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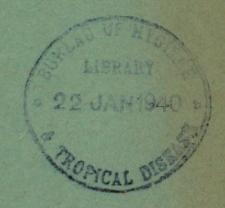
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CITY OF WAKEFIELD



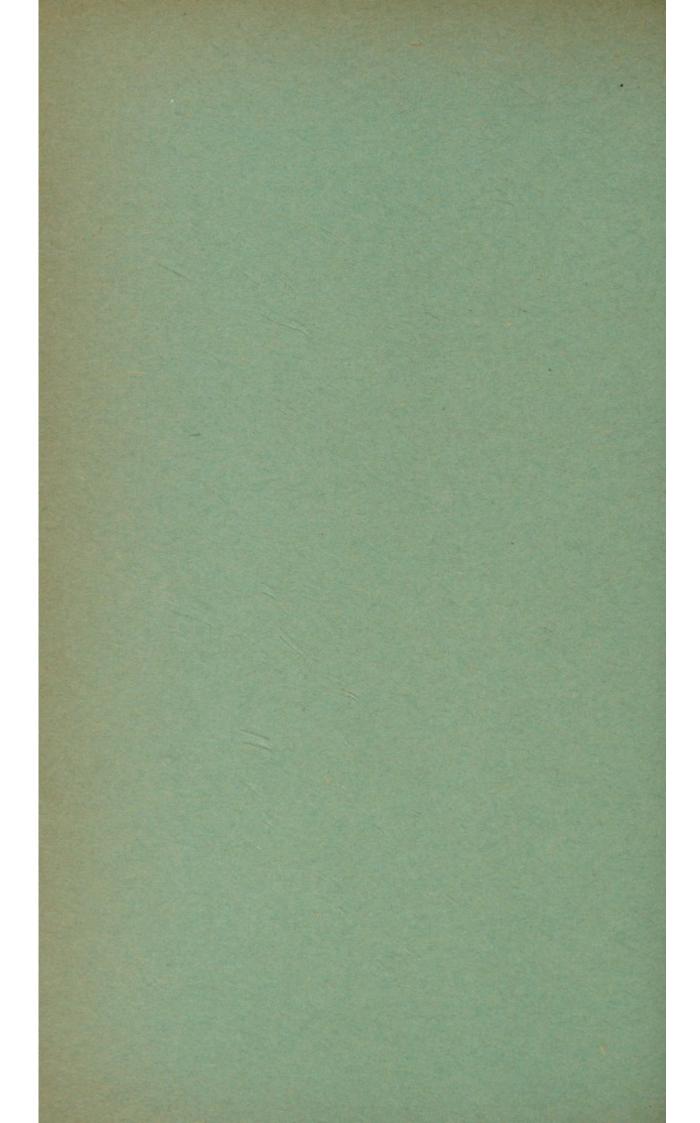
# ANNUAL REPORT

OF THE

MEDICAL OFFICER

OF HEALTH

FOR THE YEAR 1938



## CITY OF WAKEFIELD



# ANNUAL REPORT

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# MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1938

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Public Health Department,
Town Hall Chambers,
King Street,
Wakefield.
12th December, 1939.

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

MR. MAYOR, LADIES AND GENTLEMEN,

I beg to submit my Report for the year 1938 and I regret that it has not been possible to deal with it until now. Time has not permitted me to give detailed consideration to the statistical tables from the point of view of deducing the trend of the Department's work from them.

I should like to thank all the members of my Staff for their whole-hearted co-operation during the year, which has been a difficult one in many respects. They have given ungrudgingly of their time to keep alive a positive outlook in circumstances seriously hampering real advance.

In compiling this Report I have had very valuable assistance from Dr. Stevenson, Dr. Eeles, Mr. Roberts, who is the Senior Sanitary Inspector, Mr. Shaw my Chief Clerk and Mr. Birdsall, Statistical Clerk. The last-mentioned joined the Department after the close of 1938. Although the afore-mentioned are specially noted, I am indebted to every member of the Staff, who has carried out his or her work with zeal and initiative making possible the programme of Public Health work recorded.

I am,

Yours faithfully,

FRANK ALLARDICE,

Medical Officer of Health.

#### GENERAL STATISTICS.

Area (in acres)	5,300
Population (a) Census 1931	59,311
(b) Estimated by Registrar-General, mid-	
year, 1937	59,000
Number of Inhabited Houses.	
(a) Census, 1931	14,259
(b) End of 1938, according to Rate Books	16,130
Rateable Value, 1st April, 1938	£373,260
Sum represented by a penny rate, 1938-9	£1,458

#### Population.

The total population at the middle of 1938, as estimated by the Registrar-General, was 59,000. The institutional population was 3,727, of which 3,270 were non-residents and 457 were residents. The net population, excluding non-residents, was therefore 55,273.

#### Marriages.

456 marriages were celebrated, equal to a marriage rate of 16.5 persons married per 1,000 of the population, compared with 18.7 in 1937, and 16.5 the average for the ten years 1928-37. The number of marriages was 64 less than in 1937.

#### Births.

Excluding 221 non-resident, and including 12 resident births which occurred outside the City, the total number of live births registered in the City during 1938 was 902 (494 males and 408 females) giving a birth rate of 16.3 per 1,000 of the population, compared with 14.7 in 1937, and 16.6 the average for the ten years 1928-37. The birth rate in England and Wales in 1938 was 15.1 and in the Large Towns 15.0.

Of the live births, 44 (4.9 per cent.) were illegitimate. The number of still births registered was 38 (20 males and 18 females), excluding 22 outward transfers and including 2 inward transfers.

Under the Notification of Births Act, 1907 (re-enacted in the Public Health Act, 1936), 1,164 births were notified, 494 from dwelling-houses and 670 from institutions. Of the home confinements 130 were attended by doctors and 364 by midwives. (Births are given as attended by doctors when doctors were booked for the confinement, and by midwives when midwives only were booked, irrespective of whether doctors were called in by midwives under the rules of the Central Midwives Board). The institution births include 582 in the Maternity Hospital, 18 in the County White Rose Hospital, 68 in private maternity homes, 1 in the Municipal Infectious Diseases Hospital, and 1 in the West Riding Mental Hospital. Of the institution confinements, 523 were attended by midwives and 147 by doctors.

Of the registered births 10 (1.1 per cent.) were not notified compared with 2.2 per cent. in 1937 and 2.7 per cent. in 1936. 58 (4.9 per cent.) of the notified births were still-births.

7

EXTRACTS FROM THE VITAL STATISTICS OF 1938.

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			1		
Live	Large Towns	11 1	111	57	7.3
Rate per 1,000 Live Births only	per 1,000 Sirths only England & Wales	11 1	0.89 2.19 3.08	93	5.3
Rate	Wakefield	11 1	2.21 2.21 4.43	60	1
Total firths)	Large Towns	11 1	LIT	111	-11111-1
Rate per 1,000 Total (Live and Still Births)	England & Wales	11 1	0.86 2.11 2.97	111	111111
Rate (Live	Wakefield	40.43	2.12 2.12 4.25	111	111111
of the	Large	15.0 0.58 11.7	111	111	0.01 0.05 0.05 0.03
Rate per 1,000 of the population	England & Wales	$\left.\begin{array}{c} 15.1 \\ 0.60 \\ \end{array}\right\} 11.6$	111	111	0.01 0.07 0.04 0.03
Rate	Wakefield	16.3 0.69 12.4 13.4	111	111	1.66 0.02 0.05 0.02 0.04
Females		408 18 307	01014	16 14 2	1   2   1
Males		494 20 378	- 111	38 38	œ
Total		902	01014	54 50 4	95   -8 -   2
		Live Births (corrected) Stillbirths (corrected) Deaths, all causes (crude) Deaths, corrected for comparability	Deaths from Puerperal Causes:— (a) Sepsis (b) Other Causes (c) Total	Deaths under 1 year of age: Total Legitimate	Deaths from— Cancer Scarlet Fever Diphtheria Measles Whooping Cough Diarrhoea (under 2 years)

#### Causes of, and Ages at, Death during the year 1938.

										-
		Nett wheth	deaths ner occ	at th	e sub- within	joined or wi	ages o	of Resi	dents, trict.	
Cause of Death	Total at All Ages.	6.5	P L S		- 1 Si	15 and under 25 years	25 and under 45 years	45 and under 65 years	p Lus	75 years and over.
	Ag	de rea	and ider	and nder ears	de	de	an de rea	and ider years	and nder years	ov ov
	otio	Under 1 year	1 and under 2 years	2 and under years	5 and under 5 years.	15 and under 25 years	25 un 5	45 and under 35 years	65 and under 75 years	5 P
	TA		. 64	10	-	- 63	4	9	7	7 an
All Causes Males	378	38	2	2	7	12	26	124	103	64
Females	307	16	3	ī	3	7	23	89	74	91
Typhoid and Para-									1	
typhoid Fevers	-	-	-		-	-	-		-	-
Measles	3	1	1	1	-		-	-		-
Scarlet Fever	1	1	_	_	二	****	_	=		
Whooping Cough Diphtheria	1	_		=	1	=	_			
Influenza	6	_	-		1-	1	2	2	1	_
Encephalitis Lethargica	2	_	_	_	-	_	2	_	-	-
Cerebrospinal Fever	1	-	-		1	-	-	-	-	-
Tuberculosis of										
Respiratory System Other Tuberculous	27	_	-	-	1	4	12	10	-	-
Diseases	5	_	_	_	1.	1	2	1	-	_
Syphilis	2	_		_	3	i		i	_	-
General Paralysis of	10.00					333			- 0 - 19	
the Insane, Tabes										
Dorsalis	9	-	-	-	-	-	-	8	1	
Cancer	92	-	-	1	-	-	1	44	32	14
Diabetes	11 55		-		-	10000	-	6 15	20	19
etc.	33			-	-	_	1	15	20	19
Heart Disease	198	_	1		THE REAL PROPERTY.	4	2	64	67	60
Aneurysm	1		_		_	_	_	1	_	_
Other Circulatory									1	
Diseases	21	-	-	-		-	-	2	10	9
Bronchitis	23	1	1	-		-	-	7	5	9
Pneumonia (all forms)	23	4	1	-	-	1	2	7	6	2
Other Respiratory Diseases	3		100				and the same of	1	2	_
Ulcer of Stomach and	0			-		_		1	-	1
Duodenum	9	-	_	_	_	_	2	5	1	-1
Diarrhoea, etc	3	2	-	_	-	1	_	_	-	_
Appendicitis	3	_	-	-	1	_	_	2	- 1	_
Cirrhosis of Liver	2	-	-		-	-	-	1	-	1
Other Diseases of				tall!	4-1-2	125 1151	130 1910		0	0
Other Digestive	4	1	-	-			-	-	2	2
Disagge	14	1			1	_	1	6	3	2
Acute and Chronic	-	-								
Nephritis	20				-		4	9	7	-
Puerperal Sepsis	2	-	-		-	-	2	andre .	- 1	-
Other Puerperal Causes	2	-	-		-	-	2	-	-	-
Congenital Debility,					-					
Premature Birth, Malformations, etc	40	40	-	1	_	_	3430	3224	440	1
Senility	31	40		_				-	5	26
Suicide	8		-				2	3	1	2
Other Violence	20	-	1	1	2 2	2	7	4	2	1
Other Defined Causes	43	4	-	-	2	4	5	14	8	6
Causes Ill-defined or Unknown			Law !				Viscoul !	1		
Unknown	_	-	-		_	-	-		_	
Totals .	685	54	5	3	10	19	49	213	177	155
			THE RESERVE AND ADDRESS OF THE PERSON NAMED IN		-	-				-

The total number of deaths registered in Wakefield during 1938 was 999, including 350 non-residents. In addition, 36 deaths of residents occurred outside the City. The number of resident

deaths was therefore 685 (378 males and 307 females), giving a crude death rate of 12.4 per 1,000 of the population, compared with 12.3 in 1937 and 13.1 the average for the ten years 1928-37.

In order to make the above crude death rate comparable with the rates in other areas, where population may be constituted differently from that of Wakefield, it is necessary to apply a "comparability factor," calculated for each area by the Department of the Registrar-General. In the case of Wakefield, the factor is 1.08, which gives a rate of 13.4 corrected for comparability with the rates for other areas which have been adjusted in a similar manner. The corresponding rate last year was 13.3 and in 1936, 15.2.

In 1938 the number of deaths was 1 less than in 1937. The 1938 general death rate in England and Wales was 11.6 and in the Large Towns 11.7.

243 (35 per cent.) of the resident deaths occurred in public institutions within the City.

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

Age period	No. of deaths 1938	Percentage of total deaths 1938	Percentage of total deaths 1937
Under 1 year	 54	7.9	6.6)
1— 2 years	 5	0.7 9.0	0.9-8.7
2-5,	 3	0.4)	1.2
5—15 ,,	 10	1.5	1.6
15—25 ,,	 19	2.8	3.6
25—45 ,,	 49	7.2	10.2
45—65 ,,	 213	31.1	26.1
65—75 ,,	 177	25.8	25.6
75 years and over	 155	22.6	24.2
Total	 685	100.0	100.0

The following table gives the chief causes of death :-

	No.	of deaths	Percentage of deaths from all causes		
	Total	Males	Females	1938	1937
Heart Disease	198	103	95	28.9	26.1
Cancer	92	45	47	13.4	12.5
Cerebral Haemorrhage Congenital Debility, Malformations, and	55	27	28	8.0	9.0
Premature Birth	40	25	15	5.8	4.5
Senility	31	15	16	4.5	6.8

There were 198 deaths from Heart Disease (103 males and 95 females) giving a death rate of 3.58 per 1,000 of the population compared with 3.21 in 1937 and 2.46, the average for the ten years 1928-37. 96 per cent. of the deaths were of persons 45 years of age and over, 64 per cent. persons 65 years of age and over, 30 per cent. persons 75 years of age and over. The number of deaths was 19 more than in 1937.

There were 92 deaths from Cancer (45 males and 47 females) giving a death rate of 1.66 compared with 1.54 in 1937 and 1.56 the average for the ten years 1928-37. The number of deaths was 6 more than in 1937.

There were 55 deaths from Cerebral Haemorrhage (27 males and 28 females) giving a death rate of 0.99 compared with 1.11 in 1937 and 1.22 the average for the ten years 1928-37. The number of deaths was 7 less than in 1937.

There were 23 deaths from Pneumonia (17 males and 6 females) giving a death rate of 0.42 compared with 0.68 in 1937 and 0.86 the average for the ten years 1928-37. The number of deaths was 15 less than in 1937.

There were 32 deaths from Tuberculosis (all forms) (18 males and 14 females) giving a death rate of 0.58 compared with 0.62 in 1937 and 0.81 the average for the ten years 1928-37. The number of deaths was 3 less than in 1937.

There were 27 deaths from Pulmonary Tuberculosis (14 males and 13 females), giving a death rate of 0.49, compared with 0.48 in 1937 and 0.63, the average for the ten years 1928-37. The number of deaths was the same as in 1937.

There were 5 deaths from Non-Pulmonary Tuberculosis (4 males and 1 female), giving a death rate of 0.09, compared with 0.14 in 1937 and 0.18, the average for the ten years 1928-37. The number of deaths was 3 less than in 1937.

There were 2 deaths of infants under 2 years of age from Diarrhoea and Enteritis, giving a death rate of 2.2 per 1,000 live births (1938), compared with 2.4 in 1937 and 8.27 the average for the ten years 1928-37. The corresponding rate for England and Wales in 1938 was 5.3 and for the Large Towns 7.3.

#### Infantile Mortality.

The number of infantile deaths (under one year of age) was 54 (38 males and 16 females), giving an infantile mortality rate of 60 per 1,000 live births, compared with 55 in 1937 and 70, the average for the ten years 1928-37. The corresponding rate for England and Wales in 1938 was 53 and for the Large Towns 57.

In the first quarter of the year, the rate was 58, in the second quarter 40, in the third quarter 70, and in the fourth quarter 74. The legitimate infantile mortality was 58 per 1,000 legitimate live births and the illegitimate mortality 91 per 1,000 illegitimate live births, although the numbers involved in the latter rate are too small to be of real significance.

The neo-natal mortality (i.e. the mortality during the first four weeks of life) was 43 per 1,000 live births, compared with 39 in 1937 and 36 the average for the ten years 1928-37.

The infantile mortality rates in the various wards of the City were as follows:—

Calder.. . . 105 Kirkgate . . 62 South Westgate 43 Primrose Hill 98 North Westgate 55 Eastmoor . . 29 St. John's . . 93 Sandal . . 52 Belle Vue . . 24 Northgate . . 93 Alverthorpe . . 49

The causes of infantile mortality were: Congenital debility, malformations and premature birth 44, Pneumonia 3, Bronchitis 2, Diarrhoea and Enteritis 2, Whooping Cough 1, Measles 1, other causes 1.

63 per cent. of the infantile deaths occurred during the first week of life, 72 per cent. in the first month, and 91 per cent. in the first six months.

The mortality among males was 77 per 1,000 male births and among females 39 per 1,000 female births.

#### Maternal Mortality.

There were four maternal deaths from diseases and accidents of pregnancy and parturition, giving a mortality of 4.25 per 1,000 total (live and still) births, or 4.43 per 1,000 live births only, compared with 1.15 per 1,000 total births and 1.22 per 1,000 live births in 1937, and 6.45 per 1,000 live births the average for the ten years 1928-37.

The corresponding rates for England and Wales are 2.97 per 1,000 total births and 3.08 per 1,000 live births.

Two deaths occurred in the Municipal Maternity Hospital, one in the Municipal Fever Hospital and one in the Clayton Hospital.

#### GENERAL PROVISION OF HEALTH SERVICES.

#### Public Health Officers.

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

Name.	Qualifications.	Office Held.
Frank Allardice	M.D., Ch.B. (Edin.) D.P.H. (Edin.)	Medical Officer of Health School Medical Officer. School Ophthalmologist. Medical Officer for Mater- nity and Child Welfare. Tuberculosis Officer. Medical Superintendent of Maternity Hospital and Municipal Hospital for In- fectious Diseases and Tuber- culosis. Certifying Medical Officer under the Mental Deficiency Acts.

Name.	Qualifications.	Office Held.
Alan C. Stevenson	B.Sc., M.B., Ch.B., L.R. C.P., L.R.C.S., (Edin.) L.R.F.P. and S.G., M.R. C.P. (London) D.P.H. (London).	Deputy Medical Officer of Health. Deputy School Medical Officer. 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. Resident Medical Officer at the Maternity Hospital. Assistant School Medical Officer.
James C. Boyle	M.B., B.Ch., B.A.O. (Dublin) L.M. (Dublin).	Junior Assistant Medical Officer. Assistant School Medical Officer. Assistant Medical Officer for Maternity and Child Welfare.
G. S. Cubitt	L.D.S., R.C.S. (Eng.)	School Dental Officer.
W. Gough	F.R.C.S. (Eng.), M.R.C.S. L.R.C.P. (London)	Consultant Obstetric Surgeon (part-time)
W. Crook	L.D.S., R.C.S. (Eng.).	Dental Officer to the Ante- Natal Clinics (Part-time).
H. L. Crockatt	M.B., Ch.B. (Leeds)	Consultant Orthopaedic Surgeon (Part-time).
William Roberts	Certificates of Royal Sanitary Institute for (1) Inspector of Nuisances, and (2) Inspector of Meat and Other Foods.	Senior Sanitary Inspector. Inspector of Meat and Other Foods. Inspector under the Housing Regulations. In- spector of Canal Boats.
John P. Whitehead	Certificates of Royal Sanitary Institute for (1) Sanitary Inspectors (2) Inspector of Meat and Other Foods	Deputy Senior Sanitary Inspector. District Sanitary Inspector. Inspector of Meat and Other Foods. Inspector under the Housing Regulations.

Name.	Qualifications.	Office Held.
Herbert H. Johnson	Certificates of Royal Sanitary Institute for (1) Sanitary Inspectors (2) Inspector of Meat and Other Foods.	District Sanitary Inspector. Inspector of Meat and Other Foods. Inspector under the Housing Regulations.
Leslie J. Carter	Do. do.	Do. do.
George Cayton	Do. do.	Do. do.
Sarah S. Thorp	Certificates of Royal Sanitary Institute for (1) Inspector of Nuisances, (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, Manygates 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 Visitor, and (3) School Nurse. New Certificate of Royal Sanitary Institute for Health Visitors.	Health Visitor. School Nurse. Tuberculosis Nurse. Superintendent, Eastmoor District Child Welfare Centre (held at Principal Centre).
Hilda Robertshaw	Trained Nurse. C.M.B. Certificate New Certificate of Royal Sanitary Institute for Health Visitors	Health Visitor, School Nurse and Tuberculosis Nurse. Superintendent, Thornes Lane District Child Welfare Centre (held at Principal Centre).
Maggie Dearden	Trained Nurse. C.M.B. Certificate. New Certificate of Royal Sanitary Institute for Health Visitors.	Health Visitor, School Nurse and Tuberculosis Nurse. Superintendent, Snapethorpe Hall Child Welfare Centre,

Name.	Qualifications.	Office Held.
Jennett Gardner	Trained Nurse. C.M.B. Certificate New Certificate of Royal Sanitary Institute for Health Visitors.	Health Visitor, School Nurse and Tuberculosis Nurse. Superintendent, South West- gate District Child Welfare Centre (held at the Princi- pal Centre).
Hannah Bell	Trained Nurse. C.M.B. Certificate. New Certificate of Royal Sanitary Institute for Health Visitors.	Health Visitor, School Nurse and Tuberculosis Nurse. Superintendent, Northgate District Child Welfare Cen- tre (held at Principal Cen- tre).
Olive I Burton	Trained Nurse. Certificates of Chartered Society of Massage and Medical Gymnastics for (1) Massage, and (2) Swedish Remedial Exercises. (3) Medical Electricity	Orthopaedic and Ultra- Violet Ray Clinic Nurse. Nurse at Principal Child Welfare Centre.
A. J. Peck	Trained Fever Nurse.	Matron of City Fever Hospital.
Kate P. Perkins	Trained Nurse. C.M.B. Certificate.	Matron, Maternity Hospital
Edward Heeley	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. (Part-time Officer.

#### Clerical Staff :-

#### General.

William V. Morris, Chief Clerk and Vaccination Officer (Resigned 18/6/38). Ronald Shaw, Chief Clerk and Vaccination Officer (Com-

menced 18/6/38). Edward Land.

Thomas P. McKniff.

Phyllis Goldthorpe. Harry Clarkson,

#### Maternity and Child Welfare.

Beatrice Lake (Part-time School Medical Service).

Mary Ellen Reynolds, Clerk and Assistant at Principal Child
Welfare Centre.

#### School Medical Service.

Herbert W. Tate.

#### Sanitary Inspector's Office.

John Holmes. Alwyne Firth. Patricia Walsh.

#### Midwifery Service.

Municipal District Midwives :-

Mrs. E. Illingworth.

Mrs. M. Bodkin.

Miss E. A. Halls.

Miss E. M. Marshall.

#### PROFESSIONAL NURSING IN THE HOME.

#### (a) General.

This is chiefly provided by the local Nursing Association, which employs seven Nurses, in addition to the Superintendent. The Corporation has an arrangement with the Association for the home nursing of cases of puerperal pyrexia, when required.

#### (b) Infectious Diseases.

The Health Visitors render assistance in the home nursing of cases of Measles, Whooping Cough, Ophthalmia Neonatorum, etc.

#### MIDWIVES

#### Notifications of Intention to Practice.

During 1938, 31 midwives gave notice of intention to practice. Of these 20 were on the staffs of institutions, 3 were midwives who owned private nursing homes (two at one and one at another), 4 were municipal midwives, 3 were in independent district practice in the City and one resided in the West Riding.

#### Laboratory Facilities.

By arrangement with the West Riding County Council, the Wakefield Corporation is provided with facilties for pathological

examinations at the County Hall Laboratory. These arrangements include the bacteriological examination of water, milk, and pathological specimens. Chemical and bacteriological examinations of the Wakefield Corporation water supply are made in the Laboratory of the West Riding Rivers Board. The chemical analysis of food, drugs and fertilisers is carried out by Mr. F. W. Richardson, F.I.C., of Bradford.

#### Maternity and Nursing Homes.

Two private maternity homes remained on the register There are no private nursing homes in the City. No new licences were issued during the year.

#### Maternal Mortality.

Investigations are made into all maternal deaths and cases of puerperal pyrexia by Dr. Jessie Eeles, Medical Officer for Maternity and Child Welfare. Special reports on maternal deaths are sent to the Ministry of Health.

#### Ambulance Facilities.

- (1) For infectious cases, 3 motor ambulances are provided by the Corporation at the Municipal Hospital for Infectious Diseases.
- (2) For non-infectious and accident cases, 3 motor ambulances are provided at the police station.

#### CLINICS AND TREATMENT CENTRES.

#### (a) Child Welfare Centres.

Situation.	When open.	Doctor attending.	Health Visitor in charge.
Principal Child Welfare Centre, 15, Margaret Street.	Monday Tuesday Wednesday Thursday	Dr. Eeles Dr. Stevenson Dr. Boyle Dr. Eeles	Miss Bell Miss Staniforth Miss Gardner Miss Robertshaw
Snapethorpe Hall Child Welfare Centre, Snapethorpe	Wednesday	Dr. Eeles	Miss Dearden
Manygates Park Child Welfare Centre, Barnsley Road.	Tuesday	Dr. Eeles	Miss Thorp

Each centre is open from 2 to 5 p.m. on the days stated,

#### (b) Ante-Natal Clinics.

At the Maternity Hospital, Manygates Park.

Monday, 2 to 4 p.m. Wednesday, 10 a.m. to 12 noon. Thursday, 10 a.m. to 11.30 a.m. Friday, 2 to 4 p.m.

At the Principal Child Welfare Centre, Margaret Street.

#### (c) Post-Natal Clinic.

At the Maternity Hospital, Monday, 2 p.m. Manygates Park.

The Ante-Natal and Post-Natal Clinics are conducted by Dr. Eeles.

#### (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 building. Two branch clinics for minor ailments are now open, one at the Snapethorpe Council School, and one at the Child Welfare Centre, Manygates Park, Barnsley Road; both are open each day from 9 to 10 a.m.

#### (e) Tuberculosis Dispensary.

Is situated in Almshouse Lane, and is used jointly with the West Riding County Council. It is open on Thursday afternoons (2 to 4 p.m.) and Thursday evenings (6.30 to 7.30 p.m.)

#### (f) Venereal Diseases Clinic.

A Clinic for Venereal Diseases is held at the Clayton General Hospital and is used jointly by the West Riding County Council and the Wakefield County Borough Council. There are two sessions for Men (Wednesday, 6 to 8 p.m., and Friday, 10 a.m. to 12 noon), and two sessions for Women and Children (Monday, 4 to 6 p.m., and Friday, 3.to 5 p.m.) Provision is made at the Clinic for daily irrigation and other treatment, when required.

#### (g) Orthopaedic Clinic.

An Orthopaedic Clinic, provided by the Education Committee, is carried on at the Principal Child Welfare Centre in Margaret Street, and is also available for cases sent by the Health and Mental and Child Welfare Committees. Cases requiring hospital treatment are sent to the Yorkshire Children's Orthopaedic Hospital, Kirbymoorside. Orthopaedic treatment can also be obtained at the Clayton Hospital.

#### SANITARY CIRCUMSTANCES OF THE AREA.

#### Water Supply.

I am obliged to Mr. A. G. Beaumont, the Waterworks Engineer, for the following information:—

The rainfall on the Corporation's gathering grounds during the year 1938 was 15 per cent. above the average, and although the spring months were dry there was never less than 99 days' supply in the reservoirs. There has been no change in the sources of supply, and the extensions of mains have been for normal building development in the city.

The average daily consumption was equal to 34.26 galls. per head in the City and 18.58 in the outdistricts; the total consumption averaged just under 4 million gallons per day.

The usual high standard of purity was maintained and all samples of water as supplied were found to be free from presumptive B. Coli and from action on lead pipes.

Samples were taken independently by the West Riding of Yorkshire Rivers Board each month and tested at their laboratories. Additional samples were taken quarterly of the raw water and at various stages of treatment and filtration in order to test the efficiency of the process. As a final precaution the water is chlorinated before being turned into the mains for use.

#### Drainage, Sewerage and Sewage Treatment.

(I am obliged for the information given under this heading and also that of "Public Cleansing" to Mr. S. Hutton, the City Engineer).

The construction of the Flanshaw Estate Sewer and Stormwater Overflow, comprising the laying of approximately 375 yards of concrete pipes (varying in size from 18 to 27 inches in diameter) has been carried out at a cost of £1,790.

#### Public Cleansing.

(a) Methods of collecting dry house refuse.

The contents of the house bins are emptied into galvanised iron skips, and the refuse deposited into carts provided with canvas covers, also motor refuse collecting vehicles, fitted with roller canvas or wood covers. In a large number of cases the bins are now taken to the collecting vehicle and the contents deposited direct therein.

(b) Method of collecting refuse from earth closets and privies. Tub closets and privies (of which there are now very few) are emptied at night. The tubs are taken away complete and returned in a covered cart or covered motor wagon. The contents of the privies are loaded into a covered motor wagon.

- (c) Method of disposing of dry house refuse.
- Controlled tipping.
- (d) Method of disposing of refuse from earth closets and privies.
- Stacked and covered with soil on farm land and afterwards ploughed in.
- (e) Method of cleansing cesspools.
- Contents pumped into horse drawn steel sludge tank.
- (f) Arrangements for the disposal of cesspool contents.
- Mostly spread on to grass land, exceptional cases deposited into sewers which immediately afterwards are properly flushed.

#### Ashbin Maintenance and Closet Accommodation.

See Sanitary Inspector's Report.

#### Swimming Baths.

The new Sun Lane swimming pool, which was opened on the 15th December, 1938, measures 100 feet by 40 feet. The purification plant is capable of circulating the whole of the contents (162,000 gallons) in  $2\frac{1}{2}$  hours.

The old pool at Almshouse Lane measures 70 feet 6 inches by 30 feet 3 inches, and has a capacity of 56,000 gallons. The depth varies from 2 feet 6 inches at one end to 6 feet 0 inches at the other. The filtering plant is in constant operation and deals with approximately 12,000 gallons per hour, so that a volume of water equivalent to the capacity of the pool passes through the filter every 41 hours.

As an additional safeguard against pollution, oxidation of organic material is efficiently carried out by the process of chlorination of the water. The amount of available chlorine gas in solution is from 0.2 to 0.5 parts per million.

The freshness of the water is maintained by feeding into the pool daily a volume of water from the mains, not less than ten per cent. of the capacity of the pool and usually about 6,000 gallons.

#### SANITARY INSPECTION OF THE AREA.

By William Roberts, Senior Sanitary Inspector.

#### DETAILS OF INSPECTIONS MADE.

The term "inspection" refers to the primary visit made to the premises. A "reinspection" is a visit made after a notice has been given for the remedying of a defect, to ascertain the action taken to comply with such notice.

Total Number of Inspections made		14,488
Total Number of Re-inspections mad	le	1,409
Dwelling-houses.	Primary Inspections.	
Ordinary	00=	255 81
1925 Housing Act, 1936 (Special Surveys,	187	98
Clearance, etc., Areas)	528	_
Housing Act, 1936 (Re-survey of Properties and revision of data) Housing Act, 1936 (Provisions as to	_	109
Overcrowding, etc.)	151	122
Applicants for Municipal Houses	628	_

Sanitary Conveniences.		
Water Closets	1227	61
Privies and Pail Closets	92	- 00
Urinals	181	22
Refuse Storage.		
Ashplaces	207	120
Ashbins	516	220
Drains.		
Inspections	229	87
Smoke Tests	7	_
Chemical Tests	2	-
Sewers, etc.		
Sewers	44	10
Street Gullies	126	62
Factories.		
Factories (with Mechanical Power)	54	19
Factories (without Mechanical Power)	196	4
Other Premises (including Restaurant		
Kitchens and Stables)	26	3
Outworkers	2	
Food Storage, Preparation, etc.		
Bakehouses (with Mechanical Power)	16	2
Bakehouses (without Mechanical	128	8
Power)	534	0
Cold Stores	11	
Cowsheds	183	28
Cattle Market	40	-
Dairies, Milkshops and Milk Stores	455	. / -
Fishmongers' Shops and Stalls	320	
Fruit and Vegetable Shops and Stalls (including Hawkers' Stores)	73	
Fish Frying Premises	162	10
General Provisions Shops and Stores	150	_
Ice Cream Premises	24	4
Markets (Borough)	141	-
Meat and Fish Products Manufactories	52	
Slaughterhouses—Public Private	1196 1950	
Tilvate	1000	

Miscellaneous.			
Common Lodging Houses	41		11
Canal Boats	39		_
Dangerous Structures	15		_
Entertainment Houses	20		
Houses let in Lodgings	39		6
Meetings with Owners and Tradesmen	630		-
Miscellaneous (including Cesspools,	50		10
Water Courses, Refuse Tips, etc.) Offensive Trades (excluding Fish	56		10
F	17		
Piggeries	37		
Special Notices of Slaughter	20		
Smoke Observations	71		-
Schools	47		_
Shops (Shops Act)	74		38
Streets or Back Roads	32		-
Special Visits (not classified)	851		-
Van Dwellings	25		_
Visits to Premises re Rat Infestation	125 118		8
Yards and Courts	110		11
Notices Served.			
Informal Notices served			336
Informal Notices complied with			329
Statutory Notices served			46
Statutory Notices complied with			45
Notices outstanding at end of 1938			8
Notices served under Section 125, Wake	field	Cor-	015
poration Act, 1924 (re Ashbins)	· ·	41	615
Verbal Notices given and complied with remedy of defects, etc			293
Letters sent			225
Matters referred to City Surveyor		• •	185
Matters referred to Waterworks Engineer			6
Matters referred to Housing Architect			
Complaints received			669
Complaints confirmed			605
Nuisances found			271
SUMMARY OF SANITARY IMPROVEMEN	NTS .	EFFE	CTED.
Dwelling-houses.			
Cleansed or Limewashed	•		27
Vermin infested (disinfested)			98
		12000	

Overcrowding abated		11
Dampness Remedied		226
Provided with Damp Proof Courses		-
Roofs Repaired		44
Eaves Spouts or Down Spouts Repaired		30
Rain-water Fall Pipes disconnected		5
External Walls, Chimneys repaired or		21
	100	
Inside walls, ceilings, etc., repaired		131
Lighting Improved		2
Ventilation Improved		47
New floors laid or repaired		28
Floors ventilated		8
Stairways Repaired		2
Fireplaces, Ovens, or Set pots Repaired		58
Food Stores Provided or Improved		2
Washing Accommodation Provided or In		1
Coal Stores Improved	7	7
Doors Repaired		15
Water Supply Improved		9
Yards Paved		12
Varde cleaneed		10
Yards cleansed		6
Living Vans Removed		
Dangerous Structures Removed		2
Drains.		
Opened out for Inspection		3
Repaired		49
Reconstructed		_
Inspection chambers constructed		1
Drains choked		305
Drains choked	leanser	208
Drains Cleansed by Owners		97
Drains ventilated		4
Drains Removed from Inside Buildings		
Drains disconnected from Sewer		2
New drains provided		12
		14
Cesspools Abolished		
Sinks.		
N C' 1 D 1		00
New Sinks Provided		33
Sink Waste Pipes Trapped		-
Sink Waste Pipes Repaired		23
Other Waste Pipes Repaired		6

Water Closets.						
Cleansed or Limewas	shed					7
Repaired						52
Additional Provided						11
Reconstructed						4
Urinals.						
Urinal Cleansed or 1	Improv	ed				_
New Urinals provide						_
Repaired						2
Abolished						-
Assumptions Demond						
Accumulations Removed.						
Manure						1
Other						58
Manure Receptacles	Provid	led				
Animals, Poultry, etc.						
						0
Nuisance abated						9
Piggeries.						
						0
Swine Removed						3
Ashbins and Ashplaces.						
Moveable Galvanise						
Shops, Stores, e	etc.)					13
Moveable Galvanised	l Iron	Ashbin	s prov	ided in	lieu	0.10
of Ashpits						240
Dry Ashplaces Abol	ished	.,				91
Closet Accommodation.						
The total closet acco						
Water Closets (include	_					
Pail Closets						12
Three Pail Closets						
number of closets of the	ne cons	servan	cy typ	e rem	aining	in the
City is as follows:—						0.4
Privy Closets				1 for n		34
(33 attached to c a workshop		g-nous	es, and	1 101 11	se at	
Pail Closets			-	1000	No. 2 N	12
(7 attached to d	welling	-house	s, and	5 for u	se at	12
workshops).	-					

The closets are situated in the following Municipal Wards :-

Alverthorpe (1 privy closet), North Westgate (1 privy closet), South Westgate (7 privy closets, 5 pail closets), St. John's (1 privy closet, 1 pail closet), Eastmoor (1 privy closet, 1 pail closet), Primrose Hill (1 privy closet, 4 pail closets), Calder (2 privy closets, 1 pail closet), Belle Vue (6 privy closets), Sandal (14 privy closets).

All the closets remaining are situate in districts not provided with a public sewer, and, in the majority of cases, the conveniences are serving properties that do not warrant the installation of sewerage systems.

A total of 48 Trough Closets have been abolished during the year, principally attached to properties subject to Clearance and Demolition Orders.

It will be observed that 241 Trough Closets are still in use in the City, and these conveniences are mainly attached to dwelling houses. This type of closet accommodation is very objectionable, and falls short of modern sanitary requirements. It is desirable that consideration should be given to the question of the conversion of the remaining closets by substituting modern and more hygienic fittings.

#### WAKEFIELD CORPORATION ACT, 1938.

This Act, which came into operation of the 23rd June, 1938, includes many provisions with regard to sanitation, and the following is a summary of those which principally concern the Public Health Department:—

#### Section 88. Height of Chimneys.

This section applies to chimneys erected after the passing of the Act for carrying smoke, steam, noisome or deleterious gases or effluvia from buildings used for manufacturing or other purposes. The Corporation, may by notice to owner, require the chimney to be raised in height.

#### Section 90. As to Houses without Water Supply.

The owner of a dwelling-house or tenement in the City is required to provide the dwelling-house or tenement with a proper and sufficient water supply.

# Section 91. Closet Accommodation in Houses Occupied by more than one Family.

The terms of Section 44 of the Public Health Act, 1936, is extended so as to apply to a part of a house occupied by a separate family as it applies to a whole house in respect of closet accommodation.

### Section 93. Improper Construction or Repair of Water Closet or Drain.

If a water closet drain or soil pipe is so constructed or repaired as to be a nuisance or injurious or dangerous to health, the person who undertook or executed such construction or repair, shall be liable to a penalty unless it is shown that such nuisance, etc., could not have been avoided by reasonable care.

#### Section 94. As to Defective Drains, etc.

Where any drain, water closet or soil pipe is stopped up, notice is to be given to the owner or occupier of the premises, to remedy the defect. If not complied with within 48 hours, the Corporation may carry out the work and recover the cost.

#### Section 95. As to Repair of Drains.

The Corporation may repair any drain or private sewer not well and sufficiently maintained to their satisfaction, and recover any cost from the owner.

#### Section 96 Cleansing of Sinks and Gullies.

The Corporation may, on request, cleanse water closets, drains, sinks or gullies, and may recover the cost from the person making the request.

#### Section 97. Parents, etc., to Notify certain Diseases.

This section requires a parent or other person having the care or charge of a child attending at a school in the City, to notify in case of the occurrence of certain notifiable diseases.

# Section 98. Removal of Infirm and Diseased Persons in certain Cases.

If the Medical Officer of Health certifies in writing that any person in the City:—

(a) is aged or infirm or physically incapacitated, and resides in premises which are insanitary owing to any neglect on the part of the occupier, or (b) is suffering from any grave chronic disease may make application to a Court for an order for removal of such person to an institution.

#### Section 99. Entry into Premises in Case of Disease.

If the Medical Officer of Health has reasonable cause to believe that in any premises a person is suffering or has recently suffered from a notifiable disease, may, on obtaining a warrant, enter the premises and examine any person therein with a view to ascertaining whether he is suffering from an infectious disease.

#### Section 100. Supply of Antidotes against Notifiable Diseases.

The Corporation may provide and supply (with or without charge) any registered medical practitioner antidotes and remedies against any notifiable disease.

# Section 101. Sanitary Conveniences for Workmen Engaged on Buildings.

A contractor or builder engaged upon the erection of a new building, or construction or reconstruction of any works shall where practicable provide such water or other closets and urinals as may be sufficient for the workmen.

#### Section 102. Byelaws as to Tipping Refuse.

This section empowers the Corporation to make byelaws for regulating the tipping of dust spoil and refuse and prohibiting the use of tips so as to be a nuisance.

#### Section 103. Sanitary Conveniences used in Common.

The owner of two or more sanitary conveniences provided for two or more separate dwelling-houses and used in common by the occupiers, shall allot the conveniences proportionally amongst the dwelling-houses. The owner shall affix and maintain on the door or wall a notice identifying the convenience with the dwelling-house.

#### Section 104. Provisions as to Tents, Vans, etc.

Any tent, van, shed or similar structure shall for the purpose of Section 3, Public Health (Buildings in Streets) Act, 1888, be deemed to be a house or building. The Corporation's consent is necessary before placing any tent, van, shed, etc., upon any square, court, alley or passage to which the public have access or is required by law to be left from obstructions.

#### Section 105. Prohibition on Sale of Verminous Furniture.

No dealer is allowed to sell or expose for sale any second hand furniture, mattress, bed linen or similar articles infested with bed bugs.

## Section 106. Separate Dwellings to have Food Storage Accommodation.

Any new building containing, or any old building converted into, two or more flats or separate dwellings, each such flat, etc., shall for the purpose of Section 78 (larders to be provided) of the Wakefield Corporation Act, 1924, be deemed to be a dwelling-house.

# Section 107. Extension of the Terms of Section 72, Public Health Act, 1925.

This section extends Section 72 to a yard in which food is prepared for sale or stored (except food in receptacles so closed as to exclude all risk of contamination). The following addition to Sub-section 2 of Section 72 of the Public Health Act, 1925, is provided in the Section:—

The occupier to provide (1) a satisfactory water supply, and (2) suitable washing sinks, with hot water, soap and towels.

#### Section 108. As to Sale of Food from Barrows.

Dealers selling food from carts, barrows, stalls, baskets, shall have name and address legibly painted, inscribed or displayed on such vehicles.

#### Section 109. Registration of Hawkers and Premises.

This section requires registration with the Corporation of (a) any person, other than a person keeping open shop, who sells, offers or exposes for sale meat, fish, fruit or vegetables from a cart, etc., and (b) any premises used or proposed to be used as storage for such food.

#### Section 110. Ice Cream.

This section prohibits, unless registered, the use of premises for (a) sale, manufacture or storage of ice cream, (b) preparation or manufacture of sausages or potted, pressed, pickled or preserved meat, fish or other food for sale.

#### Section 149. Noise Nuisance.

Under this section noise nuisance is a statutory nuisance under the Public Health Act, 1936, provided that complaints to

justices must be signed by three householders or occupiers of premises within hearing of the noise.

#### Section 154. Registration of Hairdressers' and Barbers' Premises.

Every hairdresser or barber to register name, place of abode, and the trade premises with the Corporation.

#### Section 155. Neglected Sites.

Court of summary jurisdiction on complaint by the Corporation may order the owner of any neglected site to remove any rubbish resulting from the demolition of the buildings within a reasonable time to be fixed by order.

#### REFUSE STORAGE ACCOMMODATION.

The service of notices for the provision and renewal of ashbins under the terms of Section 125 of the Wakefield Corporation Act, 1924, is carried out through the Health Department, and the following is a summary giving details of the results due to the operation of the Section since its inception.

ance scheme at the end of 1937  Number of ashbins placed on maintenance during  1938:—	2251
Ashbins supplied by the Corporation 485	
Ashbins supplied by Owner 130	615
	2866
Ashbins discontinued due to demolition of properties during 1938	73
Total number of Ashbins in City on maintenance at the end of 1938	2793
Number of ashbins renewed at properties under maintenance scheme during 1938	48

In addition to the above all the ashbins serving dwellinghouses on the Municipal Estates are under the maintenance scheme.

The abolition of dry ashplaces as a means of accommodation for the storage of refuse has continued to make steady progress during the year. A total of 91 ashplaces have been discontinued and standard sized ashbins substituted for refuse storage.

#### LITTERING OF STREETS AND OPEN SPACES.

The littering of our streets and open spaces with paper and other refuse is still thoughtlessly carried on by the general public, and it is to be regretted that greater care is not exercised in preventing the bespoiling of our thoroughfares and open spaces in this manner. For some years now receptacles have been provided in the principal streets and public spaces, but the provision made in the City specially for the deposit of this form of refuse does not appear to have been appreciated to the extent desired. In addition, a good deal of publicity on the subject has been given both in the press and through wireless broadcasting, but still we find many of our streets and public spaces presenting an ugly and dirty appearance simply due to carelessness. A byelaw prohibiting the deposit of refuse in the highway or open spaces has been in operation in the City since 1929, but this has not been the means of securing the improvement expected at the time of its adoption. At the present time the tendency is for many of the unsightly spaces in our towns to be removed or beautified, and it is to be hoped that in corresponding manner the surface of our streets and open spaces will be less used as a means for disposing of surplus refuse and litter.

#### SMOKE ABATEMENT.

The number of smoke observations taken of factory chimneys during the year was 71, and the details of same are set out in Table 1 following in the Report.

The results of these observations may be compared with those of previous years by reference to Table II. On comparison it is found that the results of observations made in 1938 show an improvement on those recorded in 1937. This is particularly noticeable in the case of chimneys with no emission of smoke. It is hardly correct, however, to recognise these figures as presenting a true picture as to the emission of smoke in the City, and it is to be regretted that no general improvement in the clarification of the atmosphere can be recorded.

The pollution of the atmosphere still remains one of those sanitary reforms where an improvement is long overdue, and, in spite of the many improved forms of heating now available, we still find tons of soot being annually deposited into the atmosphere. For some time now comment has continued to be made on the insufficient progress made in smoke abatement, and this would appear to be due in no small measure to the apathy of the general public in the matter. It is to be hoped that, in the near future, something in the way of a National Campaign will be inaugurated whereby the public conscience will be aroused to such an extent as to be the means of removing the heavy cloud of smoke and filth which, at the present time, covers many thickly populated areas.

It will be observed that the monthly soot deposits in the standard gauges in the City had to be discontinued during the greater part of the year at the Park Lodge Lane Station. This is due to the Old Fever Hospital having again become occupied. The Northgate and Clarence Park Gauges show decreases during the year, and in the case of the latter the figures recorded at the lowest in the West Riding Area.

It is pleasing to be able to record that during the year the class in Boiler Efficiency and Smoke Abatement was re-opened at the Technical College. A total number of 22 students attended the class, and of these 7 students sat for the examination for the Certificate of the West Riding Smoke Abatement Committee. Three students were successful.

We have to record our thanks to J. H. Garner, Esq., B.Sc., Chief Inspector of the West Riding of Yorkshire Rivers Board, for his continued interest and valuable assistance in undertaking the analyses of atmospheric deposits collected at the three gauges in the City.

It has been necessary to serve two notices in the case of chimneys exceeding the limit of the emission allowed under the Byelaw operating in the City, and in accordance with the Public Health Act, 1936. The byelaw allows emission up to 3 minutes in the half hour.

#### ATMOSPHERIC POLLUTION.

#### Emission of Smoke from Industrial Chimneys, 1938.

#### Details of Smoke Observations taken during 1938.

FACTORY	No. of Observations (30 minutes each)	Minutes black smoke (average)
Steam Laundry (Wakefield) Ltd. Wakefield Gaslight Co	2 3 2 2 3 1 2 2 1 3 1 1 3 8 7 1 7 5 1 7 1 3 5	1.25 0.5 2.0 1.0 3.33 Nil. 4.25 0.25 Nil. 1.16 Nil. Nil. 0.16 0.19 Nil. Nil. Nil. Nil. 0.16 0.19 Nil. Nil. Nil. 0.16 0.19 Nil. Nil. 0.16 0.19 Nil. 0.10 0.1

TABLE I.

No. of	No. of		Den	se B	lack S	Smok	е—М	inute	s in the	hou	r.
Boilers	Observa- tions.	Nil	1/2	1	2	3	4	5	5-10	10-15	15-20
1	30	23	3	2	2	-	-	-	_	_	-
2	18	11	1	3	1	1			1	-	-
3	11	10	1	_	_	-	_	-	_	-	-
4	6	2	1	2	-	-	-	-	1	_	
5	_	_	_	-	_	-	_	_	-		_
7	5	3	_	2	_	_	_	-	-	-	-
Kiln	1	1	_	_	_	_		_	_		-
Total	71	50	6	9	3	1	_	-	2		_

TABLE II.

	No. of			Dense			We-P		es in t							
ear	Observa- tions.	Nil	1/2	1	2	3	4	5	5-10	10-	15-20	20-	25- 30	30- 35	35-	4(
923	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	-
924	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	-	-
925	318	52.2	-	12.2	10.6	9.6	3.4	3.4	5.0	1.5	0.6	0.9		-	-	-
926	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.
927	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	-	-
928	532	77.1	-	6.0	5.2	2.4	2.8	0.9	2.6	1.8	0.3	0.5	-		-	-
929	76	59.21	-	5.26	13.1	6.6	2.6	2.6	-	-	-	-	-	-	-	-
930	93	65.59	-	2.15	9.7	4.3	4.3	1.1	6.5	4.3	-	3.2	1.1	-	-	-
931	55	60.00	-	16.36	3.63	1.81	1.81	1.81	1.81	-	-	3.63	-	-	-	-
932	79	57.00	-	25.31	7.59	1.25	2.53	1.25	-	1.25	-	1.25	-	-	-	-
933	48	50.00	-	29.16	6.25	4.08	-	2.08	8.33	-	-	-	-	-	-	-
934	85	38.82	-	30.58	16.47	4.70	1.18	-	3.53	2.36	2.36	-	-		-	1-
935	69	44.93	-	18.84	17.39	10.14	4.35	2.90	1.45	-	-	-	-	-	-	-
936	56	44.64	-	23.21	14.28	7.14	1.78	3.57	3.57	-	1.78	-		-	-	
937	85	48.24	8.24	21.18	9.41	3.53	3.53	1.18	3.53	1.18	-	-	-	-	-	
938	71	70.42	8.45	12.68	4.23	1.41	_	_	2.82	100	-	100	_	_	-	

TABLE III.

MONTHLY RECORD OF SOOT DEPOSITS IN STANDARD GAUGES, 1938.

Month		Tons of To	tal Solids per S	quare Mile
Month		Park Lodge Lane Station	Northgate Station	Clarence Park Station
January		21.40	24.62	9.39
February		15.03	19.89	8.42
March		14.46	18.25	3.65
April combined	ned	41.61	41.12	21.53
June			18.26	9.16
July		_	13.42	10.16
August		_	30.96	9.99
September			18.16	9.36
October			24.24	8.32
November		_	19.46	9.35
December		-	-	11.67
Average per	-			
month		18.50	20.76	9.25

# TABLE IV. ANNUAL RECORD OF SOOT DEPOSIT IN STANDARD GAUGES IN WAKEFIELD FROM 1927 to 1938.

Year			Tons of To	tal Solids per S	quare Mile
(Monthly Average)			Park Lodge Lane Station	Northgate Station	Clarence Park Station
1927				27.47	21.66
1928			_	27.79	15.70
1929			_	20.65	9.54
1930				21.78	9.34
1931			_	20.98	8.58
1932			_	19.10	8.38
1933			_	21.31	8.75
1934			_	18.07	7.61
1935			_	22.91	11.28
1936			18.58	24.43	10.50
1937			18.93	30.46	10.36
1938			18.50	20.76	9.25

### RAT REPRESSION.

Owing to the extraordinary pressure of other work, it was found impossible to co-operate in the National effort by holding a Rat Week in the City during 1938. At the same time, much useful work has been carried out during the year on the extermination of these objectionable rodents. At the present time, whilst such a large number of old buildings are being demolished, it is important to keep a close observation on the buildings adjoining in order to prevent the same becoming infested. In this way, many buildings have been rendered proof against infestation and, in consequence, have prevented damage arising during the time the rats begin to migrate from the old buildings under demolition.

Whilst the number of rats in the City have shown no appreciable decline during the year, it is expected that, in the near future, this menace to the public health will have been considerably mitigated. It is found that the majority of owners of warehouses and stores regularly take action to combat rats entering their premises, and if the co-operation of the general public to a like extent was forthcoming, many seats of attraction would be removed. Many of the causes of rats frequenting buildings arise mainly from carelessness, and the lack of care eventually proves costly and inconvenient to the occupiers of the buildings affected.

### CANAL BOATS.

During 1938, 39 canal boats were inspected and the boats were occupied by 52 adult males, 3 adult females and 1 male child. With the exception of three instances, all the boats inspected were found to comply with the requirements of the Acts, and the regulations made thereunder.

The infringements found were (a) no certificate of registration on board (b) no registration markings on boat, and (c) previous owner's name on registration certificate. These contraventions were in connection with three boats, and two notices and one verbal notice were served to remedy same.

No boats were registered during the year, and the number on the register remains at six.

### COMMON LODGING HOUSES.

Number on Register	at	end of	1938	 	7
For Both Sexes				 	3
For Men Only				 	4
Number of Persons	Regi	stered	for	 	452

Owing to the coming into operation of the Public Health Act, 1936, the renewal of licences for Common Lodging Houses was given careful consideration by the Health Committee, and in the case of two houses the licences were refused on the grounds of being unfit for occupation for this class of housing accommodation. In the case of two other houses, the granting of the licence was deferred pending the carrying out of structural and sanitary improvements. The average number of persons occupying the Common Lodging Houses during the year was 188 males, 15 females.

The houses have been regularly inspected throughout the year, and the following defects have been remedied:—

Cleansing			 	3
Vermin Infestation			 	1
Accumulations Removed			 	2
Cleansing and Repair of	Water	Closets	 	2
Urinal Reconstructed			 	1
Ventilation Improved			 	1

### HOUSES LET IN LODGINGS.

Number on Register at end of 1938	 9
Number taken off during the year	 3
Number put on during the year	 -
Total Accommodation (Adults) at end of 1938	 239

The following matters have been dealt with in connection with contraventions of the byelaws:—

Overcrowding abated		-,-	 1
Inadequate Lighting to St	tairway		 2
Defective Roof			 2
Defective Skylight			 1

The number of recognised houses let in lodgings has been reduced by 3 during the year on account of the demolition of the properties.

The houses remaining have been subjected to regular inspection, and have been maintained in a reasonable sanitary condition.

It has been necessary to deal with 10 houses resorting to sub-letting, and the conditions found were in contravention of the byelaws with respect to houses let in lodgings. The houses in question were discontinued as houses let in lodgings after making representation to the owners and occupiers regarding the unsuitability of the buildings for the purpose.

### MILK SUPPLY.

### Registration of Cow-Keepers, etc.

Cow-keepers and Milk Purveyors resident in the City 1 cow-keeper discontinued during the year.	17
Milk Purveyors resident in the City	180
Milk Purveyors from districts outside the City (Included in the Registered Milk Purveyors resident	
City are 132 who are registered to sell milk from a in sealed bottles only).  22 Milk Purveyors were added to the Register during	

- year (2 from districts outside the City).
- 24 Milk Purveyors discontinued business during the year (7 from districts outside the City).

The Cowsheds and dairies have been regularly inspected throughout the year, and in addition the cowsheds and cows have been subject to inspection by the Veterinary Officer, at intervals of four months.

The following defects and contraventions of the Milk and Dairies Order, 1926, were remedied during the year:—

### Dairies.

Cleansing		 6
Cleansing of channels and gullies		
Defective floor		
Milk not stored in covered receptacle		
Division of milk in sealed bottles for		 1
Milk churn not marked with name of		1
Retailing in bottles of misrepresente		1
Retailing milk on Unregistered Prem	ises	 2

### Cowsheds.

Cleansing of Mistals	 	 4
Limewashing	 	 2
Caps and Overalls provided	 	 3
Animals requiring cleansing	 	 3
Channels and gullies cleansed	 	 3
Provision of proper milking stool	 	 2
Stools requiring cleansing	 	 1
Accumulation of manure	 	 2
Ceilings repaired	 	 1
Yards paved	 	 1

### Bacteriological Examination of Milk.

During the year 99 samples of the several grades of milk were submitted for bacteriological examination to the County Health Department Laboratory. The following table sets out in detail the samples and the result of the examination.

Un- Per-satis- centage factory PLATE COUNT TEST 1 No. (b) Result of Examination 6 RESULT OF EXAMINATION. Un- Per-satis- centage. factory 1 PHOSPHATASE TEST 1 No. 6 Un- Per-satis centage. factory 60.6 25.0 0.0 12.5 20.0 22.2 58.3 50.0 30.0 28.8 METHYLENE-BLUE TEST 26 No. 06 PASTEURISED Out 10 H 4 (a) No. of Samples Taken TUBERCULIN Out -GRADE OF MILK In Out ACCREDITED 1 I. 1 Pro-duced outside City ORDINARY 9 55 Pro-duced inside City 20 Total Sam-ples 12 66 HLLNOW September August ... October ... November February December January March June April July May

All 99 samples were examined by animal inoculation for tuberculosis infection, and 6 samples or 6.06% gave positive results, as against 2.6% in 1937. Of the 6 samples, two were produced at cowsheds inside the City boundary, and in the case of the other four samples, the milk had been produced outside the City. One of the samples produced outside the City was sold as "Pasteurised" milk. The circumstances of each report was communicated to the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries, in the case of the milks produced inside the City, and, in those of milk brought into the City, to the County Authority.

The results of samples submitted for bacteriological examination show that of the 99 samples, 73 or 73.7 per cent. were reported to be satisfactory, all of which came within the standard of that required for "Accredited" milk.

### COMPOSITION OF SAMPLES TAKEN DURING 1938.

Month.		No. of Samples.	Average Fat.	Average non- fatty solids.
		10	0.55	0.00
January		13	3.55	9.03
February		9	3.62	8.96
March		14	3.26	8.82
April .:		5	3.69	9.75
May		11	3.55	8.98
June		14	3.54	9.01
July		22	3.22	8.88
August	-	18	3.35	8.83
September		10	3.83	8.92
October		15	3.70	8.99
November		17	3.48	8.82
December		15	3.47	8.97
Total		163	3.52	9.00

### Milk (Special Designations) Order, 1936.

Number of licences in operation during 1938 .. 25

Licences issued under the following conditions:—
5 Licences to retail Tuberculin Tested (Certified) Milk
(1 is a supplementary licence).

3 Licences are to produce "Accredited" milk.

- 3 Licences are to produce and bottle "Accredited" Milk.
- 2 Licences are to bottle and sell "Accredited" milk.
- 8 Licences are to retail "Accredited" milk (4 are supplementary licences).

1 Licence is to Pasteurise milk.

3 Licences are to retail Pasteurised milk (1 is a supplementary licence).

During the year 2 new licences have been issued under the Milk (Special Designations) Order, 1936, 1 to produce "Accredited" milk, and 1 to retail "Accredited" milk.

Tuberculin Tested (Certified) Milk is supplied to both Municipal Hospitals in the City.

### General Remarks on Milk Supply.

The supervision of the milk supply has continued to receive careful attention, and the progress previously recorded in the methods of production has been maintained during the year under review. This is further borne out by the examination of milk for bacterial content, the figures for 1938 showing a slight improvement as to cleanliness, 73.7 per cent. as against 71.42 per cent. in 1937.

The number of milch cows housed in the several cowhouses in the City boundary has again been reduced and the figure now registered is 221, one Cow-keeper having given up business during the year.

The usual census of milk consumption in the City was made at the middle of the year, and reveals the following information. A total of 3,407 gallons of milk was consumed daily. The milk had been produced as follows: 783 gallons inside and 2,624 gallons outside the City. This shows an increase of 262 gallons per day over 1937, and is equal to .46 of a pint per head of the population.

### Ice Cream.

The premises used in connection with the manufacture and storage of Ice Cream have received frequent visits, and the majority of the businesses have been carried on in a satisfactory manner. At the end of the year preparations were being made to put into operation the terms of Section 110 of the Wakefield

Corporation Act, 1938. This section requires premises to be registered for storage, sale or manufacture of Ice Cream, and it is hoped that the additional powers granted by this section will be a means of greater control in causing the commodity to be prepared and stored on more improved lines.

Two samples of Ice Cream were submitted for analysis during the year, and both were reported clean and satisfactory in composition.

### FOOD AND DRUGS ADULTERATION ACT, 1928.

### ANALYSIS OF FOOD AND DRUGS.

During the year, 267 samples (165 Formal, 102 Informal) of Food and Drugs were submitted to the City Analyst (Mr. F. W. Richardson, F.I.C.) at the Laboratory situated in Bradford, for analysis under the above Act.

This number represents 4.5 samples for each thousand of the population of the City (i.e. 59,000) being more than the proportion suggested by the Ministry of Health, which is 3 per thousand.

Appended below is a comparative table giving details of adulterated samples for the past five years.

	TOTAL	SAMPLES	MILK SAMPLES			
Year	Number Examined	Number Adulterated	Percentage adulterated	Number Examined	Number adulterated	Percentage Adulterated
1934	189	16	8.47	119	14	11.76
1935	194	15	7.73	112	12	10.71
1936	222	24	10.81	128	16	12.5
1937	230	19	8.26	144	17	11.81
1938	267	23	8.61	163	21	12.88

The figures in regard to adulterated samples for England and Wales in 1937 were 5.5% for all samples, and 7.0% for milk samples.

## (a) Samples taken during 1938.

20 1 1	taker	n for			Perce	ntage rated.
Total	Formal	In-	Formal	In-	Formal	In-
		tormat		iormai		formal
						3000
						4 (40)
141	141		20		14.18	
12	12	-	1		8.33	_
4	4		-	_		-
4	4	-	_		1	
	2	_		-	_	-
1	_	1			-	_
1		1	_	_	-	
1	_	1		-		_
1		1		-		-
		1	_		-	-
1		1	-			-
2		2				-
1	-	1				_
1	-	1	_			-
1		1		-		_
5	-	5	-	_	-	-
	BITTE	- 2700				
1		1		_	_	_
1	-	1	-	-	-	-
1	_	1	-	_	-	-
3		3	-	-	-	-
2	-	2	-	1	-	50
1		1		-	-	-
1	-	1	-	-	_	-
1	-	1	-		_	_
1		1	-	-		-
	4 4 2 1 1 1 1 1 1 1 2 1 1 1 1 3 2 1 1 1	Total Formal  Idi	Formal   Informal	Total Formal Informal Formal    141	Total   Total   Total   Formal   Informal   Formal   Informal   Informal	Total         taken for analysis.         adulterated.         adulterated.<

		No. of samples taken for analysis.			found erated.	Percentage adulterated.	
Name of Article.	Total	Formal	In- formal	Formal	In- formal	Formal	In- formal
Cream	5	_	5				
Cream Horns	2	1	1	_	_	_	_
Cream, Ice	2		2			_	
Cream of							
Tartar	1	_	1	_	_	_	
Corn Flour	1	_	1			_	
CustardPowder	1		1			_	
Dripping	1		1		_		
Eastons Syrup	1		1	-			
Egg Powder	1		1	1	_		
Epsom Salts	1		1				
Flour,	14						
Self-raising	1		1		_	-	_
Glace Cherries	1		1			_	
Glaubers Salt	1	_	1		_		
Glycerine	1	_	1	1		_	
Grape Fruit			100				
Curd	1	_	1			-	_
Ground Ginger	1	_	1			_	_
Ground Rice	1		i	_	_		_
Honey	î	_	î				
Indian Chutney	i	_	1				
Iodine							
Ointment	1		1				
Iodine,							
Tincture of	1		1		-	_	
Jam,			11.70				
Raspberry	1	_	1	_	_		
Jam, Rasp-							
berry and							
Gooseberry	1	_	1	_	_	_	-
Jelly,							1
Raspberry	1		1	-	4	-	_
Lard	2		2	-	_	_	_
Lemon Squash	1		1		_	_	-
Lime Juice		-					1
Cordial	1	_	1	-		-	-
Liquorice		13.					
Åll-sorts	1	-	1	-	-	-	-
			,				

	Total	No. of samples taken for analysis.		No. found adulterated.		Percentage adulterated.	
Name of Article.	Total	Formal	In- formal	Formal	In- formal	Formal	In- formal
Liquorice Powder	1	_	1	_	_		-
Lemonade Powder	1		1			L. IV	
Malt Vinegar	2	_	2	_	_	_	_
Margarine	1	-	1	-	-	_	_
Minced Meat	1	-	1	-	_		-
Mincemeat	1	-	1	-	-	_	-
Mineral Waters	1	-	1	_	-	_	-
Mint Sauce	1		1	-		-	-
Olive Oil	3 2		3 2			-	
Paregoric Pepper	1		1				
Pepper Pickled Onions	1		1				
Potted Meat	î		1				
Polony	1		1	_		-	_
Salmon and							
Shrimp Paste	1	_	1	_		-	_
Sardines	1	_	1	-	-	-	-
Sausage, Pork Seidlitz	3	_	3	-		-	
Powders	1		1	_	-	-	-
Shredded Suet	1	-	1	-	_	_	-
Sponge Cake	1	-	1	-	-	-	_
Sponge Buns	1	-	1	-	-	-	_
Sugar	2	_	2	-	-	-	-
Sugar, Brown Sulphur,	1	_	1		_		
Milk of	1	-	1	-	-	_	-
Sultanas	1	-	1	-	-	-	-
Sweet Spirits	0	,	,		,		100
of Nitre Tartaric Acid	2	1	1	=	1	-	100
CTS.	3		3				
Tinned Fish	1	1	1				Tour
Treacle	1		1				
Tripe	1	_	î	_		_	_
	267	165	102	21	2	12.73	1.96

## (b) Particulars of Adulterated Samples.

-			
No.	Article	Defects.	Action Taken.
17	New Milk	Contained only 99.3 per cent. of the minimum proportion of Fat.	Follow-up sample No. 40 taken and found to be adulterated.
21	Do.	Contained only 98 per cent. of the minimum amount of Fat.	Follow-up sample No. 43 taken and found to be genuine.
25	Do.	Contained only 93.3 per cent. of the minimum amount of Fat.	Follow-up samples Nos. 26, 27 and 28 taken in course of delivery from producer to retailer. No. 26 was found to be adulterated, Nos. 27 and 28 genuine.
26	Do:	Contained only 90 per cent. of the minimum amount of Fat.	Follow-up sample No. 52 taken to deficient samples Nos. 25 and 26, and found to be genuine. Warning letter sent by Town Clerk.
39	Sweet Spirits of Nitre.	Contained only about 35.4 per cent. of the minimum amount required of Ethyl Nitrite. Contained 1.6 per cent. of Added Water.	Formal sample No. 44 taken and found to be genuine. Warning letter sent by Town Clerk. Follow-up sample No. 49 taken and found to be adulterated.
40	Do.	Contained only 93.3 per cent. of the minimum amount of Fat.	Warning letter sent by Town Clerk.
49	Do.	Contained 0.6 per cent. of Added Water.	Warning letter sent by Town Clerk. Follow-up sample No. 101 taken and found to be genuine.
66	Do.	Contained only 98.7 per cent. of the minimum amount of Fat.	Follow-up sample No. 79 taken and found to be genuine.
81	Do.	Contained 0.22 per cent. of Added Water.	Follow-up sample No. 177 taken and found to be genuine
86	Do.	Contained only 98 per cent. of the minimum amount of Fat.	Follow-up sample No. 127 taken and found to be genuine

No.	Article.	Defects.	Action Taken.
90	Cream Cheese	This was not a cream cheese and should not have been sold as such. The wrapped pieces were labelled "Cheddar" Reported as doubtful.	
126	New Milk	Contained only 80 per cent. of the minimum amount of Fat.	Follow-up sample No. 130 taken and found to be genuine. Warning letter sent by Town Clerk.
129	Do.	Contained only 86 per cent. of the minimum amount of Fat.	Follow-up samples Nos. 131 and 132 taken, and found to be adulterated.
131	New Milk	Contained only 84 per cent. of the minimum amount of Fat.	"Appeal to Cow" samples Nos. 133 and 134 taken, and No. 134 was found to be
132	New Milk	Contained only 84 per cent. of the minimum amount of Fat.	deficient in Fat. Warning letter sent by Town Clerk.
154	Do.	Contained only 82 per cent. of the minimum amount of Fat.	Follow-up sample No. 159 taken and found to be adulterated.
159	Do.	Contained only 96 per cent. of the minimum amount of Fat.	"Appeal to Cow" samples Nos. 160, 161 and 162 taken by the W.R.C.C. Sampling
		amount of Fat.	Officer. Nos. 161 and 162 were found to be deficient in Fat. Warning letter sent by Town Clerk.
179	Do.	Contained only 92 per cent. of the minimum amount of Fat.	Follow-up sample No. 182 taken and found to be genuine. Warning letter sent by Town Clerk.
238	Accredited Milk.	Contained only 93.3 per cent. of the minimum amount of Fat.	Warning letters sent by Town Clerk to both producer and retailer.
245	New Milk	Contained 1.17 per cent. of Added Water, and only 98 per cent of the minimum amount of Fat.	Warning letters sent by Town Clerk to both producer and retailer.
265	Do.	Contained only 96.7 per cent. of the minimum amount of Fat.	Follow-up sample No. 301 taken and found to be genuine.
275	Do.	Contained 1.6 per cent. of Added Water.	Follow-up samples Nos. 287 and 288 taken in course of delivery from producer to retailer, and found to be genuine. Warning letter sent by Town Clerk.

### SLAUGHTERHOUSES.

The number of Slaughterhouses		he City	is a	s follows :-
Registered Slaughterhouses	S			6
Licensed Slaughterhouses				14
	Total			20

The number of private slaughterhouses in the City remains the same as in 1937, and the figures stated do not include the Corporation Slaughterhouse.

The private slaughterhouses have generally been conducted in a satisfactory manner.

The requirements of the Public Health (Meat) Regulations, 1924, have been observed in a satisfactory manner, and no serious contravention occurred during the year.

A total of 20 special notices to slaughter animals outside general slaughtering hours were received during the year.

### Slaughter of Animals Act, 1933.

A total of 61 licences were issued during the year, 54 by way of renewal, and in 7 cases new licences were granted.

### Inspection of Meat and Other Foods.

The inspection of meat and other foods has continued on the same lines as in previous years, and no serious breach of the law governing the distribution and preparation of food for sale has to be recorded. Many useful provisions are contained in the Wakefield Corporation Act, 1938, regarding the storage and preparation of certain foods, and, at the end of the year, arrangements were being made to bring the same into operation.

### Number of Animals Slaughtered in the City during 1938.

Animals			Private Slaughterhouses	Borough Slaughterhouse	Total
Cows			 870	2601	3471
Heifers .			 233	33	266
Bulls .			 4	30	34
Bullocks			 697	912	1609
Calves .			 73	271	344
Pigs .			 3370	1865	5235
Sheep .			 3994	10620	14614
Т	otal		 9241	16332	25573

From the above table it will be seen that a total of 25,573 animals were slaughtered in 1938 as against 25,814 in the previous year, being a decline of 241. Beasts and Pigs show declines of 503 and 583 respectively, Calves and Sheep increases of 26 and 819 respectively. Animals slaughtered at the Public Abattoir show an increase of 304, and at the Private Slaughterhouses a decline of 545.

### Condemnation of Unsound Food.

		No. of	Conden	nnations.
Meat			1664	Weight 5783 stones.
Fish			2	Weight 2½ stones.
Rabbits			2	118 couples.
Poultry			1	9 lbs.
Fruit			1	9 boxes of pears.
Tinned Good	ds		32	210 tins.
Confectioner	У		1	

### Where Condemnations Made.

Shops	12	Private Slaughter	
Railway Goods Yard	3	Houses	562
Borough Market	1	Borough Slaughter	
Warehouses	33	House	1092

### Number of Carcases Condemned.

### Condemnations due to Tuberculosis.

	Whole	Carcases.	Part Carcases.		
Animals	Borough Slaughter House.	Private Slaughter Houses.	Borough Slaughter House.	Private Slaughter Houses.	
Cows	. 87	2	15		
Heifers .	. 2	_	- 9		
Bullocks .	. 1	_	1	_	
Calves .	. 2		_	-	
Pigs	. 5	5	_		
Sheep .	. 1	-	-	-	
Total .	98	7	16		

### Condemnations Due to Other Defined Disease.

Animals		Whole (	Carcases.	Part Carcases.		
		Borough Private Slaughter Slaughter House. Houses.		Slaughter Slaughter Slaughter		
Cows Heifers Bullocks Bulls Calves Pigs Sheep		9 - 1 1 1 1 9	1 - 1 4 4	7 2 - 1 1	- - - - 1	
Total		21	10	11	1	

### Condemnations of Offal.

		Tube	erculosis		Other Conditions				
Animals	Priv	rate er House	Boro' S	laughter ouse		vate er House	Borough Slaughter Hous		
- Allians	Con- demna- tions	Weight stones	Con- demna- tions	Weight stones	Con- demna- tions	Weight stones	Con- demna- tions	Weight	
Cows Heifers	 334 14	288 18	510 10	979 23	30	25 2	263	254 7	
Bulls Bullocks	 28	39	2	4 49	5	5	1 11	5 9	
Calves	 	_	25 2	2	2	3	1	1	
Pigs Sheep	 111	185	87	119	13	17 10	11 16	12 25	
Totals	 487	530	636	1176	57	62	310	313	

### Carcases Inspected and Condemned.

	Cattle, exclud- ing Cows	Cows	Calves	Sheep & Lambs	Pigs
Number Killed	1909	3471	344	14614	5235
All Diseases except Tuberculosis—					
Whole carcases condemned	1	10	2	- 13	5
Carcases of which some part or organ was condemned Percentage of the number inspected affected with	27	300	3	23	26
disease other than tuber- culosis	1.46	8.93	1.45	0.27	0.59
Tuberculosis Only— Whole carcases condemned Carcases of which some part	3	89	2	1	10
or organ was condemned Percentage of the number	80	859	2	-	198
inspected affected with Tuberculosis	4.35	27.31	1.16	0.007	3.97

All animals slaughtered in the City are subjected to inspection.

During the year a total of 70 animals were sent into the Borough Slaughterhouse by the Chief Veterinary Officer of the West Riding County Council, and the Superintendent Inspector of the Ministry of Agriculture and Fisheries under the Tuberculosis Order, 1925.

A total of 33 whole carcases and part of a carcase together with edible offal were subject to condemnation. The total weight of these condemnations was 7 tons, 2 cwts.

### RAG FLOCK ACTS, 1911 and 1928.

Six samples of Rag Flocks were purchased and submitted to the City Analyst for analysis under the Rag Flock Acts.

The Analyst reported all the samples to be clean and to comply with the standard with one exception. This sample was found to contain an excess of chlorine, the amount present being 37 parts per 100,000 as against a maximum of 30 parts, the

standard required by the Act. The vendor of this unsatisfactory sample was communicated with, and asked for an explanation as to the deficiency.

All the samples with one exception were obtained from premises carrying on the making of furniture upholstery, and the remaining sample was taken from a Rag making manufactory.

# OFFENSIVE TRADES. Offensive Trades on the Register at the end of 1938.

	Number			
Tripe Boiling		 		 3
Cut Comanina		 		 2
Rag and Bone Deali	ing	 		 3
Fish Frying		 		 64
Total		 		72

Offensive Trades taken off Register during 1938 .. 1
Offensive Trades put on the Register during 1938 .. —

In one case the business of Fish Fryer was discontinued. One Gut Scraper transferred to more modern premises.

The premises have been regularly inspected, and the several businesses have been conducted in a satisfactory manner.

The following matters have been dealt with at these premises:—

Limewashing		 	6
Choked Drains		 	2
Cleanse Yard		 	1
Accumulations	Removed	 	1

# FACTORIES (WITH AND WITHOUT MECHANICAL POWER) AND OTHER PREMISES.

### 1. Inspections for Purposes of Provisions as to Health.

Including inspections made by Sanitary Inspectors.

	Number of					
Premises.	Inspections.	Written Notices.	Occupiers Prosecuted			
Factories with Mechanical Power	91	6	_			
Factories without Mechanical Power	336	5	-			
Other Premises under the Act (Including works of building and engineering construction but not including outworkers' premises)	29	_	-			
Total	456	11	_			

### 2. Defects Found.

			Nu	No. of defects		
Particulars.			Found	Remedied	Referred to H.M. Inspector	in respect of which prosecu- tions were instituted.
Want of Cleanliness			 5	5		-
Overcrowding			 	-	-	-
Unreasonable Temperature			 -	-	-	-
Inadequate Ventilation			 _	-	-	-
Ineffective Drainage of Floors			 -	-	-	-
Sanitary Conveniences— Insufficient			 4	4	-	
Unsuitable or Defective			 32	32	1	-
Not Separate for Sexes			 -	-	-	-
Other Offences			 1	1	-	-
Total			 42	42	-	-

# OUTWORK IN UNWHOLESOME PREMISES. FACTORIES ACT, 1937, SECTION 111.

Nil.

### REGISTERED FACTORIES.

(1) Factories with	Mechanic	al Power			Number
Engineers				 	15
Ironfounders .				 	4
Laundries				 	7
Printers				 	18
Joiners				 	19
Boot Repairers .				 	12
Motor Vehicle Rep	pairs			 	22
Tailors				 	3
Mortar				 	4
Upholstery .				 	3
Bakehouses .				 	10
Made-up Goods .				 	8
Electrical Engineer	rs			 	7
Worsted Spinning				 	6
Woollen Goods .				 	4
Miscellaneous .				 	75
	Total	١	z `	 	217

(2) Factories w	ithout	Mechanie	cal Pov	ver		Number
Bakehouses						13
Made-up Goods						5
Dressmaking						10
Boot Repairs					 	6
Millinery					 	1
Drapery					 	1
Upholstery					 	3
Tailoring					 	5
Joinery					 	7
Malt Kilns					 	13
Barley Kilns					 	11
Miscellaneous					 	44
	4	Total			 	119

During the year 22 notices were received from H.M. Inspector of Factories regarding the following:—

Defects.		Found.	Remedied.
	ed spa	  15 5 3 1 1 1 2 1	15 5 3 1 1 1 2 1

### Shops Act, 1934.

During the year, 111 inspections were made at shop premises, and it was necessary to serve 13 notices requiring the following contraventions to be remedied:—

- (1) Means of Heating Provided .. .. .. 11
- (2) Water Closet Provided or Improved .. .. 3

Two certificates of exemption were granted under the terms of Section 10 (2) of the Act in connection with the provision of water closet accommodation at shops, on account of the space available at the premises being restricted for the erection of a convenience.

### HOUSING.

#### Statistics. (a)

### Number of New Houses erected during 1938.

Size of hou to number roon	of habital	Total.	Built by Corporation.	Built by Private enterprise.
2 roomed	V	 42	42	_
3 ,,		 108	84	24
1 ,,		 319	235	84
5 ,,		 64	50	14
3 ,,		 12	4	8
7 roomed and	lover	 2	_	2
Tota	al	 547	415	132

All the houses are provided with baths in bathrooms.

The number of new houses erected in each of the wards is as follows :-

Alverthorpe	238	Eastmoor	 	44
North Westgate	131	Northgate	 	10
South Westgate	29	Calder	 	56
St. John's	15	Sandal	 	24

### 1.—Inspection of Dwelling-houses during the Year.

(1) (a)	Total number of dwelling-houses inspected	
	for housing defects (under Public Health	
	or Housing Acts)	1986
(b)	Number of inspections made for the purpose	2448
101 1 1	NT 1 6 1 11: 1	

(2) (a) Number of dwelling-houses included in subhead (1) above, which were inspected and recorded under the Housing Consolidated Regulations, 1925 ... 187 285

(b) Number of inspections made for the purpose

(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably	54
	40
<ol><li>Remedy of Defects during the Year without Service of Form Notices.</li></ol>	ial
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers 13	30
3.—Action under Statutory Powers during the Year.	
A.—Proceedings under Sections 9, 10 and 16 of the Housing	ng
Act, 1936:—  (1) Number of dwelling-houses in respect of which notices were served requiring repairs N  (2) Number of dwelling-houses which were rendered fit after service of Formal Notice	il.
(a) By Owners N	il. il.
(2) Number of dwelling-houses in which defects were remedied after service of Formal Notice  (a) By Owners	10 10 il.
C.—Proceedings under Sections 11 and 13 of the Housin Act, 1936:—	ng
(2) Number of dwelling-houses demolished in pursu-	re he

D.—Proceedings under Section 12 of the Housing Act, 1936:—
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made
rendered fit Nil.
4.—Housing Act, 1936, Part IV. Overcrowding.
(A) (1) Number of dwellings overcrowded at the end of the year
reported during the year
during the year 156
(2) Number of persons concerned in such cases (D) Particulars of cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps
for the abatement of overcrowding Nil.  (E) Any other particulars with respect to overcrowding conditions upon which the Medical Officer of Health may consider it
desirable to report Nil.
Eradication of Bed Bugs.
The following are particulars of action taken in the eradica-
tion of bed bugs:—  (1) (a) (1) Number of Council Houses found infested (2) Number of Council Houses disinfested 68  (b) (1) Number of other houses infested 32 (2) Number of other houses disinfested 32  (c) In the case of 113 verminous houses included in Clearance Areas, arrangements were made for the timber from the houses to be burnt on the site.
(2) The methods employed for freeing houses from bed bugs consist of :—
The disinfestation of houses on the Municipal Estates is carried out by the application of HCN gas. The houses are principally erected in blocks of two or four and it is the

practice for all the houses contained in the block to be subjected to treatment. The tenants of occupied houses are asked to sleep at other accommodation for two nights and an average allowance of ten shillings per family is made to each family.

Private owners also in the majority of cases apply HCN gas to infested houses.

In the case of slightly infested houses, insecticidal fluids are used and tenants are instructed to remove paper from walls before using same.

The bedding is treated by steam disinfection in the case of houses disinfested with HCN gas.

- (3) In all cases of families moving from Clearance Areas to Municipal Houses the household contents are subjected to disinfestation. The furniture and other goods are removed to the station at Park Lodge Lane in gas-tight vans for treatment before being taken to the new house. All bedding and soft furnishing goods are treated by steam disinfection, and the other articles are treated with HCN gas. All applications for municipal houses are referred to the Health Department for investigation as to vermin infestation, and in the case of those found verminous similar action is taken as that outlined in the case of families removed from clearance areas before the prospective tenant is allowed to occupy the municipal house. A total of 489 families comprising 162 van loads were dealt with during the year.
- (4) The work of disinfestation is carried out by a firm of Contractors.
- (5) All the families displaced from unfit houses are given printed and verbal directions on the carrying out of cleansing of furniture and other household goods. They are also instructed to leave in the house all discarded furniture and other goods to await collection for destruction. An inspector is in attendance at the old house during each removal in order to superintend the removal of the goods for the new house and the ultimate removal of any furniture and other goods for destruction.

The families are kept under observation at the new houses by the District Sanitary Inspectors who make periodical visits and, when necessary, give further advice and help to those families showing a tendency to resort to uncleanly habits. The majority of the families are found to be responding in a satisfactory manner to the changed conditions.

### Houses dealt wth under Housing Act, 1936.

### (1) Closing and Demolition Orders.

The following table gives details of houses subjected to Demolition Orders under Section 11 (2) of the Housing Act, 1936, or houses closed on the owner undertaking not to allow same to be used for human habitation.

Total Number of	Demolition	Undertaking	Undertaking to
Houses Represented	Order Made	Accepted	Make Fit Accepted
51	37	13	1

### (2) Clearance Areas.

During the year two Official Representations were made to the Slum Clearance Committee of properties in unhealthy areas as follows:—

Date	Area			Houses	Population
1938.			-		
10 Feb.	Primrose Hill:			10	50
	Brunswick Street			18	52
	Tavern Street			29	92
	Charles Street No. 1			52	179
	Charles Street No. 2	1		11	27
	Charles Street No. 3			15	53
	Charles Street No. 4			48	149
	Charles Street No. 5			22	70
	South Street			88	250
				283	872
17 Nov.	Queen Victoria Street			5	30
				288	902

The City Council made orders in respect of these areas on the 21st March, 1938 (Primrose Hill) and 6th December, 1938 (Queen Victoria Street).

A Public Inquiry was held by the Minister of Health on the 12th April, 1938, in connection with the Primrose Hill Orders,

and the Orders were confirmed with the exception of one house in the Primrose Hill (Charles Street No. 1) Clearance Area, which was excluded on an undertaking to make fit.

The Minister of Health approved the Order in connection with the Queen Victoria Street Clearance Area.

### Re-Housing.

In connection with the displacement of families from Clearance Areas and individual unfit houses the following tables set out the accommodation to be provided:—

Area.	Estate.	Type.	No. of House	s.
Primrose Hill Queen Victoria Street	Flanshaw Flanshaw Flanshaw Flanshaw Darnley Portobello Portobello	A1 A2 A3 A4 A1 A1	40 100 60 30 40 18 20	*

During the year the following displacements were effected :-

	Area			Houses	Population
Alverthorpe, Westg	ate,	Kirkg	ate	 7	12
III				 8	19
117 1 1 17 1				 1	2
T *111 TTT - 1 - 1				 39	132
E .				 79	235
William F. J.				 170	569
Deimaraga Hill				 105	403
Queen Victoria Stre	eet			 5	30
Îndividual Orders				 37	149
TT 1 + 11				 17	56
		77		468	1607

### Demolitions.

A total of 371 houses, comprising 306 houses in Clearance Areas and 65 houses dealt with by Individual Demolition Orders, were demolished during the year.

## PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES.

### Notification of Infectious Diseases, 1938.

					Nu	mbe	r of C	ases	Notif	ied.					er of	Deaths.
*	Disease	At All Ages.	0—1 year	1-2 years	2—3 years	3-4 years	4—5 years	5-10 years	10-15 years	15-20 years	20-35 years	35—45 years	45-65 years	65 and over.	Total number cases treated in Hospital.	Number of Dea
1	mallpox carlet Fever Diphtheria Interic Fever (including Para-	307 97	- 1 1		- 6 6	- 21 6		122 26	 89 26	- 18 16	 22 6	- 6 2	_ 2 1	==	244 97	
1	typhoid) Puerperal Pyrexia Pueumonia Erysipelas Cerebrospinal	23 87 40	- 6 -	- 6 -	9	<u>-</u> 6 -	<u>-</u>	7		1 5 2	18 10 3	4 10 6		- 8 4	20 69 10	_ 23 _
1	Fever	1 2	1	=	=	=	=	=	=	=	1	=	=	=	1 2	=
	Lethargica Ophthalmia	-	-	-	-	-	-	-	-	-		-	-	-	-	2
	Neonatorum Measles (under 5	5	5	-	-	marke	-	-	-	-	-	-	-	-	5	-
	years)	222	21	23	39	49	90	-	-	-	-	-	-	-	-	3
	Whooping Cough (under 5 years) Polio-encephalitis	26 1	1	1	14	4	6	=	=	-	=	=	1	11	=	1
	TOTAL	811	37	38	75	86	117	155	122	42	60	28	39	12	448	30

In the following cases, the initial diagnosis was revised. All are cases who were treated in the Municipal Hospital. The numbers are included in the above notification table.

Disease.	At All Ages.	0—1 year.	1-2 years.	2—3 years.	3—4 years.	4-5 years.	5-10 years.	10—15 years.	15-20 years.	20-35 years.	35-45 years.	45-65 years.	65 years and over.
Scarlet Fever	6 22 21 1	<u>-1</u>	1111	- 3 -	1 1 3 1	- 1 1 -	1 6 2	2 5 1	- 4 1 -	1 1 3 —	_ 1 2 _	_ _ 5	===

### Diphtheria.

97 cases of Diphtheria were notified during 1938. In 23 cases the diagnosis was revised. The actual number of cases was 74 (38 males and 36 females), 30 less than in 1937, giving an

attack rate of 1.25 per 1,000 of the population, compared with 1.75 in 1937 and 2.83 the average for the ten years 1928-37.

The cases occurred in the wards as follows :--

North Westgate	 	10	Calder	 4
Primrose Hill	 	10	Belle Vue	 4
Eastmoor	 	9	St. John's	 2
Northgate	 	9	South Westgate	 1
	 	7	Clayton Hospital	 4
Sandal	 	6	County Hospital	 3
Kirkgate	 	5		

The numbers of cases notified monthly were as follows:-

January February March		$     \begin{cases}         \text{July} & 3 \\         \text{August} & 3 \\         \text{September} & 3     \end{cases}     3    3    3    3    3    $
April May June	7 9 2nd Quarter : 21	October 3 November 10 December 4 4 4th Quarter:

97 cases were removed to the Municipal Fever Hospital.

There was 1 death giving a case mortality of 1.35 per cent. and a death rate of 0.02 per 1,000 of the population, compared with 0.13 in 1937 and 0.24 the average for the ten years 1928-37. The corresponding rate in England and Wales in 1938 was 0.07 and in the Large Towns 0.07.

### Scarlet Fever.

307 cases of Scarlet Fever were notified during 1938. In 7 cases the diagnosis was revised. The actual number of cases was therefore 300 (122 males and 178 females), 146 more than in 1937, giving an attack rate of 5.08 per 1,000 of the population, compared with 2.60 in 1937 and 3.85 the average for the ten years 1928-37.

The cases occurred in the Wards as follows :-

North Westgate	 117	Primrose Hill	 15
Eastmoor	 34	Northgate	 14
Alverthorpe	 29	Kirkgate	 13
South Westgate	 23	Belle Vue	 11
Sandal	 16	St. John's	 10
Calder	 15	Non-Residents	 3

The numbers of cases notified monthly were as follows:-

	July August September	
April May June		

244 cases were removed to Hospital and 63 were isolated at home.

There was no death from Scarlet Fever during 1938.

### Enteric Fever.

No case of this disease occurred during 1938. The attack rate in 1937 was 0.02 per 1,000 of the population, and the average for the ten years 1928-37 was 0.07.

### Puerperal Pyrexia.

23 cases of Puerperal Pyrexia were notified during 1938, 5 from the patients' homes, 14 from the Municipal Maternity Hospital, 3 from the Clayton Hospital and 1 from the County Hospital. Further particulars of the cases are given in the Maternity and Child Welfare Section of this Report.

### Cerebro-Spinal Fever.

During 1938, one case of Cerebro-Spinal Fever was notified, the disease not being confirmed bacteriologically. The patient was treated in the Clayton Hospital.

### MUNICIPAL HOSPITAL, SNAPETHORPE.

# Statistics for the 52 weeks commencing 2nd January, 1938, and ending 31st December, 1938.

Disease for which admitted	No. of cases in Hospital 2.1.38	No. of cases admitted, 1938	Total number of cases under Treatment, 1938.	No. of cases discharged 1938.	No. of deaths, 1938.	Case mortality per cent (excluding cases where the diagnosis was revised.	No. of cases remaining in Hospital on 1938.
Scarlet Fever Diphtheria Diphtheria Carriers Pneumonia Puerperal Pyrexia Other Puerperal Conditions Ophthalmia	24 19 3 —	245 94 5 53 5	269 113 5 56 5 7	243 103 3 49 5	$-\frac{1}{6}$	1.22 17.6 — 14.3	26 9 2 1
Neonatorum Tuberculous Meningitis	1 1 2 —	3 4 1 1	4 6 1 1	4 2 5 1 1	2	100.0	- - 1 -
Tonsillitis	- 1 11	1 1 4 28	1 1 1 4 39	1 1 4 22	- 8	26.66	- - 9
Tuberculosis	63	457	520	453	18		49

### Scarlet Fever.

The maximum daily number of patients was 38 (15th March and 28th June), the minimum 14 (7th September) and the average 28. Excluding deaths and cases where the diagnosis was revised, the maximum period of stay was 256 days, the minimum 15, and the average 42. In 6 cases the diagnosis was revised.

The following tables relate only to completed cases, i.e. discharges and deaths, and cases where the diagnosis was revised are excluded:—

### Duration of Disease on Admission :-

Duration of Disease (in days)	1	2	3	4	5	6	7	8	10	11	15	17	20	22	25
Number of Patients	12	290	68	42	12	2	2	3	2	1	1	1	1	1	1

### Scarlet Fever-Complications :-

		ON A	DMISSION	AFTER ADMISS		
		Number	Percentage	Number	Percentage	
Cervical Ade	nitis	15	6.3	36	15.1	
Rhinitis		 6	2.5	14	5.8	
Otorrhoea		 4	1.7	20	8.4	
Arthritis		 		14	5.8	
Nephritis		 2	0.8	8	3.3	
Diphtheria		 1	0.4	1	0.4	
Varicella		 1	0.4	3	1.2	
Mastoiditis		 .1	0.4		_	
Relapse		 -		3	1.2	

### Diphtheria.

The maximum daily number of patients was 25 (1st February), the minimum 7 (24th-30th September), and the average 14. Excluding fatal cases and cases where the diagnosis was revised, the maximum period of stay was 157 days, the minimum 19 days and the average 60 days. The diagnosis was revised in 22 cases.

The following tables relate only to completed cases, i.e. discharges and deaths, and cases where the diagnosis was revised are excluded:—

Relations of Deaths and Recoveries to the Duration of Disease on Admission:—

Day of Disease	 1	2	3	4	5	6	7	8	9	10	11
Admitted	 1	25	20	21	5	1	4	2	1	3	1
Recovered	 1	25	20	20	5	1	4	2	1	3	1
Died	 -	-	-	1	-	_	-	-	-	-	-
Mortality Percentage	 -	-	_	4.7	-	-	-	-	1/1	-	-

### Complications :-

			ON A	DMISSION	AFTER ADMISSIO			
			Number	Percentage	Number	Percentage		
Adenitis			32	38.0	4	4.8		
Rhinitis			10	11.9	4	4.0		
Otorrhoea			2	2.4	2	2.4		
Paralysis				2.1	12	14.3		
Heart Comp	lication		3	3.6	10	11.9		
Scarlet Feve	er		_	-	2	2.4		
Tonsillitis				_	7	8.3		

One patient had marked depression and delusions (post-child-birth) and was transferred to the West Riding Mental Hospital.

The total amount of antitoxin given to all patients was 1,912,000 units, the maximum dose being 100,000 units, the minimum 2,000 units and the average 18,000 units.

### Remarks on Infectious Diseases.

Scarlet Fever was much more prevalent in 1938 than in the previous year, 307 notifications were received compared with 155.

The number of Diphtheria cases was the lowest recorded since 1930, and it is also interesting to note that the case mortality rate of 1.35% was the lowest recorded since 1897 in which year 22 cases were notified but no death attributed to Diphtheria.

The biennial epidemic of measles was again responsible for an increase in the number of notifications, which was 222 compared with 98 in 1937.

### ACTIVE IMMUNISATION AGAINST DIPHTHERIA.

As in previous years the clinic was held in the Principal Child Welfare Centre, Margaret Street, on Mondays at 2 p.m.

There were again no ill effects from testing or injections in 1938.

The attendance for immunisation again shows a serious drop. At present, while protecting individual children, it is failing as a public health measure in that it is not and will not reduce the incidence of diphtheria until a much larger number of children is protected. The remarks in this connection in last year's report apply with even greater force.

The following is a summary of the work of the Clinic in 1938:—

	La companie de la com			All Property lies and the last of the last
	Total	0-5	5-14	Adults
Attendances	993 227 98 325	684 154 70 224	223 53 23 76	86 20 5 25
Preliminary Schick Test—Positive Preliminary Schick Test—Negative	42 29	<u></u>	30 20	12 8
	71	1	50	20
Preliminary Schick Test, failed to attend for reading	_	_	3	_
Persons who completed immunisation in 1938	198	130	50	18
Persons attending in 1938 in whom immunisa- tion was not complete at end of year	126	93	26	7
Schick Test after Injections—Positive	3 201	2 132	50	1 19
Totals	204	134	50	20
Failed to attend for test of reading Injections completed in 1938 but not yet retested	15 56	10 47	3 7	2 2
Persons who failed to complete course of Injec- jections (after varying number of doses)		31	_	-
Persons being Immunised at the end of the year	7	3	4	-
No. of doses of Toxin-anti-toxin mixture No. of doses of Toxoid-anti-toxin Floccules	575 36	455	120	36
Total number of doses	611	455	120	36
Preliminary Schick Tests after previous Scarlet Fever—Positive Negative	=	=	=	_
Preliminary Schick Tests after previous Diphtheria—Positive		-		=

Two children and one adult who were still resistant and Schick positive reactors after the usual course became Schick negative after further injections.

During 1938 notifications of diphtheria were received of eleven cases which had attended the Immunisation Clinic. As in previous reports these will be dealt with in five groups.

Patients notified as suffering from Diphtheria who had been immunised, partially immunised, or Schick-tested prior to onset of symptoms of Diphtheria, during the year 1938.

The second secon						
	Total	Not	Mild	V-1	Severe	Attack.
	No. of Cases Notified			Moderate Attack	Re- covered	Died
1. Cases who had been Schick-tested with negative result, without course of immunising injections, prior to onset of symptoms						_
2. Cases who received full course of injections and were retested with negative result before onset of symptoms	5	3	1	_	1	_
3. Cases who received full course of injections six months or more before onset of symptoms but who were not re-tested	6	2	2	1	1	_
4. Cases who received full course of injections less than six months before onset of symptoms (no re-test)	_		_	_	_	_
5. Cases who did not complete the course of injections	-	-	_	-	-	_

#### Disinfection.

During 1938, the following disinfection work was carried out:—

No. of	Houses disinfected	432 N	o. of	Carpets disinfected	
,,	Rooms ,,	523		and Rugs	268
,,	Schools ,,	4	,,	Pairs Boots ,,	148
,,	Classrooms ,,	25	,,	Articles of men's	
,,	Times Steam Dis-			clothing ,,	116
	infector used	586	,,	Articles of	
,,	Mattresses			Women's	
	disinfected	401		clothing ,,	164
,,	Blankets " 1	201	,,	Articles of	
,,	Sheets ,,	370		children's	
,,	Counterpanes,,	499		clothing ,,	1216
,,	Pillows and		,,	Miscellaneous	
	Bolsters ,, 1	1008		articles ,,	769
,,	Curtains ,,	306			
Article	es disinfected for Mu	inicipal	Isola	ation and Maternity	
	ospitals				3300

#### VACCINATION.

The administration of the Vaccination Acts was taken over by the Corporation (under the Local Government Act, 1929) from the 1st April, 1930. Mr. W. V. Morris (Chief Clerk in the Public Health Department) acted as Vaccination Officer for the City until 18th June, 1938, when Mr. R. Shaw took over the duties consequent on Mr. Morris' resignation.

The following statistics relate to the years 1937 and 1938 :-

Year 1937.						Year 1	938.
Number of Births.	Successfully Vaccinated.	Vaccination postponed, or certified as insusceptible of Vaccination.	Died unvaccinated.	Removed to other districts or places unknown, &c.	Number of declaration of "Conscientious objection."	Certificates of successful primary Vaccination of Children under 14 received during the year	Declaration of "Conscientious objection" received during the year.
1017	328	3	52	61	573	303	644

Excluding deaths, removals and postponements, 36.4 per cent. of the children were vaccinated.

As the above figures show, over 63 per cent. of the parents made statutory declarations of "Conscientious Objection" to Vaccination.

The Public Vaccinators for the City are as under :-

No. 1 District (the whole of Wakefield, except the Municipal Wards of Belle Vue, Portobello and Sandal).

Dr. J. B. Lyle, Grove House, "Broxbourne." Barnsley Road

No. 2 District (the Municipal Wards of Belle Vue, Portobello and Sandal).

Dr. D. Downie, "May Bush," Agbrigg Road, Belle Vue.

County (White Rose) Hospital, Park Lodge Dr. J. B. Lyle. Lane.

#### CANCER.

No facilities for the diagnosis and treatment of Cancer are provided directly by the Local Authority. The facilities available in the area are those provided at the local voluntary general hospital (the Clayton Hospital) and the West Riding County Council White Rose Hospital.

The following Table shows the number of deaths from Cancer during the year 1938, classified according to locality of disease:—

74

85 years and over. 75-2 019 11 4 01 14 65-15 01-01 11 13 32 City of Wakefield—Deaths from Cancer during the year 1938. 11 = 8 01-01 13 27 55 11 9 11 400 07-17 -11 45 11 11 11 11 11 35 11 11 11 -25 11 11 15 5 11 1 TOTAL AT ALL AGES. 01 32 45 92 000 01 9 4 4 3 Males Females Males . Females Males Females Males Females Females Females Females Males Locality of Disease. MALES Buccal Cavity and Pharynx .. Male Genito-urinary Organs ... Other or Unspecified Organs GRAND TOTALS Female Genital Organs Digestive Organs and Respiratory Organs TOTAL Peritoneum Breast ... Uterus

#### TUBERCULOSIS.

New Cases of Tuberculosis notified during 1938, including cases notified after death and cases transferred from other ares.

(The figures in parenthesis are the corresponding numbers in 1937).

# (a) Pulmonary Tuberculosis.

	Total number of cases notified	Number of cases in which the diagnosis was cancelled.	Number of definitely Tuberculous new cases.
Males Females	20 25		20 (25) 24 (22)
Total	45	1	44 (47)

# (b) Non-Pulmonary Tuberculosis.

		Total number of cases notified	Number of cases in which the diagnosis was cancelled	Number of definitely tuberculous new cases
Males	1.	 11	-	11 (15)
Females		 10	-	10 (15)
Total		 21		21 (30)

One case of Pulmonary Tuberculosis died before notification. Enquiry elicited that the medical practitioner in attendance was under the impression that the case had already been notified.

New Cases and Mortality, 1938.

			NEW	CASE	s		DEA	THS.	
AGE I	PERIOD.	Pulm	onary	No	on- onary	Pulm	onary	No	on- onary
		М.	F.	м.	F.	M.	F.	M.	F.
0—1 year		 _	-	_	-	_		-	_
1—5 ,,		 -	-	-	-		-	-	_
5—10 ,,		 -	1	4	3	-	-	1	_
10-15 ,,		 3	2	4	2	-	1	_	-
15—20 ,,		 2	1	1	1	1	2	1	
20-25 ,,		 3	4	-	3	1		_	
25-35 ,,		 5	6	1	_	3	3	1	-
35-45 ,,		 2	3	-	1	3	3	1	_
45-55 ,,		 5	3	_		4	1		1
55—65 ,,		 -	4	1	-	2	3	_	-
65 years and	over	 -	-	-	-		-	_	-
Totals		 20	24	11	10	14	13	4	1

The total number of cases remaining on the notification registers at the end of 1938 was 155 (93 pulmonary and 62 non-pulmonary), compared with 144 (90 pulmonary and 54 non-pulmonary) at the end of the previous year.

#### TUBERCULOSIS DISPENSARY.

During 1938, 117 persons (including 5 transfers from other areas) were examined at, or in connection with, the Dispensary for the first time, and of these 57 were found to be tuberculous, 37 affected with pulmonary and 20 with non-pulmonary disease. These numbers include 2 pulmonary cases examined as contacts.

Cases of Tuberculosis on the Dispensary Register at the end of 1938.

	TOTAL,	ADULTS.			CHILDREN.		
	TOTAL.	Males.	Females.	Males.	Females.		
Pulmonary	96	44	40	7	5		
Non-pulmonary		.11	12	19	12		
Total	150	55	52	26	17		

# PULMONARY TUBERCULOSIS—SANATORIUM TREATMENT, 1938.

The Wakefield Corporation continued to use accommodation at the Westmorland Sanatorium, Meathop, near Grange-over-Sands.

During 1938, 16 persons received sanatorium treatment, compared with 16 in the previous year.

5 persons remained in residence at the end of the year.

# NON-PULMONARY TUBERCULOSIS—INSTITUTIONAL TREATMENT.

Yorkshire Children's Orthopaedic Hospital, Kirbymoorside. (Children under the age of 16 years).

On the 1st January, 3 patients (2 males and 1 female) were undergoing treatment. During the year 1 male was admitted, 1 female was discharged, leaving 3 patients (all males) under treatment at the end of the year.

#### Other Institutions.

During the year one case of Spinal Tuberculosis was admitted to the Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, Shropshire, and along with a case admitted during the previous year, remained under treatment at the end of 1938.

At the Oakwood Hall Sanatorium, Rotherham, one patient was undergoing treatment for Tuberculosis of the Kidney at the beginning of the year, and died in the Sanatorium.

#### REMARKS ON TUBERCULOSIS.

The administrative work connected with Tuberculosis was carried out on the usual lines. The circumstances of all cases notified are investigated, and continuous supervision is maintained by the Health Visitors so long as the cases remain on the Register. This Register is revised annually, and the names of all cases who have recovered, according to the rules laid down by the Ministry of Health, who have died, or who have left the City, are removed. Printed and verbal instructions as to precautions against the spread of infection are given, and every effort is made to secure compliance with these instructions. Sputum flasks and disinfectant fluid are supplied free, and disinfection of bedding, etc.,

is carried out as required. The services of the Tuberculosis Officer are available for purposes of diagnosis and advice regarding suitable lines of treatment, either at the Tuberculosis Dispensary or for consultation in the home.

Radiological examinations are made at the Clayton Hospital. Contacts are encouraged to attend at the Dispensary for examination. Sanatorium treatment at the Westmorland Sanatorium is available for suitable pulmonary cases, and hospital treatment is likewise available for children suffering from non-pulmonary disease at the Yorkshire Children's Orthopaedic Hospital at Kirbymoorside, and elsewhere, as well as locally at the Clayton and County Hospitals. The non-pulmonary group of cases can also have advice and treatment at the Orthopaedic and Ultra-Violet Ray Clinics of the Corporation. Hospital accommodation for advanced and observation cases is available at the Municipal Hospital, Snapethorpe.

The Social Service Council has continued to render assistance particularly in the provision of clothing to necessitous patients about to be admitted to the Sanatorium.

The Corporation itself has directly supplied extra nourishment to several patients, mainly for a period after their discharge from Sanatorium. So far as the Health Committee is concerned, extra nourishment is only granted to necessitous patients awaiting admission to, or recently discharged from the Sanatorium, and not to chronic cases with long-standing debility.

#### VENEREAL DISEASES.

### Treatment of Venereal Diseases at the Venereal Diseases Clinic, Clayton Hospital, Wakefield, 1938.

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

	TOTAL.	Males.	Females.
Syphilis	31	17	14
Gonorrhœa	29	25	4
Non-venereal conditions	32	23	9
Total	92	65	27

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

	TOTAL.	Males.	Females.
Gonorrhœa	1768 368 82	903 266 51	865 102 31
Total	2218	1220	998

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

Total. Males. Females. 1116 940 176

- (d) Aggregate number of In-patient days of Wakefield patients:—
  NIL.
- (e) Number of doses of approved arsenobenzene compounds given to Wakefield patients:—904.

# LEEDS GENERAL INFIRMARY VENEREAL DISEASES CLINIC.

During 1938, 8 new patients from Wakefield applied for examination and 5 were found to be duffering from Venereal Disease (2 males and 1 female from Syphilis and 2 males from Gonorrhoea). The total number of attendances was 108 (81 by males and 27 by females), compared with 131 in 1937. No Wakefield patient received in-patient treatment. The number of doses of arsenobenzene compounds given to Wakefield patients was 51.

Pathological Examinations in connection with Venereal Diseases, 1938.

	TOTAL	For the detection of Gono-cocci.	Wassermann Reaction.	Other Examinations
County Hall Laboratory	 1748	104	421	1223
Clayton Hospital Clinic	 55	54	-	1
Leeds Infirmary	 8	1	7	-
Total	 1811	159	428	1224

#### MATERNITY AND CHILD WELFARE.

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

# Supervision of Midwives.

31 Midwives gave notice of their intention to practise midwifery in Wakefield during 1938. Of these 20 were on the staffs of institutions; 3 were midwives who owned private nursing homes (two at one and one at another), 4 were municipal midwives, three midwives were in independent district practice in the City and one resided in the West Riding. Two midwives in private practice (one in the City and the other in the West Riding) claimed compensation under the Midwives Act, 1936, and surrendered their certificates during the year. Four midwives on the staffs of institutions left the City during 1938. One midwife in independent practice left the city to take up a full time post under the West Riding.

At the end of 1938, therefore, the district midwifery for the city was being done by the four municipal midwives and one independent midwife. The latter did very few midwifery cases and during the year announced her intention to restrict her work to general nursing and maternity nursing only.

8 district midwives attended 364 home confinements, the numbers attended by the individual midwives being 126, 73, 70, 47, 34, 10, 2 and 2,

Inspection of the midwives residing in Wakefield was carried out every three months and all of them were considered to be reliable workers. The work of each municipal midwife was reviewed and discussed with her each week.

### Medical Help.

144 notifications (39.0 per cent. of midwives cases) of sending for medical aid were received in respect of home confinements.

116 related to the mother and 28 to the infant:—

For Mother.	
Ruptured Perineum59	Shock following stillbirth 1
Ante-Partum	Pain in back and chest 1
Haemorrhage 7	Pyrexia 4
Miscarriage 4	Fainting attack 2
Long Labour17	Retention of Urine 1
Presenting part in Doubt 1	Mastitis 2
Transverse Lie 1	Abdominal Pain 3
Oedematous Anterior Lip 1	Subinvolution 1
Foetal Distress during	Pain in Foot 1
	Antenatal Advice 3
Labour 1	
Sudden Illness of Mother 1	*
Adherent Placenta 1	
Proplapse of Anterior	
Vaginal Wall 1	
Postpartum Haemorrhage 3	
For Child.	
Prematurity 7	Rash 1
Feebleness 2	Abnormal Umbilicus 1
Cyanosis 2	Inflamed Breasts 1
Illness 3	Spina Bifida 1
Coryza 2	Fits 1
Harelip 2	Discharging Eyes 3
Jaundice 1	Macerated Foetus 1
J	

# Private Maternity Homes.

Two private maternity homes on the register were visited during the year and found to be satisfactory.

#### Ante-Natal Clinics.

During 1938 the Ante-Natal Clinic was held four times weekly. New cases attended at Manygates on Mondays at 3 p.m. and on Wednesdays at 10 a.m. Subsequent visits were paid either on Thursday mornings at Manygates or on Friday afternoons

at the Principal Child Welfare Centre in Margaret Street. Patients were allowed to choose which of these two days they preferred and in practice the numbers attending each Clinic were about equal.

870 expectant mothers attended during the year—694 new patients and 176 who had begun to attend in 1937. 197 of these patients were from districts outside the City. Though the total number of patients is greater the number of outside cases is less by 23 than in the previous year. There was a noticeable falling off of West Riding cases towards the end of the year when the hospital fees for outside cases were raised. The total number of attendances was 4,662 an increase of 338 over last year.

128 new cases were referred to the Clinic by midwives and 63 by private doctors.

The same routine was carried out as in 1937, and absentees were followed up as before.

The age groups of new cases attending the Clinic in 1938 were as follows:—

Age.	Primiparae.	Multiparae.
Under 20 years	32	2
20—25 years	124	51
25—30 years	97	135
30—35 years	45	93
35—40 years	13	68
Over 40 years	1	33
Total	312	382

 Stage of pregnancy at which the first attendance was made :—

 Before 16th week
 ...
 15.6 per cent.

 16th—20th week
 ...
 14.0 ,, ,,

 20th—25th
 ,, ...
 ...

 25th—30th
 ,, ...
 ...

 30th—35th
 ,, ...
 ...

 35th—40th
 ,, ...
 ...

 7.5
 ,, ,,

76 per cent. of patients attending the Clinic had some abnormality or discomfort which required attention.

The more gross defects already present among those expectant mothers were as follows :—

Small, Flat or otherwise Deformed	Pelvis	25
Vaginal Discharge		 7
Syphilis		2
Gonorrhoea		1
Anaemia		5
Habitually High Blood Pressure		8
Valvular Heart Disease—Organic		 9
Heart Disease—Functional		 2
Myocarditis		 2
Epilepsy		 4
Previous Pelvic Abscess		 1
Otorrhoea		 4
Chronic Bronchitis		 5
Scoliosis		 1
Ovarian Cyst (Small)		 2
EE- (II T)		 1
D 1 W		 1
\r ·		 3
C - L' T - LL - LL C' - T		 2
D 101 1		 1
Chronic Pulmonary Fibrosis		 3
C1 . 37 1		 9
TT (1 3 1)		 2
		 1
Pulmonary Tuberculosis (1 not pre	gnant)	 2
TOTAL COLUMN TOTAL		 1
Inoperable Cancer of Rectum		 1
		 1
Martal D.C.		 2
Tubercular Adenitis		 1
Old Tubercular Hip		 1
Large Inguinal Hernia		 1
Parasitic Skin Disease		 3
Deafmutism		 1
Umbilical Hernia		 1
D . C . C .:		 2
Chronic Haemolytic Streptococcal	Tonsillitis	 1

The following rela a result of the pregnar						ped as
Toxaemia (mild)						103
Toxaemia (severe)				4		49
General Debility						
Albuminuria witho	nt Raise	d Blo	od Pre	ssure		3
Varicose Veins						56
Oedema without A	lbuminu	ria				7
Malpresentations C						49
Antepartum Haen	orrhage	(inch	iding	1 Plac		
Praevia)		(11101				24
Cystitis						35
Missed Abortion						
Anaemia						
Insomnia						
Pyelitis						11
Retroflexed Gravid	Uterus					6 .
Depression and otl						
Acute Nephritis						1
Severe Vomiting						15
Phlebitis						
Pseudocycsis						1
Abscess of Perineu	m					1
Complete Prolapse	of Cervi	X				1
Hydramnios						2
Neuritis						0
Three patients wer	e X-Ray	ed ar	id the	following	ng co	nditions
were found:-						
Hydramnios, no	skeletal	abnor	mality	of fo	etus	
present (but	Viscural	abn	ormalit	y actu	ally	
present						1
Face Presentation						1
Floating Head—no	dispropo	ortion-	-cord	round :	neck	
at Delivery						1

The Zondek-Ascheim test for pregnancy was used in four cases. All were negative, and in each case the laboratory findings were borne out by the subsequent history.

Wheat Germ Oil was given to eight patients who were delivered during 1938 and the results have been most gratifying. Among them these eight mothers had previously produced only three full-time living babies and two premature babies which survived. In addition they had had altogether 24 unsuccessful conceptions but not because of any obstetrical difficulty and

the Wassermann and other tests were negative in each case. After Vitamin E therapy all eight produced living babies which survived and only one of these was premature. I am convinced that if the right cases are chosen, Wheat Germ Oil is a most valuable (though admittedly fairly expensive) addition to one's obstetrical resources.

84 patients were admitted to Hospital from the Ante-Natal Clinic for treatment or investigation. The following were the reasons:—

Toxaemia42	Varicose Veins 1
Albuminuria without	
raised Blood Pressure 1	Renal Calculi 1
Oedema 2	Cancer of Rectum 1
Chronic Nephritis 7	Retroflexed Gravid Uterus 2
Pyelitis 6	Phlebitis 1
Cystitis 2	Postmaturity 1
General Debility 3	Small or Deformed Pelvis
Antepartum Haemorrhage	with some Disproportion 5
(including 1 Placenta	
Praevia) 3	

### Dental Treatment of Expectant Mothers.

Dental treatment of expectant mothers was continued in 1938 as before. Mr. Wilfred Crook, L.D.S., attended on Wednesday mornings to see new cases at their first attendance at the Ante-Natal Clinic. 50 sessions were held, and there follows a list of the work done.

Number of '	Women I	Examined		 190
Number of A	Attendan	ces		537
Extractions				021
Fillings				24
Other Opera	tions .		4.	 163
Number of I	Dentures	supplied		 41

# The Maternity Hospital.

The number of cases admitted during 1938 was 600, including 190 from outside the City. Out of the total 74 were emergency admissions, 40 from Wakefield and 34 from surrounding districts. 577 patients were delivered in Hospital. In 453 of these cases the actual delivery was done by a midwife, though in many of these cases medical treatment had previously been required for an abnormality as the tables below will demonstrate.

The average duration of stay per patient was 16.65 days.

*		
	medic	al treatment was required for
an abnormality:-		
(a) Ante-Natal—134.		
Toxaemia	86	Heart Disease 8
Eclampsia	3	Miscarriage 1
Hyperemesis	2 7	Diabetes 1
Disproportion	7	Ovarian Cyst (small) 1
Retroflexed Gravid		Renal Calculi 1
Uterus	2	Cystitis 2
Postmaturity	1	Vaginal Discharge 2
Previous Difficult		Hydramnios 2
Labours	1	Pneumonia 1
Phlebitis	2	Accidental Haemorrhage 4
Pyelitis	6	Placenta Praevia
		(Haemorrhage) 1
(b) During Labour—111.		
Uterine Inertia	25	Normal Breech in
Maternal Distress	4	Primipara 3
Foetal Distress	4	Accidental Haemorrhage 14
Obstructed Labour	7	Placenta Praevia 5
Oedaema of Cervix	1	Third Stage Haemorrhage 9
Malpresentation	6	Adherent Placenta 5
Failed Forceps	1	Cancer of Rectum 1
Abscess of Perineum	1	Twin Labour 1
Extended Breech	16	Obstetric Shock 1
(c) After Labour—85.		
Pyelitis	9	Sudden Hemiplegia 1
Mastitis	20	Postpartum Eclampsia 1
Cracked Nipples	8	Fits (Epileptic) 2
Mental Derangement	2	Pneumonia 2
Offensive Lochia	5	Perineal Sepsis 4
Septic Finger	2	Pyrexia 18
Tonsillitis	2 5 2 2 3	Septic Abdominal
Phlebitis (deep)	3	wound with Colostomy 1
Phlebitis (superficial)	3	Boils 2
(d) For the Infant—38.		
Dangerous Feebleness	10	Talipes 1
Ophthalmia	1	Thrush and Enteritis 1
Sticky Eyes		Septic Finger 1
Coryza	7	Asphyxia 5 Sore Buttocks 8
Convulsions	2	Sore Buttocks 8
Impetigo	1	
100		41

176 patients required to have the perineum sutured.

Instrumental delivery was required in 42 cases, i.e., 7.2 per cent. of the total. Of these one had already had forceps unsuccessfully applied at home. The reasons for interference were these:—

Uterine Inertia				17	
No advance in 2nd Stage			Per-		
sistent Occipito Pos				11	
Toxaemia (severe)					
Eclampsia					
Foetal Distress					
Face Presentation				1	
				1	
Concealed and Revealed					
Haemorrhage				1	
Fibroid of Cervix Remove	ed durii	ng Lab	our,		
copious Haemorrhag	e from	Wou	nd	1	
Caesarean Section was perfor	med se	even ti	imes.	These	were
he indications :—					
Disproportion				3	
Central Placenta Praevia				3	
Cancer of Rectum				1	

The following cases required other forms of operative treatment:—

Perforation (2 hydrocephalus and 2 dis-	
proportion)	
Internal Version	6
Replacement of Prolapsed Cord	1
Breech Extractions	5
Removal of Cervical Fibroid Obstructing	
Labour	1
Retroflexed Gravid Uterus Replaced	2
Willett's Forceps	2
Manual Removal of Placenta	7
Induction of Premature Labour (13 Toxae-	
mia, 2 Heart Disease, 1 Contracted	
Pelvis, 1 Hydramnios)	17
Rupture of Membranes during Labour (7	
accidental Haemorrhage, 1 Placenta	
Praevia)	8

15 cases of Puerperal Pyrexia occurred and were notified. These were the causes and the results:—

Cause. Result. 4 cases. All treated in the Mater-Urinary Infection nity Hospital. All recovered. One case. Treated in the Mater-Whiteleg nity Hospital. Recovered. One case. Transferred to Stain-Caesarean Section and cliffe. Colostomy done for Cancer of Rectum. Softening of the growth. One case. Treated in the Mater-Forceps delivery after long labour. (Private nity Hospital. Recovered. Doctor's case). Bronchitis and Chronic One case. Sudden hemiplegia. Died 8 days later. Nephritis. One case. Treated in the Maternity Pneumonia (lobar) onset ante-natally. Hospital. Recovered. One case. Transferred to Snape-Mild Streptococcal infection. thorpe. Recovered. Section for One case. Recovered in the Caesarean Placenta Praevia. Maternity Hospital. (Private Doctor's case) Eclampsia followed by One case. Transferred to Snapewhiteleg. thorpe. Recovered. Bronchitis One case. Transferred to Snapeand heart disease. thorpe. Recovered. Tonsillitis One case. Transferred to Snapethorpe. Recovered.

During the year 119 swabs were taken for examination for the haemolytic streptococcus. Only one cervical swab from a patient was positive and the patient was transferred to Snapethorpe and recovered in a few days. At that time five out of the seven nurses who had been in contact with her developed positive throat swabs, though all of them had been negative a week previously. All five were suspended till clear. This occurred before the laboratory instituted grouping so that the group is not known. Later in the year two maids were discovered to have a Haemolytic Streptococci in the throat, and at different times 9 of the nursing staff, two patients, one private doctor and one maid had haemolytic streptococci in the throat but not group A.

One case. Transferred to Snape-

thorpe. Recovered.

Long labour, forceps

delivery, whiteleg.

There were no cases of Pemphigus Neonatorum in the Hospitali in 1938.

There was one case of Ophthalmia Neonatorum. This was proved to be due to the gonococcus and was a severe bilateral case. It was treated in the Maternity Hospital, recovery was complete, and the mother was referred to the appropriate clinic for treatment.

There were 38 still-births and 22 infant deaths within 10 days of birth. The causes of death were these:—

Intracranial Had	emorrhage			. 7
Prematurity				. 9
Haemorrhagic I	Disease of	the N	lewborn	. 1
1 0				. 2
Atelectasis				. 1
Congenital Intes				. 1
Congenital Card	iac Abnor	mality	7	. 1

There were four maternal deaths due to the following causes:

Adherent Placenta.	Postpart	um Sho	ck	1
Obstetric Shock .				1
Acute Oedema of		Hemipl	egia,	
Chronic Nephrit	is			1
Cerebral Haemorrhag	ge, Eclan	npsia		1

# Training of Pupil Midwives.

During 1938, 9 new pupils commenced their training for the certificate of the Central Midwives Board, but of these 2 left during the trial period. Four pupils passed the examination of the Board during the year. The pupils attend lectures at the Leeds Medical School and receive tutorial and practical instruction from the Matron and the Deputy Matron of the Hospital.

#### District Cases.

In 1938, the four district Municipal Midwives attended the following numbers of home confinements: 138, 86, 81 and 77. They also paid the following ante-natal visits: 1167, 428, 419 and 561.

#### Post-Natal Clinic.

The post-natal clinic was held weekly throughout the year at 2 p.m. on Mondays at the Manygates Clinic. As in previous years the patients attending are chiefly those who have been confined in the Hospital. They are asked to attend at the end of the sixth week of the puerperium, whether the confinement has been normal or otherwise. In addition, patients complaining

of any form of gynaecological trouble are sent from Welfare Centres to be examined and referred for suitable treatment.

During 1938, 322 patients attended and the attendances numbered 380.

The following pelvic condition	ns were found :—
Retroverted Uterus15	Amenorrhoea 1
Retroflexion10	Pregnancy 2
Rectocele, Cystocele and	Bartholinian Cyst 1
Prolapse 2	Sterility 3
Rectocele 2	Ovarian Cyst 2
Cystocele 4	
Deficient Perineum 5	
	Continued Red Lochia 1
Cystocele and Rectocele 7	
Cervical Lacerations 6	
Other abnormalities found w	ere these :—
High Blood Pressure 49	Nervous and Emotional
Definite Chronic	Symptoms 5
Nephritis 2	Breast Abscess 2
Anaemia 8	Breast Abscess 2 Cracked Nipples 2 Depression 1
Dysuria 3	Depression 1
Albuminuria 7	Endometriosis 1
Heart Disease (organic) 3	Caesarean Section Cases 3
Constipation15	Headaches and Defective
Haemorrhoids 4	
	Vision 1
Fissure in Ano 4	Debility 1
Toothache 2	Coccydynia 1
Otorrhoea 2	Backache 6
Tonsillitis 1	Referred to Contraceptive
Pulmonary Tuberculosis 1	Clinic 6

# Contraception.

Seven new cases attended for advice during 1938. Five were Maternity Hospital cases and two were referred by Health Visitors. Consultations were held on Friday mornings as far as possible by appointment. The total number of visits paid was 31. The medical reasons for giving the advice to the new patients were these:—

Debility, Anaemia	and	Multiparity		4
Heart Disease				1
Chronic Nephritis	1989		100	2

### Puerperal Pyrexia.

23 cases of Puerperal Pyrexia were notified, 5 of these cases occurred in the patients' own homes, 14 in the Maternity Hospital, 3 in the Clayton Hospital and one in the County Hospital.

Inquiries into the cause of Pyrexia gave the following results:—

Whiteleg	 3	No definite cause	2
Febrile Miscarriage	 3	Prolonged Difficult Labour	
Bronchitis	 2	Mild Streptococcal Infection	
Lobar Pneumonia	 1	Caesarean Section for Cen-	
Urinary Infection	 4	tral Placenta Praevia	1
Pulmonary Tubercle	 1	Caesarean Section for Malig-	
Septic Perineum	 1	nant Rectal Tumour	1
		Tonsillitis (Streptococcal)	

These patients were treated as follows:-

Maternity Hospital					10
(One eventually t	ransfer	red to	Stain	cliffe)	
Municipal Isolation	Hospit	al			6
Clayton Hospital					3
County Hospital					1
At Home					3

# Ophthalmia Neonatorum.

Five cases of Ophthalmia Neonatorum were notified during 1938, 0.28 per cent. of the notified live births. Four cases were notified in 1937, 5 in 1936, 8 in 1935, 6 in 1934, 2 in 1933, 7 in 1932 and 8 in 1931.

Cases	Trea	ited.	Vision	Vision	Total		
Notified.	At Home	Home In Hospital Unimpair	Unimpaired	Impaired	Blindness	Deaths.	
5	-	5	5	-	-	-	

One of the cases was found to be due to the gonococcus.

All of the cases were delivered by midwives.

# Pemphigus Neonatorum.

No cases were notified during 1938.

#### Infant Life Protection.

The Health Visitors act as Visitors under the Children Acts. There were five cases at the beginning of the year on the Register, two new names were added during the year, making a total of seven cases on the Register at the end of the year.

# Home Visiting by Health Visitors.

The six District Health Visitors, who also act as School Nurses and Tuberculosis Nurses, carried out the following work during the year:—

Infant Visiting—Primary Visits		883
Re-visits (under 1 year)		7712
Re-visits (1—5 years)		8371
T + 1 T' '		10,000
Total Visits		16,966
Expectant Mothers—Primary Visits		187
Re-visits		0.0
Visits re Still Births and Infantile Deaths		
Attendances at Child Welfare Centres		000
Attendances at Tuberculosis Dispensary		
Visits to Tuberculosis Patients		
Attendances at Medical Inspection of School Child		
Number of Visits to Schools		
Number of examinations at Schools re Cleanliness		
Number of Examinations at Schools re Treatment		
Number of Home Visits re Verminous and Neglec	ted	
Children		
Number of Home Visits re Treatment		
Total number of Home Visits re School Children		2,154
Number of Home Visits re Mental Defectives		554
Visits for Purposes of Nursing		22
Miscellaneous Visits		97
Total number of Home Visits (all purposes)		23,146

### CHILD WELFARE CENTRES.

# Numbers on the Registers, 1938.

Centres.	Mothers.	Infants.	Children 1—5 yrs.	Expectant Mothers.
Principal Child Welfare				
Centre :—				
Miss Bell's District	247	170	128	11
Miss Staniforth's District	239	162	102	6
Miss Gardner's District	187	100	112	-
Miss Robertshaw's District	252	179	124	18
Manygates Centre :-				
Miss Thorp's District	262	257	142	12
Snapethorpe Centre :-				
Miss Dearden's District	316	293	146	14
Totals	1503	1161	754	61

# Attendances, 1938.

Centres.	Mothers.	Infants.	Children 1—5 yrs.	Expectant Mothers.
Principal Child Welfare				
Centre :— Miss Bell's District	2191	1464	914	29
Miss Staniforth's District	1995	1236	1006	16
Miss Gardner's District	1454	919	714	_
Miss Robertshaw's District	2964	2255	1087	65
Manygates Centre :				
Miss Thorp's District	2979	2315	1196	24
Snapethorpe Centre :-				
Miss Dearden's District	2982	1980	1230	14
Totals	14565	10169	6147	148

Centres were held as usual four times weekly at the Principal Child Welfare Centre—on Monday, Tuesday, Wednesday and Thursday afternoons—at Manygates Clinic on Tuesday afternoons, and at Snapethorpe on Wednesday afternoons.

During 1938, 1,403 infants and toddlers and 300 mothers were medically examined at the Centres. Of the infants 898 (i.e. 64 per cent.) were found to be normal and satisfactory at their first attendance, while 505 had some defect or ailment that required supervision or treatment. The total number of medical examinations made was 9.107 (8,451 children and 656 mothers). All the infants attending the Centres are medically examined at least once a month, and more often of course when necessary. The voluntary helpers from the Babies Welcome Association continue to give unsparingly their valued assistance in the running of the Centres.

Use was again made in 1938 of the Harrogate and Withernsea Convalescent Homes run by the Committee of the Yorkshire Homes for Mothers and Babies. One bed was reserved for the season at Harrogate and one at Withernsea for Wakefield mothers in need of rest or convalescent treatment. The homes were open from April till October and 14 mothers and 15 babies were sent to Harrogate, and 14 mothers and 14 babies to Withernsea for a fortnight's holiday.

# Infant Feeding.

	Infants born 1937.	Percentage.
Wholly breast fed for six months or longer	524	70.43
than six months, but more than one month Combined breast and artificial feed-	72	9.67
ing for periods of six months or longer	60	8.06
ing for periods of less than six months, but more than one month	44	5.92
Artificially fed from one month or longer	44	5.92
Totals	744	100.00

## Supply of Dried Milk.

17062 lbs.

The amount of dried milk supplied in 1938 is less than that supplied in 1937 by 4,214 lbs. The decrease is due mostly to the drop in the number of pounds issued free and sold at quarter price and cost price. The cost to the Corporation for dried milk, free or sold at less than cost price, amounted to £696 0s. 0d.

383 packets of Lactagol were also given out during the year, 38 being sold at cost price, 146 were sold at half price, 33 at quarter price and 166 given free.

# SPECIAL REPORT ON THE WEIGHT IN TOXAEMIC PREGNANCY.

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

Looking back on the days when one was a Resident at the Simpson Maternity Hospital, Edinburgh, 15 years ago, long before the days of routine taking of blood pressures or of routine weighing at ante-natal clinics, when one had to depend on the appearance of albuminuria or the development of oedema, sickness or headaches for the diagnosis of commencing toxaemia of pregnancy, one's recollection is that such women could have a considerable amount of albuminuria for quite a long time before they were regarded as being on the verge of eclampsia.

Nine or ten years ago, routine taking of the blood pressure altered this. Warning was received long before the albumen appeared, and dieting measures were taken early to counteract the "toxaemia." The result of this seemed to me to be that a much smaller number of patients developed albuminuria but when the albumen did appear—even in traces only—serious symptoms were not far off. The more vigilant one was, and the more carefully one instituted early treatment at the first hint of trouble, the more seriously one had to regard the onset of albuminuria till eventually one felt that to be really safe one had to admit to hospital every patient with even a faint trace

of albumen in her urine. This of course would tend to overload hopelessly the ante-natal wards; but the difficulty was to pick out from among a number of patients with the same blood pressure and the same amount of albumen, those who were heading for disaster.

Since late 1935 routine weighing of patients has been practised at the Wakefield Ante-natal Clinic, and I have collected the records of patients delivered in the last three years and studied them in an attempt to discover whether the weight is really of any help in this problem.

Naturally there are difficulties. The weight in pregnancy can never be a true experiment. If it were to be so, one would have to weigh the patient at each visit, let nature take its course, give no treatment or modification of diet, and await the result. This would be the only true way of finding out its importance, but it is a way which medical officers of ante-natal clinics dare not take.

In addition there are difficulties in assessing the importance of the weight record. Incidental illnesses such as influenza or Pyelitis reduce the weight very considerably. Abnormal pregnancies—hydramnios, twins, etc.—would appear to raise the average weight gain (though actually, other things being equal, these appear to make little difference to the weight chart).

Premature labours cut short the weight record and the last month of a labour terminating prematurely is presumably not the same as the last four weeks of a full-time pregnancy.

These discrepancies while important if the number of cases is small, average themselves out and make little impression among a large number.

The cases where signs of toxaemia arise are the ones where the record is most likely to be artificially influenced. At the first sign of a rise of blood pressure it has been one's custom to restrict the patient's meat ration to twice a week, to insist on more rest and to make efforts to speed up the elimination of fluid. If necessary, meat is cut out of the diet altogether at the next visit, but the patient is still allowed to have fish, eggs and cheese, milk, fruit and vegetables. This cannot be called an inadequate diet and no patient is restricted beyond this as an outpatient. At the first sign of undue weight increase salt is cut out. If the patient seems to be doing badly as an out-patient

she is admitted to hospital, and the weight record is discontinued. Or if she is admitted for a time and discharged before delivery a large loss of weight is usually recorded as a result of hospital treatment and this gives one a wrong impression of the facts unless the individual cases are studied.

Incidentally the earlier weight records, i.e. those of 1936 and 1937 are probably the most instructive. The patients were weighed at that time without any great importance being attached to the weight and no vigorous efforts were made to keep the weight down.

Salt restriction was not practised to any great extent at this clinic till 1938 and this has noticeably influenced the weight records for that year as will be shown later.

(Here I would like to insert a word on the subject of the usual diets of the hospital type of patient in this district. Many working class mothers who attend this clinic will admit to having some sort of meat twice and even three times daily. Most wives whose husbands are unemployed have "meat twice a week and bacon every morning." The housewife who lives on bread and margarine is not in my experience the one who develops toxaemia of pregnancy. She is anaemic and unsatisfactory of course but the clinical picture is quite different).

In sorting out the cases for these three years, I have divided them into three groups :—

- (1) "Normal" cases, i.e. those with no rise of blood pressure and no albuminuria.
- (2) Patients showing signs of "toxaemia." In this group of albuminuria.
  - I have placed any patient whose blood pressure has at any time in her pregnancy reached 140/90 with or without the appearance of albuminuria.
- (3) Patients who from time to time had albumen in the urine but never showed an abnormal increase of blood pressure.

I have made a sub-group of group (2) containing 24 really severe toxaemic cases. These were admitted to hospital and failed to improve with treatment and either required induction of labour, or had an accidental haemorrhage or even went on to eclampsia. Naturally these distinctions are arbitrary. There is bound to be some overlapping. One cannot tell just where the normal ends and the pathological begins. Some cases are bound to be included in (1) which should perhaps be in (2) or (3), and there are probably a few in (2) or (3) which should be in (1) but again where the numbers are large the odd one or two make little difference.

I have calculated the gain in weight of these patients in the last 6 months of pregnancy where this is available, in the last 3 months, and in the last 4 weeks or as near to that as possible.

The gain in weight in the last six months of pregnancy in these three groups is not very informative.

				A	verage	Gain.	
Group	(1)	83	cases	 	1 st.	5 lbs.	13 ozs.
Group	(2)	43	cases	 	1 st.	5 lbs.	11 ozs.
Group	(3)	6	cases	 	1 st. 1	12 lbs.	10 ozs.

There is only a suggestion that the total weight gain in group (3) is greater than on the other groups but the numbers are much too small for this difference to be significant.

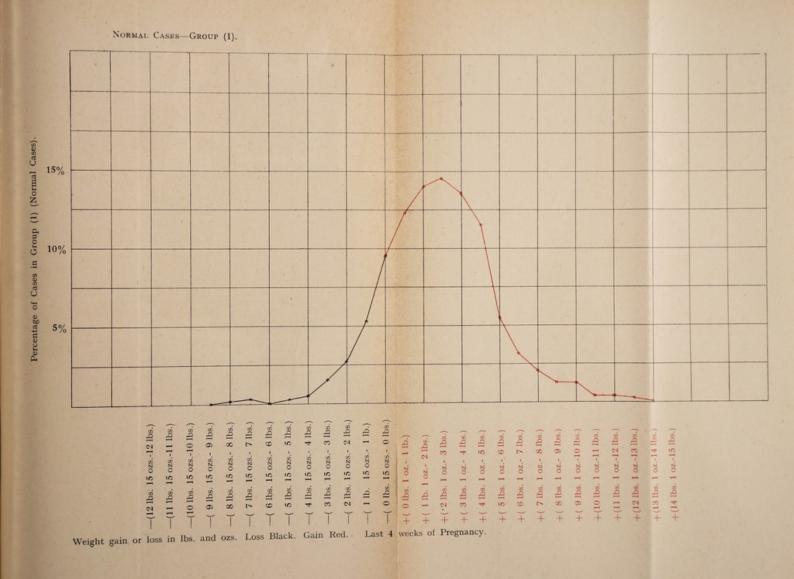
For the last 3 months of pregnancy the weight records are more complete:—

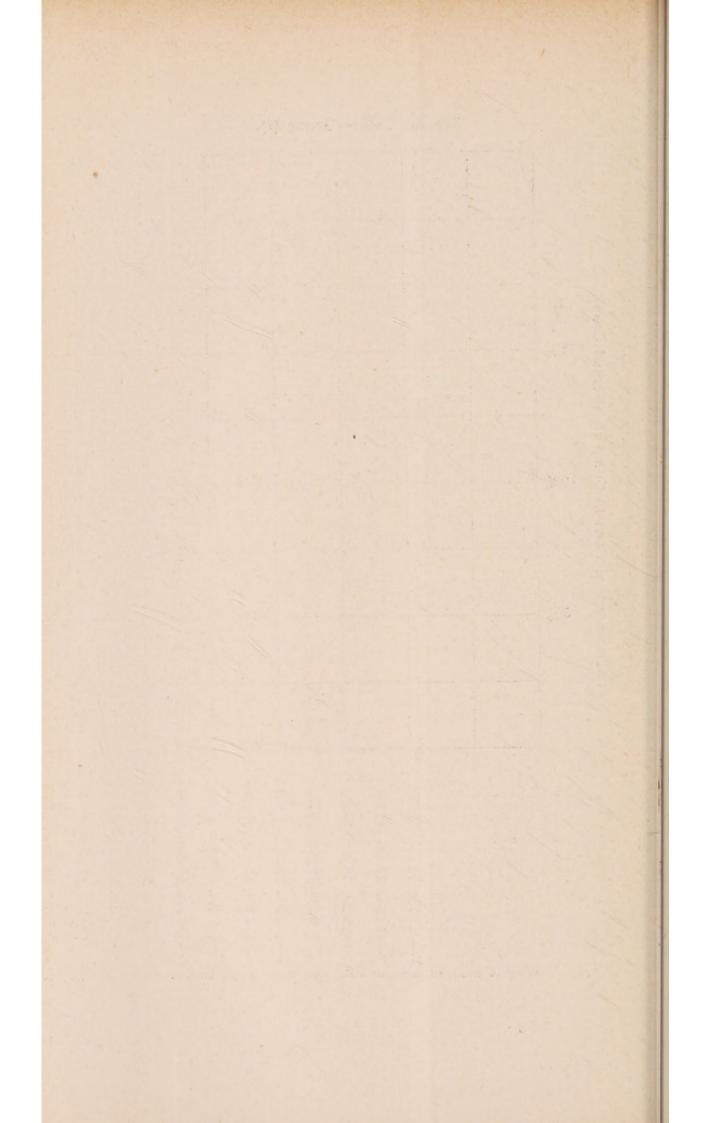
						Av	erage (	rain.
Group	(1) 6	39	cases				8 lbs.	9 ozs.
Group	(2) 2	83	cases				8 lbs.	$11\frac{1}{2}$ ozs.
Group	2						10 lbs.	11 ozs.
	4 4			toxæmias	) 12	cases	18 lbs.	15½ ozs.

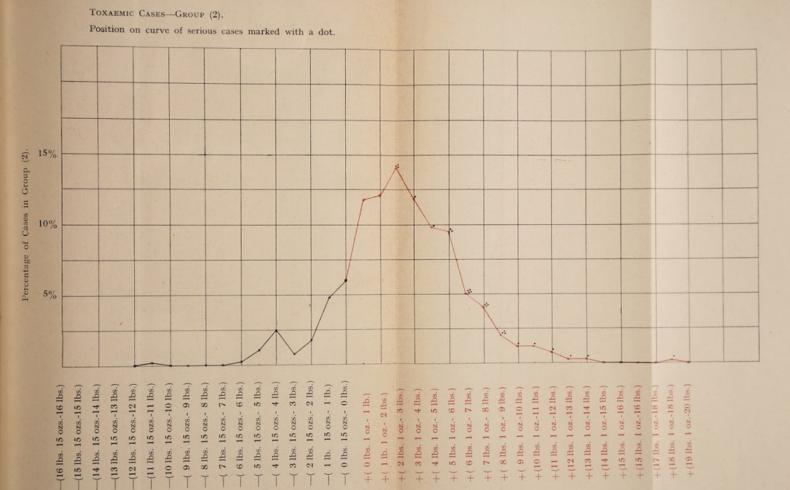
For the last four weeks of pregnancy these are the average figures :—

Group (1)	928 cases		 	2 lbs.	$6\frac{2}{3}$ ozs.
Group (2)	408 cases		 	2 lbs.	14 ozs.
Group (3)	64 cases		 	3 lbs.	11 ozs.
Sub-group	of (2) 24	cases	 	7 lbs.	11 ozs.

As a matter of interest I shall give the average gains in the last four weeks for the three years separately, to show what I consider to be the result of salt restriction in the diet of toxaemic and albuminuric patients.



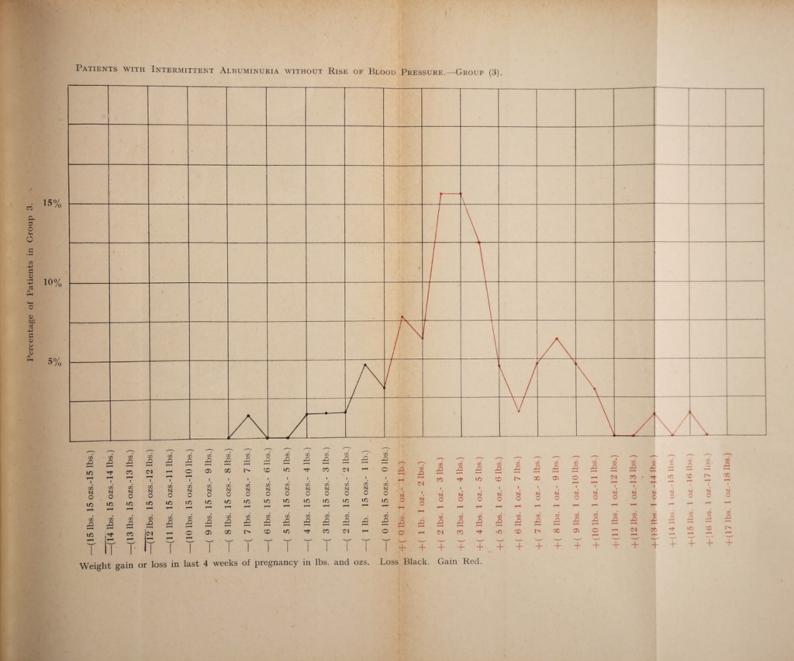


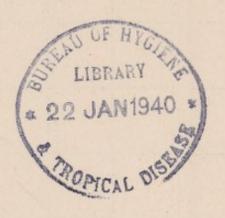


Last 4 weeks of Pregnancy.

Weight Gain or loss in lbs. and ozs. Loss black. Gain Red.







		Average Gain	
Last 4 Weeks.	1936.	1937.	1938.
Group (1)	2 lbs. 4 ozs.	2 lbs. $8\frac{1}{2}$ ozs.	2 lbs. 61 ozs.
Group (2)	3 lbs. 4 ozs.	3 lbs. 1 oz.	2 lbs. 8 ozs.
Group (3)	4 lbs. $5\frac{1}{2}$ ozs.	5 lbs. 1½ ozs.	2 lbs. 6½ ozs.
Sub-group			
of (2)	7 lbs. $6\frac{1}{2}$ ozs.	8 lbs. 13 ozs.	6 lbs. 5 ozs.

These figures show that group (3) has a definite tendency to greater increase of weight than normal cases. Group (2) has a similar, less well-marked trend. This can be controlled in both these groups. But when we come to serious toxaemias where the tendency to weight increase is most marked of all, diet and salt restriction are not enough to keep the process in check.

These figures, however, are only averages and though they tell us something they do not give us a complete picture of what happens. On looking over the individual weights one sees records in group (1) where the weight has increased as much as 11 lbs. in the last month. Likewise we find "toxaemic" patients who have lost 6 lbs. in the last four weeks. A graph gives a truer picture of what is happening and a graph of each group is appended.

At first sight there does not seem to be much difference between the graphs of groups (1) and (2), but if these two were superimposed it would be seen that in group (2) there is a slower tailing-off at the high weight end of the curve, which suggests that an otherwise fairly normal curve has been altered by a small proportion of patients with excessive gains. This is even more definite in group (3) where the prolongation takes the form of a secondary rise.

When one indicates on curve 2 the position of the 24 patients who developed dangerous symptoms one sees that these all belong to the end of the curve where the gain is above the average.

There are three patients in this group whose weight gain was only  $2\frac{1}{2}$ -3 lbs. One of these was an advanced chronic nephritic of the elderly dessicated type with blood pressure over 200 and only faint traces of albumen in the urine till very late when the symptoms of albuminuria become more acute. By that time she was in hospital. Another was a chronic nephritic in whose case the foetus died in utero about the sixth month and remained there till full-time. The third was a case who was admitted from clinic and induced without trying the effect of hospitalisation. I imagine now that if one had waited a little, induction might

not have proved necessary and she might not have had to be included in this group.

Toxaemic patients, therefore, tend to gain a little more weight than normal patients in the last four weeks of pregnancy in spite of diet. Serious cases of toxaemia gain markedly more weight than normal patients in the last four weeks in spite of diet. This tendency to weight increase begins early, and is going on at least for the last three months. The difference between the weight increase in group (1) and the sub-group (2) for the last three months is much greater than would be accounted for merely by the difference between these groups for the last four weeks.

Patients who from time to time during pregnancy have traces of albumen in the urine without rise of blood pressure or inflammatory symptoms, show the same kind of early excessive weight increase. These patients, presumably, are examples of the condition known as nephrosis. They may or may not develop toxaemia in addition. Only 6 out of 70 such cases became toaemic but two of these six were serious cases.

Of the 408 Toxaemic cases, only 72 developed albuminuria. If one studies these 72, one finds that in 48 patients the blood pressure rose weeks and sometimes months before the first trace of albumen appeared. In 18 the albumen and the raise of blood pressure appeared together, and in only six did the albuminuria precede the rise of pressure.

What is the relation of the rise in weight to these other two sides? As a rule the weight is going on steadily, but not obviously, increasing at a greater rate than normal and then suddenly there is an obvious jump one week which attracts one's attention. (This suggests the establishment of a vicious circle). The typical sequence is this: rise of blood pressure early, say three months before full-time, this jump in weight which one calls the weight warning perhaps two months later, albuminuria two weeks or so later still. This is the typical though not the only sequence of events. The sooner the weight warning occurs after the rise of blood pressure and the sooner the abluminuria follows that, the more serious the case. The three together must be regarded very gravely.

These three associated signs can occur independently of one another. So long as they occur singly very little harm results. As none of them would have occurred in the majority of cases without the pregnancy one can definitely say that pregnancy can be the direct cause of (1) Fluid Retention, (2) Rise of Blood Pressure, (3) Albuminuria, separately and presumably by different mechanisms in previously normal patients. It has been shown that the fluid retention is associated with the lowering of the blood plasma proteins-particularly the albumen-and this tends to occur in some patients in pregnancy. Which is cause and which is effect has not been clearly shown. Some take it for granted that the lowering of the plasma proteins is the result of the call of the foetus for such material from the mother, and they argue that feeding the mother on protein is the solution. However, the fact that in cases with low plasma protein and oedema,1\* the diuresis which takes place after labour reduces the oedema and restores the plasma to its normal constitution before the diet can regenerate these proteins, would suggest that perhaps the lowered protein is the result of an upset of the water balance rather than vice versa.

Once the combination of circumstances is established—lowered plasma protein and water retention—the condition can be improved or made worse by withholding or administering sodium salts in the diet. 2\* Withdrawal of sodium can be accomplished by giving the patient nothing but skimmed milk: 3\* and when this is done the oedema promptly vanishes. Surely if the condition is due to insufficient protein in the diet such drastic cutting down of the diet would be expected to make matters worse.

This fluid retention with hypoproteinaemia occurs in all classes of patient and therefore cannot be simply a matter of deficient diet. It would otherwise be limited to poor patients and to vegetarians and this has never been suggested. I think it must be regarded as an individual peculiarity of the patient. It occurs in some people in normal life.

The rise of blood pressure and the albuminuria one might easily explain on mechanical lines—the blood pressure being a response to circulatory difficulties caused by the bulk of the uterus and the great increase in intra-abdominal pressure; the albuminuria being due to several factors—direct pressure on the ureters, direct pressure on the kidney itself, or pressure on the Vena Cava and passive congestion of the kidneys. This however would be mere conjecture.

<sup>1\*</sup> Strauss Am. J. Med. Sc. 196 P. 188-198.

<sup>2\*</sup> Strauss Am. J. Med. Sc. 194 P. 772-783.

<sup>3\*</sup> Strauss Am. J. Med. Sc. 196 P. 188.

Whatever the cause of these three signs, once they are established they react and interact on one another.

- (1) Fluid retention by increasing the volume of the blood may directly increase the blood pressure. Oedema of extrarenal origin can precipitate renal insufficiency by decreasing the amount of available fluid in which the kidney can eliminate waste products.
- (2) A rise of blood pressure if acute and sustained can cause vascular lesions in the kidney, albuminuria and renal insufficiency.
- (3) Albuminuria caused mechanically by back pressure whether on veins or ureters means some difficulty in fluid elimination and may tend to increase fluid retention.

Thus not one but several vicious cycles may be established with the presence of more than one of these three signs. In some cases the process becomes so acute and rapid that nothing will stop it save induction of labour.

Restricted diet in these cases has merely the effect of safe-guarding the kidney from functional breakdown. In the presence of prerenal fluid retention the kidney has difficulty in finding enough fluid in which to excrete its waste products. Restriction of protein in the diet lessens these waste products and so helps the kidney. This safeguarding however, leaves the kidney with a lowered functional reserve capacity and there comes a time in some of these cases when the kidney is doing its best with all the relief that can be given to it. If a breakdown circulatory or renal then occurs, no further relief is available. Hence the gravity of the disaster in those carefully treated cases.

I am convinced that whatever else dieting does not do, it at least postpones symptoms of renal damage in milder cases. Cases of eclampsia are much fewer, but those which do occur are of the utmost gravity.

Rest lessens metabolism and helps the kidney to function in the presence of difficulties. Rest also is the most important means of treating the raised blood pressure and circulatory difficulty.

Fluid retention in the majority of cases if tackled early enough will respond to a withdrawal of Sodium salts from the diet, and when diuresis has begun the diet can be increased. If, however, this does not happen if in the presence of a raised blood pressure and albuminuria the weight continues to increase in spite of rest, diet and sodium restriction, then I am convinced that labour must be induced without delay or a disaster will occur. I feel that one's failures have hitherto occurred because one has tackled the fluid retention too late or postponed induction of labour too long. Weighing of impatient ante-natal cases, may I add, is as necessary as it is at ante-natal clinics.

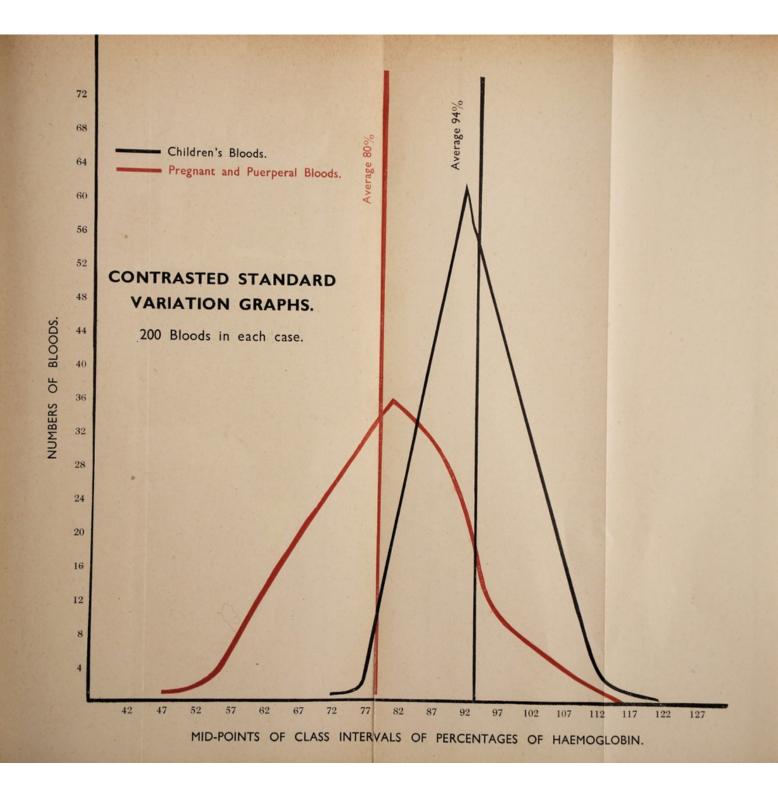
# AN INVESTIGATION INTO THE OCCURRENCE OF IRON DEFICIENCY ANAEMIA IN WAKEFIELD MOTHERS.

By Dr. A. C. Stevenson.

In 1937-8 the bloods of some 300 women attending the various Clinics and in the Maternity Hospital were examined with a view to determination of how much iron deficiency anaemia was present, as it had been found that many mothers attending Clinics were severely anaemic. It must be stressed that these 300 women were unselected. They represent a fair sample of mothers attending the Clinics. The blood examinations were carried out personally, with instruments bearing the Certificate of the British Standards Institute. There were three series, each of 100 women; the first were pregnant, the second were during the fourteen days after the birth of a baby and the third from three to twelve months after delivery. The first and third series were selected at random when time was available to collect the blood at ante-natal and Welfare Clinics. The second series is a consecutive hundred of normal cases in the Hospital, excluding cases of haemorrhage, toxaemia, etc. The figures are as follows:

- 100 pregnant women, average age 27 years. Duration of pregnancy 7½ months; average number of pregnancies 2. Red cells, 4361700. Haemoglobin 80.53%.
   20 of this series had haemoglobins under 70%.
- (2) 100 puerperal women, average age 27.6 years. Average number of infants 2.4; average number of days after delivery 4. Red cells 4329700. Haemoglobin 80%. 21 of this series had haemoglobins under 70%.
- (3) 100 mothers 3-12 months after delivery, average age 29.5 years. Average number of children 2.9; average time since birth 6 months. Red cells 4472800. Haemoglobin 83%.
  - 9 of this series had haemoglobins under 70%.

In the first two series it is believed by authorities that 80% would represent the average for women in normal health and that anything under 70% represents definite anaemia. In the third series any haemoglobin under 75% should be regarded as indicating anaemia. In short one in five mothers are markedly anaemic after the baby arrives and at least one in ten have not recovered six months after delivery. My belief is that one in ten are still anaemic, if untreated, by the time the next baby is on its way. In a series of 150 school children whom I examined and reported upon in the Report of the Education Committee, there were none who had haemoglobins under 70%. The reason for these findings is that the diets in families of the financial level which attend our Centres are deficient in Iron. The diets contain sufficient iron for maintenance of adequate blood haemoglobin levels in men and children but the expectant mother requires more and, bluntly, does not get it. Therefore she becomes anaemic and there is insufficient iron in the diet to enable her to form new haemoglobin in 10% of mothers after the baby is born and this 10% remain anaemic unless treated. Fortunately, treatment is simple and cheap. As a check on my findings, a more complete blood investigation was carried out in some 40 cases involving the preparation of Price-Jones Curves and the actual measurement of 500 red cells in each case. These confirm that the anaemia was actually a small celled or iron deficiency anaemia in cases with low haemoglobin levels. They also confirm my personal belief that 75%, not 70%, is the level of haemoglobin below which anaemia is present, even in pregnant women as in all my cases with haemoglobins of 75% or below there was a significant reduction in, and abnormal variation of, cell size. In addition, I have examined the bloods of various women whom I have suspected of suffering from anaemia and who have been referred to me by another Medical Officer and Health Visitors and medical practitioners of the City. These cases have confirmed my impression of the frequency and severity of the condition. The insidious onset and lack of characteristic symptoms lead in many cases to severe and incapacitating anaemia before the condition is suspected. The condition is, of course, one which could be, and is, looked after by the private medical practitioner but in view of the frequency of the condition and its environmental origin, it must be looked upon as a Public Health problem and prophylaxis is surely within the province of preventative medicine as practised by the Maternity and Child Welfare Authority. In America and in some few clinics in this country this is becoming realised, and the routine use of a simple haemoglobin estimation would be a valuable aid in an Ante-natal Clinic if the personnel was available. I would emphasise that whereas in a few cities



a similar investigation has been made, involving haemoglobin estimations only, in a much larger number of persons, I know of no other in which the blood cells have been counted in such a large number of cases by one indivudual (thereby assuring a standard technique) and in which the true iron deficiency nature of the anaemia has been checked is no large a number of cases by blood cell measurement. I append standard variation graphs of the first two series alongside that of 200 school-children. In these graphs the haemoglobin levels are plotted against the numbers occurring at each level, the breadth of the base of the curve being in direct proportion therefore to the variation, and the highest and lowest levels of haemoglobin, and numbers which occurred at various levels being shown. It will be seen that the children's graph shows little variation and is shifted to the right of the women's graph which shows great variation and a smaller average haemoglobin.

## ORTHOPAEDIC AND ULTRA-VIOLET RAY CLINICS.

By Dr. A. C. Stevenson.

These Clinics were continued throughout the year, as in previous years, at the Principal Child Welfare Centre.

# Orthopaedic Clinic.

This Clinic was open daily for treatment and new cases were seen on Monday mornings at 9 o'clock by an Assistant Medical Officer. Dr. Crockatt attended once a month to see cases requiring his advice. 188 Wakefield cases attended and of these 88 attended for the first time in 1938. During the year 15 patients were discharged as cured, 9 as improved and in 2 cases there was no change. 12 patients ceased to attend and 140 were retained on the register. The total attendances of Wakefield patients was 1,561.

Three West Riding County Council patients attended on 7 occasions to see Dr. Crockatt and 3 Featherstone patients attended on 7 occasions.

The arrangement by which the Medical Officer of Wakefield Girls' High School referred orthopaedic cases to the Clinic was continued. This group consisted of 14 patients with a total of 108 attendances. 6 are retained on the register, 6 ceased to attend and 2 were discharged as cured. It is noteworthy that 13 of these girls suffered from flat foot in varying degrees and the incidence

of flat foot would appear to be much higher than in girls of comparable ages in our Elementary Schools but not higher than in our Secondary Girls' School.

The following is an analysis of the Wakefield cases treated in the Yorkshire Children's Orthopaedic Hospital, Kirbymoorside, in 1938.

Committee Responsible.	Cases remaining in Hospital, end of 1937.	Admitted during 1938.	Discharged during 1938.	In Hospital end of 1938.
Education Health Mental and Child	2 4	5	5 2	2 3
Welfare	3	5	6	2
Totals	9	11	13	7

# Summary of Attendances of Cases seen by Dr. Crockatt 12 sessions.

Authority Responsible.				Attendances.
Wakefield Education Committee Wakefield Mental and Child Welfa Wakefield Health Committee. Wakefield Girls' High School West Riding County Council			::	161 105 14 16
Featherstone Urban District	••	•••		7
Tota	1			310

	Remaining on Register.	10	6	6	3	-	09	7	16	-	20	9	1	60	15	140
·Bu	Ceased Attendi	1	1	1	1	1	6	1	- 1	1	1	1	-	1	64	12
ed.	No change.	1	1	1	1	1	1	1	1	1	1	1	1	-	-	61
Discharged.	Improved.	1	1	00	1	1	1	-	-	07	-	-	04	-	1	61
Dis	Ситед.		-	-	1	ì	-41	1	1	1	1	1	1	-	6	15
	Plaster.	1	1	2	1	1	-	1	00	1	1	- 1	1	1	-	1
i.	Х-Кау.	1	1	1	-	1	1	1	i	1	1	00	1	-	65	00
Recommended.	Surgical Appliances.	1	-	61	1	1	53	1	7	1	1	T	1	-	63	126
com	Hospital.	1	-	65	64	1	1	-	8	- 1	1	01	1.	-	4	17
	No Treatment.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Treatment	Ultra Violet Ray Clinic.	60	1	1	1	1	-	1	1	1	1	1	1	1	1	4
Tre	Orthopaedic Clinic.	1	1	4	1	1	51	1	7	1	4	1	8	-	12	85
	Observation.	61	7	00	1	1	15	9	1	1	00	00	1	-	6	99
	Total attendances.	6	18	99	13	44	835	6	236	1	86	12	10	12	239	1561
	Seen by Ortho- paedic Officer	4	10	11	65	1	57	7	15	1	10	9	1	9	34	158
	Mental and Child Welfare.	-	1	8	-	1	6	-	7	-	1	1	1	61	1	22
Cases	Health.	1	6	1	1	1	1	1	1	1	1	1	1	1	1	0
PIO	Education.	2	1	9	-	-	20	9	6	1	00	10	-	01	13	69
	Total.	00	6	6	04	-	29	1	13	-	00	10		4	13	100
ıń.	Mental and Child Welfare,	01	1	01	1	1	9	-1	6	24	1	1	1	01	10	23
New Cases.	Health.	1	-	1	1	1	1	1	1	1	1	1	1	1	-	01
New	Education.	1	1	-	1	1	38	-	-	1	60	64	01	1	15	63
	Total.	01	-	60	-	1	44	-	4	04	00	64	01	01	21	88
		:	:	:		:		:	:	:	:	:	:	:		:
		:	ulosis	:	of Hig	:	:	and	:	:	:	ises of	:	:	:	:
	CT.	:	uber	:	tion	00	:	gia a	litis	:	:	Dise	:	nities	:	:
	DEFECT.		int T		isloca	oliosi	:	miple	omye	sis	ects	Tuberculous Dise Bones and Joints	hing	eforn	:	ds
	-		d Jo.		al D	al Sc	3.	ntile Hemi Paraplegia	Poli	araly	Def	bereu	3reat.	tal D		Totals
		Rickets	Bone and Joint Tuberculosis	Clubfoot	Congenital Dislocation of Hip	Structural Scoliosis	Flatfoot	Infantile Hemiplegia Paraplegia	Anterior Poliomyelitis	Erb's Paralysis	Postural Defects	Non-Tuberculous Diseases Bones and Joints	Mouth Breathing	Congenital Deformities	Various	

## Artificial Sunlight Clinic.

This Clinic was continued during 1938 as in previous years.

The equipment of this Clinic consisted, as before, of a double suspended Jesionek Mercury Vapour Lamp and a Sollux 1,000 Watts Radiant Heat Lamp.

Four sessions per week were held and all new cases were seen by a Medical Officer on Mondays at 9 a.m.

Cases were referred from all clinics, schools, the Tuberculosis Dispensary and private doctors. Cases under treatment were seen by a Medical Officer as required.

The total number of attendances, 6,066, shows an increase of 1,043 over 1937.

The following table summarises the cases:-

		1		Nun	nber of	Case	s.		Cea	sed		ter.
	nces.			Nev	v.		Old		to attend.			Regis
DEFECT.	Total Attendances.	Total.	Education.	Health.	Mental and Child Welfare.	Education.	Health.	Mental and Child Welfare.	After more than 10 Exposures.	After less than 10 Exposures.		Remaining on Register.
Debility after Infectious Disease	591	27	17	1	3	6	_	1	3	2	12	10
Debility with Nervous Symptoms	445	17	15	_	2	_	_	_	-	- 1	8	8
Debility with Malnutrition	116	7	3	_	2	2		_	1	1	1	4
Debility with Catarrhal Symptoms	472	23	15		1	7	-	_	3	2	10	8
Debility with Cervical Adenitis	436	21	16	_	1	2	_	2	1	1	12	7
Rickets	131	11	1		7	_		3	1	3	3	4
Skin Diseases	81	5	2	-	2	1	-	-	1	1	1	2
Bronchitis	952	40	25	-	4	10	-	1	4	3	19	14
Nervousness	406	16	10	-	-	6	-	-	-	1	12	3
Non-Tuberculous Cervical Adenitis	661	29	15	-	5	9	-	_	2	2	12	13
Asthma	110	3	-	-	-	3	-	-	-	-	1	2
Chorea	199	9	8	-	-	1	-	-	3	1	3	2
Rheumatism	250	9	8	-		1	-	-	-	1	6	2
Ophthalmia	69	5	3	377	-	2	-	-	-	1	- 4	-
Lupus	64	2	-		-	-	2	-	-	-	2	-
Non-Pulmonary Tuberculosis	493	13	-	8	-	1	4	1	_	1	2	10
Miscellaneous	590	28	13	-	3	10	-	2	4	5	10	9
Totals	6066	265	151	8	30	60	6	10	23	26	118	98

The following amplifies the above table and deals with cases discharged by a Medical Officer during the year.

# Debility.

(a) Following Infectious Diseases.

As in previous years these cases of general ill health mostly follow Whooping Cough and Measles. The frequency and duration

of the after effects of these illnesses is not sufficiently realised. Whooping Cough and Measles are not minor ailments associated with childhood but are the cause of a large proportion of all mortality in young children. Their effects are often recognisable for years. Sunlight would seem to speed the recovery and it is pleasing to record the increasing number of cases sent by Private Doctors to the Sunlight Clinic.

## (b) Associated with Nervous Symptoms.

Nervous children vary greatly in their reaction to this therapy. Many benefit from the relaxation and suggestion of the treatment. It has been found better not to persist with young and apprehensive children. If, after a few exposures, they are still fearful, the treatment is stopped. Thus of the eight children discharged, three were stopped for this reason.

## (c) Associated with Malnutrition.

This group includes all children who, in addition to general ill health are not gaining weight and strength in adequate degree for their age. All had food supplement of Malt and Cod Liver Oil. The benefit to such children of Ultra Violet Light and Malt and Oil is never dramatic. In most the improvement shows itself by increased appetite commencing after the cessation of treatment.

# (d) With Catarrhal Symptoms.

In this group are debilitated children who suffer from recurring colds (4 of the 10 discharged) and others who have recurrent catarrhal bronchitis. They are always advised about diet and are given crude Cod Liver Oil rather than Malt and Oil. The results are difficult to assess, as spontaneous variations are the rule.

# (e) With Cervical Adenitis.

All children with marked cervical adenitis are to some extent debilitated but in this group are included cases referred primarily for their general condition, the cervical adenitis being marked but discovered only by the Medical Officer. Of 12 cases discharged, in only 3 cases had the glands completely subsided. All cases are under supervision at suitable intervals.

#### Rickets.

There is a pleasing reduction of new cases this year, 11 as compared with 30 in 1937. All were in the active stage and all had cod liver oil. Of the 4 cases who ceased to attend 3 have

left the City. A survey of the 11 new cases would seem to present samples in proportion from the best and worst homes from a financial aspect, and from the aspect of maternal efficiency. These children are not neglected and not even chiefly from the poorest homes. This was also noted last year.

#### Skin Diseases.

Only four new cases and one discharge is a remarkable difference from 1938 when this was the largest group. The decrease was noted last year. It is not due to a decrease of infantile eczema which is the commonest condition treated but rather, one imagines, to a realisation by the Medical Officers of the relatively small benefit from the treatment.

#### Bronchitis.

A large increase of cases of bronchitis occurred. This increase is most noticeable in school children. 16 were discharged after freedom for one month from symptoms and 3 because there was no improvement.

#### Nervousness.

The remarks under Debility with Nervous Symptoms apply here.

#### Non-Tuberculous Adenitis.

If one takes all cases of adenitis, including tuberculous, who attended the Ultra Violet Ray Clinic this year, the number is 60. This compared with a figure of 39 in 1937 is a significant increase. Many of this group are doubtful cases which may turn out to be tuberculous. All such cases have been seen by the Tuberculosis Officer. Of the 12 cases discharged 5 were cured—in that their glandular swelling had completely subsided. 7 were improved, the swelling being much less and some chronic enlargement only remaining.

# Lupus.

Two old cases of lupus were under treatment during the year. Both failed adequately to respond and arrangements were made for them to have other active treatment elsewhere.

# Non-Pulmonary Tuberculosis.

Two cases of abdominal tuberculosis improved greatly under treatment. The rest were cases of tuberculous cervical adenitis. All improved under treatment. Two cases definitely avoided operative interference and two advanced cases failed to respond and arrangements were made for operative treatment by way of their private medical attendants.

#### Chorea and Rheumatism.

As mentioned in last year's Report it cannot be expected that such children should benefit much from ultra violet light. The benefit of their attendance lies in their supervision. When such children are able to be out and about, the place for them is an Open Air School. 7 of these children would benefit.

#### Asthma.

Three cases were treated—all old ones. These cases also are destined to chronic chest trouble, in the absence of open air school facilities.

## Ophthalmia.

Only one of the 5 cases treated was of corneal ulceration. This case was cured. The other cases showed little improvement.

Chronic Ophthalmia is also a condition suitable for open air school treatment.

## MENTAL DEFICIENCY.

The arrangements for carrying out the duties of the Local Authority under the Mental Deficiency Acts remain as described in the 1937 Report, namely:—

- (1) Ascertainment—through any reliable source, but chiefly through the Education Authority, the Child Welfare Centres and the Public Assistance Department. Low grade infant defectives in particular receive careful attention, and their supervision is facilitated by the fact that the Health Visitor acts as both Child Welfare and Mental Deficiency Visitor.
- (2) Medical Examination, where necessary, as soon as possible after ascertainment.
- (3) Further action in the way of supervision, training, guardianship, or institutional care, as indicated, according to circumstances and available provision. Patients requiring institutional care are sent to the St. Catherine's Certified Institution, Doncaster, belonging to the South West Yorkshire Joint Board for the care of the Mentally Defective, of which Wakefield is a member.

#### Ascertainment and Classification.

At the end of 1938 there were 132 mental defectives (62 males and 70 females) on the Register of the Mental Deficiency Authority. This list of cases does not include children coming under the jurisdiction of the Education Authority. The cases are classified as follows:—

				1	
a)	Mental Defectives subject to l	oe de	alt with	under the	e Acts :-
			Total.	Males.	Females.
	In Institutions under Order		37	17	20
	On Licence from Institution	s	1	_	1
	Under Guardianship		3	2	1
	Under Statutory Supervision	1	34	21	13
	Notified by Education Author Action not yet taken		1	_	1
	In County Public Assist Institution (awaiting remov a Mental Deficiency Institu	al to		_	1
	In Mental Deficiency Institution (maintained by Public Assis Committee)	stanc		1	1
	Mental Defectives in receip Public Assistance with res to whom no action has yet taken	spect been		3	5
			0	0	9
	Ascertained from other source action not yet taken	es—	1	_	1
6)	Mental defectives who may subject to be dealt with :-		me		
	Under Voluntary Supervision		44	18	26
	Total		132	62	70

In addition to the above, there were 80 children (52 boys and 28 girls) between the ages of 7 and 16 years who had been certified by the Education Authority as feebleminded.

#### Institutional Care.

The following statement shows the distribution of patients in the various classes of accommodation at St. Catherine's Certified Institution, Doncaster, at the end of the year:—

High Grade High Grade		16	 .:	19 11
High Grade	Boys under	16	 	3
Low Grade Low Grade			 	3
				37

## Occupation Centre.

Mr. Milligan, Secretary of the Wakefield Council of Social Service, has kindly supplied the following information regarding the work of the Occupation Centre during 1938:—

At the end of 1938, nine patients (three girls and six boys), whose actual ages range from 10 years to 28 years, but whose mental ages do not exceed 7 years, were attending the Occupation Centre. The average attendance over the year was seven.

Excellent work has been done by the children during the year, considering their defects. The boys' work included the making of hearth rugs, baskets, table mats, covering stools and glass painting. The girls have been engaged in making pillow cases, and articles of clothing for themselves, embroidery, raffia-work and knitting. Both boys and girls are taught the essentials of personal hygiene, and domestic duties, all of which helps to make them, as far as possible, useful members of society. The instruction they receive in the Centre makes it possible for them to take an active interest in life and assist, rather than hinder, in the home.

Their recreative training consists of rhythmics, singing, games, dancing, piecing together jig-saw puzzles, and playing with mechanical toys, and with woolly animal toys which they make themselves.

A free mid-day meal is provided for the children attending the Occupation Centre, and each child has one third of a pint of milk each morning. There has been a marked improvement in the work of these children since the commencement of free dinners and milk at the Occupation Centre.

In the summer of 1938 the children were taken to Golden Acre Park, where they spent a most enjoyable day.

Before the break-up for Christmas, a very jolly party was provided by interested visitors, this was held at the Centre, and thoroughly enjoyed by all the children. Prior to this a party was given at the Centre, for one of the youngsters when she attained the age of 21 years.

Whilst attending the Occupation Centre the children are taught to make the utmost use of the few talents which they possess, and thus are encouraged to become useful citizens.

### 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 three Assistant Medical Officers, and the work of the School Nurses is carried out by the Six Health Visitors. In addition, there is a School Dentist, a School Clinic Nurse and an Orthopaedic Clinic Nurse. The work embraces (1) Routine medical inspection of entrants, intermediates and leavers; (2) Supplementary medical inspection at the School 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) Orthopaedic and Ultra-Violet Ray Treatment; (7) Cleanliness surveys and the following up of defective children by the School Nurses.

During 1938, the number of medical examinations amounted to 14,453 and 11,468 medical certificates were issued. At the Ophthalmic Clinic, 621 new cases were examined with 1,011 attendances, and 493 prescriptions for spectacles were issued. The School Dentist inspected the teeth of 5,559 children and found that 4,159 required treatment, although only 2,291 actually attended at the Dental Clinic for treatment. 188 children attended the Orthopaedic Clinic, with 1,561 attendances, whilst 265 children attended the Ultra-Violet Ray Clinic, with 6,066 attendances. At the Clinics for Minor Ailments at King Street, Snapethorpe and Manygates Park, 2,125 children made 19,036 attendances.

The results of the routine inspection of the elementary school children showed that 74 per cent. had carious teeth, 23 per cent. had defective vision, 14 per cent. diseases of the throat and nose, 7 per cent. of the girls had verminous heads, 9 per cent. diseases of the lungs (mostly bronchitis), 6 per cent. enlarged

glands (mostly cervical), 4 per cent. external diseases of the eyes, 2 per cent. were dull or backward, 2 per cent. defective nutrition, 1 per cent. had defective hearing, and less than one per cent. each tuberculosis, mental deficiency, defective clothing and footwear. 20 per cent. were free from any defect. 24 per cent. were referred for treatment other than dental treatment or cleansing and of these 81 per cent. received treatment.

#### HEALTH EDUCATION.

A special Health Week had been arranged for the first week in October but had to be cancelled owing to the National Emergency at the end of September. It was not possible to hold a Health Week at a later date, due to the constant pressure of added duties, resulting from the International situation.

#### BLINDNESS.

I am indebted to the Secretary of the Welfare of the Blind Department for the following information:— (a) Total number of blind persons on the Register at 31st December, 1937 ... 133 . . (b) Distribution of the number given in (a):— Cases in Institutions, Schools or Homes— Children in Special Schools Resident in "Child Memorial" Home for the Blind .. .. .. 6 Resident in West Riding Mental Hospital 12 Cases residing in their own homes— Adolescents undergoing training ... 1 Adults undergoing training ... Workshop Employees ... Home Workers . . Other Workers 4 . . .. 112 Not Employed 125 93 Number of persons in receipt of Domiciliary Assistance Persons added to the Register during 1938:— 21 New Cases .. .. .. Transferred from other areas . . Re-Certified on Appeal .. .. 24

Persons removed	from	the Reg	gister c	luring	1938 :-	-	
Deceased						13	
Removed to							
Decertified						2	
						_	20
(c) Total number	of Bl	ind Per	sons o	n the	Registe	r at	
31st Decemb							137

### Examinations.

Eleven Clinics were held during the year by Doctor C. G. Kay Sharp at which 41 cases were examined.

# Table showing Age Distribution of Cases on the Register :--

		0—5 years	5—16 years	16—21 years	21—40 years	40—50 years	50—65 years		70 yrs. & over	Total.
Males	 	-	2	1	5	7	25	5	29	74
Females	 	-	3	1	8	5	17	14	15	63
Total	 	-	5	2	13	12	42	19	44	137

# Table showing Incidence of Blindness at the following Age Periods. :—

				10—20 years					60—70 years		Total.
Males	7	2	1	2	6	3	7	11	19	16	74
Females	 14	-	3	3	-	4	7	10	14	8	63
Total	 21	2	4	5	6	7	14	21	33	24	137

The following is a list of the main causes of blindness found amongst the 21 cases who were examined and certified as blind within the meaning of the Blind Persons Act, 1920, during the year 1938:—

Primary Cataract	 	 	8
Glaucoma	 	 	5
Diabetes	 	 	2
Myopic Error	 	 	2
Recurrent Glioma	 	 	1
Accident	 	 	1

Syphilis	(Acquired)	 	 1
	of Central	System	 1

#### Prevention of Blindness.

Towards the end of last year the Welfare of the Blind Committee were engaged in the problem of the prevention of blindness. It was felt that merely to relieve blindness when it occurred and yet to take no steps towards its prevention, was indeed putting the cart before the horse. As has been mentioned, the work of the Health Authorities in overcoming blindness at birth is being almost completely neutralised by the incidence of blindness in maturity. To combat this the Welfare of the Blind Committee formulated a Scheme for the Prevention of Blindness and this was put into operation on the 1st March, 1938. The Scheme is designed to ensure that all necessitous uninsured persons shall have the benefit of expert ophthalmic opinion and treatment. The provisions of the Scheme are as follows:—

### CITY OF WAKEFIELD.

#### SCHEME FOR THE PREVENTION OF BLINDNESS.

The Mayor Aldermen and Citizens of the City of Wakefield (hereinafter called "the Corporation") in pursuance of the powers conferred upon them by virtue of Section 176 of the Public Health Act, 1936, have made the following arrangements for assisting in the prevention of blindness amongst persons ordinarily resident within their area and more particularly for the treatment of such of them as are suffering from any disease or defect of or injury to the eyes.

- 1. The Corporation will pay the sum of 2/6 to a medical practitioner in respect of every notification by such medical practitioner to the Corporation of the name and address of any person whom he certifies as being in need of an ophthalmic examination (hereinafter called "the patient") provided always that only one payment shall be made by the Corporation to a medical practitioner in respect of any one patient unless the medical practitioner certifies such patient as being in need of a further or additional ophthalmic examination.
- 2. The Corporation will supervise the visiting of patients for the purpose of ascertaining that such patients are availing themselves of the facilities provided for their welfare by virtue of this Scheme.
- 3. The Corporation may arrange for the examination by their ophthalmic surgeon and for the necessary treatment

to be prescribed for such patients as the Welfare of the Blind Committee of the Corporation approve as being suitable therefor.

- 4. The Corporation will arrange for such patients as their ophthalmic surgeon recommends as being suitable therefor to receive medical and/or surgical treatment at the Royal Eye and Ear Hospital, Bradford.
- 5 The Corporation may upon application to them by a patient contribute either wholly or in part to the costs and expenses incurred by such patient under this Scheme provided always and notwithstanding anything contained in this Scheme that all moneys received by the patient from any source other than from the Corporation in payment or in part payment of any costs or expenses incurred by the patient under this Scheme shall be paid over in full to the Corporation.
- 6. The Corporation will supervise the dissemination of literature and other information as to the prevention of blindness.
- 7. The Corporation may in carrying out this Scheme do all things incidental thereto and conducive to the attainment of the objects of the Scheme without restricting the generality of the foregoing provisions hereof in any way whatsoever.

The foregoing Scheme was made by the Mayor Aldermen and Citizens of the City of Wakefield acting by the Council at a Meeting held on the First Day of March, 1938.

During the nine months under review 94 people were examined by the Council's Ophthalmic Surgeon (Doctor C. G. Kay Sharp). Of these, three received surgical treatment and the rest optical treatment. Altogether (with persons examined under the Blind Persons Scheme) 98 people received optical treatment. Of the three surgical cases all of whom were treated at the Bradford Royal Eye and Ear Hospital, some sight was saved for two people but not sufficient to warrant that these two people (who were both previously blind) should be de-certified. The third case is the outstanding success of the Scheme. In this case a young man of 26 years of age was certified blind. With the inception of the Prevention of Blindness Scheme he was treated at the Bradford Royal Eye and Ear Hospital and treatment was so

successful that this man has now practically normal vision. In addition to saving the man's sight the financial benefit to the Corporation is tremendous. On maintenance alone there is a saving of £65 per annum until the man reaches 40 years of age and £39 per annum after that. Further, had the man been trained, (as was intended) in an occupation to enable him to enter a blind workshop the cost would have been not £65 but £150 per annum whilst the man was employed—say from 26-55 years of age.

The Welfare of the Blind Committee can, therefore, claim that on this one case alone the Prevention of Blindness Scheme in Wakefield is a success. The cost of the Scheme in its first year was £160. The cost of domiciliary assistance to blind persons and their dependants was £3,421. Only the fact that this is the first year of the Prevention of Blindness Scheme excuses the proportion of these two figures.

There are thousands of uninsured persons who are not eligible for National Health Insurance benefits and who are not in a position to obtain expert opinion on the condition of their eyes. It is felt that eventually a municipal ophthalmic clinic should be set up in order to make contact with persons suffering from defective vision.

The Northern Counties Association for the Blind achieved some small fame recently when His Majesty the King graciously accepted a copy of the Association's film "Eyes Right" which deals with the Prevention of Blindness. This is the first film to be made by the Association and it is hoped that during the next year another film will be produced dealing with the prevention of eye accidents in industry.

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HOURS.		34.3	46.8	101.6	126.6	153.7	167.1	132.9	136.5	82.3	63.5	54.2	24.1	1123.6	25%
RAINFALL	No. of days on which .01 or more fell.	22	11	7	10	15	41	19	18	19	22	22	26	200	
	Date.	8th	26th	24th	2nd	29th	1st	16th	6th	30th	3rd	25th	31st		
	Greatest quantity in 24 hours.	.36	.53	.12	.04	.95	.44	.63	1.20	.72	76.	.67	69'		
	Total inches.	2.42	18.	.32	80.	2.87	1.59	3.15	4.33	2.43	3.54	3.06	3.28	27.88	
TEMPERATURE.	Subsoil 20 feet.	50.1	49.4	48.9	48.3	48.1	48.1	48.2	48.8	49.4	50.1	50.5	50.4	590.3	49.2
	Subsoil 4	42.5	42.7	44.0	46.3	48.6	52.3	54.8	57.8	56.3	53.6	50.6	46.4	595.9	49.7
	Subsoil 2 feet.	40.3	41.0	44.1	47.0	50.7	56.0	58.1	61.1	57.4	52.5	48.7	42.9	599.8	50.0
	liosdu2	39.4	40.1	44.2	46.7	51.0	57.0	58.7	61.5	56.6	50.7	47.1	40.8	593.8	49.5
	Subsoil 6 inches.	39.6	39.9	44.2	46.0	50.8	57.0	58.4	6.09	55.9	49.2	46.0	39.4	587.3	48.9
	Date.	11th	25th	23rd	111th	8th 23rd	17th 11th 3rd	5th	23rd 31st 1st 26, 28 27tb		22nd 21st 20th				
	Lowest Minimum.	29.0	29.3	29.2	27.1	27.1	45.3 44.8 45.4	42.2	42.2 41.6 42.2 35.9 35.6 35.7		31.8 20.7 21.2				
	Date.	31st	28th	11th	12th	11th	17th	30th &	6th	12th	13th	5th	14th		
	Highest Maximum.	54.8	56.0	65.0	64.0	68.8	77.6	9.92	76.7	72.9	65.6	64.9	54.0		
	Mean 9 a.m.	41.5	41.1	48.2	49.7	53.7	60.2	9.09	6.09	57.8	50.5	47.5	38.4	610.1	50.8
BAROMETER CORRECTED.	Date.	15th	1st	21st	2nd	30th	2nd	5th	19th	20th	4th	23rd	lst		
	Minimum Reading.	28.698	29,162	29,645	29.979	29.361	29.390	29.520	29.370	29.603	28.673	28.615	29.082		
	Date.	3rd	20th	4th	11th	22nd	13th	18th	2nd	10th	20th	15th	25th		
	Maximum Reading.	30,540	30.653	30,606	30.760	30.338	30.326	30.145	30.351	30.318	30.278	30,395	30.490		
	Mean 9 a.m.	29.753	30.247	30.170	30.322	29.953	29.944	29.889	29.972	29.979	29.755	29.716	29.823	359.523	29.960
MONTH.		January 5	February	March	April	May	June	July	August	September	October	November	December	Totals 3	Mean

