(2) **Births.**

Excluding 96 non-resident births, and including 19 resident births which occurred outside the City, the total number of births registered in the City was 1,025 (536 males and 489 females), giving a birth rate of 19·7 per 1,000 of the population as compared with 20·1 in 1925 and 20·3 the average for the preceding 10 years. The number of births in 1926 was 21 less than that of 1925. The Wakefield birth rate remains higher than that of England and Wales (17·8), 40 or 3·9 per cent. of the births were illegitimate.

Under the Notifications of Births Acts, 1,084 births were notified and of these 694 were attended by midwives and 390 by doctors. Of the 1,102 births registered in Wakefield during 1926, 67 (6 per cent.) were not notified. In every case where notification was overlooked, the confinement had been attended by a medical man. 332 of the resident births (30 per cent.) occurred in Institutions (277 in the Maternity Hospital, 45 in the White Rose Hospital, 5 in the West Riding Mental Hospital, 4 in Private Nursing Homes, and 1 in the Clayton Hospital). 11 district midwives attended the following number of confinements—96, 69, 57, 35, 34, 26, 8, 4, 3, 3, and 2.

40 district confinements were attended by a midwife from the Maternity Hospital. Included in the above notifications were 28 still births, 16 of which were attended by doctors and 12 by midwives. 33 interments of still-born children were reported from the City Cemetery, only 21 of which had previously been notified.

CAUSES OF, AND AGES AT, DEATH DURING THE YEAR 1926.

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 and over.
1		2	3	4	5	6	7	8	9	10	11
All Cases	{ Certified { Uncertified	672 —	87 —	16 —	21 —	13 —	22 —	79 —	193 —	138 —	103 —
Enteric Fever .. ..	..	2							2		
Smallpox .. ..	..	1		1							
Measles .. ..	..									
Scarlet Fever .. ..	..									
Whooping Cough .. ..	..	4		3	1						
Diphtheria and Croup .. ..	..	4			2	1	1				
Influenza .. ..	..	3					1		2		
Encephalitis Lethargica .. ..	..									
Meningococcal Meningitis .. ..	..									
Tuberculosis of Respiratory System .. ..	..	46					7	15	21	3	
Other Tuberculous Diseases .. ..	..	17	2	1	2	4	2	3	4		
Cancer, Malignant Disease .. ..	..	76						10	36	20	10
Rheumatic Fever .. ..	..	1						1			
Diabetes .. ..	..	7						3	1	3	
Cerebral Haemorrhage .. ..	..	56	1					5	21	19	9
Heart Disease .. ..	..	80				4		10	25	25	16
Arterio Sclerosis .. ..	..	25						1	7	10	7
Bronchitis .. ..	..	71	4	2	2			2	19	21	21
Pneumonia (all forms) .. ..	..	54	14	5	5	3	1	8	9	7	2
Other Respiratory Diseases .. ..	..	5						1	2	1	1
Ulcer of Stomach or Duodenum .. ..	..	8						3	4	1	
Diarrhoea, etc. (under 2 years) .. ..	..	18	15	2	1						
Appendicitis and Typhlitis .. ..	..	2						1	1		
Cirrhosis of Liver .. ..	..	1							1		
Acute or Chronic Nephritis .. ..	..	19			1		2	1	10	4	1
Puerperal Sepsis .. ..	..									
Other accidents and diseases of pregnancy and parturition .. ..	..	4				2	2				
Congenital debility and malformation, premature birth .. ..	..	39	39								
Suicide .. ..	..	3						2	1		
Other deaths from Violence .. ..	..	24	3	1	1		2	5	6	4	2
Other defined diseases .. ..	..	102	9	1	6	1	4	6	19	20	34
Causes ill-defined or unknown .. ..	..									
Totals .. ..	..	672	87	16	21	13	22	79	193	138	103
Sub-Entries included in above figures :—											
Broncho Pneumonia .. ..	..	28	11	4	4	2		1	2	2	2
Old Age .. ..	..	32							1	5	26
Syphilis .. ..	..	2	2								

(3) Deaths.

The total number of deaths registered in Wakefield during 1926, was 993, including 339 non-residents. 18 resident deaths occurred outside Wakefield. The number of resident deaths was 672 (387 males and 285 females), giving a death rate of 12·9 per 1,000 of the population as compared with 12·7 in 1925 and 14·7 the average for the preceding 10 years. The deaths in 1926 were 13 more than in 1925. The Wakefield death rate is 1·3 per 1,000 higher than that of England and Wales and of the County Boroughs and large towns (both 11·6). 218 (32 per cent.) of the resident deaths occurred in public institutions. All the deaths were certified.

The number and percentage of deaths at the various age periods was :—

Age period.			No. of Deaths 1926.	Percentage 1926.	Percentage 1925.
Under 1 year	..	..	87	12·9	13·1
1—2 years	..	..	16	2·4	3·6
2—5	..	..	21	3·2	4·4
5—15	..	..	13	1·9	2·1
15—25	..	..	22	3·3	5·1
25—45	..	..	79	11·8	13·7
45—65	..	..	193	28·6	26·4
65—75	..	..	138	20·6	20·5
Over 75 years	..	..	103	15·3	11·1

The following table gives some of the chief causes of death :—

Cause of Death.	No. of Deaths.	Males.	Females.	Percentage of total deaths in 1926.	Percentage of total deaths in 1925.
Respiratory Diseases					
other than Phthisis ..	130	88	42	19·3	20·3
Heart Disease ..	80	34	46	11·9	14·4
Cancer ..	76	42	34	11·3	8·0
Tuberculosis ..	63	36	27	9·4	8·0
Cerebral Haemorrhage ..	56	30	26	8·3	8·8
Congenital Debility, Malformations and Premature Births ..	39	22	17	5·8	4·5
Old Age ..	32	19	13	4·8	6·8
Violence (other than suicide) ..	24	16	8	3·5	4·5

The number of deaths from Respiratory Diseases, other than Phthisis, was 130 (88 males and 72 females), comprising 71 from Bronchitis, 54 from Pneumonia and 5 from other diseases, and giving a death rate of 2.49 as compared with 2.59 in 1925 and 2.93 the average for the preceding 10 years. Although these figures shew a slight improvement, Respiratory Diseases still remain the chief causes of death. The following table shews that the death rate from these diseases is highest in the winter and spring months. The deaths are given when they actually occurred as distinct from dates of registration.

Deaths from Respiratory Diseases in Months of 1926.

			Total.	Bronchitis.	Pneumonia	Other Respiratory Diseases.	
January	1st	20 15 14	10	9	1
February	Quarter		7	6	2
March	49		10	4	—
April	2nd	12 13 12	6	4	2
May	Quarter		8	5	—
June	37		5	7	—
July	3rd	5 5 5	4	1	—
August	Quarter		1	4	—
September	15		3	2	—
October	4th	6 14 10	3	3	—
November	Quarter		7	7	—
December	30		8	2	—
Total			..	131	72	54	5

There were 80 deaths from Heart Disease (34 males and 46 females), giving a death rate of 1.54 as compared with 1.83 in 1925 and 1.74 the average for the preceding 10 years. Over 80 per cent. of the deaths were of persons over 45 years of age. The number of deaths from heart disease in 1926 was 15 less than in the previous year.

There were 76 deaths from Cancer and other forms of malignant disease (42 males and 34 females), giving a death rate of 1.46 as compared with 1.02 in 1925 and 1.22 the average for the

preceding 10 years. There were in 1926, 23 more deaths from Cancer than in the previous year.

There were 63 deaths from Tuberculosis (all forms) (36 males and 27 females), giving a death rate of 1.21 as compared with 1.02 in 1925 and 1.4 the average for the preceding 10 years. There were in 1926 10 more deaths from tuberculosis than in the previous year.

There were 46 deaths from pulmonary tuberculosis (27 males and 19 females), giving a death rate of 0.88 as compared with 0.69 in 1925 and 1.12 the average for the preceding 10 years. There were in 1926, 10 more deaths from pulmonary tuberculosis than in the previous year. Of the 46, 28 had not received Sanatorium treatment and 18 had. The condition of these 18 on admission to the Sanatorium was as follows:—

Stadium I. and — T.B.	..	..	1
Stadium I. and + T.B.	..	..	3
Stadium II. and — T.B.	..	..	2
Stadium II. and + T.B.	..	..	11
Stadium III. and — T.B.	..	..	1

It will be observed that only 4 were assessed as early stage cases on the apparent extent of the lesion, and three of these had tubercle bacilli in the sputum, a fact which might quite properly exclude them from the category of genuinely early cases.

The Sanatorium treatment had been obtained in 1913 (1 case), in 1917 (2 cases), in 1919 (1 case), in 1921 (1 case), in 1923 (3 cases), in 1924 (4 cases), in 1925 (5 cases), and in 1926 (1 case).

All the cases except one had been notified and the following periods had intervened between the date of notification and the date of death:—

Under 1 month	..	..	..	6 cases.
1—3 months	..	..	..	8 „
3—6 „	..	..	..	8 „
6—12 „	..	..	..	5 „
12—18 „	..	..	..	3 „
18—24 „	..	..	..	4 „
24—48 „	..	..	..	1 „
48 months and over	..	..	..	10 „

It will be noted that half the deaths occurred within 12 months of notification. The unnotified case was one where the disease had been discovered at a post-mortem examination.

There were 17 deaths from non-pulmonary tuberculosis (9 males and 8 females), giving a death rate of 0·32 as compared with 0·33 in 1925 and 0·28 the average for the preceding 10 years. The number of deaths from non-pulmonary tuberculosis was exactly the same as in 1925 but is above the average. The 17 deaths comprised 11 from Tubercular Meningitis, 4 from Tubercular Peritonitis, 1 from Tuberculosis of the intestines, and 1 from General Tuberculosis. 9 of these cases had not been notified during life.

The number of deaths from the 7 principal zymotic diseases was 29 (18 males and 11 females), (Diarrhoea 18, Diphtheria 4, Whooping Cough 4, Enteric Fever 2 and Measles 1), giving a death rate of 0·56 as compared with 0·56 in 1925 and 0·75 the average for the preceding 10 years.

The number of children under 2 years of age dying from diarrhoea and enteritis was 18, giving a diarrhoeal death rate of 17·5 per 1,000 births as compared with 14·3 in 1925 and 11·0 the average for the preceding 6 years. The corresponding rate during 1926 in England and Wales was 8·7 and in the large English Towns 11·8. The number of infantile deaths (*i.e.*, under 1 year of age) was 87 (58 males and 29 females), giving an infantile mortality of 85 per 1,000 births as compared with 70 in 1925 and 94 the average for the preceding 10 years. The corresponding rate in England and Wales during 1926 was 70, and in the large English Towns 73.

The illegitimate infantile mortality was 132, or 57 per cent. higher than the legitimate rate.

The following are the rates in the various Wards :—

St. John's	123	Calder	78
South Westgate ..	123	Northgate	70
Sandal	114	Alverthorpe	69
Eastmoor	103	Primrose Hill ..	61
Kirkgate	81	Belle Vue	43

The principal causes of infantile deaths were Prematurity (26 per cent.), Gastritis and Enteritis (18 per cent.), Bronchitis (13 per cent.), and Atrophy, Debility and Marasmus (13 per cent.). The neo-natal mortality (*i.e.*, the mortality during the first month of life) was 40 per 1,000 births as compared with 31 in 1925 and 39 the average for the preceding 10 years. 39 per cent. of the infantile mortality occurred during the 1st week of life, 48 per cent. during the first month and 80 per cent. during the first six months.

There were no deaths from Puerperal Sepsis.

There were 4 deaths from Accidents and Diseases of Pregnancy, giving a maternal mortality of 3.9 per 1,000 births as compared with 4.78 in 1925 and 6.39 the average for the preceding 10 years.

The four deaths were as follows :—

1. 23 yrs. Obstructed Labour-Caesarian Section.
2. 25 yrs. Eclampsia (Post-Partum).
3. 37 yrs. Placenta Praevia. Ante-partum Haemorrhage.
4. 22 yrs. Chorea of Pregnancy.

The first 3 deaths occurred in the Maternity Hospital and the other in the Clayton Hospital.

The 24 deaths from violence included 1 death from Scalds (child 14 months) and one from burning (child 21 months). One child (2 days) was overlaid in bed. There were 7 deaths from motor and motor-cycle accidents, 6 being adults and one a child. There were no deaths from ordinary colliery accidents, but three from being buried whilst working in outcrops during the colliery stoppage.

There were 70 inquests held, 38 being in respect of residents and 32 of non-residents.

Remarks on the Death Rate.

The death rate for 1926 is very slightly higher than that of 1925, but it is well under the average for the preceding 10 years. In that sense it is satisfactory, but when compared with the death rate for the country generally it cannot be considered quite so satisfactory and the figures given above indicate plenty of room for improvement. The table giving the number of deaths at various age periods does reveal however one favourable tendency. It shews a decreased percentage of deaths in all age periods except in those over 45 years of age. The three advanced age periods all shew an increased percentage, particularly the most advanced of all, and altogether the figures are indicative of an improvement in the public health. Individuals must die sometime and the aim of public health work is to reduce the mortality in the periods of childhood, youth and middle life and to shift the incidence of death as far as possible on to the later years of life.

The mortality from Respiratory Diseases shews a slight improvement but still is unduly high.

In his Annual Report for 1925, Sir George Newman deals very fully with Mortality from Diseases of the Respiratory System

and in view of the high mortality from these diseases occurring in Wakefield, it may be useful to make the following extracts from this Report which form an excellent summary of our present knowledge on the subject.

“ In the Registrar-General’s Annual Report for 1913, there is
 “ a table shewing the rates of mortality from pneumonia in each
 “ type of administrative unit (County Boroughs, Urban Districts,
 “ Rural Districts) in the North, Midlands, and South of England
 “ and Wales. The rate of mortality varies from 613 per million
 “ living (males) in rural districts of the South to 1,808 in County
 “ Boroughs of the North, and Dr. Stevenson comments in these
 “ terms :—

‘ Apart from London, where it is fairly high, the mortality
 ‘ steadily decreases from North to South in all classes of area
 ‘ and in both sexes, the position of Wales being generally
 ‘ intermediate between the North and the Midlands. The
 ‘ range of mortality is extreme, being almost four times as
 ‘ great for males in the County Boroughs of the North as for
 ‘ females in the rural districts of the South, and three times
 ‘ as great when males alone are compared. Even when
 ‘ comparison is restricted to the same class of area in each
 ‘ case, the mortality of the North is in no instance very much
 ‘ less than twice that of the South. No doubt this depends
 ‘ to some extent upon industrial conditions, but these can
 ‘ scarcely explain the great difference between the North and
 ‘ the Midlands. Evidently Pneumonia is to a large extent
 ‘ a preventable disease, and the North of England has still
 ‘ much to learn with regard to its prevention. It is a striking
 ‘ fact that all these statements as to relative mortality, copied
 ‘ verbatim from the Report for 1912, apply equally to the
 ‘ year 1913.’

“ It is a not less striking fact that these remarks are applicable
 “ without any modification to the statistics of 1924, eleven years
 “ later. The death rate from pneumonia in each class of area
 “ in 1924 was substantially the same as in 1913. Allowance in
 “ changes in age and sex constitution of the districts would prob-
 “ ably modify the details, but there is little reason to suppose that
 “ the broad similarity would be affected; evidently pneumonia is
 “ to a large extent a preventable disease and the North of England
 “ has still much to learn with regard to its prevention. In a word,
 “ pneumonia is mainly a disease of industrial and urban districts,
 “ due to the total complex of town life.”

“ There is a popular impression, founded, like most popular impressions, upon a basis of fact, that respiratory diseases are favoured by harsh climatic conditions and it might be argued that the excessive mortality from pneumonia in the North of England in comparison with the South is due to the more severe climate, That this is not the whole of the explanation is suggested by many facts ” (which are detailed in the Report and later Sir George Newman refers to the factor of smoke pollution).

“ We cannot prove in a logical or convincing way that climate or the pollution of the atmosphere with smoke, dust and other ingredients, are directly murderous, but we know by experience that their presence is inimical to all forms of life, just as we know that sunlight and fresh, clean air are favourable to vitality and resistance to infection. *Every form of industrial or mechanical contrivance which either prevents or reduces pollution of the atmosphere is a contribution to the public health*, and this aspect of the problem calls for the continued and vigilant attention both of authorities, and those responsible for commercial concerns. But this is not all. There is needed an increase in the knowledge and practice of healthy living. Much can be done by personal prudence, by cleanliness, by exercise, by correct breathing, by domestic ventilation, and by the practice of individual hygiene.”

“ With regard to treatment of respiratory disease it is probable that at present much less is done than could properly be done. I do not refer to any specific medication. There is little or no reason to believe that at present, any specific drug treatment, or vaccine treatment is generally applicable, although in particular cases competent persons have believed that vaccines were of service. But what hardly anyone doubts is that in all the acute respiratory infections early and prompt medical treatment and competent nursing are of supreme importance. This implies rest, the maintenance of the patient's strength, the appropriate oxygenation of his blood, and the sustenance of his circulation. It is in the treatment of such cases that Sydenham's injunction to work with nature is peculiarly applicable. In the large number of cases where the balance between the forces of defence and attack is trembling, the avoidance of any unnecessary strain upon the defences may mean the difference between life and death. I do not think there is any doubt that during the great pandemic of influenza numerous lives were lost because, under the stress of war and the violence of the epidemic, provision for nursing was almost everywhere inadequate, and in some districts did not exist at all. As Dr. French remarked in the Ministry's report on the pandemic :—‘ From experience, extending over thousands of

“ ‘cases, the general conclusion was that the nursing was of
 “ ‘infinitely greater importance than the drugs administered.’ ”

“ Again, at the present time the effective provision of hospital
 “ accommodation for respiratory infections is proportionately
 “ inadequate. All over the country we have well-equipped hospitals
 “ built specifically for the purpose of treating infectious disease. In
 “ practice infectious disease has come to mean almost exclusively
 “ three infectious diseases :—scarlet fever, diphtheria, and small-
 “ pox, whilst the acute respiratory diseases go unprovided for.
 “ *The time has come when the whole question of using isolation*
 “ *hospitals to greater advantage calls for the consideration of local*
 “ *authorities, and it may well be that fuller regard should be paid to*
 “ *patients suffering from respiratory disease.* There can be no
 “ question that much of our respiratory mortality is reducible if we
 “ tackle the disease at its initiation and treat it promptly.”

The practical outcome of the foregoing is this. A good deal of respiratory mortality is due to climatic conditions beyond our control, but a good deal is due to conditions over which we have control. Wakefield has for instance a grossly-polluted atmosphere and this condition seriously inimical to the respiratory organs, can be removed. The unsatisfactory housing conditions is I believe another factor of importance and this defect can be removed. More adequate hospital accommodation can also be provided and this need should be kept in mind in connection with the proposals for a new municipal hospital. Education in the ways of healthy living will also prove another useful ally in reducing the scourge of lung diseases.

Heart disease continues to exact a heavy toll of life and besides entails a high rate of incapacity previous to the fatal termination. I have in recent reports advised you that recent work on the subject has opened out definite and practical lines of prevention and control particularly with regard to disease arising from rheumatic infection in childhood. The Special Committee of the British Medical Association which has been investigating this subject for the past two years has just issued a Second Report suggesting various lines of action, *e.g.*, the elimination of damp houses (a big job for Wakefield where there are so many old damp houses), the securing that children do not sit in school with damp feet and clothes, the recognition and treatment of children with diseased tonsils (a fertile source of rheumatic infection), the medical supervision of children with threatened or established signs of rheumatic infection and the provision of rest homes or hospital-schools for the necessarily prolonged treatment of early cases of rheumatic heart disease. The question of notification

is also discussed and a voluntary system is suggested. It appears that Acute Rheumatism (Rheumatic Fever) has been made compulsorily notifiable in one London borough, but while this may be useful, it does not cover all the conditions which may give rise to rheumatic heart disease and it would be difficult to bring all these conditions within a practicable definition, necessary for the purposes of compulsory notification. In any case, notification would not do much good, unless there was machinery available for affording practical help to the cases notified.

Cancer shews an unfortunate tendency to an increased fatality and it is to be hoped that the active propaganda which is now being carried out, will in some measure check and reduce the ravages of the disease. It can only do so by getting possible sufferers to seek medical advice at the earliest possible moment and while the total extirpation of the disease by the surgeon may yet be practicable.

The big drop in the tuberculosis mortality which occurred in 1925, made a rebound almost inevitable, and whilst one regrets having to record an increased mortality from phthisis in 1926, it still remains well under the average.

The infantile mortality too is higher than that of 1925, although it is under the average for the preceding 10 years. It is also higher than that for England and Wales and clearly there is room here for improvement.

On the other hand the maternal mortality has improved and is little more than half the average of the previous ten years. It is gratifying to report that there was not a single death from puerperal sepsis.

GENERAL PROVISION OF HEALTH SERVICES.

Hospitals provided or subsidised by the Local Authority.

A. (1) Fever Hospital in Park Lodge Lane.

The site is three-quarter acre in extent. The buildings are 50 years old, and unsatisfactory. There are 34 beds available, but on the standard floor space the accommodation would be reduced to 20 beds. There is no provision for isolating mixed infections or doubtful cases, there is insufficient accommodation for staff, the laundry is inadequate and there is no discharge block or porter's lodge. The Corporation has now decided, pending the decision of the Ministry of Health on a scheme for a new combined Fever Hospital and Sanatorium, to provide in the field adjoining the hospital a temporary building with 6 single-bedded wards and a small annexe to the administrative building containing 3 bedrooms and a sitting room for the nursing staff.

(2) Smallpox Hospital near Carr Gate.

This hospital belongs to the Wakefield and District Small-Pox Hospital Committee and contains 24 beds. It is used at present by the West Riding County Council as a Sanatorium. In the event of an outbreak of Smallpox, arrangements have been made for the first cases to be isolated in the Smallpox Hospital at Sherburn.

B. (1) Tuberculosis.

Mount Vernon Sanatorium, Barnsley, belongs jointly to the Corporations of Barnsley and Wakefield and provides 26 beds for each Authority for pulmonary tuberculosis only. There is no municipal provision for advanced cases.

(2) Maternity.

The Municipal Maternity Hospital in Blenheim Road accommodates 12 patients with 4 additional beds in an isolation ward. The hospital is frequently overcrowded and the question of enlarging the hospital or building a new and larger hospital is at present under consideration.

(3) Children.

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

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

There is no provision for the above other than that provided by the Board of Guardians.

Ambulance Facilities.

(1) For infectious cases a motor ambulance is provided at the Fever Hospital.

(2) For non-infectious and accident cases a motor ambulance is provided at the Police Station.

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 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 the 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. In January, 1927, an additional session for women and children held on Monday afternoons (4 to 6) was commenced.

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.

Name.	Qualifications.	Office held.
Robert Greenwood ..	Certificate of Royal Sanitary Institute for (1) Inspector of Nuisances and (2) Inspector of Meat and other foods.	District Sanitary Inspector. Inspector of Meat and other foods. Inspector under Housing Regulations.
James T. Briggs ..	Ditto	Ditto.
John C. Palmer ..	Ditto	Ditto.
Harold Parkinson ..	—	Assistant to Sanitary Inspector and Clerk.
Sarah S. Thorp ..	Certificate of Royal Sanitary Institute for (1) Inspector of Nuisances and (2) Maternity and Child Welfare and (3) Health Visitor and School Nurse.	Health Visitor. Superintendent Market St. Child Welfare Centre. School Nurse. Tuberculosis Nurse.
Margaret Cameron ..	C.M.B. Certificate. 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 Roland Staynes, Assistant Sanitary Inspector and Clerk left Wakefield, and Harold Parkinson was appointed in his place.

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.

During 1926, 21 Midwives gave notice of intention to practice, including 5 in the Maternity Hospital and 4 in the White Rose Hospital (Poor Law). One of the Maternity Hospital Midwives attended district cases. The municipal midwives are of course salaried, but apart from this no midwives were subsidised by the Corporation.

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.

The following Acts have been adopted :—

Infectious Diseases Prevention Act, 1890 (except Section 4, which is practically the same as Section 23 of the 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. Slaughterhouses, 1925.
8. New Streets and Buildings, 1926.
9. Houses let in lodgings, 1926.
10. Municipal Slaughterhouses, 1926.

2. SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply.

The water supply continues satisfactory. The additional new works referred to in my last Report are now in progress.

Rivers and Streams, Sewerage, etc.

Same as in last Report.

Closet Accommodation.

The closet accommodation in the City is as follows :—

Water Closets (including 396 trough closets)	.. .. .	11,050
Privies	.. .. .	376
Tub Closets	.. .. .	84
Number of Privy Closets converted into Water Closets during 1926	.. .. .	103
Number of additional Water Closets provided in connection with above	.. .. .	—
Number of Tub Closets converted into Water Closets during 1926	.. .. .	2
Number of additional Water Closets provided in connection with above	.. .. .	—
Number of Privy Closets in addition to above dispensed with	.. .. .	—
Number of Tub Closets in addition to above dispensed with	.. .. .	—
Total Privy Closets abolished	.. .. .	103
Total Tub Closets abolished	.. .. .	2

During 1926, 101 Privy Closets were converted into Water Closets under Section 39 of the Public Health Act, Amendment Act, 1907. The conversions were mainly carried out in the Agbrigg Road district of the City and the cost to the Corporation in carrying out these works was £622 17s. 6d. The policy of the Corporation is to secure the abolition of all, or nearly all the privy and tub closets within the next few years.

NUMBER OF PRIVIES AND TUB CLOSETS AT THE END OF 1926.

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 ..	10	11	10	11	—	—	—	—	11
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 ..	—	—	—	—	—	23	31	—	23
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 ..	95	174	94	186	1	—	—	—	174
Sandal ..	79	116	80	142	—	3	3	—	119
Whole City ..	226	376	224	408	6	84	92	9	460

SANITARY INSPECTION OF THE AREA.

SYNOPSIS OF SANITARY INSPECTION WORK, 1926.

	Inspections.	Re-Inspections.
Number of Inspections made	21179	3253
„ „ Complaints received	858	—
„ „ Complaints confirmed	627	—
„ „ Nuisances found	496	—
„ „ Informal Notices served	583	—
„ „ Statutory Notices served	89	—
„ „ Notices outstanding at end of 1926	4	—
„ „ Summonses issued	—	—
„ „ Premises where work was carried out by verbal notice or without notice	204	—
„ „ Letters sent	180	—
„ „ Matters referred to City Surveyor	112	—
„ „ Matters referred to Water- works Engineer	20	—

SUMMARY OF INSPECTION WORK.

Dwelling Houses.

Ordinary	761	488
<i>Re</i> Infectious Diseases	136	33
<i>Re</i> Housing and Town Planning Acts	386	585
Water Closets	271	367
Privies and Tub Closets	152	29
Ashplaces and Ashbins	263	318
Urinals	173	7
Yards and Courts	245	8
Dangerous Structures	1	—

Drains.

Inspections	396	253
Smoke Tests	132	—
Water Tests	—	—
Chemical Tests	2	—

Sewers, etc.

Ventilation	7	—
Street Gullies	83	1

	Inspections.	Re-Inspections.
Factory and Workshops, etc.		
Factories	4	4
Workshops (excluding Bakehouses)	84	4
Workplaces (including Restaurant Kitchens and Stables)	192	92
Bakehouses	60	12
Outworkers	2	—
Miscellaneous.		
Canal Boats	30	—
Van Dwellings	73	36
Common Lodging Houses	153	21
Houses Let in Lodgings	128	14
Cowsheds	142	21
Dairies, Milkshops and Milk Stores	176	5
Ice Cream Premises	97	5
Private Slaughterhouses	2786	—
Do. (re Special Notices)	145	—
Corporation Slaughterhouse	1413	—
Borough Market	143	—
Cattle Market	25	—
Butchers' Shops	449	—
Fishmongers' Shops and Stalls ..	261	—
Cold Storage	9	—
Offensive Trade Premises (including Fish Frying Premises)	282	11
Piggeries	29	21
Smoke Observations	469	—
Wells	1	1
Meetings with Owners and Tradesmen	1097	—
Special Visits	802	2
Visits under Rats & Mice Destruc- tion Acts	34	—
Visits to Houses of Entertainment ..	13	5
Miscellaneous (including Cesspools, Water Courses, Refuse Tips, etc.)	35	—

SUMMARY OF SANITARY IMPROVEMENTS CARRIED OUT UNDER PUBLIC HEALTH ACTS.

Dwelling Houses.

Cleansed or Limewashed	64
Overcrowding abated	13
Lighting improved	1
Ventilation improved	29
Roofs repaired	72
Eaves Spouts or Rain Water Fall Pipes repaired ..	92
External Walls, Chimneys, etc., repaired or re-pointed	32
Inside Walls, Ceilings, etc., repaired	13
New Floors laid or repaired	22
Doors repaired	6
Yards re-laid or repaired	5
Water Supply improved	2
Yards cleansed	5
Living Vans removed	6
Fireplaces, etc., repaired	25
Stairways repaired	5

Drains.

Opened out for inspection	64
Repaired	31
Re-constructed	77
Inspection Chambers constructed	18
Drains choked	1589
Drains cleansed by Corporation Drain Cleanser ..	1516
Drains cleansed by Owners	73
Drains or Drain Inlets inside Buildings removed ..	2
Drains ventilated	21
Disconnected from Sewers	29
Rain Water Fall Pipes disconnected from Drains or Sewers	1
New Drains provided	—

Accumulations removed.

Manure	47
Other	24
Manure Pits provided	10

Animals, Fowls, etc.

Nuisances abated	14
--------------------------	----

Ashbins, Ashplaces, etc.

Movable Galvanised Iron Ashbins renewed	132
Movable Galvanised Iron Ashbins provided in lieu of	
Dry Ashpits	64
Dry Ashpits abolished	32
Dry Ashpits repaired	21
Tub Closets or Privies with Ashpits repaired	—

Urinals.

Urinals cleansed or improved	11
New Urinals provided	—

Sinks.

New Sinks provided	27
Sink Waste Pipes trapped, renewed or repaired ..	35
Other Waste Pipes trapped, renewed or repaired ..	—

Piggeries.

Cleansed or improved	3
Swine removed	3

Cesspools.

Repaired or improved	—
Abolished	—

Water Closets.

Cleansed or limewashed	7
Repaired	123
Additional provided	3
Re-constructed	4

SUMMARY OF SANITARY IMPROVEMENTS CARRIED OUT UNDER HOUSING ACTS.

Dwelling Houses.

Lighting improved	1
Ventilation improved	92
Roofs repaired	80
Eaves Spouts or Rain Water Fall Pipes repaired ..	62
External Walls, Chimneys, etc., repaired or re-pointed	64
Inside Walls, Ceilings, etc., repaired	58
New Floors laid or repaired	66
Fireplaces, Ovens or Set Pots repaired	96
Washing Accommodation provided	—
Yards re-laid or repaired	—
Doors repaired	24

Food Stores provided or improved	..	..	..	3
Stairways repaired	..	..	..	12

Drains.

Repaired	..	..	..	..	..	..	4
Drains or Drain Inlets inside buildings removed	..						—
Rain Water Fall Pipes disconnected from drains or sewers	..	..	..	..	..	..	18

Sinks.

New Sinks provided	..	..	..	..	..	47
Sink Waste Pipes trapped, renewed or repaired	..					49
Other Waste Pipes trapped, renewed or repaired	..					—

Water Closets.

Additional provided	..	..	..	..	..	—
Repaired	..	..	..	..	..	29

Ashplaces.

Movable Galvanised Iron Ashbins renewed	..	..	6
Dry Ashpits repaired	..	..	5

ATMOSPHERIC POLLUTION.**Emission of Black Smoke from Industrial Chimneys.—1926.**

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	40-45
1	123	77	15	7	3	5	3	12	—	—	1	—	—	—	—
2	50	24	8	3	—	1	2	10	1	1	—	—	—	—	—
3	74	37	14	5	3	4	1	8	—	—	1	—	—	1	—
4	15	5	2	2	1	—	—	4	—	1	—	—	—	—	—
5	14	2	4	1	3	1	1	1	1	—	—	—	—	—	—
6	21	3	2	—	2	1	—	5	3	2	—	1	—	—	2
7	18	5	1	—	1	1	—	3	1	1	3	2	—	—	—

Year.	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	40-45
1923	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	—
1924	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	—	—
1925	318	52.2	12.2	10.6	9.6	3.4	3.4	5.0	1.5	0.6	0.9	—	—	—	—
1926	315	48.6	14.6	5.7	4.1	4.1	2.2	13.7	1.9	1.5	1.5	0.9	—	0.3	0.3

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

The above table shews that the records of black smoke emission for 1926, while better than those of 1924 and 1923, are not so good as those of 1925, and it is regrettable that the efforts made to secure a cleaner and a healthier atmosphere are not meeting with more success. The fact that we have a dirty atmosphere is patent to all and if we consult the last Report of the Advisory Committee on Atmospheric Pollution (1925-26), we will learn that of all the towns in England, Wales and Scotland using soot gauges and making returns, Wakefield is amongst those with the highest figures for total solids deposited. Wakefield is not quite as bad as Newcastle, Burnley, Liverpool and St. Helen's, but is worse than all the other towns including Leeds (one of whose gauges is in Hunslet). Of all the towns, Wakefield has the highest figures for sulphates and this fact has induced the British Non-Ferrous Metals Research Association to select Wakefield as one of the stations for testing the atmospheric corrosion of non-ferrous metals. A high percentage of sulphates is however not so much an indication of smoke pollution as of a high consumption of coal. It is to be hoped that the continued efforts of our local Smoke Abatement Advisory Committee and of the Regional Smoke Abatement Committee along with the operation of the new Smoke Abatement Act, which comes into force on 1st July, 1927, will do something to remedy something which is literally a blot on the City and a menace to the health and comfort of the inhabitants.

During the Session 1926-27, a Course of eleven lectures and demonstrations, six of them illustrated by lantern slides, was given at the Technical College to Stokers, by Mr. E. Dickenson, M.I., Mar.E., a member of the Wakefield Smoke Abatement Advisory Committee. The lectures were on the whole well attended and no doubt will prove useful.

COMMON LODGING HOUSES.

Number on Register at end of 1926.	For both Sexes.	For Men only.	Number of Persons registered for.
18	9	9	673

Defects.	Found.	Remedied.
Cleansing	7	7
Ventilation	5	5
Floors	2	2
Water Closets.. ..	9	9
Drains	3	3
Structural	9	9
Urinals	1	1

The accommodation at one of the common lodging houses was increased during the year by 28 beds.

The common lodging houses have been kept in a satisfactory condition during the year, except that for a period of the year, owing to a great influx of navvies to work on the railway extensions and at coal outcrop works, there was a certain amount of overcrowding.

HOUSES LET IN LODGINGS.

Number on Register at end of 1926	..	..	57
Number taken off during the year	..	..	2
Number put on during the year	..	..	9
Total accommodation (adults) at end of year	..	..	889

Defects.	Found.	Remedied.
Cleansing	8	8
Other Defects.. ..	6	6

During 1926 there was an increase of 9 houses, providing accommodation for 268 adults.

On 1st January, 1926, a new series of Byelaws respecting the control of Houses Let in Lodgings, came into operation. Byelaw No. 8 requires the occupier to furnish a statement for registration and inspection of such houses, and during the year 46 statements were received by the Health Department.

A special enquiry was made as to the suitability of the houses where application for registration was made during the year. It was ascertained in connection with this enquiry that the total number of families occupying Houses Let in Lodgings was 199 and this included 453 adults and 139 children. Only houses are included where a regular business of sub-letting is carried on, as it would be quite impracticable to deal with the multitude of houses where sub-letting occurs on a small scale.

ANNUAL REPORT of the Medical Officer of Health for the year 1926, 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) ..	4	—	—
Workshops (including Workshop Laundries) ..	84	5	—
Workplaces (other than Outworkers' premises)	192	—	—
Total	280	5	—

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	12	12	—	—
Want of Ventilation	1	1	—	—
Overcrowding	—	—	—	—
Want of Drainage of floors	1	1	—	—
Other Nuisances	7	7	—	—
Sanitary accommo- dation. { insufficient	2	2	—	—
{ unsuitable or defective	2	2	—	—
{ not separate for sexes	—	—	—	—
Offences under the Factory and Workshop Acts :—				
Illegal occupation of underground bakehouse (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.	1	1	—	—
Total	26	26	—	—

3.—Outwork in Unwholesome Premises, Section 108.

No premises have been dealt with under this Section.

4.—Registered Workshops.

Workshops on the Register (S. 131) at the end of the Year.	Number.
Bakehouses (Factories)	8
Bakehouses (Workshops) .. .	24
Dressmaking	12
Saddlery	3
Boot Repairing	20
Millinery	8
Upholstery	2
Tailoring	12
Joinery	12
Other Workshops	46
Total ..	147

HOUSING.

Number of New Dwelling-Houses Certified for Occupation during 1926.

Size of House according to Number of Habitable Rooms.	Total.	Built by Corporation.	Built by Private Enterprise.			With Baths.		
			Total.	Subsidy.	Non-Subsidy.	Total.	In Bath room.	In Scullery.
3 roomed ..	53	*46	7	3	4	53	45	8
4 „ ..	230	225	5	4	1	230	185	45
5 „ ..	123	107	16	—	16	123	123	—
6 „ ..	99	—	99	65	34	99	99	—
7 „ and over	8	—	8	—	8	8	8	—
Total ..	513	378	135	72	63	513	460	53

* The 46 three-roomed houses built by the Corporation were to replace houses demolished in the insanitary areas.

The new houses erected in each of the Wards is as follows :—

Alverthorpe ..	12	Kirkgate ..	—
North Westgate ..	261	Primrose Hill ..	—
(244 on Lupset		Calder ..	27
Municipal Estate).		Belle Vue ..	14
South Westgate ..	33	Sandal ..	157
St. John's ..	3	(134 on Portobello	
Eastmoor ..	5	Municipal Estate).	
Northgate ..	1		

The new Corporation houses included six specially constructed for phthisis patients and 5 of these were occupied by the end of the year. These houses, specially designed by Mr. Morris, the City Architect, were erected in pairs on the Portobello Estate, and were of the non-parlour type, containing living room, scullery, etc., on ground floor and 3 bedrooms on the first floor. The large bedroom (6 ft. by 12 ft.) is divided by a glazed sliding screen so that a portion of the room may be utilised as an open sleeping cubicle with casement windows opening the full width of 7 ft. 6 ins. These houses are intended for patients who have been through a course of sanatorium treatment and who, provided they are able to live under good conditions are likely to maintain the improvement secured through the sanatorium treatment. The special bedroom will enable the patient to sleep under open-air conditions throughout the year and although we have only as yet had a short experience of the use of the houses it does indicate that the erection of the

houses will be fully justified by the results and will justify the Corporation in the erection of more houses of the same kind.

During the year 112 houses were closed for demolition (57 in the Pincheon Street Insanitary Area, 50 in the Volunteer Yard Insanitary Area, 4 in the Westgate Insanitary Area and one in Dewsbury Road, voluntarily closed and demolished by the owner).

Remarks.

The marked acceleration in the rate of house building recorded for 1925 was continued in 1926, and excluding houses built to replace those closed in the insanitary areas, the Corporation in 1926 built 124 more houses than in 1925. The total increase over that of 1925 was 105 houses, because the houses built by private enterprise were in 1926, 19 fewer than in 1925. The Corporation is to be congratulated on the bold and successful way it has carried out its housing schemes, and I believe that the local record is second to none in the country. The acute shortage of houses which we have experienced since the War is now becoming to some extent relieved and the question of dealing with the old insanitary dwellings of the City now comes again to the front. In a recent Report to the Health Committee I made these observations :—

“ In my Annual Report for 1925 I described a certain class of “ inhabited property in Wakefield in the following terms :—

‘ 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 dwell-
‘ ings, 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.’

“ With the exception of the property dealt with under the improvement Schemes of Westgate and Pincheon Street most of this property has for the last 12 years and more been left severely alone. It has hitherto been impossible to close these houses because of the lack of houses to which the inmates could transfer themselves and the condition of the houses generally would not justify the requirement of repairs or alterations beyond those necessary to remedy actual nuisances. It seems to me however that the time has now arrived when the problem of these insanitary dwellings should again be considered, especially in view of the more plentiful supply of new buildings which are becoming available and which should at least indirectly facilitate the closure of the old, unhealthy ones. There are two ways of dealing with this insanitary property.

“ (1) By Improvement Schemes for unhealthy areas.

“ (2) By Closure and Demolition of individual houses.

“ An improvement scheme for an unhealthy area would recommend itself when there is a considerable amount of unhealthy property on an area, the general clearance of which would lead to a substantial public improvement. It is part of the improvement scheme that re-housing be provided and this requirement facilitates the closure of the houses. There are areas in Wakefield which could best be dealt with under this procedure, although the procedure is complicated and costly.”

“ The closure of individual houses is relatively simple and inexpensive, so far as the Local Authority is concerned but it possesses one great disadvantage. It does not make any automatic provision for the de-housed tenant, unless in the event of the Corporation adopting a re-construction scheme under Section 37 (a) of the Housing Act, 1925, and this is not likely to be often the case. I feel strongly that a beginning should be made to close unhealthy houses outside those localities scheduled as insanitary areas, but I am bound to point out the difficulty of re-housing the occupants of the houses which will be closed. The occupiers of these houses may be divided into three categories:—(1) those suitable financially and otherwise for municipal dwellings; (2) those suitable except financially; (3) those unsuitable in all respects. The first class could be provided for in the municipal dwellings although many no doubt would object to the rentals and in any case this category would not include a large proportion of the tenants. The second class are poor but respectable people who would make quite good tenants,

" but the rentals of municipal houses are far beyond their means
 " and the accommodation often more than they need. Some of
 " them are old people trying to eke out an existence on old age
 " pensions or poor law relief and I would suggest that there is a
 " great and increasing need of decent small houses suitable for such
 " people. In the meantime to turn these people out of the old
 " houses will mean in many cases driving them into the Workhouse.
 " The third class includes the undesirables, who cannot or will not
 " pay the rent of a decent house and who cannot be relied on to
 " keep house in a cleanly condition. Clearly it is no use proceeding
 " to close houses to any extent until the problem of re-housing the
 " tenants is faced and solved. Probably in time there will be a
 " general move upwards in the housing scale, but I do not think it
 " will ever be sufficient and certainly at present does not meet the
 " difficulty. It is worth considering, I think, whether it is practic-
 " able for the Corporation to build types of dwellings suitable for
 " these particular classes."

Since the foregoing Report was considered, the City Architect
 has been instructed to prepare plans for houses suitable for the
 aged.

I might also suggest that there is another class of the com-
 munity that needs special consideration and that is the newly-
 married. Here again for this class three-bedroomed houses are
 unnecessary and anything which would reduce the rental would
 encourage more marriages at reasonably early ages, which itself is
 all to the good of the public health. Under present conditions a
 considerable number of young married people commence their
 married life in the houses of their parents or in lodgings and
 undoubtedly much domestic trouble arises because these young
 people are unable to commence their married life in a house of
 their own.

The large housing estates of the Corporation raise problems of
 management which are in some ways related to sanitary adminis-
 tration. For instance there is the question of the maintenance of
 the houses in a sanitary and satisfactory condition. There should
 be somebody whose duty it is to see that the tenants are keeping
 their houses clean and free from unnecessary damage and who
 would see that necessary repairs are properly and promptly carried
 out. Such a person should have some knowledge of house con-
 struction and domestic sanitation, along with some training and
 experience in social work, and probably a woman would fulfil the
 requirements better than a man. Another problem is that of
 preserving the amenities of the estates. Perhaps this is not so
 much a sanitary matter as the other but after all our health is not

unaffected by our surroundings and beautiful and pleasant surroundings promote a cheerfulness which in turn promotes health. At Portobello and Lupset the Corporation possesses two large housing estates whose situation and lay-out are probably second to none in the Country and whose attractions should not only be preserved but should be enhanced as far as possible. The preservation of grass verges, the protection of the trees from damage, proper cultivation of the gardens, the avoidance of litter and rubbish around the houses, the general cultivation not only of "house pride," but of "estate pride," are all matters worthy of attention at the very outset. Here again an official of the kind suggested above might prove a useful factor not only by exercising direct personal influence but also by organising local Committees of tenants for the purpose of promoting and preserving the beautiful features of the estates. Personally I think such work could best be done by a woman trained and experienced as a Health Visitor and at the same time one who is endued with some business capacity, and in order to secure economy she might very well discharge all the duties of a Health Visitor, etc., in the estate or part of the estate allotted to her for general supervision.

HOUSING STATISTICS FOR 1926.

Number of New Houses erected during the year.

(a) Total (including number given separately under (b))	513
(b) With state assistance under the Housing Acts—	
(I.) By the Local Authority	378
(II.) By other bodies or persons	72

1.—Unfit Dwelling Houses.

Inspection—

(1) Total number of Dwelling Houses inspected for Housing Defects (under Public Health or Housing Acts)	1147
(2) Number of Dwelling Houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910, or the Housing Consolidated Regulations, 1925)	386
(3) Number of Dwelling Houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	15
(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	285

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	540
---	-----

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	13
(2) Number of Dwelling Houses which were rendered fit after service of formal notices :—	
(a) By owners	13
(b) By Local Authority in default of owners ..	—
(3) Number of Dwelling Houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ..	—

B.—Proceedings under Public Health Acts.

(1) Number of Dwelling Houses in respect of which notices were served requiring Defects to be remedied	91
(2) Number of Dwelling Houses in which Defects were remedied after service of formal notice :—	
(a) By owners	91
(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	1
(2) Number of Dwelling Houses in respect of which Closing Orders were made	1
(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	—

Fitness of Houses.

(1) The general standard of housing has already been described (see Report for 1925).

(2) The general character of defects found is indicated by the following table, which enumerates the different defects found during an inspection of 386 houses which were mostly of a poor class, but not situated in the scheduled insanitary areas :—

Dilapidated	90	With water closet	
Damp	112	defects	19
With defective lighting	14	With tub closets or	
With defective		Privies	—
ventilation	93	With ashplaces or	
Dirty	6	ashbin defects ..	30
With drain and sink		With yard surface	
defects	151	defects	1
		With nuisance from	
		keeping of animals	
		or poultry ..	—
		With other nuisances	
		or defects ..	150

INSPECTION AND SUPERVISION OF FOOD.

The Milk Supply.

The supervision of the milk supply was continued on the same lines as described in the 1925 Report and the conditions remain much the same. The quality of the milk supply and the conditions under which milk is produced have decidedly improved of late years, although there still remains room for improvement, especially in the methods of production. The Milk and Dairies Order, 1926, which came into force in October, 1926, makes regulations *inter alia* with regard to (1) Registration of Cowkeepers, etc.; (2) Health and Veterinary inspection of dairy cattle, and (3) Protection of milk against infection and contamination. The important feature of the new Order is the emphasis laid on cleanly methods of production and transport and the Inspectors are making every effort to get the new requirements complied with. The success of the milk industry depends on producing a clean and safe article; and one which the medical profession can confidently recommend to the public. Milk is a valuable food, relatively a cheap food and for some classes of the population, *e.g.*, children and infants an essential food and yet in Wakefield the average consumption of milk is about one-third of a pint daily. In July, 1926, a census of the milk supply was made, and it was found that, excluding the supply to the large institutions, the total milk supply daily in Wakefield was 1,961 gallons, of which 537 gallons was produced inside the City and 1,424 outside the City. About three-fourths of the Wakefield milk supply is produced outside the City.

Registration of Cowkeepers, etc.

Cowkeepers and Milk Purveyors resident in the City	22
Milk Purveyors resident in the City	76
Milk Purveyors from outside the City	24
	<hr/> 122 <hr/>

- 2 Cowkeepers were added to the Register during 1926.
 5 Cowkeepers discontinued business during 1926.
 15 Milk Purveyors were added to the Register during 1926.
 16 Milk Purveyors discontinued business during 1926.

Dairies.

Defects.	Found.	Remedied.
Cleansing	1	1
Floor Reconstructed	1	1

Cowsheds.

Defects.	Found.	Remedied.
Limewashing	4	4
Accumulations of Manure	5	5

Bacteriological Examinations of Milk.

During 1926, 19 samples of milk taken in Wakefield were bacteriologically examined at the County Hall Laboratory. 5 were samples of Wakefield produced milk and 14 of milk produced outside. The following table gives a summary of the findings as regards bacterial content :—

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

Three of the above samples were of milk sold as Grade A and one of these was not satisfactory. The matter was taken up with the Licensing Authority of the producer's area and the supply to Wakefield was discontinued. 4 other samples were sold in bottles labelled "sterilised milk," and whilst none of the milks were really sterile, 3 of them had very low bacterial counts (30·50 and 120 per c.c. and no coliform bacilli in 1/100th c.c.). The other sample so far from being sterilised had the highest bacterial account of all our samples, namely, 11644000 per c.c. Apart from these graded and "sterilised" milks, there was only one sample that came up to the bacterial standard of Grade A milk.

19 samples of milk were examined by animal inoculation for tuberculous infection and 2 of these (10·5 per cent.) were found to contain the infection as compared with 20 per cent. in 1925 and 30 per cent. in 1924, which indicates a progressive improvement. One sample was from milk produced in the City and one from outside the City. No definite evidence of Tuberculosis could be found on veterinary inspection of the cows in the sheds from which the milk was obtained, but there had been a change in animals in the period between sampling and inspection. Under the Tuberculosis Order the Veterinary Surgeon certified 5 cows in Wakefield cowsheds and these on slaughter were found to have generalised tuberculosis.

Sediment in Milk.

27 samples of milk were tested for sediment by the City Analyst with the following results :—

Parts per 100,000.	Total Samples.	Produced in City.	Produced outside.
0—1	10	2	8
1—2	8	2	6
2—3	6	1	5
3—4	2	1	1
4—5	—	—	—
5—6	—	—	—
6—7	1	—	1
Total ..	27	6	21

The above figures shew that 37 per cent. of the samples contained less than 1 part of sediment per 100,000 and that 67 per cent. contained less than 2 parts per 100,000. These figures are not so

good as those of 1925, when the corresponding figures were 60 per cent. and 89 per cent.

Quality of Milk.

75 samples of new milk were examined by the City Analyst for quality, and 7 (9.33 per cent.) were reported as adulterated. This percentage is a little higher than that for England and Wales (8.3). The following table gives the average composition of the samples excluding those which fell below the standard :—

Composition of Milk Samples taken during 1926.

Month.	Number of Samples.	Average Fat.	Composition Non-fatty solids.
January	6	3.8	8.83
February	3	3.3	8.83
March	4	3.58	8.77
April	4	3.45	8.97
May	—	—	—
June	6	3.67	8.83
July	6	3.3	8.67
August	10	3.85	8.82
September	6	4.05	8.89
October	7	3.4	8.86
November	5	4.08	9.02
December	11	3.58	8.83
Whole year	68	3.64	8.84

The Milk (Special Designations) Order, 1923.

Number of Licences in operation during 1926 .. 6

In each case the licence is to retail Grade A Milk in the City.

All the Milk sold under the Milk (Special Designations) Order is produced outside the City.

Grade A Milk (Tuberculin Tested) is supplied to the Municipal Hospitals of the City.

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) ..	75	—	75	—	7	—	9.33
Milk (Cleanliness) ..	27	—	27	—	2	—	7.4
Milk, Grade "A" ..	6	—	6	—	1	—	16.6
Apples ..	4	4	—	—	—	—	—
Butter ..	3	3	—	1	—	33.3	—
Condensed Milk ..	3	3	—	—	—	—	—
Jam ..	4	4	—	—	—	—	—
Seidlitz Powders ..	3	3	—	—	—	—	—
Lemon Curd ..	1	1	—	—	—	—	—
Margarine ..	1	1	—	—	—	—	—
Dried Milk ..	4	4	—	—	—	—	—
Sponge Cakes ..	3	3	—	—	—	—	—
Camphorated Oil ..	6	6	—	—	—	—	—
Tincture of Iodine ..	3	3	—	—	—	—	—
Paregoric ..	3	3	—	—	—	—	—
Cheese ..	4	4	—	1	—	25	—
Epsom Salts ..	2	2	—	—	—	—	—
Egg Substitute ..	2	2	—	—	—	—	—
Baking Powder ..	5	5	—	—	—	—	—
Olive Oil ..	3	3	—	—	—	—	—
Cream ..	13	12	1	1	1	8.33	100
Ice Cream ..	3	3	—	—	—	—	—
Pork Sausage ..	5	5	—	1	—	20	—
Beef Sausage ..	1	1	—	—	—	—	—
Lard ..	3	3	—	—	—	—	—
Liquorice Powder ..	3	3	—	—	—	—	—
Glycerine of Borax ..	3	3	—	—	—	—	—
Total ..	193	84	109	4	11	4.7	10.0

(b) Particulars of Adulterated Samples.

No.	Article.	Defect.	Action taken.
29	New Milk ..	6 parts Sediment per 100,000 ..	Vendor warned. Milk produced outside City. Authority notified.
35	New Milk ..	3.7 per cent. deficiency of Milk fat ..	Vendor warned.
50	Cheshire Cheese. ..	11.7 per cent. deficiency of dry matter in cheese ..	Vendor cautioned.
60	Grade "A" Milk. ..	7 per cent. deficiency of Milk fat. Deficiency in Non-fatty solids. 8.4 per cent. being present instead of at least 8.5 per cent.	Vendor warned. Producer also notified Follow-up sample genuine.
65	New Milk ..	Deficiency of Non-fatty solids equal to 3.9 per cent. of added water ..	Vendor warned.
69	New Milk ..	Deficiency of Non-fatty solids equal to 1.2 per cent. of added water ..	Vendor warned.
98	Pork Sausage	Contained excessive amount of Boric Acid, 38.5 grains per lb. being present ..	Vendor warned.
115	Cream ..	Contained 0.35 per cent. of Boric Acid and not labelled in accordance with Regulations ..	Vendor warned.
116	Cream ..	Contained 0.31 per cent. of Boric Acid and not labelled in accordance with Regulations.	In accordance with Article 6 of the Milk & Cream Regulations. Vendor sent a written explanation, which was considered satisfactory
112	Butter ..	Excess of Water to extent of 0.36 per cent.	Follow-up sample taken and found genuine.
144	New Milk ..	Deficiency of Non-fatty solids equal to 7.5 per cent. of added water.	Further sample No. 149 taken.
149	New Milk ..	18 per cent. deficiency of Milk fat. Deficiency of Non-fatty solids equal to 28.6 per cent. of added water.	Vendor prosecuted and fined £2 and 14/6 costs.
150	New Milk ..	3 parts Sediment per 100,000 ..	Vendor warned.
105	New Milk ..	19 per cent. deficiency of Milk fat ..	Vendor prosecuted and fined £2 and 15/- costs.
111	New Milk ..	31.7 per cent. deficiency of Milk fat ..	Vendor prosecuted and fined £2 and 15/- costs.

**REPORT OF ADMINISTRATION IN CONNECTION WITH
THE PUBLIC HEALTH (MILK AND CREAM) REGULA-
TIONS (1912-1917) DURING THE YEAR 1926.**

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	81	—
Cream	2	2

The two samples of cream which contained 0.35 per cent. and 0.31 per cent. of Boric Acid, were obtained from one vendor and did not bear a label declaring the same, as required by Article 6 of the Regulations. The vendor of these samples was given an opportunity to furnish an explanation which was accepted as satisfactory.

2.—Cream sold as Preserved Cream.

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

(1) Correct statements made	.. .. 11
(2) Statements incorrect —
(3) Percentage of Preservative found in each sample.	Percentage stated on Statutory Label.
Boric Acid.	Boric Acid (not exceeding).
0.34	0.4
0.36	0.4
0.22	0.4
0.2	0.4
0.32	0.4
0.31	0.4
0.19	0.4
0.29	0.4
0.25	0.4
0.37	0.4
0.29	0.4

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

(1) Above 35 per cent.	.. .. 11
(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.

INSPECTION OF MEAT AND OTHER FOODS.

The inspection of Meat is carried out by the Sanitary Inspectors under the Public Health (Meat) Regulations, and the system works smoothly. The carcase of every animal slaughtered for food in Wakefield is inspected and obviously the work now takes up a considerable part of the time of the inspectors.

The new slaughterhouse byelaws, which came into operation at the end of 1925, included one requiring that all animals slaughtered for food in the City should be stunned by a mechanically-operated instrument. By the end of 1926 the byelaw was fully complied with and the system is working satisfactorily.

In December, 1926, new byelaws for the regulation of Municipal Slaughterhouses came into force.

Slaughterhouses.

There are 23 Private Slaughterhouses in the City (8 Registered and 15 Licenced) and one Public Slaughterhouse belonging to the Corporation.

	In 1920.	In January, 1926.	In December, 1926.
Registered	9	8	8
Licensed	17	15	15
Total ..	26	23	23

Number of Animals Slaughtered in the City during 1926.

	Beasts.	Calves.	Pigs.	Sheep.	Horses.	Total.
Public Slaughterhouse	3148	256	2251	6090	—	11745
Private Slaughter-houses	2136	278	3331	3558	—	9303
Total for Year ..	5284	534	5582	9648	—	21048

Condemnations of Unsound Food.

1868 Meat .. ..	..	..	..	Weighing	6457	Stones
3 Fish .. ..	..	..	..	„	10	„
7 Tinned Foods ..	..	..	..	„	71	„
1 Fruit .. ..	..	..	..	„	4	„
1 Vegetables ..	..	..	..	„	472	„
Total .. ..	..	..	..	„	7014	„

Where Condemnations made.

1,075 Borough Slaughterhouse, 774 Private Slaughterhouses, 7 Railway Stations, 5 Farms, 1 Borough Market, 1 Cold Store, 7 Shops, 7 Warehouses.

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	110	31	87	26	24	5
Pigs	49	1	27	—	13	1
Sheep	37	1	—	—	37	1
Calves	11	—	2	—	9	—
Total	199	33	116	26	83	7

Percentage of Condemnations due to Tubercular Disease ..	72.0
Percentage of Bovines affected with Tubercular Disease ..	15.2
Percentage of Pigs affected with Tubercular Disease ..	9.9
Percentage of all animals slaughtered in City affected with disease	9.8
Percentage of all animals slaughtered in Private Slaughter-houses affected with disease	8.3

Percentage of all animals slaughtered in Public Slaughter-house affected with disease 9.1

OFFENSIVE TRADES.

List of Offensive Trades at end of 1926.

Trade.	Number.
Tripe Boiling	7
Gut Scraping	1
Rag and Bone Dealing	6
Fish Frying	56

Offensive Trades taken off Register during 1926 1

Offensive Trades put on Register during 1926 .. None.

Defects.	Found.	Remedied.
New Range	1	1
Cleansing	8	8
Refuse Receptacles	4	4
Refuse Accumulations	2	2
Preparation Room improved	1	1
Drainage improved	1	1

Generally speaking the various premises have been kept in a satisfactory condition.

PREVALENCE OF, AND CONTROL OVER INFECTIOUS DISEASES.

Notification of Infectious Diseases, 1926.

DISEASE.	Number of Cases Notified.												Number of Deaths.												No. of Cases		
	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.
Smallpox																											
Cholera																											
Plague																											
Diphtheria, including Membranous Croup ..	49				4	3	16	15	6	5				4				1		2		1				4	
Erysipelas	18		1					3	1	1	2	5	5														
Scarlet Fever	98	5	5	10	14		38	15	2	7	2															8	
Typhus Fever																											
Enteric Fever	13					1	1	1	2	5		3		2										2		1	
Relapsing Fever																											
Continued Fever																											
Puerperal Fever	6									5	1																
Cerebro-Spinal Meningitis ..																											
Poliomyelitis																											
Ophthalmia Neonatorum ..	7	7																									
Primary Pneumonia	69	1	3	1	2	2	10	5	2	8	13	14	8	54	14	5	1	2	2	2	1	1	8	9	7	2	1
Influenzal Pneumonia	1										1			3							1				2		
Dysentery	33				1	1	2	1	3	10	5	8	2														
Malaria																											
Pulmonary Tuberculosis ..	83	1			1		5	7	3	27	11	27	1	46								4	12	8	20	2	
Non-Pulmonary Tuberculosis ..	49	1	2	3	4	1	9	10	5	7	4	3		17	2	1		3		1	2	1	3	2	2		
Measles	22	1	2	6	5	8								1		1											
Whooping Cough	24	5	3	7	1	8								4		3	1										
Acute Polio-Encephalitis																											
Acute Encephalitis Lethargica ..																											
Trench Fever																											
Puerperal Pyrexia.. ..	1											1															
Totals ..	473	16	16	22	28	38	81	57	24	75	39	61	16	131	16	10	2	6	2	5	3	8	23	19	33	4	164

Diphtheria.

49 cases of diphtheria were notified, equal to an attack rate of 0·94 per 1,000, as compared with 0·77 in 1925 and 1·09 the average for the preceding 10 years. There were 9 cases more than in 1925. The largest number of cases occurred in Sandal Ward (14) and the smallest in Alverthorpe and Kirkgate Wards (1 each). 14 cases occurred in the 1st quarter of the year, 15 in the 2nd, 11 in the 3rd and 9 in the 4th quarter. 45 cases (92 per cent.) were removed to the Fever Hospital. There were 4 deaths equal to a case mortality of 8 per cent. and a death rate of 0·08 per 1,000. The death rate is slightly higher than that of England and Wales (0·07), but lower than that of the Great Towns (0·10).

In February a small outbreak of Diphtheria occurred in connection with Thornes House Girls' Secondary School, involving one teacher and 4 pupils. An investigation revealed the presence of a carrier case, a pupil who a month previously had suffered from a throat affection and had stayed away from school for a week.

In May an interesting case occurred where a boy aged 13 years appeared to have been infected with Diphtheria and Enteric Fever about the same date. The patient was admitted to the Fever Hospital on the 12th May, suffering from typical Diphtheria, the diagnosis being confirmed by bacteriological examination. The date of onset was 8th May. His temperature settled on the 14th May and remained normal till the 18th of May, when it began to rise and attained a height of 104°F. in 3 days. A copious eruption of roseolae appeared and he gave a positive Widal Reaction to the *Bacillus Typhosus* at the end of a week. Allowing 14 days for the incubation period of Enteric Fever and 4 days for the Diphtheria, the infection with both diseases may have occurred on the same day, namely, the 4th of May. Inquiries as to the source of infection were negative for both diseases.

Schick Testing and Immunisation against Diphtheria.

By the Schick test we are enabled to pick out those individuals who are susceptible to diphtheria and by immunisation we can protect these susceptible persons against the disease at least for a period of years. The test is a simple and harmless procedure, whilst the immunisation will at most only cause a temporary disturbance and in most cases not even that. In the United States testing and immunisation have been practised on a large scale. In New York City, for example, 400,000 children have been immunised since 1918, and the diphtheria death rate there has dropped from 0.22 per 1,000 to 0.07 per 1,000. In England, community immunisation is being carried out in certain London Boroughs, in Birmingham, Cardiff and other centres, and over 3,000 children have been protected. In Scotland the practice has been carried out still more extensively and in Edinburgh, Aberdeen, Dundee and St. Andrews, 16,324 persons have been protected. In Aberdeen an analogous practice is also being carried out against Scarlet Fever. In Wakefield, Diphtheria is not so prevalent as to call for any special propaganda for immunisation, but still it would be well for the community to know what can be done in the way of protecting themselves—especially the children—against Diphtheria, and if there was any demand for the procedure, the Corporation might very well provide facilities for it being supplied.

Scarlet Fever.

98 cases of Scarlet Fever were notified, equal to an attack rate of 1.88 per 1,000, as compared with 3.52 in 1925 and 2.37 the average for the preceding 10 years. There were 85 fewer cases than in 1925. The largest number of cases occurred in North Westgate Ward (23) and the smallest in Alverthorpe Ward (1). 36 cases occurred in the 1st quarter of the year, 25 in the 2nd, 15 in the 3rd and 22 in the 4th quarter. 82 (83 per cent.) of the cases were removed to hospital. There were no fatal cases. There were 7 return cases (7 per cent. of the total notified cases) relating to 6 infecting cases of which 5 were treated in the hospital and 1 at home. Of the 100 cases discharged from the hospital during 1926, 6 cases (6 per cent.) gave rise each to one return case and one of these occurred in 1927. Of the 17 cases liberated from home isolation during 1926, one (6 per cent.) gave rise to a return case. There were 10 secondary cases, occurring in 9 houses. In 9 instances the primary case had been removed to hospital and in the other the primary case had been isolated at home.

Scarlet Fever and Home Conditions.

Of the 81 ordinary dwellings invaded, 37 had less than 2 persons per room, 34 between 1 and 2 persons per room and 10 more than 2 persons per room. 12.5 per cent. of the houses were overcrowded, according to the standard of the Registrar General.

Home	{	Under 14 years—105 (susceptible 99).
Contacts.		Over 14 years—137 (susceptible 126).

Amongst the 99 susceptible contacts under 14 years, there occurred 5 return cases and 9 secondary cases.

Amongst the 126 susceptible cases over 14 years, there occurred 1 return case and 1 secondary case.

Houses with Secondary Cases.	{	Under 1 person per room	..	..	2
		1—2 persons per room	..	..	5
		Over 2 persons per room	..	..	1
Houses with Return Cases.	{	Under 1 person per room	..	..	2
		1—2 persons per room	..	..	3
		Over 2 persons per room	..	..	1

The above figures do not indicate any relationship between overcrowding and multiple cases of Scarlet Fever in the dwellings, and this fact agrees with our previous findings.

Enteric Fever.

There were 13 cases of Enteric Fever notified, equal to an attack rate of 0.25 as compared with 0.11 in 1925 and 0.21 the

average for the past ten years. There were 2 deaths, equal to a case mortality of 15 per cent. and to a death rate of 0.03 per 1,000 which is higher than that of England and Wales (0.01).

The following are the particulars of the cases :—

- (1) Male, 16 years, 20, George's Square, Warrengate. B. Typhosus January.
- (2) Female, 6 years, 9, George's Square, Warrengate. B. Typhosus March.
- (3) Female, 14 years, Smythe Street. B. Paratyphosus B. May.
- (4) Female, 29 years, West Riding Mental Hospital. B. Typhosus August.
- (5) Male, 23 years, Brunswick Street. B. Paratyphosus B. August.
- (6) Female, 4 years, 20, George's Square, Warrengate. B. Paratyphosus B. .. September
- (7) Female, 34 years, West Riding Mental Hospital. B. Typhosus September.
- (8) Female, 51 years, 33, George's Square, Warrengate. B. Typhosus B. .. September.
- (9) Female, 54 years, 7, Denmark Street. B. Paratyphosus B. October.
- (10) Male, 19 years, 7, Denmark Street. B. Paratyphosus B. October.
- (11) Female, 25 years, Agbrigg Road. B. Typhosus November.
- (12) Female, 30 years, West Riding Mental Hospital (no bacteriological report) .. December.
- (13) Female, 60 years, Kirkgate (no bacteriological report) December.

It will be noted that 3 cases occurred in the West Riding Mental Hospital, all being patients in one Ward, where a carrier case was discovered. 4 cases also occurred in one locality, namely, George's Square, Warrengate, 2 being ordinary Typhoid Fever and 2 Paratyphoid Fever. There were two cases of fever in one house in George's Square, that of January being ordinary Typhoid Fever and that of September, Paratyphoid Fever. The Square is provided with water closets and no drainage defects were found. The general domestic sanitation here is however poor. In the Agbrigg Road case the infection had been acquired whilst the patient a woman, was nursing at an address outside Wakefield, a relative suffering from a disease which ultimately proved to be Enteric Fever. As soon as the disease was diagnosed, the nurse was inoculated with an antityphoid vaccine but as she was by this time

infected, the inoculation did not prevent the disease developing. She had the first inoculation probably 4 days after infection and the second 11 days after. The diagnosis in her case was confirmed by the recovery of Bacilli Typhosus from the stools, the Widal Reaction being useless in her case. The two cases from the house in Denmark Street sickened about the same time and were probably infected from a common source. Ice Cream was suspected but no confirmatory proof was forthcoming.

Pneumonia.

70 cases of pneumonia were notified (69 primary and 1 influenzal pneumonia). 30 were notified in the first quarter of the year, 17 in the 2nd, 9 in the 3rd and 14 in the 4th quarter. 30 of the notified cases died. There were also 24 deaths from pneumonia where the illness had not been notified.

Dysentery.

The 33 cases notified were all patients in the West Riding Mental Hospital.

Measles.

22 cases were notified (all children under 5 years of age) and there was one death. 143 cases of Measles were notified from the schools, but there was no marked prevalence of the disease during the year.

Whooping Cough.

24 cases were notified (all children under 5 years of age) and there were 4 deaths. 201 cases of Whooping Cough were reported from the schools.

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

No cases of the above diseases were notified.

INFECTIOUS DISEASES HOSPITAL. Statistics, 1926.

Disease.	No. of Cases remaining 1st Jan., 1926.	No. of Cases admitted 1926.	No. of Cases treated 1926.	No. of Cases Discharged 1926.	No. of Deaths 1926.	Mortality percentage 1926.	No. of Cases remaining 31st Dec., 1926.
Scarlet Fever ..	26	83	109	100	—	—	9
Diphtheria ..	6	44	50	42	3	6.8	5
Enteric Fever ..	—	9	9	8	1	11.1	—
Total ..	32	136	168	150	4	2.4	14

The maximum of patients on any day was 31, the minimum 6, and the average 15. The maximum of Scarlet Fever patients was 26, the minimum 1, and the average 10. The maximum number of Diphtheria patients was 8, the minimum nil, and the average 4. The maximum number of Enteric Fever cases was 5, the minimum nil and the average one. Although the pressure on the hospital accommodation was not as great as it was in 1925, we still experienced the old difficulty of separating cases of mixed infection and doubtful cases. The cubicle wards (which are now being built, 1927), will relieve the difficulty and the extra accommodation for staff will be very welcome. At the end of the year, the Ambulance Service was improved by the purchase of a Morris General Service Motor Ambulance and the engagement of an Ambulance Driver. As the new ambulance can only be used for patients and infected bedding we still have to use the horse ambulance for the return of disinfected bedding. Another motor ambulance is therefore necessary to make the service complete and convenient. The staff of the Hospital consists of the Matron (Miss Peck), 2 sisters, 1 staff nurse, 3 probationer nurses, Cook, housemaid, between-maid, 2 ward maids, 2 laundresses (non-resident), a porter (non-resident), and ambulance driver and gardener (non-resident).

An Investigation into the After-History of School Children treated at the City Hospital, Wakefield, for Scarlet Fever, by Dr. W. B. Watson.

Purpose of the Investigation.

The purpose of the investigation was to ascertain whether there was any evidence that the period of four weeks, the duration of isolation in hospital for normal cases of Scarlet Fever, was sufficient to ensure that the patients left hospital without the risk of developing sequelae or of infecting the members of the household.

Method.

The method adopted was to take those school children attending the routine medical inspections who were noticed to have had Scarlet Fever from the entry on the record card, and to make enquiries from the mother at the time of the inspection. Consequently the records obtained are unlikely to be strictly accurate, but it was thought that in the two particulars, sequelae, and return cases in the same family, the mother was unlikely to omit any facts of importance.

Results.

36 cases were investigated.

14 (39 per cent.) were in hospital 4 weeks.

9 (25 per cent.)	were in hospital	4—5 weeks.
5 (14 per cent.)	„ „ „	5—6 weeks.
4 (11 per cent.)	„ „ „	6—7 weeks
2 (5·5 per cent.)	„ „ „	7—8 weeks.
2 (5·5 per cent.)	„ „ „	for a longer period, in one 8 weeks and 3 days, in the other 3 months.

For the purpose of our enquiry we may divide the patients into two groups, viz. :—(1) those who were in hospital four weeks, and (2) those who were in longer—on the assumption that all in the latter group were detained on account of some morbid condition. We want to know and compare the facts in these two groups of cases, with respect to the following three particulars, viz. :—

- (1) Condition on discharge from hospital.
- (2) Incidence of sequelae.
- (3) Incidence of return cases.

With regard to return cases, it is obvious that information obtained in this way will relate only to the patients' own household.

The results are given in tabular form.

Table 1 gives all the details collected.

Table 2 compares the condition of the patients in the two groups, on discharge from hospital.

Table 3 compares the condition of the patients in the two groups, as regards their subsequent history.

Table 4 compares the incidence of return cases in the two groups.

(These Tables are not included in this Report).

Conclusion.

In regard to the condition of the patient and his after-history, the evidence obtained did not support the contention that a period of four weeks in hospital is too short. The percentage of cases reported as shewing morbid condition on discharge is much the same in the two groups, while the percentage shewing sequelae is more than double amongst those who remained in hospital longer than four weeks. Possibly this is a correlation between longer stay in hospital and a greater incidence of sequelae, the longer stay denoting a more severe attack or the existence of complications, both of them likely to give rise to morbid conditions afterwards, although the patients might appear fairly well

at the time of discharge. Certainly these figures tend to negative the assertion that restriction of the isolation period is causing an increase in the incidence of morbid conditions.

The number of return cases is too small to assist us in drawing any conclusions. Possibly there is significance in the fact that although six cases amongst those isolated beyond four weeks showed a nasal or aural discharge, no return cases occurred; whilst two cases out of three shewing a nasal discharge in the other group gave rise to return cases. The case, in this group, which did not give rise to a return case, had the discharge before entering hospital and has had it ever since.

We must bear in mind other factors of influence such as opportunity to give rise to return cases—number in family—susceptibility of contacts, etc.—and the possibility that return cases occurred amongst people outside the homes of the patients.

If we are to make any deductions from this enquiry they will be that there is no evidence in favour of a longer stay than four weeks in hospital for the normal case of scarlet fever, but that in cases where there is a nasal or aural discharge, not only should every effort be made to clear up the condition before the patient is discharged, but a period of at least a week might be added to the minimum period of isolation in every case, even although the condition is quiescent. It seems probable that the infectivity of these discharges rapidly decreases and that the extra week will lessen the incidence of return cases should the discharge return after leaving hospital.

DISINFECTION.

During 1926 the Hospital Porter carried out the following disinfecting work :—

No. of Houses disinfected	260	No. of Pillows disinfected	580
„ Rooms „	483	„ Bolsters „	336
„ Schools „	6	„ Curtains „	280
„ Class-Rooms „	20	„ Carpets „	250
„ times Disinfector		„ Rugs „	231
„ used	454	„ Boots „	284
„ Beds disinfected	384	„ Men's	
„ Mattresses „	296	„ Clothing „	640
„ Blankets „	635	„ Women's	
„ Sheets „	746	„ Clothing „	1080
„ Counterpanes „	438	„ Children's	
		„ Clothing „	1577
		„ Miscellaneous ..	800

PATHOLOGICAL AND BACTERIOLOGICAL EXAMINATIONS.

During the year 1,256 specimens from the City were examined at the County Bacteriological Laboratory :—

Sputum (Tuberculosis)	179	Hairs (Ringworm)	..	126
Throat Swabs		Blood (Wasserman		
(Diphtheria)	.. 254	Reaction)	.. ..	315
Blood (Enteric Fever)	35	For detection of		
Urine (Enteric Fever)	13	Spirochaetes	.. ..	8
Urine (Tuberculosis)	14	For detection of		
Urine (other Organisms)	48	Gonococci	.. ..	29
		Milk Samples	.. ..	21
		Various	.. ..	214

TUBERCULOSIS.

Notification.

During 1926, 83 cases of pulmonary tuberculosis (55 males and 28 females) and 49 cases of non-pulmonary tuberculosis (31 males and 18 females) were notified. In 1925 the corresponding numbers were 87 and 33. Of the 83 cases notified, 17 died before the end of the year. The 49 non-pulmonary cases of tuberculosis comprised cervical glands 14, Bones 10 (including 4 of spine), joints 8, (Hip 5 and Knee 3), abdominal 8, Meningitis 5, Skin 1 and other 3.

PULMONARY TUBERCULOSIS.

Cases left on the Register, 31st December, 1926.

Year Notified.	Total.	Males.	Females	0-15 years.	15-25 years.	25-45 years.	Over 45 years.
1914 ..	1	—	1	1	—	—	—
1915 ..	1	—	1	—	—	1	—
1916 ..	5	2	3	—	1	4	—
1917 ..	7	3	4	1	3	1	2
1918 ..	5	4	1	1	1	3	—
1919 ..	4	3	1	—	1	3	—
1920 ..	19	11	8	4	5	9	1
1921 ..	24	17	7	5	6	12	1
1922 ..	14	6	8	3	3	8	—
1923 ..	26	12	14	2	9	13	2
1924 ..	22	12	10	2	9	8	3
1925 ..	34	10	24	8	5	15	6
1926 ..	46	29	17	9	13	16	8
Totals ..	208	109	99	36	56	93	23

Condition of Cases, 31st December, 1926.

Quiescent working	109
Quiescent not working	13
Semi-quiescent working	17
Semi-quiescent not working	14
Semi-advanced working	9
Semi-advanced not working	10
Advanced working	7
Advanced not working	3
In Sanatorium	22
In White Rose Hospital	4
Total ..	208

NON-PULMONARY TUBERCULOSIS.**Cases left on the Register, 31st December, 1926.**

Year Notified.	Total.	Males.	Females	0-15 years.	15-25 years.	25-45 years.	Over 45 years.
1913 ..	2	—	2	1	—	1	—
1914 ..	—	—	—	—	—	—	—
1915 ..	—	—	—	—	—	—	—
1916 ..	2	—	2	1	1	—	—
1917 ..	1	—	1	1	—	—	—
1918 ..	6	3	3	4	2	—	—
1919 ..	4	1	3	3	—	1	—
1920 ..	5	4	1	1	2	2	—
1921 ..	—	—	—	—	—	—	—
1922 ..	3	2	1	3	—	—	—
1923 ..	10	10	—	8	—	1	1
1924 ..	10	5	5	4	5	1	—
1925 ..	19	9	10	14	3	2	—
1926 ..	40	25	15	25	6	8	1
Total ..	102	59	43	65	19	16	2

Condition of Cases, 31st December, 1926.

Quiescent working	44
Quiescent not working	8
Semi-quiescent working	5
Semi-quiescent not working	33
Semi-advanced working	3
Semi-advanced not working	1
Advanced working	—

Advanced not working	..	..	..	—
In Sanatorium	..	..	..	5
In White Rose Hospital	..	..	..	3
Total				102

**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 1926.

TUBERCULOSIS DISPENSARY.

During 1926 there were 152 persons referred to the Dispensary for examination or treatment, and of these 76 were found to be affected with tuberculosis, 48 with pulmonary and 28 with non-pulmonary disease. 4 cases remained undiagnosed at the end of the year. Of 51 contacts examined, one was found affected with pulmonary tuberculosis and one remained undiagnosed at the end of the year. 4 cases of pulmonary disease were transferred from other Dispensaries.

Of the 49 cases of pulmonary disease seen for the first time at the Dispensary during the year, 18 cases or 36·7 per cent. (comprising 10 males and 8 females) were in the earlier stages of the disease (Stadium I.), 19 cases or 38·8 per cent. (comprising 3 males and 6 females) were in the moderately-advanced or intermediate stage (Stadium II.), while 12 cases or 24·5 per cent. (comprising 8 males and 4 females) were in an advanced stage.

The 28 new non-pulmonary cases comprised 7 cases of bone disease, 6 of cervical gland disease, 6 of joint disease, 5 of abdominal disease, 2 of skin disease and 2 of other organs.

During the year 97 names were removed from the Register (43 as cured, 3 with diagnosis revised, 23 as having left the City or as lost sight of, and 28 who had died).

On the 31st December, 1926, there remained 228 names on the Dispensary Register, 223 being definitely tuberculous cases (162 pulmonary and 61 non-pulmonary) and 5 doubtful cases remaining under observation.

Cases of Tuberculosis on Dispensary Register at end of 1926.

<i>Pulmonary Cases.</i>				<i>Non-Pulmonary Cases.</i>			
Adults	{ Males	65		Adults	{ Males	6	
	{ Females	—			{ Females	9	
Children	{ Males	15		Children	{ Males	24	
	{ Females	15			{ Females	22	

The total attendances at the Dispensary were 2,214. The Tuberculosis Officer had 80 consultations with medical practitioners 25 at the homes of patients, and 55 in institutions. 59 homes of tuberculous patients were visited by the Tuberculosis Officer and his Deputy. The Health Visitors, acting as Tuberculosis Nurses, made 891 visits to the homes of tuberculous patients.

3 patients were provided with dental treatment, 5 with extra nourishment, and 5 were examined by X-Rays at the Clayton Hospital.

PULMONARY TUBERCULOSIS.
Sanatorium Treatment.—Mount Vernon Sanatorium.

PATIENTS.	Total.			INSURED.			NON-INSURED.		
	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.
Remaining at end of 1925	19	11	8	15	11	4	4	—	4
Admitted 1926	45	28	17	29	21	8	16	7	9
Total treated 1926	64	40	24	45	33	12	19	7	12
Discharged 1926	42	24	18	26	18	8	16	6	10
Died in Sanatorium 1926	1	1	—	1	1	—	—	—	—
Remaining at end of 1926	22	15	7	18	14	4	4	1	3

It will be noted that 64 persons received treatment in Mount Vernon Sanatorium as compared with 65 in the previous year. Of those treated 45 (68 per cent.) were insured persons and 7 were discharged soldiers in receipt of pensions for tuberculosis. 10 were children under 15 years of age.

Condition on Discharge.

One patient died in the Sanatorium, one was discharged as non-tuberculous and 3 as doubtfully tuberculous.

The condition on discharge of the other 37 cases was as follows :—

		Quiescent.	Improved.	Not Improved.
Stage 1	T.B. — ..	17	3	—
	T.B. + ..	—	—	—
Stage 2	T.B. — ..	—	—	—
	T.B. + ..	3	6	—
Stage 3	T.B. — ..	—	—	—
	T.B. + ..	2	3	3
Total	Total	22	12	3

The periods of stay in the Sanatorium were :—

1—3 months	..	..	6 cases.
3—6	..	..	14 ..
6—9	..	..	9 ..
9—12	..	..	5 ..
12—15	..	..	7 ..

In addition to the above 3 men were sent to Colonies for Tuberculous persons, one to Preston Hall Colony, Kent, and 2 to Papworth Hall Colony, Cambridge. The results were however, disappointing, as two of the men left, one after 8 days and the other after 5 weeks' residence, while the third man died after 11 weeks' residence. There were none in institutions at the end of the year.

Non-Pulmonary Tuberculosis.—Institutional Treatment.

Under the Tuberculosis Treatment Scheme, 2 children under 5 years of age (one affected with hip and the other with spinal disease) received institutional treatment during the year, one at Heatherwood Hospital, Ascot, and the other at the Kirbymoorside Hospital, Yorkshire. One was admitted in 1925 and the other in 1926, and both remained in the institutions at the end of the year. 3 cases of non-pulmonary tuberculosis, all children, also received institutional treatment under the Education Authority's scheme, two at Heatherwood Hospital, Ascot, and one at St. Gerard's Hospital, Coleshill. One of these cases, a girl affected with tuberculosis of the knee was discharged during the year after a residence of 2 years and 4 months with the disease quiescent. The other

2 cases, both with hip disease, were admitted during 1926 and remained in the institution at the end of the year. The Care Committee of the Social Service Council has continued its excellent work on behalf of the tuberculous, and I would specially mention the outfits of clothing provided for needy patients before entering the Sanatorium.

TREATMENT OF VENEREAL DISEASES AT THE VENEREAL DISEASES CLINIC, CLAYTON HOSPITAL, WAKEFIELD—1926.

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

	Total	Males	Females.
Syphilis	54	35	19
Soft Chancre	—	—	—
Gonorrhoea	63	58	5
Conditions other than Venereal	54	42	12
Total ..	171	135	36

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

	Total	Males	Females.
Syphilis	1245	716	529
Soft Chancre	—	—	—
Gonorrhoea	692	535	157
Not suffering from Venereal Disease	239	196	43
Total ..	2176	1447	729

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

Total	Males	Females.
3473	2287	1186

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

	Total	Males	Females.
Syphilis	5	5	—
Gonorrhoea	91	—	91
Total ..	96	5	91

- (e) Number of doses of Arseno-benzol compounds (N.A.B. and Sulpharsenol) given to Wakefield patients—707.

LEEDS GENERAL INFIRMARY VENEREAL DISEASES CLINIC.

During 1926, 9 patients from Wakefield applied for examination and 4 were found to be suffering from Venereal Disease (Syphilis 3 and Gonorrhoea 1). The total attendances were 513, as compared with 592 in 1925. The aggregate of in-patient days was 13, and the number of doses of Arseno-benzol Compounds given to Wakefield patients was 126.

Pathological Examinations in connection with Venereal Diseases during 1926.

	Total.	For Detec- tion of Spiro- chætes.	For Detec- tion of Gonococci.	Wasserman Re-action.	Other exam- inations.
County Hall Laboratory.	138	3	18	117	—
Clayton Hospital Clinic.	214	5	11	189	—
Leeds Infirmary Clinic.	95	—	9	84	2
Total ..	447	8	38	399	2

At the Wakefield Clinic both the new cases and the attendances have increased, but this does not necessarily mean an increase in the prevalence of venereal diseases. It may mean that a larger proportion of those affected are now attending the Clinic and that attendances are kept up for larger periods than formerly. Under Dr. Frew, the Clinic has been conducted most successfully and without the slightest friction. The Social Service Council has continued on behalf of the Corporation, its useful propaganda work. In January, Professor J. A. Thomson gave a lecture on "The Social Hygiene Outlook," and later in the year a series of 4 lectures on "Social Hygiene" were given by Miss Lloyd Davies and Mr. Ward Cutler.

MATERNITY AND CHILD WELFARE.

Supervision of Midwives.

The usual inspections were made and the Rules of the Central Midwives Board appear generally to be complied with. As nearly

all the midwives are trained women, the standard of the midwifery service in the City is a very satisfactory one.

Medical Help.

50 notifications of sending for medical help were received from midwives in respect of home confinements. The reasons given are as follows :—

Delayed second stage—		Twins	..	..	1
Rigidity of Perineum	7	Pneumonia	..	..	1
Delayed labour	..	Collapse of patient.			
Torn perineum	..	Fainting and loss of			
Premature Birth	..	vision	..	..	1
Post partum haemorrhage	3	Apoplectic fit after			
Obstructed labour	..	confinement	..	..	1
Temperature	..	Fits	..	..	1
Slight discharge from		Difficult labour and use			
baby's eye	..	of forceps	..	..	1
Hard labour	..	Feebleness and premature			
Ante partum haemorrhage	2	birth. Triplets	..	..	1
Baby's right arm.—No		Pain in left leg	..	..	1
use in it	..	Slight tear of soft part			1
Threatened abortion	..	Suspected hydrocephalus			1
Dangerous feebleness of		Prolonged labour	..	..	1
child	..				

Ante-natal Clinic.

The Ante-natal Clinic was held at the Maternity Hospital every Friday afternoon and was attended by the Deputy Medical Officer. During 1926, 369 expectant mothers attended, including 277 new cases, and the total attendances were 905.

The following table shews the number of new cases in age groups :—

Age.		Primiparae.	Multiparae.
Under 20 years	..	20	2
Between 20—25	..	63	21
„ 25—30	..	32	56
„ 30—35	..	16	34
„ 35—40	..	4	22
„ 40—45	..	1	6
Total	..	136	141

The following is a list of the abnormal conditions found :—

Gastric Disturbances		Leucorrhoea	17
(including vomiting)	82	Haemorrhoids	15
Constipation	70	Anaemia	11
Varicose Veins	45	Contracted Pelvis	9
Defective Teeth	43	Anorexia	5
Oedema	35	Neurosis	7
Small Pelvis	32	Chorea	3
Lung Disease	28	Malpresentations	2
Heart Disease	23	Skin diseases	2
Retracted nipples, etc.	21	Pyelitis	1
Albuminuria	18		

4 albuminuria cases were admitted for ante-natal in-patient treatment, and all had satisfactory confinements.

THE MATERNITY HOSPITAL.

During 1926, 310 women were admitted, including 68 from outside Wakefield and 300 deliveries took place. 30 were emergency admissions, 18 from Wakefield and 12 from outside Wakefield. 252 women were delivered by midwives and 48 abnormal cases by doctors. There were 2 abortion cases, 2 cases admitted after delivery, 3 maternal deaths before delivery and 3 observation cases discharged undelivered.

Medical aid was called in 94 instances for the following conditions :—

(a) Ante-natal	14	{	4 Albuminuria cases admitted from Ante-natal Clinic.
			1 Albuminuria case admitted as emergency case.
			1 abortion.
			1 threatened abortion.
			2 excessive vomiting (both emergencies).
			1 Hydraminos (from Ante-natal Clinic).
			3 Ante-partum haemorrhage.
			1 heart disease with pregnancy (emergency).
(b) During labour	48	{	7 cases of internal version :—
			4 placenta praevia.
			1 cord prolapsed.
			1 contracted pelvis and dead baby.
			1 delayed labour.

(b) During labour 48, contd.	8 cases Caesarian Section for con- tracted pelvis. 1 case Caesarian Section for plac- enta praevia. 1 case artificial rupture of mem- branes for hydraminos. 1 hydrocephalus (perforation). 1 accidental haemorrhage. 1 impacted breech. 28 forceps deliveries :— { 16 for exhaustion and rigidity. 3 for Cardiac disease. 2 for foetal distress. 7 for contracted pelvic out- let.
(c) After labour 12	1 Mastitis. 1 Chorea. 1 Exhaustion following hyper- emesis. 1 Asthma. 1 Abdominal distension with pyrexia. 2 Cardiac Disease. 1 Thrombosis both legs. 1 Saproaemia. 2 post partum haemorrhage. 1 post partum haemorrhage (traumatic).
Number of ruptured perineums which required suture 12	
(d) For infant 20	2 Sticky eyes. 6 premature babies. 1 malaria stools. 2 convulsions. 1 feeble twins. 1 imperforate anus. 2 Spina bifida. 1 Hare lip and cleft palate. 1 asphyxia at birth. 1 Malformation of arm and head. 2 abscesses.

The operation of Caesarian Section was performed 9 times, 5 being booked cases and 4 emergencies and there were no fatalities maternal or infantile.

There were no cases of ophthalmia neonatorum or of pemp-higus. There was one case notified as Puerperal Fever but the case was so slight, that the patient who had been sent to the Clayton Hospital, was discharged in a week's time.

There were 5 maternal deaths, all emergency admissions, The causes of death were (1) Placenta Praevia, Haemorrhage, (2) Aortic Heart Disease, (3) Toxic Albuminuria, (4) Eclampsia, (5) Toxic Hyperemesis.

There were 9 still-born children and 8 deaths of infants within 10 days of birth from Prematurity (4), Cerebral Haemorrhage (1), Congenital Malformations (2), and Asphyxia (1).

The average duration of stay was 15 days.

Scale of Fees.

A new scale of fees for women admitted to the Maternity Hospital came into operation on 1st April, 1926. Formerly mothers were charged, over and above the standard charge for maintenance and nursing fees, for any medical attendance or operations which might be required and it was found that many unfortunate women incurred considerable liabilities which they had not anticipated. To obviate this hardship, the Corporation decided to make an increase in the standard charges, and to abolish fees for medical attendance or operations. It was calculated that the increase in the standard fee would cover the costs of the special services required by a proportion of the patients, and would represent an insurance against the risks of medical attention being required. The new standard fee was fixed at 4/6 per day for 14 days after confinement instead of 3/- per day (as previously charged) and at 3/- per day for ante-natal cases and those who have to remain longer than 14 days. A scale of fees based on income was also adopted for the use of the Matron in assessing charges where apparently the patient could pay more than the standard charge and also for the use of the Committee in considering applications for the reduction of fees. This scale is as follows :—

*Weekly income of family
after deducting 5/- for
each child under 14.*

Charges per week.
£ s. d.

30/- or under	1	1	0
30/- to 35/-	1	6	6
35/- to 40/-	1	12	6
40/- to 45/-	1	17	6
45/- to 50/-	2	5	0
50/- to 55/-	2	12	6
55/- to 60/-	3	0	0
60/- to 70/-	3	10	0
70/- and over	By private arrangement.		

A booking fee of 10/- was also adopted, this sum being included in the standard fee.

District Cases.

40 home confinements were attended by the midwife from the Maternity Hospital. It is necessary to arrange district work in connection with the training of the pupil midwives.

Training of Pupil Midwives.

8 pupil midwives were under training in 1926, 2 of these being trained nurses and 6 untrained. 6 pupils passed the examination of the Central Midwives Board during the year.

The Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926.

These Regulations, which came into force on 1st October, 1926, require not only the notification by medical practitioners of puerperal fever but also of puerperal pyrexia occurring within 21 days of child birth or miscarriage. Puerperal Pyrexia is defined to mean a temperature of 100.4° F. sustained for 24 hours or recurring within that period. In connection with these Regulations, the Ministry of Health has advised Local Authorities to make arrangements for rendering assistance in diagnosis and for the nursing or hospital treatment of patients requiring it, and accordingly the Corporation has appointed Dr. Thomson, the Consulting Surgeon of the Maternity Hospital, to act as a consultant when so required by a medical practitioner, and arrangements have been made with the Clayton Hospital and the Nursing Association for hospital treatment and home nursing when necessary.

The bacteriological facilities will continue available as formerly.

A circular letter was sent to each medical practitioner explaining the new Regulations.

The Public Health (Ophthalmia Neonatorum) Regulations, 1926.

These Regulations, which came into force on 1st October, 1926, revoke the 1914 Regulations, and put the sole responsibility for notifying the disease on medical practitioners. The previous regulations included midwives amongst the persons responsible for notification, but this requirement is now abolished, although midwives must still send for medical aid when there is any inflammation of or discharge from the eyes of an infant under their care. In connection with these Regulations the Ministry of Health advised that facilities should be provided for the proper nursing of these cases and also suggested that Local Authorities should not seek to recover fees for medical aid called in such cases as this concession would probably facilitate the obtaining of medical aid. For several years the Wakefield Corporation has had arrangements for the admission of cases of Ophthalmia to the Clayton Hospital and also for home nursing, through the Health Visitors. The Corporation has also decided not to recover fees for medical aid in cases of Ophthalmia Neonatorum and midwives have been so notified.

Ophthalmia Neonatorum.

7 cases of Ophthalmia Neonatorum (purulent inflammation of the eyes of the new-born), 0·6 per cent. of the registered births were notified as compared with 3 in 1925, 6 in 1924, 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				
7	5	2	7	—	—	—

In 6 cases the confinement had been attended by a midwife and in the other by a neighbour. In 3 cases the Health Visitors gave nursing assistance. The two cases treated in hospital were born in the White Rose Hospital and were treated there. All the cases recovered without any impairment of vision.

HOME VISITING BY HEALTH VISITORS, 1926.

The following statistical table relates to the work of the 5 Health Visitors, each of which acts as a School and Tuberculosis Nurse as well :—

Infant Visiting.—Primary Visits	..	..	..	894
Re-visits (under 1 year)	..	..	..	7001
Re-visits (1—5 years)	..	..	..	4616
Total Visits	..	..	..	12511
Expectant Mothers.—Primary Visits	..	..	..	186
Re-visits	..	..	..	389
Total Visits	..	..	..	575
Visits <i>re</i> Still Births	..	..	..	19
Visits <i>re</i> Midwives	..	..	..	—
Attendances at Child Welfare Centres	..	..	..	292
Attendances at Tuberculosis Dispensary	..	..	..	132
Visits to Tuberculosis Patients	..	..	..	891
Attendances at Medical Inspection of School Children	..	..	..	239
Number of Visits to Schools	..	..	..	424
Number of Examinations in School <i>re</i> Cleanliness	..	..	..	14464
Number of Examinations in School <i>re</i> Treatment	..	..	..	258
Number of Homes visited <i>re</i> Contagious Disease	..	..	..	49
Number of Homes visited <i>re</i> Verminous and Neglected Children	..	..	..	203
Number of Homes visited <i>re</i> Treatment	..	..	..	1004
Number of Homes visited for Other Purposes	..	..	..	395
Total Number of Home Visits <i>re</i> School Children	..	..	..	1779
Homes Visited <i>re</i> Mental Defectives	..	..	..	137
Visits for Purposes of Nursing	..	..	..	161
Miscellaneous Visits	..	..	..	880
Total Number of Homes visited (all purposes)	..	..	..	16953

CHILD WELFARE CENTRES.

Number on Register, 1926.

Centre.	Mothers.	Infants.	Children. 1—5.	Expectant Mothers.
Homestead	178	164	123	18
Market Street	376	225	184	16
Eastmoor	180	156	54	6
Belle Vue	324	237	109	18
Thornes Lane	141	115	25	15
Alverthorpe	74	59	43	12
Total	1273	956	538	85

Attendances.

Centre.	Mothers.	Infants.	Children. 1—5.	Expectant Mothers
Homestead	1332	1014	775	77
Market Street	2223	1365	1250	73
Eastmoor	1924	1258	1119	40
Belle Vue	1790	1375	543	78
Thornes Lane	1777	1324	760	59
Alverthorpe	576	434	285	64
Total	9622	6770	4732	391

568 new infants and 170 new mothers were medically examined at the Centres. Of the 568 infants, 276 were reported as normal and satisfactory, but in the case of 292, there was some defect or other, although many of the defects were of a minor character. There were 1,898 medical examinations.

The Corporation continued to receive invaluable assistance in the work of the Centres from the Voluntary Helpers of the Babies' Welcome.

INFANT FEEDING.—Infants Born 1925.

	Infants born 1925.	Percentage.
Wholly breast-fed for 6 months or longer	700	76·7
Wholly breast-fed for periods less than 6 months, but more than one month	75	7·9
Combined breast-fed and artificial feeding for periods of six months or longer	44	4·7
Combined breast and artificial feeding for periods of less than six months, but more than one month ..	18	1·9
Artificially fed from one month or earlier	81	8·8
Total ..	918	100·0

SUPPLY OF MILK TO INFANTS, Etc.

The Corporation continued to supply dried milk for the 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. All applications for milk are carefully investigated and reviewed periodically. On account of the abnormal amount of unemployment during the year there was a very great increase in the applications for milk from necessitous families, but the Corporation made a supplementary grant which permitted the supply to be continued to all necessitous cases. The quantity supplied amounted to over 3138 cwts., and was given out as follows :—

Sold at Cost Price	4,820 lbs.
Sold at Half Price	673 „
Sold at Quarter Price	827 „
Supplied Free	9,167 „
	<hr/>
	15,487 „

The cost to the Corporation for dried milk given or sold at less than cost price amounted to £679 6s. 5d.

71 packets of Lactogal were also given out during the year, 40 being sold at cost price, 1 at half price, and 30 given free.

CONVALESCENT HOME FACILITIES FOR MOTHERS.

During the Summer, the Wakefield Rotary Club continued their useful service, and sent 24 "tired" mothers to a Home in Harrogate for a fortnight each. The Babies' Welcome Committee also sent 4 debilitated mothers to a Convalescent Home at Bridlington. In every case the results were most beneficial and I cannot too highly commend this form of community service.

MENTAL DEFICIENCY.

At the end of 1926, there were 10 persons (7 males and 3 females), detained in Institutions under Orders made under the Mental Deficiency Act. One case, a male, was admitted to an Institution during 1926, whilst another case, a male, was allowed home on a six months' licence. In addition 31 defectives (16 males and 15 females) were kept under supervision at home by the Health Visitors and the Social Service Council.

The Occupation Centre carried on by the Social Service Council, acting on behalf of the Mental Deficiency Authority, continued its useful work during the year. In June the Centre doubled its number of sessions, holding two a week for boys and two for girls. An assistant to Miss Holmes, the voluntary supervisor, was also appointed. Excellent work is being done at the Centre and efforts are being made to increase the numbers attending.