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REPORT

ON THE

PUBLIC HEALTH

AND

SANITARY STATE

OF THE

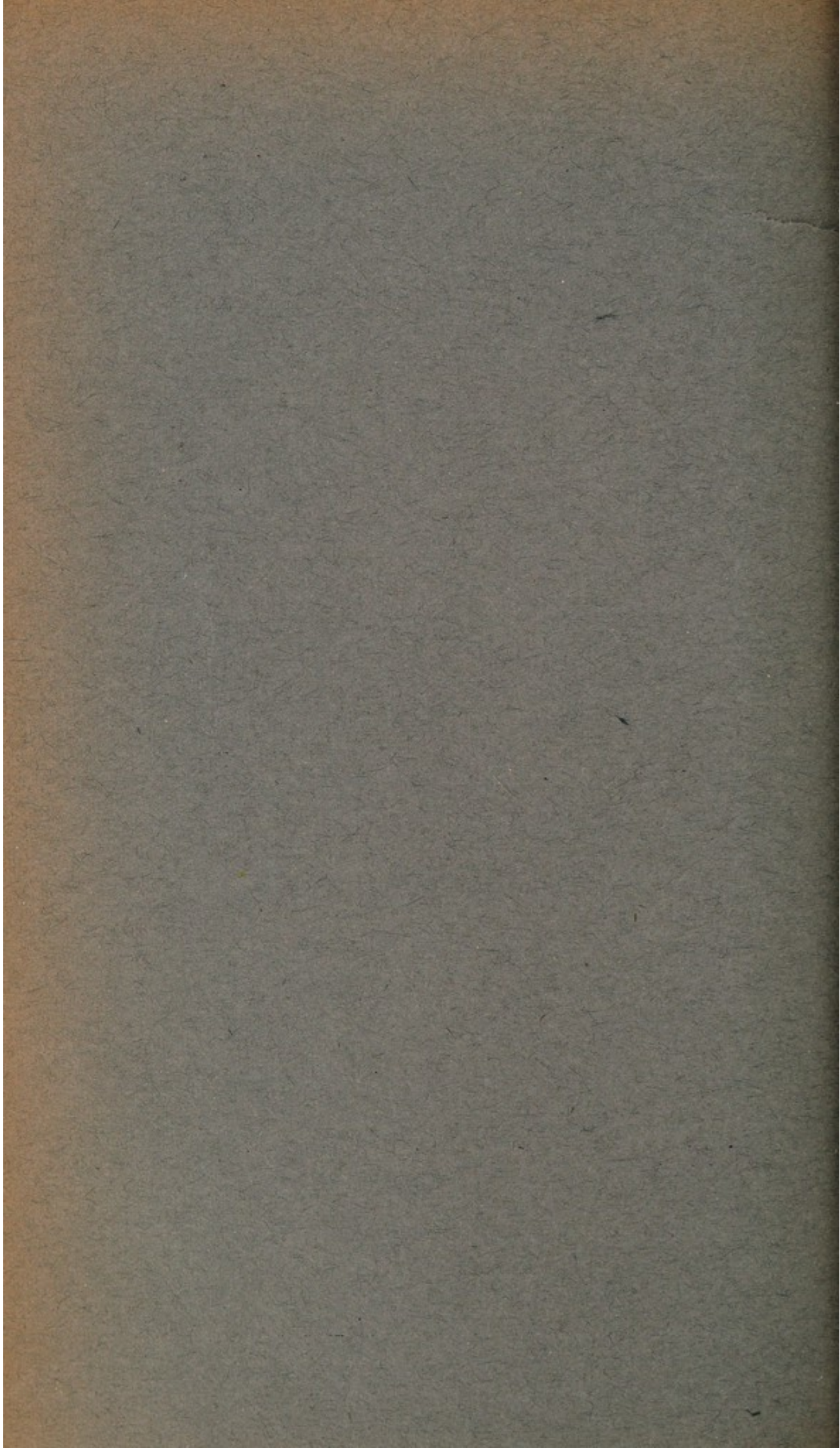
CITY OF WAKEFIELD

For the Year 1927,

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 1927.

PUBLIC HEALTH DEPARTMENT,
TOWN HALL,
WAKEFIELD,

12th June, 1928.

*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 1927, which happens to be the 25th of the series of Annual Reports which I have had the privilege of compiling.

In the preparation of the Report, which follows the lines recommended by the Ministry of Health for interim reports, I have received valuable assistance from Dr. Watson, Mr. Roberts (the Chief Sanitary Inspector), and other Members of the Staff of the Department and also from several colleagues in other Departments.

I am,

Yours faithfully,

THOMAS GIBSON,

Medical Officer of Health.

1.—GENERAL STATISTICS.

Area .. .. .	..4,971 acres.
Population (Census 1921).. .. .	.. 52,891.
Population (Estimated at middle of 1927) ..	.. 54,836.
Number of Inhabited Houses (Census 1921) ..	.. 11,252.
Number of families or separate occupiers (1921)	.. 11,491.
Rateable value .. .. .	.. £345,899.
Sum represented by a Penny Rate .. .. .	.. £1,326.

The Institutional Population at the middle of the year was 3,095, including 2,751 non-residents. The nett population, excluding non-residents is therefore 52,085, and this has been used as the basis in calculating the various rates given in this Report.

The natural increase of the population (the excess of births over deaths) during 1927, was 266.

2.—EXTRACTS FROM THE VITAL STATISTICS OF 1927.

(1) **Marriages.**

486 marriages were celebrated, equal to a marriage rate of 18·6 persons married per 1,000 of the population, as compared with 15·5 in 1926 and 18·7 the average for the preceding 10 years.

(2) **Births.**

Excluding 89 non-resident births, and including 20 resident births which occurred outside the City, the total number of births registered in the City was 958 (478 males and 480 females), giving a birth rate of 18·4 per 1,000, as compared with 19·7 in 1926 and 20·4 the average for the preceding 10 years. The number of births in 1927 was 67 less than in the preceding year. The Wakefield birth rate in 1927 was 1·7 per 1,000 higher than that of England and Wales. 45 births (5 per cent.) were illegitimate, as compared with 3·9 per cent. in 1926.

Under the Notifications of Births Act, 1,038 births (535 males and 503 females) were notified and of these 674 (65 per cent.) were attended by midwives and 364 by doctors. Of the 1,047 births registered in Wakefield during 1927, 58 (5 per cent.) were not notified, as compared with 6 per cent. in 1926. 29 (2·8 per cent.) of the notified births were stillbirths. 279 births (26 per cent.) were notified from public institutions (234 from the Maternity Hospital, 41 from the White Rose Hospital, 3 from the West Riding Mental Hospital and 1 from the Clayton Hospital). In addition 20 were notified from private nursing homes. 10 district midwives attended the following number of confinements—85, 74, 74, 58, 35, 31, 19, 12, 4 and 4. Included in the above notifications are 29 stillbirths,

(3) Deaths.

The total number of deaths registered in Wakefield during 1927, was 1,021, including 356 non-residents. 27 resident deaths occurred outside Wakefield. The number of resident deaths was 692 (385 males and 307 females), giving a death rate of 13·3 per 1,000, as compared with 12·9 in 1926 and 14·6 the average for the preceding 10 years. In 1927 there were 20 more deaths than in 1926. The Wakefield death rate is 1 per 1,000 higher than that of England and Wales, and 1·1 per 1,000 higher than that of the County Boroughs and great towns. 178 (25·7 per cent.) of the resident deaths occurred in public institutions and 4 in private nursing homes. All the deaths were certified by a doctor or the Coroner.

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

Age period.	No. of Deaths 1927.	Percentage 1927.	Percentage 1926.
Under 1 year	79	11·4	13·1
1—2 years	18	2·6	3·6
2—5 „	26	3·7	4·4
5—15 „	27	4·0	2·1
15—25 „	26	3·7	5·1
25—45 „	80	11·5	13·7
45—65 „	190	27·5	26·4
65—75 „	126	18·2	20·5
Over 75 years	120	17·4	11·1

The following table gives the chief causes of death :—

Cause of Death.	No. of Deaths.	Males.	Females.	Percentage of total deaths in 1927.	Percentage of total deaths in 1926.
Respiratory Diseases (excluding Phthisis) ..	147	88	59	21·3	19·3
Heart Disease	86	51	35	12·4	11·9
Cancer	66	38	28	9·5	11·3
Tuberculosis	49	23	26	7·0	9·4
Cerebral Haemorrhage ..	58	34	24	8·4	8·3
Congenital Debility, Malformations and Premature Births ..	15	10	5	2·2	5·8
Old Age	28	10	18	4·0	4·8
Violence (excluding suicide)	33	22	11	4·8	3·5

The number of deaths from Respiratory Diseases (excluding Phthisis) was 147 (88 males and 59 females), comprising 72 from Bronchitis, 71 from Pneumonia and 4 from other respiratory diseases and giving a death rate of 2.82 as compared with 2.49 in 1926 and 2.89 the average for the preceding 10 years. There were 17 more deaths in 1927 than in 1926. The following table gives the number of deaths from these diseases according to months and quarters and shews that more than half the deaths occurred in the first quarter of the year.

Deaths from Respiratory Diseases in Months of 1927.

		Total.	Bronchitis.	Pneumonia	Other Respiratory Diseases.
January	1st	22	6	16	—
February	Quarter	27	18	8	1
March	76	27	11	15	1
April	2nd	16	10	5	1
May	Quarter	6	3	2	1
June	30	8	3	5	—
July	3rd	10	4	6	—
August	Quarter	3	3	—	—
September	14	1	1	—	—
October	4th	6	5	1	—
November	Quarter	8	3	5	—
December	27	13	5	8	—
Total		147	72	71	4

There were 86 deaths from Heart Disease (51 males and 35 females), giving a death rate of 1.65 as compared with ~~1.82~~ 1.54 in 1926 and 1.67 the average for the preceding 10 years. 84 per cent. of these deaths were of persons over 45 years of age. The number was 6 more than in 1926.

There were 66 deaths from Cancer (38 males and 28 females), giving a death rate of 1.25 as compared with 1.46 in 1926 and 1.24 the average for the preceding 10 years. The number was 10 less than in 1926.

There were 49 deaths from Tuberculosis (23 males and 26 females), giving a death rate of 0.94 per 1,000 as compared with

1.21 in 1926 and 1.36 the average for the preceding 10 years. The number of deaths was 14 fewer than those in 1926.

There were 34 deaths from Pulmonary Tuberculosis (Phthisis) (17 males and 17 females), giving a death rate of 0.65 as compared with 0.88 in 1926 and 1.07 the average for the preceding 10 years. The number of deaths was 12 less than in 1926. Of the 34 deaths 19 had not received Sanatorium treatment and 14 had received some form of sanatorium treatment in Wakefield and one before coming to Wakefield. The condition of these 14 on admission to the Sanatorium was as follows :—

Stadium I. and — T.B.	..	..	3
Stadium I. and + T.B.	..	..	3
Stadium II. and + T.B.	..	..	6
Stadium III. and + T.B.	..	..	2

It will be observed that 6 were assessed as early cases, but as three of them contained tubercle bacilli in the sputum, the disease in these cases was probably more advanced than the physical signs suggested.

The following periods intervened between the date of notification and the date of death :—

Under 1 month	..	..	..	6 cases.
1—3 months	..	..	..	8 „
3—6 „	..	..	..	2 „
6—12 „	..	..	..	3 „
12—18 „	..	..	..	3 „
18—24 „	..	..	..	2 „
Over 24 months	..	..	..	9 „

One fatal case had not been notified previously.

There were 15 deaths from non-pulmonary tuberculosis (6 males and 9 females), giving a death rate of 0.29 as compared with 0.32 in 1926 and 0.29 the average for the preceding 10 years. The number of deaths was 2 fewer than in 1926. The 15 deaths comprised 7 from Abdominal Tuberculosis, 4 from Tuberculous Meningitis, 2 from Tuberculosis of Bones and 2 from Generalised Miliary Tuberculosis. 7 of these cases had not been notified before death.

The number of deaths from the 7 principal zymotic diseases was 39 (Measles 17, Diarrhoea 16, Enteric Fever 2, Diphtheria 2, Scarlet Fever 1, and Whooping Cough 1), giving a death rate of 0.75 per 1,000 as compared with 0.56 in 1926 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 16, giving a diarrhoeal death rate of 17.7 per 1,000 births as compared with 17.5 in 1926 and 11.8 the average for the preceding 10 years. The corresponding rate in England and Wales during 1927 was 6.3 and in the large towns 8.3.

The number of infantile deaths (*i.e.*, under one year of age) was 79 (46 males and 33 females), giving an infantile mortality of 82 per 1,000 births as compared with 85 in 1926 and 94 the average for the preceding 10 years. The corresponding rate in England and Wales in 1927 was 69 and in the large towns 71.

The illegitimate infantile mortality was 133.

The following are the infantile mortality rates in the various Wards :—

Primrose Hill	..	158	South Westgate	92
Eastmoor	.. ..	134	Sandal	.. .. 53
Northgate	.. ..	114	North Westgate	.. 46
Calder	.. ..	114	Belle Vue	.. 38
Kirkgate	.. ..	111	Alverthorpe	.. 27
St. John's	.. ..	102		

The principal causes of infantile deaths were Premature Birth (20 per cent.), Pneumonia (16 per cent.), Bronchitis (16 per cent.), Diarrhoea (11 per cent.), and Debility and Marasmus (10 per cent.). The neo-natal mortality (*i.e.*, the mortality during the first month of life) was 27 per 1,000 births as compared with 40 in 1927 and 41 the average for the preceding 10 years. 24 per cent. of the infantile mortality occurred within the 1st week of life, 34 per cent. within the 1st month, and 75 per cent. within the first six months of life.

There were 3 maternal deaths from diseases or accidents of pregnancy and parturition, giving a puerperal mortality of 3.13 per 1,000 births as compared with 3.9 in 1926 and 5.58 the average for the preceding 10 years. Of these 3 deaths one was from puerperal sepsis, giving a mortality of 1.04 as compared with 0.00 in 1926 and 1.28 the average for the preceding 10 years.

The 33 deaths from violence included 1 from burns (7 years), 1 from scalds (3 years), 1 from overlaying (2 months), 9 from motor vehicle accidents (5 adults and 4 children), 1 from a railway accident, 1 from a cycling accident, and 2 from colliery accidents.

Of the 13 suicidal deaths 6 were caused by drowning, 3 by hanging, 3 by poisoning (all by lysol), and 1 by gas poisoning.

99 inquests were held during the year, 50 on residents and 49 on non-residents.

Remarks on the Death Rate.

A consideration of the foregoing data will occasion mixed feelings. In some respects we can note and congratulate ourselves on progressive improvements. In other respects we have to deplore either an absence of improvement or an actual change for the worse. In the first place, we have to regret an increase in the total death rate, as compared with the previous year, although it is not a serious increase and is still under the average for the previous ten years. Our local death rate is also in excess of that of the whole country and of that of the large towns to the extent of some 55 deaths. In my last Report I noted one favourable aspect of the statistics, namely the shifting of the incidence of mortality from the earlier to the later years of life and one of the tables given above shews that this tendency is being continued. There is however an unusually high proportion of deaths in the age group 5 to 15 years, although inquiry does not reveal any particular reason for this increase. The same table also shews that, while in the age period of 65 to 75 years the proportion of deaths has increased, in the age period over 75 years the proportion of deaths has decreased. Taking the principal individual diseases and groups of diseases we find an increase in the number of deaths from respiratory diseases, cardiac diseases and cerebral haemorrhage and a decrease in the number of deaths from Tuberculosis, Cancer and Congenital Debility, Malformations and Premature births. The heavy toll taken by the respiratory group, chiefly bronchitis and pneumonia—and by cardiac diseases,—calls for renewed consideration and for taking all steps possible to reduce it. In my last and in former Reports I have dealt so fully with the subject that I need not repeat remarks with which you are familiar.

For some years we have remarked with much satisfaction a steady decline in the mortality from pulmonary tuberculosis, but in no single year has there been such a notable decline as in 1927, which marks the lowest level yet reached in our records. I do not think that our tuberculosis schemes have, for various reasons, achieved all that they might have achieved, but the great fall in the phthisis mortality shews that they have not been without success.

One cannot speak so favourably of the various forms of tuberculosis known as the non-pulmonary. It is true that the 1927 death rate from these diseases was slightly less than that of 1926, but compared with the average of the preceding 10 years there is no improvement at all. It is generally agreed that a large proportion of cases of non-pulmonary tuberculosis, commencing in child life, is due to infection by the bovine type of the tubercle

bacillus and that the infection is mainly through the milk supply. As I have noted elsewhere, there is as yet no improvement in the percentage of tuberculous milk samples taken in Wakefield, and although the percentage fell from 20 in 1925 to 10.5 in 1926, it again rose to 19 in 1927. It would therefore seem hopeless to expect a substantial improvement in the morbidity and mortality from non-pulmonary tuberculosis until the amount of infection in milk is substantially reduced.

It is some small satisfaction to be able to say that the Cancer mortality has not increased, but as compared with 1926 has declined. It however stands at the same average level of the past 10 years. One hopes a good deal from the propaganda against the disease which is being carried on so actively throughout the country and particularly in Yorkshire. The Yorkshire Council of the British Empire Campaign commenced in Wakefield in January, 1927, a series of Cancer Exhibitions which have since been given in a great number of towns in Yorkshire. The Exhibition was held for a week and was largely attended by the public. In addition to the educational exhibits and demonstrations, short addresses on Cancer were given by doctors, and the Exhibition no doubt did much good by focussing public attention on the great object of the anti-cancer campaign which is to encourage sufferers or possible sufferers from the disease to seek medical advice in the early and often curable stages of the disease.

The infantile mortality is satisfactory in the sense that it is lower than in the previous year as well as below the average for preceding years. It is however higher than it was in 1925, higher than the rate in England and Wales and undoubtedly higher than it ought to be. The ward statistics shew extraordinary differences from as low as 27 in Alverthorpe Ward to as high as 158 in Primrose Hill Ward.

The neo-natal mortality which has not altered much during the past few years does, however, shew a distinct improvement in 1927.

The diarrhoeal mortality (under 2 years of age) still remains much too high and the matter is receiving attention through the Child Welfare work.

It is a great satisfaction to note again a continued improvement in the maternal mortality.

GENERAL PROVISION OF HEALTH SERVICES.

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

This hospital, used for the isolation of cases of Scarlet Fever, Diphtheria and Enteric Fever, contains 34 beds. The old part of the hospital comprises an administrative block and 2 ward blocks each with 2 wards, all brick buildings. During 1927 a temporary wooden block with 6 cubicle wards was built, as well as a wooden bungalow, with 3 bedrooms and sitting room for the use of the nursing staff. The area of the site was also enlarged from $\frac{1}{2}$ of an acre to $1\frac{1}{2}$ acres, by taking in additional land from the adjoining field, belonging to the Corporation. These additions have relieved the congestion of the hospital, but the place as a whole is inadequate and in many respects obsolete. During the year an inquiry was held by the Ministry of Health into an application for the appropriation of land at Snapethorpe acquired by the Corporation for housing purposes, for a site for a new combined hospital for infectious diseases and sanatorium for tuberculosis and the application was subsequently granted. Plans for the hospital and sanatorium are now in course of preparation.

(2) **Smallpox Hospital near Carr Gate.**

This hospital belongs to the Wakefield and District Smallpox 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 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 2 motor ambulances are provided at the Police Station.

Clinic and Treatment Centres.

(a) Maternity and Child Welfare Centres.

There are six 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 Knox.
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 Thorp.

(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 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—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.

Name.	Qualifications.	Office held.
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.
Robert Greenwood ..	Certificate of Royal Sanitary Institute for (1) Inspector of Nuisances and (2) Inspector of Meat and other foods.	Inspector of Canal Boats. District Sanitary Inspector. Inspector of Meat and other foods. Inspector under Housing Regulations.
James T. Briggs ..	Ditto	Ditto.
George E. Curtis ..	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. C.M.B. Certificate. New Certificate of R.S.I. for Health Visitors.	Health Visitor. Superintendent Belle Vue Child Welfare Centre. School Nurse. Tuberculosis Nurse.
Margaret Cameron .. (left 3rd December, 1927).	Trained Nurse C.M.B. Certificate. New Certificate of R.S.I. for Health Visitors.	Health Visitor. Superintendent, Thornes Child Welfare Centre. School Nurse. Tuberculosis Nurse.
Ada Knox	Trained Nurse C.M.B. Certificate.	Health Visitor. Superintendent Market St. Child Welfare Centre. School Nurse. Tuberculosis Nurse.
Ellen R. Paver ..	Trained Nurse C.M.B. Certificate.	Health Visitor. Superintendent of Home-stead 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. New Certificate of R.S.I. for Health Visitors.	Health Visitor. Superintendent of Eastmoor Child Welfare Centre. School Nurse. Tuberculosis Nurse.
A. J. Peck	Nurse	Matron of City Fever Hospital.

Name.	Qualifications.	Office Held.
Maud Bembridge ..	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 John C. Palmer, District Inspector, resigned and George E. Curtis was appointed to the post. Margaret Cameron, Health Visitor, left in December, but the post was not filled up at the end of the year. Miss Morton, Matron of the Maternity Hospital also left in May, and Miss M. Bembridge was appointed in her 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 1927, 23 midwives gave notice of intention to practice, including 6 in the Maternity Hospital and 3 in the White Rose Hospital (Poor Law). One district midwife is employed by the Corporation and is salaried.

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 Penine 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 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, 94).

Wakefield Improvement Act, 1877.

Wakefield Corporation Act, 1887.

Wakefield Corporation Act, 1909.

Wakefield Corporation Act, 1924.

In order to bring local legislation into conformity with the Public Health Act, 1925, the Minister of Health by order dated 16th August, 1927, repealed certain sections in the above local Acts. The sections particularly affecting public health repealed in the 1924 Act are as follows :—

Section 101 (Medical Inspection of inmates of common lodging houses, etc., when infectious diseases prevail).

Section 103 (For preventing contact with body of person who has died of infectious disease).

Section 105 (removal of person suffering from pulmonary tuberculosis to hospital).

Section 109 (Houses infested with vermin to be cleansed).

Section 111, paragraphs (a) and (b) in sub-section (1) (for regulating manufacture and sale of ice-cream, etc.).

Section 112 (sanitary regulations for premises used for sale, etc., of food for human consumption).

Section 113 (no place used for storage, etc., of human food to be used as a sleeping place).

Section 123 (defining establishment of a new business).

The above sections are now replaced by the corresponding ones in the Public Health Act, 1925.

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.

Rivers and Streams, Sewerage, etc.

The conditions remain substantially the same as given in the 1925 Report.

Closet Accommodation.

The closet accommodation in the City is as follows :—

Water Closets (including 394 trough closets)	.. .. .	12,952
Privies	.. .. .	324
Tub Closets	.. .. .	66
Number of Privy Closets converted into Water Closets during 1927	.. .. .	40
Number of additional Water Closets provided in connection with above	.. .. .	—

Number of Tub Closets converted into Water Closets during 1927	18
Number of additional Water Closets provided in connection with above	1
Number of Trough Closets converted into Washdown Closets during 1927	2
Number of additional Water Closets provided in connection with above	—
Number of Privy Closets in addition to above dispensed with	12
Number of Tub Closets in addition to above dispensed with	—
Total Privy Closets abolished	52
Total Tub Closets abolished	18
Total Trough Closets abolished	2

During 1927, 35 Privy Closets and 16 Tub Closets were converted into Water Closets under Section 39 of the Public Health Act, Amendment Act, 1907. The cost to the Corporation in carrying out these works was £175 18s. 6d for privy closets, and £166 12s. 0d. for tub closets.

NUMBER OF PRIVIES AND TUB CLOSETS AT THE END OF 1927.

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 ..	9	10	10	9	—	—	—	—	10
North Westgate ..	7	7	6	9	—	4	3	1	11
South Westgate ..	10	12	10	14	—	6	1	2	18
St. John's ..	3	5	3	9	—	—	—	—	5
Eastmoor ..	—	—	—	—	—	11	14	—	11
Northgate ..	—	—	—	—	—	2	2	—	2
Kirkgate ..	3	7	3	10	—	21	25	3	28
Primrose Hill ..	6	7	6	8	1	11	9	2	18
Calder ..	10	30	9	14	3	8	8	—	38
Belle Vue ..	78	141	78	153	1	—	—	—	141
Sandal ..	70	105	71	131	—	3	3	—	108
Whole City ..	196	324	196	357	6	66	65	8	390

SANITARY INSPECTION OF THE AREA.
SYNOPSIS OF SANITARY INSPECTION WORK, 1927.

	Inspections.	Re-Inspections.
Number of Inspections made	7986	1822
" " Complaints received	766	—
" " Complaints confirmed	510	—
" " Nuisances found	482	—
" " Informal Notices served	481	—
" " Statutory Notices served	81	—
" " Notices outstanding at end of 1927	3	—
" " Summonses issued	1	—
" " Premises where work was carried out by verbal notice or without notice	179	—
" " Letters sent	135	—
" " Matters referred to City Surveyor	100	—
" " Matters referred to Water- works Engineer	22	—

SUMMARY OF INSPECTION WORK.

Dwelling Houses.

Ordinary	495	139
<i>Re</i> Infectious Diseases	117	30
<i>Re</i> Housing and Town Planning Acts	315	1117
Water Closets	213	164
Privies and Tub Closets	198	21
Ashplaces and Ashbins	126	54
Urinals	14	—
Yards and Courts	118	—
Dangerous Structures	13	—

Drains.

Inspections	456	119
Smoke Tests	121	—
Water Tests	1	—
Chemical Tests	1	—

Sewers, etc.

Ventilation	10	—
Street Gullies	56	1

Factory and Workshops, etc.

Factories	8	—
Workshops (excluding Bakehouses)	134	—

	Inspections.	Re-Inspections.
Workplaces (including Restuarant Kitchens and Stables)	46	34
Bakehouses	94	7
Outworkers	3	—
Miscellaneous.		
Canal Boats	30	—
Van Dwellings	20	17
Common Lodging Houses	167	11
Houses Let in Lodgings	175	36
Cowsheds	127	18
Dairies, Milkshops and Milk Stores	195	6
Ice Cream Premises	46	4
Private Slaughterhouses	2213	—
Do. (Special Notices)	134	—
Corporation Slaughterhouse ..	1070	—
Borough Market	132	—
Cattle Market.. .. .	2	—
Butchers' Shops	559	—
Fishmongers' Shops and Stalls ..	225	—
Cold Storage	3	—
Offensive Trade Premises (including Fish Frying Premises)	412	21
Piggeries	49	15
Smoke Observations	1130	—
Wells	1	—
Meetings with Owners and Tradesmen	850	—
Special Visits	1560	32
Visits under Rats and Mice		
Destruction Acts	59	1
Visits to Houses of Entertainment..	17	—
Miscellaneous (including Cesspools, Water Courses, Refuse Tips, etc.)	36	7

SUMMARY OF SANITARY IMPROVEMENTS CARRIED OUT UNDER PUBLIC HEALTH ACTS.

Dwelling Houses.

Cleansed or Limewashed	47
Overcrowding abated	15
Lighting improved	1
Ventilation improved	31
Roofs repaired	82
Eaves Spouts or Rain Water Fall Pipes repaired ..	141
External Walls, Chimneys, etc., repaired or re-pointed	31
Inside Walls, Ceilings, etc., repaired	19

New Floors laid or repaired	..	..	..	..	16
Doors repaired	..	..	..	..	2
Yards re-laid or repaired	..	..	..	..	1
Water Supply improved	..	..	..	..	9
Yards cleansed	..	..	..	..	—
Living Vans removed	..	..	..	..	1
Fireplaces, etc., repaired	..	..	..	..	25
Stairways repaired	..	..	..	..	2
Food Stores improved	..	..	..	..	19
Washing Accommodation improved	..	..	..	..	5

Drains.

Opened out for inspection	..	..	..	..	64
Repaired	..	..	..	..	39
Re-constructed	..	..	..	..	77
Inspection Chambers constructed	..	..	..	..	30
Drains choked	..	..	..	..	1412
Drains cleansed by Corporation Drain Cleanser	..	..	..	..	1306
Drains cleansed by Owners	..	..	..	..	106
Drains or Drain Inlets inside buildings removed	..	..	..	..	6
Drains ventilated	..	..	..	..	20
Disconnected from Sewers	..	..	..	..	17
Rain Water Fall Pipes disconnected from Drains or Sewers	..	..	..	..	6
New Drains provided	..	..	..	..	62

Accumulations removed.

Manure	..	..	..	..	28
Other	..	..	..	..	17
Manure Pits provided	..	..	..	..	11

Animals, Fowls, etc.

Nuisances abated	15
------------------	----	----	----	----	----

Ashbins, Ashplaces, etc.

Movable Galvanised Iron Ashbins renewed	..	..	..	..	7
Movable Galvanised Iron Ashbins provided in lieu of Dry Ashpits	..	..	..	..	58
Dry Ashpits abolished	..	..	..	..	43
Dry Ashpits repaired	..	..	..	..	2
Tub Closets or Privies with Ashpits repaired	..	..	..	..	—

In addition the following were referred to the City

Surveyor :—

Movable Galvanised Iron Ashbins requiring renewal	..	..	..	..	117
Dry Ashpits requiring repairs	..	..	..	..	30

Urinals.

Urinals cleansed or improved	5
New Urinals provided	8

Sinks.

New Sinks provided	28
Sink Waste Pipes trapped, renewed or repaired ..	65
Other Waste Pipes trapped, renewed or repaired ..	2

Piggeries.

Cleansed or improved	5
Swine removed	5

Cesspools.

Repaired or improved	—
Abolished	1

Water Closets.

Cleansed or Limewashed	62
Repaired	86
Additional provided	10
Re-constructed	5

SUMMARY OF SANITARY IMPROVEMENTS CARRIED
OUT UNDER HOUSING ACTS.

Dwelling Houses.

Lighting improved	1
Ventilation improved	87
Roofs repaired	68
Eaves Spouts or Rain Water Fall Pipes repaired ..	75
External Walls, Chimneys, etc., repaired or re-pointed	103
Inside Walls, Ceilings, etc., repaired	112
New Floors laid or repaired	98
Fireplaces, Ovens or Set Pots repaired	84
Washing Accommodation provided	12
Yards re-laid or repaired	8
Doors repaired	31
Food Stores provided or improved	8
Stairways repaired	6

Drains.

Repaired	6
Drains or Drain Inlets inside Buildings removed ..	1
Rain Water Fall Pipes disconnected from Drains or Sewers	8

Sinks.

New Sinks provided	65
Sink Waste Pipes trapped, renewed or repaired ..	67
Other Waste Pipes trapped, renewed or repaired ..	1

Water Closets.

Additional provided	—
Repaired	25

Ashplaces.

Movable Galvanised Iron Ashbins renewed	—
Dry Ashpits repaired	—

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	6	6
Water Closets	5	5
Structural	5	5
Urinals	1	1

During the year the Common Lodging Houses have been kept in a satisfactory condition, and no change has taken place in the accommodation at the houses.

It was necessary to take legal proceedings in the case of two common lodging houses for failing to have a registered deputy on the premises. The cases were dismissed on payment of 5/- costs in each case.

HOUSES LET IN LODGINGS.

Number on Register at end of 1927	53
Number taken off during the year	7
Number put on during the year	3
Total accommodation (adults) at end of year ..	843

Defects.	Found.	Remedied.
Cleansing	8	8
Structural Alterations	7	7
Floors	3	3
Drain	1	1
Water Closet	1	1
Overcrowding.. ..	1	1
Other Defects.. ..	13	13

During the year 7 houses have been discontinued as Houses Let in Lodgings. It has been necessary to serve 3 Informal Notices and 3 Statutory Notices for contraventions under the Houses Let in Lodgings Byelaws during the year. The contraventions were as follows :—

Insufficient Water Closet Accommodation ..	4
No means of water supply	5
No provision made for Washing Accommodation	5
No provision made for Storage of Food ..	6
No means of Cooking	1

In three cases it was necessary to institute legal proceedings for compliance of Statutory Notices served. In two cases the summonses were dismissed on the owner undertaking to comply with the requirements of the notices. In each case the work has since been carried out.

In the other case an order was made for the compliance of the notice and penalties imposed amounted to £10 10s. 0d. The notice has since been complied with.

ANNUAL REPORT of the Medical Officer of Health for the year 1927, for the County Borough of Wakefield, on the administration of the Factory and Workshop Act, 1901, in connection with :—

Factories, Workshops and Workplaces.

1.—Inspection of Factories, Workshops and Workplaces.

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

Premises. 1	Number of		
	Inspections. 2	Written Notices. 3	Occupiers Prosecuted. 4
Factories (including Factory Laundries) ..	8	—	—
Workshops (including Workshop Laundries) ..	134	2	—
Workplaces (other than Outworkers' premises)	46	—	—
Total	188	2	—

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

Particulars. 1	Number of Defects.			Number of Offences in respect to which Prosecutions were Instituted. 5
	Found. 2	Remedied. 3	Referred to H.M. Inspector. 4	
Nuisances under the Public Health Acts :—				
Want of Cleanliness	7	7	—	—
Want of Ventilation	3	3	—	—
Overcrowding	—	—	—	—
Want of Drainage of floors	—	—	—	—
Other Nuisances	4	4	—	—
Sanitary accommodation. { insufficient	3	3	—	—
{ unsuitable or defective	7	7	—	—
{ 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.	—	—	—	—
Total	24	24	—	—

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)	10
Bakehouses (Workshops) .. .	22
Dressmaking	12
Saddlery	3
Boot Repairing	17
Millinery	5
Upholstery	3
Tailoring	11
Joinery	13
Other Workshops	47
Total ..	143

ATMOSPHERIC POLLUTION.

Emission of Black Smoke from Industrial Chimneys.—1927.

TABLE I.

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
1	117	71	16	3	4	3	—	11	5	1	1	1	1
2	30	14	3	1	3	3	1	3	1	1	—	—	—
3	72	31	23	3	6	5	—	4	—	—	—	—	—
4	21	9	—	3	4	—	—	5	—	—	—	—	—
5	13	—	8	3	1	1	—	—	—	—	—	—	—
6	14	3	2	1	1	—	—	4	1	1	1	—	—
7	15	1	1	—	2	—	1	2	3	3	1	—	1
Total	282	129	53	14	21	12	2	29	10	6	3	1	2

TABLE II.

No. of Boilers.	No. of Observations.	Black Smoke.—Minutes in the Half-Hour.											
		Nil	$\frac{1}{2}$	1	2	3	4	5	5-10	10-15	15-20	20-25	25-30
1	343	241	13	22	20	8	8	2	22	7	—	—	—
2	78	41	6	16	5	2	2	—	4	1	1	—	—
3	139	92	11	11	5	15	3	1	1	—	—	—	—
4	34	16 ^a	2	9	5	1	—	—	1	—	—	—	—
5	18	8	1	4	1	4	—	—	—	—	—	—	—
6	10	3	1	1	—	—	1	—	3	1	—	—	—
7	21	6	1	3	2	4	2	—	3	—	—	—	—
Total	643	407	35	66	38	34	16	3	34	9	1	—	—

TABLE III.

No. of Boilers.	No. of Observations.	Dense Smoke.—Minutes in the Half-Hour.											
		Nil	$\frac{1}{2}$	1	2	3	4	5	5-10	10-15	15-20	20-25	25-30
1	343	330	2	6	—	—	1	—	2	2	—	—	—
2	78	71	1	4	—	1	1	—	—	—	—	—	—
3	139	138	—	—	1	—	—	—	—	—	—	—	—
4	34	34	—	—	—	—	—	—	—	—	—	—	—
5	18	18	—	—	—	—	—	—	—	—	—	—	—
6	10	10	—	—	—	—	—	—	—	—	—	—	—
7	21	21	—	—	—	—	—	—	—	—	—	—	—
Total	643	622	3	10	1	1	2	—	2	2	—	—	—

TABLE IV.

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-
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	0·6
1927	925	57·9	9·5	8·6	2·2	5·4	0·2	8·8	4·7	0·6	1·2	0·1	0·3	—	—

NOTE.—The smoke emission from chimneys of metallurgical furnaces are excluded from the above records. For the purpose of comparison, the half minute records made in 1927, have been doubled in Table IV.

TABLE V.
MONTHLY RECORD OF SOOT DEPOSITS IN STANDARD GAUGES.—(July to December, 1927).

Month.	Tons of Total Solids per Square Mile.	
	Northgate Station.	Clarence Park Station.
July	26·35	14·55
August	25·80	21·32
September	21·57	17·52
October	31·02	24·51
November	31·28	20·38
December	28·83	31·82
Average per Month ..	27·47	21·66

Efforts to bring about a reduction in the emission of black and dense smoke from factory chimneys were continued during the year on the usual lines, which are based on the principles of education and persuasion, rather than on those of legal action. Much assistance in this direction was rendered by the local Smoke

Abatement Advisory Committee, and Wakefield also benefited by the activities of the Regional Smoke Abatement Committee. A course of lectures on smoke abatement and boiler efficiency to stokers and others interested was given by Mr. Dickinson, M.I.M.E., at the Technical College, and it was proposed to arrange an examination, written and practical, at the end of the course in 1928, and to grant certificates of proficiency to those who passed. Table IV. given above does indicate an improvement in the amount of black smoke given out from the chimneys of steam raising plants, but Table V. reminds us how great the smoke evil yet remains, for it shews that during the second half of 1927 about 200 tons of soot were deposited over the City every month. The two standard soot deposit gauges were installed during 1927, one at the meteorological station in Clarence Park and the other at the premises of the West Riding Rivers Board in Northgate. I am greatly indebted to the co-operation and assistance of Mr. Bailey, the Parks Superintendent and his assistants and to Mr. Garner, the Deputy Chief Inspector and Chemist of the West Riding Rivers Board, who has carried out the analyses necessary for the records.

HOUSING STATISTICS FOR 1927.

Number of New Houses erected during the year.

(a) Total (including number given separately under (b))	1182
(b) With state assistance under the Housing Acts :—	
(i) By the Local Authority	1081
(ii) By other bodies or persons	76

1.—Unfit Dwelling Houses.

Inspection—

(1) Total number of Dwelling Houses inspected for Housing Defects (under Public Health or Housing Acts)	810
(2) Number of Dwelling Houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910, or the Housing Consolidated Regulations, 1925	315
(3) Number of Dwelling Houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	7
(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	288

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	417
---	-----

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	36
(2) Number of Dwelling Houses which were rendered fit after service of formal notices :—	
(a) By owners	27
(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	167
(2) Number of Dwelling Houses in which defects were remedied after service of formal notice :—	
(a) By owners	167
(b) By Local Authority in default of owners ..	—

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

(1) Number of Representations made with a view to the making of Closing Orders	17
(2) Number of Dwelling Houses in respect of which Closing Orders were made	17
(3) Number of Dwelling Houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit	1
(4) Number of Dwelling Houses in respect of which Demolition Orders were made	15
(5) Number of Dwelling Houses Demolished in pursuance of Demolition Orders	2

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 315 houses, which were mostly of a poor class, but not situated in the scheduled insanitary areas:—

Dilapidated	77	With tub closets or	
Damp	125	privies	13
With defective lighting	40	With ashplaces or	
With defective		ashbin defects ..	37
ventilation	77	With yard surface	
Dirty	—	defects	13
With drain and sink		With nuisance from	
defects	147	keeping of animals	
With water closet		or poultry	—
defects	24	With other nuisances	
		or defects	237

Number of New Dwelling-Houses Certified for Occupation during 1927.

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 ..	*20	20	—	—	—	20	20	—
4 „ ..	565	558	7	7	—	565	565	—
5 „ ..	553	503	50	44	6	553	553	—
6 „ ..	41	—	41	25	16	41	41	—
7 „ and over	3	—	3	—	3	3	3	—
Total ..	1182	1081	101	76	25	1182	1182	—

*The 20 three-roomed houses were built by the Corporation at Portobello to replace houses demolished in insanitary areas.

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

Alverthorpe (including 146 on Batley Road Municipal Estate)	163
North Westgate (including 860 on Lupset Municipal Estate)	869
South Westgate (including 55 built by Corporation for sale on Thornes Road Estate)	85

St. John's	...	..	..	..	..	3
Eastmoor	..	..	..	..	..	7
Northgate	..	..	..	..	..	2
Calder	..	..	..	..	..	5
Belle Vue	..	..	..	..	..	2
Sandal (including 20 on Portobello Municipal Estate)	..	..	..	..	..	46

Remarks on Housing.

So far as housing is concerned, the outstanding feature of the year has been the extraordinary spurt in the building of Municipal dwelling houses. Of the 2,071 houses built by the Corporation since 1919, more than half were built in the year 1927, and this undoubtedly is a remarkable achievement on the part of the Housing Department. Such a substantial contribution to the housing accommodation of the City must have gone a long way to relieve the housing shortage, so far as it has affected people able to pay the rents of these municipal houses and themselves suitable in all respects for their occupation. It will also be observed from the table given above that the Corporation has catered for those who desire to purchase their own dwellings, and from the public health point of view alone this system is worthy of all encouragement. The price of the standard 5-roomed houses built for sale on the Thornes Road Estate is £550, but variations in construction may be arranged with the Housing Architect. Purchasers are able to borrow from the Corporation under the Small Dwellings Acquisition Acts up to 90 per cent. of the purchase price, which will enable them to repay the cost of the house in 20 years by monthly instalments, combining principal and interest. Such monthly instalment is approximately £3 7s. 7d. Most of the 55 houses built in 1927 were sold by the end of the year.

The main concern of the Health Department, however, remains with that considerable section of the population, abnormally augmented at the present time, by continued unemployment and short time, who are unable to pay the rentals of the type of municipal house hitherto provided or who because of undesirable habits are deemed unsuitable for such houses. Many of this class are living under conditions of overcrowding or insanitation, and will continue to do so until a cheaper type of house can be supplied. The problem of providing a dwelling house which will combine the diverse qualities of sanitation and cheapness is not an easy one, but it is one which urgently calls for serious consideration. The demand may be met in part by a system of re-conditioning old houses purchased by the Corporation and in dealing with insanitary areas, certain groups of houses might lend themselves to

such treatment. In my last report I recommended the provision of special types of houses for young married couples and for the aged, and the Corporation has under consideration plans prepared by the Housing Architect for a group of houses suitable for the latter class.

By the end of the year the clearance of the Pincheon Street and Volunteer Yard Insanitary Areas was practically completed, and I suggest that the Corporation should now take into consideration the question of improvement schemes for other insanitary areas in the City. During 1927 a start was made with the closure and demolition of individual insanitary houses, but only in a tentative manner, for we realised that the re-housing of the dispossessed tenants would prove a difficult matter.

The 315 houses inspected under the Housing Regulations were mostly of a poor class, but were not situated in any of the scheduled insanitary areas. It is not surprising to find that a large proportion of them presented defects, and of these dampness, defective lighting and defective ventilation were the most serious. 40 per cent. were damp, 25 per cent. were dilapidated, 25 per cent. were inadequately ventilated, and 12 per cent. were inadequately lighted. Dampness in dwelling houses is receiving increased attention owing to its alleged casual association with rheumatism, and from special inquiries made during the year, there is a considerable body of local evidence supporting this view. Several of the houses dealt with during the year might fittingly be called "rheumatism houses" from the considerable number of cases which have occurred in them over a period of years. The danger to health from such houses may be realised when we find that out of 2,688 houses inspected under the Housing Regulations during the past 6 years, no fewer than 990 or 37 per cent. were reported as damp. It is regrettable that the number of houses inspected under the Regulations was only 315, which is only about half the number that used to be inspected annually, and having regard to the housing conditions of the City, is quite insufficient to provide proper sanitary supervision. The decrease in the amount of housing inspection is to be explained mainly by the additional time now taken up by the Meat Inspection Regulations. When these Regulations came into force in 1925, no addition was made to the inspectorial staff, although experience has shewn that the due execution of the new duties would itself take up the time of one inspector. Since then other additional duties have been imposed on the inspectors, and I suggest that the time has now arrived when the appointment of an additional sanitary inspector is a necessity, if housing and general inspection work is to be done adequately.

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 on the whole there appears to be a continued improvement of the conditions under which this important article of food is produced, although much remains to be done before everything can be regarded as satisfactory. It is probably in connection with methods of production, rather than in the structural details of cowsheds, that improvement is most needed, and this aspect continues to receive the attention of the inspectors. At the same time the other requirements of the new Milk and Dairies Order will have to be enforced, and at the end of the year a survey of the cowsheds with this object was in progress. Mr. Pollard, M.R.C.V.S., has continued to carry out veterinary inspection of dairy cattle. Two cows were found tuberculous and dealt with under the Tuberculosis Order.

Registration of Cowkeepers, etc.

Cowkeepers and Milk Purveyors resident in the City	21
Milk Purveyors resident in the City	98
Milk Purveyors from outside the City	26
	145

No Cowkeepers were added to the Register during 1927.

1 Cowkeeper discontinued business during 1927.

38 Milk Purveyors were added to the Register during 1927.

14 Milk Purveyors discontinued business during 1927.

Dairies.

Defects.	Found.	Remedied.
Cleaning	2	2
Reconstructed	1	1
Ventilation improved	1	1

Cowsheds.

Defects.	Found.	Remedied.
Limewashing	10	10
Accumulations of Manure	1	1

Bacteriological Examinations of Milk.

During 1927, 19 samples of milk taken in Wakefield were bacteriologically examined at the County Hall Laboratory. 10 were samples of Wakefield produced milk and 9 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	3
5,000 and under 10,000	1
10,000 and under 50,000	7
50,000 and under 100,000	3
100,000 and under 500,000	5

Two 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. Apart from the graded milks, 8 samples came up to the bacterial standard of Grade "A" milk.

21 samples of milk were examined by animal inoculation for tuberculous infection and 4 of these (19 per cent.) were found to contain the infection as compared with 10·5 per cent. in 1926 and 20 per cent. in 1925. 3 infected samples were from milk produced in the City and one from outside the City.

Sediment in Milk.

41 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	31	9	22
1—2	7	2	5
2—3	2	—	2
3—4	—	—	—
4—5	1	—	1
Total ..	41	11	30

The above figures shew that 75·6 per cent. of the samples contained less than 1 part of sediment per 100,000 and that 92·7 per cent. contained less than 2 parts per 100,000. These figures are much better than those of 1926, when the corresponding figures were 37 per cent. and 67 per cent.

Quality of Milk.

75 samples of new milk were examined by the City Analyst for quality, and 10 (13·33 per cent.) were reported as adulterated. This percentage is much higher than that for England and Wales in 1926-27 (7·4). The following table gives the average composition of the samples excluding those which fell below the standard.

Composition of Milk Samples taken during 1927.

Month.	Number of Samples.	Average Fat.	Average Non-fatty solids.
January	4	3·23	8·91
February	11	3·64	8·96
March	3	3·15	8·77
April	3	3·66	8·96
May	7	3·44	8·87
June	2	3·60	8·90
July	2	3·30	8·95
August	4	4·42	8·72
September	8	4·11	8·97
October	3	4·70	8·85
November	9	3·69	8·86
December	9	3·66	8·93
Whole year	65	3·72	8·88

The Milk (Special Designations) Order, 1923.

Number of Licences in operation during 1926 7

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	—	10	—	13.33
Milk (Cleanliness) ..	41	—	41	—	1	—	2.43
Milk, Grade " A " ..	2	—	2	—	—	—	—
Pork Sausage ..	8	6	2	2	2	33.3	100
Paregoric ..	2	2	—	—	—	—	—
Camphorated Oil ..	4	4	—	—	—	—	—
Butter ..	4	4	—	—	—	—	—
Shredded Suet ..	3	3	—	—	—	—	—
Cheshire Cheese ..	3	3	—	—	—	—	—
Baking Powder ..	5	5	—	—	—	—	—
Vinegar ..	2	2	—	—	—	—	—
Milk of Sulphur ..	2	2	—	—	—	—	—
Raspberry Jam ..	3	3	—	—	—	—	—
Cream of Tartar ..	2	2	—	—	—	—	—
Custard Powder ..	4	4	—	—	—	—	—
Condensed Milk ..	5	5	—	—	—	—	—
Bun Flour ..	1	1	—	—	—	—	—
Blanc Mange ..	1	1	—	—	—	—	—
Glace Cherries ..	1	1	—	—	—	—	—
Cake Flour ..	2	2	—	—	—	—	—
Sponge Buns ..	3	3	—	—	—	—	—
Beef Sausage ..	2	2	—	—	—	—	—
Cream ..	12	11	1	1	1	9.0	100
Beef Dripping ..	1	1	—	—	—	—	—
Dried Milk ..	4	4	—	—	—	—	—
Tincture of Iodine ..	2	2	—	—	—	—	—
Liquorice Powder ..	2	2	—	—	—	—	—
Margarine ..	1	1	—	—	—	—	—
Lemon Cheese ..	1	1	—	—	—	—	—
Lard ..	2	2	—	—	—	—	—
Olive Oil ..	2	2	—	—	—	—	—
Epsom Salts ..	2	2	—	—	—	—	—
Cod Liver Oil Emulsion ..	1	1	—	—	—	—	—
Total ..	205	84	121	3	14	3.6	11.6

(b) Particulars of Adulterated Samples.

No.	Article.	Defect.	Action taken.
112	New Milk ..	Deficiency of Non-fatty Solids equal to 12.6 per cent. of added water.	Vendor prosecuted and fined £2 and 15/- costs.
114	New Milk ..	3 per cent. deficiency of Milk Fat ..	Vendor prosecuted and case dismissed.
120	Pork Sausage	Boric Acid present equal to 6 grains per lb.	Vendor warned.
145	New Milk ..	5 per cent. deficiency of Milk Fat ..	Vendor warned.
148	New Milk ..	Deficiency of Non-fatty Solids equal to 6.35 per cent. of added water.	Vendor warned.
1	New Milk ..	Deficiency of Non-fatty Solids equal to 7.4 per cent. of added water.	Vendor warned. Milk produced outside City. Follow up sample taken and found defective. Producer prosecuted.
17	New Milk ..	4 per cent. deficiency of Milk Fat ..	Vendor warned.
18	New Milk ..	Deficiency of Non-fatty Solids equal to 2.7 per cent. of added water.	Vendor warned.
19	New Milk ..	7.3 per cent. deficiency of Milk Fat ..	Vendor warned.
38	Cream ..	Contained 0.2 per cent. of Boric Acid and not labelled in accordance with Regulations.	Follow up Sample No. 43 taken.
43	Cream ..	Contained 0.09 per cent. of Boric Acid and not labelled in accordance with Regulations.	Vendor prosecuted and to pay 15/- costs.
46	Pork Sausage	Sulphur di Oxide present, 121 parts per million, and not declared as required by Regulations.	Follow up Sample No. 50 taken.
49	Pork Sausage	Sulphur di Oxide present, 24 parts per million, Boric Acid present equal to 6.5 grains per lb.	Vendor warned.
50	Pork Sausage	Sulphur di Oxide present, 109 parts per million, Boric Acid present equal to 5.7 grains per lb.	Vendor warned.
88	New Milk ..	Deficiency of Non-fatty Solids equal to 2.4 per cent. of added water.	Follow up Sample No. 93 taken and found to be genuine.
90	New Milk ..	5 per cent. deficiency of Milk Fat ..	Vendor warned.
103	New Milk ..	4 parts Sediment per 100,000	Vendor warned.

REPORT OF ADMINISTRATION IN CONNECTION WITH
THE PUBLIC HEALTH (MILK AND CREAM) REGULA-
TIONS (1912-1917) DURING THE YEAR 1927.

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	75	—
Cream	2	2

The two samples of cream which contained 0·21 per cent. and 0·09 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. Proceedings were instituted against the vendor of these samples and the case was dismissed on payment of 15/- costs.

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	10
(2) Statements incorrect	—
(3) Percentage of Preservative found in each sample.	Percentage stated on Statutory Label.
	Boric Acid (not exceeding).

Boric Acid.

0·4	0·4
0·31	0·4
0·25	0·4
0·31	0·4
0·21	0·4
None	0·4
0·25	0·4
0·24	0·4
0·1	0·4
0·09	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.

Slaughterhouses.

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

	In 1920.	In January, 1927.	In December, 1927.
Registered	9	8	8
Licensed	17	15	15
Total ..	26	23	23

Number of Animals Slaughtered in the City during 1927.

	Beasts.	Calves.	Pigs.	Sheep.	Horses.	Total.
Public Slaughterhouse	3818	265	2282	7049	—	13414
Private Slaughterhouses	2180	266	2829	3336	—	9611
Total for Year ..	5998	531	6111	10385	—	23025

Condemnations of Unsound Food.

2,002 Meat .. ..	..	..	..	..	Weighing 8829 Stones.
5 Fish .. ..	..	..	..	..	10 ..
1 Vegetables .. ..	..	..	..	..	176 ..
Total .. ..	..	..	..	..	9015 ..

15 Tinned Fruits	1438 Tins.
1 Fruit	5 Cases.

Where Condemnations made.

1,447 Borough Slaughterhouse, 555 Private Slaughterhouses, 2 Railway Stations, 1 Farm, 4 Borough Market, 8 Shops, 13 Warehouses, 4 Piggeries.

Number of Carcasses, etc., Condemned.

Animals.	Total Whole Carcasses.	Total Part Carcasses.	Tubercular Disease.		Other Conditions.	
			Whole Carcasses.	Part Carcasses.	Whole Carcasses.	Part Carcasses.
Bovines	134	89	116	87	18	2
Pigs	47	1	23	—	24	1
Sheep	27	3	—	—	27	3
Calves	10	—	1	—	9	—
Total	218	93	140	87	78	6

Percentage of Condemnations due to Tubercular Disease .. 70.0

Percentage of Bovines affected with Tubercular Disease .. 15.3

Percentage of Pigs affected with Tubercular Disease .. 7.9

Percentage of all animals slaughtered in City affected with disease 8.7

Percentage of all animals slaughtered in Private Slaughterhouses affected with disease 5.8

Percentage of all animals slaughtered in Public Slaughterhouses affected with disease 10.7

Remarks on Food Inspection.

The above figures indicate the very considerable attention which is given, and rightly given, to food inspection. In particular no pains have been spared to carry out the exacting Meat Inspection Regulations in a complete and efficient manner, although, as I have pointed out elsewhere, this has been done at the expense of other sanitary work. The meat inspection work is considerably increased through the existence of so many private slaughterhouses and this drawback will remain until a new Municipal Slaughterhouse is erected. Over 23,000 animals were slaughtered in 1927, an increase of 2,000 over 1926, and every one of the carcasses was duly inspected by a qualified meat inspector. All the diseased carcasses, etc., with one exception, were voluntarily surrendered and it was not necessary to take any legal action.

The Byelaw requiring that all animals slughtered for food in Wakefield should be stunned by a mechanically-operated instrument has been fully complied with during the year and no complaints have been received as to the efficiency of the method or the keeping qualities of the meat.

OFFENSIVE TRADES.
List of Offensive Trades at end of 1927.

Trade.	Number.
Tripe Boiling	6
Gut Scraping	1
Rag and Bone Dealing	6
Fish Frying	59

Offensive Trades taken off Register during 1927	1
Offensive Trades put on Register during 1927 ..	3

Defects.	Found.	Remedied.
New Range	1	1
Cleansing	14	14
Refuse Receptacles	4	4
Refuse Accumulations	1	1
Preparation Room improved ..	4	4
Drainage improved	1	1
Nuisance from Effluvia	2	2

The various premises have been kept in a satisfactory condition during the year. The facilities for preparation in connection with fish frying businesses have been receiving attention and several improvements have been effected.

PREVALENCE OF, AND CONTROL OVER INFECTIOUS DISEASES.

Notification of Infectious Diseases, 1927.

DISEASE.	Number of Cases Notified.											Number of Deaths.															
	At all Ages.	Under 1 yr.	1—2 yrs.	2—3 yrs.	3—4 yrs.	4—5 yrs.	5—10 yrs.	10—15 yrs.	15—20 yrs.	20—35 yrs.	35—45 yrs.	45—65 yrs.	65 & Over.	At all Ages.	Under 1 yr.	1—2 yrs.	2—3 yrs.	3—4 yrs.	4—5 yrs.	5—10 yrs.	10—15 yrs.	15—20 yrs.	20—35 yrs.	35—45 yrs.	45—65 yrs.	65 & Over.	No. of Cases Removed to Hospital.
Smallpox	10	1					1	3	1	2	2																10
Diphtheria																											
Scarlet fever																											
Whooping Cough	53	1	5		4	27	7	3	5	1			2			1				1							45
Measles	18	1							2	1	7	7															4
Epidemic Typhus	68	1	4	2	3	7	33	8	4	5	1		1							1							63
Enteric Fever																											
Relapsing Fever	11				1		1			3	3	3	2							1							2
Continued Fever																											
Opercular Fever	6												1														4
Cerebro-Spinal Meningitis																											
Encephalomyelitis																											
Thalæmia Neonatorum	9	9																									4
Primary Pneumonia	85	4	5	5	4	3	10	2	2	13	8	21	8	70	13	3	3	3	2	3	2	2	8	7	8	16	24
Influenzal Pneumonia	8																										
Enteric	3																										
Scarlet																											
Nonary Tuberculosis	68	1	1	1			4	3	7	26	8	16	1	34	1					1	2	15	4	11			
Pulmonary Tuberculosis	24		1	4		2	5	2	3	4	1	2		15		1	1			3	2	5		3			
Measles	413	18	27	55	143	170								17	2	7	4	1	2	1							
Whooping Cough	7	1	1	3	1	1								1													
Epidemic Polio-encephalitis																											
Epidemic Encephalitis Lethargica																											
Scarlet Fever																											
Opercular Pyrexia	17								2	12	3																
Scarlet-pox	98	8	4	8	8	23	41	3	1	2																	
Totals	898	44	44	83	160	210	122	28	23	80	34	51	19	144	16	11	9	5	4	11	6	22	15	21	8	16	177

Smallpox.

Since the last considerable Smallpox epidemic, which lasted from 1902 to 1905, Wakefield has remained free from the disease, except for a single case in each of the years 1906, 1913 and 1916, till January, 1927, when 10 cases were notified. This little outbreak of 10 cases was confined to 3 families with 6, 3 and 1 cases in each. The patients comprised 5 adults aged 41, 37, 22, 21 and 17 years and 5 children aged 13, 13, 12 and 8 years and a baby 4 months old. Three of the adults (aged 41, 37 and 22 years) had been vaccinated in infancy but not re-vaccinated. The other 7 patients had not been vaccinated. There were no deaths. The following is the history of the outbreak :—

On the 17th January, I was asked by a doctor to examine the members of a family living near the centre of the City, as there were certain suspicious features about the illnesses. After doing so, I came to the conclusion that all the members of the family, namely, a father and mother, a son aged 22 years, a daughter aged 13 years and a daughter aged 8 years, and a baby aged 4 months were all suffering from smallpox, with the possible exception of the father who was then considered a doubtful case, but afterwards he was diagnosed as a smallpox case too. The first case in the series, namely, the eldest daughter appeared to have sickened about the 22nd December, 1926, with a disease which was believed to be chickenpox; the younger daughter began about the 8th of January and the other members of the family about the 11th January. The Clerk of the Joint Smallpox Committee was immediately notified and on the following morning the 6 persons were removed to Sherburn-in-Elmet Smallpox hospital. Immediate steps were also taken to hunt up all possible contacts, and as the disease had 4 weeks' start of us the opportunities for dissemination of the disease were considerable. For instance, the first case had attended Sunday School on the previous day and had gone to the day school that very morning, although fortunately she had been very promptly sent home by the Headmaster. The son had been at work in a shop since the previous Saturday and I had to visit the shop to get him. As a result of our inquiries, however, only one of the Wakefield contacts was found to be suffering from the disease. This was a young man residing in Eastmoor Road, and when the Inspector visited this house next morning he had gone to work in the Stanley district. His father, however, went for him and when seen by me later in the day he was found to have smallpox in a more marked degree than any of the other cases. He was removed to hospital on the same day. This man had been a frequent visitor to the house in which the other cases had occurred and apparently he commenced with the disease about the 1st of January, although he had gone about freely since the 5th of January. Amongst other things he had played the piano at a Working Men's Club outside Wakefield on two occasions since the beginning of his illness, and was to have played the piano at a dance in Wakefield on the day following his removal to hospital. He had also worked at various places in Stanley since the 5th January. Amongst the contacts of the first family was a young married woman, who had stayed with them at Christmas, but who had since returned to her own home in Scarborough. This information was telephoned to Scarborough, and on the same day as we had discovered our cases in Wakefield, this woman was found in Scarborough to be suffering from smallpox.

On the 19th January, I was asked by a doctor to see a young man who was then in his surgery and we decided that the case was suspiciously like smallpox. He was removed to the iron building of the Fever Hospital and strictly isolated there until next morning, when it was decided that the case was one of smallpox and he was removed to the smallpox hospital. The onset in this case was probably the 15th of January and, although the proof is not complete, there is a strong suspicion that he too was infected directly or indirectly from the first family. Although the danger period in this case was shorter than the others, a very large number of contacts were involved, some of them, at the time of discovery, as far away as Torquay.

On the 27th and 28th January respectively, two of the contacts in the second family began to be poorly and on the 31st January, a smallpox eruption appeared on both the children and they were removed to the smallpox hospital. They had not previously been vaccinated, but were vaccinated on 19th January after they had been exposed to infection in the home for about 19 days. They developed the disease 8 and 9 days respectively, after successful vaccination and as the incubation period of the disease is 12 days, they were vaccinated after infection had actually taken place. Although vaccination was too late to prevent the disease in these two children, it considerably modified the extent of the eruption which was very scanty.

With regard to the original source of infection, there was a strong suspicion that the disease had been introduced by a young woman who came from a badly infected district in County Durham and who stayed for a short time with the first family early in December. In fact, she had then slept with the elder daughter who was the first to develop the disease.

The usual steps were taken to control the threatened epidemic including disinfection, supervision and vaccination of contacts, and the issue of advisory notices in the press and on posting stations. The Education Department also issued a warning circular to all the parents of children attending the same school as one of the smallpox cases. Chickenpox was made a notifiable disease for 6 months and 98 cases were notified. During the year a number of suspected cases were reported which proved on investigation not to be cases of smallpox. Two of these cases were removed to the Fever Hospital for observation.

In January, Dr. Vernon Shaw, of the Ministry of Health, visited the City and inquired into the circumstances of the smallpox outbreak.

All the cases were treated at the Sherburn-in-Elmet Smallpox Hospital and the occupation of the Wakefield and District Smallpox Hospital as a Sanatorium was not disturbed. All the cases recovered.

Diphtheria.

53 cases of Diphtheria were notified, giving an attack rate of 1.02 per 1,000 as compared with 0.94 in 1926, and 1.02 the average for the preceding 10 years. There were 4 more cases in 1927 than in 1926. The largest number of cases occurred in St. John's Ward (12) and the smallest in Kirkgate Ward (1).

8 cases occurred in the first quarter of the year, 14 in the second, 13 in the third and 18 in the last quarter. 45 cases (85 per cent.) were removed to the Fever Hospital.

There were 2 deaths, giving a case mortality of 3.8 per cent., and a death rate of 0.04 per 1,000 as compared with 0.08 in 1926 and 0.07 the average for the preceding 10 years. The corresponding death rate in England and Wales was 0.07 and in the great towns 0.08.

Scarlet Fever.

68 cases of Scarlet Fever were notified, giving an attack rate of 1.3 per 1,000 as compared with 1.88 in 1926 and 2.47 the average for the preceding 10 years. There were 30 fewer cases than in 1926. The largest number of cases occurred in North Westgate Ward (24) and the smallest in Belle Vue Ward (none).

9 cases occurred in the first quarter of the year, 12 in the second, 21 in the third, and 26 in the fourth quarter.

There was one fatal case (septicaemia), giving a case mortality of 1.5 per cent. and a death rate of 0.02 per 1,000 as compared with 0.00 in 1926 and 0.01 the average for the preceding 10 years. The corresponding death rate in England and Wales and also in the great towns was 0.01.

63 (94 per cent.) of the cases were removed to the Fever Hospital.

There were 6 return cases (8.8 per cent. of the notified cases) related to 4 infecting cases, all discharged from the Fever Hospital. Of the 118 cases discharged from the hospital 4 (3.4 per cent.) gave rise to return cases, 3 to 1 case each and 1 to 3 cases.

Apart from the return cases there were 4 secondary cases (3.4 per cent.), 2 cases in one house and 1 case each in 2 other houses.

Scarlet Fever and Home Conditions.

Of the 55 ordinary dwellings invaded, 27 had less than 2 persons per room, 24 between 1 and 2 persons per room, and 4 more than 2 persons per room. 7.2 per cent. of the houses were overcrowded, according to the standard of the Registrar General.

Home	}	Under 14 years—82 (susceptible 80).
Contacts.		Over 14 years—164 (susceptible 158).

Amongst the 80 susceptible contacts under 14 years there occurred 4 return cases and 4 secondary cases.

Amongst the 158 susceptible contacts over 14 years there occurred 2 return cases and no secondary cases.

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

The above figures do not indicate any relationship between overcrowding and multiple cases of scarlet fever and this conclusion agrees with our previous findings.

Enteric Fever.

There were 11 cases of Enteric Fever notified, giving an attack rate of 0.21 per 1,000 as compared with 0.25 in 1926 and 0.19 the average for the preceding 10 years. There were 2 deaths, giving a case mortality of 18 per cent. and a death rate of 0.04 per 1,000 as compared with 0.03 in 1926 and 0.03 the average for the preceding 10 years. The corresponding death rate in England and Wales and also in the great towns was 0.01. The following are particulars of the cases:—

- (1) Female, 31 years, West Riding Mental Hospital February.
- (2) Female, 3½ years, West Riding Mental Hospital March.
- (3) Female, 5 years, Duke of York Avenue .. March.
- (4) Male, 39 years, Woodthorpe Lane .. March.
- (5) Female, 23 years, Lincoln Street .. August.
- (6) Female, 63 years, West Riding Mental Hospital August.
- (7) Male, 9 years, Stanley Road September.
- (8) Male, 46 years, Agbrigg Road November.
- (9) Female, 39 years, West Riding Mental Hospital November.

- (10) Female, 34 years, West Riding Mental Hospital November.
 (11) Female, 53 years, West Riding Mental Hospital December.

An additional case (fatal) was notified in March, but the patient was a non-resident who had come on a visit to Wakefield 2 days before the onset. The notification of the case was accepted by the district to which she belonged.

It will be noted that 6 of the cases were patients in the West Riding Mental Hospital and were retained there. Of the remaining 5, 2 were admitted to the Fever Hospital and the others were treated at home. In one of these the disease was not discovered till after death and the circumstances of this case were so peculiar as to merit a note. A child of 5 years had been in excellent health up to and including the Saturday, but was indisposed on the Sunday and Monday. On the Tuesday she appeared quite well again and was running about and skipping on that day. On the Wednesday she again was poorly, became worse as the day went on and was dead by nine o'clock that night. At the post mortem examination, ordered by the Coroner, the doctor found the typical lesions of Enteric Fever in the intestines but no perforation or peritonitis. The death accordingly was certified as due to Enteric Fever. This child had not been associated with any known case of Enteric Fever.

Pneumonia.

93 cases of pneumonia were notified (85 primary and 8 influenzal). 49 were notified in the 1st quarter, 20 in the second, 7 in the 3rd, and 17 in the 4th quarter of the year. Of the notified cases 37 died. There were 34 deaths from pneumonia where the illness had not been notified.

Dysentery.

The 3 cases notified were all patients in the West Riding Mental Hospital. There were no deaths.

Measles.

413 cases (all children under 5 years and all first cases) were notified as compared with 22 in 1926. The epidemic spread all over the City, the highest number of cases (74) were notified from Sandal Ward, and the lowest (13) from South Westgate Ward. The monthly notifications were January 6, February 106, March 186, April 66, May 29, June 7, July 2, August 8, September 2 and October 1. 15 cases were removed to the Fever Hospital. There were 17 deaths from measles, giving a death rate of 0.32 per 1,000

as compared with 0.02 in 1926 and 0.23 the average for the preceding 10 years. The fatal cases included 2 under 1 year of age, 7 aged 1 year, 4 aged 2 years, 1 aged 3 years, 2 aged 4 years and 1 aged 5 years. In 15 cases the death was directly due to Broncho-Pneumonia, in 1 to Cancrum Oris and in 1 to Asthma.

Whooping Cough.

There were 7 cases of Whooping Cough notified, all children under 5 years and all first cases. 36 cases were reported from the schools. There was one death—a child of 3 years—the direct cause of death being broncho-pneumonia.

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

No cases of the above diseases were notified during the year.

INFECTIOUS DISEASES HOSPITAL. Statistics, 1927.

Disease.	No. of Cases remaining 1st Jan., 1927.	No. of Cases admitted 1927.	No. of Cases treated 1927.	No. of Cases Discharged 1927.	No. of Deaths 1927.	Mortality percentage 1927.	No. of Cases remaining 31st Dec., 1927.
Scarlet Fever ..	9	64	73	57	1	1.4	15
Diphtheria ..	5	43	48	43	1	1.8	4
Enteric Fever..	—	2	2	1	1	50.0	—
Measles ..	—	15	15	13	2	13.3	—
For observation	—	4	4	4	—	0.0	—
Total ..	14	128	142	118	5	3.5	19

The maximum number of patients on any day was 25, the minimum 6 and the average 12. The maximum number of Scarlet Fever patients was 16, the minimum nil (March 16th to April 24th) and the average 7. The maximum number of diphtheria patients was 8, the minimum nil (April 21st to 29th), and the average 4. The maximum number of Measles patients was 9 (April 15th to May 7th).

Scarlet Fever.

The maximum period of stay was 114 days, the minimum 26 days and the average 42 days. The diagnosis was revised in 3 cases, 3 cases were admitted on the 1st day of disease, 17 on the second, 22 on the 3rd, 14 on the 4th, 3 on the 5th, 1 on the 6th, 1 on the 7th, 1 on the 10th, 1 on the 12th, and 1 on the 22nd day.

Complications occurred in the following number of cases :—

	On Admission.	After Admission.
Rhinitis	11 (17%)	4 (6%)
Otorrhoea	1 (1.5%)	3 (5%)
Cervical Adonitis	4 (6%)	9 (14%)
Rheumatism	1 (1.5%)	3 (5%)
Nephritis	1 (1.5%)	—
Tonsillitis	2 (3%)	4 (6%)
Broncho-pneumonia	1 (1.5%)	—
Endocarditis	—	2 (3%)

There were 2 patients who developed second attacks when in the hospital. In one case the second attack commenced on the 28th day of the first attack, when peeling had almost finished. In this case the second attack was of the septic type and more severe than the first. In the other case the second attack commenced on the 15th day of the first attack, when the patient was actively peeling, and was of the septic type, with severe toxaemia and haemorrhages and ending fatally.

Diphtheria.

The maximum duration of stay was 63 days—the minimum 22 and the average 32. The diagnosis was revised in 2 cases. Complications occurred in the following number of cases :—

	On Admission.	After Admission.
Rhinitis	1 (2.3%)	1 (2.3%)
Otorrhoea	1 (2.3%)	—
Cervical Adonitis	3 (7%)	2 (4.6%)
Albuminuria	1 (2.3%)	1 (2.3%)
Paralysis	1 (2.3%)	2 (4.6%)
Antitoxin Rashes	—	5 (11.6%)

There were 5 laryngeal cases and in 2 tracheotomy was performed, with 1 death and 1 recovery.

6 patients were admitted on the 2nd day, 14 on the 3rd, 11 on the 4th, 7 on the 5th, 3 on the 7th, 1 on the 8th, and 1 on the 12th day of disease. The fatal case was admitted on the 4th day. 288,000 units of antitoxin were administered to 32 patients, the

maximum dose being 16,000 units, the minimum 6,000 units and the average 9,000 units.

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

In continuation of the enquiry made in 1926 and reported on in the Annual Report for that year, a further 54 cases were investigated in the same way with the exception that much of the information obtained from the parents was verified from the registers at the hospital, with a view to obtaining as accurate data as possible. As explained in the previous report the purpose of the enquiry was to prove or disprove the truth of the assertion that the practice of isolating normal cases of Scarlet Fever for only 4 weeks instead of six is detrimental to the patients and to the public health. The possibilities alleged by those who view the restriction with disfavour are (1) an increased morbidity amongst patients after discharge from hospital, the extent of which cannot be known to the medical officer of the hospital; and (2) an increase in the risk of discharged patients spreading infection and giving rise to return cases. A different method of presentation of the data has been adopted on this occasion and these are available in one table:—

Duration in Hospital.	No. of Cases.	Percentage of Total.	Reported to have some morbid condition on discharge from Hospital.		Reported to have shewn sequelae.		Return Cases.	
			No. of Cases.	Percentage of No. in Group.	No. of Cases.	Percentage of No. in Group.	No. of Cases.	Percentage of No. in Group.
4 weeks	14	26	—	—	2	14	1	7
4—5 weeks	13	24	3	23	3	23	2	15
5—6 „	15	28	6	40	5	33	2	13
6—7 „	5	9	1	20	—	—	—	—
7—8 „	2	4	1	50	—	—	—	—
8—9 „	4	7	2	50	1	25	2	50
15 weeks	1	2	—	—	—	—	—	—
Totals ..	54	—	13	(24%)	11	(20%)	7	(13%)

The morbid conditions present on discharge from hospital and the sequelae, included such conditions as nasal discharge, adonitis, and otorrhoea. One patient was reported to have had mastoiditis 3 months after discharge. No case of kidney disease was brought to light. It must be noted that in the 8—9 group, of the two cases giving rise to return cases, one developed scarlet fever two weeks after admission to hospital and so should really appear in the 6—7

weeks group and both were reported to have a nasal discharge on leaving hospital. A curious point is that in none of the other cases where a return case occurred could a history of nasal or aural discharge either in or out of hospital be obtained.

Conclusion.

A study of the table supports the view expressed last year that isolation for a period of only 4 weeks of normal cases of scarlet fever is not prejudicial either to the patient or to others. It will be noted that both as regards sequelae and return cases the percentage of cases is smaller in the 4 weeks group than in either the 4—5 weeks or the 5—6. If we compare the 4 weeks group with all the others together as was done last year we find that the former shewed a percentage incidence of sequelae of 14 compared with 22 in the latter group, while, as regards return cases the figures are 7 and 15. It would seem to be fairly well established that 4 weeks is quite a safe minimum period of detention. It is to the case that is not normal, the case we ought not on any account to discharge in 4 weeks that we must give special consideration. This is the case that is liable to shew sequelae if discharged too soon, and the one which may give rise to return cases if there is an infective discharge.

DISINFECTION.

During 1927 the Hospital Porter carried out the following disinfecting work :—

No. of Houses disinfected	211	No. of Pillows disinfected	476
„ Rooms „	431	„ Bolsters „	311
„ Schools „	6	„ Curtains „	308
„ Classrooms „	20	„ Carpets „	273
„ times Disinfector		„ Rugs „	250
used	392	„ Boots „	318
„ Beds disinfected	334	„ Men's	
„ Mattresses „	248	Clothing „	675
„ Blankets „	670	„ Women's	
„ Sheets „	593	Clothing „	1242
„ Counterpanes „	396	„ Children's	
		Clothing „	1542
		„ Miscellaneous	812

PATHOLOGICAL AND BACTERIOLOGICAL EXAMINATIONS.

During the year 1,096 specimens from the City were examined at the County Bacteriological Laboratory :—

Sputum (Tuberculosis)	170	Hairs (Ringworm)	..	123
Throat Swabs (Diphtheria)	191	Blood (Wasserman,	..	280
Blood (Enteric Fever) ..	28	For detection of		
Urine (Enteric Fever) ..	12	Spirochaetes ..	..	2
Urine (Tuberculosis) ..	4	For detection of		
Urine (other Organisms)	81	Gonococci ..	..	22
		Milk Samples ..	..	21
		Various ..	..	162

Remarks on Infectious Diseases.

Measles was the only infectious disease that occurred in epidemic form during the year and recurrent epidemics of this disease appear to be inevitable. The only thing we can really do is to reduce the mortality by getting the patients better cared for, and every effort is made to do this, chiefly through the agency of the Health Visitors. The provision of a new Hospital would also enable us to offer hospital treatment for cases with unsatisfactory home conditions. At the beginning of the year we were threatened with an epidemic of smallpox but fortunately it was nipped in the bud. There is probably no infectious disease which is more amenable to administrative control than smallpox, but the early cases must be taken seriously and all methods of control put into force promptly and thoroughly. At the same time, so long as vaccination and re-vaccination remain neglected, the disease will remain a menace and a constant source of anxiety.

TUBERCULOSIS.

Notification.

During 1927, 68 cases of pulmonary tuberculosis (39 males and 29 females) and 24 cases of non-pulmonary tuberculosis (13 males and 11 females) were notified. In 1926, the corresponding numbers were 83 and 49. Of the 68 pulmonary cases, 20 died before the end of the year. Of the 24 non-pulmonary cases 9 died before the end of the year. The 24 non-pulmonary cases comprised Cervical Glands 7, Abdominal 6, Bones 4, Meninges 3, Joints 3, and Generalised 1.

New Cases and Mortality during 1927.

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	—	1	—	—	—	1	—	—
1—5	1	1	4	2	—	—	1	1
5—10	3	1	2	2	—	1	2	1
10—15	1	2	3	1	—	2	2	—
15—20	4	3	1	2	1	1	—	1
20—25	4	7	1	1	—	4	—	—
25—35	9	6	1	1	7	2	1	3
35—45	4	3	—	1	2	2	—	—
45—55	6	3	1	—	4	4	—	2
55—65	6	2	—	1	3	—	—	1
65 and upwards	1	—	—	—	—	—	—	—
Totals	39	29	13	11	17	17	6	9

PULMONARY TUBERCULOSIS.

Cases left on the Register, 31st December, 1927.

Year Notified.	Total.	Males.	Females	0-15 years.	15-25 years.	25-45 years.	Over 45 years.
1914 ..	1	—	1	1	—	—	—
1915 ..	—	—	—	—	—	—	—
1916 ..	2	—	2	—	—	2	—
1917 ..	4	1	3	1	1	1	1
1918 ..	1	—	1	—	1	—	—
1919 ..	3	2	1	—	1	2	—
1920 ..	10	5	5	2	2	5	1
1921 ..	9	5	4	3	1	4	1
1922 ..	4	1	3	1	—	3	—
1923 ..	10	5	5	2	3	5	—
1924 ..	18	11	7	—	9	6	3
1925 ..	26	9	17	7	2	12	5
1926 ..	36	26	10	9	7	15	5
1927 ..	40	23	17	7	14	13	6
Totals ..	164	88	76	33	41	68	22

Condition of Cases, 31st December, 1927.

Quiescent working	86	Advanced working	2
Quiescent not working	6	Advanced not working	17
Semi-quiescent working	19	In Sanatorium	14
Semi-quiescent not working	2	In White Rose Hospital	5
Semi-advanced working	9		
Semi-advanced not working	4	Total	164

NON-PULMONARY TUBERCULOSIS.

Cases left on the Register, 31st December, 1927.

Year Notified.	Total.	Males.	Females	0-15 years.	15-25 years.	25-45 years.	Over 45 years.
1913 ..	2	—	2	2	—	—	—
1914 ..	—	—	—	—	—	—	—
1915 ..	—	—	—	—	—	—	—
1916 ..	1	—	1	—	1	—	—
1917 ..	1	—	1	1	—	—	—
1918 ..	4	2	2	3	1	—	—
1919 ..	3	1	2	3	—	—	—
1920 ..	2	1	1	1	1	—	—
1921 ..	3	1	2	1	2	—	—
1922 ..	4	3	1	3	1	—	—
1923 ..	4	2	2	1	2	—	1
1924 ..	3	1	2	1	1	1	—
1925 ..	15	9	6	12	3	—	—
1926 ..	30	20	10	17	4	9	—
1927 ..	11	5	6	7	3	1	—
Total ..	83	45	38	52	19	11	1

Condition of Cases, 31st December, 1927.

Quiescent working	49	In Sanatorium	7
Quiescent not working	4	In White Rose Hospital	2
Semi-quiescent working	—	In West Riding Mental	
Semi-quiescent not working	1	Hospital	1
Semi-advanced working	8		
Semi-advanced not working	11	Total	83
Advanced working	—		
Advanced not working	—		

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 1927.

TUBERCULOSIS DISPENSARY.

During 1927, 153 persons were referred to the Dispensary for examination or treatment, including 8 who had previously been attending other dispensaries. Of the 145 referred to the Dispensary for the first time, 50 were found to be tuberculous (40 with pulmonary and 10 with non-pulmonary tuberculosis). One case (pulmonary) remained undiagnosed at the end of the year. 57 contact cases were examined and of these 2 proved to be tuberculous. 8 pulmonary cases were transferred from other Dispensaries, 31 were transferred to other districts or were lost sight of, 26 died, 43 cases were written off as cured and in 7 cases the diagnosis was cancelled or not confirmed. At the end of the year there remained 192 cases on the Dispensary register, 134 pulmonary cases, 1 observation pulmonary case and 57 non-pulmonary cases. Of the foregoing 90 were insured persons. Of the 40 pulmonary cases seen for the first time at the Dispensary during the past year 16 cases or 40 per cent. were in the earlier stage of the disease (Stadium I.), 15 or 37 per cent. were in the moderately advanced stage (Stadium II.), and 9 cases or 23 per cent. were in the advanced stage. Of the 10 new non-pulmonary cases 3 were affected with tuberculosis of the cervical glands, 3 of the abdomen, 2 of joints, 1 of bone, and 1 of skin.

Cases of Tuberculosis on Dispensary Register at end of 1927.

<i>Pulmonary Cases.</i>			<i>Non-Pulmonary Cases.</i>		
Adults	{ Males	56	Adults	{ Males	5
	{ Females	51		{ Females	9
Children	{ Males	16	Children	{ Males	23
	{ Females	12		{ Females	20
		<hr/>			<hr/>
Total	..	135	Total	..	57
		<hr/>			<hr/>

The total attendances at the Dispensary were 1,897. The Tuberculosis Officer had 48 consultations with medical practitioners over suspected cases, 16 at the homes and 32 in institutions. 19 other home visits were also made, and the Tuberculosis Nurses made 938 home visits in connection with the investigation and supervision of cases. Only one form (G.P. 17) was received during the year, and 7 Domiciliary Reports relating to 6 insured patients

were received, but reports in respect of 5 other insured persons were not received.

The Tuberculosis Dispensary continues to play an important role in the campaign against tuberculosis, although, so far as attendances are concerned, the work would appear to be considerably less than it was some years ago. This is partly due to a change in the character of the work, which, in compliance with the desire of the Ministry of Health, has become, except in cases requiring specialised treatment, largely limited to diagnostic functions, and partly to the diminished incidence of the disease itself. The Dispensary is provided mainly to afford assistance to medical practitioners in the early diagnosis of the disease and it is desirable that this service should be used to the full. Next to actual prevention itself, early diagnosis and early treatment are the essential factors in a successful campaign against tuberculosis and with the active co-operation of medical practitioners as well as of the public, for many cases still come too late to the doctor, the work of the Dispensary, successful as it has been, could still be usefully extended. In a Circular issued by the Ministry of Health in March, 1927 (Circular 771), the official views on Dispensary administration and other aspects of tuberculosis work are set out, and may with advantage be quoted here as it deals with questions which are often put to the Tuberculosis Officer :—

Dispensary Administration.

“ 1. The primary duties of the Tuberculosis Officer should
 “ consist in the diagnosis of cases of tuberculosis, consultations
 “ with general practitioners (with whom the Tuberculosis Officer
 “ should endeavour to become personally acquainted in order that
 “ the fullest measure of co-operation may be secured), the searching
 “ out and examination of the ‘ contacts ’ of newly-notified and other
 “ cases of tuberculosis, the general supervision of patients not
 “ requiring active treatment, the ‘ following up ’ of patients for
 “ whose failure to continue in attendance at the dispensary no
 “ satisfactory reason has been ascertained, acting as medical
 “ adviser to any local organisation for care and after-care, and the
 “ education of the general public in the need for combined effort in
 “ the eradication of the disease.

“ In the Minister’s view, actual treatment at the dispensary,
 “ as distinct from diagnosis, consultation and general supervision,
 “ should, as a rule, be limited to patients whose continued treat-
 “ ment requires special knowledge or technical skill, or who are
 “ unable to obtain other adequate medical attendance. Patients
 “ whose treatment does not call for the exercise of experience or
 “ skill beyond that which general practitioners ordinarily possess,

“ and who are either insured persons or are able to pay for medical
 “ attendance, should not be encouraged to attend the dispensary
 “ for routine treatment.

“ The practice of treating patients at dispensaries on a large
 “ scale, and over prolonged periods, with bottles of medicine, cod
 “ liver oil, etc., and of giving medicines to ensure the attendance of
 “ patients at the dispensary, is to be discouraged. The Minister is
 “ advised that patients should be taught to appreciate the value of
 “ personal advice and of instruction in a hygienic mode of life,
 “ instead of looking upon the taking of drugs as the necessary and
 “ only important factor in treatment. At the same time where, in
 “ the case of such tuberculous patients as receive treatment at a
 “ dispensary, the Tuberculosis Officer is of opinion that the
 “ provision of cod liver oil, malt, etc., is medically desirable as
 “ part of the treatment of a patient, he should not be restricted in
 “ meeting the medical requirements of the case.

“ 2. As regards the granting of extra nourishment, as the
 “ Authority are aware, the expenditure on this service ranking for
 “ grant is limited to a maximum rate of £2 per annum per thousand
 “ of the population, and it is accordingly necessary that every effort
 “ should be made to ensure that the funds available are expended
 “ to the best possible advantage, and that food is supplied only to
 “ patients who are likely to benefit materially thereby.

“ The Minister is advised that the classes of patients likely to
 “ benefit to the greatest extent from the provision of extra nourish-
 “ ment are the following :—

“ (a) patients who have received an adequate course of
 “ sanatorium treatment and whose medical condition is
 “ such that, with the grant of extra nourishment, they
 “ may be expected to maintain or recover full working
 “ capacity; and

“ (b) patients in whose cases ultimate arrest of the disease may
 “ reasonably be anticipated and who are waiting for
 “ admission to a sanatorium.

“ Provision should be made for inquiry into the financial
 “ circumstances of every applicant, and extra nourishment should
 “ not be supplied to patients who may reasonably be expected to
 “ incur the necessary additional expenditure from their own
 “ resources; but the Tuberculosis Officer might be empowered
 “ to grant extra nourishment for a strictly limited period, pending
 “ investigation of the financial circumstances, to a case which is,
 “ *prima facie*, suitable. On the other hand it should be borne in

“ mind that the expenditure by the Local Authority on the supply
 “ of additional food is not justified in the case of tuberculous
 “ persons whose circumstances are such that they can be dealt
 “ with adequately only through the machinery of the Poor Law.
 “ In areas in which a voluntary Care Committee has been estab-
 “ lished, the Authority would be well advised to seek the assistance
 “ of the Committee in determining from the economic standpoint
 “ the eligibility of applicants.

“ 3. It is suggested that where special treatment, such as the
 “ use of tuberculin and pneumo-thorax refills, is provided at a
 “ dispensary, there should be some provision for in-patient treat-
 “ ment readily available in case of need; and that in many areas
 “ substantial economy may be achieved by arranging for, or
 “ providing, facilities for X-Ray work at some central place and
 “ avoiding the provision of a separate apparatus at each dispensary.

“ 4. The Minister desires to take this opportunity of bringing
 “ to the notice of the Local Authority the expediency of the
 “ periodical issue to the public generally, and also to medical
 “ men practising in the Authority's area, of information as to the
 “ location of each tuberculosis dispensary provided by the Auth-
 “ ority and as to the facilities available at these dispensaries. It
 “ has been represented that there is not at present a sufficiently
 “ widespread knowledge amongst the public that any person who is
 “ suffering, or who suspects himself to be suffering, from tuber-
 “ culosis, can by recourse to an approved dispensary, obtain
 “ the benefit of examination and advice by specially skilled
 “ medical officers, together with the opportunity of such treatment
 “ under the Authority's scheme as may be found appropriate.
 “ The Minister is advised that, by taking suitable steps to spread
 “ the knowledge of these facilities, together with the addresses of
 “ the dispensaries through which they can be obtained, Local
 “ Authorities would do much to further the success of their
 “ tuberculosis schemes.”

“ Residential Treatment of Advanced Cases.”

“ 5. The Minister is advised that much importance is to be
 “ attached to the provision of residential treatment for advanced
 “ and acute cases of tuberculosis. Whilst in some advanced cases
 “ the provision of treatment at home may be free from serious
 “ objection if the home conditions are such as to obviate danger of
 “ infection to others, and, in acute cases, if adequate nursing at
 “ home is feasible, removal to a residential institution is the only
 “ satisfactory course where these conditions are not present. Local
 “ Authorities should bear in mind the compulsory powers for the
 “ removal to institutions of infectious cases of pulmonary tuber-

“culosis, which are conferred on them by Section 62 of the Public Health Act, 1925. In the case of patients with slowly progressive chronic pulmonary tuberculosis, a short period of treatment in a residential institution is frequently of value in restoring working capacity and prolonging life. These patients also receive the benefit of training in special hygiene which is advantageous to themselves and a protection to others.”

“ Treatment of Surgical Tuberculosis.”

“ 6. The Minister is advised that the modern tendency is to substitute conservative treatment for the operative treatment of surgical tuberculosis, and that the treatment of tuberculous disease of the bones and joints can best be carried out at a special institution, preferably situated in the country, of sufficient size to enable the full equipment necessary for the modern treatment of the conditions to be economically provided, and having the services of a skilled surgical staff. The needful equipment and staff cannot be economically provided at a small unit attached to a sanatorium for the treatment of pulmonary tuberculosis. It should be noted that the equipment and methods of treatment requisite at a special orthopaedic hospital are equally suitable for the treatment of crippling deformities due to disease other than tuberculosis, and it may therefore usually be found advantageous that the same hospital should receive, from the area which it serves, not only cases of tuberculosis of the bones and joints under the tuberculosis schemes of the Local Authorities, but also cases of crippling due to other diseases in children under 5 years of age from the Maternity and Child Welfare Authorities and in children of school age from the Local Education Authorities. The population and area served by an orthopaedic hospital should be large enough to enable it to run economically, and in many cases it would be desirable that the hospital should serve the areas of several Authorities.”

“ Dental Treatment.”

“ 7. A considerable number of Local Authorities have made arrangements with the approval of the Minister for the provision of dental treatment as a necessary adjunct to the effective treatment of tuberculosis in persons with defective teeth, and the Minister desires to call attention to the recent extensions in the provision of dental treatment as an additional benefit under the National Health Insurance Acts. It is not possible to give any close estimate of the number of insured persons who will be entitled to dental benefits, but probably about three-quarters of the insured population in England will be in a position to obtain from their Approved Societies a proportion at least of the cost of dental treatment which they may require.

“ In order, therefore, that Local Authorities may not incur the
 “ cost of providing dental treatment for which provision is already
 “ made under the insurance schemes, it is important that, before
 “ expenditure is incurred on dental treatment for an insured person
 “ he should be requested to communicate with his Approved
 “ Society and ascertain whether he is entitled to receive, as a
 “ benefit under the National Health Insurance Acts, any contribu-
 “ tion towards the cost of his dental treatment. It should be noted,
 “ however, that these inquiries will not be necessary in the case of
 “ insured persons who are Deposit Contributors, or ordinarily in
 “ the case of those who, though members of an Approved Society,
 “ have not yet reached their twenty-first year, as no member of
 “ either of these groups will be in a position to receive dental
 “ benefits under the insurance scheme.”

“ **Pre-tuberculous Children.**”

“ 8. The Minister and the Board of Education are of opinion
 “ (in general accord with a resolution adopted by the County
 “ Councils’ Association on this subject) that so-called ‘ pre-tuber-
 “ culous children ’ by which may be understood delicate children
 “ who, owing to family history or environment may be thought to
 “ be predisposed to the disease, but who are not definitely diagnosed
 “ as suffering from tuberculosis and are not suspected to be actually
 “ so suffering, should be dealt with by the Local Education
 “ Authorities at Open-Air Schools certified by the Board of
 “ Education under Part V. of the Education Act, 1921, and
 “ not in sanatoria provided by the Public Health Authorities
 “ conducting tuberculosis schemes. Children suspected to be
 “ definitely suffering from tuberculosis may, however, be properly
 “ admitted by the latter Authorities to observation beds in
 “ approved sanatoria or other residential institutions for periods
 “ of observation with a view to the establishment of a definite
 “ diagnosis. Such periods of observation should not be unduly
 “ long. A period of two or three weeks’ observation will frequently
 “ be sufficient, and where a positive diagnosis cannot be estab-
 “ lished, the case should be discharged and revert to the super-
 “ vision of the School Medical Officer, who, in the event of suspicious
 “ symptoms arising at a later date, should again refer the case to
 “ the Tuberculosis Officer for examination.”

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 1926	22	15	7	18	14	4	4	1	3
Admitted 1927	39	26	13	27	22	5	12	4	8
Total treated 1927	61	41	20	45	36	9	16	5	11
Discharged 1927	44	28	16	32	26	6	12	2	10
Died in Sanatorium 1927	3	2	1	3	2	1	—	—	—
Remaining at end of 1927	14	11	3	10	8	2	4	3	1

It will be noted that 61 persons received treatment in Mount Vernon Sanatorium as compared with 64 in the previous year. Of those treated 45 (73 per cent.) were insured persons and 4 were discharged soldiers in receipt of pensions for tuberculosis. 7 were children under 15 years of age.

Condition on Discharge.

3 patients died in the Sanatorium and 4 sent in for observation purposes were discharged as non-tuberculous. The condition on discharge of the remaining 40 patients was as follows:—

Condition on Admission.	Condition on Discharge.			
	Quiescent.	Improved.	Not Improved.	
Stage 1	T.B. — ..	4	7	1
	T.B. + ..	2	—	1
Stage 2	T.B. — ..	1	1	1
	T.B. + ..	6	5	10
Stage 3	T.B. — ..	—	—	—
	T.B. + ..	—	—	1
Total		13	13	14

Taking all classes, the immediate results of treatment in the Sanatorium were broadly that one-third of the cases were improved to the extent of quiescence of the disease, one-third were improved, but not to the same extent, and one-third were not improved. Taking the early cases only, 40 per cent. were improved, to the stage of quiescence, 47 per cent. were improved but not to the same extent, and 13 per cent. were not improved.

The periods of stay in the Sanatorium were :—

Under 3 months	9 cases	|	9—12 months	6 cases.
3—6	15	|	12—15	2
6—9	6	|	15—18	2

Non-Pulmonary Tuberculosis.—Institutional Treatment.

Under the Tuberculosis Scheme one child (spinal disease) was admitted to Heatherwood Hospital during the year and at the end of the year two cases remained in Heatherwood Hospital (1 spinal disease and 1 hip disease). Under the Education Committee's Scheme 3 children with non-pulmonary tuberculosis were admitted to Institutions (2 to Heatherwood Hospital and 1 to Kirbymoorside Hospital) and 1 (spinal caries) was discharged from Heatherwood Hospital much improved. At the end of the year, 5 children remained in institutions (4 at Heatherwood and 1 at Kirbymoorside), comprising 4 hip and 1 knee cases. There was also another case, a boy of 16, who was crippled from hip disease and who was receiving vocational training at Lord Mayor Treloar's Hospital at Alton, at the cost of the Education Committee.

The Care Committee of the Social Service Council has continued its excellent work on behalf of the tuberculous patients, so many of whom are in needy circumstances.

TREATMENT OF VENEREAL DISEASES AT THE VENEREAL DISEASES CLINIC, CLAYTON HOSPITAL, WAKEFIELD—1927.

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

	Total	Males	Females.
Syphilis	30	17	13
Soft Chancre	2	2	—
Gonorrhoea	65	54	11
Conditions other than Venereal	42	28	14
Total ..	139	101	38

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

	Total	Males	Females.
Syphilis	1246	622	624
Soft Chancre	14	14	—
Gonorrhoea	753	501	252
Not suffering from Venereal Diseases	164	113	51
Total ..	2177	1250	927

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

Total	Males	Females.
2762	2092	670

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

	Total	Males	Females.
Syphilis	107	52	55
Gonorrhoea	4	—	4
Total ..	111	52	59

(e) Number of doses of Arsenobenzol compound (N.A.B. and Sulpharsenol) given to Wakefield patients—743.

LEEDS GENERAL INFIRMARY VENEREAL DISEASES CLINIC.

During 1927, 4 patients from Wakefield applied for examination and 3 were found to be suffering from Venereal Diseases (Syphilis 1 and Gonorrhoea 2). The total attendances were 355 as compared with 513 in 1926. The aggregate of in-patient days was nil and the number of doses of Arsenobenzol Compounds given to Wakefield patients was 102.

**Pathological Examinations in connection with Venereal Diseases
during 1927.**

	Total.	For Detec- tion of Spiro- chaetes.	For Detec- tion of Gonococci.	Wasserman Re-action.	Other exam- inations.
County Hall Laboratory.	119	—	20	99	—
Clayton Hospital Clinic.	185	2	2	181	—
Leeds Infirmary Clinic.	83	—	5	76	2
Total ..	387	2	27	356	2

At the Wakefield Clinic the new cases were 32 less than in 1926, and the attendances were just one more. The Clinic, under Dr. Frew continues to work most satisfactorily. With regard to educational work the Social Service Council has continued on behalf of the Corporation a helpful propaganda and during the year has concentrated on girls and young women. A large number of evening meetings were addressed by Dr. Mary Newton-Davis, and the film "The Gift of Life" was exhibited. Dr. Newton-Davis also addressed the mothers at the Child Welfare Centres, the women and girls employed in 4 large works and a Conference of Girl Guide Leaders at the High School.

MATERNITY AND CHILD WELFARE.

Supervision of Midwives.

The usual inspections were made and the Rules of the Central Midwives Board appeared generally to be complied with. All the practising midwives in Wakefield are now trained and certified after examination by the Central Midwives Board. The Municipal district midwife, located at Lupset, commenced her duties on 1st January, 1927. In the case of one midwife a succession of cases of pemphigus neonatorum (an infective skin disease of the newly born) in her practice occasioned a good deal of anxiety. The trouble began in May and continued off and on until the end of the year. Out of 85 confinements attended by her, 19 infants (including two twins) developed the malady, 3 in May, 3 in June, 1 in August, 2 in September, 6 in October, 2 in November, and 2 in December. Most of the cases were mild, and the general condition of the infants was not much affected. Two of the affected infants died, but in one the death was certified from gastro-enteritis, as the doctor attending was of opinion that the pemphigus had

nothing to do with the death. The other death was certified to be due to pemphigus, but the child was a very frail twin and would probably have died in any case. The midwife was interviewed on several occasions and advised as to precautions. She herself was much worried over these occurrences and was most anxious to do everything possible to stop them. Her personal clothing, bag and contents were also completely disinfected by the Corporation in July, October and November. On the 16th November, the midwife agreed to suspend practice for a fortnight and thorough disinfection of person, clothing, etc., was again carried out. During her cessation of practice her work was carried out by a municipal midwife and the fees were paid over to her. Two further cases occurred after she resumed work in December. The outstanding feature in the foregoing narrative is the extraordinary persistence of the infection of the malady. One other midwife had a single case of pemphigus in her practice.

A copy of the new Rules of the Central Midwives Board, which came into force on 1st January, 1928, was sent to all midwives as well as books of forms for antenatal records. The pamphlet on Pemphigus issued by the Central Midwives Board was also sent to all midwives.

The circumstances of one woman who was suspected of practising as a midwife, although unqualified, were investigated, but although the facts were suspicious there was no clear evidence against her. She, however, promised to be more careful in the future and to avoid any suggestion of contravening the law.

Medical Help.

88 notifications (21 per cent.) of sending for medical help were received from midwives in respect of home confinements. 61 related to mothers and 27 to infants.

For Mother.		For Infant.	
Ruptured perineum ..	15	Watery blisters ..	8
Delayed labour ..	13	Premature infant ..	5
Post-partum haemorrhage	10	Discharge from eyes ..	4
Difficult labour ..	6	Tongue tied ..	3
Pyrexia	4	Feeble infant	2
Oedema of legs	3	Rash on face	2
Ante-partum haemorrhage	3	Malaena	1
Retained placenta ..	2	Septic finger	1
Mastitis	1	Stiff Knee	1
Varicose veins	1		
Prolapsed uterus ..	1		
Placenta praevia ..	1		
Threatened abortion ..	1		

The fees of doctors called in by midwives under the Rules are paid by the Corporation and recovered as far as possible from the husbands of the patients. As suggested by the Ministry of Health, the Corporation decided not to seek recovery of fees in cases where doctors were called in for inflammation of or discharge from the eyes of newly-born infants. This was done to facilitate early medical attention in cases of a disease so fraught with danger to the eyesight.

Registration of Maternity Homes.

Under the Midwives and Maternity Homes Act, 1926, 3 small Maternity Homes were registered during the year, but one of these was given up before the end of the year. No other applications were received. It was not considered necessary to make any byelaws.

Ante-natal Clinic.

The Ante-natal Clinic was held at the Maternity Hospital every Friday afternoon, and was conducted by the Deputy Medical Officer. During 1927, 325 expectant mothers attended, including 246 new cases, and the total attendances were 867. Those who attend are mostly women who have booked for the hospital. Although district midwives have been urged to make use of the Ante-natal Clinic, they only sent a very few cases during the year.

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

Age.	Primiparae.	Multiparae.
Under 20 years ..	10	2
Between 20—25 ..	44	26
„ 25—30 ..	24	64
„ 30—35 ..	9	33
„ 35—40 ..	2	23
„ 40—45 ..	—	9
Total ..	89	157

23 per cent. of the women attended before the 6th month of pregnancy, 25 per cent. in the 6th month, 31 per cent. in the 7th month, 13 per cent. in the 8th month, and 8 per cent. in the 9th month.

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

Cariou teeth, pyrexia, etc.	70	Breast conditions	10
Constipation	52	Insomnia	8
Varicose veins	45	Markedly contracted pelvis	8
Leucorrhoea	38	Dysuria	6
Albuminuria	23	Organic heart disease ..	5
Persistent vomiting ..	22	Lung diseases	4
Debility and anaemia ..	17	Neurosis	3
Haemorrhoids	17	Pruritis	3
Gastro-intestinal disorders		Chorea	1
(excluding vomiting and			
constipation)	11		

THE MATERNITY HOSPITAL.

During 1927, 250 women were admitted including 55 from outside the City. 29 were emergency cases, 21 from Wakefield and 8 from outside. 8 cases were admitted for ante-natal treatment. 239 deliveries took place, 198 conducted by midwives and 41 by doctors. In 3 cases delivery had taken place before admission. Medical aid was called in 56 instances for the following conditions—

(a) Ante-natal	11.	{	5 Tuberculosis.
			3 Albuminuria.
			1 Abdominal pain.
			2 Eclampsia.
(b) During labour	41.	{	5 Foetal distress.
			3 Accidental haemorrhage.
			4 Placenta praevia.
			2 Extended breech.
			13 Contracted pelvis.
			1 Eclampsia.
			1 Rigid Perineum.
			1 Pneumonia.
			1 Transverse Lie.
			2 Abortion.
			3 Prolapsed cord.
			1 Uterine inertia.
			2 Ruptured Perineum.
			1 Brow presentation.
			1 Persistent occipito-posterior.
(c) After labour	12.	{	1 Chest complication.
			7 Retained placenta.
			2 Phlegmasia Alba Dolens.
			1 Eclampsia (post partum).
			1 Pyrexia.

Number of ruptured perineums which required suture	..	13.
(d) For infant	..	{ 1 Malaena Neonatorum. { 1 Ophthalmia Neonatorum. { 2 Premature infant.
4.		

The operation of Caesarean Section was performed 4 times, 3 for contracted pelvis and 1 for Eclampsia. All the mothers recovered and 3 infants survived. One infant—in the eclampsia case—was stillborn. Instrumental delivery was required in 21 cases (8·7 per cent.), for Foetal distress (6), Contracted pelvis (6), Delayed second stage (4), Uterine inertia (2), Eclampsia (1), Placenta praevia (1), and Hemiplegia (1).

One case of puerperal fever occurred and was removed to the Clayton Hospital. The patient recovered. There were in addition 10 cases of pyrexia due to phlegmasia alba dolens, eclampsia, tuberculous pleurisy, mastitis, acute bronchitis, acute nephritis, influenza, pneumonia, and in 2 cases no cause could be ascertained. There was one case of ophthalmia neonatorum, which cleared up without damage to the sight, and 4 cases of slight inflammation of the eyes, all of which cleared up. All the infants, except 17, were completely breast fed.

There were 2 maternal deaths, one from Placenta Praevia and Ante-partum Haemorrhage and one from Acute Pneumonia, complicating an abortion. Both patients were admitted as emergency cases.

There were 23 stillborn infants and the probable causes of these stillbirths are as follows :—

Prolapsed cord	..	..	4	Albuminuria of mother	1		
Placenta Praevia	..	..	3	Induction of labour	..	1	
Accidental haemorrhage	..	..	3	Anencephalus	..	..	1
Injuries from contracted pelvis	..	..	..	Prematurity	..	..	1
Eclampsia	..	..	..	Doubtful	..	..	3
Abnormal presentations	..	..	2				

2 infants died within 10 days of birth, both from prematurity. The average duration of stay in hospital was 14·8 days.

District Cases.

Up to the end of 1926, district midwifery was carried out by a midwife from the Maternity Hospital, but from the beginning of 1927, the Municipal Midwife has resided outside the Hospital.

During the year she attended 74 confinements. This district work is necessary in connection with the training of pupil midwives.

Training of Pupil Midwives.

10 pupil midwives (2 trained nurses and 10 untrained) were under training during the year. 5 pupils passed the examination of the Central Midwives Board during the year.

Staff.

Miss Maud Bembridge took up her duties as Matron in June, 1927, in succession to Miss Morton, resigned.

Puerperal Fever and Puerperal Pyrexia.

During 1927, 23 cases were notified under the Regulations, 17 being cases of Pyrexia, and 6 cases of Fever. Of the 17 pyrexia cases, 8 had been attended at the confinement by a doctor who had been called in by a midwife, in 2 cases, and 9 by a midwife only. 10 of the cases were notified from the Maternity Hospital and 2 from the White Rose Hospital, of which only one had been confined in the hospital. Inquiries as to the causes of pyrexia gave the following results :—

No definite cause ascertained	7	Tuberculous Pleurisy	..	1
Pneumonia	.. .. 2	Acute Mastitis	.. ..	1
Acute Bronchitis	.. .. 0	Acute Nephritis	.. ..	1
Phlegmasia Alba Dolens	.. .. 1	Influenza	.. ..	1
Eclampsia	.. .. 1			

It is probable that most of the cases where the cause was not ascertained were really sapraemic or mild septic infections.

One case of Puerperal Pyrexia was admitted to the Clayton Hospital. The two cases of pneumonia were the only fatal ones, although the case of pleurisy developed into acute pulmonary tuberculosis, which proved fatal before the end of the year.

Of the 6 cases of Puerperal Fever 5 were attended by doctors, who in 4 cases had been called in by a midwife and 1 by a midwife only. 4 were admitted to the Clayton Hospital and 2 to the White Rose Hospital. There was one fatal case, where the patient had gone through a complicated confinement with severe local lacerations.

Ophthalmia Neonatorum.

9 cases of ophthalmia neonatorum (purulent inflammation of the eyes of the newly born) or 8.5 per cent. of the notified births were notified as compared with 7 in 1926, 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				
9	6	3	9	—	—	—

One case occurred in the Maternity Hospital and was treated there. Two cases were admitted to the Clayton Hospital and the others were treated at home. All recovered with undamaged eyes.

HOME VISITING BY HEALTH VISITORS, 1927.

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

Infant Visiting—Primary Visits	..	..	..	..	916
Re-visits (under 1 year)	..	..	..	..	6514
Re-visits (1—5 years)	..	..	..	..	3847
					11277
Expectant Mothers—Primary Visits	..	..	..	..	143
Re-visits	..	..	..	..	295
					438
Visits <i>re</i> Still Births	..	..	..	..	13
Visits <i>re</i> Midwives	..	..	..	..	—
Attendances at Child Welfare Centres	..	..	..	..	284
Attendances at Tuberculosis Dispensary	..	..	..	..	139
Visits to Tuberculous Patients	..	..	..	..	938
Attendances at Medical Inspection of School Children	..	..	..	..	236
Number of Visits to Schools	..	..	..	..	299
Number of Examinations in School <i>re</i> Cleanliness	..	..	..	..	11082
Number of Examinations in School <i>re</i> Treatment	..	..	..	..	315
Number of Homes Visited <i>re</i> Contagious Disease	..	..	..	..	108
Number of Homes Visited <i>re</i> Verminous and Neglected Children	..	..	..	..	84
Number of Homes Visited <i>re</i> Treatment	..	..	..	..	800
Number of Homes Visited for Other Purposes	..	..	..	..	350
Total Number of Home Visits <i>re</i> School Children	..	..	..	..	1342
Homes Visited <i>re</i> Mental Defectives	..	..	..	..	169
Visits for purposes of Nursing	..	..	..	..	303
Miscellaneous Visits	..	..	..	..	620
Total Number of Homes Visited (all purposes)	..	..	..	..	15100

CHILD WELFARE CENTRES.

Number on Register, 1927.

Centre.	Mothers.	Infants.	Children. 1—5.	Expectant Mothers.
Homestead	197	163	44	12
Market Street.. ..	204	165	72	14
Eastmoor	192	163	66	9
Belle Vue	198	159	67	12
Thornes Lane	192	159	48	16
Alverthorpe	78	62	45	14
Total	1061	871	342	77

Attendances.

Centre.	Mothers.	Infants.	Children. 1—5.	Expectant Mothers
Homestead	1959	1660	891	79
Market Street.. ..	2106	1421	942	58
Eastmoor	2611	1265	1158	53
Belle Vue	1908	1255	720	55
Thornes Lane	1415	1115	534	19
Alverthorpe	494	396	300	12
Total	10493	7112	4545	276

534 new infants and 160 mothers were medically examined at the Centres during 1927. Of the 534 infants, 311 (58 per cent.) were found to be normal and satisfactory, while 223 presented some defect or ailment, although in many cases the ailment was only a slight one. The total number of medical examinations made was 2,413 (2,142 of children and 271 of mothers). It is not necessary at this time of day to reiterate the importance of maternity and child welfare work. In any scheme for the promotion of health, it is fundamental. This being so, it does seem extraordinary that to a large extent this important work has to be carried out on premises not adapted for the purpose, and in some instances, quite unsuitable. It is, of course, quite true that the work would probably not have been started when it was, had the Corporation

not been granted the use of the various Sunday School rooms, and a debt of gratitude is owing to the Managers for having allowed the use of their premises for so many years. Still, the time has come when the importance of the work should be recognised and its development encouraged by the provision of suitable and properly equipped Child Welfare Centre premises in various parts of the City and particularly do we need a principal one in, or near, the centre of the City. Branch Centres might with great advantage be used as branch School Clinics, and other purposes. Now that the medical staff has been augmented, child welfare work should be more developed than it has been, but a big handicap is the lack of suitable premises. I might mention, as an example, the need for installing apparatus for Ultra-Violet Radiation in the treatment of children, increased facilities for which are required in Wakefield. It might even now be possible to start such treatment by arrangement with the Education Committee in the new School Clinic premises in King Street.

As usual, the Corporation has continued to receive the most valuable assistance in the work of the Centres from the Voluntary Helpers of the Babies' Welcome. Without this assistance, it would be practically impossible to carry on.

INFANT FEEDING.—Infants Born 1926.

	Infants born 1926.	Percentage.
Wholly breast-fed for 6 months or longer	767	79.9
Wholly breast-fed for periods less than 6 months, but more than one month	46	4.9
Combined breast-fed and artificial feeding for periods of six months or longer	75	7.8
Combined breast and artificial feeding for periods of less than six months, but more than one month ..	32	3.3
Artificially fed from one month or earlier	40	4.1
Total ..	960	100.0

The above table is based on the records of 767 infants born in 1926, and kept under observation for 12 months. It shews that about 80 per cent. of these infants were wholly breast fed for at

least 6 months as compared with 77 per cent. in 1926 and 1925, 68 per cent. in 1924, 70 per cent. in 1923, and 76 per cent. in 1914. It would therefore appear that there is a slight improvement in the amount of breast feeding, although the percentage should be much higher than it is.

SUPPLY OF MILK TO INFANTS, Etc.

The Corporation continued to supply dried milk for the infants and expectant 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 about 150 cwts., and was given out as follows:—

Sold at Cost Price	5,477 lbs.
Sold at Half Price	1,611 „
Sold at Quarter Price	1,853 „
Supplied Free.. ..	7,784 „
	<hr/>
	16,725 „
	<hr/>

The cost to the Corporation for dried milk given free or sold at less than cost price amounted to £705 11s. 10d.

82 packets of Lactogol were also given out during the year, 46 being sold at cost price and 36 given free.

CONVALESCENT HOME FACILITIES FOR MOTHERS.

During the summer, the Wakefield Rotary Club continuing their useful service, sent 24 tired mothers to a Home in Harrogate for two weeks each.

MENTAL DEFICIENCY.

At the end of 1927 there were 9 persons (6 males and 3 females) detained in Institutions under Orders made under the Mental Deficiency Act. In addition, a man, the subject of an Order, remained at home on licence from an institution. There were 34 mental defectives (22 males and 12 females) under home supervision, which was statutory in 8 cases and voluntary in 26 cases. The Social Service Council continues to take an active part in the supervision of these cases. Two boys were referred to the Mental Deficiency Committee on their discharge at the age of 16 years

from Residential Special Schools, and were considered suitable cases for institutions. No accommodation however could be found for them and one was eventually admitted to a Mental Hospital. 6 women residing in the workhouse were also referred by the Board of Control as suitable for institutions, but no accommodation could be found for them. 6 males and 10 females attended the Occupation Centre during the year. The Centre is open 4 sessions per week, two for boys and two for girls, and continues to be most successfully conducted by the Social Service Council through Miss Holmes and her assistant Miss Coats. It is however a pity that more defectives cannot be got to attend, and the number of sessions increased. The execution of the law relating to mental deficiency is seriously hampered by the lack of institutional accommodation for cases which can be dealt with under the Act, and by the lack of a Special School for feeble-minded children. During the year a scheme for the provision of an Institution by the combination of County Boroughs in the West Riding, including Wakefield, was under consideration and the Education Committee has now a Special School for Mental defectives on its building programme.

PUBLIC HEALTH EDUCATION.

In January, the Yorkshire Council of the British Empire Cancer Campaign, held an Educational Week in Wakefield, which took the form of an Exhibition, with demonstrations and lectures at the Exhibition. The Exhibition was well attended and doubtless did much good by impressing the public with the importance of early diagnosis and early treatment and the comparative hopefulness of such cases.

Health Week, organised by the Social Service Council, on behalf of the Corporation, was held in November, when "Sunlight and Health" was chosen as the main theme of the lectures and literature. A lantern lecture on the subject was given by Dr. C. W. Saleeby and other lectures were given by Alderman R. G. L. Anderson, F.R.G.S., J.P. (Deputy Chairman of the Health Committee), Dr. Watson and myself. As usual, special health lessons were given by the Teachers in the schools, supplemented in some schools by addresses by doctors and a leaflet entitled "Sunlight is life," written by Dr. Watson, was distributed amongst the scholars. An essay competition on the lessons was held and book prizes presented to the two best in each school and the best three in all the schools.

During the year a number of addresses on Health subjects were given by Dr. Watson and myself, including one on "Public Health in Wakefield," which was one of a series given by Municipal

Officers under the auspices of the local branch of the Workers' Educational Association.

In October, the first number of "Better Health," a monthly magazine devoted to health education, was issued. The Journal is published by the Central Council for Health Education of the Society of Medical Officers of Health, and for local purposes, is provided with a supplement in which is given, month by month, an account of local public health activities, etc. The magazine is sold and distributed through the various Child Welfare Centres, Clinics and Hospitals, and also through certain social and religious organisations.

NEW LEGISLATION AFFECTING PUBLIC HEALTH.

1. Births and Deaths Registration Act, 1926.

This Act came into operation on 1st July, 1927, and the following is a summary of its main provisions :—

- (1) Prohibits the disposal of a dead body except on a registrar's certificate or Coroner's Order.
- (2) Prescribes the conditions under which registrars may issue certificates.
- (3) Requires person undertaking disposal of a dead body to notify registrar of date and place of disposal within 4 days.
- (4) Prohibits the removal of a dead body out of England until expiration of prescribed period after notice given to Coroner.
- (5) Prohibits the burial of still-born children in burial grounds except with certificate of Registrar or Order of Coroner.
- (6) Prescribes form of medical certificate of cause of death and procedure of certification and registration. The certifying doctor now gives to the relatives a certificate of the fact of death, and sends in a sealed envelope direct to the Registrar a certificate stating the cause of death.

2. Public Health (Smoke Abatement) Act, 1926.

This Act came into operation on 1st July, 1927, and the following is a summary of the main provisions :—

- (1) It amends Section 91 of the Public Health Act, 1875, by deleting the word "black" before smoke, and by extending

the meaning of the word "smoke" to include "soot, ash, grit and gritty particles."

The chimneys of private dwelling-houses remain excluded.

- (2) The maximum penalty for committing a smoke nuisance is raised from £5 to £50, the daily penalty for not complying with an Order of Court to abate a smoke nuisance from 10/- to £2, and the daily penalty for acting contrary to a prohibition Order of Court from £1 to £5.
- (3) The processes of re-heating, annealing, hardening, forging, converting, and carburising iron and other metals along with the processes mentioned in Section 334 of the Public Health Act, 1875, are excluded from the operation of the Act, but the Minister of Health may, after the operation of 5 years, include any of these processes.
- (4) In proceedings for sending forth smoke other than black smoke so as to be a nuisance it shall be a defence to shew that the best practicable means have been used to prevent the nuisance.
- (5) When the Inspector of the Local Authority considers that a smoke nuisance is being caused, he must notify the occupier of the premises as soon as practicable and if the notification is verbal, he must confirm it in writing within 24 hours.
- (6) The Local Authority may, and if required by the Minister of Health shall, make byelaws regulating the emission of smoke of such colour, density or content as may be prescribed by the byelaws, and where such byelaws are in force the emission of smoke of the character so prescribed for such period as may be prescribed in the byelaws shall, until the contrary is proved, be presumed to be a nuisance.
- (7) The Minister of Health may, after a public inquiry and after a consultation with local authorities or other interests, make orders extending the list of noxious or offensive gases mentioned in the Alkali, etc., Works Regulation Act, 1906, and may also extend the list of works mentioned in the said Act.
- (8) The powers to make byelaws for new buildings given in Section 157 of the Public Health Act, 1875, shall extend to making byelaws for the provision in new buildings other than private dwelling-houses of such arrangements for heating or cooking as are calculated to prevent or reduce the emission of smoke.

- (9) Local Authorities may combine for the purpose of dealing with smoke nuisances and may appoint a Joint Committee.
- (10) A Local Authority may undertake, or combine with other Authorities in undertaking, investigations and researches into problems relating to atmospheric pollution and the abatement of smoke nuisances.
- (11) If a smoke nuisance exists on any premises belonging to the Crown, the circumstances shall be reported to the appropriate Government Department, and if the Minister responsible for that Department is satisfied that the nuisance exists, he shall cause steps to be taken to abate the nuisance and to prevent its recurrence.

The Mental Deficiency Act, 1927.

This Act came into force in December, 1927. It amends the Mental Deficiency Act, 1913, in the following respects, *inter-alia*.

Section 1 deletes the words "from an early age" from Section 1 of the old Act and defines mental defectiveness as a "condition of arrested or incomplete development of mind existing before the age of 18 years whether arising from inherent causes or induced by disease or injury."

Section 2 extends the conditions under which a person may be dealt with by including a representation of a parent or guardian and by giving a choice of supervision, guardianship or institution as the case may require.

Section 7 extends the powers and duties of Local Authorities by requiring them to provide suitable training or occupation for defectives who are under supervision, guardianship or have been sent to institutions, but in respect of a defective under supervision this obligation may be abrogated with the consent of the Board of Control, when there are adequate reasons for doing so.

Section 9 amends Section 44 of the old Act by making the place of residence, which determines the liability of the Local Authority, of a person in a lunatic asylum, certified institution, approved home, etc., the place of residence immediately before he has been received into the institution or home.

Section 10 provides for an Authority contracting with another Authority for institutional accommodation and also provides for the Mental Deficiency Authority combining with the Education Authority to provide a joint Institution for Mental Defectives.

Public Health (Preservatives, etc., in Food) Amendment Regulations, 1926.

These Regulations apply to foods on the following dates :—

- (1) All foods except those specified below, 1st January, 1927.
- (2) Bacon, ham, egg yolk, and articles of food containing preservatives necessarily introduced by the use in their preparation of preserved margarine, 1st July, 1927.
- (3) Butter cream and articles of food containing preservatives necessarily introduced by the use in their preparation of preserved bacon, preserved ham, preserved egg yolk or preserved cream, 1st January, 1928.
- (4) Articles of food containing preservatives necessarily introduced by the use in their preparation of preserved butter, 1st July, 1928.

Regulations amending the principal Regulations were made in June, 1927.

Handwritten text at the top of the page, possibly a title or reference number, appearing as "K-11111" and "445".

The following regulations apply to foods containing...
1. All foods except those specified below...
2. Bacon, ham, egg, and other products...
3. Butter, cream, and other products...
4. Articles of food containing preservatives...
5. Regulations amending the principal...
6. ...
7. ...
8. ...
9. ...
10. ...