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CITY OF WAKEFIELD.

REPORT

ON THE

PUBLIC HEALTH

AND

SANITARY STATE

OF THE

CITY OF WAKEFIELD

For the Year 1929,

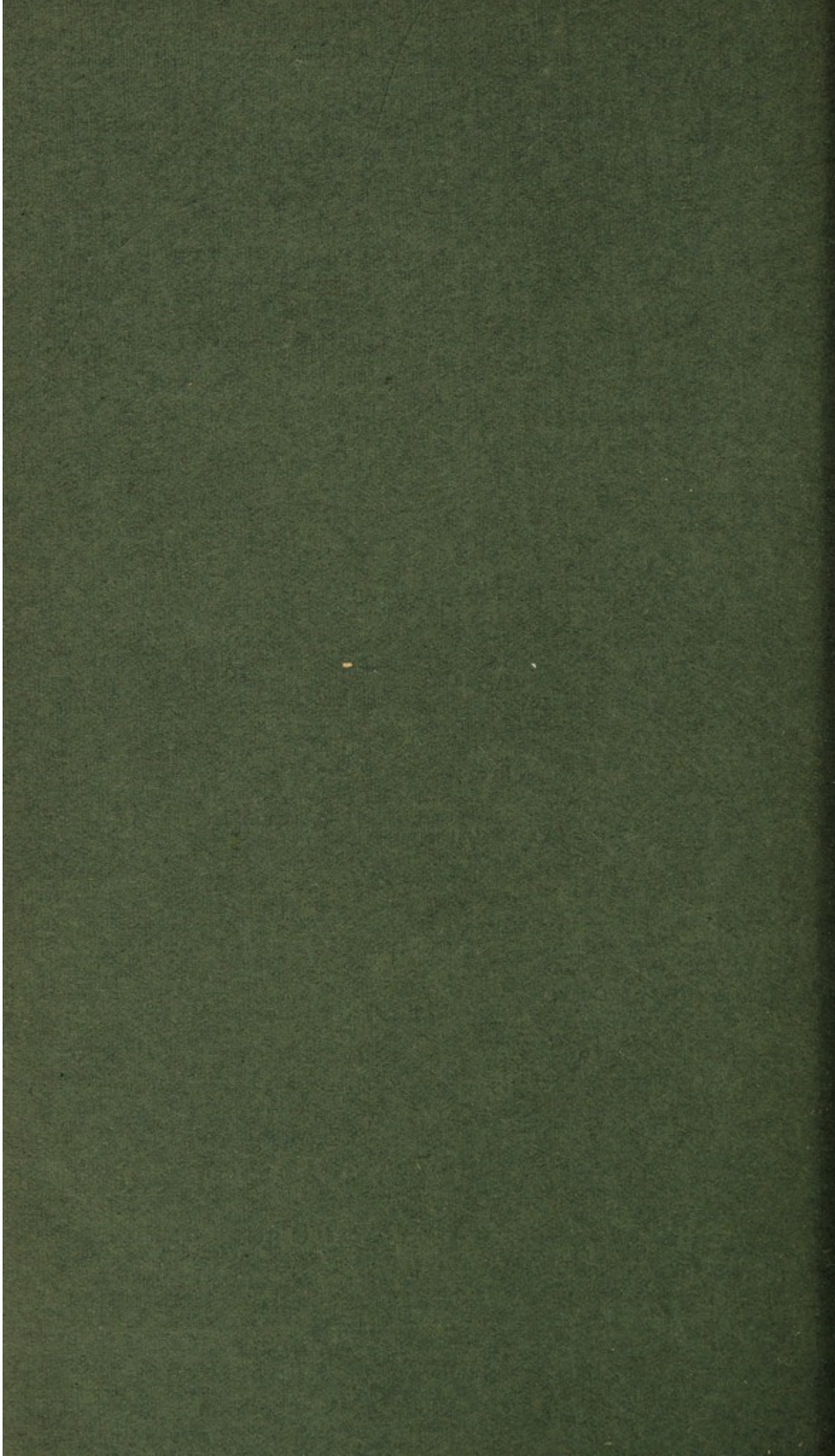
BY

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

MEDICAL OFFICER OF HEALTH.

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CITY OF WAKEFIELD.

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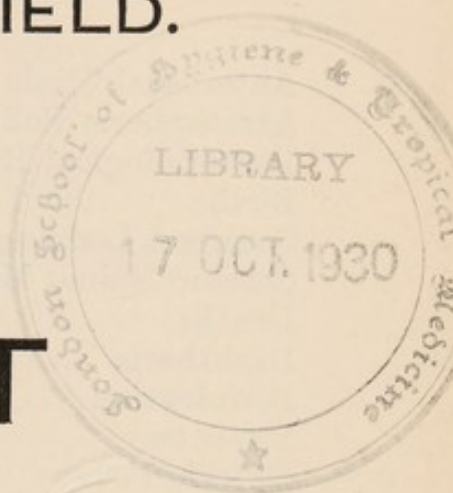
**CITY OF WAKEFIELD**

**For the Year 1929,**

BY

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

**MEDICAL OFFICER OF HEALTH.**





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PUBLIC HEALTH DEPARTMENT,

TOWN HALL,

WAKEFIELD,

3rd June, 1930.

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

MR. MAYOR, LADIES 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 1929.

In the preparation of the Report, which follows the lines required by the Ministry of Health, I have received valuable assistance from many colleagues, particularly from Dr. Eeles, who has prepared the Maternity and Child Welfare Section, and from Mr. Roberts, who has prepared the Sanitary Administration Section.

I should also like to take the opportunity of expressing my appreciation of the ungrudging help and loyal co-operation given me by all the Staff of this Department, both in the Town Hall and at the Hospitals.

I am,

Yours faithfully,

THOMAS GIBSON,

*Medical Officer of Health.*



## 1.—GENERAL STATISTICS.

Area .. .. .	4,971 acres.
Population (Census 1921) .. .. .	52,891
Population (Estimated by Registrar-General at middle of 1929) .. .. .	56,640
Number of Inhabited Houses (Census 1929) ..	11,252
Rateable Value .. .. .	£375,646
Sum represented by a Penny Rate .. .. .	£1,425

The institutional population at the middle of the year was 3,309, of which 2,728 were non-residents, and 581 were residents. The nett population, excluding non-residents is 53,912, and this has been used as the basis for calculating the various rates given in this Report.

## 2.—EXTRACTS FROM THE VITAL STATISTICS OF 1929.

(1) **Marriages.**

496 marriages were celebrated, equal to a marriage rate of 18·4 persons married per 1,000 of the population, as compared with 15·5 in 1928, 18·6 in 1927 and 18·8 the average for the preceding 10 years. There were 80 more marriages in 1929 than in 1928.

(2) **Births.**

Excluding 110 non-resident births and including 18 resident births which occurred outside the City, the total number of births registered in the City was 976 (508 males and 468 females) giving a birth rate of 18·16 per 1,000, as compared with 18·5 in 1928, and 20·4 the average for the preceding 10 years. The number of births in 1929 was 20 less than in 1928.

The birth rate in England and Wales in 1929 was 16·3, and in the large towns 16·6. 49 births (5 per cent.) were illegitimate, which is the same percentage as in 1928 and 1927.

Under the Notification of Births Act, 1,046 births were notified, 671 from homes and 365 from institutions. Of the 671 home confinements, 415 were attended by doctors, and 256 by midwives. The institutional births include 317 at the Municipal Maternity Hospital, 32 in the White Rose Hospital, 15 in Private Maternity Homes, and 1 in the West Riding Mental Hospital. 322 of the institutional confinements were attended by midwives and 43 by doctors. 25 of the registered births (2·5 per cent.) were not notified, as compared with 3 per cent. in 1928, and 5 per cent. in 1927. 36 (3·5 per cent.)



of the notified births were still births. As also occurred in 1928, the bulk of the district cases were attended by four midwives, who attended 90, 57, 60 and 27 confinements respectively.

### (3) Deaths.

#### CAUSES OF, AND AGES AT, DEATH DURING THE YEAR 1929.

Causes of Death.		Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the district.									
		Total All ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and under 75 years.	75 years and over.
1		2	3	4	5	6	7	8	9	10	11
Total Cases	{ Certified .. .. Uncertified .. ..	818 —	97 —	16 —	23 —	22 —	31 —	84 —	230 —	156 —	159 —
Enteric Fever .. ..											
Smallpox .. ..											
Measles .. ..		11	2	4	4	1					
Scarlet Fever .. ..		1		1							
Whooping Cough .. ..		7	4	2	1						
Diphtheria and Croup .. ..		3				2			1		
Influenza .. ..		38			3		2	9	14	5	5
Encephalitis Lethargica .. ..		1					1				
Meningococcal Meningitis .. ..		1					1				
Tuberculosis of Respiratory System .. ..		44			1	1	8	13	21		
Other Tuberculous Diseases .. ..		18	3		4	2	4	1	4		
Cancer, Malignant Disease .. ..		94						7	49	24	14
Pneumatic Fever .. ..		2				1	1				
Diabetes .. ..		3							1	2	
Cerebral Haemorrhage .. ..		56					1		15	18	22
Heart Disease .. ..		124				1	3	6	40	35	39
Arterio Sclerosis .. ..		17							6	8	3
Bronchitis .. ..		68	6	2		2		3	12	21	22
Pneumonia (all forms) .. ..		73	21	2	5	1	2	6	21	9	6
Other Respiratory Diseases .. ..		3	1		1				1		
Cancer of Stomach or Duodenum .. ..		12						1	7	2	2
Diarrhoea, etc. (under 2 years) .. ..		16	13	3							
Appendicitis and Typhlitis .. ..		10				2	2	5	1		
Cirrhosis of Liver .. ..		1							1		
Acute or Chronic Nephritis .. ..		22				1		1	9	6	5
Septic Peritonitis .. ..		3						3			
Other accidents and diseases of pregnancy and parturition .. ..		6						6			
Constitutional debility and malform- ation, premature birth .. ..		40	40								
Suicide .. ..		4						1	2		1
Other deaths from Violence .. ..		29	1	1	2	3	2	7	7	5	1
Other defined diseases .. ..		107	6	1	2	4	4	15	17	20	38
Causes ill-defined or unknown .. ..		4				1			1	1	1
Totals .. ..		818	97	16	23	22	31	86	230	156	159
Sub-Entries included in above figures:—											
Old Age .. ..		40								7	33
Broncho Pneumonia .. ..		32	18	2	3			1	3	2	3
Syphilis .. ..		3	2			1					



The total number of deaths registered in Wakefield during 1929 was 1,182, including 382 non-residents. In addition, 18 resident deaths occurred outside the City. The number of resident deaths is therefore 818 (407 males and 411 females), giving a death rate of 15·2 per 1,000, as compared with 11·5 in 1928, and 13·7 the average for the preceding 10 years. In 1929 there were 198 more deaths than in 1928. The 1929 general death rate in England and Wales was 13·4, and in the Great Towns 13·7. All the deaths were certified.

262 (32 per cent.) of the resident deaths occurred in public institutions, and 2 in private nursing homes. The number and percentage of deaths at the various age periods were :—

Age period.			No. of Deaths 1929.	Percentage 1929.	Percentage 1928.
Under 1 year	..	..	97	11·9	11·4
1—2 years	..	..	16	2·0	2·6
2—5 „	..	..	23	2·8	3·7
5—15 „	..	..	22	2·7	4·0
15—25 „	..	..	31	3·8	3·7
25—45 „	..	..	84	10·2	11·5
45—65 „	..	..	230	28·1	27·5
65—75 „	..	..	156	19·1	18·2
Over 75 years	..	..	159	19·4	17·4

The following table gives the chief causes of death :—

Cause of Death.			No. of Deaths.	Males.	Females.	Percentage of total deaths in 1929.	Percentage of total deaths in 1928.
Heart Disease	..	..	124	54	70	15·2	12·4
Cancer	..	..	94	39	55	8·3	13·8
Pneumonia	..	..	73	38	35	8·9	6·1
Bronchitis	..	..	68	34	34	8·3	7·9
Tuberculosis	..	..	62	39	23	7·6	7·9
Cerebral Haemorrhage			56	24	32	6·8	9·2
Congenital Debility, Malformation and Premature Birth	..	..	40	18	22	4·9	2·9
Old Age	..	..	40	18	22	4·9	2·9
Influenza	..	..	38	15	23	4·6	0·8
Violence	..	..	29	20	9	3·5	4·8
Nephritis	..	..	22	13	9	2·7	4·5



There were 124 deaths from Heart Disease (54 males and 70 females), giving a death rate of 2.30 as compared with 1.88 in 1928, and 1.66 the average for the preceding 10 years. The number of deaths was 23 more than in 1928. 92 per cent. of the deaths were of persons 45 years of age and over, and 31 per cent. of persons over 75 years of age.

There were 94 deaths from Cancer (39 males and 55 females), giving a death rate of 1.74 as compared with 1.59 in 1928, and 1.24 the average for the preceding 10 years. There were 8 more deaths than in 1928.

There were 73 deaths from pneumonia (38 males and 35 females), giving a death rate of 1.36 as compared with 0.70 in 1928, and 1.28 the average for the preceding 10 years. There were 45 more deaths than in 1928, and 2 more than in 1927.

There were 68 deaths from Bronchitis (34 males and 34 females), giving a death rate of 1.26 as compared with 0.91 in 1928, and 1.20 the average for the preceding 10 years.

There were 62 deaths from Tuberculosis (39 males and 23 females), giving a death rate of 1.15 as compared with 0.91 in 1928, and 1.17 the average for the preceding 10 years. There were 13 more deaths than in 1928.

There were 44 deaths from Pulmonary Tuberculosis (30 males and 14 females), giving a death rate of 0.83 as compared with 0.69 in 1928, and 0.90 the average for the preceding 10 years. There were 7 more deaths than in 1928.

There were 18 deaths from Non-Pulmonary Tuberculosis (9 males and 9 females), giving a death rate of 0.33 as compared with 0.22 in 1928, and 0.27 the average for the preceding 10 years. There were 6 more deaths than in 1928.

There were 56 deaths from Cerebral Haemorrhage (24 males and 32 females), giving a death rate of 1.04 as compared with 1.06 in 1928, and 1.1 in 1927. There was one less death than in 1928.

The number of children under two years of age dying from Diarrhoea and Enteritis was 16, giving a death rate of 16.5 per 1,000 births as compared with 9.03 in 1928, and 11.9 the average for the preceding 10 years. There were 7 more deaths than in 1928. The corresponding rate in England and Wales during 1928 was 8.1, or just half the Wakefield rate.



The number of infantile deaths (*i.e.*, under one year of age) was 97 (51 males and 46 females), giving an infantile mortality of 99 per 1,000 births, as compared with 59 in 1928, and 87 the average for the past 10 years. In the first quarter of the year, the rate was 125, in the second quarter 111, in the third quarter 89 and in the fourth quarter 79. The corresponding rate for England and Wales during 1929 was 74, and for the Great Towns 79. The legitimate infantile mortality was 102 per 1,000 births, and the illegitimate only 40 per 1,000 births. The neo-natal mortality (*i.e.*, the mortality during the first month of life) was 46 per 1,000 births, as compared with 29 in 1928, and 38 the average for the preceding 10 years. The infantile mortality in the various wards is as follows :—

Primrose Hill	..	203	Sandal	..	91
South Westgate	..	185	North Westgate		72
Eastmoor	..	182	Belle Vue	..	54
Calder	..	114	Alverthorpe	..	49
Northgate	..	113	St. John's	..	38
Kirkgate	..	103			

The principal causes of infantile mortality were Pneumonia (21 per cent.), Atrophy, Debility and Marasmus (17 per cent.), Premature Birth (15 per cent.), and Gastritis and Gastro-enteritis (13 per cent.). 29 per cent. of the infantile mortality occurred within the first week of life, 46 per cent. within the first month, and 72 per cent. within the first six months of life.

There were 9 maternal deaths from diseases or accidents of pregnancy and parturition giving a mortality of 9.22 per 1,000 births as compared with 4 in 1928, and 5.2 the average for the past 10 years. There were 3 deaths from Puerperal Sepsis included in the above. Five of the deaths occurred in the Clayton Hospital (one of them a transfer from the Maternity Hospital), two in the Maternity Hospital and two at home.

The 29 deaths from Violence included 8 from vehicular accidents, 4 from colliery accidents, 4 from drowning, 1 from cut throat (murder), and one—that of an infant—from suffocation due to overlaying. There were 3 deaths from burning (aged 3, 7 and 53 years), and 2 deaths from scalding (aged 1½ and 6 years). There were 4 suicidal deaths, 2 from hanging, 1 from coal gas poisoning, and 1 from cut throat. 98 inquests were held during the year, 63 on residents and 35 on non-residents.



### Remarks on the Death Rate.

In my last Annual Report I had the satisfaction of recording the lowest death rate Wakefield has yet achieved, but I have no corresponding achievement to report for 1929, which was undoubtedly from a sickness and mortality point of view, a bad year. The death rate of 1929 is the highest rate we have had in Wakefield since 1919, and the increased mortality was mainly due to the same cause as the high mortalities of 1918 and 1919, namely influenza, which prevailed in the first quarter of the year. The abnormally cold weather experienced in February and early March also contributed, no doubt, to the heavy mortality, both from influenza and respiratory diseases. The death rate of the first quarter reached the excessive figure of 21 per 1,000, which also was the death rate for England and Wales during the same period. About 37 per cent. of the total deaths and 50 per cent. of the deaths from respiratory diseases occurred in these first three months. Influenza was certified as the cause of death in 38 cases, but was probably in many instances the precursor of fatal pneumonias, and so really the cause of an even greater mortality than the figures indicate.

After all our experience of devastating influenza epidemics, we have learned little or nothing of how to prevent them. We are just as helpless as we were fifty years ago. The immediate cause of Influenza is almost certainly bacterial, but as the specific germ has not yet been definitely determined, preventive or curative treatment by specific sera or vaccines is not yet available. All that we can do is to secure prompt isolation and treatment for all affected, but in an overwhelming epidemic, this is often a counsel of perfection.

The pneumonia mortality reached the somewhat startling figure of 73 deaths, and no doubt, as I have stated above, this heavy death rate was closely associated with the influenza epidemic. Considered as an infection, pneumonia is not one but several diseases, caused by a variety of bacteria. Primary pneumonia itself can be caused by one or more of four varieties of bacteria, while secondary pneumonia may be set up by the infection of influenza, Measles, Whooping Cough and other infectious diseases, as well as by germs of the septic type. For these reasons, vaccine treatment, whether prophylactic or curative, has not, so far, proved very successful. The use of antitoxic sera appears more encouraging as a form of treatment, but involves a previous determination of the particular germ by bacteriological examination of the sputum and blood. Even if not much can be done in the way of prevention, we



may be able to help the recovery of the individual patient by seeing that he gets the best possible treatment, of which nursing is not the least important part, and under the best possible conditions. It is desirable that all patients who cannot command these desiderata at home, should be removed to hospital, and, as pneumonia is a notifiable infectious disease, accommodation for such cases of pneumonia might very properly be provided in the proposed new fever hospital. In order to get satisfactory results from hospital treatment, cases should be removed at the earliest possible moment, and this would depend on prompt and complete notification, and notification is very far from being prompt and complete at the present time. Probably, if medical practitioners knew that they could get a case removed at once to hospital, they would be encouraged to make more use of notification.

The mortality from bronchitis is not far behind that from pneumonia, and of the two, bronchitis is probably the one that causes most suffering and disability. Like pneumonia, acute bronchitis may be associated with influenza, measles, etc., and in children and old people may be hardly less serious. The chronic bronchitic is a long-suffering person, who carries his burden through winter after winter, and often gets scant sympathy. In part, he is the victim of our smoky atmosphere and in part, of our rigorous winters. The latter we cannot alter, but the former we can; and should.

The mortalities from heart disease, cancer, tuberculosis and the infantile mortality have all increased during the year. The influenza epidemic may have affected both the cardiac and the tuberculosis mortality, and it certainly helped to swell the infantile mortality, which was highest in the first and second quarters of the year. The tuberculosis mortality has been steadily falling for a number of years, and the slight set-back in 1929 will probably not materially affect the decline. On the other hand, the steady increase of the Cancer mortality is rather disquieting. So far, the only ray of hope lies in early diagnosis and early treatment, and the extended use of radium for the treatment of cases unsuitable for ordinary surgical measures.

It is regrettable to find that the improvement in the maternal mortality which we have witnessed during the past five years has not been maintained in 1929, and one is bound to regard a maternal mortality of 9 per 1,000 births as excessive. As Dr. Eeles points out in another part of this Report, we cannot expect to abolish altogether maternal risks and maternal



mortality in connection with the functions of pregnancy and confinement, and an analysis of the causes of these deaths in 1929 shows that probably some of them were inevitable. At the same time, other deaths were probably preventable, had the mothers secured earlier antenatal attention, and one was self induced. The only way in which maternal mortality and maternal damage can be reduced to a minimum is by every pregnant woman getting skilled, efficient, and regular antenatal supervision, and by having efficient attendance and satisfactory conditions for the confinement. There is no reason why any woman in Wakefield should go without either of these necessities, but still the bulk of our maternal deaths are of women who have never sought antenatal examination or advice.

In my last Report, I gave the mortality rate on the Portobello Housing Estate, which, with 542 houses and some 2,576 persons, is the only completed municipal housing estate in the City of sufficient size to make the figures significant. In 1929, the general death rate on this estate was 9 per 1,000 as compared with 15 for the whole City, the birth rate was 21 per 1,000, and the infantile mortality 130 per 1,000 births. As in 1928, the general death rate is low, but the infantile mortality on the other hand is high. There were no deaths from tuberculosis or infectious diseases on the estate during the year.

## 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 three bedrooms and sitting room for the use of the nursing staff. The area of the site was also enlarged from half an acre to one and a half acres, by taking in additional land from the adjoining field belonging to the Corporation. These additions have considerably improved the Hospital, but there still remain many drawbacks, described in previous Reports. The building of a new hospital has been deferred pending the settlement of the question of hospital provision under the Local Government Act.

### (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 at other Smallpox Hospitals in the neighbourhood.

#### **B. (1) Tuberculosis.**

On the 31st March, 1929, the agreement between the Corporations of Barnsley and Wakefield for the treatment of cases of pulmonary tuberculosis at the Mount Vernon Sanatorium, Barnsley, was terminated. As from that date, the Corporation made arrangements for the treatment of cases of pulmonary tuberculosis at the Westmorland Sanatorium, Meathop, near Grange-over-Sands. There is no provision for the treatment of advanced cases of pulmonary tuberculosis other than that of the Poor Law. Children affected with non-pulmonary tuberculosis are sent to the Yorkshire Orthopaedic Hospital at Kirbymoorside and to Heatherwood Hospital, Ascot.

#### **(2) Maternity Hospital.**

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).

#### **(4) Orthopaedic.**

Arrangements have been made by the Education Committee to start an Orthopaedic Clinic in the new Principal Child Welfare Centre in Margaret Street early in 1930, and the Clinic will also be available for cases sent by the Health and Mental and Child Welfare Committees. Cases requiring special hospital treatment are sent to Kirbymoorside or Ascot. Orthopaedic treatment can also be obtained at the Clayton Hospital.

#### **(5) Other.**

There are two General Hospitals in the City, the Clayton Hospital, which is a voluntary institution, and the White Rose Hospital, which is a Poor Law Institution, and attached to the Workhouse. The Clayton Hospital provides 108 beds which



are mainly occupied by surgical cases. The White Rose Hospital provides 160 beds, which are mainly occupied by medical cases, and a large proportion of these are chronic in character. Both hospitals take in patients not only from the City, but from an extensive area around.

### **Institution 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 at the Workhouse, Infirmary, and Scattered Homes.

### **Ambulance Facilities.**

(1) For infectious cases, two motor ambulances are provided by the Corporation at the Fever Hospital. By arrangement with the Corporation, the Smallpox Motor Ambulance, belonging to the Wakefield and District Smallpox Hospital Committee is now garaged at the Fever Hospital, and is worked by the Corporation driver.

(2) For non-infectious and accident cases, 2 motor ambulances are provided at the Police Station.

### **Clinics 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. Eeles ..	Miss Dearden.
The Homestead, Alverthorpe Road.	Every Wednesday, 2-30—4-30 p.m.	Dr. Allardice.	Mrs. Paver.



Situation.	When open.	Doctor. Attending.	Health Visitor in charge.
Primitive Methodist Chapel Sunday School Rooms, Market Street.	Every Monday, 2-30—4-30 p.m.	Dr. Allardice.	Miss Wilson.
Wesleyan Sunday School Rooms, Stanley Road.	Every Monday, 2-30—4-30 p.m.	Dr. Eeles ..	Miss Staniforth.
Mission Room, Mark Street, Thornes Lane.	Every Wednes- day, 2-30 —4-30 p.m.	Dr. Eeles ..	Miss Robertshaw.
Primitive Methodist Sunday School Rooms, Doncaster Road.	Every Tuesday, 2-30—4-30 p.m.	Dr. Eeles ..	Miss Thorp.

(b) Antenatal Clinic.

This is conducted by Dr. Eeles at the Maternity Hospital every Friday afternoon.

(c) Post-Natal Clinic.

This is conducted by Dr. Eeles at the Maternity Hospital every Wednesday morning.

(d) School Clinics.

An Inspection and Treatment Clinic for Minor Ailments is provided at the Town Hall Chambers, King Street, and is open daily. The Ophthalmic and Dental Clinics are held in the same buildings.

(e) 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.

## (f) 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 two sessions for women and children (Mondays 4—6 p.m., and Fridays 3—5 p.m.). Provision is made at the Clinic for daily irrigation and other treatment when required.

## PUBLIC HEALTH OFFICERS.

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

Name.	Qualifications.	Office held.
Thomas Gibson ..	M.D. (Edin.), D.P.H. ..	Medical Officer of Health. School Medical Officer. Tuberculosis Officer. Medical Officer for Maternity Hospital and Child Welfare Centres. Medical Superintendent of Fever Hospital. Medical Officer under the Mental Deficiency Act. Police Surgeon.
Frank Allardice ..	M.B., Ch.B., D.P.H. (Edin.)	Deputy Medical Officer of Health. Assistant School Medical Officer and School Ophthalmologist. Assistant Medical Officer for Maternity and Child Welfare.
Jessie Eeles ..	M.D., Ch.B. (Edin.) ..	Assistant Medical Officer of Health. Assistant Medical Officer for Maternity and Child Welfare. Assistant School Medical Officer.
William Roberts ..	Certificate of Royal Sanitary Institute (1) Inspector of Nuisances, and (2) Inspector of Meat and other Foods.	Senior Sanitary Inspector. Inspector of Meat and other Foods. Inspector under Housing Regulations. Inspector of Canal Boats.



Name.	Qualifications.	Office held.
James T. Briggs ..	Certificates of Royal Sanitary Institute for (1) Inspector of Nuisances, and (2) Inspector of Meat and other Foods. Also Certificate of Royal Sanitary Institute in Sanitary Science.	District Sanitary Inspector. Inspector of Meat and other Foods. Inspector under the Housing Regulations.
Harold Parkinson ..	Certificate of Royal Sanitary Institute for (1) Inspector of Nuisances, and (2) Inspector of Meat and other Foods.	Ditto.
William V. Hargreave.	Ditto. .. ..	Ditto.
Harold F. Jowett ..	Ditto. .. .. Also Certificate of the Company of Plumbers.	Ditto.
Robert Clarkson ..	—	Clerk and Assistant to the Senior Sanitary Inspector.
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 Royal Sanitary Institute for Health Visitors.	Senior Health Visitor. Superintendent, Belle Vue Child Welfare Centre. School Nurse. Tuberculosis Nurse.
Ellen R. Paver ..	Trained Nurse. .. .. C.M.B. Certificate. New Certificate of Royal Sanitary Institute for Health Visitors.	Health Visitor. Superintendent, Homestead Child Welfare Centre. School Nurse. Tuberculosis Nurse.
Hilda Staniforth ..	Trained Nurse .. .. C.M.B. Certificate. Certificate of Royal Sanitary Institute for (1) Inspector of Nuisances; (2) Health	Health Visitor. Superintendent, Eastmoor Child Welfare Centre. School Nurse. Tuberculosis Nurse.

Name.	Qualifications.	Office held.
	Visitor, and (3) School Nurse. New Certificate of Royal Sanitary Institute for Health Visitors.	
Hilda Robertshaw	Trained Nurse .. .. C.M.B. Certificate. New Certificate of Royal Sanitary Institute for Health Visitors.	Health Visitor. Superintendent, Thornes Lane Child Welfare Centre. School Nurse. Tuberculosis Nurse.
Maggie Dearden ..	Trained Nurse .. .. C.M.B. Certificate. New Certificate of Royal Sanitary Institute for Health Visitors.	Health Visitor. Superintendent of Alverthorpe Child Welfare Centre. School Nurse. Tuberculosis Nurse.
Winifred Wilson ..	Trained Nurse .. .. New Certificate of Royal Sanitary Institute for Health Visitors.	Health Visitor. Superintendent of Market Street Child Welfare Centre. School Nurse. Tuberculosis Nurse.
A. J. Peck .. ..	Nurse .. ..	Matron of City Fever Hospital.
Mary F. Cockin ..	Trained Nurse .. .. C.M.B. Certificate.	Matron of Maternity Hospital.
Herbert Pollard ..	M.R.C.V.S. .. ..	Veterinary Surgeon. Veterinary Inspector of Dairy Cows (part-time Officer).
F. W. Richardson ..	F.I.C. .. ..	Analyst of Food, Drugs and Fertilisers.

The office staff consists of Beatrice Lake (Senior Clerk), Herbert W. Tate (School Medical Service Clerk), Ronald Shaw and George O. Allen.

Miss Ada Knox, Health Visitor, resigned in February, 1929, and was succeeded by Miss Winifred Wilson in May, 1929.

Mr. R. Greenwood, District Sanitary Inspector, resigned in February, 1929, and was succeeded by Mr. H. Parkinson in



April, 1929. Mr. G. E. Curtis, District Sanitary Inspector, resigned in August, 1929, and was succeeded by Mr. W. V. Hargreave in December, 1929. Mr. L. E. King, District Sanitary Inspector, resigned in November, 1929, and was succeeded by Mr. H. F. Jowett in January, 1930. Mr. R. Clarkson was appointed Clerk and Assistant to the Senior Sanitary Inspector in July, 1929, in succession to Mr. Parkinson, promoted to the office of District Sanitary Inspector.

### **Professional Nursing in the Home.**

(a) *General.* This is chiefly provided by the Local Nursing Association, which employs three nurses. The Corporation has an arrangement with the Association for the home nursing of cases of puerperal pyrexia, when required. One large engineering firm employs a nurse to attend the employees and their families.

(b) *Infectious Diseases.* The Health Visitors render assistance in the home nursing of cases of measles, whooping cough, ophthalmia neonatorum, pneumonia, etc.

### **Midwives.**

During 1929, 17 midwives gave notice of intention to practice, including 4 at the Maternity Hospital, 2 at the Poor Law Infirmary, and 2 at a Private Maternity Home.

### **Maternity and Nursing Homes.**

The two Maternity Homes and the Nursing Home previously registered, remain on the Register. No new applications for registration were received during the year.

### **Investigations into Maternal Mortality, etc.**

Investigations into the circumstances of all maternal deaths and cases of puerperal fever are carried out by the Assistant Medical Officer for Maternity and Child Welfare.

## **LEGISLATION IN FORCE.**

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

### **1. Wakefield Corporation Act, 1877.**

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



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

3. Wakefield Corporation Act, 1887.

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

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 of 1924.

The following Acts have been adopted :—

Infectious Diseases (Prevention) Act, 1890 (except Section 4, which is practically the same as Section 23 of the Wakefield Corporation Act, 1887).

Public Health Amendment Act, 1890 (except Part I.).

Public Health Amendment Act, 1907 (except Sections 18, 25, 48, 78, 80, 82, 83, 92 and 94).

Wakefield Corporation Act, 1887.

Wakefield Improvement Act, 1877.

Wakefield Corporation Act, 1909.

Wakefield Corporation Act, 1924.

In order to bring certain provisions of the Wakefield Corporation Act into conformity with the Public Health Act, 1925, the Minister of Health, by order, repealed the following Sections of the Local Act, namely :—Sections 101, 103, 105, 109, 111, 112, 113 and 123.

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.
6. Offensive Trades, 1914.
7. Slaughterhouses, 1925.
8. New Streets and Buildings, 1926.
9. Houses let in Lodgings, 1926.
10. Municipal Slaughterhouses, 1926.

## SANITARY CIRCUMSTANCES OF THE AREA.

### Water Supply.

The water supply is regularly tested, both chemically and bacteriologically, and continues to maintain its high standard of purity. The lime treatment has always been found adequate in neutralising the natural plumbo-solvent action of the moorland water. Although, owing to the abnormal drought of the summer, the supply was shut off at night for a period, the supply was always sufficient for domestic purposes, and no ill effects on health were reported. The reservoir extensions at present in hand will, when completed, no doubt obviate future risks of shortage.

### Rivers and Streams, Sewerage, Scavenging, etc.

The conditions remain substantially the same as described in the full 1925 Report.

## SANITARY INSPECTION OF THE AREA.

*By William Roberts, Senior Sanitary Inspector.*

	<i>Inspections. Re-Inspections.</i>	
Number of Inspections made ..	10,894	2,561
„ „ Complaints received ..	942	—
„ „ Complaints confirmed ..	685	—
„ „ Nuisances found ..	502	—
„ „ Informal Notices served ..	765	—
„ „ Statutory Notices served ..	177	—
„ „ Notices outstanding at end of 1929 ..	5	—
„ „ Summonses issued ..	1	—
„ „ Premises where work has been carried out by verbal notice or without notice ..	218	—
„ „ Letters sent ..	81	—
„ „ Matters referred to City Surveyor ..	120	—
„ „ Matters referred to Waterworks Engineer ..	63	—

## SUMMARY OF INSPECTION WORK.

*Inspections. Re-Inspections.***Dwelling Houses.**

Ordinary .. ..	455	533
Re Infectious Diseases .. ..	565	192
Re Housing and Town Planning		
Acts .. ..	360	897
Water Closets .. ..	299	265
Privies and Tub Closets .. ..	241	117
Ashplaces and Ashbins .. ..	244	151
Urinals .. ..	70	20
Yards and Courts .. ..	191	—
Dangerous Structures .. ..	33	—

**Drains.**

Inspections .. ..	375	387
Smoke Tests .. ..	110	—
Water Tests .. ..	1	—
Chemical Tests .. ..	1	—

**Sewers, etc.**

Ventilation .. ..	24	—
Street Gullies .. ..	70	—

**Factories and Workshops, etc.**

Factories .. ..	7	—
Workshops (excluding Bakehouses)	81	11
Workshops (including Restaurant		
Kitchens and Stables) .. ..	105	—
Bakehouses .. ..	79	7
Outworkers .. ..	20	—

**Miscellaneous.**

Canal Boats .. ..	30	—
Van Dwellings .. ..	46	15
Common Lodging Houses .. ..	132	—
Houses let in Lodgings .. ..	84	—
Cowsheds .. ..	153	—
Dairies, Milkshops and Milkstores	233	—
Ice Cream Premises .. ..	101	19
Private Slaughterhouses .. ..	2,965	—
Do. (Special Notices) .. ..	159	—
Corporation Slaughterhouses ..	834	—
Borough Market .. ..	137	—
Cattle Market .. ..	11	—



*Inspections. Re-Inspections.*

Butchers' Shops .. .. .	941	—
Fishmongers' Shops and Stalls ..	126	—
Cold Storage .. .. .	15	—
Offensive Trade Premises (including Fish Frying Premises) .. ..	373	43
Piggeries .. .. .	20	4
Smoke Observations .. ..	76	—
Wells .. .. .	2	—
Meetings with Owners and Trades- men .. .. .	944	—
Special Visits .. .. .	1,027	—
Visits under Rats and Mice Destruction Act .. .. .	52	—
Visits to Houses of Entertainment	22	—
Miscellaneous (including Cesspools, Water Courses, Refuse Tips, etc.) .. .. .	53	—
Schools .. .. .	119	—
Street or Back Roads .. ..	51	—

**SUMMARY OF SANITARY IMPROVEMENTS CARRIED  
OUT UNDER PUBLIC HEALTH ACTS.**

**Dwelling Houses.**

Cleansed or Limewashed .. .. .	45
Overcrowding abated .. .. .	16
Lighting improved .. .. .	2
Ventilation improved .. .. .	33
Roofs repaired .. .. .	47
Eaves Spouts or Rain Water Fall Pipes repaired ..	134
External Walls, Chimneys repaired or repointed	33
Inside Walls, Ceilings, etc., repaired .. ..	38
New Floors laid or repaired .. .. .	25
Doors repaired .. .. .	5
Yards re-laid or repaired .. .. .	15
Water Supply improved .. .. .	15
New Water supply laid on .. .. .	1
Yards cleansed .. .. .	9
Living Vans removed .. .. .	3
Fireplaces, etc., repaired .. .. .	51
Stairways repaired .. .. .	3
Food Stores improved .. .. .	—
Washing Accommodation improved .. ..	7
Opened out for Inspection .. .. .	37
Repaired .. .. .	10

Re-constructed .. .. .	81
Inspection Chambers constructed .. .. .	56
Drains choked .. .. .	1,508
Drains cleansed by Corporation Drain Cleanser ..	1,433
Drains cleansed by Owners .. .. .	75
Drains or Drain Inlets inside buildings removed ..	5
Drains ventilated .. .. .	27
Disconnected from Sewer .. .. .	5
Rain Water Fall Pipes disconnected from Drains or Sewers .. .. .	14
New Drains provided .. .. .	61

**Accumulations Removed.**

Manure .. .. .	34
Other .. .. .	10
Manure Pits provided .. .. .	20

**Animals, Fowls, etc.**

Nuisances abated .. .. .	12
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**Ashbins, Ashplaces, etc.**

Movable Galvanised Iron Ashbins renewed ..	21
Movable Galvanised Iron Ashbins provided in lieu of Ashpits .. .. .	11
Dry Ashplaces abolished .. .. .	4
Dry Ashplaces repaired .. .. .	—
Tub Closets or Privies with Ashpits repaired ..	2

In addition the following were referred to the City Surveyor :—

Movable Galvanised Iron Ashbins requiring renewal	119
Dry Ashpits requiring repairs .. .. .	18

**Urinals.**

Urinals cleansed or improved .. .. .	5
New Urinals provided .. .. .	2
Repaired .. .. .	8

**Sinks.**

New Sinks provided .. .. .	97
Sink Waste Pipes trapped, renewed or repaired ..	64
Other Waste Pipes trapped, renewed or repaired ..	2

**Piggeries.**

Cleansed or improved .. .. .	—
Swine removed .. .. .	1



**Cesspools.**

Repaired or improved	..	..	..	..	—
Abolished	..	..	..	..	—

**Water Closets.**

Cleansed or Limewashed	..	..	..	..	124
Repaired	..	..	..	..	196
Additional provided	..	..	..	..	43
Re-constructed	..	..	..	..	—

**SUMMARY OF SANITARY IMPROVEMENTS CARRIED  
OUT UNDER HOUSING ACTS.**

**Dwelling Houses.**

Lighting improved	..	..	..	..	15
Ventilation improved	..	..	..	..	76
Roofs repaired	..	..	..	..	39
Eaves Spouts or Rain Water Fall Pipes repaired					67
External Walls, Chimneys, etc., repaired or re-pointed	..	..	..	..	112
Inside Walls, Ceilings, etc., repaired	..	..			96
New Floors laid or repaired	..	..	..	..	87
Fireplaces, Ovens or Set Pots repaired	..	..			86
Washing Accommodation provided	..	..			10
Yards re-laid or repaired	..	..	..	..	1
Doors repaired	..	..	..	..	18
Food Stores provided or improved	..	..	..	..	5
Stairways repaired	..	..	..	..	15

**Drains.**

Repaired	..	..	..	..	5
Drains or Drain Inlets inside Buildings removed					—
Rain Water Fall Pipes disconnected from Drains or Sewers	..	..	..	..	4

**Sinks.**

New Sinks provided	..	..	..	..	20
Sink Waste Pipes trapped, renewed or repaired	..				8
Other Waste Pipes trapped, renewed or repaired					—

**Water Closets.**

Additional provided	..	..	..	..	4
Repaired	..	..	..	..	—

**Ashplaces.**

Movable Galvanised Iron Ashbins renewed	..				—
Dry Ashpits repaired	..	..	..	..	—
Dry Ashpits abolished	..	..	..	..	1

## LITTERING OF STREETS.

The littering of our streets with paper and other refuse is still thoughtlessly carried on by the general public. It is to be regretted that more care is not exercised both from the point of view of cost in cleansing, and also in assisting to make our public thoroughfares less unsightly. During 1929 the Cleansing Department caused to be fitted to the various standards in the City, 14 litter bins for the deposit of refuse, but I am sorry to say that this provision does not appear to have been appreciated to any material extent. The nuisance, however, would be greatly minimised if only the general public would take the trouble to deposit all waste paper and other refuse in the bins provided for that purpose instead of throwing same on the footpath or surface of the street.

## CLOSET ACCOMMODATION.

The Closet accommodation in the City is as follows :—

Water Closets (including 374 Trough Closets)	..	13,767
Privies .. .. .	..	105
Tub Closets .. .. .	..	24
Number of Privy Closets converted into Water Closets during 1929 .. .. .	..	42
Number of additional Water Closets provided in connection with above .. .. .	..	3
Number of Tub Closets converted into Water Closets during 1929 .. .. .	..	1
Number of additional Water Closets provided in connection with above .. .. .	..	—
Number of Privy Closets in addition to above dispensed with .. .. .	..	15
Number of Tub Closets in addition to above dispensed with .. .. .	..	3
Total Privy Closets abolished .. .. .	..	57
Total Tub Closets abolished .. .. .	..	4
Total Trough Closets abolished .. .. .	..	16

During 1929, 34 Privy Closets and 1 Tub Closet were converted into Water Closets under Section 39 of Public Health Acts (Amendment) Act, 1907. The cost to the Corporation in carrying out these works was £337 9s. 7d. for Privy Closets, and £15 6s. 6d. for Tub Closets.



## NUMBER OF PRIVIES AND TUB CLOSETS AT THE END OF 1929.

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 ..	3	3	3	3	—	—	—	—	3
North Westgate ..	5	6	4	7	—	3	2	1	9
South Westgate ..	10	12	10	14	—	6	2	1	18
St. John's ..	—	—	—	—	—	—	—	—	—
Eastmoor ..	—	—	—	—	—	—	—	—	—
Northgate ..	—	—	—	—	—	2	2	—	2
Kirkgate ..	Nil	Nil	Nil	Nil	Nil	3	—	2	3
Primrose Hill ..	1	1	1	1	—	8	6	1	9
Calder ..	5	17	4	2	2	2	2	—	19
Belle Vue ..	23	39	23	38	1	—	—	—	39
Sandal ..	22	27	24	35	—	—	—	—	27
Total ..	69	105	69	100	3	24	14	5	129

## CANAL BOATS.

The number of Boats on the Register is 9, and 30 Boats were inspected during the year. The boats inspected were occupied by 49 males, 18 females, 9 children over 5 years of age, and 3 under 5 years.

The Boats were all found to be in a clean condition, and in 2 instances it was necessary to draw attention to contraventions of the Canal Boats Acts.

## COMMON LODGING HOUSES.

Number on Register at end of 1929.	For both Sexes.	For Men only.	Number of Persons registered for.
17	8	9	654

Defects.	Found.	Remedied.
Cleansing .. ..	8	8
Ventilation Improved	2	2
Water Closets ..	8	8
Screens provided ..	1	1
Other Dilapidations	2	2

During the year one Common Lodging House was removed from the Register. The Health Committee refused to grant a licence on account of the premises not being suitable for occupation as a Common Lodging House.

No change has otherwise occurred in the accommodation at the other houses, and all the houses have been kept in a satisfactory manner throughout the year.

## HOUSES LET IN LODGINGS.

No. on Register at end of 1929	.. ..	44
No. taken off during the year	.. ..	3
No. put on during the year	.. ..	Nil.
Total accommodation (adults) at end of year		688



Defects.	Found.	Remedied.
Cleansing .. ..	1	1
Overcrowding ..	1	1
Dilapidations ..	4	4

It was necessary to serve 6 notices under the Byelaws requiring the remedy of certain contraventions at houses let in lodgings during the year, and all the defects referred to with one exception were remedied in a satisfactory manner.

It was also necessary in the case of one house to take legal proceedings against the owner, who was also the occupier for failing to carry out several requirements of the Byelaws. Two summonses were issued and the defendant was convicted, and in each case was fined £5, with a recurring penalty of £2 per day for failure to comply, and 8/- costs.

Close attention has been paid to the condition of Houses Let in Lodgings during 1929, and the houses on the whole have been maintained in a fair state of cleanliness and general structural repair.

Whilst the above figures do not represent anything like the number of houses where rooms are sub-let in the City, it is interesting to note that no new houses set apart entirely for letting off rooms to separate families have been added to the register during 1929. This particularly refers to the house habitually carried on as a house let in lodgings, and in some instances where the landlord has other houses used for letting off to more than one family. At the same time many houses have been discovered by the Sanitary Inspectors to be occupied as lodging houses and in contravention of the Byelaws. The majority of the houses so found were not structurally suitable to be occupied as houses-let-in-lodgings, and in consequence the houses were discontinued to be used for that purpose.

ANNUAL REPORT of the Medical Officer of Health for the year 1929, for the City of Wakefield, on the administration of the Factory and Workshop Act, 1901, in connection with :—

## FACTORIES, WORKSHOPS AND WORKPLACES.

### 1.—Inspection of Factories, Workshops and Workplaces.

Including Inspections made by Sanitary Inspectors or  
Inspectors of Nuisances.

Premises. 1	Number of		
	Inspections. 2	Written Notices. 3	Occupiers Prosecuted. 4
Factories (including Factory Laundries) ..	7	2	—
Workshops (including Workshop Laundries) ..	160	7	—
Workplaces (other than Outworkers' premises)	105	—	—
Total .. .. .	272	9	—

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

Particulars.	Number of Defects.			Number of Offences in respect to which Prosecutions were Instituted.
	Found.	Remedied.	Referred to H.M. Inspector.	
1	2	3	4	5
<b>Nuisances under the Public Health Acts :—</b>				
Want of Cleanliness .. .. .	1	1	—	—
Want of Ventilation .. .. .	2	2	—	—
Overcrowding .. .. .	—	—	—	—
Want of Drainage of floors .. .. .	—	—	—	—
Other Nuisances .. .. .	5	5	—	—
Sanitary accommodation { insufficient .. .. .	18	18	—	—
{ unsuitable or defective .. .. .	2	2	—	—
{ not separate for sexes .. .. .	—	—	—	—
<b>Offences under the Factory and Workshop Acts :—</b>				
Illegal occupation of underground bakehouse (S. 101) .. .. .	—	—	—	—
<b>Other offences :—</b>				
(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. .. .. .	—	—	—	—
<b>Total .. .. .</b>	<b>28</b>	<b>28</b>	<b>—</b>	<b>—</b>

### 3.—Outwork in Unwholesome Premises, Section 108.

It has not been necessary to deal with any premises under this Section.



## REGISTERED WORKSHOPS.

Workshops on the Register (S. 131) at the end of the Year.						Number.
Bakehouses (Factories) ..	..	..	..	..	..	10
Bakehouses (Workshops)	..	..	..	..	..	35
Dressmaking ..	..	..	..	..	..	6
Saddlery ..	..	..	..	..	..	3
Boot Repairing ..	..	..	..	..	..	14
Millinery ..	..	..	..	..	..	4
Upholstery ..	..	..	..	..	..	6
Tailoring ..	..	..	..	..	..	7
Joinery ..	..	..	..	..	..	6
Other Workshops ..	..	..	..	..	..	44
Total ..						135

During the year 6 Notices were received from H.M. Inspector of Factories regarding the following :—

Defects.	Found.	Remedied.
Insufficient Closet Accommodation ..	1	1
Insufficient Ventila- tion .. ..	3	3
Want of Cleanliness	2	2

## ATMOSPHERIC POLLUTION.

Emission of Smoke from Industrial Chimneys.—1929.

TABLE I.

No. of Boilers.	No. of Observations.	Dense 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	38	27	3	—	4	3	1	—	—	—	—	—	—
2	16	5	3	1	3	1	1	2	—	—	—	—	—
3	16	11	1	2	1	1	—	—	—	—	—	—	—
4	3	2	1	—	—	—	—	—	—	—	—	—	—
5	3	—	—	1	2	—	—	—	—	—	—	—	—
6	—	—	—	—	—	—	—	—	—	—	—	—	—
7	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	76	45	8	4	10	5	2	2	—	—	—	—	—

TABLE II.

No. of Observations.	Dense Black Smoke.—Minutes in the Hour.—Percentage.													
	Nil	1	2	3	4	5	5-10	10-15	15-20	20-25	25-30	30-35	35-40	40-45
257	34.6	11.2	7.3	5.8	6.6	7.7	11.6	5.0	4.2	3.5	1.1	8.3	0.3	—
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	—	—
318	52.2	12.2	10.6	9.6	3.4	3.4	5.0	1.5	0.6	0.9	—	—	—	—
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
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	—	—
532	77.1	6.0	5.2	2.4	2.8	0.9	2.6	1.8	0.3	0.5	—	—	—	—
76	59.21	5.26	13.16	6.58	2.6	32.63	—	—	—	—	—	—	—	—



NOTE.—The smoke emission from chimneys of metallurgical furnaces are excluded from the above records. For the purposes of comparison the half minute records made in 1927, 1928 and 1929 have been doubled in Table II.

TABLE III.  
MONTHLY RECORD OF SOOT DEPOSITS IN  
STANDARD GAUGES, 1929.

Month.	Tons of Total Solids per Square Mile.	
	Northgate Station.	Clarence Park Station.
January .. ..	21·15	8·24
February .. ..	8·96	3·15
March .. ..	27·26	9·49
April .. ..	27·12	10·49
May .. ..	19·69	7·95
June .. ..	21·09	8·85
July .. ..	15·59	11·40
August .. ..	16·96	9·19
September .. ..	24·29	8·25
October .. ..	16·50	6·91
November .. ..	21·79	11·74
December .. ..	27·42	18·84
Average per Month ..	20·65	9·54

During 1929 it was necessary to serve 2 Notices of Offence under the Public Health (Smoke Abatement) Act, 1926, regarding the emission of Black Smoke, and 4 Notices of Offence regarding the emission of Dense Smoke.

#### Remarks on Smoke Abatement.

The number of observations made of Factory chimneys was very low as compared with previous years, this being mainly due to the shortage of Sanitary Inspectors during a greater portion of the year.

The Education Committee continued the course of lectures on Boiler Efficiency and Smoke Abatement at the Technical College during the year—A first and second year course was given by Mr. Dickenson, M.I.M.E. A total of 19 students were enrolled, 9 in the first year and 10 in the second year course.

12 students sat for the examination, 4 for the first year course, 8 in the second year course.

The examination again consisted of a written and oral examination with a practical test in a boiler house. Certificates were given to 8 students who passed and the Certificates this year were also endorsed on behalf of the West Riding Regional Smoke Abatement Committee.

The number of students enrolled for the lectures during 1929 was slightly less than the previous year. This is due to a number of the local stokers having gained certificates in the previous years, and are still being employed at various factories in the City.

### MILK SUPPLY.

#### Registration of Cowkeepers, etc.

Cowkeepers and Milk Purveyors resident in the City 19

Milk Purveyors resident in the City .. .. 120

Milk Purveyors from Districts outside the City .. 26

1 Cowkeeper was added to the Register during 1929.

No Cowkeepers discontinued business during 1929.

20 Milk Purveyors were added to the Register during 1929.

13 Milk Purveyors discontinued business during 1929.

During 1929 it was necessary to institute legal proceedings against a Dairyman residing outside the City boundary for failure to register as a Retail Purveyor of Milk as required by Article 6 of the Milk and Dairies Order, 1926. A Fine of £1 was imposed.

The following defects were remedied at Dairies and Cowsheds during the year :—

#### Dairies.

Defects.	Found.	Remedied.
Cleansing .. ..	5	5
Unsuitable Receptacle for Storing Milk ..	1	1
Light and Ventila- tion .. ..	1	1



**Cowsheds.**

Defects.	Found.	Remedied.
Limewashing ..	3	3
Accumulation of Manure .. ..	2	2
Dirty condition of Cows .. ..	1	1

Increased attention has been given to the supervision of the milk supply during 1929, and considerable improvements to cowsheds and dairies have been carried out. Many of the Cowsheds and Dairies in the City were not quite up to the standard required by the Milk and Dairies Order, 1926, in some instances it was found that the buildings were quite unsuitable and nothing short of reconstruction would make them meet the requirements of the Order. A full survey of all the buildings was made, and the requirements of the Order were subsequently pointed out to the occupiers. It was necessary to serve 9 Notices in the cases of Cowsheds, and in connection with Dairies 10 Notices were served.

In consequence of the service of Notices and informal representations, improvements were carried out to 8 existing dairies and 8 new modern dairies were erected. In the case of Cowsheds, improvements were effected at 6 buildings, and 2 new and up-to-date Cowsheds were erected. It is very satisfactory to be able to report that all the Dairies and Cowsheds in Wakefield, with but one exception, now conform to the requirements of the Order. One new Cowkeeper was added to the Register during the year, and none were taken off.

It is again satisfactory to record that the handling of the milk shows further improvements, due to the strict attention given by the Cowkeepers to cleanliness and to the regular grooming and preparation of Cows for milking. In the majority of Wakefield herds the Cows have a healthy and well groomed appearance, and this speaks well for the skilful and attentive management.

Throughout the year the District Inspectors have made periodic visits to all the cowsheds in the City to investigate the methods of milking and handling the milk. In this way,



the attention of the Cowkeeper is drawn to any deficiencies that may arise, and the Inspector, by means of a special testing apparatus, is able to point out in a practical manner any improvement needed. By carrying out this inspection, much good work has been accomplished, and this is further borne out by the results of the tests made by the City Analyst for sediment during the year. It is satisfactory to find that in the case of 17 samples of Wakefield produced Milk submitted to the Analyst, not one contained more than 2 parts of sediment in the 100,000.

### Bacteriological Examination of Milk.

During 1929, 23 samples of Milk were taken in the City and were bacteriologically examined at the County Hall Laboratory. Nine were samples of Milk produced at Cowsheds in Wakefield, and fourteen of Milk produced in districts outside the City. The following table gives a summary of the results of the examinations as regards bacterial content :—

Total Bacteria in I.c.c.	Number of Samples.
Under 5,000 .. .. .	7
5,000 and under 10,000 .. .. .	2
10,000 and under 50,000 .. .. .	3
50,000 and under 100,000 .. .. .	3
100,000 and under 500,000 .. .. .	5
500,000 and under 1,000,000 .. .. .	1
1,000,000 and under 2,000,000 .. .. .	2
2,000,000 and under 3,000,000 .. .. .	—

Two of the samples of Milk were sold as "Certified," and two samples were of Milk sold as Grade "A," Tuberculin Tested. All these samples were satisfactory.

Apart from the Graded Milk, 9 samples (4 produced in the City and 5 produced outside) came up to the bacterial standard of Grade "A" Milk.

21 samples of Milk were examined by animal inoculation for tuberculous infection, and 3 samples or 14·28 per cent. gave positive results as compared with nil in 1928, 19 per cent. in 1927, and 10·5 per cent. in 1926. The infected Milks were from one Wakefield Cowshed and two outside Cowsheds.



### Sediment in Milk.

56 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	41	14	27
1—2	11	3	8
2—3	3	—	3
3—4	—	—	—
4—5	—	—	—
5—6	—	—	—
6—7	—	—	—
7—8	—	—	—
8—9	1	—	1
Total ..	56	17	39

The above figures shew that 73·2 per cent. of the samples contained less than 1 part of sediment per 100,000, and that 93·0 per cent. contained less than 2 parts per 100,000. These figures are about the same as those in 1928, the corresponding figures being 74·4 per cent. and 92·7 per cent.

In the case of the sample shewing sediment to the extent of between 8 and 9 parts per 100,000, the Milk in question had been produced at a Cowshed outside the City. The vendor was prosecuted and convicted. The sample is referred to under the heading of adulterated samples in another part of this report.

### Quality of Milk.

85 samples of New Milk were examined by the City Analyst for quality, and 10 (11·76 per cent.) were reported as adulterated. This percentage is higher than that for England and Wales in 1928-9 (8·2 per cent.). The following table gives the average composition of the samples excluding those which fell below the standard :—

### Composition of Milk Samples taken during 1929.

Month.				Number of Samples.	Average Fat.	Average Non-fatty solids.
January	..	..	..	6	3.54	9.11
February	..	..	..	5	3.81	9.26
March	..	..	..	10	3.53	9.01
April ..	..	..	..	3	3.40	9.26
May ..	..	..	..	4	3.80	8.98
June ..	..	..	..	4	3.66	8.89
July ..	..	..	..	4	3.85	8.77
August	..	..	..	6	4.04	8.76
September	..	..	..	9	3.64	8.93
October	..	..	..	10	4.06	9.02
November	..	..	..	7	3.92	9.11
December	..	..	..	7	3.54	8.97
Whole Year				75	3.72	9.00

### The Milk (Special Designations) Order, 1923.

Number of Licences in operation during 1929 .. 8

One Licence is to retail Certified Milk, and in remaining 7 cases 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) continues to be supplied to 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) ..	85	1	84	—	10	—	11·9
Milk (Cleanliness) ..	56	—	56	—	2	—	3·57
Milk, Grade "A" ..	3	1	2	—	—	—	—
Dried Milk ..	3	3	—	—	—	—	—
Almata Food ..	2	1	1	1	1	100%	100%
Cream ..	5	5	—	—	—	—	—
Beef Sausages ..	4	4	—	—	—	—	—
Pork Sausages ..	5	5	—	—	—	—	—
Sponge Cakes ..	3	3	—	—	—	—	—
Apples ..	1	1	—	1	—	100%	—
Shredded Suet ..	1	1	—	—	—	—	—
Potted Meat ..	2	2	—	—	—	—	—
Dripping ..	2	2	—	—	—	—	—
Butter ..	3	3	—	—	—	—	—
Cheese ..	1	1	—	—	—	—	—
Baking Powder ..	4	4	—	—	—	—	—
Custard Powder ..	2	2	—	—	—	—	—
Cake Flour ..	1	1	—	—	—	—	—
Corn Flour ..	1	1	—	—	—	—	—
Sponge Powder ..	1	1	—	—	—	—	—
Bun Flour ..	1	1	—	—	—	—	—
Blancmange ..	2	2	—	—	—	—	—
Self-Raising Flour ..	1	1	—	—	—	—	—
Ground Ginger ..	2	2	—	—	—	—	—
Pepper ..	3	3	—	—	—	—	—
Mustard ..	1	1	—	—	—	—	—
Coffee ..	2	2	—	—	—	—	—
Tea ..	2	2	—	—	—	—	—
Cocoa ..	2	2	—	—	—	—	—
Malt Vinegar ..	2	2	—	1	—	50%	—
Camphorated Oil ..	3	3	—	—	—	—	—
Paregoric ..	1	1	—	—	—	—	—
Milk of Sulphur ..	2	2	—	—	—	—	—
Liquorice Powder ..	2	2	—	—	—	—	—
Sweet Spirit of Nitre ..	4	4	—	—	—	—	—
Ipecacuanha Wine ..	2	2	—	—	—	—	—
Orange Quinine Wine ..	1	1	—	—	—	—	—
Golden Wine ..	1	1	—	—	—	—	—
Mince Meat ..	1	1	—	—	—	—	—
Dried Apricots ..	1	1	—	—	—	—	—
Total ..	221	78	143	3	13	3·84%	9·09%

## (b) Particulars of Adulterated Samples.

No.	Article.	Defects.	Action taken.
144	New Milk ..	Sample contained 90 parts of Sediment per million.	Vendor Prosecuted. Fine £5. Costs £1.
143	New Milk ..	2.2 per cent. deficiency of Milk Fat ..	Follow up Sample taken No. 2, and found genuine.
9	New Milk ..	3 per cent. deficiency of Milk Fat .. Deficiency of Non-fatty Solids equal to 3.5 added water.	Follow up Sample taken No. 21 (Sunday Sample).
21	New Milk ..	Deficiency of Non-fatty Solids equal to 1.9 per cent. added water.	"Appeal to Cow" Sample. Further Sample taken No. 29, from individual Cow.
29	New Milk ..	5 per cent. deficiency of Milk Fat .. Deficiency of Non-fatty Solids equal to 5.1 per cent. added water.	"Appeal to Cow" Sample. Vendor warned.
66	Apples ..	Sample contained 0.47 grains Arsenic per pound.	Vendor and Wholesale Merchant warned.
67	New Milk ..	Deficiency of Non-fatty Solids equal to 0.7 per cent. added water.	Further Sample taken No. 68, and found genuine.
69	New Milk ..	8.7 per cent. deficiency of Milk Fat ..	Further Sample taken No. 74, and found genuine.
23	Malt Vinegar ..	Sixty per cent. artificial Vinegar ..	Vendor warned.
27	New Milk ..	5 per cent. deficiency of Milk Fat .. Deficiency of Non-fatty Solids equal to 12.9 per cent. added water.	Follow up Samples taken Nos. 29 and 30, and found genuine. No action taken on account of decease of Vendor.
36	Infant Food ..	Sample classified as doubtful by label ..	Follow up Sample taken No. 67.
41	New Milk ..	8 per cent. deficiency of Milk Fat ..	Follow up Sample taken No. 52.
52	New Milk ..	2.7 per cent. deficiency of Milk Fat ..	Vendor warned.
54	New Milk ..	Sample contained 25 parts of Sediment per million .. .. .	Vendor warned.
67	Infant Food ..	Sample classified as doubtful by label ..	Vendors warned.



## ICE CREAM.

Special attention was paid during the year to the conditions under which Ice Cream is manufactured and sold. There is no doubt that much of the mixture which is sold as Ice Cream has very little food value, and there is a distinct need for the fixing of a definite standard of composition of this popular article. The conditions in which Ice Cream is exposed to contamination during manufacture at present is governed by the provisions of the Wakefield Corporation Act, 1924, and in consequence of enforcing these requirements, 21 premises have been closed as unsuitable. In the case of 10 other premises, improvements have been carried out. There is evidence that manufacture of Ice Cream has a tendency to increase every year, and it would appear that the only satisfactory way in which we could exercise proper supervision over this article of food would be for all persons and premises where the business is carried on to be subject to compulsory registration.

**Slaughterhouses.**

The following table shows particulars of all the private Slaughterhouses in the City at the end of 1929 :—

	In 1920.	In January, 1929.	In December, 1929.
Registered .. ..	9	8	8
Licensed .. ..	17	15	15
Total ..	26	23	23

The above figures do not include the Public Slaughterhouse owned by the Corporation.

The following defects were remedied at the Private Slaughterhouses during the year :—

Floor repaired .. ..	2	Limewashing .. ..	3
Drains re-constructed ..	1	Yard re-laid .. ..	2
Drains cleansed .. ..	2	Improvements to making-up room	1

It has also been necessary to draw attention to the following infringements of the Public Health (Meat) Regulations, 1924 :—

Infringement.	Found.	Remedied.
Failure to give Notice of Slaughter	2	2
Sheeting of Stall .. .. .	3	3
Covering of Meat .. .. .	5	5

In addition to the above, a butcher was prosecuted for failure to observe the requirements of Section 9 of the Public Health (Meat) Regulations, 1924, and also Section 10 of the Regulations. The case was dismissed on payment of 8/- costs.

#### Number of Animals Slaughtered in the City during 1929.

	Beasts.	Calves.	Pigs.	Sheep.	Horses.	Total.
Public Slaughter-house .. ..	3708	269	2521	6280	—	12778
Private Slaughter-houses .. ..	2169	211	4175	2495	—	9050
Total for Year ..	5877	480	6696	8775	—	21828

#### Condemnations of Unsound Food.

2,092 Meat .. .. .	Weighing 9,999 Stones
11 Fish .. .. .	36 „
1 Fruit .. .. .	10 „
1 Vegetables .. .. .	80 „
1 Rabbits .. .. .	24 „
	„ 10,149 „

11 Tinned Goods .. .. . 506 Tins.

#### Where Condemnations made.

1,377 Borough Slaughterhouses.	3 Borough Markets.
680 Private Slaughterhouses.	10 Warehouses.
30 Shops.	3 Piggeries.
2 Cold Stores.	
1 Railway Station.	



**Number of Carcases, etc., Condemned.  
Condemnations due to Tuberculosis.**

Animals.	Whole Carcases.		Part Carcases.	
	Boro. Slaughter- house.	Private Slaughter- house.	Boro. Slaughter- house.	Private Slaughter- house.
Cows .. ..	*157	6	†82	5
Heifers .. ..	8	2	1	—
Bullocks .. ..	1	1	1	—
Calves .. ..	—	3	—	—
Pigs .. ..	19	14	—	1
Total .. ..	185	26	84	6

\* Including 26 Animals slaughtered under the Tuberculosis Order. (25 from Districts outside Wakefield, and 1 from within the City).

† Including 13 Animals slaughtered under the Tuberculosis Order, all from Districts outside Wakefield.

**Condemnations due to Other Defined Diseases.**

Animals.	Whole Carcases.		Part Carcases.	
	Boro. Slaughter- House.	Private Slaughter- house.	Boro. Slaughter- house.	Private Slaughter- house.
Cows .. ..	9	—	3	—
Heifers .. ..	—	—	—	—
Bullocks .. ..	—	—	—	—
Sheep .. ..	22	4	6	—
Calves .. ..	3	—	—	—
Pigs .. ..	21	4	—	—
Total .. ..	55	8	9	—

**Condemnation of Offals.**

Animals.	Tuberculosis.				Other Conditions.			
	Boro. Sl. House.		Priv. Sl. House.		Boro. Sl. House.		Priv. Sl. House.	
	Condem- nation.	Weight Sts.	Condem- nation.	Weight Sts.	Condem- nation.	Weight Sts.	Condem- nation.	Weight Sts.
Bovines ..	315	438	188	210	420	419	109	94
Sheep ..	—	—	—	—	5	2	8	2
Calves ..	—	—	—	—	—	—	—	—
Pigs ..	230	182	266	254	74	20	69	59
Totals ..	545	620	454	464	499	441	186	155

	1928.	1929.
Percentage of Condemnations due to Tubercular Disease .. .. .	68.2	62.4
Percentage of Bovines affected with Tubercular Disease .. .. .	13.8	13.1
Percentage of Pigs affected with Tubercular Disease .. .. .	6.1	7.9
Percentage of all Animals Slaughtered in the City affected with Disease .. ..	7.7	9.4
Percentage of all Animals Slaughtered in Private Slaughterhouses affected with Disease .. .. .	5.2	7.6
Percentage of all Animals Slaughtered in the Public Slaughterhouse affected with Disease ... .. .	9.5	10.9

All the diseased Carcases, etc., with five exceptions, were voluntarily surrendered, and it was not necessary to take any legal action.

**Remarks on Food Inspection.**

The number of Animals slaughtered in Wakefield during 1929 shows a decrease to the extent of 2,499, and is equally divided between the Public and Private Slaughterhouses. This is no doubt due to the large amount of unemployment existing in the City, and the resultant reduction of the spending capacity in many households.



The Corporation Slaughterhouse has continued to be used as centre for a large outside radius for the slaughter of animals for disposal by wholesale, and also for a large number of animals taken under the Tuberculosis Order.

The seizures made were about the same as last year, but the percentage was slightly higher. Again we have to record a reduction in the percentage of seizures due to Tuberculosis.

The inspection of meat calls for a large portion of the District Inspectors' time, and this will be fully realised when it is explained that every Animal slaughtered in the City is inspected prior to the meat being offered for sale for human consumption. It is very satisfactory to be able to record that during the year very few complaints have been received as to the sale of unsound and unwholesome food. This no doubt testifies to the desire for traders to supply a good article, and also, to some extent to the efficiency of the Inspection work at present carried out.

It is satisfactory to find that greater attention is being directed to proper care and handling of meat and other food stuffs. It is found that many of the traders still adhere to the open window, but on the other hand, many butchers' shops have had fixed windows installed during the year. It is to be hoped that in the near future all our butchers and provision shops will be provided with a fixed window which will no doubt lessen the risk of contamination from dust and other substances from the street surface.

#### OFFENSIVE TRADES.

##### Offensive Trades on the Register at end of 1929.

Trade.							Number.
Tripe Boiling	..	..	..	..	..	..	6
Tallow Melting	..	..	..	..	..	..	1
Gut Scraping	..	..	..	..	..	..	1
Rag and Bone Dealing	..	..	..	..	..	..	5
Fish Frying	..	..	..	..	..	..	59

Offensive Trades taken off Register during 1929	.. Nil.
Offensive Trades put on Register during 1929	.. Nil.

Defects.	Found.	Remedied.
Cleansing .. .. .	13	13
Refuse Receptacles .. ..	9	9
Cleaning Room provided (Fish Fryer) .. .. .	6	6
Smoke Nuisance .. .. .	1	1
Cleaning Room Improved (Fish Fryer) .. .. .	4	4
Yards Paved and Improved ..	4	4
New Cooking Pans .. .. .	2	2
Premises Re-constructed .. ..	1	1
Drains .. .. .	2	2
Accumulations .. .. .	5	5
Structural .. .. .	2	2

It will be observed from the foregoing table that increased attention has been paid to the condition of Offensive Trade premises, particularly in regard to the trade of Fish Fryer. Considerable improvements have been carried out in the provision of suitable accommodation for the cleaning and preparation of the commodity. With the exception of 4 shops—satisfactory provision has been provided.

At several shops structural alterations have been carried out, and the premises made to conform with modern hygienic requirements. In some of the shops modern cooking ranges have been fixed and a further improvement has been made by the abolition of coal fires and the substitution of gas as a source of heating.

WILLIAM ROBERTS.



## HOUSING STATISTICS, 1929.

Size of House according to Number of Habitable Rooms.	Total.	Built by Corpor- ation.	Built by Private Enterprise.			With Baths.		
			Total.	Subsidy.	Non- Subsidy.	Total.	In Bath room.	In Scullery
3 roomed ..	—	—	—	—	—	—	—	—
4 „ ..	147	102	45	14	31	147	147	—
5 „ ..	60	25	35	17	18	60	60	—
6 „ ..	4	—	4	—	4	4	4	—
7 „ and over	3	—	3	—	3	3	3	—
Total ..	214	127	87	31	56	214	214	—

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

Alverthorpe ..	12	Eastmoor ..	2
North Westgate ..	138	Primrose Hill ..	1
South Westgate ..	44	Sandal ..	15
St. John's ..	2		

**Number of Houses erected during the Year.**

(a) Total (including number given separately under	
(b) ) .. .. .	214

(b) With State assistance under the Housing Acts :—

(1) By the Local Authority ..	127
(2) By other bodies or persons ..	31

**1. Unfit Dwelling Houses.****Inspection.**

(1) Total number of Dwelling Houses inspected for Housing Defects (under Public Health or Housing Acts) ..	815
(2) Number of Dwelling Houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910, or the Housing Consolidation Regulations, 1925 ..	360
(3) Number of Dwelling Houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ..	5

(4) Number of Dwelling Houses (exclusive of those referred to under the previous sub-head) found not to be in all respects reasonably fit for human habitation .. .. .	709
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## 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 its Officers .. .. .	498
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## 3. Action taken 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 .. .. .	68
(2) Number of Dwelling Houses which were rendered fit after service of Formal Notices ..	
(a) By Owners .. .. .	69
(b) By Local Authority in default of Owners ..	—
(3) Number of Dwelling Houses in respect of which Ceasing 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 .. .. .	51
(2) Number of Dwelling Houses in which defects were remedied after service of formal Notice :—	
(a) By Owners .. .. .	51
(b) By Local Authority in default of Owners ..	—

### C.—Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925 :—

(1) Number of representations made with a view to the making of Closing Orders .. .. .	21
(2) Number of Dwelling Houses in respect of which Closing Orders were made .. .. .	21
(3) Number of Dwelling Houses in respect of which Closing Orders were determined, the Dwelling Houses being rendered fit .. .. .	1
(4) Number of Dwelling Houses in respect of which Demolition Orders were made .. .. .	4



(5) Number of Dwelling Houses demolished in pursuance of Demolition Orders .. ..	1
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### 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 360 houses, which were mostly of a poor class, but not situated in the scheduled insanitary areas :—

Dilapidated .. ..	70	With Water Closet defects .. ..	40
Damp .. ..	129	With Tub Closets or Privies .. ..	38
With defective Lighting .. ..	26	With Ashbin or Ash-place defects .. ..	38
With defective Ventilation .. ..	104	With Yard Surface defects .. ..	16
Dirty .. ..	2	With nuisance from keeping of Animals or Poultry .. ..	5
Overcrowded .. ..	1	With other Nuisances or defects .. ..	218
With Drain and Sink defects .. ..	100		
No Washing accommodation .. ..	17		
Unsatisfactory Food Store .. ..	34		

### REMARKS ON HOUSING.

During 1929, the total number of new houses built was 214, or 30 more than in 1928. The number built by the Corporation was 127, including 20 houses for sale, or 8 less than in 1928. The number built by private enterprise was 87, including 31 subsidised houses, or 38 more than in 1928.

The number of new houses built in Wakefield during the past ten years, and up to the end of 1929, excluding replacement houses, was 2,993, and of these, the Corporation built 2,221 and private enterprise, with or without subsidy, built 772. When we remember that the total number of houses in the City at the 1921 Census was 11,252, the building of nearly 3,000 additional houses is proportionately a very large increment and probably one which is exceeded by few other towns in the country. With such a building record, it might reasonably be concluded that the demand for houses which was so great and so clamant in Wakefield a few years ago had now been satisfied, and that, apart from the question of insanitary houses, the building requirements of the present would only be such as were necessary to meet the natural increase of the population. There



are, however, facts which indicate that we have not yet arrived at that happy stage. For instance, there is a large waiting list for municipal houses. In my Report for 1928, I stated that the waiting list was 300, and now I understand that the waiting list has grown to about 850, of which 500 are applications for houses on the new Eastmoor Housing Estate, and 350 for houses on the other estates. It is quite likely that some of these applications are from people who are now occupying houses of a fair standard, but who are desirous of securing the greater amenities provided on the housing estates, and so their transfer to new houses would still leave the older houses available for occupation. There can be no question but that municipal housing on the splendid lines carried out in Wakefield has created in the minds of many people who are living in houses above the slum class a dissatisfaction with the standard of dwelling to which they have been so long accustomed, but which they now realise is so much short of what is being provided on these new estates. On public health grounds, there is every reason for satisfying the laudable desires of these people, and there will not be the slightest difficulty in securing tenants for the houses which they vacate. It will help that general move up in the housing scale which would seem a natural process in any scheme for the bettering of housing conditions. Then there is the fact that, so far as I know, there is not a single vacant working class dwelling in the City, and the fact that there is still a considerable amount of overcrowding and subletting. With regard to the existing old property in the City, the statement of the defects found during a house-to-house inspection revealing that 36 per cent. were damp, 30 per cent. were ill-ventilated, and 20 per cent. were dilapidated, is in itself sufficient to indicate the need for active measures to clear away all uninhabitable houses, and to thoroughly repair all that can be made fit. During the year much work was done in causing houses to be repaired, and 21 houses were represented unfit for human habitation, closing orders being made in respect of all of them. Although there was an increase in the number of houses closed by order, one is bound at present to go slow in this direction, because of the real difficulty of re-housing the tenants. There is no statutory obligation on the part of the Corporation to re-house tenants displaced by reason of closing and demolition orders, but I would suggest that there is a moral obligation on the part of the Corporation to see they get houses suited to their particular needs, and if such houses are not available, to see that they are provided. The bulk of the tenants occupying houses dealt with under closing orders are poor people, who cannot afford the rents of Municipal Houses, or indeed of



any kind of satisfactory house, and to execute closing orders to any considerable extent without providing alternative accommodation will only aggravate the present evil of overcrowding and sub-letting. We have only so far closed a comparatively small number of houses, but the difficulty of re-housing has been met at every turn. Only a very few could afford an ordinary Municipal House, and others have been provided in the cheaper re-housing dwellings on the Portobello Estate. In the new Eastmoor Estate, I understand that there will be 30 2-roomed houses, the rental of which may approximate to the means of some of these people. These will help, but more will be wanted. But some of these people with larger families really require a three-bedroomed house, and here, the rent difficulty becomes more acute. It is difficult to see how this problem is to be solved, unless some system of differential renting is adopted, such as that suggested in the recent Report of the Special Committee of the National Housing and Town Planning Council.

Then there is the problem of re-housing the aged, so many of whom occupy these slum dwellings. The houses of these old people are poor and often insanitary, but at any rate, they are homes, and to turn them out without providing other homes suitable to their needs and limited financial resources, is a grievous and intolerable hardship. Dwellings of the almshouse type are most suitable for these old people, and although a previous attempt by the Wakefield Corporation to provide a few of these houses was not successful, I trust the effort will be renewed. The Corporation is now the Poor Law Authority, and, I am sure, fully appreciates that this is a better and probably a cheaper way of providing for these old people than sending them into the Workhouse.

Lastly there is the problem of the dirty and verminous tenant. Unfortunately, we have such tenants, and to send them into a new house is simply to court disaster, as the Corporation now knows full well. I have recommended before, and I recommend again, that a few houses—say, two for an experiment—be built on vermin proof lines, and that tenants of the class referred to be sent into these houses, and subjected to a thorough cleansing process before being allowed to occupy an ordinary Municipal House.

### **Insanitary Areas.**

In July, 1929, I represented an area, known as the Northgate Area, as insanitary, and instructions were given for the preparation of an Improvement Scheme.



# PREVALENCE OF, AND CONTROL OVER INFECTIOUS DISEASES.

## Notification of Infectious Diseases, 1929.

DISEASE.	Number of Cases Notified.												Number of Deaths.												No. of Cases Removed to Hospital.		
	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.
x .. ..	4									1	1	2														4	
ria, including																											
praneous Croup..	38		1	2	1	3	13	4	6	6		2		3						2				1		35	
as .. ..	22	1							2	3	2	12	2													8	
Fever .. ..	270		3	10	8	13	109	69	30	25	1	1	1	1	1											244	
Fever .. ..																											
Fever .. ..	13			1				3	1	6		2														10	
g Fever .. ..																											
ed Fever .. ..																											
al Fever .. ..	4									2	2			3									3			3	
al Pyrexia ..	19									15	3	1														7	
Spinal Meningitis																											
elitis .. ..	1	1																								4	
nia Neonatorum	8	8																									
Pneumonia ..	68	2	2	2		1	5	3	5	14	11	16	7	73	21	2	1	1		1	1	1	3	6	21	15	
al Pneumonia ..	21	1		2	1		3			8	2	4														27	
y .. ..	10									3	4	1	2													2	
ry Tuberculosis	59			1			1	1	7	18	17	14		44			1					6	13	5	19	10	
monary .. ..																											
erculosis ..	24	2	1	1	1	1	5	3	3	4	2	1		18	3		3		1	1	1	2	2	1	4		
g Cough .. ..	350	65	81	84	55	65								11	2	4	2	1	1	1						3	
olio- .. ..	20	4	5	1	2	8								7	4	2	1										
aphalitis ..																											
cephalitis ..																											
argica .. ..														1								1					
ever .. ..																											
soning .. ..	7		1			1	2	1		2																	
Totals ..	938	83	94	105	68	92	138	84	54	107	45	56	12	161	30	9	8	2	2	5	2	10	18	15	45	15	357

### Smallpox.

4 cases of Smallpox were notified in 1929, as compared with 11 in the previous year. The 4 cases were all adult males. One case occurred in April and 3 in August, the latter being all associated cases. Two were unvaccinated and two, one aged 62 years and one 46 years, had been vaccinated in infancy, but never re-vaccinated.

### Particulars of Cases.

1. Male aged 44 years, Pawnbroker, onset 26th March, 1929, notified 3rd April, 1929. Removal to Dewsbury



Smallpox Hospital, 4th April, 1929. Unvaccinated. Source of infection untraced, but may have been infected by clothing received from places outside Wakefield where Smallpox was prevalent. All the contacts were vaccinated at the time, and no further cases occurred.

2. Male, aged 21 years, Coal Miner, Clayton Hospital (Home in Stairfoot, near Barnsley). Onset 2nd August, 1929. Notified 5th August, 1929. Unvaccinated. Was possibly infected in the Clayton Hospital by an overlooked case, who was then a patient in the Hospital and who presumably infected the next case.
3. Male, aged 46 years, Bus Driver, residing at Stanley. Onset about the 5th August, 1929, notified 14th August, 1929. Removed to Dewsbury Smallpox Hospital 14th August, 1929. Vaccinated in infancy. Probably infected by his son at Stanley. This case is included here because he was discovered in Wakefield, and was directly removed to the Smallpox Hospital.
4. Male, 62 years, Platelayer. Onset 17th August, 1929, notified 23rd August, 1929. Removed to Dewsbury Smallpox Hospital 23rd August, 1929. He had been a patient in the same Ward in the Clayton Hospital as Case No. 2, and had probably been infected by him. Was stated to have been Vaccinated in infancy, and showed one small Vaccinal Scar.

The contacts were Vaccinated, and no further cases occurred. In addition to the above, a girl was admitted to the Dewsbury Hospital in July as a suspected case of Smallpox, but the disease was negatived by the application of the vaccination test.

### **Diphtheria.**

38 cases were notified, 22 males and 16 females, giving an attack rate of 0·7 as compared with 0·77 in 1928, and 0·93 the average for the preceding 10 years. There were 6 fewer cases than in 1928. The cases were distributed over the City, the largest number (7), being in Primrose Hill Ward, and the smallest number (2) in St. John's and Eastmoor Wards. 8 cases occurred in the first quarter of the year, 6 in the second, 10 in the third, and 14 in the fourth quarter. 35 cases (92 per cent.) were removed to the Fever Hospital. There were 3 deaths from Diphtheria, giving a case mortality of 8 per cent., and a death rate of 0·055 per 1,000 of the population, as compared with



0.04 in 1928, and 0.053 the average for the preceding 10 years. The corresponding death rate in England and Wales in 1929 was 0.08, and in the Great Towns, 0.09. Two of the deaths occurred in the Fever Hospital, one within six hours, and the other within half an hour of admission. The third death occurred at home. There was also another fatal case in the Fever Hospital but the patient had been admitted from outside Wakefield, suffering from the disease, to the White Rose Hospital, and was thence transferred to the Fever Hospital. This death was transferred to its proper area.

### Scarlet Fever.

270 cases of Scarlet Fever were notified (126 males and 144 females) giving an attack rate of 5.0 per 1,000 as compared with 1.84 in 1928, and 2.53 the average for the preceding 10 years. There were 166 more cases than in 1928. The cases were distributed over the City, but the largest number occurred in North Westgate (43) and Calder Wards (42), and the smallest in Belle Vue Ward (13). 36 cases occurred in the first quarter of the year, 47 in the second, 120 in the third, and 67 in the fourth quarter. There was one death (a case of septic scarlet fever) giving a case mortality of 0.3 per cent., and a death rate of 0.019 per 1,000 of the population, as compared with 0.02 in 1928, and 0.016 the average for the preceding 10 years. The corresponding death rate in England and Wales and also in the Great Towns for 1929 was 0.02. 244 cases (90 per cent.) were removed to the Fever Hospital. There were 13 return cases (5.3 per cent.) related to 7 patients (2.9 per cent. of discharges) discharged from the Hospital. There were also 12 secondary cases.

### Scarlet Fever and Home Conditions.

Of the 212 ordinary dwellings invaded, 108 had less than 2 persons per room, 95 between 1 and 2 persons per room, and 9 more than 2 persons per room. 4.2 per cent. of the houses were overcrowded, according to the standard of the Registrar-General, as compared with 7.4 in 1928.

Home	{ Under 14 years—338 (Susceptible—268.
Contacts	{ Over 14 years—529 (Susceptible—520.

Amongst the 268 susceptible contacts under 14 years, there occurred 13 return cases and 12 secondary cases. Amongst the 520 susceptible contacts over 14 years of age there occurred 3 return cases and 4 secondary cases.



Houses with Secondary Cases.	Under 1 person per room	..	6 cases.
	1—2 persons per room	..	10 cases.
	Over 2 persons per room	..	—
Houses with Return Cases.	Under 1 person per room	..	7 cases.
	1—2 persons per room	..	5 cases.
	Over 2 persons per room	..	4 cases.

These figures do not indicate any relationship between overcrowding and the domiciliary spread of Scarlet Fever, and in this, agree with the findings of previous years.

### Enteric Fever.

There were 13 cases of Enteric Fever notified, giving an attack rate of 0·24 per 1,000 as compared with 0·09 in 1928, and 0·14 the average for the preceding 10 years. None of the cases appeared to be associated, and in none could any definite source of infection be traced. One case was certainly infected outside Wakefield. 10 cases were treated in the Fever Hospital. There were no deaths.

The following are particulars of the 13 cases :—

No.	Sex.	Age.	Home Address.	Where Isolated.	Bacteriological Report.	Date.
1	F.	34	Mollacree's Yard, Kirkgate.	Fever Hospital	B. Para. B.	March.
2	M.	29	Doncaster Road ..	Do. .. ..	B. Para. B.	May.
3	M.	60	Back Montague Street.	Do. .. ..	B. Typho- sus.	June.
4	F.	10	Sellar's Yard, Stanley Road.	Do. .. ..	Diagnosis revised in Hospital to enteri- tis.	July.
5	M.	50	Thornes Lane ..	Do. .. ..	B. Para. B.	August.
6	M.	10	Duke of York Avenue.	Do. .. ..	B. Para. A. B. Para. B.	September.

No.	Sex.	Age.	Home Address.	Where Isolated.	Bacteriological Report.	Date.
7	F.	26	New Street ..	Fever Hospital	B. Typhosus. B. Para. B. B. Para. A.	September.
8	F.	20	Chevet Lane, Sandal.	At home ..	B. Para. B.	October.
9	F.	2	George's Square, Warrengate.	Fever Hospital	B. Typhosus.	October.
10	M.	31	Castle Road, Sandal.	At home ..	B. Typhosus.	October.
11	M.	28	Rawling's Yard, Stanley Road.	Fever Hospital	B. Typhosus.	October.
12	M.	12	Piccadilly .. ..	Fever Hospital	B. Typhosus.	December.
13	M.	18	Carr Lane, Sandal	At home ..	—	December.

### Pneumonia.

89 cases of Pneumonia were notified (68 primary and 21 influenzal), 46 in the first quarter of the year, 14 in the second, 13 in the third, and 16 in the fourth quarter of the year. Of the notified cases, 22 died. There were 19 deaths from Pneumonia where the illness had not been notified.

### Dysentery.

There were 10 cases of Dysentery notified, all patients in the West Riding Mental Hospital. There were no deaths.

### Measles.

350 cases (all children under 5 years, and all first cases in the household) were notified, as compared with 61 cases in 1928 and 413 in 1927. 3 were notified in the first quarter of the year, 16 in the second, 180 in the third, and 199 in the fourth quarter. In addition, 120 cases under 5 years of age were notified through the schools. 371 cases over 5 years of age were also reported from the schools. There were 11 deaths from Measles, giving a death rate of 0.24 per 1,000 as compared



with 0.04 in 1928, and 0.12 the average for the preceding 10 years. In 7 cases, the immediate cause of death was pneumonia, in 3 bronchitis, and 1 toxæmia. 2 of the deaths were in the first year, 4 were in their second, 3 in the third, 1 in the fourth, and 1 was five years old.

### Whooping Cough.

There were 20 cases of Whooping Cough notified (all children under 5 years of age), and all first cases in the household), as compared with 37 in 1928. 113 cases were reported from the schools. There were 7 deaths from Whooping Cough, 6 under 2 years of age, giving a death rate of 0.11 per 1,000 as compared with 0.04 in 1928, and 0.09 the average for the preceding 10 years. Pneumonia was the primary cause of death in 6 cases and Bronchitis in one.

### Other Notifiable Diseases.

One case of Acute Anterior-Poliomyelitis was notified, but no cases of Cerebro-Spinal Meningitis, Acute Polio-Encephalitis, or Encephalitis Lethargica were notified.

## INFECTIOUS DISEASES HOSPITAL.

### Statistics, 1929.

Disease.	No. of Cases remaining 1st Jan., 1929.	No. of Cases admitted 1929.	Total Cases treated 1929.	No. of Cases Discharged 1929.	No. of Deaths 1929.	Mortality percentage 1929.	No. of Cases remaining 31st Dec., 1929.
Scarlet Fever	15	244	259	241	1	0.4	17
Diphtheria ..	2	35	37	29	3	10	5
Enteric Fever	—	10	10	9	—	—	1
Other Diseases	—	5	5	5	—	—	—
Totals ..	17	294	311	284	4	1.4	23

The maximum number of patients in any day was 41 (November), the minimum 12 (April), and the average 26. The maximum number of Scarlet Fever patients was 36 (June and November), the minimum 10 (April), and the average 22. The maximum number of Diphtheria patients was 6 (March),



the minimum none (May and August), and the average 3. The maximum number of Enteric Fever patients was 3 (September and October), the minimum none, and the average 1.

### Scarlet Fever.

The maximum period of stay was 105 days, the minimum 8 days, and the average 32 days. 4 cases were admitted on the first day of the disease, 100 on the second day, 77 on the third day, 32 on the 4th day, 11 on the 5th day, 1 on the 6th day, 2 on the 7th day, and 16 after the seventh day of the disease.

Complications occurred as follows :—

	On Admission.	After Admission.
Rhinitis .. .. .	11 (4.5%)	6 (2.5%)
Otorrhoea .. .. .	3 (1.25%)	6 (2.5%)
Cervical Adenitis .. .. .	15 (6.25%)	32 (13.3%)
Tonsillitis .. .. .	3 (1.25%)	12 (5.0%)
Nephritis .. .. .	1 (0.4%)	5 (2.08%)
Rheumatism.. .. .	—	11 (4.5%)

Generally speaking, the type of Scarlet Fever was mild, and though the wards were overcrowded for a great part of the year, the percentage of complications was lower than in the previous year, when there was little overcrowding. There was one fatal case from Septic Scarlet Fever, the patient having been admitted on the 8th day of disease. There was one patient who apparently had three separate attacks of Scarlet Fever in close succession. He was admitted with the typical peeling of Scarlet Fever, and was discharged on the 38th day of the disease. A week later he was admitted with typical Scarlet Fever, and on the 17th day of the second attack, he again developed an attack of Scarlet Fever, and subsequently peeled a third time. There was only one instance of cross infection where a child developed Measles on the 28th day in hospital, having been infected by a child sent in as Scarlet Fever, but found to be suffering from Measles.



**Diphtheria.**

The maximum duration of stay was 76 days, the minimum 21 days, and the average 34 days.

Complications occurred as follows :—

	On Admission.	After Admission.
Rhinitis .. .. .	3 (10%)	—
Otorrhoea .. .. .	1 (3·3%)	1 (3·3%)
Cervical Adenitis .. .. .	7 (23·3%)	1 (3·3%)
Paralysis .. .. .	1 (3·3%)	3 (10%)
Cellulitis .. .. .	1 (3·3%)	—
Tachycardia .. .. .	—	1 (3·3%)

Tracheotomy was performed for Laryngeal Diphtheria in two cases, and both recovered. One case of cross infection occurred where a patient developed Scarlet Fever on his 32nd day in hospital. 1 patient was admitted on the 1st day of the disease, 2 on the 2nd day, 9 on the 3rd day, 7 on the 4th day, 9 on the 5th day, 1 on the 6th day, 2 on the 7th day, and 3 after the 7th day of the disease. Of the 3 fatal cases, one was admitted on the 5th day, one on the 7th day, and one on the 13th day of the disease. One of these was a non-resident case, where the disease had invaded the trachea and the bronchi, and all the air passages below the larynx were blocked with membrane. 216,000 units of antitoxin were given to 27 patients (75 per cent.) the maximum dose being 16,000 units, the minimum 6,000 units, and the average 8,000 units.

**Enteric Fever.**

The maximum duration of stay was 87 days, the minimum 15 days, and the average 48 days. 1 case had a severe attack with marked tympanites and parotiditis, and another had broncho-pneumonia, but all recovered. One patient had a mild relapse.

**Remarks on Infectious Diseases.**

The outstanding feature of the year was the excessive prevalence of Scarlet Fever. The disease has not been so



prevalent in the City since 1900, although there were epidemics in 1925 and 1922 which closely approached that of 1929. The disease generally shows a periodicity of minor epidemics every 4 or 5 years, and major epidemics every thirty years, and it will be noted that the major epidemic of 1929 has appeared pretty near to its expected time. There also appears to be some association between epidemics of Scarlet Fever and low rainfall, and this correlation held good in 1929. Notwithstanding its high prevalences, the disease was generally mild in type, and only claimed one life, which is its usual annual toll in Wakefield. The districts most severely affected were Thornes Lane, and the new housing estates of Portobello and Lupset. The attack rate on the Portobello Estate was over four times that of the whole City. Increased prevalence of Scarlet Fever in new housing estates has been noted in other parts of the country, without any very satisfactory explanation of the phenomenon being vouchsafed. It has long been recognised that there is really no causal connection between Scarlet Fever and Insanitation and overcrowding, and as a matter of fact, the insanitary parts of Wakefield have always suffered less from Scarlet Fever than the salubrious parts.

In 1929, we also had our biennial epidemic of Measles. Of all the diseases ordinarily regarded as infectious, and excluding Influenza, Measles is by far the most serious, not only in its direct mortality, but in its after-effects on those who survive. The result of making Measles a notifiable disease has led many parents to regard the disease more seriously. I remember the time when it was exceptional to find a doctor in attendance on a case of Measles. Now it is exceptional to find that a doctor is not in attendance. The supervising work of the Health Visitors has also had a beneficial influence. It would, however, be a great advantage to have hospital accommodation available for cases with unsatisfactory home conditions, for the mortality is mainly amongst such cases. In the planning of a new fever hospital, this is a point worth keeping in mind. During recent years much work has been done in the use of serum from convalescents both for prophylactic and curative treatment of Measles, but the practical use of serum in an epidemic of the disease would be a very difficult matter.

Wakefield was fortunate to have escaped with so few cases of Smallpox, having regard to the constant menace of the disease in surrounding districts. In addition to the contacts from our own four cases, a considerable number of contacts of cases outside Wakefield have been supervised in the City during the year.



In consequence of the epidemic of Scarlet Fever, the Fever Hospital was kept very busy during the year, and was generally overcrowded. The high standard of nursing which the Matron (Miss Peck) has established in the hospital was, however, well maintained, and I should like to express my appreciation of the great and devoted services of the Matron and her Staff, often carried out under difficult circumstances.

### DISINFECTION.

During 1929, the Hospital Porters carried out the following disinfecting work :—

No. of Houses disinfected	436	No. of Pillows disinfected	935
„ Rooms „	834	„ Bolsters „	610
„ Schools „	6	„ Curtains „	533
„ Classrooms „	22	„ Carpets „	481
„ Times disinfectant		„ Rugs „	428
used .. ..	768	„ Boots „	543
„ Beds „	697	„ Men's Clothing	
„ Mattresses „	455	disinfected ..	987
„ Blankets „	917	„ Women's Clothing	
„ Sheets „	1108	disinfected ..	1494
„ Counterpanes		„ Children's Clothing	
disinfected ..	785	disinfected ..	2243
		Miscellaneous ..	1245

### PATHOLOGICAL AND BACTERIOLOGICAL EXAMINATIONS.

During the year, 1,268 specimens from the City were examined at the County Bacteriological Laboratory :—

Hair (Ringworm) ..	132	Pus	2
Throat Swabs (Diphtheria)	251	Fluid	12
Sputum	284	Swabs	6
Urine	2	Sputum	1
Pus	3	Faeces for Dysentery	1
Fluid	5	Blood Film for Malaria	1
Urine	16	Milk .. ..	23
Faeces	18	Blood (Wassermann	
Blood	36	re-action) ..	276
Urine	72	For detection of	
Faeces	3	Spirochaetes ..	1
Blood	9	For detection of	
		Gonococci ..	21
		Miscellaneous ..	93
		Total ..	1268

## TUBERCULOSIS.

During 1929, 59 cases of Pulmonary Tuberculosis (42 males and 17 females), and 24 cases of Non-Pulmonary Tuberculosis (16 males and 8 females) were notified. In 1928, the corresponding numbers were 64 and 18. Of the 59 Pulmonary cases, 23 died before the end of the year. Of the 24 Non-Pulmonary cases, 4 died before the end of the year. The 24 Non-Pulmonary cases comprised 5 Cervical Glands, 6 Abdominal, 1 Meninges, 7 Joints, 4 Bones, and 1 Skin.

## New Cases and Mortality during 1929.

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1 .. .. .	—	—	2	—	—	—	2	1
1—5 .. .. .	1	—	—	4	1	—	1	3
5—10 .. .. .	1	—	5	—	—	—	—	1
10—15 .. .. .	1	—	3	—	—	—	1	—
15—20 .. .. .	—	7	3	—	1	4	1	—
20—25 .. .. .	4	2	1	1	2	2	—	3
25—35 .. .. .	5	7	2	—	6	4	—	—
35—45 .. .. .	17	—	—	2	4	1	1	—
45—55 .. .. .	7	1	—	—	6	1	3	—
55—65 .. .. .	6	—	—	1	10	2	—	1
65 and upwards ..	—	—	—	—	—	—	—	—
Totals ..	42	17	16	8	30	14	9	9

Of the 44 persons who died from Pulmonary Tuberculosis, 8 (18 per cent.) had previously received Sanatorium treatment, and the condition of these on admission to the Sanatorium was as follows :—

Stadium I. and Minus T.B.	1	Stadium II. and Plus T.B.	2
Stadium I. and Plus T.B.	—	Stadium III. and Minus	
Stadium II. and Minus		T.B. .. .. .	—
T.B. .. .. .	—	Stadium III. and Plus	
		T.B. .. .. .	5

It will be noted that only one patient was admitted in the early stage of the disease, and this particular patient remained



apparently well for eight years after the course of Sanatorium treatment. Of the remaining 7 patients, 5 were in an advanced stage when admitted to the Sanatorium.

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

Under 1 month .. ..	9	12—18 months .. ..	2
1—3 months .. ..	10	18—24 months .. ..	2
3—6 months .. ..	3	Over 24 months .. ..	8
6—12 months .. ..	4	Not notified .. ..	6

### PULMONARY TUBERCULOSIS.

Cases left on the Register on the 31st December, 1929.

Year Notified.	Total.	Males.	Females	0-15 years.	15-25 years.	25-45 years.	Over 45 years.
1914 ..	1	—	1	1	—	—	—
1915 ..	—	—	—	—	—	—	—
1916 ..	—	—	—	—	—	—	—
1917 ..	1	1	—	—	—	—	1
1918 ..	2	2	—	—	1	1	—
1919 ..	2	1	1	—	1	1	—
1920 ..	5	3	2	2	1	2	—
1921 ..	4	3	1	1	1	1	1
1922 ..	3	1	2	2	1	—	—
1923 ..	6	3	3	1	3	1	1
1924 ..	13	9	4	1	4	6	2
1925 ..	17	10	7	4	4	6	3
1926 ..	26	16	10	8	4	12	2
1927 ..	32	17	15	9	7	10	6
1928 ..	44	20	24	14	13	11	6
1929 ..	32	20	12	4	10	14	4
Totals ..	188	106	82	47	50	65	26

### Condition of Cases, 31st December, 1929.

Quiescent, working ..	106	Advanced, working ..	—
Quiescent, not working ..	25	Advanced, not working ..	11
Semi-quiescent, working ..	6	In Sanatorium ..	15
Semi-quiescent, not working ..	8	In White Rose Hospital ..	5
Semi-advanced, working ..	4	Total ..	188
Semi-advanced, not working ..	8		

## NON-PULMONARY TUBERCULOSIS.

Cases left on the Register, 31st December, 1929.

Year Notified.	Total.	Males.	Females	0-15 years.	15-25 years.	25-45 years.	Over 45 years.
1913 ..	1	—	1	—	—	1	—
1914 ..	—	—	—	—	—	—	—
1915 ..	—	—	—	—	—	—	—
1916 ..	1	—	1	—	1	—	—
1917 ..	—	—	—	—	—	—	—
1918 ..	1	1	—	1	—	—	—
1919 ..	2	1	1	2	—	—	—
1920 ..	—	—	—	—	—	—	—
1921 ..	—	—	—	—	—	—	—
1922 ..	1	1	—	1	—	—	—
1923 ..	1	1	—	1	—	—	—
1924 ..	1	—	1	—	1	—	—
1925 ..	10	6	4	10	—	3	—
1926 ..	16	8	8	9	2	2	—
1927 ..	6	3	3	5	1	—	—
1928 ..	9	4	5	5	2	2	—
1929 ..	20	10	10	13	5	2	—
Totals ..	69	35	34	47	12	10	—

## Condition of Cases on 31st December, 1929.

Quiescent, working ..	38	Advanced, working ..	2
Quiescent, not working ..	5	Advanced, not working ..	1
Semi-quiescent, working ..	6	In Sanatoria (Heather-	
Semi-quiescent, not		wood and Kirbymoore-	
working .. ..	2	side) .. ..	9
Semi-advanced, working ..	2	In White Rose Hospital ..	2
Semi-advanced, not			
working .. ..	2	Total ..	69

## TUBERCULOSIS DISPENSARY.

During 1929, 151 persons were referred to the Dispensary for examination, and of these, 59 (39 per cent.) were found to be Tuberculous, 45 affected with Pulmonary, and 14 with Non-Pulmonary Disease.



In addition, 52 contacts were examined and although 4 were regarded as suspicious, and kept under observation for a time, no definite cases of tuberculosis were found amongst them. Of the 45 definite pulmonary cases, 16 (35 per cent.) were in the early stage (Stadium I.), 15 (34 per cent.) in the moderately advanced stage (Stadium II.), and 14 (31 per cent.) in the more advanced stage (Stadium III.).

### Pulmonary Tuberculosis.

			Stadium I.		Stadium II.		Stadium III.	
			T.B. Minus	T.B. Plus.	T.B. Minus.	T.B. Plus.	T.B. Minus.	T.B. Plus.
Males	..	..	5	7	1	8	1	9
Females	..	..	1	3	—	6	—	4
Totals			6	10	1	14	1	13

The 14 Non-Pulmonary cases comprised :—

Disease of Joints, 7; of Abdomen, 4; of Bones, 2; and of Cervical Glands, 1.

Most of the cases were sent by general medical practitioners, 10 were referred by school medical officers, 10 by maternity and child welfare medical officers, and 9 were transfers from other dispensaries.

### Cases of Tuberculosis on the Dispensary Register at the end of 1929.

<i>Pulmonary Cases.</i>				<i>Non-Pulmonary Cases.</i>			
Adults	{	Males	.. 60	Adults	{	Males	.. 3
		Females	.. 44			Females	.. 8
Children	{	Males	.. 17	Children	{	Males	.. 15
		Females	.. 11			Females	.. 14
Total			.. 132	Total			.. 40

6 patients were X-Rayed at the Clayton Hospital, and 133 specimens of Sputum were sent to the Laboratory. Dental treatment was provided for 4 patients, in addition to the dental

treatment given at the Sanatorium. The total attendances at the Dispensary were 1,764. The Tuberculosis Officer made 61 consultations with medical practitioners either at home or at the hospitals. In addition, the Tuberculosis Officer made 40 home visits, and the Tuberculosis Nurses made 874 home visits in connection with the investigation and supervision of dispensary patients. With regard to insured persons, 14 G.P. 36 Forms were received and 1 G.P. 17 Form.

### PULMONARY TUBERCULOSIS.—SANATORIUM TREATMENT.

**Meathop Sanatorium, Grange-over-Sands, and Mount Vernon  
Sanatorium, Barnsley.**

PATIENTS.	Total.			INSURED.			NON-INSURED.		
	Total	M.	F.	Total	M.	F.	Total	M.	F.
Remaining end of 1928 ..	13	12	1	9	9	—	4	3	1
Admitted 1929 ..	38	22	16	26	20	6	12	2	10
Total treated 1929 ..	51	34	17	35	29	6	16	5	11
Discharged during 1929..	36	26	10	25	22	3	11	4	7
Died in Sanatorium ..	—	—	—	—	—	—	—	—	—
Remaining end of 1929..	15	8	7	10	7	3	5	1	4

It will be noted that 51 persons received treatment in Sanatoria (20 in Mount Vernon Sanatorium, and 31 in Meathop Sanatorium), as compared with 58 in the previous year. Of those treated, 35 (68 per cent.) were insured persons, and 3 were children under 15 years of age.

#### Condition on Discharge.

During the year, 36 patients were discharged; of these 3 were sent in as observation cases and discharged as Non-Tuberculous. The condition on discharge of the remaining 33 is as follows :—



Condition on Admission.		Condition on Discharge.		
		Quiescent.	Improved.	Not Improved.
Stadium I.	T.B. —	11	3	—
	T.B. +	3	—	—
Stadium II.	T.B. —	—	—	—
	T.B. +	1	7	3
Stadium III.	T.B. —	—	—	—
	T.B. +	—	1	4
Totals ..		15	11	7

Taking all classes, the immediate results of treatment in the Sanatorium were that 45 per cent. were improved to the extent of apparent quiescence of the disease, 34 per cent. were definitely improved, but not to the same extent, and 21 per cent. were not improved. Taking the early cases by themselves, 82 per cent. were improved to the extent of apparent quiescence of the disease, and 8 per cent. were improved, but not to the same extent.

The periods of stay in the Sanatorium were as follows :—

Up to 3 months .. ..	10	9—12 months .. ..	2
3—6 months .. ..	13	12—15 months .. ..	2
6—9 months .. ..	5	15—18 months .. ..	1

#### Sanatorium Arrangements.

The agreement with the Barnsley Corporation for the joint use of Mount Vernon Sanatorium having been determined on the 31st March, 1929, arrangements were made for the admission of cases of Pulmonary Tuberculosis, suitable for Sanatorium treatment, to the Westmorland Sanatorium at Meathop, near Grange-over-Sands, by renting 10 beds, with an option on 5 more beds if required. Dental treatment is also provided at the Sanatorium.

The arrangements have worked quite smoothly and satisfactorily.



**NON-PULMONARY TUBERCULOSIS.**  
**Institutional Treatment.**

	Total	Heatherwood Hospital.			Kirbymoorside Hospital.			Thorparch Hospital.		
		T.	M.	F.	T.	M.	F.	T.	M.	F.
No. of Children remaining at end of 1928 .. .. .	11	8	6	2	3	—	3	—	—	—
No. of Children admitted during 1929	4	1	1	—	2	1	1	1	—	1
No. of Children Discharged during 1929 .. .. .	8	4	4	—	3	1	2	1	—	1
No. of Children Remaining at end of 1929 .. .. .	7	5	3	2	2	—	2	—	—	—

The above are all children under 14 years of age. Of the 8 patients discharged, one was transferred to the West Riding County Council because the parents had left Wakefield, but the patient actually remained in the Hospital. The other 7 comprised 5 cases of hip disease, and 2 cases of knee disease. They had been under treatment for periods varying from 5 months to 3 years and 4 months, the average period being about 2 years. In all the disease had become quiescent, but there was a varying amount of crippling, which in some cases was but slight.

**Care Work for the Tuberculous.**

The Social Service Council has continued its most useful care work for the Tuberculous, and this has included the provision of clothing for needy persons going to the Sanatorium.

**TREATMENT OF VENEREAL DISEASES AT THE  
VENEREAL DISEASES CLINIC, CLAYTON HOSPITAL,  
WAKEFIELD, 1929.**

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

	Total.	Males.	Females.
Syphilis .. .. .	25	14	11
Soft Chancre .. .. .	1	1	—
Gonorrhoea .. .. .	55	47	8
Conditions other than Venereal .. .. .	34	22	12
Total ..	115	84	31



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

	Total.	Males.	Females.
Syphilis .. ..	938	526	412
Soft Chancre .. ..	8	8	—
Gonorrhoea .. ..	804	519	285
Conditions other than Venereal .. ..	132	85	47
Total ..	1882	1138	744

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

Total.	Males.	Females.
3194	2340	854

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

	Total.	Males.	Females.
Syphilis .. ..	65	36	29
Gonorrhoea .. ..	—	—	—
Total ..	65	36	29

(e) Number of doses of Arseno-benzol compounds (N.A.B. and Sulpharsenol) given to Wakefield patients—471.

#### LEEDS GENERAL INFIRMARY.—VENEREAL DISEASES CLINIC.

During 1929, 7 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 153, as compared with 345 in 1928. The aggregate of In-patient days was nil, and the number of doses of Arseno-benzol compounds given to Wakefield patients was 67.

**Pathological Examinations in connection with Venereal Diseases,  
1929.**

	Total.	For Detec- tion of Spiro- chætes.	For Detec- tion of Gonococci.	Wasserman Re-action.	Other exam- inations.
County Hall Laboratory ..	298	1	21	276	—
Clayton Hospital Clinic .. ..	500	—	500	—	—
Leeds Infirmary Clinic .. ..	26	—	4	22	—
Total ..	824	1	525	298	—

I am indebted to Dr. A. W. Frew, Medical Officer of the Clayton Hospital V.D. Clinic, for the following observations on the work of the Clinic :—

Year.	No. of New Patients.	In-patient Days.	Out patient Attendances.
1923 .. ..	103	11	2226
1924 .. ..	149	20	5067
1925 .. ..	139	2	5906
1926 .. ..	171	96	5649
1927 .. ..	139	111	4939
1928 .. ..	148	46	5811
1929 .. ..	115	65	5076

The Venereal Diseases Clinic established at the Clayton Hospital in conjunction with the West Riding County Council, has now been functioning for over seven years, and a survey of the figures shows that the incidence of new patients from the City of Wakefield fluctuate between 100 and 150 yearly. During the year 1929, the figure was 115, viz. :—Syphilis 25, Soft Chancre 1, Gonorrhoea 55, and Non-Venereal 34, these patients making 5,076 visits for examination and treatment by the Medical Officer or intermediate treatment by the Nurse or Male Attendant.

Of these patients, the majority are sent by their medical practitioners, when the disease is suspected or diagnosed, but in some cases only when the disease has been found intractable



and either the doctor or the patient has become impatient. In the latter case, it necessarily follows that treatment at the Clinic will also be prolonged from the fact that the infection has become deep-seated. The treatment for Syphilis is a long course, taking at least a year, with two years' observation, and it is not incredible that many patients tire of it before the end, particularly as all manifestations of the disease are abated or modified very soon, and many reminders have to be sent to keep them in attendance. Unfortunately, these reminders are often ignored, and the ultimate end of the patient can only be conjectured. However, it is gratifying that fewer patients now default before completion of treatment, the gravity of after effects having been brought home by the active propaganda carried on from time to time in the City by means of lectures, films, etc. Still, one knows from those who do attend that there must be a great number of infected people, especially women, who are receiving no treatment at all. Many women suffering from Gonorrhoea never suspect it, and others knowing they have it cannot or will not believe its serious nature. The general practitioner, if he cared, could do a great deal more by way of education in this connection, if he would only use every opportunity of stating the plain facts, the symptoms, significances, and ultimate evil of Venereal Disease. His attitude and outlook must have a very great influence on that of his patients. At present, many persons coming to the Clinic for the first time are not even made aware of what is the nature of their complaint.

A gratifying feature is the proportion of cases classified as non-venereal, meaning those who have knowingly risked the possibility of infection, or who have been previously treated and are suspicious of a recurrence, or have been sent by their doctors to eliminate suspicion of disease in the process of diagnosis. These are always welcomed.

Since the inauguration of the Clinic, the character of the patients has materially altered. At first Syphilis almost equalled Gonorrhoea in its incidence, and patients classed as non-venereal were very few. Of the Syphilis patients, too, originally a much greater number were freshly infected cases. Now, owing, we consider, to the conduct of Treatment Centres, Syphilis has become less prevalent and primary infections are comparatively rare. We have perhaps reached what at present may be considered a normal V.D. population with a proportion between Gonorrhoea and Syphilis of about two-and-a-half to one.



Reviewing the work of the Clinic, one might hope ultimately to stamp out Syphilis, provided a continuous education is carried on, but of the future of Gonorrhoea, one is not so hopeful, unless some more radical means of identification and segregation of foci of infection can be devised.

A. W. FREW.

### **Propaganda Work.**

Propaganda work against Venereal Diseases is carried out on behalf of the Corporation by the Wakefield Social Service Council, which is the local branch of the British Social Hygiene Council. Mr. Osbourn, Secretary of the Council, has kindly sent me the following report :—

In November, 1929, a week was devoted to special Social Hygiene—or Anti-Venereal Disease Propaganda. A Cinema Outfit and the services of a Lecturer were obtained from the British Social Hygiene Council, and film displays and addresses were given in the Minor Hall each evening. The first three evenings were devoted to meetings for adults only; these were attended by large and appreciative audiences. In the latter half of the week, the meetings were for young men and for boys over 14 years of age, and though the numbers who attended were not so large as earlier in the week, the effort was equally effective. The films shown made a lasting impression on the young people, and the talks with Mr. Sanders, the Lecturer, were most helpful. In addition to undertaking special propaganda, the Council of Social Service serves as an enquiry bureau or friend to those in need of advice; it also seeks to be of assistance to those engaged in social work, and in this connection, is trying to build up a small library of books that will aid those in need of special knowledge on Social Hygiene questions.

### **MATERNITY AND CHILD WELFARE.**

*By Dr. Jessie Eeles, Medical Officer for Maternity and Child Welfare.*

#### **Supervision of Midwives.**

The district midwives were regularly inspected during the year, and the Rules of the Central Midwives Board were found to be generally complied with.



An effort is being made by the midwives to carry out ante-natal supervision of their patients. In some cases, this is well done, but in others it is very haphazard, and cannot be of much preventive value. A short revision course on ante-natal work might be of use by providing them with a definite system on which to work.

Midwives are encouraged to send any cases about which they are in doubt to the Ante-natal Clinic at the Maternity Hospital for advice, and it is noticeable that, as a rule, the more thorough the midwife's ante-natal work, the more cases she sends for special examination. It would be a most satisfactory arrangement if each patient who booked a midwife to attend her at her confinement could be examined by a doctor about the 36th week. This could be done either at the Ante-natal Clinic or by the doctor who was chosen to be called in case of medical aid being required.

The particular midwife who has had trouble with pemphigus neonatorum in her practice since 1927 continued to have cases of this disease in 1929, but to a much smaller extent. She had 7 cases out of 57 confinements attended (1 in January, 1 in April, 4 in May, and 1 in July). One of the infants died, but the infant was premature and, in the doctor's opinion, the prematurity was the cause of death. The midwife voluntarily gave up practising for two months from the 29th January to the 27th March, 1929, a municipal midwife attending the confinements on her behalf, and was thoroughly disinfected, but within 10 days of resuming practice she had a case of pemphigus in the third confinement she attended. In May, arrangements were made by the midwife for another person to bath and dress the babies under her supervision, but 4 further cases of pemphigus occurred after this had been done. The last of these, however, occurred at the beginning of July, and the midwife continued to practise until the beginning of November without further trouble. She was then compelled to give up her work because of ill-health.

Apart from the 7 cases in the practice of this midwife, 3 other cases of pemphigus were reported, one was in the practice of another district midwife, one in the Maternity Hospital, and one where the confinement was attended by neither doctor nor midwife.

### **Medical Help.**

77 notifications of sending for Medical Help were received from midwives in respect of home confinements (30 per cent.),



45 related to mothers, 31 to infants, and 1 to both mother and infant.

*For Mother.*

Prolonged labour	..	8	Torn perineum..	..	22
Maternal distress	..	1	Phlebitis	..	3
Inability to ascertain presentation	..	1	Pyrexia	..	2
Postpartum haemorrhage		6	Pain in the side	..	2
Incomplete abortion	..	1	Pain in the chest	..	1

*For Infant.*

Feebleness	..	10	Plimosis	..	2
Watery Blisters	..	10	Tongue tie	..	1
Discharging eyes	..	8	Born before arrival, baby dead	..	1

**Ante-natal Clinic.**

The Ante-natal Clinic is held weekly as before at the Maternity Hospital, on Fridays at 2 p.m.

During 1929, 452 mothers attended—392 new cases, and 60 who had begun to attend in 1928. Of the new cases, 186 were primiparae and 206 multiparae. The total attendances were 1,740. 64 cases were referred to the Clinic by midwives, and 6 by doctors. The same routine was carried out as in 1928. On the whole, the patients are very conscientious about the regularity of their attendances.

The age groups of new cases attending the Clinic in 1929 were as follows :—

Age.	Primiparae.	Multiparae.
Under 20 years ..	15	1
20 to 25 years ..	97	39
25 to 30 years ..	46	74
30 to 35 years ..	24	58
35 to 40 years ..	3	30
Over 40 years ..	1	4
Total ..	186	206



4 per cent. patients attended for the first time before the 4th month.

41 per cent. of the patients attended for the first time between the beginning of the 4th and the end of the 6th month.

29 per cent. attended for the first time during the 7th month.

20 per cent. attended for the first time during the 8th month.

4 per cent. only attended for the first time during the last month.

The following abnormal conditions were found and treated or referred for treatment :—

Constipation .. .. 76	Tenosynovitis .. 1
Vomiting .. .. 29	Goitre (simple) .. 2
Indigestion, Heartburn, etc. .. .. 69	Epilepsy .. .. 2
Other Gastro-intestinal Disturbances .. .. 3	Nervous Depression .. 4
Pulmonary Tuberculosis 2	Insomnia .. .. 31
Other Respiratory Diseases 32	Albuminuria (symptom- less) .. .. 32
Heart Disease (Organic) 6	Albuminuria (Toxic) .. 9
Functional Murmurs .. 23	Dysuria .. .. 12
Extrasystoles .. .. 4	Pyelitis .. .. 1
Rheumatism .. .. 5	Chronic Nephritis .. 3
Chorea Gravidarum .. 2	Epistaxis .. .. 2
Cramp, Backache, and Muscular Pains .. 46	Antepartum Haemorr- hage (Two placenta praevias) .. .. 17
Anaemia, Debility, Fainting, etc. .. .. 24	Missed Abortion .. 1
Varicose Veins .. .. 47	Habitual Miscarriage .. 2
Varicose Ulcer .. .. 2	Vaginal Discharge .. 17
Haemorrhoids .. .. 9	Pruritis .. .. 7
Contracted Pelvis (severe degree) .. 5	Skin Diseases .. .. 10
Malpresentations .. 17	Contracted Pelvis (mild degree) .. 9
Pendulous Abdomen .. 4	Hyperthyroidism .. 1
Not Pregnant .. .. 4	Prepatellar Bursitis .. 1
In labour .. .. 5	Mastitis .. .. 1
Pain due to Adhesions .. 2	Jaundice .. .. 1
Very Bad Teeth .. .. 39	Otorrhoea .. .. 2
Lipoma of Perineum .. 1	Bell's Paralysis .. 1
Stomatitis .. .. 1	Old Potts' Disease .. 1
Scalded Leg .. .. 1	Achondroplasia .. 1
Styes .. .. 4	Old Tubercular Hip .. 1



81 per cent. of the patients attending the Clinic had some abnormality or discomfort requiring attention. Breach presentations were converted to vertex cases at the Clinic without an anaesthetic in 9 instances.

The following cases were admitted to the Hospital from the Clinic for ante-natal treatment :—

Albuminuria .. ..	9	General debility, for	
Heart Disease .. ..	3	observation .. ..	2
Heart Disease and Chorea	2	Early Rupture of	
Pyelitis .. ..	1	Membranes .. ..	1
Persistent Vomiting ..	1	Breech presentations	
Varicose Veins .. ..	2	for version under	
Jaundice .. ..	1	Anaesthetic (3	
Tuberculosis .. ..	1	successful) .. ..	4
Accidental haemorrhage..	1	Contracted Pelvis for	
Placenta praevia .. ..	2	Induction .. ..	4

### THE MATERNITY HOSPITAL.

The number of cases admitted during 1929 was 342. Of these, 84 came from outside the City. Out of the total, 34 were emergency cases, 19 from Wakefield and 15 from outlying districts. 335 patients were delivered in the Hospital, 296 by midwives and 39 by doctors. Of the remaining 7 admissions, 1 was delivered at home before she had time to reach the Hospital, one was an emergency case of post-partum eclampsia admitted after delivery, two were cases of hyperemesis gravidarum admitted for ante-natal treatment only, one was a case of pyelitis admitted for ante-natal treatment only, one was an emergency case of eclampsia who was admitted moribund and died in three-quarters of an hour undelivered, and the last was a patient who came in to await delivery, but went home before labour commenced and was ultimately confined at home.

In the following cases, medical treatment was required for some abnormality :—

#### (a) Ante-natal—58.

Albuminuria .. ..	18	Jaundice .. ..	1
Eclampsia .. ..	4	Tuberculosis .. ..	1
Cardiac Cases .. ..	5	Vesicular Eruption ..	1
Pyelitis .. ..	2	Accidental Haemorr-	
Placenta Praevia .. ..	5	hage .. ..	2
Hyperemesis Gravidarum	4	Early Rupture of	
Varicose Veins .. ..	2	Membranes .. ..	1



Chorea .. .. .	2	General Debility and slight Haemorrhage	2
Breech presentation for Version .. .. .	4	Contracted Pelvis for Induction .. .. .	4

**(b) During Labour—45.**

Placenta Praevia .. .. .	5	Contracted Pelvis causing delayed second stage	2
Miscarriages .. .. .	3	Foetal Distress .. .. .	10
Labour obstructed by Carcinoma of Cervix .. .. .	1	Uterine Inertia .. .. .	7
Labour obstructed by Septic Broad Ligament Cyst .. .. .	1	Face presentation .. .. .	1
Contracted Pelvis (marked)	5	Eclampsia .. .. .	1
		Extended Breech .. .. .	4
		Prolapsed Cord .. .. .	2
		Adherent Placenta .. .. .	3

**(c) After Labour—22.**

Pyelitis .. .. .	2	Pyrexia .. .. .	9
Mastitis .. .. .	5	Boil on Breast .. .. .	1
Phlegmasia Alba Dolens	2	Cystitis .. .. .	2
Post-partum Eclampsia	1	Osteomyelitis .. .. .	1

The Perineum required suturing in 77 cases.

**(d) For the Infant—27.**

Fits .. .. .	5	Ophthalmia .. .. .	1
Spina Bifida .. .. .	1	Vomiting .. .. .	2
Skin Eruptions .. .. .	2	Bronchopneumonia .. .. .	1
Debility .. .. .	4	Diarrhoea .. .. .	2
Prematurity .. .. .	10	Breast Abscess .. .. .	1

Instrumental delivery was required in 22 cases, *i.e.*, 6·6 per cent.

The reasons for interference were as follows :—

Foetal Distress .. .. .	10	Contracted Pelvis (delayed second stage)	2
Uterine Inertia .. .. .	7	Eclampsia .. .. .	1
Face presentation .. .. .	1	Prolapsed Cord .. .. .	1

Caesarean Section was performed 7 times for the following reasons :—

Achondroplasia, with badly deformed Pelvis .. .. .	1
Pott's Disease, with badly deformed Pelvis .. .. .	1
Placenta Praevia .. .. .	1
Contracted Pelvis, with prolapse of Cord .. .. .	1
Contracted Pelvis (each with two previous Caesarean Sections) .. .. .	2
Labour obstructed by Septic Broad Ligament Cyst .. .. .	1



All the Infants survived. One mother, the last-mentioned, died.

The following cases required other forms of operative interference :—

Labour obstructed by Malignant Growth on Cervix—	
perforation and craniotomy .. .. .	1
Contracted Pelvis—induction of premature labour (all successful) .. .. .	3
Eclampsia—induction of labour (successful) .. .. .	1
Breech presentation in Primiparae—external version (1 unsuccessful) .. .. .	4
Placenta Praevia—Bipolar Version .. .. .	4
Adherent Placenta with Post-partum Haemorrhage—	
Manual removal of Placenta .. .. .	3

There was one case of Puerperal Fever, which was removed to the Clayton Hospital, and 8 cases of Pyrexia, with the following causes :—

Pleurisy .. .. .	1	Influenza .. .. .	1
Stitch Abscess after		Pyelitis .. .. .	1
Caesarean Section .. .. .	1	Mastitis .. .. .	1
Subinvolution and Vaginal			
Lacerations .. .. .	3		

Two cases of Ophthalmia Neonatorum occurred during the year, and both responded to treatment without damage to the eyes. There were in addition 8 cases of slight inflammation of the eyes not amounting to Ophthalmia.

One case of Pemphigus Neonatorum was notified during 1929. The child recovered completely, and the disease had no detrimental effect on its health.

There were 13 still births and 12 infant deaths within 10 days of birth. The causes of death were these :—

Prematurity (not viable) .. .. .	3	Cerebral Haemorrhage	
Prematurity .. .. .	3	(1 toxæmia, 1	
Premature Twins .. .. .	4	difficult labour) .. .. .	2

There were 3 maternal deaths, all emergency admissions. One was a case of Eclampsia who was admitted moribund and died within three-quarters of an hour. The second was a case of obstructed labour, due to a cyst in the broad ligament. Caesarean Section was performed, and the cyst was found to contain pus. The patient died of peritonitis. The case of Puerperal Fever transferred to the Clayton Hospital died in that Institution.



### Ante-natal Supervision and Morbidity.

Of the 335 patients delivered in the Maternity Hospital during 1929, 264 had had regular ante-natal supervision, *i.e.*, the patients attended for the first time not later than the 36th week of pregnancy and returned when instructed to do so.

Among the 264, there were no deaths and the following abnormalities in confinement or puerperium occurred :—

Forceps deliveries ..	15	Torn perineum, slight	73
	(5.7%)	Torn perineum, bad	3
Inductions followed by		Mastitis .. ..	6
normal labour .. ..	3	Pyrexia (lacerations) ..	2
Caesarean Sections for		Cystitis .. ..	1
Contracted Pelvis ..	4	Whiteleg .. ..	1
Antepartum Haemorrhage		Influenza .. ..	1
(twins and placenta		Pleurisy .. ..	1
Praevia) .. ..	1	Osteomyelitis .. ..	1
Adherent placenta (manual		Persistent albuminuria	1
removal) .. ..	2	Temporary collapse due	
Miscarriage .. ..	1	to heart attack ..	1

The actual number of cases with any abnormality, however slight, was 116 (44 per cent.). Excluding slight perineal lacerations, and the inductions followed by normal labour, the number with abnormalities was 40 (15 per cent.).

The average duration of stay of patients in hospital was 16.1 days.

### Training of Pupil Midwives.

The ordinary number of pupil midwives is 8. During 1929, 8 new pupils commenced their training. These included one trained nurse. 5 pupils passed the examination of the Central Midwives Board during the year. The pupils attended lectures at the Leeds Medical School, and received tutorial and practical instruction from the Matron and Sister of the Hospital.

### District Cases.

119 confinements were attended by the Municipal District Midwife assisted by the pupil midwives. In this way, the latter gain experience of home midwifery.

### Post-natal Clinic.

The Post-natal Clinic was held weekly throughout the greater part of the year. During the last three months of the year, owing to pressure of other work, it was held fortnightly.



The patients attending the Clinic are chiefly those who have been confined in Hospital, and they are asked to attend whether the confinement has been normal or not. In addition, however, patients complaining of any form of gynaecological trouble are sent from the Welfare Centres, to be examined and referred for suitable treatment. During 1929, the number of patients examined was 185. The total number of visits was 225.

Of the 185, 99 were perfectly well and had no complaint of any kind. 141 had no abnormality of the uterus or appendages, etc. The abnormal conditions found and treated or referred for treatment were these :—

Constipation .. ..	14	Post-natal Debility ..	8
Albuminuria .. ..	9	Heart Disease .. ..	2
Dental Caries .. ..	4	Haemorrhoids .. ..	1
Fissure in Ano .. ..	1	Rheumatism .. ..	1
Breast Abscess .. ..	1	Varicose Ulcer .. ..	1
Diarrhoea .. ..	1	Early Pregnancy ..	3
Pseudocyesis .. ..	2	Quinsy .. ..	1
Painful granulations at		Neurosis .. ..	2
suture scar .. ..	2	Pruritis .. ..	1
Old Whiteleg .. ..	1	Vaginal discharge ..	3
Persistence of Red lochia	9	Subinvolution .. ..	1
Menorrhagia .. ..	5	Irregular menstruation	1
Fibroids .. ..	1	Retroversion .. ..	20
Cystocele and Rectocele	4	Deficient perineum ..	2
Uterine polypus .. ..	1	Prolapse of uterus ..	2
Advice <i>re</i> baby .. ..	15		

### Puerperal Fever and Puerperal Pyrexia.

During 1929, 23 cases were notified under the Regulations, 19 being cases of Pyrexia and 4 cases of Puerperal Fever. Of the 19 cases of Pyrexia, 13 had been attended at the confinement by a doctor who had been called in by a midwife, and 6 by a midwife alone. 8 of the cases were notified from the Maternity Hospital, and 1 from the White Rose Hospital. 2 cases were treated in the Clayton Hospital, and 1 in the White Rose Hospital. There were no deaths.

Inquiries as to the causes gave the following results :—

Perineal and vaginal		Perineal and vaginal	
lacerations .. ..	3	lacerations, with	
Mastitis .. ..	3	subinvolution .. ..	2
Pneumonia .. ..	1	Influenza .. ..	4
Constipation .. ..	1	Stitch abscess .. ..	1
Pleurisy .. ..	1	Pyelitis .. ..	1
		No definite cause ..	2



Of the 4 cases of Puerperal Fever, all were attended at the confinement by doctors, who in each case had been called by a midwife. 1 case was notified from the Maternity Hospital. 2 cases were treated in the Clayton Hospital and there was 1 death.

### Ophthalmia Neonatorum.

10 cases of Ophthalmia Neonatorum were notified during 1929. This is 0.95 per cent. of the notified live births. 16 cases were notified in 1928, 9 cases in 1927, 7 in 1926, 3 in 1925, 6 in 1924, and 11 in 1923.

CASES.			Vision Un- impaired.	Vision Impaired.	Total Blindness.	Deaths.
Cases Notified.	Treated.					
	At Home.	In Hospital				
10	4	6	10	—	—	—

2 cases occurred in the Maternity Hospital and were treated there. 4 cases were admitted to the Clayton Hospital. All recovered without damage to sight.

### HOME VISITING BY HEALTH VISITORS.

Infant Visiting—Primary Visits .. .. .						865
Re-Visits (under 1 year) .. .. .						11036
Re-Visits (1—5 years) .. .. .						5030
Total Visits .. .. .						16931
Expectant Mothers—Primary Visits .. .. .						148
Re-Visits .. .. .						405
Total .. .. .						553
Visits <i>re</i> Still Births .. .. .						90
Visits <i>re</i> Midwives .. .. .						—
Attendances at Child Welfare Centres .. .. .						288
Attendances at Tuberculosis Dispensary .. .. .						170
Visits to Tuberculous patients .. .. .						962
Attendances at Medical Inspection of School Children .. .. .						240
Number of Visits to Schools .. .. .						258
Number of examinations at Schools <i>re</i> Cleanliness .. .. .						8734
Number of examinations at Schools <i>re</i> treatment .. .. .						925

Number of Homes Visited <i>re</i> Contagious Disease ..	943
Number of Homes Visited <i>re</i> Verminous and Neglected Children .. .. .	124
Number of Homes Visited <i>re</i> Treatment .. ..	1050
Number of Homes Visited for other purposes ..	550
Total number of Homes Visited <i>re</i> School Children ..	2667
Homes Visited <i>re</i> Mental Defectives .. ..	271
Visits for purposes of Nursing .. ..	313
Miscellaneous Visits .. ..	550
Total number of Homes Visited (all purposes) ..	22337

## CHILD WELFARE CENTRES.

## Numbers on Registers, 1929.

Centre.	Mothers.	Infants.	Children. 1—5.	Expectant Mothers
Market Street ..	152	104	68	10
Eastmoor .. ..	176	148	71	19
Belle Vue .. ..	186	140	70	12
Homestead .. ..	96	102	66	16
Thornes Lane ..	200	149	73	13
Alverthorpe ..	127	118	21	4
Totals ..	936	761	369	74

## Attendances.

Centre.	Mothers.	Infants.	Children. 1—5.	Expectant Mothers.
Market Street ..	2185	1666	850	62
Eastmoor .. ..	2086	1766	1085	64
Belle Vue .. ..	2594	1840	1360	74
Homestead .. ..	2020	1640	815	58
Thornes Lane ..	1940	1302	910	50
Alverthorpe ..	870	796	300	32
Totals ..	11695	9010	5220	340

The work of the Child Welfare Centres has continued at the same hours and on the same premises as in previous years. 1,034 new infants and 236 mothers were examined medically



in the Centres during 1929. Of the 1,034 infants, 473 (46 per cent.) were found to be normal and satisfactory, while 561 had some defect or ailment requiring supervision or treatment. The total number of medical examinations made was 6,447 (5,919 of children and 528 of mothers). All the infants attending the Centres are medically examined at least once in every 4—6 weeks, as far as their attendances permit.

The Voluntary Workers of the Wakefield Babies' Welcome Association have continued to give their invaluable assistance in the working of the Centres.

#### INFANT FEEDING.—Infants born in 1928.

	Infants born 1928.	Percentage.
Wholly breast fed for six months or longer .. .. .	786	83·0
Wholly breast fed for periods less than six months, but more than one month .. .. .	62	6·5
Combined breast fed and artificial feeding for periods of six months or longer .. .. .	56	5·9
Combined breast and artificial feeding for periods of less than six months, but more than one month ..	20	2·3
Artificially fed from 1 month or earlier .. .. .	22	2·3
Total ..	946	100·0

The above table is based on the records of 946 infants born in Wakefield in 1928, and kept under observation for 12 months. The percentage of breast fed babies continues to increase.

#### SUPPLY OF DRIED MILK, 1929.

Sold at Cost Price .. .. .	3,912 lbs.
Sold at Half Price .. .. .	715 „
Sold at Quarter Price .. .. .	647 „
Supplies Free .. .. .	7,733 „
	<hr/>
	13,007 „
	<hr/>



The cost to the Corporation for Dried Milk free or sold at less than Cost Price, amounted to £632 8s. 10d.

26 packets of Lactogol were also given out during the year, 15 being sold at cost price, 2 at half price and 9 given free.

### REMARKS ON MATERNITY MORTALITY.

There is much discussion at the present time on the subject of Britain's high Maternal Mortality, and a large amount of work is being done to try to find out how it can be reduced. The effort deserves support and encouragement from everyone and naturally has aroused a great deal of popular sympathy. But the amount of publicity which has been given to the subject has a very misleading effect on the lay mind. The ordinary "man in the street" is led to imagine that no woman should ever die as the result of bringing a child into the world, and that if a mother does die, then someone is to blame for it.

One grows weary of hearing pregnancy and labour referred to as "physiological processes" by people who must know better. Every pregnancy is a potentially pathological condition, even in a mother who is apparently anatomically and physiologically perfect. And how many women who take upon themselves the responsibility of motherhood can be so described? How many of them have perfectly developed pelvic bones, free from the distortion caused by injuries to the limbs, by rickets, by hip disease, or by spinal abnormalities; and along with perfection of bony structures, how many have normal hearts, how many have lungs, teeth, alimentary tract and reproductive organs free from disease; how many have healthy kidneys with plenty of reserve functioning power to meet the strain of pregnancy, and how many have perfectly balanced functions of the endocrine glands?

"Civilisation" is vaguely blamed for making pregnancy and labour more complicated and less like the physiological ideal. Certainly the overcrowding in cities encourages the development of rickets and consequent bony deformities. But apart from that, Civilisation implies the care of the delicate and the diseased, so that individuals survive who, without that care, would have died. These individuals may be valuable citizens intellectually and otherwise, but they are not always physically fit to undertake safely the strain of pregnancy and labour. But even in an ideal healthy community catastrophies would still occur, for how often does not Nature fail us? Individuals matter but little in Nature's scheme. She is concerned with the continuation of the race, and in achieving



her object, a few lost lives, or a number of unsuccessful pregnancies are of no importance. She is notoriously wasteful in her methods of reproduction throughout the animal and vegetable kingdom, and her point of view is different from ours.

The scheme of reproduction in human beings is particularly complex, and if in one little detail Nature makes a slip the patient's life may be endangered.

At the very start, the implantation of the ovum may be in the wrong situation, leading to tubal rupture and perhaps death from haemorrhage, even before pregnancy has been suspected. A little later, the development of the placenta may be faulty and cause the much-to-be-dreaded condition of "placenta praevia," and consequent inevitable haemorrhage. Still later, the development of the foetus itself may be imperfect and pathological conditions such as hydrocephalus may obstruct labour, thus necessitating interference and increased risk to the mother's life.

True, all these conditions should be diagnosed as early as possible and treated to the best of one's ability; nevertheless, the pregnant patient in whom any one of these or other common complications of pregnancy occurs, is in as dangerous a condition as any patient suffering from a serious acute illness of a surgical nature. The risks attached are as grave and her condition can by no stretch of imagination be called physiological.

And what of labour? Many mothers would die in labour if it were left to nature as a physiological process ought to be. Even when the presentation is normal and there is no disproportion the uterine contractions may be poor, or the ability of the cervix to dilate may be faulty, resulting in a long drawn out process, infinitely worrying to the medical attendant, exhausting to the patient, sapping her resistance and giving ample opportunity for infection to reach the unguarded uterus. One need only mention the third stage of labour and the placenta which fails to detach itself normally, as another glaring example of the failure of a natural process.

And then there is the question of Sepsis itself. After labour, the interior of the uterus is a large raw wound, communicating on the one hand through the Fallopian Tubes with the Peritoneal Cavity, and on the other through the lax, unprotected, no longer antiseptic Vagina with the skin in the region of the Anus. And this raw wound has large open veins on its surface, and a superabundant supply of lymphatics. What chance



would an ordinary surgical wound have under these circumstances? A trivial infection which in ordinary surgery might produce a stitch abscess, under these circumstances has every chance of causing a septicaemia or a peritonitis. Even animals sometimes die of puerperal infection, in spite of their amazing resistance to ordinary sepsis.

One's aim antenatally is as far as possible to prevent a pregnancy from passing over the borderline and becoming pathological, or if it is definitely pathological from the start, then to treat the condition so that the patient's life is endangered as little as possible. But one might as well say that a patient should never die of, say, Diabetes, or Bright's Disease, as assert that no patient should ever die of Hyperemesis Gravidarum, or Antepartum Haemorrhage or Heart Disease complicating pregnancy.

As an example of the patients with whom one has to deal, and for whom no one could ever make pregnancy and labour really safe, out of 392 patients attending the Wakefield Maternity Hospital Ante-natal Clinic for the first time during 1929, 6 already had organic heart disease (2 Mitral Stenosis, and Incompetence, 3 Mitral Stenosis, and 1 Mitral Incompetence), 2 had active Pulmonary Tuberculosis, 3 had Chronic Nephritis with repeated previous histories of eclampsia, stillbirths and haemorrhages, one had a very much deformed pelvis due to Achondroplasia, 1 had a badly deformed pelvis due to Pott's Disease, 2 had severe Pelvic Contraction necessitating Caesarean Section, and 4 had Pelvic Contraction, sufficient to require induction of Premature Labour. All of these 19 patients were crippled from the start and unfit to undertake a pregnancy except at very great risk. Less serious than the above, because capable of being treated, but still a source of danger, 39 had very septic teeth and gums, 2 had Otorrhoea, and 17 had Vaginal Discharges. Of the other cases that were apparently healthy at the beginning of pregnancy, 2 developed Placenta Praevia, 9 developed Severe Albuminuria of the toxic type which could be controlled only by rigorous treatment in hospital, 1 developed Hyperemesis Gravidarum requiring in-patient treatment, 1 developed Accidental Haemorrhage, 1 developed Acute Pyelitis, and 2 developed Chorea Gravidarum.

All of these serious conditions were the direct result of pregnancy. Many more patients had slight ailments prejudicial to health, and which would have been the fore-runners of toxæmia had they not been treated.



Only 19 per cent. had throughout a definitely non-pathological pregnancy.

So much for one's ante-natal problems. And with regard to labour one corrects malpresentations, induces labour if necessary, assists nature as far as possible, and when she fails one applies forceps, removes the placenta or performs any other necessary manipulations. But those forms of interferences should always be regarded by the doctor **and by the laity** as every whit as serious as any major surgical emergency operation, and people must be taught to realise the risks attached. It is as reasonable to expect that the mortality from major surgery should be nil, as to hope ever to reduce Maternal Mortality to a similar figure.

JESSIE EELES.

#### MENTAL DEFICIENCY.

At the end of 1929, there were 10 persons (6 males and 4 females) detained in Institutions under Orders made under the Mental Deficiency Act, one new case having been admitted during the year. In addition, a man, the subject of an Order, remained at home on licence from an Institution which he left in 1926, and he remains on licence because the Institution he was formerly in will not take him back, and no other Institution will admit him.

There are on the Register 39 Mental Defectives (21 males and 18 females) living at home, 13 under Statutory supervision, and 26 under voluntary supervision. 5 imbecile children were referred by the Education Committee as being certified uneducable.

The serious lack of adequate institutional accommodation continues, both for cases under the Mental Deficiency Committee and cases under the Education Committee. The latter Committee has 75 feeble-minded children on its Register, but not one is in a special school, although efforts have been made to secure places for the more urgent cases. The provision of a local special school for these children would at any rate be very helpful, although a certain number would probably be better in residential institutions.

For cases coming under the Mental Deficiency Act, we have been looking to the South West Yorkshire Board for Mental Deficiency to provide the necessary accommodation, and I understand that the Board has now completed the purchase of a house and small estate near Doncaster for the purposes of an Institution.



The Occupation Centre, conducted by the Social Service Council, on behalf of the Corporation, has continued under Miss Coates to do excellent work. I am obliged to Mr. Osbourn, Secretary to the Social Service Council, for the following report on the work of the Centre :—

There are now eight girls and seven boys in regular attendance at the Occupation Centre for Mental Defectives. The Centre is open on five days a week, boys attend each morning and girls each afternoon.

The general programme includes handwork, drill, games, music and domestic work, in which all join; but the capabilities of the young folk differ considerably, and their activities, particularly in handwork, have to be varied accordingly.

A steady improvement has been maintained in the quality of the work done. The value of the Centre cannot, however, be measured by any test of the skill acquired; of infinitely greater importance is the steady development and bringing into play of individual personalities. In the ordinary home life, the mental defective is often either cared for and tended too assiduously or else almost crushed out of existence. In the Occupation Centre, he lives and moves among his equals and everything is done to encourage an expression of his own personality. In several instances, the improvement is strongly marked; two boys who at one time had to be accompanied to and from home, and their every movement to be watched can now travel alone without the slightest difficulty. With the girls there are instances where it is evident that they have been drudges in the home; to quote from the Supervisor "whereas their manner was subdued and crushed, they are now becoming more cheerful and talkative." Along with this feeling of independence, a social sense is also being developed; the young people are learning to live and work together harmoniously and to take an intelligent interest in one another's activities.

#### SCHOOL MEDICAL SERVICE.

This service is intimately correlated with the general public health service. The medical work is carried out by the Medical Officer of Health, and the two Assistant Medical Officers, and the work of School Nurses is carried out by the six Health Visitors. In addition there is a School Dentist and a School



Clinic Nurse. The work embraces (1) Routine medical inspection of entrants, intermediates and leavers; (2) Supplementary medical inspection in the schools and at the School Clinic, including special examinations *re* Mental Deficiency, etc.; (3) Treatment of Minor Ailments at the School Clinic; (4) Vision Refraction and prescribing of spectacles at the Ophthalmic Clinic; (5) Dental Inspection and Treatment; (6) Cleanliness Surveys and the following up of defective children by the School Nurses.

During 1929, 7,443 children were medically examined, and the number of medical examinations amounted to 9,196. 444 new cases were examined at the Ophthalmic Clinic, with 779 attendances, and 395 prescriptions for glasses were issued. The School Dentist examined 5,908 children and found that 4,339 required treatment, of which 1,641 were treated during the year. At the General School Clinic, 972 children were treated during the year, with 17,913 attendances.

The School Nurses examined 7,665 children regarding cleanliness, with 9,659 examinations, and made 2,938 home visits *re* treatment, cleansing, etc., of school children.